CareFirst
Family of health care plans

CareFirst Formulary 3

2026

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**.

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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, 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 10/01/2026

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	QL (2 caps every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	QL (2 caps every 1 day)
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 (5 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 (40 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 (5 tabs every 1 day)
procentra sol 5mg/5ml	1	QL (40 mL every 1 day)
zenzedi tab 2.5mg	1	QL (4 tabs every 1 day)
zenzedi tab 5mg	1	QL (4 tabs every 1 day)
zenzedi tab 7.5mg	1	QL (4 tabs every 1 day)
zenzedi tab 10mg	1	QL (4 tabs every 1 day)
zenzedi tab 15mg	1	QL (2 tabs every 1 day)
zenzedi tab 20mg	1	QL (2 tabs every 1 day)
zenzedi tab 30mg	1	QL (1 tab 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

Drug Name	Drug Tier	Requirements/Limits
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
lomaira tab 8mg	1	PA; Coverage is subject to your plan/benefits
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

Drug Name	Drug Tier	Requirements/Limits
ANTI-OBESITY AGENTS		
FOUNDAYO TAB 0.8MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 2.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 5.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 9MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 14.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 17.2MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
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	3	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY HD INJ 7.2/0.75	2	PA, QL (1 package every 21 days); Coverage is subject to your plan/benefits
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

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 2.4MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY TAB 1.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefit
WEGOVY TAB 4MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
WEGOVY TAB 9MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
WEGOVY TAB 25MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 2.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits, 1 package every 28 days
ZEPBOUND INJ 5/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits, 1 package every 28 days
ZEPBOUND INJ 7.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits, 1 package every 28 days
ZEPBOUND INJ 10/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits, 1 package every 28 days
ZEPBOUND INJ 12.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits, 1 package every 28 days
ZEPBOUND INJ 15/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits, 1 package every 28 days
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 diffusion 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er diffusion 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er diffusion 54 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
ODACTRA SUB	2	
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)

Drug Name	Drug Tier	Requirements/Limits
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.
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.

Drug Name	Drug Tier	Requirements/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 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.
HYRIMOZ 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.
HYRIMOZ 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
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.
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.
HYRIMOZ SENS 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.
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 2MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 4MG	4	PA, QL (1 tab every 1 day)
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.

Drug Name	Drug Tier	Requirements/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.
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	1	PA, QL (10 mL every 1 day)
tofacitinib citrate tab 5 mg (base equivalent)	1	PA, QL (2 tabs every 1 day)
tofacitinib citrate tab 10 mg (base equivalent)	1	PA, QL (2 tabs every 1 day)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	1	PA, QL (1 tab every 1 day)
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	1	PA, QL (1 tab every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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.

Drug Name	Drug Tier	Requirements/Limits
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	
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	
ec-naproxen tab 375mg	1	
ec-naproxen tab 500mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium cap 300 mg	1	
fenopron cap 300mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	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	
ketoprofen cap 75 mg	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	
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	

Drug Name	Drug Tier	Requirements/Limits
sulindac tab 200 mg	1	
tolmetin sodium tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
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.
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.

Drug Name	Drug Tier	Requirements/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	5	PA, QL (4 pfs every 28 days)
ORENCIA INJ 87.5/0.7	5	PA, QL (4 pfs every 28 days)
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.

Drug Name	Drug Tier	Requirements/Limits
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.
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.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab	1	
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	
tencon tab 50-325mg	1	
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB 50MG	3	QL (29 tabs every 25 days)
SALICYLATES		
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
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)
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)
DISKETS TAB 40MG	3	
fentanyl citrate buccal tab 200 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

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
methadone con 10mg/ml	1	PA, QL (60 mL every 25 days)
methadone hcl conc 10 mg/ml	1	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)
methadose tab 40mg	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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)
tapentadol hcl tab 50 mg	1	PA, QL (120 tabs every 25 days)
tapentadol hcl tab 75 mg	1	PA, QL (90 tabs every 25 days)
tapentadol hcl tab 100 mg	1	PA, QL (60 tabs every 25 days)
tramadol hcl oral soln 5 mg/ml	1	PA
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)

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 bottles every 1 day)
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)
ascomp/cod cap 30mg	1	PA
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	PA
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	PA
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	PA
endocet tab 2.5-325	1	PA, QL (12 tabs every 1 day)
endocet tab 5-325mg	1	PA, QL (12 tabs every 1 day)
endocet tab 7.5-325	1	PA, QL (8 tabs every 1 day)
endocet tab 10-325mg	1	PA, QL (6 tabs every 1 day)
FIORICET CAP CODEINE	3	PA
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 2.5-325 mg	1	PA, QL (8 tabs 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)

Drug Name	Drug Tier	Requirements/Limits
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)
trezix cap	1	PA, QL (10 caps every 1 day)
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, QL (60 films every 25 days)
BELBUCA MIS 750MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 900MCG	2	PA, QL (60 films every 25 days)
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

Drug Name	Drug Tier	Requirements/Limits
butorphanol tartrate nasal soln 10 mg/ml	1	PA, 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	
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
depo-testost inj 100mg/ml	1	PA
depo-testost inj 200mg/ml	1	PA
methitest tab 10mg	1	
methyltestosterone cap 10 mg	1	
NATESTO GEL 5.5MG	2	PA
TESTOST CYP INJ 200MG/ML	3	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
XYOSTED INJ 50/0.5ML	3	PA
XYOSTED INJ 75/0.5ML	3	PA
XYOSTED INJ 100/0.5	3	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	

Drug Name	Drug Tier	Requirements/Limits
ANALPRAM HC LOT 2.5%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	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		
ANUCORT-HC SUP 25MG	3	
ANUSOL-HC CRE 2.5%	3	
ANUSOL-HC SUP 25MG	3	
HEMMOREX-HC SUP 25MG	3	
HEMMOREX-HC SUP 30MG	3	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone perianal cream 2.5%	1	
procto-med cre hc 2.5%	1	
proctosol hc cre 2.5%	1	
proctozone cre -hc 2.5%	1	
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	
ivermectin tab 6 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	
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 125 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
me/naphos/mb tab hyo 1	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
URELLE TAB	3	
uro-mp cap 118mg	1	
UROGESIC- TAB BLUE	3	
VILAMIT MB CAP 118MG	3	
VILEVEV MB TAB 81MG	3	
ANTIPROTOZOAL AGENTS		
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 ea every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 ea 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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		
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%	1	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
NITRO-TIME CAP 2.5MG ER	3	
NITRO-TIME CAP 6.5MG ER	3	
NITRO-TIME CAP 9MG ER	3	
nitroglycerin oint 2%	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	
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	

Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 0.5mg xr	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 1mg xr	1	
alprazolam tab 2 mg	1	
alprazolam tab 2mg xr	1	
alprazolam tab 3mg xr	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 con 5mg/ml	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
dofetilide cap 500 mcg (0.5 mg)	1	
MULTAQ TAB 400MG	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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 hfa inhal aerosol 17 mcg/act	1	QL (2 packages every 28 days)
ipratropium bromide inhal soln 0.02%	1	QL (120 vials every 30 days)
SPIRIVA CAP HANDIHLR	1	PA, QL (1 cap every 1 day); 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 NEB 175/3ML	2	QL (3 mL every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
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)
beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	3	
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)	3	
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)
fluticasone propionate hfa inhal aero 44 mcg/act	1	QL (2 packages every 28 days)
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)
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

Drug Name	Drug Tier	Requirements/Limits
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); Brand preferred over generic
BREO ELLIPTA INH 100-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
breyna aer 80/4.5	1	QL (3 packages every 25 days)
breyna aer 160/4.5	1	QL (3 packages every 25 days)
BREZTRI AERO AER 9MCG	2	QL (1 inhaler every 25 days)
BREZTRI AERO AER 18MCG	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)
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 bottles 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
wixela inhub aer 100/50	1	QL (2 inhalations every 1 day)
wixela inhub aer 250/50	1	QL (2 inhalations every 1 day)
wixela inhub aer 500/50	1	QL (2 inhalations every 1 day)
XANTHINES		
elixophyllin elx 80/15ml	1	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 100 mg	1	
theophylline tab er 12hr 200 mg	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		
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
heparin sodium (porcine) inj 5000 unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
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	
IN VITRO/LOCK ANTICOAGULANTS		
ACD FORMULA SOL A	3	
ANTICOAGULNT SOL SOD CITR	3	
NOCLOT-50 SOL ACD-A	3	
TRICITRASOL CON	3	
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	3	
FYCOMPA TAB 2MG	3	
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	
FYCOMPA TAB 12MG	3	
perampanel susp 0.5 mg/ml	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
VALTOCO SPR 5MG	2	QL (5 sprays every 25 days)
VALTOCO SPR 10MG	2	QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	QL (5 ea every 25 days)
VALTOCO SPR 20MG	2	QL (5 ea every 25 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
brivaracetam oral soln 10 mg/ml	1	
brivaracetam tab 10 mg	1	
brivaracetam tab 25 mg	1	
brivaracetam tab 50 mg	1	
brivaracetam tab 75 mg	1	
brivaracetam tab 100 mg	1	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine chew tab 200 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)
epitol tab 200mg	1	
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 200 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 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)
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	PA, QL (120 caps every 30 days)
pregabalin cap 50 mg	1	PA, QL (120 caps every 30 days)
pregabalin cap 75 mg	1	PA, QL (120 caps every 30 days)
pregabalin cap 100 mg	1	PA, QL (120 caps every 30 days)
pregabalin cap 150 mg	1	PA, QL (120 caps every 30 days)
pregabalin cap 200 mg	1	PA, QL (90 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 225 mg	1	PA, QL (60 caps every 30 days)
pregabalin cap 300 mg	1	PA, 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	
roweepra tab 500mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
subvenite kit start 35	1	
subvenite kit start 49	1	
subvenite kit start 98	1	
subvenite tab 25mg	1	
subvenite tab 100mg	1	
subvenite tab 150mg	1	
subvenite tab 200mg	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
vigadrone pow 500mg	1	PA, QL (6 packets every 1 day)
vigadrone tab 500mg	1	PA, QL (6 tabs every 1 day)
vigpoder pow 500mg	1	PA, QL (6 packets every 1 day)
HYDANTOINS		
phenytek cap 200mg	1	
phenytek cap 300mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
bupropion hcl tab er 24hr 450 mg	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	

Drug Name	Drug Tier	Requirements/Limits
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	2	PA
SPRAVATO SOL 84MG DOS	2	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide cap 30 mg	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	ST

Drug Name	Drug Tier	Requirements/Limits
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	1	ST
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
linagliptin-metformin hcl tab 2.5-500 mg	1	ST
linagliptin-metformin hcl tab 2.5-850 mg	1	ST
linagliptin-metformin hcl tab 2.5-1000 mg	1	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
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	ST
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	ST
SOLIQUA INJ 100/33	2	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

Drug Name	Drug Tier	Requirements/Limits
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	3	ST
XIGDUO XR TAB 5-1000MG	3	ST
XIGDUO XR TAB 10-500MG	3	ST
XIGDUO XR TAB 10-1000	3	ST
XULTOPHY INJ 100/3.6	2	QL (5 pens every 28 days)
ZITUVIMET TAB 50-500MG	2	ST, PA; Brand preferred over generic
ZITUVIMET TAB 50-1000	2	ST, PA; Brand preferred over generic
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 850 mg	1	PA
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 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
sitagliptin phosphate tab 25 mg (base equiv)	1	ST
sitagliptin phosphate tab 100 mg (base equiv)	1	ST
ZITUVIO TAB 25MG	2	ST, PA; Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
ZITUVIO TAB 50MG	2	ST, PA; Brand preferred over generic
ZITUVIO TAB 100MG	2	ST, PA; Brand preferred over generic
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	PA, 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)
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)
OZEMPIC TAB 1.5MG	2	PA, QL (1 tab every 1 day)
OZEMPIC TAB 4MG	2	PA, QL (1 tab every 1 day)
OZEMPIC TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
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		
AWIQLI FLEX INJ 700UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
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	
HUMULIN R INJ U-500KWP	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
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		
dapagliflozin tab 5 mg	1	ST
dapagliflozin tab 10 mg	1	ST
FARXIGA TAB 5MG	3	ST
FARXIGA TAB 10MG	3	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
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 15 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glipizide xl tab 2.5mg	1	
glipizide xl tab 5mg	1	
glipizide xl tab 10mg	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PAK 10GM	4	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	0	QL (2 cartons every 30 days)
naloxone hcl inj 0.4 mg/ml	0	
naloxone hcl inj 4 mg/10ml	0	
naloxone hcl nasal spray 4 mg/0.1ml	0	
naloxone hcl soln cartridge 0.4 mg/ml	0	
naloxone hcl soln prefilled syringe 0.4 mg/ml	0	
naloxone hcl soln prefilled syringe 2 mg/2ml	0	
naltrexone hcl tab 50 mg	0	
VIVITROL INJ 380MG	3	QL (1 injection every 28 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tab 1 mg	1	
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	
SANCUSO DIS 3.1MG	2	
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	
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 caps every 21 days)
aprepitant capsule 125 mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps every 21 days)

Drug Name	Drug Tier	Requirements/Limits
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	
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 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	
carbzah sol 4mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
KARBINAL ER SUS 4MG/5ML	3	
ryvent tab 6mg	1	
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	
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 tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
promethegan sup 12.5mg	1	
promethegan sup 25mg	1	
promethegan sup 50mg	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

Drug Name	Drug Tier	Requirements/Limits
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 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	
prevalite pow 4gm	1	
prevalite pow 4gm pk	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
azilsartan medoxomil tab 40 mg	1	
azilsartan medoxomil tab 80 mg	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
rifapentine tab 150 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	
lomustine cap 10 mg	0	

Drug Name	Drug Tier	Requirements/Limits
lomustine cap 40 mg	0	
lomustine cap 100 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
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

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
abirtega tab 250mg	0	PA, QL (4 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)
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		
pomalidomide cap 1 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 2 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 3 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 4 mg	0	PA, QL (21 caps every 21 days)

Drug Name	Drug Tier	Requirements/Limits
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 - MENIN INHIBITORS		
REVUFORJ TAB 25MG	0	PA, QL (8 tabs every 1 day)
REVUFORJ TAB 110MG	0	PA, QL (4 tabs every 1 day)
REVUFORJ TAB 160MG	0	PA, QL (2 tabs every 1 day)
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAP 125MG	0	PA, QL (20 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
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 tablets every 28 days)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
bosutinib tab 100 mg	0	PA, QL (3 tabs every 1 day)
bosutinib tab 400 mg	0	PA, QL (1 tab every 1 day)
bosutinib tab 500 mg	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, QL (2 tabs every 1 day)
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
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
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)
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 tab every 1 day)
everolimus tab for oral susp 2 mg	0	PA, QL (2 tabs every 1 day)
everolimus tab for oral susp 3 mg	0	PA, QL (3 tabs every 1 day)
everolimus tab for oral susp 5 mg	0	PA, QL (2 tabs every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
JAKAFI XR TAB 11MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 22MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 33MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 44MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 55MG	0	PA, QL (1 tab 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 5MG	0	PA, QL (20 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAP 7.5MG	0	PA, QL (12 caps every 1 day)
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 ea every 21 days)
OJJAARA TAB 100MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 150MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 200MG	0	PA, QL (1 tab every 1 day)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
torpenz tab 2.5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 7.5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 10mg	0	PA, QL (1 tab 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
yulithira tab 2.5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 7.5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 10mg	0	PA, QL (1 tab 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)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
BESREMI PEN INJ 500MCG	4	PA, QL (2 pens every 28 days)
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	
leucovorin tab 5mg	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	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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		
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	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID TAB 300MG	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
lurasidone hcl tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 0.5MG	2	
VRAYLAR CAP 0.75MG	2	
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 HAFYE INJ 1092MG	2	
INVEGA HAFYE INJ 1560MG	2	
INVEGA SUST INJ 39/0.25	2	
INVEGA SUST INJ 78/0.5ML	2	
INVEGA SUST INJ 117/0.75	2	
INVEGA SUST INJ 156MG/ML	2	
INVEGA SUST INJ 234/1.5	2	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
INVEGA TRINZ INJ 273MG	2	
INVEGA TRINZ INJ 410MG	2	
INVEGA TRINZ INJ 546MG	2	
INVEGA TRINZ INJ 819MG	2	
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	3	
PERSERIS INJ 120MG	3	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
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	
asenapine maleate sl tab 10 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
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	
SEROQUEL TAB 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 conc 30 mg/ml	1	
chlorpromazine hcl conc 100 mg/ml	1	
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	
compro sup 25mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
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 SOL 10%	3	
GLUTARALDEHY SOL 25%	3	
HYDROGEN PER SOL 30%	3	
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)
APRETUDE SUS 600MG ER	0	QL (6 mL every 75 days)
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)
CABENUVA SUS 400-600	2	QL (1 kit every 30 days)
CABENUVA SUS 600-900	2	
CIMDUO TAB 300-300	2	QL (1 tab 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	0	QL (1 tab every 1 day); $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 (4 caps every 1 day)
efavirenz tab 600 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
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	0	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)
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	QL (60 vials every 30 days)
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 bottles 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 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
rilpivirine hcl tab 25 mg (base equivalent)	1	QL (2 tabs every 1 day)
ritonavir tab 100 mg	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	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 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)
TROGARZO INJ 150MG/ML	3	
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)
YEZTUGO INJ 463.5MG	2	
YEZTUGO TAB 300MG	2	QL (8 tabs every 4 days)
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 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	

Drug Name	Drug Tier	Requirements/Limits
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)
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 (2 packets every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (2 tabs 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 (2 packets every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	4	PA, QL (2 tabs 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 (2 packets every 1 day)
SOVALDI TAB 200MG	5	PA, QL (2 tabs every 1 day)
SOVALDI TAB 400MG	5	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
TPOXX CAP 200MG	3	PA
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	
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 12.5MG	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 12.5 mg	1	
metoprolol tartrate tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
dilt-xr cap 120mg	1	
dilt-xr cap 180mg	1	
dilt-xr cap 240mg	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
tiadylt cap 120mg/24	1	
tiadylt cap 180mg/24	1	
tiadylt cap 240mg/24	1	
tiadylt cap 300mg/24	1	
tiadylt cap 360mg/24	1	
tiadylt cap 420mg/24	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	4	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	4	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	4	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	

Drug Name	Drug Tier	Requirements/Limits
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	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
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	
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

Drug Name	Drug Tier	Requirements/Limits
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 2-CRTDG KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 40MCG	3	QL (6 kits 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
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	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
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 16MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48-80MCG	4	PA
TYVASO DPI POW 48MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 80MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW INST KIT	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW MAIN KIT	4	PA, QL (8 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)

Drug Name	Drug Tier	Requirements/Limits
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 - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	5	PA, QL (1 kit every 28 days)
WINREVAIR INJ 60MG	5	PA, QL (1 kit every 28 days)
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)
macitentan tab 10 mg	1	PA, QL (1 tab every 1 day)
OPSUMIT TAB 10MG	4	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tab 20mg	1	PA, QL (2 tabs every 1 day)
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	4	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 100MCG	4	PA
UPTRAVI TAB 150MCG	4	PA
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	4	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	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
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		
afirmelle tab 0.1-0.02	0	
altavera tab	0	
alyacen tab 1/35	0	
alyacen tab 7/7/7	0	
amethyst tab 90-20mcg	0	
apri tab	0	
aranelle tab	0	
ashlyna tab	0	
aubra eq tab 0.1-0.02	0	
aurovela 24 tab fe 1/20	0	
aurovela fe tab 1.5/30	0	
aurovela fe tab 1/20	0	
aurovela tab 1.5/30	0	
aurovela tab 1/20	0	
aviane tab	0	
ayuna tab	0	
azurette tab	0	
balziva tab	0	
blisovi 24 tab fe 1/20	0	
blisovi fe tab 1.5/30	0	
blisovi fe tab 1/20	0	
briellyn tab	0	
camrese lo tab	0	
camrese tab	0	
charlotte 24 chw fe 1/20	0	
chateal eq tab 0.15/30	0	
cryselle tab	0	
cryselle-28 tab 28 tabs	0	
cyred eq tab	0	
dasetta tab 1/35	0	
dasetta tab 7/7/7	0	
daysee tab	0	
delyla tab 0.1-0.02	0	

Drug Name	Drug Tier	Requirements/Limits
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
dolishale tab 90-20mcg	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	
elinest tab	0	
enpresse-28 tab	0	
enskyce tab	0	
estarylla tab 0.25-35	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
falmina tab	0	
feirza tab 1.5/30	0	
feirza tab 1/20	0	
finzala chw fe 1/20	0	
galbriela chw	0	
gemmily cap 1/20	0	
hailey 24 tab fe	0	
hailey fe tab 1.5/30	0	
hailey fe tab 1/20	0	
hailey tab 1.5/30	0	
iclevia tab	0	
introvale tab	0	
isibloom tab	0	
jaimiess tab	0	
jasmiel tab 3-0.02mg	0	
jolessa tab	0	
joyeaux tab 0.1-20	0	
juleber tab	0	
junel 1.5/30 tab	0	
junel 1/20 tab	0	
junel fe 24 tab 1/20	0	
junel fe tab 1.5/30	0	
junel fe tab 1/20	0	
kaitlib fe chw	0	
kalliga tab	0	
kariva tab 28 day	0	
kelnor 1/50 tab	0	

Drug Name	Drug Tier	Requirements/Limits
kelnor tab 1/35	0	
kurvelo tab 0.15/30	0	
larin 24 tab fe 1/20	0	
larin fe tab 1.5/30	0	
larin fe tab 1/20	0	
larin tab 1.5/30	0	
larin tab 1/20	0	
layolis fe chw	0	
leena tab	0	
lessina tab	0	
levonest tab	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	
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	
levora-28 tab 0.15/30	0	
LO LOESTRIN TAB 1-10-10	0	
lo-zumandimi tab 3-0.02mg	0	
loestrin 21 tab 1.5/30	0	
loestrin fe tab 1.5/30	0	
loestrin fe tab 1/20	0	
loestrin tab 1/20-21	0	
lojaimiess tab	0	
loryna tab 3-0.02mg	0	
low-ogestrel tab	0	
luizza 1/20 tab	0	
luizza tab 1.5/30	0	
lutera tab	0	
marlissa tab 0.15/30	0	
merzee cap 1/20	0	

Drug Name	Drug Tier	Requirements/Limits
mibelas 24 chw fe	0	
microgestin tab 1.5/30	0	
microgestin tab 1/20	0	
microgestin tab fe1.5/30	0	
microgestin tab fe 1/20	0	
mili tab 0.25/35	0	
minzoya tab 0.1-20	0	
mono-linyah tab 0.25-35	0	
NATAZIA TAB	0	
necon tab 0.5/35	0	
NEXTSTELLIS TAB 3-14.2MG	0	
nikki tab 3-0.02mg	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	
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	
nortrel tab 0.5/35	0	
nortrel tab 1/35	0	
nortrel tab 7/7/7	0	
nylia tab 1/35	0	
nylia tab 7/7/7	0	
ocella tab 3-0.03mg	0	
philith tab 0.4-35	0	
pimtrea tab	0	

Drug Name	Drug Tier	Requirements/Limits
portia-28 tab	0	
reclipsen tab	0	
rivelsa tab	0	
rosyrah tab	0	
SAFYRAL TAB	0	
setlakin tab	0	
simliya tab 28 day	0	
simpesse tab	0	
sprintec 28 tab 28 day	0	
sronyx tab	0	
syeda tab 3-0.03mg	0	
tarina 24 fe tab	0	
tarina fe tab 1/20 eq	0	
taysofy cap 1/20	0	
tilia fe tab	0	
tri-estaryll tab	0	
tri-legest tab fe	0	
tri-linyah tab	0	
tri-lo tab estaryll	0	
tri-lo- tab marzia	0	
tri-lo- tab sprintec	0	
tri-lo-mili tab	0	
tri-mili tab	0	
tri-sprintec tab	0	
tri-vylibra tab	0	
tri-vylibra tab lo	0	
trivora-28 tab	0	
turqoz tab	0	
tydemy tab	0	
valtya 1/35 tab	0	
valtya 1/50 tab	0	
velivet pak	0	
vestura tab 3-0.02mg	0	
vienva tab 0.1-20	0	
viorele tab	0	
volnea tab	0	
vyfemla tab 0.4-35	0	
vylibra tab 0.25-35	0	
wera tab 0.5/35	0	
wymzya fe chw 0.4mg-35	0	
xarah fe tab	0	
xelria fe chw 0.4mg-35	0	
zovia 1/35 tab	0	
zumandimine tab 3-0.03mg	0	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO DIS 220-20	0	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
xulane dis 150-35	0	
zafemy dis 150/35	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng mis	0	QL (13 ea every 300 days)
enilloring mis	0	QL (13 ea every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
haloette mis	0	QL (13 ea every 300 days)
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD	0	QL (1 every 300 days)
PARAGARD IUD T380A	0	QL (1 every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	0	QL (1 every 300 days)
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 - IUD		
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
MIRENA IUD SYSTEM	0	QL (1 every 300 days)
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	0	
deblitane tab 0.35mg	0	
emzahh tab 0.35mg	0	
errin tab 0.35mg	0	
heather tab 0.35mg	0	
incassia tab 0.35mg	0	
jencycla tab 0.35mg	0	
lyleq tab 0.35mg	0	
lyza tab 0.35mg	0	
meleya tab 0.35mg	0	
nora-be tab 0.35mg	0	

Drug Name	Drug Tier	Requirements/Limits
norethindrone tab 0.35 mg	0	
norlyroc tab 0.35mg	0	
OPILL TAB 0.075MG	0	OTC
orquidea tab 0.35mg	0	
sharobel tab 0.35mg	0	
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	
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	
hidex 6-day pak 1.5mg	1	
hydrocortisone sodium succinate pf for inj 100 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
jaythari sus 22.75/ml	1	PA, QL (1.8 mL every 1 day)
jaythari tab 6mg	1	PA, QL (2 tabs every 1 day)
jaythari tab 18mg	1	PA, QL (1 tab every 1 day)
jaythari tab 30mg	1	PA, QL (1 tab every 1 day)
jaythari tab 36mg	1	PA, QL (1 tab every 1 day)
kymbee sus 22.75/ml	1	PA, QL (1.8 mL every 1 day)
kymbee tab 6mg	1	PA, QL (2 tabs every 1 day)
kymbee tab 18mg	1	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
kymbee tab 30mg	1	PA, QL (1 tab every 1 day)
kymbee tab 36mg	1	PA, QL (1 tab every 1 day)
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	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
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 delayed release 1 mg	1	
prednisone tab delayed release 2 mg	1	
prednisone tab delayed release 5 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	

Drug Name	Drug Tier	Requirements/Limits
pyquvi sus 22.75mg	1	PA, QL (1.8 mL every 1 day)
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
UCERIS TAB 9MG	1	PA; 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	PA, QL (30 mL every 1 day)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	PA, QL (6 tabs every 1 day)
hydromet syp 5-1.5/5	1	PA, QL (30 mL every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine soln 100-10 mg/5ml	1	PA, QL (60 bottles every 1 day), OTC
guaifenesin-codeine soln 100-10 mg/5ml	1	PA, QL (60 mL every 1 day), OTC
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	PA, QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	PA, QL (45 mL every 1 day), OTC
prometh vc syp 6.25-5/5	1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	PA, QL (30 mL every 1 day)
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 3%	3	
NEBUSAL NEB 6%	3	
PULMOSAL NEB 7%	3	
sodium chloride soln nebu 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
accutane cap 10mg	1	
accutane cap 20mg	1	
accutane cap 30mg	1	
accutane cap 40mg	1	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	OTC
adapalene gel 0.1%	1	PA
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
amnesteem cap 10mg	1	
amnesteem cap 20mg	1	
amnesteem cap 30mg	1	
amnesteem cap 40mg	1	
AVAR CLEANSE LIQ 10-5%	3	
AVAR LS LIQ 10-2%	3	
AVAR-E EMOLL CRE 10-5%	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	
bp 10-1 emu	1	
claravis cap 10mg	1	
claravis cap 20mg	1	
claravis cap 30mg	1	
claravis cap 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
clindacin aer 1%	1	
clindacin mis etz 1%	1	
clindacin-p pad 1%	1	
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	
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 0.3% PMP	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ery pad 2%	1	
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
erythromycin gel 2%	1	QL (2 gm every 1 day)
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	
neuac gel 1.2-5%	1	QL (50 gm every 25 days)
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

Drug Name	Drug Tier	Requirements/Limits
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
SOD SUL/SULF EMU 10-5%	3	
SSS 10-5 AER 10-5%	3	
SSS CRE 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	
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 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	
SULFACLEANSE SUS 8-4%	3	
SULFAMEZ EMU 10-1%	3	
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 0.06%	1	PA
tretinoin microsphere gel 0.08%	1	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
zenatane cap 10mg	1	
zenatane cap 20mg	1	
zenatane cap 30mg	1	
zenatane cap 40mg	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium soln 1.5%	1	QL (150 mL every 21 days)
ANTIBIOTICS - TOPICAL		
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	
ANTIFUNGALS - TOPICAL		
ciclodan sol 8%	1	
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	QL (70 gm every 25 days)
econazole nitrate cream 1%	1	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
IODOQUIMEZ CRE 1-1.9%	3	
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)
klayesta pow 100000	1	QL (120 gm 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)
nyamyc pow 100000	1	QL (120 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)
nystop pow 100000	1	QL (120 gm every 25 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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	
KLISYRI OIN 1% (350)	3	PA
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	
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.

Drug Name	Drug Tier	Requirements/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
calcitrene oin 0.005%	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.
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.

Drug Name	Drug Tier	Requirements/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.
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	
PELLIX SOL 0.005%	3	PA
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.

Drug Name	Drug Tier	Requirements/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.
SKYRIZI INJ 55/0.37	4	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing 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)
tazarotene cream 0.1%	1	
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.
trilitas gel 0.1%	1	
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	

Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
PLEXION NS SHA 9.8%	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	
ssd cre 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
CLOBETASOL CRE 0.025%	3	QL (4 gm every 1 day)
clobetasol e cre 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate cream 0.05%	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)
clodan sha 0.05%	1	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)

Drug Name	Drug Tier	Requirements/Limits
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)
halobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
hydrocortisone acetate cream 2.5%	1	
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)
micort hc cre 2.5%	1	
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 LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 1-1%	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)
TACLONEX OIN	3	
TACLONEX SUS	3	PA
texacort sol 2.5%	1	QL (4 mL every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
triderm cre 0.5%	1	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	5	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	5	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	
DERMACURE CRE 41%	3	
urea cream 39%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
UREDEB CRE 39%	3	
XUREA CRE 39%	3	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (90 grams every 30 days)

Drug Name	Drug Tier	Requirements/Limits
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	4	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	4	PA, QL (2 pens every 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)
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	
KERALYT SHA 6%	3	
PODOCON-25 SOL	3	
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
SALICYLIC AC LIQ 27.5%	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	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
salyntra gel 6%	1	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
YCANTH SOL 0.7%	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	

Drug Name	Drug Tier	Requirements/Limits
glydo gel 2%	1	QL (10 injections every 25 days)
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (12 injections every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (3 injections every 25 days)
LIDOCAINE OIN 5%	3	QL (50 gm every 25 days)
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 5%	1	QL (3 ea every 1 day)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
lidocan dis 5% patch	1	QL (3 patches every 1 day)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
tridacaine dis 5% patch	1	QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	ST, QL (1 ea every 1 day)
SOFDRA GEL 12.45%	3	ST, QL (50mL every 25 days)
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	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.15%	2	ST, QL (2 gm every 1 day)
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	PA; Brand preferred over generic
oxymetazoline hcl cream 1%	1	PA

Drug Name	Drug Tier	Requirements/Limits
SCABICIDES & PEDICULICIDES		
crotan lot 10%	1	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
pruradik lot 10%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
COAL TAR SOL 20%	3	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (60 grams every 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
A1CNOW+ PROF KIT SYSTEM	0	
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
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
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

Drug Name	Drug Tier	Requirements/Limits
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES PRO TEST	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	
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	
ormalvi tab 50mg	1	PA, QL (4 tabs every 1 day)
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
BONSITY INJ 560/2.24	4	PA, QL (1 pen every 28 days)
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
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 INJ 560/2.24	4	PA, QL (1 pen every 28 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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		
clomid tab 50mg	1	Coverage is subject to your plan/benefits
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
milophene tab 50mg	1	Coverage is subject to your plan/benefits
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; Coverage is subject to your plan/benefits
GANIRELIX AC INJ 250/0.5	1	PA; Brand preferred over generic, Coverage is subject to your plan/benefits
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

Drug Name	Drug Tier	Requirements/Limits
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)
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		
LYNKUET CAP 60MG	3	PA
VEOZAH TAB 45MG	3	PA
METABOLIC MODIFIERS		
betaine powder for oral solution	1	PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
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
javygtor pak 100mg	1	PA
javygtor pow 500mg	1	PA
javygtor tab 100mg	1	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
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 500 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)
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	QL (4 packets every 1 day)
YORVIPATH INJ 168/0.56	5	PA, QL (2 pens every 28 days)
YORVIPATH INJ 294/0.98	5	PA, QL (2 pens every 28 days)
YORVIPATH INJ 420/1.4	5	PA, QL (2 pens every 28 days)
zelvysia pow 100mg	1	PA
zelvysia pow 500mg	1	PA
ZEMPLAR CAP 1MCG	3	

Drug Name	Drug Tier	Requirements/Limits
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	$0 copay based on your plan/benefit
mifepristone tab 200 mg	1	$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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 (hyponatremia) tab 15 mg	1	PA
tolvaptan (hyponatremia) tab 30 mg	1	PA
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		
abigale lo tab 0.5-0.1	1	
abigale tab 1-0.5mg	1	
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	2	
BIJUVA CAP 1-100MG	2	
COMBIPATCH DIS	2	
COVARYX HS TAB	3	
COVARYX TAB 1.25-2.5	3	
EEMT HS TAB	3	
EEMT TAB 1.25-2.5	3	
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	
estratest fs tab 1.25-2.5	1	
ESTRATEST HS TAB	3	
fyavolv tab 0.5-2.5	1	

Drug Name	Drug Tier	Requirements/Limits
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
MYFEMBREE TAB	2	PA
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	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
dotti dis 0.1mg	1	
dotti dis 0.05mg	1	
dotti dis 0.025mg	1	
dotti dis 0.075mg	1	
dotti dis 0.0375mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
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	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	
PREMARIN INJ 25MG	3	
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 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

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
chenodal tab 250mg	1	PA, QL (7 tabs every 1 day)
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	
GASTROINTESTINAL STIMULANTS		
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	
HEPATOTROPICS		
REZDIFFRA TAB 60MG	3	PA
REZDIFFRA TAB 80MG	3	PA
REZDIFFRA TAB 100MG	3	PA
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 1-SYR INJ 200MG/ML	4	PA, QL (4 syringes 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.

Drug Name	Drug Tier	Requirements/Limits
CIMZIA 2-SYR 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	
ENTYVIO PEN INJ 108/0.68	4	PA, QL (2 pens every 28 days)
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 250 mg	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.

Drug Name	Drug Tier	Requirements/Limits
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.
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		
enulose sol 10gm/15	1	
generlac sol 10gm/15	1	
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	

Drug Name	Drug Tier	Requirements/Limits
LIVE FECAL MICROBIOTA		
VOWST CAP	5	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	4	PA, QL (1 tab every 1 day)
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	
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		
CYTRA K GRA CRYSTALS	3	
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	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	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	4	PA, QL (4 tabs every 1 day)
FILSPARI TAB 400MG	4	PA, QL (2 tabs every 1 day)
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	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazo tab 200mg	1	
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
venxxiva tab 100mg	1	PA
venxxiva tab 300mg	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 cap 0.6 mg	1	QL (2 caps every 1 day)
colchicine tab 0.6 mg	1	QL (4 tabs every 1 day)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
URICOSURICS		
probenecid tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
sajazir inj 30mg/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)
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		
EKTERLY TAB 300MG	4	PA, QL (60 tablets every 90 days)
ORLADEYO CAP 110MG	4	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	4	PA, QL (1 cap every 1 day)
ORLADEYO PAK 72MG	4	PA, QL (1 cap every 1 day)
ORLADEYO PAK 96MG	4	PA, QL (1 cap every 1 day)
ORLADEYO PAK 108MG	4	PA, QL (1 cap every 1 day)
ORLADEYO PAK 132MG	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)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
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 ea every 1 day)
yargesa cap 100mg	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	5	PA, QL (3 caps every 1 day)
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	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
dodex inj	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 oral soln 0.2 mg/ml	1	
folic acid tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
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)
EPOGEN INJ 10000/ML	5	PA
FULPHILA INJ 6/0.6ML	4	PA, QL (2 syringes per 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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
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
gavilyte-c sol	1	
gavilyte-g sol	1	
gavilyte-n sol flav pk	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	

Drug Name	Drug Tier	Requirements/Limits
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		
constulose sol 10/15ml	1	
kristalose pak 10gm	1	
kristalose pak 20gm	1	
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 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	
ERYTHROMYCINS		
e.e.s. 400 tab 400mg	1	
ery-tab tab 250mg ec	1	
ery-tab tab 333mg ec	1	
ery-tab tab 500mg ec	1	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	3	
DIFICID TAB 200MG	3	
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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 HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
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 RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	0	PA, QL (2 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
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

Drug Name	Drug Tier	Requirements/Limits
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC 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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
FREESTYLE MIS UNISTICK	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

Drug Name	Drug Tier	Requirements/Limits
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
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
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

Drug Name	Drug Tier	Requirements/Limits
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 DEVIC MIS 30G	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
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 PLUS 30G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
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
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
OMNIPOD5 LIB KIT INTRO	0	PA
OMNIPOD5 LIB MIS PODS	0	PA
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA, QL (10 boxes every 30 days)
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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-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

Drug Name	Drug Tier	Requirements/Limits
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
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
TOPCARE MIS LANC 33G	0	OTC
TRAVEL LANCE MIS ADV 28G	0	OTC
TRUE COM LAN MIS SAFE 30G	0	OTC
TRUE COM LAN MIS TWST 30G	0	OTC
TRUE METRIX SOL LEVEL 1	0	OTC
TRUE METRIX SOL LEVEL 2	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
VIVI CAP MIS	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	0	
ALCOHOL PAD	0	OTC
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"	0	
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"	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ALLERGIST KIT 0.5/28G	0	
ALLERGIST KIT 1MLX27G	0	
ALLERGIST KIT 1MLX28G	0	
ALLERGIST KIT 27GX1/2"	0	OTC
ALLERGY TRAY KIT 27GX1/2"	0	OTC
1ML ALLR SYR MIS 27GX1/2"	0	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	0	
BD 20ML SYRG MIS LUER-LOK	0	OTC
BD BLNT FILL MIS 18GX1.5	0	OTC
BD BLUNT FIL MIS 18GX1"	0	
BD ECLIPSE MIS 1ML/27G	0	OTC
BD ECLIPSE MIS 18GX1.5"	0	OTC
BD ECLIPSE MIS 23GX1"	0	
BD ECLIPSE MIS 23GX1"	0	OTC
BD ECLIPSE MIS 25GX5/8"	0	OTC
BD HYPO NEED MIS 16GX1"	0	OTC
BD HYPO NEED MIS 18GX1"	0	OTC
BD HYPO NEED MIS 18GX1.5"	0	OTC
BD HYPO NEED MIS 19GX1"	0	OTC
BD HYPO NEED MIS 19GX1.5"	0	OTC
BD HYPO NEED MIS 21GX1"	0	OTC
BD HYPO NEED MIS 21GX2"	0	OTC
BD HYPO NEED MIS 22GX1"	0	OTC
BD HYPO NEED MIS 22GX1.5"	0	OTC
BD HYPO NEED MIS 23GX1"	0	OTC
BD HYPO NEED MIS 23GX3/4"	0	OTC
BD HYPO NEED MIS 25GX1.5"	0	OTC
BD HYPO NEED MIS 26GX1/2"	0	OTC
BD INTEGRA MIS 25GX1"	0	OTC
BD LUER-LOK MIS SYR 10ML	0	OTC
BD NEEDLE MIS 23GX1"	0	OTC
BD NEEDLE MIS 30GX1/2"	0	OTC
BD NEEDLES MIS 16GX1.5"	0	OTC
BD NEEDLES MIS 18GX1.5"	0	OTC
BD NEEDLES MIS 19GX1"	0	OTC
BD NEEDLES MIS 20GX1"	0	OTC
BD NEEDLES MIS 20GX1.5"	0	OTC
BD NEEDLES MIS 21GX1.5"	0	OTC

Drug Name	Drug Tier	Requirements/Limits
BD NEEDLES MIS 22GX1.5"	0	OTC
BD NEEDLES MIS 25GX5/8"	0	OTC
BD NEEDLES MIS 27GX1/2"	0	OTC
BD NEEDLES MIS 30GX1/2"	0	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PHLEBOTOM MIS 1.5QT	0	OTC
BD PLASTIPAK MIS 3ML	0	OTC
BD PLASTIPAK MIS 21GX1"	0	OTC
BD PRECISION MIS 23GX1.5"	0	OTC
BD SAFETY MIS 23GX1.5"	0	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"	0	
BLUNT CANNUL MIS 21GX1"	0	
BULB IRR SYR MIS 60ML	0	OTC
CAREPOINT SA MIS 23GX1"	0	
CAREPOINT SA MIS 23GX11/2	0	
CAREPOINT SA MIS 25GX1"	0	
CAREPOINT SA MIS 25GX5/8"	0	
CAREPOINT SA MIS 25GX11/2	0	
CAREPOINT SY MIS 20GX1"	0	
CAREPOINT SY MIS 20GX1.5"	0	
CAREPOINT SY MIS 22G X 1"	0	
CAREPOINT SY MIS 22GX1.5"	0	
CAREPOINT SY MIS 23GX1"	0	
CAREPOINT SY MIS 23GX1.5"	0	
CAREPOINT SY MIS 25GX1"	0	
CAREPOINT SY MIS 60ML	0	
CAREPOINT TU MIS 25GX5/8"	0	OTC
CARETOUCH MIS 27GX1.5"	0	OTC
CATHETER/TIP MIS 60ML COV	0	OTC
CEQUR EXT WR MIS INSERTER	0	
CEQUR SIMPL KIT 1U EXTND	0	
CEQUR SIMPL KIT 2U EXTND	0	
CEQUR SIMPL KIT PATCH 2U	0	
CEQUR SIMPL MIS INSERTER	0	
COMPL NEEDLE MIS COLL SYS	0	OTC
DROPSAFE SIC MIS 25GX1"	0	
DROPSAFE SIC MIS 25GX5/8"	0	

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT MIS SHARPS	0	OTC
EASY GLIDE MIS 1ML SYR	0	OTC
EASY GLIDE MIS 3ML SYR	0	OTC
EASY GLIDE MIS 5ML SYR	0	OTC
EASY GLIDE MIS 10ML SYR	0	OTC
EASY GLIDE MIS 20ML SYR	0	OTC
EASY GLIDE MIS 30ML SYR	0	OTC
EASY GLIDE MIS 60ML SYR	0	OTC
EASY TOUCH MIS 20ML SYR	0	OTC
EASY TOUCH MIS 60ML SYR	0	OTC
EASYPOINT MIS 18GX1"	0	OTC
EASYPOINT MIS 18GX1.5"	0	OTC
EASYPOINT MIS 20GX1"	0	OTC
EASYPOINT MIS 20GX1.5"	0	OTC
EASYPOINT MIS 21G X 1"	0	OTC
EASYPOINT MIS 21GX1.5"	0	OTC
EASYPOINT MIS 22GX1"	0	OTC
EASYPOINT MIS 22GX1.5"	0	OTC
EASYPOINT MIS 23GX1"	0	
EASYPOINT MIS 23GX1"	0	OTC
EASYPOINT MIS 25GX1"	0	
EASYPOINT MIS 25GX1"	0	OTC
EASYPOINT MIS 25GX1.5"	0	OTC
EASYPOINT MIS 25GX5/8"	0	
EASYPOINT MIS 25GX5/8"	0	OTC
ECLIPSE NDL MIS 21GX1"	0	OTC
ECLIPSE NDLE MIS 21GX1.5"	0	OTC
ECLIPSE NDLE MIS 25GX1.5"	0	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"	0	OTC
FILTER NEEDL MIS 18GX1.5"	0	
FILTER NEEDL MIS 18GX1.5"	0	OTC
FILTER NEEDL MIS 20GX1.5"	0	
HYPO NEEDLE MIS 14GX1"	0	
HYPO NEEDLE MIS 14GX1.5"	0	
HYPO NEEDLE MIS 14GX2"	0	
HYPO NEEDLE MIS 16GX1"	0	
HYPO NEEDLE MIS 16GX1"	0	OTC
HYPO NEEDLE MIS 16GX1.5"	0	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 16GX1.5"	0	OTC
HYPO NEEDLE MIS 16GX3/4"	0	
HYPO NEEDLE MIS 16GX5/8"	0	
HYPO NEEDLE MIS 18GX1"	0	
HYPO NEEDLE MIS 18GX1"	0	OTC
HYPO NEEDLE MIS 18GX1.5"	0	
HYPO NEEDLE MIS 18GX1.5"	0	OTC
HYPO NEEDLE MIS 19GX1"	0	
HYPO NEEDLE MIS 19GX1"	0	OTC
HYPO NEEDLE MIS 19GX1.5"	0	
HYPO NEEDLE MIS 19GX1.5"	0	OTC
HYPO NEEDLE MIS 20GX1"	0	
HYPO NEEDLE MIS 20GX1"	0	OTC
HYPO NEEDLE MIS 20GX1.5"	0	
HYPO NEEDLE MIS 20GX1.5"	0	OTC
HYPO NEEDLE MIS 21GX1"	0	
HYPO NEEDLE MIS 21GX1"	0	OTC
HYPO NEEDLE MIS 21GX1.5"	0	
HYPO NEEDLE MIS 21GX1.5"	0	OTC
HYPO NEEDLE MIS 21GX2"	0	
HYPO NEEDLE MIS 22GX1"	0	
HYPO NEEDLE MIS 22GX1"	0	OTC
HYPO NEEDLE MIS 22GX1.5"	0	
HYPO NEEDLE MIS 22GX1.5"	0	OTC
HYPO NEEDLE MIS 23GX1"	0	
HYPO NEEDLE MIS 23GX1"	0	OTC
HYPO NEEDLE MIS 23GX1.5"	0	OTC
HYPO NEEDLE MIS 23GX3/4"	0	
HYPO NEEDLE MIS 23GX3/4"	0	OTC
HYPO NEEDLE MIS 25GX1"	0	
HYPO NEEDLE MIS 25GX1"	0	OTC
HYPO NEEDLE MIS 25GX1.5"	0	
HYPO NEEDLE MIS 25GX1.5"	0	OTC
HYPO NEEDLE MIS 25GX1.25	0	
HYPO NEEDLE MIS 25GX2"	0	
HYPO NEEDLE MIS 25GX5/8"	0	
HYPO NEEDLE MIS 25GX5/8"	0	OTC
HYPO NEEDLE MIS 26GX1.5"	0	
HYPO NEEDLE MIS 26GX1/2"	0	
HYPO NEEDLE MIS 26GX1/2"	0	OTC
HYPO NEEDLE MIS 27GX1.5"	0	
HYPO NEEDLE MIS 27GX1.5"	0	OTC
HYPO NEEDLE MIS 27GX1.25	0	
HYPO NEEDLE MIS 27GX1.25	0	OTC

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 27GX1/2"	0	
HYPO NEEDLE MIS 27GX1/2"	0	OTC
HYPO NEEDLE MIS 30GX1/2"	0	OTC
HYPO NEEDLE MIS 30GX3/4"	0	
INJECT-EASE MIS	0	OTC
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	0	OTC
10ML LL SYRN MIS 20GX1"	0	OTC
10ML LL SYRN MIS 20GX1.5"	0	OTC
10ML LL SYRN MIS 21GX1.5"	0	OTC
3ML LL SYRNG MIS 18GX1.5"	0	OTC
3ML LL SYRNG MIS 20GX1"	0	OTC
3ML LL SYRNG MIS 20GX1"	3	
5ML LL SYRNG MIS 20GX1.5"	0	OTC
3ML LL SYRNG MIS 20GX3/4"	0	
3ML LL SYRNG MIS 21GX1"	0	
3ML LL SYRNG MIS 21GX1"	0	OTC
3ML LL SYRNG MIS 21GX1.5"	0	
3ML LL SYRNG MIS 21GX1.5"	0	OTC
3ML LL SYRNG MIS 22GX1"	0	OTC
3ML LL SYRNG MIS 22GX1.5"	0	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 23GX1"	0	
3ML LL SYRNG MIS 23GX1"	0	OTC
3ML LL SYRNG MIS 23GX1.5"	0	OTC
3ML LL SYRNG MIS 25GX1"	0	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX5/8"	0	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LUER LOC MIS 21GX1.5"	0	OTC
3ML LUER LOC MIS 22GX1"	0	OTC
3ML LUER LOC MIS 22GX1.5"	0	OTC
3ML LUER LOC MIS 23GX1"	0	OTC
3ML LUER LOC MIS 23GX1.5"	0	OTC
3ML LUER LOC MIS 25GX1"	0	OTC
3ML LUER LOC MIS 25GX5/8"	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
PISTON IRRIG MIS 60ML SYR	0	OTC
POLY HUB MIS 18GX1"	0	
POLY HUB MIS 18GX1"	0	OTC
POLY HUB MIS 18GX1.5"	0	
POLY HUB MIS 18GX1.5"	0	OTC
POLY HUB MIS 20GX1"	0	
POLY HUB MIS 21GX1"	0	
POLY HUB MIS 21GX1"	0	OTC
POLY HUB MIS 21GX1.5"	0	
POLY HUB MIS 21GX1.5"	0	OTC
POLY HUB MIS 22GX1"	0	
POLY HUB MIS 22GX1"	0	OTC
POLY HUB MIS 22GX1.5"	0	
POLY HUB MIS 22GX1.5"	0	OTC
POLY HUB MIS 23GX1"	0	
POLY HUB MIS 23GX1"	0	OTC
POLY HUB MIS 23GX1.5"	0	
POLY HUB MIS 23GX1.5"	0	OTC
POLY HUB MIS 25GX1"	0	
POLY HUB MIS 25GX1"	0	OTC
POLY HUB MIS 25GX1.5"	0	
POLY HUB MIS 25GX1.5"	0	OTC
POLY HUB MIS 25GX5/8"	0	
POLY HUB MIS 25GX5/8"	0	OTC
POLY HUB MIS 27GX1.25	0	OTC
POLY HUB MIS 27GX1/2"	0	
POLY HUB MIS 27GX1/2"	0	OTC
POLY HUB MIS 30GX1/2"	0	
POLY HUB MIS 30GX1/2"	0	OTC
PRECISIONGLI MIS 27GX1.5"	0	OTC
SAFETY NEEDL MIS 22GX1.5"	0	OTC
SAFETYGLIDE MIS 21GX1"	0	OTC
SAFETYGLIDE MIS 21GX1.5"	0	
SAFETYGLIDE MIS 21GX1.5"	0	OTC
SAFETYGLIDE MIS 23GX1"	0	OTC
SAFTY NEEDLE MIS 18GX1"	0	
SAFTY NEEDLE MIS 18GX1.5"	0	
SAFTY NEEDLE MIS 19GX1"	0	
SAFTY NEEDLE MIS 19GX1.5"	0	
SAFTY NEEDLE MIS 20GX1"	0	
SAFTY NEEDLE MIS 20GX1.5"	0	
SAFTY NEEDLE MIS 21GX1"	0	
SAFTY NEEDLE MIS 21GX1.5"	0	
SAFTY NEEDLE MIS 21GX5/8"	0	

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 22GX1"	0	
SAFTY NEEDLE MIS 22GX1.5"	0	
SAFTY NEEDLE MIS 23GX1"	0	
SAFTY NEEDLE MIS 23GX5/8"	0	
SAFTY NEEDLE MIS 25GX1"	0	
SAFTY NEEDLE MIS 25GX5/8"	0	
SECURESAFE MIS 19GX1"	0	OTC
SECURESAFE MIS 19GX1.5"	0	OTC
SECURESAFE MIS 21GX1.5"	0	OTC
SECURESAFE MIS 22GX1"	0	OTC
SECURESAFE MIS 25GX1.5"	0	OTC
SECURESAFE MIS 26GX1/2"	0	OTC
SECURESAFE MIS 27GX1/2"	0	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 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	0	OTC
SLIP TIP 3ML MIS	0	
1ML SLIP TIP MIS 25GX5/8"	0	OTC
1ML SLIP TIP MIS 26GX3/8"	0	OTC
SYRG/NDL 3ML MIS 22G X 1"	0	OTC
SYRG/NDL 3ML MIS 23GX1"	0	OTC
SYRG/NDL 3ML MIS 25GX5/8"	0	OTC
140ML SYRING MIS CATH TIP	0	
140ML SYRING MIS LUER-LOC	0	
140ML SYRING MIS REG TIP	0	
SYRINGE 5ML MIS LUER SLP	0	OTC
SYRINGE BARR MIS LUER10ML	0	OTC
SYRINGE BARR MIS LUER 1ML	0	OTC
SYRINGE BARR MIS LUER 3ML	0	OTC
SYRINGE BARR MIS LUER 5ML	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SYRINGE BARR MIS UNI 3ML	0	OTC
SYRINGE BARR MIS UNI 5ML	0	OTC
SYRINGE BARR MIS UNI 10ML	0	OTC
SYRINGE LUER MIS -LOK 1ML	0	OTC
SYRINGE LUER MIS LOCK 1ML	3	
6ML SYRINGE MIS	0	
6ML SYRINGE MIS 18GX1"	0	
12ML SYRINGE MIS 18GX1"	0	OTC
3ML SYRINGE MIS 18GX1.5"	0	
3ML SYRINGE MIS 18GX1.5"	0	OTC
3ML SYRINGE MIS 20GX1"	0	
3ML SYRINGE MIS 20GX1"	0	OTC
12ML SYRINGE MIS 20GX1.5"	0	
12ML SYRINGE MIS 20GX1.5"	0	OTC
12ML SYRINGE MIS 21GX1"	0	
3ML SYRINGE MIS 21GX1"	0	OTC
12ML SYRINGE MIS 21GX1.5"	0	
3ML SYRINGE MIS 21GX1.5"	0	OTC
3ML SYRINGE MIS 22G X 1"	0	OTC
3ML SYRINGE MIS 22GX1"	0	OTC
12ML SYRINGE MIS 22GX1.5"	0	
5ML SYRINGE MIS 22GX1.5"	0	OTC
3 ML SYRINGE MIS 22X1-1/2	0	OTC
1ML SYRINGE MIS 23GX1"	0	
3ML SYRINGE MIS 23GX1"	0	OTC
3ML SYRINGE MIS 23GX1.5"	0	
3ML SYRINGE MIS 23GX1.5"	0	OTC
1ML SYRINGE MIS 25GX1"	0	
1ML SYRINGE MIS 25GX1"	0	OTC
3ML SYRINGE MIS 25GX1.5"	0	
3ML SYRINGE MIS 25GX1.25	0	
1ML SYRINGE MIS 25GX5/8"	0	
1ML SYRINGE MIS 25GX5/8"	0	OTC
1ML SYRINGE MIS 26GX3/8"	0	OTC
3ML SYRINGE MIS 27GX1.25	0	
1ML SYRINGE MIS 27GX1/2"	0	OTC
1ML SYRINGE MIS 28GX1/2"	0	OTC
3ML SYRINGE MIS CANNULA	0	
10ML SYRINGE MIS CANNULA	0	OTC
60ML SYRINGE MIS CATH TIP	0	
60ML SYRINGE MIS CATH TIP	3	OTC
20ML SYRINGE MIS ECC LUER	0	
60ML SYRINGE MIS ECC TIP	0	
10ML SYRINGE MIS ECC TIP	0	OTC

Drug Name	Drug Tier	Requirements/Limits
30ML SYRINGE MIS LUER LOC	0	
3ML SYRINGE MIS LUER LOC	0	OTC
60ML SYRINGE MIS LUER LOK	0	
20ML SYRINGE MIS LUER LOK	0	OTC
1ML SYRINGE MIS LUER SLI	0	OTC
1ML SYRINGE MIS LUER SLP	0	
1ML SYRINGE MIS LUER SLP	0	OTC
12ML SYRINGE MIS LUER-LOC	3	
6ML SYRINGE MIS LUER-LOK	0	
20ML SYRINGE MIS LUER-LOK	0	OTC
6ML SYRINGE MIS REG LUER	0	
12ML SYRINGE MIS REG LUER	0	OTC
3ML SYRINGE MIS REG TIP	0	
20ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	0	
10ML SYRINGE MIS SLIP TIP	0	OTC
60ML SYRINGE MIS TOOMEY	0	
5ML SYRINGES MIS 21GX1"	0	OTC
TB SYRINGE MIS 0.5/28G	0	
1ML TB SYRNG MIS 25GX5/8"	0	
1ML TB SYRNG MIS 25GX5/8"	0	OTC
1ML TB SYRNG MIS 26GX3/8"	0	
1ML TB SYRNG MIS 26GX3/8"	0	OTC
1ML TB SYRNG MIS 27GX1/2"	0	
1ML TB SYRNG MIS 27GX1/2"	0	OTC
1ML TB SYRNG MIS 28GX1/2"	0	
1ML TB SYRNG MIS 28GX1/2"	0	OTC
1ML TB SYRNG MIS LUER LOK	0	
1ML TB SYRNG MIS REG LUER	0	
1ML TB SYRNG MIS REG LUER	0	OTC
TOOMEY SYRIN MIS 70ML	0	
VENT NEEDLE MIS 18GX1"	0	OTC
VERISAFE MIS 23GX1.5"	0	
VERISAFE MIS 25GX1"	0	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS INTERMED	0	
AERCHMBR PLS MIS LRG MASK	0	
AERCHMBR PLS MIS MED MASK	0	
AERCHMBR PLS MIS SM MASK	0	
AERCHMBR Z- MIS STAT PLS	0	
AEROCHAMBER KIT ACTION	0	
AEROCHAMBER MIS 2GO	0	
AEROCHAMBER MIS CHAMBER	0	

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MIS FLOSIGNA	0	
AEROCHAMBER MIS HOLDING	0	
AEROCHAMBER MIS MTHPIECE	0	
AEROCHAMBER MIS MV	0	
AEROCHAMBER MIS PLUS	0	
AEROVENT MIS PLUS	0	
AIRZONE PEAK MIS FLOW MTR	0	OTC
ASSESS METER MIS FULL	0	OTC
ASSESS METER MIS LOW	0	OTC
BREATHE EASE MIS LG MASK	0	
BREATHE EASE MIS MED MASK	0	
BREATHE EASE MIS METER	0	OTC
BREATHE EASE MIS SM MASK	0	
BREATHERITE MIS MDI CHMB	0	
COMPACT SPAC MIS CHAMBER	0	
COMPACT SPAC MIS LG MASK	0	
COMPACT SPAC MIS MD MASK	0	
COMPACT SPAC MIS SM MASK	0	
EASIVENT MIS	0	
EASIVENT MIS MASK LG	0	
EASIVENT MIS MASK MED	0	
EASIVENT MIS MASK SM	0	
FLEXICHAMBER MIS	0	
FLEXICHAMBER MIS MASK LRG	0	
FLEXICHAMBER MIS MASK SM	0	
HOLD CHAMBER MIS ADLT LG	0	
HOLD CHAMBER MIS ADLT LG	0	OTC
HOLD CHAMBER MIS MEDIUM	0	
HOLD CHAMBER MIS MEDIUM	0	OTC
HOLD CHAMBER MIS SMALL	0	
HOLD CHAMBER MIS SMALL	0	OTC
HOLDING CHAM MIS ADULT	0	OTC
HOLDING CHAM MIS CHILD	0	OTC
INSPIREASE MIS DD SYST	0	
INSPIREASE MIS RES BAG	0	
LUNG PERFM MIS METER	0	OTC
MASK VORTEX/ MIS FROG	0	OTC
MASK VORTEX/ MIS LADY BUG	0	OTC
MICROCHAMBER MIS	0	
MICROLIFE MIS PEAK FLO	0	OTC
MICROSPACER MIS	0	
MINI WRIGHT MIS PFM	0	OTC
MINI WRIGHT MIS PFM LOW	0	OTC
OPTICHAMBER MIS DIA LG	0	

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER MIS DIA MD	0	
OPTICHAMBER MIS DIA SM	0	
OPTICHAMBER MIS DIAMOND	0	
PANDA MASK MIS LARGE	0	OTC
PANDA MASK MIS MEDIUM	0	OTC
PANDA MASK MIS PEDIATRI	0	OTC
PANDA MASK MIS SMALL	0	OTC
PARI VORTEX MIS ADL MASK	0	OTC
PEAK A-I-R MIS FLW METR	0	OTC
PEAK AIR FLO MIS ADLT/PED	0	OTC
PEAK FLOW MIS METER	0	OTC
PEAK FLW MTR MIS ADULT	0	OTC
PEAK FLW MTR MIS CHILD	0	OTC
PEAK FLW MTR MIS UNIVERSL	0	OTC
PERSONAL BES MIS FULL RNG	0	OTC
PIKO 1 MIS ELECTRON	0	OTC
POCKET CHAMB MIS	0	
POCKET PEAK MIS METER	0	OTC
POCKET SPACE MIS	0	
POCKETPEAK MIS MTR LOW	0	OTC
PROCARE MIS ADULT	0	OTC
PROCARE MIS CHILD	0	OTC
PURE COMFORT MIS SPACER	0	OTC
RITEFLO MIS	0	
SPACE CHAMBR MIS ANTI-STA	0	
SPACE CHAMBR MIS LARGE	0	
SPACE CHAMBR MIS MEDIUM	0	
SPACE CHAMBR MIS SMALL	0	
SPACER CHAMB MIS ADULT	0	OTC
SPACER CHAMB MIS CHILD	0	OTC
SPACER CHAMB MIS INFANT	0	OTC
TRUZONE PEAK MIS FLOW MTR	0	
VORTEX CHAMB MIS PEDI MAS	0	
VORTEX MASK MIS PEDS MED	0	OTC
VORTEX MASK MIS PEDS SML	0	OTC
VORTEX VALVD MIS CHAMBER	0	
VORTEX VALVE MIS CHAMBER	0	
VORTEX/MASK MIS CHILDS	0	
VORTEX/MASK MIS TODDLER	0	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

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

Drug Name	Drug Tier	Requirements/Limits
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)
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 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)
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)

Drug Name	Drug Tier	Requirements/Limits
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
RIZAFILM MIS 5MG	3	QL (18 films every 25 days)
RIZAFILM MIS 10MG	3	QL (18 films every 25 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)
TOSYMRA SOL 10MG	2	
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 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	
klor-con 8 tab 8meq er	1	
KLOR-CON 8 TAB 8MEQ ER	3	
klor-con 10 tab 10meq er	1	
KLOR-CON 10 TAB 10MEQ ER	3	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
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 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	5	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
trientine hcl cap 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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)
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
VYVGART INJ HYTRULO	4	PA, QL (4 syringes per 28 days)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
azasan tab 75 mg	1	
azasan tab 100mg	1	
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR TAB 1MG	3	
ENVARSUS XR TAB 4MG	3	
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
everolimus tab 1 mg	1	
gengraf cap 25mg	1	
gengraf cap 100mg	1	
gengraf sol 100mg/ml	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	
MYFORTIC TAB 360MG	3	PA
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	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	
tacrolimus cap er 24hr 0.5 mg	1	
tacrolimus cap er 24hr 1 mg	1	
tacrolimus cap er 24hr 5 mg	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 1MG	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	1	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
sps sus 15gm/60	1	
sps sus 30gm/120	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)
SAPHNELO INJ 120/0.8	4	PA, QL (4 pens every 28 days)
SAPHNELO PEN INJ 120/0.8	4	PA, QL (4 pens 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	
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	
periogard sol 0.12%	1	
DENTAL PRODUCTS		
CLINPRO 5000 PST 1.1%	3	
denta 5000 cre plus	1	
denta 5000 cre plus 2pk	1	
dentagel gel 1.1%	1	
FLUORIDEX PST 1.1%	3	
FLUORMX 5000 PST 1.1%	3	

Drug Name	Drug Tier	Requirements/Limits
JUST RIGHT PST 5000	3	
SF 5000 PLUS CRE 1.1%	3	
SF GEL 1.1%	3	
sodium fluor cre 5000 ppm	1	
SODIUM FLUOR CRE 5000 PPM	3	
sodium fluor gel 5000 ppm	1	
sodium fluor pst 5000 ppm	1	
SODIUM FLUOR PST 5000 PPM	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride rinse 0.2%	1	
sodium fluoride-potassium nitrate gel 1.1-5%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pst 0.1%	1	
oralone dent pst 0.1%	1	
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	
MULTIVITAMINS		
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	3	OTC
elite-ob tab	1	
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
pnv-dha cap	1	
pnv-select tab	1	
PRENATAL TAB	3	OTC
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
THERANATAL TAB 27-1	3	OTC

Drug Name	Drug Tier	Requirements/Limits
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	
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)
tanlor tab 1000mg	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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)
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)
DAYBUE STIX POW 5000MG	5	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 6000MG	5	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 8000MG	5	PA, QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
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	
timolol ophth soln 0.5%	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	
HOMATROPAIRE SOL 5% OP	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
MITOSOL KIT 0.2MG	3	
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	
neo-polycin oin op	1	
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	
polycin oin op	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	

Drug Name	Drug Tier	Requirements/Limits
XDEMVY DRO 0.25%	2	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
VEVYE DRO 0.1%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
ALTACAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	3	
TETRACAINE SOL 0.5% OP	3	
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	
loteprednol etabonate ophth susp 0.2%	1	
loteprednol etabonate ophth susp 0.5%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin oin hc 1%op	1	
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	
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	

Drug Name	Drug Tier	Requirements/Limits
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 0.01%	1	
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
flac oil 0.01% ot	1	
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		
methergine tab 0.2mg	1	
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TAB 185MG	3	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN COMBINATIONS		
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		
gallifrey tab 5mg	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
sodium oxybate oral solution 500 mg/ml	1	PA, QL (18 mL 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	
LEQEMBI IQLI INJ 250/1.25	5	PA
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
LYBALVI TAB 5-10MG	3	
LYBALVI TAB 10-10MG	3	
LYBALVI TAB 15-10MG	3	
LYBALVI TAB 20-10MG	3	
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	
FIBROMYALGIA AGENTS		
milnacipran hcl tab 12.5 mg	1	
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	
milnacipran hcl tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
milnacipran hcl tab 50 mg	1	
milnacipran hcl tab 100 mg	1	
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)
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)
cladribine tab therapy pack 10 mg (4 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (5 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (6 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (7 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (8 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (9 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (10 tabs)	1	PA, QL (20 tabs every 270 days)
COPAXONE INJ 40MG/ML	5	PA, QL (12 injections every 28 days)
dalfampridine tab er 12hr 10 mg	1	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
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 injection every 1 day)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 injections every 28 days)
glatopa inj 20mg/ml	1	PA, QL (1 injection every 1 day)
glatopa inj 40mg/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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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; $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
nicotine polacrilex lozenge 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	0	OTC
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 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	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB	5	PA, QL (2 tabs every 1 day)
ALYFTREK TAB 4-20-50	5	PA, QL (3 tabs every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
TRIKAFTA TAB	5	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
JASCAYD TAB 9MG	4	PA, QL (60 tablets every 90 days)
JASCAYD TAB 18MG	4	PA, QL (60 tablets every 90 days)
nintedanib esylate cap 100 mg (base equivalent)	1	PA, QL (2 caps every 1 day)
nintedanib esylate cap 150 mg (base equivalent)	1	PA, QL (2 caps every 1 day)
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 534 mg	1	PA, QL (3 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		
avidoxy tab 100mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
mondoxyne nl cap 100mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
euthyrox tab 25mcg	1	
euthyrox tab 50mcg	1	
euthyrox tab 75mcg	1	
euthyrox tab 88mcg	1	
euthyrox tab 100mcg	1	
euthyrox tab 112mcg	1	
euthyrox tab 125mcg	1	
euthyrox tab 137mcg	1	
euthyrox tab 150mcg	1	
euthyrox tab 175mcg	1	
euthyrox tab 200mcg	1	
levo-t tab 25mcg	1	
levo-t tab 50mcg	1	
levo-t tab 75mcg	1	
levo-t tab 88mcg	1	
levo-t tab 100mcg	1	
levo-t tab 112mcg	1	
levo-t tab 125mcg	1	
levo-t tab 137mcg	1	
levo-t tab 150mcg	1	
levo-t tab 175mcg	1	
levo-t tab 200mcg	1	
levo-t tab 300 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liomny tab 5mcg	1	
liomny tab 25mcg	1	
liomny tab 50mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
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	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	

Drug Name	Drug Tier	Requirements/Limits
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 137mcg	1	
unithroid tab 150mcg	1	
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	
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	
hyosyne dro 0.125/ml	1	
hyosyne elx 0.125/5	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	
NULEV TAB 0.125MG	3	
OSCIMIN SUB 0.125MG	3	
OSCIMIN TAB 0.125MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
PHENOHYTRO ELX	3	
PHENOHYTRO TAB	3	
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	
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	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	
esomeprazole magnesium for delayed release susp packet 5 mg	1	
esomeprazole magnesium for delayed release susp packet 10 mg	1	
esomeprazole magnesium for delayed release susp packet 20 mg	1	
esomeprazole magnesium for delayed release susp packet 40 mg	1	
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 30 mg	1	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
RABEPRAZOLE CAP 10MG DR	3	
rabeprazole sodium ec tab 20 mg	1	
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	$0 copay based on your plan/benefit
CYTOTEC TAB 200MCG	3	$0 copay based on your plan/benefit
misoprostol tab 100 mcg	1	$0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	$0 copay based on your plan/benefit
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
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 2.5 mg	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	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	ST
mirabegron granules for oral extended release susp 8 mg/ml	1	
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	
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 3 sup 200mg	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		
PHEXX GEL	0	
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	

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	PA; 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 (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (3 pens 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		
epinephrine inj 1 mg/ml	1	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione tab 5 mg	1	

Index

1

10ML LL SYRG MIS CONTROL.....167
10ML LL SYRN MIS 20GX1 167
10ML LL SYRN MIS 20GX1.5 167
10ML LL SYRN MIS 21GX1.5 167
10ML SYRINGE MIS CANNULA 171
10ML SYRINGE MIS ECC TIP 171
10ML SYRINGE MIS SLIP TIP 172
12ML SYRINGE MIS 18GX1 171
12ML SYRINGE MIS 20GX1.5 171
12ML SYRINGE MIS 21GX1.....171
12ML SYRINGE MIS 21GX1.5 171
12ML SYRINGE MIS 22GX1.5.....171
12ML SYRINGE MIS LUER-LOC 172
12ML SYRINGE MIS REG LUER 172
140ML SYRING MIS CATH TIP.....170
140ML SYRING MIS LUER-LOC.....170
140ML SYRING MIS REG TIP 170
1ML ALLR SYR MIS 27GX1/2.....163
1ML SLIP TIP MIS 25GX5/8.....170
1ML SLIP TIP MIS 26GX3/8.....170
1ML SYRINGE MIS 23GX1.....171
1ML SYRINGE MIS 25GX1.....171
1ML SYRINGE MIS 25GX5/8 171
1ML SYRINGE MIS 26GX3/8 171
1ML SYRINGE MIS 27GX1/2 171
1ML SYRINGE MIS 28GX1/2 171
1ML SYRINGE MIS LUER SLI.....172
1ML SYRINGE MIS LUER SLP 172
1ML TB SYRNG MIS 25GX5/8 172
1ML TB SYRNG MIS 26GX3/8 172
1ML TB SYRNG MIS 27GX1/2 172
1ML TB SYRNG MIS 28GX1/2 172
1ML TB SYRNG MIS LUER LOK 172
1ML TB SYRNG MIS REG LUER 172

2

20ML SYRINGE MIS ECC LUER.....171
20ML SYRINGE MIS LUER LOK 172
20ML SYRINGE MIS LUER-LOK.....172
20ML SYRINGE MIS REG TIP 172
20ML SYRINGE MIS SLIP 172

3

30ML SYRINGE MIS LUER LOC 172
3ML LL SYRNG MIS 18GX1.5 167
3ML LL SYRNG MIS 20GX1 167
3ML LL SYRNG MIS 20GX3/4.....167
3ML LL SYRNG MIS 21GX1 167
3ML LL SYRNG MIS 21GX1.5 167
3ML LL SYRNG MIS 22GX1.....167
3ML LL SYRNG MIS 22GX1.5 167
3ML LL SYRNG MIS 23GX1.....167
3ML LL SYRNG MIS 23GX1.5 167
3ML LL SYRNG MIS 25GX1.....167
3ML LL SYRNG MIS 25GX5/8.....167
3ML LUER LOC MIS 21GX1.5 167
3ML LUER LOC MIS 22GX1.....167
3ML LUER LOC MIS 22GX1.5 167
3ML LUER LOC MIS 23GX1.....167
3ML LUER LOC MIS 23GX1.5 167
3ML LUER LOC MIS 25GX1.....167
3ML LUER LOC MIS 25GX5/8.....167
3ML SYRINGE MIS 18GX1.5.....171
3ML SYRINGE MIS 20GX1 171
3ML SYRINGE MIS 21GX1 171
3ML SYRINGE MIS 21GX1.5.....171
3ML SYRINGE MIS 22GX1 171
3ML SYRINGE MIS 22G X 1.....171
3 ML SYRINGE MIS 22X1-1/2 171
3ML SYRINGE MIS 23GX1 171
3ML SYRINGE MIS 23GX1.5 171
3ML SYRINGE MIS 25GX1.25.....171
3ML SYRINGE MIS 25GX1.5 171
3ML SYRINGE MIS 27GX1.25.....171
3ML SYRINGE MIS CANNULA 171
3ML SYRINGE MIS LUER LOC.....172
3ML SYRINGE MIS REG TIP.....172

5

5ML LL SYRNG MIS 20GX1.5 167
5ML SYRINGE MIS 22GX1.5 171
5ML SYRINGES MIS 21GX1 172

6

60ML SYRINGE MIS CATH TIP.....171
60ML SYRINGE MIS ECC TIP.....171
60ML SYRINGE MIS LUER LOK 172
60ML SYRINGE MIS TOOMEY 172
6ML SYRINGE MIS 171

6ML SYRINGE MIS 18GX1.....171
6ML SYRINGE MIS LUER-LOK.....172
6ML SYRINGE MIS REG LUER.....172
A
A1CNOW+ PROF KIT SYSTEM.....123
abacavir sulfate-lamivudine tab 600-300 mg.....84
abacavir sulfate soln 20 mg/ml (base equiv).....84
abacavir sulfate tab 300 mg (base equiv) 84
abigale lo tab 0.5-0.1.....131
abigale tab 1-0.5mg.....131
ABILIFY ASIM INJ 720MG.....83
ABILIFY ASIM INJ 960MG.....83
ABILIFY MAIN INJ 300MG.....83
ABILIFY MAIN INJ 400MG.....83
abiraterone acetate tab 250 mg.....68
abiraterone acetate tab 500 mg.....68
abirtega tab 250mg.....69
ABSORICA CAP 10MG.....108
ABSORICA CAP 20MG.....108
ABSORICA CAP 25MG.....108
ABSORICA CAP 30MG.....108
ABSORICA CAP 35MG.....108
ABSORICA CAP 40MG.....108
acamprosate calcium tab delayed release 333 mg.....189
acarbose tab 100 mg.....48
acarbose tab 25 mg.....48
acarbose tab 50 mg.....48
ACCOLATE TAB 10MG.....33
ACCOLATE TAB 20MG.....33
ACCU-CHEK KIT FASTCLIX.....148
ACCU-CHEK KIT SOFTCLIX.....148
ACCU-CHEK LIQ GUIDE.....148
ACCU-CHEK LIQ SMART.....148
ACCU-CHEK SOL.....148
ACCU-CHEK TES AVIVA PL.....123
ACCU-CHEK TES GUIDE.....123
ACCU-CHEK TES SMART.....123
ACCURETIC TAB 10-12.5.....62
ACCURETIC TAB 20-12.5.....62
accutane cap 10mg.....108
accutane cap 20mg.....108
accutane cap 30mg.....108
accutane cap 40mg.....108
ACCUTREND SOL GLUCOSE.....148
ACD FORMULA SOL A.....38
acebutolol hcl cap 200 mg.....89
acebutolol hcl cap 400 mg.....89
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg.....24
acetaminophen w/ codeine soln 120-12 mg/5ml.....24
acetaminophen w/ codeine tab 300-15 mg.....24
acetaminophen w/ codeine tab 300-30 mg.....24
acetaminophen w/ codeine tab 300-60 mg.....24
acetazolamide cap er 12hr 500 mg.....124
acetazolamide tab 125 mg.....124
acetazolamide tab 250 mg.....124
acetic acid otic soln 2%.....187
acetylcysteine inhal soln 10%.....108
acetylcysteine inhal soln 20%.....108
acitretin cap 10 mg.....112
acitretin cap 17.5 mg.....112
acitretin cap 25 mg.....112
ACTHAR INJ 80UNIT.....126
ACTHAR INJ GEL.....126
ACTI-LANCE MIS 28G.....148
ACTI-LANCE MIS LITE 28G.....148
ACTI-LANCE MIS SPEC 17G.....148
ACTI-LANCE MIS UNIV 23G.....148
ACTIMMUNE INJ 2MU/0.5.....75
ACTIVELLA TAB 1-0.5MG.....131
ACTONEL TAB 150MG.....126
ACTONEL TAB 35MG.....126
ACTOPLUS MET TAB 15-850MG.....48
ACULAR LS SOL 0.4% OP.....187
ACULAR SOL 0.5% OP.....187
acyclovir cap 200 mg.....88
acyclovir oint 5%.....117
acyclovir susp 200 mg/5ml.....88
acyclovir tab 400 mg.....88
acyclovir tab 800 mg.....88
ADALIMU-ADAZ INJ 10/0.1ML.....9

ADALIMU-ADAZ INJ 20/0.2ML 9
ADALIMU-ADAZ INJ 40/0.4ML 9
ADALIMU-ADAZ INJ 80/0.8ML 9
ADALIMU-FKJP KIT 20/0.4ML 9
ADALIMU-FKJP KIT 40/0.8ML.....10
adapalene-benzoyl peroxide gel 0.1-2.5% 108
adapalene-benzoyl peroxide gel 0.3-2.5% 108
adapalene cream 0.1% 108
adapalene gel 0.1% 108
adapalene gel 0.3% 108
ADASUVE INH 10MG 80
ADBRY INJ 150MG/ML.....120
ADBRY INJ 300/2ML 120
adefovir dipivoxil tab 10 mg 87
ADEMPAS TAB 0.5MG 97
ADEMPAS TAB 1.5MG 97
ADEMPAS TAB 1MG 98
ADEMPAS TAB 2.5MG 98
ADEMPAS TAB 2MG.....98
ADIPEX-P TAB 37.5MG 2
ADMIX NEEDLE MIS 18GX1.5 162
ADRENALIN SOL 1:1000 183
ADVANCE LIQ CONTROL.....148
ADVANCE LIQ INTUITIO.....148
ADVANCE NORM LIQ CONTROL.....148
ADVCATE SAFE MIS LANC 26G.....148
ADV LANCING MIS DEVICE 148
ADVOCATE+ SOL REDI-COD 148
ADVOCATE LIQ HIGH 148
ADVOCATE LIQ LOW.....148
ADVOCATE MIS LANC 30G 148
ADVOCATE MIS LANC DEV 148
ADVOCATE MIS LANCETS.....148
AEMCOLO TAB 194MG 27
AERCHMBR PLS MIS INTERMED 172
AERCHMBR PLS MIS LRG MASK 172
AERCHMBR PLS MIS MED MASK 172
AERCHMBR PLS MIS SM MASK.....172
AERCHMBR Z- MIS STAT PLS 172
AEROCHAMBER KIT ACTION 172
AEROCHAMBER MIS 2GO.....172
AEROCHAMBER MIS CHAMBER.....172
AEROCHAMBER MIS FLOSIGNA.....173
AEROCHAMBER MIS HOLDING 173
AEROCHAMBER MIS MTHPIECE 173
AEROCHAMBER MIS MV.....173
AEROCHAMBER MIS PLUS 173
AEROVENT MIS PLUS 173
afirmelle tab 0.1-0.02.....99
AGAMATRIX MIS 33G.....148
AGAMATRIX SOL HIGH 148
AGAMATRIX SOL LEVEL 2 148
AGAMATRIX SOL LEVEL 4 148
AGAMATRIX SOL NORM/HGH 149
AGAMATRIX SOL NORMAL 149
AGRYLIN CAP 0.5MG 139
AIMSCO MIS LUBRICAT 145
AIMSCO TWIST MIS 32G.....149
AIMSCO TWIST MIS 33G.....149
AIRSUPRA AER 90-80MCG.....34
AIRZONE PEAK MIS FLOW MTR 173
AJOVY INJ 225/1.5 .....174, 175
AKLIEF CRE 0.005% 108
AKTEN GEL 3.5% OP 186
albendazole tab 200 mg.....27
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 34
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....34
albuterol sulfate soln nebu 0.5% (5 mg/ml) 34
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....34
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....34
albuterol sulfate syrup 2 mg/5ml.....34
albuterol sulfate tab 2 mg 34
albuterol sulfate tab 4 mg 34
ALCAINE SOL 0.5% OP 186
alclometasone dipropionate cream 0.05% 117
alclometasone dipropionate oint 0.05%..117
ALCOHOL PAD 162
ALCOHOL PAD 70% 162
ALCOHOL PAD PREP.....162
ALCOHOL PADS PAD 70% 162

ALCOHOL PREP PAD.....162
ALCOHOL PREP PAD 70%.....162
ALCOHOL PREP PAD MED 70%.....162
ALCOHOL PREP PAD PADS 70%.....162
ALCOHOL SWAB PAD.....162
ALCOHOL SWAB PAD 70%.....162
ALCOHOL SWAB PAD EX-THICK.....162
ALCOH-WIPE MIS 12.....162
ALDACTONE TAB 100MG.....125
ALDACTONE TAB 25MG.....125
ALDACTONE TAB 50MG.....125
ALECENSA CAP 150MG.....70
alendronate sodium oral soln 70 mg/75ml.....126
alendronate sodium tab 10 mg.....126
alendronate sodium tab 35 mg.....126
alendronate sodium tab 70 mg.....126
alfuzosin hcl tab er 24hr 10 mg.....138
aliskiren fumarate tab 150 mg (base equivalent).....65
aliskiren fumarate tab 300 mg (base equivalent).....65
ALLERGIST KIT 0.5/28G.....163
ALLERGIST KIT 1MLX27G.....163
ALLERGIST KIT 1MLX28G.....163
ALLERGIST KIT 27GX1/2.....163
ALLERGY TRAY KIT 27GX1/2.....163
allopurinol tab 100 mg.....138
allopurinol tab 200 mg.....138
allopurinol tab 300 mg.....138
almotriptan malate tab 12.5 mg.....175
almotriptan malate tab 6.25 mg.....175
ALOCRIL SOL 2%.....187
ALOMIDE SOL 0.1% OP.....187
alosetron hcl tab 0.5 mg (base equiv).....136
alosetron hcl tab 1 mg (base equiv).....136
ALPHAGAN P SOL 0.1% OP.....185
ALPHAGAN P SOL 0.15% OP.....185
ALPRAZOLAM CON 1 MG/ML.....30
alprazolam orally disintegrating tab 0.25 mg.....30
alprazolam orally disintegrating tab 0.5 mg.....30
alprazolam orally disintegrating tab 1 mg.30
alprazolam orally disintegrating tab 2 mg.30
alprazolam tab 0.25 mg.....31
alprazolam tab 0.5 mg.....30
alprazolam tab 0.5mg xr.....31
alprazolam tab 1 mg.....31
alprazolam tab 1mg xr.....31
alprazolam tab 2 mg.....31
alprazolam tab 2mg xr.....31
alprazolam tab 3mg xr.....31
alprazolam tab er 24hr 0.5 mg.....31
alprazolam tab er 24hr 1 mg.....31
alprazolam tab er 24hr 2 mg.....31
alprazolam tab er 24hr 3 mg.....31
ALTACAINE SOL 0.5% OP.....186
ALTACE CAP 10MG.....59
ALTACE CAP 2.5MG.....59
altavera tab.....99
ALUNBRIG PAK.....70
ALUNBRIG TAB 180MG.....71
ALUNBRIG TAB 30MG.....70
ALUNBRIG TAB 90MG.....70
ALVAIZ TAB 18MG.....141
ALVAIZ TAB 36MG.....141
ALVAIZ TAB 54MG.....141
ALVAIZ TAB 9MG.....141
alvimopan cap 12 mg.....137
alyacen tab 1/35.....99
alyacen tab 7/7/7.....99
ALYFTREK TAB.....195
ALYFTREK TAB 4-20-50.....195
alyq tab 20mg.....97
amantadine hcl cap 100 mg.....76
amantadine hcl soln 50 mg/5ml.....76
amantadine hcl tab 100 mg.....76
AMBIEN CR TAB 12.5MG.....142
AMBIEN CR TAB 6.25MG.....142
AMBIEN TAB 10MG.....143
AMBIEN TAB 5MG.....142
AMBI-TRAY MIS.....149
ambrisentan tab 10 mg.....97
ambrisentan tab 5 mg.....97
amethyst tab 90-20mcg.....99
amiloride & hydrochlorothiazide tab 5-50 mg.....124

amiloride hcl tab 5 mg 125
aminocaproic acid oral soln 0.25 gm/ml.142
aminocaproic acid tab 1000 mg 142
aminocaproic acid tab 500 mg.....142
amiodarone hcl tab 100 mg 32
amiodarone hcl tab 200 mg.....32
amiodarone hcl tab 400 mg 32
amitriptyline hcl tab 100 mg 47
amitriptyline hcl tab 10 mg.....47
amitriptyline hcl tab 150 mg.....47
amitriptyline hcl tab 25 mg 47
amitriptyline hcl tab 50 mg 47
amitriptyline hcl tab 75 mg 47
amlodipine besylate-atorvastatin calcium tab 10-10 mg 94
amlodipine besylate-atorvastatin calcium tab 10-20 mg.....94
amlodipine besylate-atorvastatin calcium tab 10-40 mg.....94
amlodipine besylate-atorvastatin calcium tab 10-80 mg.....94
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 93
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 93
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 93
amlodipine besylate-atorvastatin calcium tab 5-10 mg 93
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....93
amlodipine besylate-atorvastatin calcium tab 5-40 mg 94
amlodipine besylate-atorvastatin calcium tab 5-80 mg 94
amlodipine besylate-benazepril hcl cap 10-20 mg.....62
amlodipine besylate-benazepril hcl cap 10-40 mg.....62
amlodipine besylate-benazepril hcl cap 2.5-10 mg.....62
amlodipine besylate-benazepril hcl cap 5-10 mg.....62
amlodipine besylate-benazepril hcl cap 5-20 mg.....62
amlodipine besylate-benazepril hcl cap 5-40 mg.....62
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 62
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 62
amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....62
amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....62
amlodipine besylate tab 10 mg (base equivalent) 91
amlodipine besylate tab 2.5 mg (base equivalent) 91
amlodipine besylate tab 5 mg (base equivalent) 91
amlodipine besylate-valsartan tab 10-160 mg 62
amlodipine besylate-valsartan tab 10-320 mg 62
amlodipine besylate-valsartan tab 5-160 mg 62
amlodipine besylate-valsartan tab 5-320 mg 62
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg.....62
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 62
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....63
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg.....62
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 62
amnesteem cap 10mg 108
amnesteem cap 20mg.....108
amnesteem cap 30mg.....108
amnesteem cap 40mg.....108
amoxapine tab 100 mg 47
amoxapine tab 150 mg 47
amoxapine tab 25 mg 47
amoxapine tab 50 mg.....47

amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 201
amoxicillin (trihydrate) cap 250 mg 188
amoxicillin (trihydrate) cap 500 mg 188
amoxicillin (trihydrate) chew tab 125 mg 188
amoxicillin (trihydrate) chew tab 250 mg 188
amoxicillin (trihydrate) for susp 125 mg/5ml 188
amoxicillin (trihydrate) for susp 200 mg/5ml 188
amoxicillin (trihydrate) for susp 250 mg/5ml 188
amoxicillin (trihydrate) for susp 400 mg/5ml 188
amoxicillin (trihydrate) tab 500 mg 188
amoxicillin (trihydrate) tab 875 mg 188
amoxicillin & k clavulanate chew tab 400-57 mg 189
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 189
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 189
amoxicillin & k clavulanate for susp 400-57 mg/5ml 189
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 189
amoxicillin & k clavulanate tab 250-125 mg 189
amoxicillin & k clavulanate tab 500-125 mg 189
amoxicillin & k clavulanate tab 875-125 mg 189
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 189
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 188
AMPYRA TAB 10MG 192
ANAFRANIL CAP 25MG 47
ANAFRANIL CAP 50MG 47
ANAFRANIL CAP 75MG 47
anagrelide hcl cap 0.5 mg 139

anagrelide hcl cap 1 mg 140
ANALPRAM HC CRE 1-1%.....26
ANALPRAM-HC CRE 1-1% 27
ANALPRAM HC CRE 2.5-1%.....26
ANALPRAM HC LOT 2.5% 27
ANALPRAM-HC LOT 2.5% 27
ANAPROX DS TAB 550MG.....14
ANASPAZ TAB 0.125MG.....199
anastrozole tab 1 mg.....69
ANCOBON CAP 250MG.....55
ANCOBON CAP 500MG 55
ANDEMBRY INJ 200/1.2.....139
ANORO ELLIPT AER 62.5-25.....34
ANTICOAGULNT SOL SOD CITR 38
ANUCORT-HC SUP 25MG 27
ANUSOL-HC CRE 2.5% 27
ANUSOL-HC SUP 25MG 27
apomorphine hcl soln cartridge 30 mg/3ml 76
apraclonidine hcl ophth soln 0.5% (base equivalent) 185
aprepitant capsule 125 mg.....54
aprepitant capsule 40 mg.....54
aprepitant capsule 80 mg.....54
aprepitant capsule therapy pack 80 & 125 mg 54
APRETUDE SUS 600MG ER.....84
APRISO CAP 0.375GM 134
apri tab.....99
APTIOM TAB 200MG 39
APTIOM TAB 400MG 39
APTIOM TAB 600MG 39
APTIOM TAB 800MG 39
AQUALANCE MIS 30G.....149
aranelle tab 99
ARANESP INJ 100MCG 141
ARANESP INJ 10MCG.....141
ARANESP INJ 150MCG 141
ARANESP INJ 200MCG 141
ARANESP INJ 25MCG 141
ARANESP INJ 300MCG 141
ARANESP INJ 40MCG.....141
ARANESP INJ 500MCG 141
ARANESP INJ 60MCG.....141
ARAVA TAB 10MG 17
ARAVA TAB 20MG.....17
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....35
ARICEPT TAB 10MG.....190
ARICEPT TAB 23MG 190
ARICEPT TAB 5MG 190
ARIKAYCE SUS 8
ARIMIDEX TAB 1MG.....69
aripiprazole orally disintegrating tab 10 mg 83
aripiprazole orally disintegrating tab 15 mg 83
aripiprazole oral solution 1 mg/ml.....83
aripiprazole tab 10 mg 83
aripiprazole tab 15 mg 83
aripiprazole tab 20 mg.....83
aripiprazole tab 2 mg 83
aripiprazole tab 30 mg.....83
aripiprazole tab 5 mg.....83
ARISTADA INJ 1064MG 83
ARISTADA INJ 441MG/1. 83
ARISTADA INJ 662MG/2 83
ARISTADA INJ 882MG/3 83
ARISTADA INJ INITIO 83
ARIXTRA INJ 10/0.8ML 37
ARIXTRA INJ 2.5/0.5 37
ARIXTRA INJ 5/0.4ML.....37
ARIXTRA INJ 7.5/0.6 37
armodafinil tab 150 mg 6
armodafinil tab 200 mg 6
armodafinil tab 250 mg 6
armodafinil tab 50 mg 6
ARNICA TIN FLOWER 122
AROMASIN TAB 25MG 69
ARTISS SOL 10ML.....142
ARTISS SOL 2ML 142
ARTISS SOL 4ML 142
ARZOL SILVER MIS NITR APP 117
ascomp/cod cap 30mg.....24
asenapine maleate sl tab 10 mg (base equiv) 80
asenapine maleate sl tab 2.5 mg (base equiv) 80

asenapine maleate sl tab 5 mg (base equiv) 80
ashlyna tab 99
ASMANEX HFA AER 100 MCG 34
ASMANEX HFA AER 200 MCG 34
ASMANEX HFA AER 50MCG.....34
aspirin chew tab 81 mg.....19
aspirin-dipyridamole cap er 12hr 25-200 mg 140
aspirin tab delayed release 81 mg 19
ASSESS METER MIS FULL.....173
ASSESS METER MIS LOW 173
ASSURE 3 LIQ CONTROL 149
ASSURE 4 LIQ LEVEL1/2.....149
ASSURE CMFRT MIS 28G.....149
ASSURE DOSE SOL NORM/HGH 149
ASSURE DOSE SOL NORMAL.....149
ASSURE II LIQ LEVEL 1.....149
ASSURE II LIQ LEVEL1/2.....149
ASSURE LANCE MIS 21G.....149
ASSURE LANCE MIS 28G 149
ASSURE LANCE MIS LOW FLOW.....149
ASSURE LANCE MIS MICRO.....149
ASSURE LANCE MIS SAFE 25G.....149
ASSURE LANCE MIS SAFE 30G.....149
ASSURE PRISM SOL LEVEL1/2.....149
ASSURE PRO LIQ LEVEL1/2 149
ASTAGRAF XL CAP 0.5MG 178
ASTAGRAF XL CAP 1MG 178
ASTAGRAF XL CAP 5MG.....178
atazanavir sulfate cap 150 mg (base equiv) 84
atazanavir sulfate cap 200 mg (base equiv) 84
atazanavir sulfate cap 300 mg (base equiv) 84
ATELVIA TAB.....126
atenolol & chlorthalidone tab 100-25 mg..63
atenolol & chlorthalidone tab 50-25 mg ...63
atenolol tab 100 mg 89
atenolol tab 25 mg 89
atenolol tab 50 mg 89
atomoxetine hcl cap 100 mg (base equiv) ..6
atomoxetine hcl cap 10 mg (base equiv) 5
atomoxetine hcl cap 18 mg (base equiv).....5
atomoxetine hcl cap 25 mg (base equiv) 5
atomoxetine hcl cap 40 mg (base equiv)....5
atomoxetine hcl cap 60 mg (base equiv)....5
atomoxetine hcl cap 80 mg (base equiv)....6
atorvastatin calcium tab 10 mg (base equivalent).....58
atorvastatin calcium tab 20 mg (base equivalent).....58
atorvastatin calcium tab 40 mg (base equivalent).....58
atorvastatin calcium tab 80 mg (base equivalent).....58
atovaquone-proguanil hcl tab 250-100 mg 65
atovaquone-proguanil hcl tab 62.5-25 mg 65
atovaquone susp 750 mg/5ml 28
atropine sulfate ophth oint 1% 184
atropine sulfate ophth soln 1% 184
ATROPINE SUL SOL 1% OP.....184
aubra eq tab 0.1-0.02 99
AUGMENTIN SUS 125/5ML.....189
AUGMENTIN SUS ES-600 189
AUGTYRO CAP 160MG 71
AUGTYRO CAP 40MG.....71
AUM ALCOHOL PAD PREP 70% 162
AURORA LANCE MIS 30G.....149
AURORA LANCE MIS THIN 23G.....149
aurovela 24 tab fe 1/20.....99
aurovela fe tab 1/20 99
aurovela fe tab 1.5/30.....99
aurovela tab 1/20 99
aurovela tab 1.5/30 99
AURYXIA TAB 210MG.....137
AUSTEDO TAB 12MG 192
AUSTEDO TAB 6MG.....192
AUSTEDO TAB 9MG.....192
AUTOJECT 2 MIS.....163
AUTO LANCET MIS 149
AUTO-LANCET MIS.....149
AUTO-LANCET MIS MINI 149
AUTOLET II KIT CLINISAF 149
AUTOLET LANC MIS DEVICE.....149

AUTOLET LITE KIT.....149
AUTOLET LITE KIT CLINISAF.....149
AUTOLET LITE KIT STARTER.....149
AUTOLET MINI MIS.....149
AUTOLET PLAT MIS 1.8MM.....149
AUTOLET PLAT MIS 2.4MM.....149
AUTOLET PLAT MIS 3.0MM.....149
AUTOLET PLUS MIS.....149
AUTOPEN MIS 1-21UNIT.....163
AUTOPEN MIS 1 UNIT.....163
AUTOPEN MIS 2-42UNIT.....163
AUTOPEN MIS 2 UNIT.....163
AUTOSHIELD MIS 30GX5MM.....163
AUVI-Q INJ 0.15MG.....203
AUVI-Q INJ 0.1MG.....203
AUVI-Q INJ 0.3MG.....203
AVALIDE TAB 150-12.5.....63
AVALIDE TAB 300-12.5.....63
avanafil tab 100 mg.....94
avanafil tab 200 mg.....94
avanafil tab 50 mg.....94
AVAPRO TAB 150MG.....60
AVAPRO TAB 300MG.....60
AVAPRO TAB 75MG.....60
AVAR CLEANSE LIQ 10-5%.....108
AVAR-E EMOLL CRE 10-5%.....108
AVAR LS LIQ 10-2%.....108
aviane tab.....99
avidoxy tab 100mg.....196
AVODART CAP 0.5MG.....138
AVONEX PEN KIT 30MCG.....192
AVONEX PREFL KIT 30MCG.....192
AWIQLI FLEX INJ 700UNIT.....51
ayuna tab.....99
azasan tab 100mg.....178
azasan tab 75 mg.....178
azathioprine tab 100 mg.....178
azathioprine tab 50 mg.....178
azathioprine tab 75 mg.....178
azelaic acid gel 15%.....122
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....182
azelastine hcl nasal spray 0.1% (137 mcg/spray).....183
azelastine hcl ophth soln 0.05%.....187
AZILECT TAB 0.5MG.....78
AZILECT TAB 1MG.....78
azilsartan medoxomil tab 40 mg.....61
azilsartan medoxomil tab 80 mg.....61
azithromycin for susp 100 mg/5ml.....144
azithromycin for susp 200 mg/5ml.....144
azithromycin powd pack for susp 1 gm.....144
azithromycin tab 250 mg.....144
azithromycin tab 500 mg.....144
azithromycin tab 600 mg.....144
AZSTARYS CAP 26.1-5.2.....6
AZSTARYS CAP 39.2-7.8.....6
AZSTARYS CAP 52.3-10.....6
AZULFIDINE TAB 500MG.....134
AZULFIDINE TAB 500MG EN.....134
azurette tab.....99

B

bacitracin ophth oint 500 unit/gm.....185
bacitracin-polymyxin b ophth oint.....185
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....186
baclofen oral soln 10 mg/5ml.....182
baclofen oral soln 5 mg/5ml.....182
baclofen tab 10 mg.....182
baclofen tab 15 mg.....182
baclofen tab 20 mg.....182
baclofen tab 5 mg.....182
bac tab.....19
BACTRIM DS TAB 800-160.....28
BACTRIM TAB 400-80MG.....28
BAFIERTAM CAP 95MG.....192
balsalazide disodium cap 750 mg.....134
BALVERSA TAB 3MG.....71
BALVERSA TAB 4MG.....71
BALVERSA TAB 5MG.....71
balziva tab.....99
BAQSIMI ONE POW 3MG/DOSE.....50
BAQSIMI TWO POW 3MG/DOSE.....50
BARACLUDE SOL.....87
BAXDELA TAB 450MG.....133
BD 20ML SYRG MIS LUER-LOK.....163
BD 5ML SYRG MIS LUER-LOK.....163
BD BLNT FILL MIS 18GX1.5.....163

BD BLUNT FIL MIS 18GX1 163
BD ECLIPSE MIS 18GX1.5 163
BD ECLIPSE MIS 1ML/27G 163
BD ECLIPSE MIS 23GX1 163
BD ECLIPSE MIS 25GX5/8 163
BD HYPO NEED MIS 16GX1 163
BD HYPO NEED MIS 18GX1 163
BD HYPO NEED MIS 18GX1.5 163
BD HYPO NEED MIS 19GX1 163
BD HYPO NEED MIS 19GX1.5 163
BD HYPO NEED MIS 21GX1 163
BD HYPO NEED MIS 21GX2 163
BD HYPO NEED MIS 22GX1 163
BD HYPO NEED MIS 22GX1.5 163
BD HYPO NEED MIS 23GX1 163
BD HYPO NEED MIS 23GX3/4 163
BD HYPO NEED MIS 25GX1.5 163
BD HYPO NEED MIS 26GX1/2 163
BD INTEGRA MIS 25GX1 163
BD LUER-LOK MIS SYR 10ML 163
BD MICROTAIN MIS LANCETS 149
BD NEEDLE MIS 23GX1 163
BD NEEDLE MIS 30GX1/2 163
BD NEEDLES MIS 16GX1.5 163
BD NEEDLES MIS 18GX1.5 163
BD NEEDLES MIS 19GX1 163
BD NEEDLES MIS 20GX1 163
BD NEEDLES MIS 20GX1.5 163
BD NEEDLES MIS 21GX1.5 163
BD NEEDLES MIS 22GX1.5 164
BD NEEDLES MIS 25GX5/8 164
BD NEEDLES MIS 27GX1/2 164
BD NEEDLES MIS 30GX1/2 164
BD PEN MINI MIS 164
BD PEN MIS 164
BD PHLEBOTOM MIS 1.5QT 164
BD PLASTIPAK MIS 21GX1 164
BD PLASTIPAK MIS 3ML 164
BD PRECISION MIS 23GX1.5 164
BD SAFETY MIS 23GX1.5 164
BD SHARPS MIS 1.4QT 164
BD SHARPS MIS 3.3QT 164
BD SHARPS MIS 5.1L 164
BD SWAB REG PAD SNGL USE 162
BD ULTRAFINE INSULIN SYRINGES/NEEDLES 164
BD ULTRAFINE PEN NEEDLES 164
beclomethasone diprop inhal aero soln 40 mcg/act (50/valve) 34
beclomethasone diprop inhal aers 100 mcg/act (80/delivery) 34
BELBUCA MIS 150MCG 25
BELBUCA MIS 300MCG 25
BELBUCA MIS 450MCG 25
BELBUCA MIS 600MCG 25
BELBUCA MIS 750MCG 25
BELBUCA MIS 75MCG 25
BELBUCA MIS 900MCG 25
BELLA/OPIUM SUP 16.2-30 199
BELLA/OPIUM SUP 16.2-60 199
BELSOMRA TAB 10MG 143
BELSOMRA TAB 15MG 143
BELSOMRA TAB 20MG 143
BELSOMRA TAB 5MG 143
benazepril & hydrochlorothiazide tab 10-12.5 mg 63
benazepril & hydrochlorothiazide tab 20-12.5 mg 63
benazepril & hydrochlorothiazide tab 20-25 mg 63
benazepril & hydrochlorothiazide tab 5-6.25 mg 63
benazepril hcl tab 10 mg 59
benazepril hcl tab 20 mg 59
benazepril hcl tab 40 mg 59
benazepril hcl tab 5 mg 59
BENLYSTA INJ 200MG/ML 180
BENZALKONIUM SOL NF 84
BENZAMYCIN GEL 5-3% 108
BENZEPRO LIQ CREAMY 108
BENZNIDAZOLE TAB 100MG 27
BENZNIDAZOLE TAB 12.5MG 27
benzonatate cap 100 mg 107
benzonatate cap 150 mg 107
benzonatate cap 200 mg 107
benzoyl peroxide-erythromycin gel 5-3% 108
benzoyl peroxide foam 9.8% 108

benzoyl peroxide gel 8% 108
benzoyl peroxide-hydrocortisone lotion 5-0.5% 108
benzphetamine hcl tab 50 mg 3
benztropine mesylate tab 0.5 mg 75
benztropine mesylate tab 1 mg 76
benztropine mesylate tab 2 mg 76
bepotastine besilate ophth soln 1.5% 187
BESREMI PEN INJ 500MCG 75
BESREMI SOL 500MCG 75
BETADINE SOL 5% OP 185
betaine powder for oral solution 128
betamethasone dipropionate augmented cream 0.05% 117
betamethasone dipropionate augmented gel 0.05% 117
betamethasone dipropionate augmented lotion 0.05% 117
betamethasone dipropionate augmented oint 0.05% 117
betamethasone dipropionate cream 0.05% 117
betamethasone dipropionate lotion 0.05% 117
betamethasone valerate aerosol foam 0.12% 117
betamethasone valerate cream 0.1% (base equivalent) 117
betamethasone valerate lotion 0.1% (base equivalent) 117
betamethasone valerate oint 0.1% (base equivalent) 118
BETASERON INJ 0.3MG 192
betaxolol hcl ophth soln 0.5% 184
betaxolol hcl tab 10 mg 89
betaxolol hcl tab 20 mg 89
bethanechol chloride tab 10 mg 202
bethanechol chloride tab 25 mg 202
bethanechol chloride tab 50 mg 202
bethanechol chloride tab 5 mg 202
bexarotene cap 75 mg 75
bexarotene gel 1% 112
bicalutamide tab 50 mg 69
BIDIL TAB 94
BIJUVA CAP 0.5-100 131
BIJUVA CAP 1-100MG 131
BIKTARVY TAB 84
BILTRICIDE TAB 600MG 27
bimatoprost ophth soln 0.01% 187
bimatoprost ophth soln 0.03% 187
BIMZELX INJ 160MG/ML 112
BIMZELX INJ 320MG/2 ..... 112, 113
BINOSTO TAB 70MG 126
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 201
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 63
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 63
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 63
bisoprolol fumarate tab 10 mg 89
bisoprolol fumarate tab 5 mg 89
blisovi 24 tab fe 1/20 99
blisovi fe tab 1/20 99
blisovi fe tab 1.5/30 99
BLUJEPA TAB 750MG 29
BLULINK LIQ HIGH/LOW 149
BLUNT CANNUL MIS 20GX1.5 164
BLUNT CANNUL MIS 21GX1 164
BONJESTA TAB 20-20MG 54
BONSITY INJ 560/2.24 126
bosentan tab 125 mg 97
bosentan tab 62.5 mg 97
bosentan tab for oral susp 32 mg 97
BOSULIF CAP 100MG 71
BOSULIF CAP 50MG 71
BOSULIF TAB 100MG 71
BOSULIF TAB 400MG 71
BOSULIF TAB 500MG 71
bosutinib tab 100 mg 71
bosutinib tab 400 mg 71
bosutinib tab 500 mg 71
bp 10-1 emu 108
BRAFTOVI CAP 75MG 71
BREATHE EASE MIS LG MASK 173
BREATHE EASE MIS MED MASK 173
BREATHE EASE MIS METER 173

BREATHE EASE MIS SM MASK 173
BREATHERITE MIS MDI CHMB.....173
BREO ELLIPTA INH 100-25.....35
BREO ELLIPTA INH 200-25 35
BREO ELLIPTA INH 50-25MCG 35
BREXAFEMME TAB 150MG 55
breyna aer 160/4.5.....35
breyna aer 80/4.5 35
BREZTRI AERO AER 18MCG 35
BREZTRI AERO AER 9MCG.....35
briellyn tab 99
BRILINTA TAB 60MG.....140
BRILINTA TAB 90MG.....140
brimonidine tartrate gel 0.33% (base equivalent) 122
brimonidine tartrate ophth soln 0.1% 185
brimonidine tartrate ophth soln 0.15% 185
brimonidine tartrate ophth soln 0.2%.....185
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....184
brinzolamide ophth susp 1% 187
brivaracetam oral soln 10 mg/ml 39
brivaracetam tab 100 mg 39
brivaracetam tab 10 mg 39
brivaracetam tab 25 mg.....39
brivaracetam tab 50 mg.....39
brivaracetam tab 75 mg.....39
BRIVIACT SOL 10MG/ML.....39
BRIVIACT TAB 100MG.....39
BRIVIACT TAB 10MG 39
BRIVIACT TAB 25MG.....39
BRIVIACT TAB 50MG 39
BRIVIACT TAB 75MG.....39
bromfenac sodium ophth soln 0.07% (base equivalent) 187
bromfenac sodium ophth soln 0.075% (base equivalent) 187
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....187
bromocriptine mesylate cap 5 mg (base equivalent).....76
bromocriptine mesylate tab 2.5 mg (base equivalent).....76
BRUKINSA CAP 80MG.....71
BRUKINSA TAB 160MG.....71
BRYHALI LOT 0.01%.....118
budesonide delayed release particles cap 3 mg.....105
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 35
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....35
budesonide inhalation susp 0.25 mg/2ml 34
budesonide inhalation susp 0.5 mg/2ml ..34
budesonide inhalation susp 1 mg/2ml.....34
budesonide rectal foam 2 mg/act 26
BULB IRR SYR MIS 60ML 164
bumetanide tab 0.5 mg 125
bumetanide tab 1 mg.....125
bumetanide tab 2 mg 125
BUMEX TAB 0.5MG.....125
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....25
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 25
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....25
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....25
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....25
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....25
buprenorphine hcl sl tab 2 mg (base equiv) 25
buprenorphine hcl sl tab 8 mg (base equiv) 25
buprenorphine td patch weekly 10 mcg/hr 25
buprenorphine td patch weekly 15 mcg/hr 25
buprenorphine td patch weekly 20 mcg/hr 25
*buprenorphine td patch weekly 5 mcg/hr*25
buprenorphine td patch weekly 7.5 mcg/hr 25
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....195

bupropion hcl tab 100 mg 44
bupropion hcl tab 75 mg 44
bupropion hcl tab er 12hr 100 mg 44
bupropion hcl tab er 12hr 150 mg.....44
bupropion hcl tab er 12hr 200 mg.....44
bupropion hcl tab er 24hr 150 mg.....44
bupropion hcl tab er 24hr 300 mg.....44
bupropion hcl tab er 24hr 450 mg.....44
buspirone hcl tab 10 mg.....30
buspirone hcl tab 15 mg 30
buspirone hcl tab 30 mg 30
buspirone hcl tab 5 mg.....30
buspirone hcl tab 7.5 mg 30
butalbital-acetaminophen-caffeine tab 50-325-40 mg 19
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg.....24
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg 24
butalbital-acetaminophen tab 50-325 mg 19
butalbital-aspirin-caffeine cap 50-325-40 mg 19
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg 24
butorphanol tartrate nasal soln 10 mg/ml.26

C

CABENUVA SUS 400-600 84
CABENUVA SUS 600-900 84
cabergoline tab 0.5 mg.....130
CABOMETYX TAB 20MG.....71
CABOMETYX TAB 40MG.....71
CABOMETYX TAB 60MG.....71
CADUET TAB 10-10MG.....94
CADUET TAB 10-20MG.....94
CADUET TAB 10-40MG.....94
CADUET TAB 10-80MG.....94
CADUET TAB 5-10MG 94
CADUET TAB 5-20MG.....94
CADUET TAB 5-40MG 94
CADUET TAB 5-80MG 94
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2
calcipotriene oint 0.005%.....113
calcipotriene soln 0.005% (50 mcg/ml)..113
calcitonin (salmon) inj 200 unit/ml.....126
calcitonin (salmon) nasal soln 200 unit/act 126
calcitrene oin 0.005% 113
calcitriol cap 0.25 mcg.....128
calcitriol cap 0.5 mcg.....128
calcitriol oral soln 1 mcg/ml.....128
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....137
CALQUENCE TAB 100MG.....71
camila tab 0.35mg 104
camrese lo tab.....99
camrese tab.....99
CAMZYOS CAP 10MG 93
CAMZYOS CAP 15MG 93
CAMZYOS CAP 2.5MG.....93
CAMZYOS CAP 5MG.....93
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....63
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 63
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....63
candesartan cilexetil tab 16 mg 61
candesartan cilexetil tab 32 mg.....61
candesartan cilexetil tab 4 mg.....61
candesartan cilexetil tab 8 mg.....61
capecitabine tab 150 mg.....67
capecitabine tab 500 mg.....67
CAPLYTA CAP 10.5MG 78
CAPLYTA CAP 21MG.....78
CAPLYTA CAP 42MG 78
CAPRELSA TAB 100MG 71
CAPRELSA TAB 300MG 71
captopril & hydrochlorothiazide tab 25-15 mg 63
captopril & hydrochlorothiazide tab 25-25 mg 63
captopril & hydrochlorothiazide tab 50-15 mg 63
captopril & hydrochlorothiazide tab 50-25 mg 63
captopril tab 100 mg.....59
captopril tab 12.5 mg 59

captopril tab 25 mg.....59
captopril tab 50 mg.....59
carbamazepine cap er 12hr 100 mg.....39
carbamazepine cap er 12hr 200 mg.....39
carbamazepine cap er 12hr 300 mg.....39
carbamazepine chew tab 100 mg.....39
carbamazepine chew tab 200 mg.....40
carbamazepine susp 100 mg/5ml.....40
carbamazepine tab 200 mg.....40
carbamazepine tab er 12hr 100 mg.....40
carbamazepine tab er 12hr 200 mg.....40
carbamazepine tab er 12hr 400 mg.....40
CARBATROL CAP 100MG.....40
CARBATROL CAP 200MG.....40
CARBATROL CAP 300MG.....40
carbidopa & levodopa cap er 23.75-95 mg.....76
carbidopa & levodopa cap er 36.25-145 mg.....76
carbidopa & levodopa cap er 48.75-195 mg.....76
carbidopa & levodopa cap er 61.25-245 mg.....76
carbidopa & levodopa orally disintegrating tab 10-100 mg.....76
carbidopa & levodopa orally disintegrating tab 25-100 mg.....76
carbidopa & levodopa orally disintegrating tab 25-250 mg.....76
carbidopa & levodopa tab 10-100 mg.....76
carbidopa & levodopa tab 25-100 mg.....76
carbidopa & levodopa tab 25-250 mg.....76
carbidopa & levodopa tab er 25-100 mg..76
carbidopa & levodopa tab er 50-200 mg.76
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....76
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....76
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....76
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....76
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....76
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....77
carbidopa tab 25 mg.....75
carbinoxamine maleate extended release susp 4 mg/5ml.....55
carbinoxamine maleate soln 4 mg/5ml....55
carbinoxamine maleate tab 4 mg.....55
carbinoxamine maleate tab 6 mg.....55
carbzah sol 4mg/5ml.....55
CARDIOCOM MIS LANCING.....149
CARDURA TAB 1MG.....61
CARDURA TAB 2MG.....61
CARDURA TAB 4MG.....61
CARDURA TAB 8MG.....61
CARDURA XL TAB 4MG.....138
CARDURA XL TAB 8MG.....138
CAREONE ADV MIS LANCING.....149
CAREONE LANC MIS 30G.....149
CAREONE LANC MIS THIN 23G.....149
CAREPOINT SA MIS 23GX1.....164
CAREPOINT SA MIS 23GX11/2.....164
CAREPOINT SA MIS 25GX1.....164
CAREPOINT SA MIS 25GX11/2.....164
CAREPOINT SA MIS 25GX5/8.....164
CAREPOINT SY MIS 20GX1.....164
CAREPOINT SY MIS 20GX1.5.....164
CAREPOINT SY MIS 22G X 1.....164
CAREPOINT SY MIS 22GX1.5.....164
CAREPOINT SY MIS 23GX1.....164
CAREPOINT SY MIS 23GX1.5.....164
CAREPOINT SY MIS 25GX1.....164
CAREPOINT SY MIS 60ML.....164
CAREPOINT TU MIS 25GX5/8.....164
CARESENS 30G MIS LANCETS.....149
CARESENS SOL CONTROL.....150
CARETOUCH MIS 27GX1.5.....164
CARETOUCH MIS EJECTOR.....150
CARETOUCH MIS LANC 26G.....150
CARETOUCH MIS LANC 28G.....150
CARETOUCH MIS LANC 30G.....150
CARETOUCH MIS TWIST 28.....150
CARETOUCH MIS TWIST 30.....150
CARETOUCH MIS TWIST 33.....150
CARETOUCH PAD ALCOHOL.....162

carglumic acid soluble tab 200 mg.....128
carisoprodol tab 350 mg 182
carteolol hcl ophth soln 1% 184
cartia xt cap 120/24hr 91
cartia xt cap 180/24hr 91
cartia xt cap 240/24hr.....91
cartia xt cap 300/24hr 91
carvedilol phosphate cap er 24hr 10 mg...89
carvedilol phosphate cap er 24hr 20 mg..89
carvedilol phosphate cap er 24hr 40 mg..89
carvedilol phosphate cap er 24hr 80 mg..89
carvedilol tab 12.5 mg.....89
carvedilol tab 25 mg 89
carvedilol tab 3.125 mg 89
carvedilol tab 6.25 mg.....89
CASODEX TAB 50MG 69
CATAPRES-TTS DIS 0.1/24HR.....61
CATAPRES-TTS DIS 0.2/24HR.....61
CATAPRES-TTS DIS 0.3/24HR.....61
CATHETER/TIP MIS 60ML COV.....164
CAVERJECT IM KIT 10MCG.....95
CAVERJECT IM KIT 20MCG.....95
CAVERJECT INJ 20MCG 95
CAVERJECT INJ 40MCG 95
CAYA DPR 145
cefaclor cap 250 mg.....98
cefaclor cap 500 mg 98
CEFACLOR ER TAB 500MG 98
cefaclor for susp 250 mg/5ml.....98
cefadroxil cap 500 mg 98
cefadroxil for susp 250 mg/5ml.....98
cefadroxil for susp 500 mg/5ml 98
cefadroxil tab 1 gm.....98
cefdinir cap 300 mg.....98
cefdinir for susp 125 mg/5ml.....98
cefdinir for susp 250 mg/5ml.....98
cefixime cap 400 mg.....99
cefixime for susp 100 mg/5ml.....99
cefixime for susp 200 mg/5ml.....99
cefpodoxime proxetil for susp 100 mg/5ml 99
cefpodoxime proxetil for susp 50 mg/5ml 99
cefpodoxime proxetil tab 100 mg.....99
cefpodoxime proxetil tab 200 mg 99
cefprozil for susp 125 mg/5ml.....98
cefprozil for susp 250 mg/5ml.....98
cefprozil tab 250 mg.....98
cefprozil tab 500 mg 98
cefuroxime axetil tab 250 mg.....98
cefuroxime axetil tab 500 mg 98
celecoxib cap 100 mg 14
celecoxib cap 200 mg.....14
celecoxib cap 400 mg.....14
celecoxib cap 50 mg 14
CELEXA TAB 10MG.....45
CELEXA TAB 20MG 45
CELEXA TAB 40MG 45
CELLCEPT CAP 250MG.....178
CELLCEPT SUS 200MG/ML.....178
CELLCEPT TAB 500MG.....178
CELONTIN CAP 300MG.....43
CEM-UREA SOL 45%.....120
cephalexin cap 250 mg.....98
cephalexin cap 500 mg.....98
cephalexin cap 750 mg.....98
cephalexin for susp 125 mg/5ml.....98
cephalexin for susp 250 mg/5ml.....98
cephalexin tab 250 mg.....98
cephalexin tab 500 mg 98
CEQUR EXT WR MIS INSERTER 164
CEQUR SIMPL KIT 1U EXTND 164
CEQUR SIMPL KIT 2U EXTND.....164
CEQUR SIMPL KIT PATCH 2U 164
CEQUR SIMPL MIS INSERTER.....164
CERDELGA CAP 84MG 140
CERVIDIL VAG MIS 10MG INS 188
CETACAINE AER.....121
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 56
CETRAXAL SOL 0.2% 187
cetrorelix acetate for inj kit 0.25 mg.....127
cevimeline hcl cap 30 mg 181
charlotte 24 chw fe 1/20.....99
chateal eq tab 0.15/30.....99
CHEMET CAP 100MG.....53
CHEMSTRIP 10 TES MD.....123
CHEMSTRIP 2 TES GP.....123

CHEMSTRIP 5 TES OB 123
CHEMSTRIP 7 TES.....123
CHEMSTRIP 9 TES STRIPS.....123
CHEMSTRIP K TES 123
CHEMSTRIP TES -10 SG 123
CHEMSTRIP TES UGK.....123
chenodal tab 250mg 134
chlordiazepoxide-amitriptyline tab 10-25 mg.....191
chlordiazepoxide-amitriptyline tab 5-12.5 mg.....191
chlordiazepoxide hcl cap 10 mg 31
chlordiazepoxide hcl cap 25 mg.....31
chlordiazepoxide hcl cap 5 mg 31
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 199
CHLORHEX GLU SOL 20% 84
chlorhexidine gluconate soln 0.12%.....180
chloroquine phosphate tab 250 mg 65
chloroquine phosphate tab 500 mg 65
chlorpromazine hcl conc 100 mg/ml.....82
chlorpromazine hcl conc 30 mg/ml 82
chlorpromazine hcl inj 25 mg/ml 82
chlorpromazine hcl inj 50 mg/2ml.....82
chlorpromazine hcl tab 100 mg.....82
chlorpromazine hcl tab 10 mg 82
chlorpromazine hcl tab 200 mg 82
chlorpromazine hcl tab 25 mg.....82
chlorpromazine hcl tab 50 mg 82
chlorthalidone tab 25 mg.....125
chlorthalidone tab 50 mg 125
chlorzoxazone tab 500 mg.....182
CHOLBAM CAP 250MG 133
CHOLBAM CAP 50MG.....133
cholestyramine light powder 4 gm/dose..57
cholestyramine light powder packets 4 gm 57
cholestyramine powder 4 gm/dose 57
cholestyramine powder packets 4 gm.....57
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....57
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....57
CIBINQO TAB 100MG 120
CIBINQO TAB 200MG.....120
CIBINQO TAB 50MG.....120
ciclodan sol 8% 111
ciclopirox gel 0.77% 111
ciclopirox olamine cream 0.77% (base equiv) 111
ciclopirox olamine susp 0.77% (base equiv) 111
ciclopirox shampoo 1% 111
ciclopirox solution 8% 111
cilostazol tab 100 mg 140
cilostazol tab 50 mg.....140
CIMDUO TAB 300-300 84
cimetidine hcl soln 300 mg/5ml.....200
cimetidine tab 300 mg.....200
cimetidine tab 400 mg.....200
cimetidine tab 800 mg.....200
CIMZIA 1-SYR INJ 200MG/ML 134
CIMZIA 2-SYR KIT 200MG/ML.....135
CIMZIA START KIT 200MG/ML.....135
cinacalcet hcl tab 30 mg (base equiv).....128
cinacalcet hcl tab 60 mg (base equiv).....128
cinacalcet hcl tab 90 mg (base equiv).....128
CIPRO (10%) SUS 500MG/5 133
CIPRO (5%) SUS 250MG/5 133
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....188
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 185
ciprofloxacin hcl otic soln 0.2% (base equivalent) 188
ciprofloxacin hcl tab 250 mg (base equiv) 133
ciprofloxacin hcl tab 500 mg (base equiv) 133
ciprofloxacin hcl tab 750 mg (base equiv) 133
CIPRO TAB 250MG 133
CIPRO TAB 500MG 133
citalopram hydrobromide cap 30 mg 45
citalopram hydrobromide oral soln 10 mg/5ml.....45
citalopram hydrobromide tab 10 mg (base equiv) 45

citalopram hydrobromide tab 20 mg (base equiv) 45
citalopram hydrobromide tab 40 mg (base equiv) 45
cladribine tab therapy pack 10 mg (10 tabs) 192
cladribine tab therapy pack 10 mg (4 tabs) 192
cladribine tab therapy pack 10 mg (5 tabs) 192
cladribine tab therapy pack 10 mg (6 tabs) 192
cladribine tab therapy pack 10 mg (7 tabs) 192
cladribine tab therapy pack 10 mg (8 tabs) 192
cladribine tab therapy pack 10 mg (9 tabs) 192
claravis cap 10mg 108
claravis cap 20mg 108
claravis cap 30mg 108
claravis cap 40mg 108
CLARINEX-D TAB 2.5-120 107
CLARINEX TAB 5MG 56
clarithromycin for susp 125 mg/5ml 144
clarithromycin for susp 250 mg/5ml 144
clarithromycin tab 250 mg 144
clarithromycin tab 500 mg 144
clarithromycin tab er 24hr 500 mg 144
CLEANLET 28G MIS LANCETS 150
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) 56
clemastine fumarate tab 2.68 mg 56
CLENPIQ SOL 143
CLEOCIN CAP 150MG 28
CLEOCIN CAP 300MG 28
CLEOCIN CAP 75MG 28
CLEOCIN CRE 2% VAG 202
CLEOCIN PED SOL 75MG/5ML 28
CLEOCIN SUP 100MG 202
CLEOCIN-T LOT 1% 109
CLEVER CHECK MIS 150
CLEVER CHECK MIS 30G 150
CLEVR CHOICE LIQ HIGH 150
CLEVR CHOICE LIQ LOW 150
clindacin aer 1% 109
clindacin mis etz 1% 109
clindacin-p pad 1% 109
clindamycin hcl cap 150 mg 29
clindamycin hcl cap 300 mg 29
clindamycin hcl cap 75 mg 28
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 29
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 109
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% 109
clindamycin phosphate-benzoyl peroxide gel 1-5% 109
clindamycin phosphate foam 1% 109
clindamycin phosphate gel 1% (twice-daily) 109
clindamycin phosphate lotion 1% 109
clindamycin phosphate soln 1% 109
clindamycin phosphate swab 1% 109
clindamycin phosphate-tretinoin gel 1.2-0.025% 109
clindamycin phosphate vaginal cream 2% 202
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 109
CLINDESSE CRE 2% 202
CLINPRO 5000 PST 1.1% 180
clobazam suspension 2.5 mg/ml 38
clobazam tab 10 mg 38
clobazam tab 20 mg 39
CLOBETASOL CRE 0.025% 118
clobetasol e cre 0.05% 118
clobetasol propionate cream 0.05% 118
clobetasol propionate emollient base cream 0.05% 118
clobetasol propionate foam 0.05% 118
clobetasol propionate gel 0.05% 118
clobetasol propionate lotion 0.05% 118
clobetasol propionate oint 0.05% 118
clobetasol propionate shampoo 0.05% 118
clobetasol propionate soln 0.05% 118
CLOBEX LOT 0.05% 118

CLOBEX SHA 0.05%....118
clodan sha 0.05%....118
CLODERM CRE 0.1%....118
clomid tab 50mg....127
clomiphene citrate tab 50 mg....127
clomipramine hcl cap 25 mg....47
clomipramine hcl cap 50 mg....47
clomipramine hcl cap 75 mg....47
clonazepam orally disintegrating tab 0.125 mg....39
clonazepam orally disintegrating tab 0.25 mg....39
clonazepam orally disintegrating tab 0.5 mg....39
clonazepam orally disintegrating tab 1 mg....39
clonazepam orally disintegrating tab 2 mg....39
clonazepam tab 0.5 mg....39
clonazepam tab 1 mg....39
clonazepam tab 2 mg....39
clonidine hcl tab 0.1 mg....61
clonidine hcl tab 0.2 mg....61
clonidine hcl tab 0.3 mg....61
clonidine hcl tab er 12hr 0.1 mg....6
clonidine tab er 24hr 0.17 mg....61
clonidine td patch weekly 0.1 mg/24hr....61
clonidine td patch weekly 0.2 mg/24hr....61
clonidine td patch weekly 0.3 mg/24hr....61
clopidogrel bisulfate tab 300 mg (base equiv)....140
clopidogrel bisulfate tab 75 mg (base equiv)....140
clorazepate dipotassium tab 15 mg....31
clorazepate dipotassium tab 3.75 mg....31
clorazepate dipotassium tab 7.5 mg....31
clotrimazole troche 10 mg....180
clotrimazole w/ betamethasone cream 1-0.05%....111
clotrimazole w/ betamethasone lotion 1-0.05%....111
*clozapine orally disintegrating tab 100 mg*81
clozapine orally disintegrating tab 12.5 mg....81
*clozapine orally disintegrating tab 150 mg*81
clozapine orally disintegrating tab 200 mg....81
clozapine orally disintegrating tab 25 mg..81
clozapine tab 100 mg....81
clozapine tab 200 mg....81
clozapine tab 25 mg....81
clozapine tab 50 mg....81
CLOZARIL TAB 100MG....81
CLOZARIL TAB 200MG....81
CLOZARIL TAB 25MG....81
CLOZARIL TAB 50MG....81
CL PRENATAL TAB 28-0.8MG....181
COAGUCHEK MIS LANCETS....150
COAL TAR SOL 20%....123
COARTEM TAB 20-120MG....65
COBENFY CAP 100-20MG....82
COBENFY CAP 125-30MG....82
COBENFY CAP 50-20MG....82
COBENFY STRT CAP PACK....82
codeine sulfate tab 30 mg....19
CODEINE SULF TAB 15MG....19
CODEINE SULF TAB 60MG....19
colchicine cap 0.6 mg....138
colchicine tab 0.6 mg....138
colchicine w/ probenecid tab 0.5-500 mg....138
colesevelam hcl packet for susp 3.75 gm.57
colesevelam hcl tab 625 mg....57
COLESTID GRA 5GM....57
COLESTID TAB 1GM....57
colestipol hcl granule packets 5 gm....57
colestipol hcl granules 5 gm....57
colestipol hcl tab 1 gm....57
COLOR CONDOM MIS + LUBE....145
COMBIPATCH DIS....131
COMETRIQ KIT 100MG....71
COMETRIQ KIT 140MG....71
COMETRIQ KIT 60MG....71
COMFORT ASSU MIS LANC 28G....150
COMFORT ASSU MIS LANC 33G....150
COMFORT EZ MIS 21G....150
COMFORT EZ MIS 23G....150
COMFORT EZ MIS 28G....150

COMFORTOUCH MIS LANCET 150
COMFORT TCH MIS LANC 28G 150
COMFORT TCH MIS LANC 30G 150
COMFORT TCH MIS LANC 31G 150
COMFRT TOUCH PAD ALC PREP 162
COMPACT SPAC MIS CHAMBER 173
COMPACT SPAC MIS LG MASK.....173
COMPACT SPAC MIS MD MASK 173
COMPACT SPAC MIS SM MASK.....173
COMPL NEEDLE MIS COLL SYS 164
compro sup 25mg 82
CONDOMS MIS.....145
CONDYLOX GEL 0.5%.....121
constulose sol 10/15ml.....144
CONTOUR HIGH LIQ CONTROL 150
CONTOUR LOW LIQ CONTROL 150
CONTOUR NEXT SOL LEVEL 1.....150
CONTOUR NEXT SOL LEVEL 2 150
CONTOUR NORM LIQ CONTROL 150
CONTROL HIGH SOL UNISTRIP.....150
CONTROL LOW SOL UNISTRIP.....150
CONTROL NORM SOL EASY STP 150
CONTROL SOL LIQ HIGH/LOW 150
CONTROL SOL LIQ LEVEL 2 150
CONTROL SOL NORMAL 150
CONZIP CAP 100MG 19
CONZIP CAP 200MG 19
CONZIP CAP 300MG 19
COOL CONTROL SOL A 150
COOL CONTROL SOL B 150
COPAXONE INJ 40MG/ML.....192
COREG TAB 12.5MG 89
COREG TAB 25MG.....89
COREG TAB 3.125MG 89
COREG TAB 6.25MG 89
CORLANOR SOL 5MG/5ML 98
CORLANOR TAB 5MG.....98
CORLANOR TAB 7.5MG.....98
CORN SYP 189
CORTANE-B LOT.....118
CORTEF TAB 10MG.....105
CORTEF TAB 20MG 105
CORTEF TAB 5MG.....105
CORTENEMA ENE 100MG 26
CORTIFOAM AER 90MG 26
CORTISPORIN SUS -TC OTIC 188
CORTROPHIN INJ 40/0.5ML 126
CORTROPHIN INJ 80UNT/ML 126
COSENTYX INJ 150MG/ML 113
COSENTYX INJ 300DOSE.....113
COSENTYX INJ 75MG/0.5.....113
COSENTYX PEN INJ 150MG/ML 114
COSENTYX PEN INJ 300DOSE 114
COSENTYX UNO INJ 300/2ML.....114
COSOPT SOL 2-0.5%OP 184
COUNT-A-DOSE MIS 150
COVARYX HS TAB.....131
COVARYX TAB 1.25-2.5.....131
CRENESSITY CAP 100MG 127
CRENESSITY CAP 25MG 127
CRENESSITY CAP 50MG.....127
CRENESSITY SOL 50MG/ML.....127
CREON CAP 12000UNT.....124
CREON CAP 24000UNT.....124
CREON CAP 3000UNIT 124
CREON CAP 36000UNT.....124
CREON CAP 6000UNIT 124
CREXONT CAP 35-140MG.....77
CREXONT CAP 52.5-210 77
CREXONT CAP 70-280MG.....77
CREXONT CAP 87.5-350 77
CRINONE GEL 4% VAG.....203
CRINONE GEL 8% VAG.....203
cromolyn sodium ophth soln 4%.....187
cromolyn sodium oral conc 100 mg/5ml 134
cromolyn sodium soln nebu 20 mg/2ml ...32
crotan lot 10% 123
cryselle-28 tab 28 tabs 99
cryselle tab.....99
CURITY PREP PAD ALCOHOL 162
CUVPOSA SOL 1MG/5ML 199
CVS KETONE TES CARE 123
CVS LANCETS MIS 21G 150
CVS LANCETS MIS 30G 150
CVS LANCETS MIS 33G.....150
CVS LANCETS MIS ORIGINAL.....150
CVS LANCETS MIS THIN 26G 150
CVS LANCETS MIS THIN 30G 150

CVS LANCETS MIS THIN 33G 150
CVS LANCING MIS DEVICE 151
cyanocobalamin inj 1000 mcg/ml.....140
cyanocobalamin nasal spray 500 mcg/0.1ml.....140
cyclobenzaprine hcl tab 10 mg 182
cyclobenzaprine hcl tab 5 mg.....182
CYCLOGYL SOL 0.5% OP 184
CYCLOGYL SOL 1% OP 184
CYCLOGYL SOL 2% OP.....184
CYCLOMYDRIL SOL OP 184
cyclopentolate hcl ophth soln 1% 184
cyclophosphamide cap 25 mg.....66
cyclophosphamide cap 50 mg.....66
CYCLOPHOSPH TAB 25MG.....66
CYCLOPHOSPH TAB 50MG.....66
cycloserine cap 250 mg.....66
cyclosporine cap 100 mg.....178
cyclosporine cap 25 mg.....178
cyclosporine modified cap 100 mg 178
cyclosporine modified cap 25 mg 178
cyclosporine modified cap 50 mg.....178
cyclosporine modified oral soln 100 mg/ml 178
cyproheptadine hcl syrup 2 mg/5ml 56
cyproheptadine hcl tab 4 mg 56
cyred eq tab.....99
CYSTAGON CAP 150MG 137
CYSTAGON CAP 50MG.....137
CYSTARAN SOL 0.44% 187
CYTOTEC TAB 100MCG.....201
CYTOTEC TAB 200MCG 201
CYTRA K GRA CRYSTALS 137

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....38
dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....38
dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....38
dalfampridine tab er 12hr 10 mg 192
danazol cap 100 mg.....26
danazol cap 200 mg 26
danazol cap 50 mg.....26
DANTRIUM CAP 25MG.....182
dantrolene sodium cap 100 mg 182
dantrolene sodium cap 25 mg 182
dantrolene sodium cap 50 mg.....182
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg 49
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg.....49
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg.....48
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg.....48
dapagliflozin tab 10 mg.....52
dapagliflozin tab 5 mg 52
dapsone gel 5%.....109
dapsone gel 7.5%.....109
dapsone tab 100 mg 28
dapsone tab 25 mg 28
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 201
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 201
darunavir tab 600 mg.....84
darunavir tab 800 mg.....84
dasatinib tab 100 mg 71
dasatinib tab 140 mg 71
dasatinib tab 20 mg 71
dasatinib tab 50 mg.....71
dasatinib tab 70 mg.....71
dasatinib tab 80 mg.....71
dasetta tab 1/35.....99
dasetta tab 7/7/7 99
DAYBUE SOL 200MG/ML 183
DAYBUE STIX POW 5000MG 183
DAYBUE STIX POW 6000MG 183
DAYBUE STIX POW 8000MG 183
DAYPRO TAB 600MG 14
daysee tab.....99
DDAVP TAB 0.1MG.....130
DDAVP TAB 0.2MG.....130
DEBACTEROL SOL 30-50% 180
deblitane tab 0.35mg.....104
deferasirox granules packet 180 mg 53
deferasirox granules packet 360 mg 53

deferasirox granules packet 90 mg.....53
deferasirox tab 180 mg.....53
deferasirox tab 360 mg.....53
deferasirox tab 90 mg.....53
deferasirox tab for oral susp 125 mg.....53
deferasirox tab for oral susp 250 mg.....53
deferasirox tab for oral susp 500 mg.....53
deferiprone tab 1000 mg.....53
deferiprone tab 500 mg.....53
deflazacort susp 22.75 mg/ml.....105
deflazacort tab 18 mg.....105
deflazacort tab 30 mg.....105
deflazacort tab 36 mg.....105
deflazacort tab 6 mg.....105
DELESTROGEN INJ 10MG/ML.....132
DELESTROGEN INJ 20MG/ML.....132
DELESTROGEN INJ 40MG/ML.....132
delyla tab 0.1-0.02.....99
demeclocycline hcl tab 150 mg.....196
demeclocycline hcl tab 300 mg.....196
DEMSER CAP 250MG.....60
denta 5000 cre plus.....180
denta 5000 cre plus 2pk.....180
dentagel gel 1.1%.....180
DEPEN TITRA TAB 250MG.....177
DEPO-ESTRADI INJ 5MG/ML.....132
DEPO-PROVERA INJ 150MG/ML.....104
depo-testost inj 100mg/ml.....26
depo-testost inj 200mg/ml.....26
DERMACURE CRE 41%.....120
DERMA-SMOOTH OIL /FS BODY.....118
DERMA-SMOOTH OIL /FS SCLP.....118
DERMOTIC OIL 0.01%.....188
DESCOVY TAB 120-15MG.....84
DESCOVY TAB 200/25MG.....84
desipramine hcl tab 100 mg.....47
desipramine hcl tab 10 mg.....47
desipramine hcl tab 150 mg.....47
desipramine hcl tab 25 mg.....47
desipramine hcl tab 50 mg.....47
desipramine hcl tab 75 mg.....47
desloratadine tab 5 mg.....56
desloratadine tab orally disintegrating 2.5 mg.....56
desloratadine tab orally disintegrating 5 mg.....56
desmopressin acetate nasal spray soln 0.01%.....130
desmopressin acetate nasal spray soln 0.01% (refrigerated).....130
desmopressin acetate tab 0.1 mg.....130
desmopressin acetate tab 0.2 mg.....130
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....100
desonide cream 0.05%.....118
desonide lotion 0.05%.....118
desonide oint 0.05%.....118
DESOWEN CRE 0.05%.....118
desoximetasone cream 0.05%.....118
desoximetasone cream 0.25%.....118
desoximetasone gel 0.05%.....118
desoximetasone oint 0.25%.....118
desoximetasone spray 0.25%.....118
DESOXYN TAB 5MG.....2
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....46
desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....46
desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....46
DETROL TAB 1MG.....201
DETROL TAB 2MG.....201
DEXAMETHASON CON 1MG/ML.....105
dexamethasone elixir 0.5 mg/5ml.....105
dexamethasone sodium phosphate ophth soln 0.1%.....186
dexamethasone soln 0.5 mg/5ml.....105
dexamethasone tab 0.5 mg.....105
dexamethasone tab 0.75 mg.....105
dexamethasone tab 1.5 mg.....105
dexamethasone tab 1 mg.....105
dexamethasone tab 2 mg.....105
dexamethasone tab 4 mg.....105
dexamethasone tab 6 mg.....105
dexamethasone tab therapy pack 1.5 mg (21).....105
dexamethasone tab therapy pack 1.5 mg (35).....105

dexamethasone tab therapy pack 1.5 mg (51) 105
DEXCOM G6 MIS RECEIVER....151
DEXCOM G6 MIS SENSOR....151
DEXCOM G6 MIS TRANSMIT 151
DEXCOM G7 MIS RECEIVER....151
DEXCOM G7 MIS SENSOR....151
DEXCOM G7 MIS SNSR 15D 151
DEXEDRINE CAP 10MG CR....2
DEXEDRINE CAP 15MG CR 2
dexmethylphenidate hcl cap er 24 hr 10 mg 6
dexmethylphenidate hcl cap er 24 hr 15 mg 6
dexmethylphenidate hcl cap er 24 hr 20 mg 6
dexmethylphenidate hcl cap er 24 hr 25 mg 6
dexmethylphenidate hcl cap er 24 hr 30 mg 6
dexmethylphenidate hcl cap er 24 hr 35 mg 6
dexmethylphenidate hcl cap er 24 hr 40 mg 6
dexmethylphenidate hcl cap er 24 hr 5 mg 6
dexmethylphenidate hcl tab 10 mg....7
dexmethylphenidate hcl tab 2.5 mg 7
dexmethylphenidate hcl tab 5 mg 7
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
dextromethorphan hbr-quinidine sulfate cap 20-10 mg 194
DHIVY TAB 25-100MG....77
DIASCREEN 10 MIS 151
DIASCREEN 3 MIS....151
DIASCREEN 5 MIS....151
DIASCREEN 6 MIS....151
DIASCREEN 7 MIS....151
DIASCREEN 8 MIS....151
DIASCREEN 9 MIS....151
DIASCREEN MIS 1B 151
DIASCREEN MIS 1G....151
DIASCREEN MIS 1K 151
DIASCREEN MIS 2GK....151
DIASCREEN MIS 2GP....151
DIASCREEN MIS 4NL....151
DIASCREEN MIS 4OBL 151
DIASCREEN MIS 4PH 151
DIASCREEN MIS CONTROL....151
DIASTIX TES STRIPS 123
DIATHRIVE LIQ CONTROL....151
DIATHRIVE MIS LANCETS 151
DIATHRIVE MIS LANCING 151
DIATHRIVE MIS UT 30G 151
DIATRUE CONT SOL LEVEL 1 151
DIATRUE CONT SOL LEVEL 2....151
DIATRUE CONT SOL LEVEL 3....151
diazepam con 5mg/ml 31
diazepam conc 5 mg/ml 31
diazepam oral soln 1 mg/ml....31
diazepam rectal gel delivery system 10 mg 39
diazepam rectal gel delivery system 2.5 mg 39
diazepam rectal gel delivery system 20 mg 39
diazepam tab 10 mg 31
diazepam tab 2 mg 31
diazepam tab 5 mg 31
diazoxide susp 50 mg/ml 50
DIBENZYLINE CAP 10MG 60
dichlorphenamide tab 50 mg....124
DICLEGIS TAB 10-10MG....54
diclofenac epolamine patch 1.3% 110

diclofenac potassium tab 50 mg 14
diclofenac sodium (actinic keratoses) gel 3% 112
diclofenac sodium ophth soln 0.1% 187
diclofenac sodium soln 1.5% 111
diclofenac sodium tab delayed release 25 mg 14
diclofenac sodium tab delayed release 50 mg 14
diclofenac sodium tab delayed release 75 mg 14
diclofenac sodium tab er 24hr 100 mg 14
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 14
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 14
dicloxacillin sodium cap 250 mg 189
dicloxacillin sodium cap 500 mg 189
dicyclomine hcl cap 10 mg 199
dicyclomine hcl oral soln 10 mg/5ml 199
dicyclomine hcl tab 20 mg 199
diethylpropion hcl tab 25 mg 3
diethylpropion hcl tab er 24hr 75 mg 3
DIFFERIN CRE 0.1% 109
DIFFERIN GEL 0.3% PMP 109
DIFICID SUS 145
DIFICID TAB 200MG 145
DIFLUCAN SUS 40MG/ML 55
DIFLUCAN TAB 100MG 55
DIFLUCAN TAB 200MG 55
diflunisal tab 500 mg 19
difluprednate ophth emulsion 0.05% 186
digoxin oral soln 0.05 mg/ml 93
digoxin tab 125 mcg (0.125 mg) 93
digoxin tab 250 mcg (0.25 mg) 93
digoxin tab 62.5 mcg (0.0625 mg) 93
DILAUDID LIQ 1MG/ML 19
DILAUDID TAB 2MG 19
DILAUDID TAB 4MG 19
DILAUDID TAB 8MG 19
diltiazem hcl cap er 12hr 120 mg 91
diltiazem hcl cap er 12hr 60 mg 91
diltiazem hcl cap er 12hr 90 mg 91
diltiazem hcl cap er 24hr 120 mg 91
diltiazem hcl cap er 24hr 180 mg 91
diltiazem hcl cap er 24hr 240 mg 91
diltiazem hcl coated beads cap er 24hr 120 mg 91
diltiazem hcl coated beads cap er 24hr 180 mg 91
diltiazem hcl coated beads cap er 24hr 240 mg 91
diltiazem hcl coated beads cap er 24hr 300 mg 91
diltiazem hcl coated beads cap er 24hr 360 mg 91
diltiazem hcl extended release beads cap er 24hr 120 mg 91
diltiazem hcl extended release beads cap er 24hr 180 mg 91
diltiazem hcl extended release beads cap er 24hr 240 mg 91
diltiazem hcl extended release beads cap er 24hr 300 mg 91
diltiazem hcl extended release beads cap er 24hr 360 mg 91
diltiazem hcl extended release beads cap er 24hr 420 mg 91
diltiazem hcl tab 120 mg 91
diltiazem hcl tab 30 mg 91
diltiazem hcl tab 60 mg 91
diltiazem hcl tab 90 mg 91
dilt-xr cap 120mg 91
dilt-xr cap 180mg 91
dilt-xr cap 240mg 91
dimethyl fumarate capsule delayed release 120 mg 193
dimethyl fumarate capsule delayed release 240 mg 193
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 193
DIPENTUM CAP 250MG 135
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 53
diphenoxylate w/ atropine tab 2.5-0.025 mg 53
DIPROLENE OIN 0.05% 118
dipyridamole tab 25 mg 140

dipyridamole tab 50 mg 140
dipyridamole tab 75 mg 140
DISKETS TAB 40MG.....19
disopyramide phosphate cap 100 mg.....31
disopyramide phosphate cap 150 mg.....31
disulfiram tab 250 mg.....189
disulfiram tab 500 mg.....189
DIURIL SUS 250/5ML.....125
divalproex sodium cap delayed release sprinkle 125 mg.....44
divalproex sodium tab delayed release 125 mg 44
divalproex sodium tab delayed release 250 mg 44
divalproex sodium tab delayed release 500 mg 44
divalproex sodium tab er 24 hr 250 mg 44
divalproex sodium tab er 24 hr 500 mg....44
dodex inj 140
dofetilide cap 125 mcg (0.125 mg) 32
dofetilide cap 250 mcg (0.25 mg).....32
dofetilide cap 500 mcg (0.5 mg) 32
dolishale tab 90-20mcg 100
donepezil hydrochloride orally disintegrating tab 10 mg 190
donepezil hydrochloride orally disintegrating tab 5 mg.....190
donepezil hydrochloride tab 10 mg.....190
donepezil hydrochloride tab 23 mg 190
donepezil hydrochloride tab 5 mg 190
DONNATAL ELX GRAPE.....199
DONNATAL ELX MINT.....199
DONNATAL TAB 16.2MG.....199
DOPTELET SPR CAP 10MG.....141
DOPTELET TAB 20MG.....141
DORAL TAB 15MG 143
dorzolamide hcl ophth soln 2% 187
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 184
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 184
dotti dis 0.025mg.....132
dotti dis 0.0375mg 132
dotti dis 0.05mg.....132
dotti dis 0.075mg.....132
dotti dis 0.1mg 132
DOVATO TAB 50-300MG.....84
doxazosin mesylate tab 1 mg 61
doxazosin mesylate tab 2 mg.....61
doxazosin mesylate tab 4 mg 61
doxazosin mesylate tab 8 mg 61
doxepin hcl (sleep) tab 3 mg (base equiv) 142
doxepin hcl (sleep) tab 6 mg (base equiv) 142
doxepin hcl cap 100 mg 48
doxepin hcl cap 10 mg.....47
doxepin hcl cap 150 mg 48
doxepin hcl cap 25 mg 47
doxepin hcl cap 50 mg 47
doxepin hcl cap 75 mg 47
doxepin hcl conc 10 mg/ml 48
doxercalciferol cap 0.5 mcg 128
doxercalciferol cap 1 mcg.....128
doxercalciferol cap 2.5 mcg.....128
doxycycline hyclate cap 100 mg 196
doxycycline hyclate cap 50 mg.....196
doxycycline hyclate tab 100 mg 196
doxycycline hyclate tab 20 mg.....196
doxycycline monohydrate cap 100 mg ...196
doxycycline monohydrate cap 50 mg 196
doxycycline monohydrate for susp 25 mg/5ml 196
doxycycline monohydrate tab 100 mg 197
doxycycline monohydrate tab 150 mg 197
doxycycline monohydrate tab 50 mg.....196
doxycycline monohydrate tab 75 mg 197
doxylamine-pyridoxine tab delayed release 10-10 mg 54
DRISDOL CAP 50000UNT.....203
dronabinol cap 10 mg 54
dronabinol cap 2.5 mg.....54
dronabinol cap 5 mg.....54
DROPLET GENT MIS LANCING.....151
DROPLET LANC MIS 30G 151
DROPLET LANC MIS DEVICE 151
DROPLET PERS MIS LANC 30G.....151
DROPSAFE SIC MIS 25GX1 164

DROPSAFE SIC MIS 25GX5/8 164
drospirenone-ethinyl estradiol tab 3-0.02 mg.....100
drospirenone-ethinyl estradiol tab 3-0.03 mg.....100
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 100
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 100
DROXIA CAP 200MG.....140
DROXIA CAP 300MG.....140
DROXIA CAP 400MG.....140
droxidopa cap 100 mg 203
droxidopa cap 200 mg.....203
droxidopa cap 300 mg.....203
DRYSOL SOL 20% 122
DUETACT TAB 30-2MG 49
DUETACT TAB 30-4MG 49
DUEXIS TAB 800-26.6 14
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 46
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 46
duloxetine hcl enteric coated pellets cap 40 mg (base eq) 47
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 47
DUO-CARE LIQ LEVEL1/2 151
DUPIXENT INJ 200/1.14 120
DUPIXENT INJ 200MG 120
DUPIXENT INJ 300/2ML.....120
DUREX EXTRA MIS SENSITIV 145
DUREX MIS REALFEEL.....145
DUREX MIS TROPICAL 145
DUREZOL EMU 0.05% 186
dutasteride cap 0.5 mg.....138
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 138

E

e.e.s. 400 tab 400mg.....144
EASIVENT MIS.....173
EASIVENT MIS MASK LG.....173
EASIVENT MIS MASK MED 173
EASIVENT MIS MASK SM.....173
EASY COMFORT MIS 30G.....152
EASY COMFORT MIS LANC/30G.....152
EASY COMFORT MIS LANC 30G 152
EASY COMFORT MIS SHARPS.....165
EASY COMFORT MIS TWIST 152
EASY COMFORT PAD ALCOHOL.....162
EASY GLIDE MIS 10ML SYR 165
EASY GLIDE MIS 1ML SYR.....165
EASY GLIDE MIS 20ML SYR.....165
EASY GLIDE MIS 30ML SYR.....165
EASY GLIDE MIS 3ML SYR 165
EASY GLIDE MIS 5ML SYR 165
EASY GLIDE MIS 60ML SYR 165
EASYMAX 15 LIQ LEVEL2-3 152
EASYMAX 15 SOL LEVEL 2 152
EASYMAX LIQ NORM/HIG 152
EASYMAX SOL NORMAL 152
EASY MINI MIS.....152
EASY MINI MIS EJECT 152
EASY PLUS II SOL HIGH.....152
EASY PLUS II SOL LOW 152
EASYPOINT MIS 18GX1.....165
EASYPOINT MIS 18GX1.5.....165
EASYPOINT MIS 20GX1 165
EASYPOINT MIS 20GX1.5.....165
EASYPOINT MIS 21G X 1 165
EASYPOINT MIS 21GX1.5.....165
EASYPOINT MIS 22GX1 165
EASYPOINT MIS 22GX1.5 165
EASYPOINT MIS 23GX1 165
EASYPOINT MIS 25GX1 165
EASYPOINT MIS 25GX1.5 165
EASYPOINT MIS 25GX5/8 165
EASYSTEP HGH SOL CONTROL 152
EASYSTEP LOW SOL CONTROL 152
EASY TALK PL SOL HIGH 152
EASY TALK PL SOL LOW.....152
EASY TALK SOL HIGH.....152
EASY TALK SOL LOW 152
EASY TALK SOL NORMAL 152
EASY TOUCH LIQ HIGH/LOW 152
EASY TOUCH MIS.....152
EASY TOUCH MIS /EJECTOR.....152
EASY TOUCH MIS 20ML SYR 165

EASY TOUCH MIS 60ML SYR 165
EASY TOUCH MIS LANC/21G 152
EASY TOUCH MIS LANC/23G 152
EASY TOUCH MIS LANC/26G 152
EASY TOUCH MIS LANC/28G 152
EASY TOUCH MIS LANC/30G 152
EASY TOUCH MIS LANC/32G 152
EASY TOUCH MIS P-AC/21G 152
EASY TOUCH MIS P-AC/23G 152
EASY TOUCH MIS P-AC/26G 152
EASY TOUCH MIS P-AC/28G 152
EASY TOUCH MIS P-AC/30G 152
EASY TOUCH MIS TWST/28G 152
EASY TOUCH MIS TWST/30G 152
EASY TOUCH MIS TWST/32G 152
EASY TOUCH MIS TWST/33G 152
EASY TOUCH SOL CONTROL 152
EASY TOUCH SOL HIGH/LOW 152
EASY TRAK II LIQ NORMAL 152
EASY TRAK SOL HIGH 152
EASY TRAK SOL LOW 152
EASY TRAK SOL NORMAL 152
EBGLYSS INJ 250/2ML 120
ECLIPSE NDLE MIS 21GX1.5 165
ECLIPSE NDLE MIS 25GX1.5 165
ECLIPSE NDL MIS 21GX1 165
EC-NAPROSYN TAB 375MG 14
EC-NAPROSYN TAB 500MG 14
ec-naproxen tab 375mg 14
ec-naproxen tab 500mg 14
ECONAZOLE AER 1% 111
econazole nitrate cream 1% 111
EDECRIN TAB 25MG 125
EDEX 2-CRTDG KIT 10MCG 95
EDEX 2-CRTDG KIT 20MCG 95
EDEX 2-CRTDG KIT 40MCG 95
EDEX 6-CRTDG KIT 10MCG 95
EDEX 6-CRTDG KIT 20MCG 95
EDEX 6-CRTDG KIT 40MCG 95
EEMT HS TAB 131
EEMT TAB 1.25-2.5 131
efavirenz cap 200 mg 84
efavirenz cap 50 mg 84
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 85
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 85
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 85
efavirenz tab 600 mg 84
EFFER-K TAB 10MEQ 177
EFFER-K TAB 20MEQ 177
EFFIENT TAB 10MG 140
EFFIENT TAB 5MG 140
EFUDEX CRE 5% 112
EGRIFTA SV INJ 2MG 127
EGRIFTA WR KIT 11.6MG 127
EKTERLY TAB 300MG 139
ELEMENT CONT LIQ NORMAL 153
ELEMENT LIQ HIGH 153
ELEMENT LIQ LOW 153
ELEMNT COMPA SOL LEVEL 2 153
ELEMNT COMPA SOL LEVEL 3 153
eletriptan hydrobromide tab 20 mg (base equivalent) 175
eletriptan hydrobromide tab 40 mg (base equivalent) 175
elinest tab 100
ELIQUIS CAP 0.15MG 37
ELIQUIS ST P TAB 5MG 37
ELIQUIS TAB 0.5MG 37
ELIQUIS TAB 1.5MG 37
ELIQUIS TAB 2.5MG 37
ELIQUIS TAB 2MG 37
ELIQUIS TAB 5MG 37
elite-ob tab 181
elixophyllin elx 80/15ml 36
ELLA TAB 30MG 104
eltrombopag olamine powder pack for susp 12.5 mg (base eq) 141
eltrombopag olamine powder pack for susp 25 mg (base equiv) 141
eltrombopag olamine tab 12.5 mg (base equiv) 141
eltrombopag olamine tab 25 mg (base equiv) 141

eltrombopag olamine tab 50 mg (base equiv) 141
eltrombopag olamine tab 75 mg (base equiv) 141
eluryng mis 104
EMBECTA AUTO MIS DUO 165
EMBECTA NANO MIS 32GX4MM 165
EMBECTA UF MIS 29GX12.7 165
EMBECTA UF MIS 31GX5MM 165
EMBECTA UF MIS 31GX8MM 165
EMBECTA UF MIS 32GX6MM 165
EMBRACE CNTR LIQ HIGH 153
EMBRACE EVO LIQ LEVEL 1 153
EMBRACE LANC MIS /EJECTOR 153
EMBRACE LANC MIS 21G 153
EMBRACE LANC MIS 28G 153
EMBRACE LANC MIS THIN 30G 153
EMBRACE PRO LIQ GLUCOSE 153
EMBRACE SOL LOW 153
EMBRACE TALK SOL HIGH/L2 153
EMBRACE TALK SOL LOW/L1 153
EMCYT CAP 140MG 69
EMGALITY INJ 100MG/ML 175
EMGALITY INJ 120MG/ML 175
EMSAM DIS 12MG/24H 45
EMSAM DIS 6MG/24HR 45
EMSAM DIS 9MG/24HR 45
emtricitabine caps 200 mg 85
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 85
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 85
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 85
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 85
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 85
EMTRIVA CAP 200MG 85
EMTRIVA SOL 10MG/ML 85
EMVERM CHW 100MG 27
emzahh tab 0.35mg 104
enalapril maleate & hydrochlorothiazide tab 10-25 mg 63
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 63
enalapril maleate oral soln 1 mg/ml 59
enalapril maleate tab 10 mg 59
enalapril maleate tab 2.5 mg 59
enalapril maleate tab 20 mg 59
enalapril maleate tab 5 mg 59
ENBREL INJ 25/0.5ML 18
ENBREL INJ 25MG 18
ENBREL INJ 50MG/ML 18
ENBREL MINI INJ 50MG/ML 18
ENBREL SRCLK INJ 50MG/ML 18
ENCARE SUP 100MG 202
ENDARI POW 5GM 140
endocet tab 10-325mg 24
endocet tab 2.5-325 24
endocet tab 5-325mg 24
endocet tab 7.5-325 24
enilloring mis 104
enoxaparin sodium inj 300 mg/3ml 37
enoxaparin sodium inj soln pref syr 100 mg/ml 37
enoxaparin sodium inj soln pref syr 120 mg/0.8ml 37
enoxaparin sodium inj soln pref syr 150 mg/ml 37
enoxaparin sodium inj soln pref syr 30 mg/0.3ml 37
enoxaparin sodium inj soln pref syr 40 mg/0.4ml 37
enoxaparin sodium inj soln pref syr 60 mg/0.6ml 37
enoxaparin sodium inj soln pref syr 80 mg/0.8ml 37
enpresse-28 tab 100
enskyce tab 100
ENSPRYNG INJ 178
ENSTILAR AER 118
entacapone tab 200 mg 76
entecavir tab 0.5 mg 87
entecavir tab 1 mg 87
ENTRESTO CAP 15-16MG 94
ENTRESTO CAP 6-6MG 94
ENTRESTO TAB 24-26MG 94

ENTRESTO TAB 49-51MG.....94
ENTRESTO TAB 97-103MG 94
ENTYVIO PEN INJ 108/0.68.....135
enulose sol 10gm/15.....136
ENVARSUS XR TAB 0.75MG.....178
ENVARSUS XR TAB 1MG 179
ENVARSUS XR TAB 4MG.....179
EPCLUSA PAK 150-37.5.....87
EPCLUSA PAK 200-50MG.....87
EPCLUSA TAB 200-50MG.....87
EPCLUSA TAB 400-100 87
EPIDIOLEX SOL 100MG/ML.....40
EPIDUO FORTE GEL 0.3-2.5%.....109
EPIDUO GEL 0.1-2.5%.....109
EPIFOAM AER 1%.....118
epinastine hcl ophth soln 0.05% 187
epinephrine hcl nasal soln 0.1% 183
epinephrine inj 1 mg/ml.....203
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 203
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....203
epitol tab 200mg.....40
EPIVIR SOL 10MG/ML 85
EPIVIR TAB 150MG 85
EPIVIR TAB 300MG 85
eplerenone tab 25 mg 65
eplerenone tab 50 mg 65
EPOGEN INJ 10000/ML.....141
EQL LANCETS MIS 21G COLR.....153
EQL LANCETS MIS 33G COLR.....153
EQL LANCETS MIS THIN 26G.....153
EQL LANCETS MIS THIN 30G.....153
EQL PRENATAL TAB FORMULA 181
EQUETRO CAP 100MG.....78
EQUETRO CAP 200MG 78
EQUETRO CAP 300MG 78
ergocalciferol cap 1.25 mg (50000 unit) 203
ergoloid mesylates tab 1 mg 194
ERGOMAR SUB 2MG.....175
ERIVEDGE CAP 150MG 68
ERLEADA TAB 240MG 69
ERLEADA TAB 60MG 69
*erlotinib hcl tab 100 mg (base equivalent)*68
*erlotinib hcl tab 150 mg (base equivalent)*68
erlotinib hcl tab 25 mg (base equivalent) .68
errin tab 0.35mg.....104
ERYGEL GEL 2% 109
ery pad 2% 109
ery-tab tab 250mg ec 144
ery-tab tab 333mg ec 144
ery-tab tab 500mg ec 144
erythromycin ethylsuccinate for susp 200 mg/5ml 144
erythromycin ethylsuccinate for susp 400 mg/5ml 144
erythromycin ethylsuccinate tab 400 mg 144
erythromycin gel 2%.....109
ERYTHROMYCIN OIN 5MG/GM.....185
erythromycin ophth oint 5 mg/gm 185
erythromycin soln 2%.....109
erythromycin tab 250 mg.....144
erythromycin tab 500 mg.....145
erythromycin tab delayed release 250 mg 145
erythromycin tab delayed release 333 mg 145
erythromycin tab delayed release 500 mg 145
erythromycin w/ delayed release particles cap 250 mg.....145
escitalopram oxalate soln 5 mg/5ml (base equiv) 45
escitalopram oxalate tab 10 mg (base equiv) 45
escitalopram oxalate tab 20 mg (base equiv) 45
escitalopram oxalate tab 5 mg (base equiv) 45
ESGIC TAB 19
eslicarbazepine acetate tab 200 mg.....40
eslicarbazepine acetate tab 400 mg.....40
eslicarbazepine acetate tab 600 mg.....40
eslicarbazepine acetate tab 800 mg.....40
esomeprazole magnesium cap delayed release 20 mg (base eq) 200

esomeprazole magnesium cap delayed release 40 mg (base eq) 200
esomeprazole magnesium for delayed release susp pack 2.5 mg 200
esomeprazole magnesium for delayed release susp packet 10 mg 200
esomeprazole magnesium for delayed release susp packet 20 mg 200
esomeprazole magnesium for delayed release susp packet 40 mg 200
esomeprazole magnesium for delayed release susp packet 5 mg.....200
ESSENTRA MIS 9X9 162
estarylla tab 0.25-35.....100
estazolam tab 1 mg.....143
estazolam tab 2 mg 143
esterified estrogens & methyltestosterone tab 0.625-1.25 mg.....131
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 131
ESTRACE TAB 0.5MG 132
ESTRACE TAB 1MG.....132
ESTRACE TAB 2MG.....132
ESTRACE VAG CRE 0.01% 202
estradiol & norethindrone acetate tab 0.5-0.1 mg.....131
estradiol & norethindrone acetate tab 1-0.5 mg.....131
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) 132
estradiol tab 0.5 mg 132
estradiol tab 1 mg.....132
estradiol tab 2 mg 132
estradiol td gel 0.25 mg/0.25gm (0.1%) .132
estradiol td gel 0.5 mg/0.5gm (0.1%).....132
estradiol td gel 0.75 mg/0.75gm (0.1%) .132
estradiol td gel 1.25 mg/1.25gm (0.1%) ...132
estradiol td gel 1 mg/gm (0.1%).....132
estradiol td patch twice weekly 0.025 mg/24hr 132
estradiol td patch twice weekly 0.0375 mg/24hr 132
estradiol td patch twice weekly 0.05 mg/24hr 132
estradiol td patch twice weekly 0.075 mg/24hr 132
estradiol td patch twice weekly 0.1 mg/24hr 132
estradiol td patch weekly 0.025 mg/24hr 132
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 132
estradiol td patch weekly 0.05 mg/24hr .132
estradiol td patch weekly 0.06 mg/24hr .132
estradiol td patch weekly 0.075 mg/24hr 132
estradiol td patch weekly 0.1 mg/24hr 132
estradiol vaginal cream 0.01%.....202
estradiol valerate im in oil 10 mg/ml 133
estradiol valerate im in oil 20 mg/ml.....133
estradiol valerate im in oil 40 mg/ml.....133
estratest fs tab 1.25-2.5 131
ESTRATEST HS TAB.....131
estrogens, conjugated tab 0.3 mg 133
estrogens, conjugated tab 0.45 mg 133
estrogens, conjugated tab 0.625 mg.....133
estrogens, conjugated tab 0.9 mg 133
estrogens, conjugated tab 1.25 mg 133
eszopiclone tab 1 mg.....143
eszopiclone tab 2 mg 143
eszopiclone tab 3 mg 143
ethacrynic acid tab 25 mg.....125
ethambutol hcl tab 100 mg.....66
ethambutol hcl tab 400 mg 66
ethosuximide cap 250 mg 43
ethosuximide soln 250 mg/5ml 44
ETHYL CHLOR AER FINE PIN 121
ETHYL CHLOR AER FN STRM 121
ETHYL CHLOR AER MED JET 121
ETHYL CHLOR AER MED STRM.....121
ETHYL CHLOR AER MIST.....121
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 100
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 100
etodolac cap 200 mg 14
etodolac cap 300 mg 14
etodolac tab 400 mg 14

etodolac tab 500 mg 14
etodolac tab er 24hr 400 mg 14
etodolac tab er 24hr 500 mg....15
etodolac tab er 24hr 600 mg 15
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 104
etoposide cap 50 mg....75
etravirine tab 100 mg....85
etravirine tab 200 mg 85
EUA PATIENT MIS ASSESS....180
EUCRISA OIN 2% 122
euthyrox tab 100mcg 197
euthyrox tab 112mcg 197
euthyrox tab 125mcg....197
euthyrox tab 137mcg....197
euthyrox tab 150mcg 197
euthyrox tab 175mcg....197
euthyrox tab 200mcg....197
euthyrox tab 25mcg 197
euthyrox tab 50mcg....197
euthyrox tab 75mcg 197
euthyrox tab 88mcg 197
everolimus tab 0.25 mg 179
everolimus tab 0.5 mg 179
everolimus tab 0.75 mg 179
everolimus tab 10 mg 71
everolimus tab 1 mg 179
everolimus tab 2.5 mg....71
everolimus tab 5 mg....71
everolimus tab 7.5 mg....71
everolimus tab for oral susp 2 mg 71
everolimus tab for oral susp 3 mg 71
everolimus tab for oral susp 5 mg 71
EVISTA TAB 60MG 128
EVOLUTION SOL NORMAL 153
EVOTAZ TAB 300-150....85
EVOXAC CAP 30MG....181
EVRYSDI SOL 184
EVRYSDI TAB 5MG....184
EXELDERM CRE 1% 111
EXELDERM SOL 1% 111
EXELON DIS 13.3/24 190
EXELON DIS 4.6MG/24 190
EXELON DIS 9.5MG/24 190
exemestane tab 25 mg....69
EYSUVIS DRO 0.25% 186
ezetimibe-simvastatin tab 10-10 mg....56
ezetimibe-simvastatin tab 10-20 mg....56
ezetimibe-simvastatin tab 10-40 mg....56
ezetimibe-simvastatin tab 10-80 mg....56
ezetimibe tab 10 mg....59
E-ZJECT LANC MIS 33G....152
E-Z JECT MIS 21G....151
E-Z JECT MIS 21G COLR 151
E-Z JECT MIS 30G....151
E-Z JECT MIS 32G COLR....151
E-Z JECT MIS LANC 21G 151
E-Z JECT MIS THIN 26G....151
EZ-LETS 21G MIS LANCETS 153
EZ-LETS 26G MIS LANCETS 153
EZ-LETS 28G MIS LANCETS 153
EZ-LETS 30G MIS LANCETS 153

F

FABHALTA CAP 200MG....139
falmina tab....100
famciclovir tab 125 mg 88
famciclovir tab 250 mg 88
famciclovir tab 500 mg 88
famotidine for susp 40 mg/5ml....200
famotidine tab 40 mg....200
FANTASY LUBR MIS....145
FANTASY LUBR MIS COLORS....145
FANTASY LUBR MIS SPERMICI....145
FANTASY MIS LUBRICAT....145
FARESTON TAB 60MG....69
FARXIGA TAB 10MG 52
FARXIGA TAB 5MG....52
FASENRA INJ 10MG/0.5 32
FASENRA PEN INJ 30MG/ML....32
FASTCLIX MIS LANCETS....153
FC2 FEMALE MIS CONDOM 145
febuxostat tab 40 mg....138
febuxostat tab 80 mg....138
feirza tab 1/20 100
feirza tab 1.5/30....100
felbamate susp 600 mg/5ml....43
felbamate tab 400 mg....43
felbamate tab 600 mg....43

FELBATOL TAB 400MG 43
FELBATOL TAB 600MG 43
felodipine tab er 24hr 10 mg 91
felodipine tab er 24hr 2.5 mg 91
felodipine tab er 24hr 5 mg 91
FEMARA TAB 2.5MG 69
FEMCAP MIS 22MM.....145
FEMCAP MIS 26MM.....145
FEMCAP MIS 30MM 145
FEM PH GEL.....202
fenofibrate cap 150 mg.....57
fenofibrate micronized cap 134 mg 57
fenofibrate micronized cap 200 mg 57
fenofibrate micronized cap 43 mg.....57
fenofibrate micronized cap 67 mg.....57
fenofibrate tab 145 mg.....57
fenofibrate tab 160 mg 57
fenofibrate tab 48 mg 57
fenofibrate tab 54 mg 57
fenofibric acid tab 105 mg.....57
fenofibric acid tab 35 mg 57
FENOGLIDE TAB 40MG 57
fenoprofen calcium cap 300 mg 15
fenopron cap 300mg.....15
fentanyl citrate buccal tab 200 mcg (base equiv) 19
fentanyl citrate lozenge on a handle 1200 mcg 20
fentanyl citrate lozenge on a handle 1600 mcg 20
fentanyl citrate lozenge on a handle 200 mcg 19
fentanyl citrate lozenge on a handle 400 mcg 19
fentanyl citrate lozenge on a handle 600 mcg 20
fentanyl citrate lozenge on a handle 800 mcg 20
fentanyl td patch 72hr 100 mcg/hr 20
fentanyl td patch 72hr 12 mcg/hr.....20
fentanyl td patch 72hr 25 mcg/hr 20
fentanyl td patch 72hr 37.5 mcg/hr.....20
fentanyl td patch 72hr 50 mcg/hr.....20
fentanyl td patch 72hr 62.5 mcg/hr.....20
fentanyl td patch 72hr 75 mcg/hr 20
fentanyl td patch 72hr 87.5 mcg/hr.....20
ferric citrate tab 1 gm (210 mg ferric iron) 137
fesoterodine fumarate tab er 24hr 4 mg .201
fesoterodine fumarate tab er 24hr 8 mg .201
FIASP FLEX INJ TOUCH 52
FIASP INJ 100/ML.....52
FIASP PENFIL INJ U-100 52
FIBRICOR TAB 105MG.....57
FIBRICOR TAB 35MG.....57
fidaxomicin tab 200 mg.....145
FIFTY50 PREP PAD PADS 162
FIFTY50 SAFE MIS LANCETS 153
FILL NEEDLE MIS 18GX1.5.....165
FILSPARI TAB 200MG.....138
FILSPARI TAB 400MG 138
FILTER NEEDL MIS 18GX1.5 165
FILTER NEEDL MIS 20GX1.5 165
FINACEA AER 15%.....122
finasteride tab 5 mg 138
FINGERSTIX MIS LANCETS.....153
fingolimod hcl cap 0.5 mg (base equiv) ..193
finzala chw fe 1/20.....100
FIORICET CAP CODEINE 24
FIRDAPSE TAB 10MG 66
flac oil 0.01% ot.....188
FLAGYL CAP 375MG 27
flavoxate hcl tab 100 mg 202
flecainide acetate tab 100 mg 32
flecainide acetate tab 150 mg 32
flecainide acetate tab 50 mg 32
FLEXICHAMBER MIS.....173
FLEXICHAMBER MIS MASK LRG 173
FLEXICHAMBER MIS MASK SM 173
FLOMAX CAP 0.4MG.....138
fluconazole for susp 10 mg/ml 55
fluconazole for susp 40 mg/ml 55
fluconazole tab 100 mg 55
fluconazole tab 150 mg 55
fluconazole tab 200 mg.....55
fluconazole tab 50 mg.....55
flucytosine cap 250 mg.....55
fludrocortisone acetate tab 0.1 mg 107

flunisolide nasal soln 25 mcg/act (0.025%) 183
fluocinolone acetonide (otic) oil 0.01% ...188
fluocinolone acetonide cream 0.01% 118
fluocinolone acetonide cream 0.025% 118
fluocinolone acetonide oil 0.01% (body oil) 118
fluocinolone acetonide oil 0.01% (scalp oil) 118
fluocinolone acetonide oint 0.025% 118
fluocinolone acetonide soln 0.01% 118
fluocinonide cream 0.05% 118
fluocinonide emulsified base cream 0.05% 118
fluocinonide gel 0.05% 118
fluocinonide oint 0.05% 118
fluocinonide soln 0.05% 118
FLUORIDEX PST 1.1% 180
FLUORMX 5000 PST 1.1% 180
fluorometholone ophth susp 0.1% 186
fluorouracil cream 5% 112
fluorouracil soln 2% 112
fluorouracil soln 5% 112
fluoxetine hcl cap 10 mg 45
fluoxetine hcl cap 20 mg 45
fluoxetine hcl cap 40 mg 45
fluoxetine hcl cap delayed release 90 mg 45
fluoxetine hcl solution 20 mg/5ml 45
fluoxetine hcl tab 10 mg 45
fluoxetine hcl tab 20 mg 45
fluphenazine decanoate inj 25 mg/ml 82
fluphenazine hcl elixir 2.5 mg/5ml 82
fluphenazine hcl inj 2.5 mg/ml 82
fluphenazine hcl oral conc 5 mg/ml 83
fluphenazine hcl tab 10 mg 83
fluphenazine hcl tab 1 mg 83
fluphenazine hcl tab 2.5 mg 83
fluphenazine hcl tab 5 mg 83
flurbiprofen sodium ophth soln 0.03% 187
flurbiprofen tab 100 mg 15
flurbiprofen tab 50 mg 15
fluticasone furoate aerosol powder breath activ 100 mcg/act 34
fluticasone furoate aerosol powder breath activ 200 mcg/act 34
fluticasone furoate aerosol powder breath activ 50 mcg/act 34
fluticasone propionate cream 0.05% 119
fluticasone propionate hfa inhal aero 44 mcg/act 34
fluticasone propionate lotion 0.05% 119
fluticasone propionate nasal susp 50 mcg/act 183
fluticasone propionate oint 0.005% 119
fluticasone-salmeterol aer powder ba 100-50 mcg/act 35
fluticasone-salmeterol aer powder ba 250-50 mcg/act 35
fluticasone-salmeterol aer powder ba 500-50 mcg/act 35
fluvastatin sodium cap 20 mg (base equivalent) 58
fluvastatin sodium cap 40 mg (base equivalent) 58
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 58
fluvoxamine maleate cap er 24hr 100 mg 45
fluvoxamine maleate cap er 24hr 150 mg.45
fluvoxamine maleate tab 100 mg 46
fluvoxamine maleate tab 25 mg 45
fluvoxamine maleate tab 50 mg 46
FOCALIN TAB 10MG 7
FOCALIN TAB 2.5MG 7
FOCALIN TAB 5MG 7
folic acid cap 0.8 mg 140
folic acid oral soln 0.2 mg/ml 140
folic acid tab 1 mg 140
folic acid tab 400 mcg 141
folic acid tab 800 mcg 141
FOLLISTIM AQ INJ 300UNIT 127
FOLLISTIM AQ INJ 600UNIT 127
FOLLISTIM AQ INJ 900UNIT 127
fondaparinux sodium subcutaneous inj 10 mg/0.8ml 37
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 37

fondaparinux sodium subcutaneous inj 5 mg/0.4ml....37
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml....37
FORACARE GDH SOL HIGH....153
FORACARE GDH SOL LOW....153
FORACARE GDH SOL NORMAL....153
FORA CONTROL SOL HIGH....153
FORA CONTROL SOL LOW....153
FORA CONTROL SOL NORMAL....153
FORA GTEL TES KETONE....123
FORA LANCETS MIS 30G....153
FORA MIS LANCETS....153
FORA MIS LANCING....153
FORA TEST GO TES ADV VOIC....123
FORFIVO XL TAB 450MG....44
FORMALDEHYDE SOL 10%....84
formoterol fumarate soln nebu 20 mcg/2ml....35
FOSAMAX + D TAB 70-2800....126
FOSAMAX + D TAB 70-5600....126
FOSAMAX TAB 70MG....126
fosamprenavir calcium tab 700 mg (base equiv)....85
fosfomycin tromethamine powd pack 3 gm (base equivalent)....29
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg....63
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg....63
fosinopril sodium tab 10 mg....59
fosinopril sodium tab 20 mg....59
fosinopril sodium tab 40 mg....59
FOUNDAYO TAB 0.8MG....4
FOUNDAYO TAB 14.5MG....4
FOUNDAYO TAB 17.2MG....4
FOUNDAYO TAB 2.5MG....4
FOUNDAYO TAB 5.5MG....4
FOUNDAYO TAB 9MG....4
FREESTYLE LIQ CONTROL....153
FREESTYLE MIS LANCETS....153
FREESTYLE MIS UNISTICK....153
FROVA TAB 2.5MG....175
frovatriptan succinate tab 2.5 mg (base equivalent)....175
FRUZAQLA CAP 1MG....68
FRUZAQLA CAP 5MG....68
FT PRENATAL TAB 28-0.8MG....181
FULPHILA INJ 6/0.6ML....141
furosemide oral soln 10 mg/ml....125
furosemide oral soln 8 mg/ml....125
furosemide tab 20 mg....125
furosemide tab 40 mg....125
furosemide tab 80 mg....125
FUZEON INJ 90MG....85
fyavolv tab 0.5-2.5....131
fyavolv tab 1-5....132
FYCOMPA SUS 0.5MG/ML....38
FYCOMPA TAB 10MG....38
FYCOMPA TAB 12MG....38
FYCOMPA TAB 2MG....38
FYCOMPA TAB 4MG....38
FYCOMPA TAB 6MG....38
FYCOMPA TAB 8MG....38

G

gabapentin (once-daily) tab 300 mg....194
gabapentin (once-daily) tab 450 mg....194
gabapentin (once-daily) tab 600 mg....194
gabapentin (once-daily) tab 750 mg....194
gabapentin (once-daily) tab 900 mg....194
gabapentin cap 100 mg....40
gabapentin cap 200 mg....40
gabapentin cap 300 mg....40
gabapentin cap 400 mg....40
gabapentin oral soln 250 mg/5ml....40
gabapentin tab 600 mg....40
gabapentin tab 800 mg....40
GALAFOLD CAP 123MG....128
galantamine hydrobromide cap er 24hr 16 mg....190
galantamine hydrobromide cap er 24hr 24 mg....190
galantamine hydrobromide cap er 24hr 8 mg....190
galantamine hydrobromide oral soln 4 mg/ml....190
galantamine hydrobromide tab 12 mg....190

galantamine hydrobromide tab 4 mg 190
galantamine hydrobromide tab 8 mg 190
galbriela chw 100
gallifrey tab 5mg 189
GANIRELIX AC INJ 250/0.5 127
GASTROCROM CON 100/5ML 134
gatifloxacin ophth soln 0.5% 185
GATTEX KIT 5MG 137
gavilyte-c sol 143
gavilyte-g sol 143
gavilyte-n sol flav pk 143
GAVRETO CAP 100MG 71
GE100 CONTRL SOL NORMAL 153
gefitinib tab 250 mg 68
GELFILM MIS OP 187
gemfibrozil tab 600 mg 57
gemmily cap 1/20 100
GEMTESA TAB 75MG 202
generlac sol 10gm/15 136
gengraf cap 100mg 179
gengraf cap 25mg 179
gengraf sol 100mg/ml 179
gentamicin sulfate cream 0.1% 111
gentamicin sulfate oint 0.1% 111
gentamicin sulfate ophth soln 0.3% 185
GENTEEL LANC KIT BLUE 153
GENTEEL MIS LANCETS 153
GENTEEL MIS NOZZLES 153
GENTEEL PLUS MIS BLACK 153
GENTEEL PLUS MIS BLUE 154
GENTEEL PLUS MIS PINK 154
GENTEEL PLUS MIS PURPLE 154
GENTEEL PLUS MIS WHITE 154
GENTEEL TIPS MIS BLUE 154
GENTEEL TIPS MIS CLEAR 154
GENTEEL TIPS MIS GREEN 154
GENTEEL TIPS MIS ORANGE 154
GENTEEL TIPS MIS RAINBOW 154
GENTEEL TIPS MIS VIOLET 154
GENTEEL TIPS MIS YELLOW 154
GENVOYA TAB 85
GILOTRIF TAB 20MG 68
GILOTRIF TAB 30MG 68
GILOTRIF TAB 40MG 68
GLARGIN YFGN INJ 100U/ML 52
GLARGIN YFGN SOL 100U/ML 52
glatiramer acetate soln prefilled syringe 20 mg/ml 193
glatiramer acetate soln prefilled syringe 40 mg/ml 193
glatopa inj 20mg/ml 193
glatopa inj 40mg/ml 193
GLEOSTINE CAP 100MG 66
GLEOSTINE CAP 10MG 66
GLEOSTINE CAP 40MG 66
glimepiride tab 1 mg 53
glimepiride tab 2 mg 53
glimepiride tab 4 mg 53
glipizide-metformin hcl tab 2.5-250 mg ...49
glipizide-metformin hcl tab 2.5-500 mg ...49
glipizide-metformin hcl tab 5-500 mg 49
glipizide tab 10 mg 53
glipizide tab 15 mg 53
glipizide tab 5 mg 53
glipizide tab er 24hr 10 mg 53
glipizide tab er 24hr 2.5 mg 53
glipizide tab er 24hr 5 mg 53
glipizide xl tab 10mg 53
glipizide xl tab 2.5mg 53
glipizide xl tab 5mg 53
GLOBAL 28G MIS LANCETS 154
GLOBAL 30G MIS LANCETS 154
GLOBAL LANC MIS DEVICE 154
GLOBAL PREP PAD PADS 162
glucagon for inj 1 mg 50
GLUC CONTROL LIQ NORMAL 154
GLUC CONTROL SOL 154
GLUC CONTROL SOL MID 154
GLUC CONTROL SOL NORMAL 154
GLUCOCARD 01 LIQ NORM/HGH 154
GLUCOCARD 01 SOL NORMAL 154
GLUCOCARD LIQ LEVEL 1 154
GLUCOCARD SOL NORMAL 154
GLUCOCARD SOL SHINE 154
GLUCOCOM MIS 28G 154
GLUCOCOM MIS 30G 154
GLUCOCOM MIS 33G 154
GLUCOCOM TES HIGH CON 154

GLUCOCOM TES NORM CON 154
GLUCOTROL XL TAB 10MG.....53
GLUCOTROL XL TAB 5MG 53
glutamine (sickle cell) powd pack 5 gm..140
GLUTARALDEHY SOL 25% 84
glyburide-metformin tab 1.25-250 mg.....49
glyburide-metformin tab 2.5-500 mg 49
glyburide-metformin tab 5-500 mg 49
glyburide micronized tab 1.5 mg.....53
glyburide micronized tab 3 mg 53
glyburide micronized tab 6 mg 53
glyburide tab 1.25 mg 53
glyburide tab 2.5 mg.....53
glyburide tab 5 mg.....53
glycerol phenylbutyrate liquid 1.1 gm/ml.128
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml 199
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml).....199
glycopyrrolate oral soln 1 mg/5ml.....199
glycopyrrolate tab 1 mg 199
glycopyrrolate tab 2 mg.....199
glydo gel 2%.....122
GLYXAMBI TAB 10-5 MG 49
GLYXAMBI TAB 25-5 MG 49
GNP ALCOHOL PAD SWABS.....162
GNP LANCETS MIS 21G.....154
GNP LANCETS MIS 28G.....154
GNP LANCETS MIS 30G.....154
GNP LANCETS MIS 33G.....154
GNP LANCETS MIS THIN 26G.....154
GNP LANCING MIS DEVICE.....154
GNP PRENATAL TAB 28-0.8MG.....181
GNP PRENATAL TAB FOLIC AC.....181
GOJJI BLOOD TES KETONE 123
GOJJI CNTRL SOL NORMAL.....154
GOJJI LANCET MIS 30G 154
GOJJI MIS LANC DEV.....154
GOMEKLI CAP 1MG 72
GOMEKLI CAP 2MG.....72
GOMEKLI TAB 1MG.....72
GOODSENSE MIS LANC 26G.....154
GOODSENSE MIS LANC 30G 154
GOODSENSE MIS LANC 33G.....154
GOODSENSE MIS LANC DVC.....154
GORDOFILM SOL 121
GRALISE TAB 300MG.....194
GRALISE TAB 450MG.....194
GRALISE TAB 600MG.....194
GRALISE TAB 750MG 194
GRALISE TAB 900MG.....194
granisetron hcl tab 1 mg.....54
GRASTEK SUB 2800BAU 8
griseofulvin microsize susp 125 mg/5ml...55
griseofulvin microsize tab 500 mg 55
griseofulvin ultramicrosize tab 125 mg.....55
griseofulvin ultramicrosize tab 165 mg 55
griseofulvin ultramicrosize tab 250 mg.....55
guaifenesin-codeine soln 100-10 mg/5ml 107
guanfacine hcl tab 1 mg 61
guanfacine hcl tab 2 mg.....62
guanfacine hcl tab er 24hr 1 mg (base equiv).....6
guanfacine hcl tab er 24hr 2 mg (base equiv).....6
guanfacine hcl tab er 24hr 3 mg (base equiv).....6
guanfacine hcl tab er 24hr 4 mg (base equiv).....6
GUARDIAN RT MIS CHARGER.....154
GUARDIAN RT MIS TST PLUG 154
GVOKE HYPO 1 INJ 0.5/.1ML 50
GVOKE HYPO 1 INJ 1/0.2ML 50
GVOKE HYPO 2 INJ 0.5/.1ML 50
GVOKE HYPO 2 INJ 1/0.2ML.....50
GVOKE KIT SOL 1/0.2ML 50
GVOKE PFS INJ 1/0.2ML 50
GWYN LO DIS 220-20 104
GYNAZOLE-1 CRE 2% 202
GYNOL II GEL 3%.....202

H

HAEGARDA INJ 2000UNIT 139
HAEGARDA INJ 3000UNIT 139
HAEMOLANCE MIS HIGH FLO 154
HAEMOLANCE MIS LOW FLOW 155
HAEMOLANCE MIS PLUS 155
HAEMOLANCE MIS PLUS LOW.....155

HAEMOLANCE MIS PLUS MAX.....155
HAEMOLANCE MIS PLUS PED.....155
HAEMOLANCE MIS RETRACT.....155
hailey 24 tab fe.....100
hailey fe tab 1/20.....100
hailey fe tab 1.5/30.....100
hailey tab 1.5/30.....100
halcinonide soln 0.1%.....119
HALCION TAB 0.25MG.....143
HALDOL DECAN INJ 100MG/ML.....80
HALDOL DECAN INJ 50MG/ML.....80
halobetasol propionate cream 0.05%.....119
halobetasol propionate oint 0.05%.....119
haloette mis.....104
haloperidol decanoate im soln 100 mg/ml.....80
haloperidol decanoate im soln 50 mg/ml.80
haloperidol lactate inj 5 mg/ml.....80
haloperidol lactate oral conc 2 mg/ml.....80
haloperidol tab 0.5 mg.....80
haloperidol tab 10 mg.....80
haloperidol tab 1 mg.....80
haloperidol tab 20 mg.....80
haloperidol tab 2 mg.....80
haloperidol tab 5 mg.....80
HARVONI PAK.....87
HARVONI PAK 45-200MG.....87
HARVONI TAB 45-200MG.....87
HARVONI TAB 90-400MG.....87
HC LANCING MIS DEVICE.....155
heather tab 0.35mg.....104
HEMANGEOL SOL 4.28/ML.....90
HEMLIBRA INJ 105/0.7.....139
HEMLIBRA INJ 150/ML.....139
HEMLIBRA INJ 300/2ML.....139
HEMLIBRA INJ 30MG/ML.....139
HEMLIBRA INJ 60/0.4.....139
HEMLIBRA SOL 12/0.4ML.....139
HEMMOREX-HC SUP 25MG.....27
HEMMOREX-HC SUP 30MG.....27
heparin sodium (porcine) inj 10000 unit/ml.....38
*heparin sodium (porcine) inj 1000 unit/ml*37
heparin sodium (porcine) inj 20000 unit/ml.....38
heparin sodium (porcine) inj 5000 unit/ml.....37
heparin sodium (porcine) pf inj 1000 unit/ml.....38
heparin sodium (porcine) pf inj 5000 unit/0.5ml.....38
HETLIOZ CAP 20MG.....143
HETLIOZ LQ SUS 4MG/ML.....143
hidex 6-day pak 1.5mg.....105
HIPREX TAB 1GM.....29
HOLD CHAMBER MIS ADLT LG.....173
HOLD CHAMBER MIS MEDIUM.....173
HOLD CHAMBER MIS SMALL.....173
HOLDING CHAM MIS ADULT.....173
HOLDING CHAM MIS CHILD.....173
HOMATROPAIRE SOL 5% OP.....184
HUMATROPE INJ 12MG.....127
HUMATROPE INJ 24MG.....128
HUMATROPE INJ 6MG.....127
HUMULIN R INJ U-500.....52
HUMULIN R INJ U-500KWP.....52
HYCAMTIN CAP 0.25MG.....75
HYCAMTIN CAP 1MG.....75
hydralazine hcl tab 100 mg.....65
hydralazine hcl tab 10 mg.....65
hydralazine hcl tab 25 mg.....65
hydralazine hcl tab 50 mg.....65
HYDREA CAP 500MG.....75
hydrochlorothiazide cap 12.5 mg.....125
hydrochlorothiazide tab 12.5 mg.....125
hydrochlorothiazide tab 25 mg.....125
hydrochlorothiazide tab 50 mg.....125
hydrocodone-acetaminophen soln 10-300 mg/15ml.....24
hydrocodone-acetaminophen soln 10-325 mg/15ml.....24
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....24
hydrocodone-acetaminophen tab 10-300 mg.....24
hydrocodone-acetaminophen tab 10-325 mg.....24

hydrocodone-acetaminophen tab 2.5-325 mg 24
hydrocodone-acetaminophen tab 5-300 mg 24
hydrocodone-acetaminophen tab 5-325 mg 24
hydrocodone-acetaminophen tab 7.5-300 mg 24
hydrocodone-acetaminophen tab 7.5-325 mg 24
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg 107
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml 107
*hydrocodone bitartrate cap er 12hr 10 mg*20
*hydrocodone bitartrate cap er 12hr 15 mg*20
hydrocodone bitartrate cap er 12hr 20 mg 20
hydrocodone bitartrate cap er 12hr 30 mg 20
hydrocodone bitartrate cap er 12hr 40 mg 20
hydrocodone bitartrate cap er 12hr 50 mg 20
hydrocodone bitartrate tab er 24hr deter 100 mg 20
hydrocodone bitartrate tab er 24hr deter 120 mg 21
hydrocodone bitartrate tab er 24hr deter 20 mg 20
hydrocodone bitartrate tab er 24hr deter 30 mg 20
hydrocodone bitartrate tab er 24hr deter 40 mg 20
hydrocodone bitartrate tab er 24hr deter 60 mg 20
hydrocodone bitartrate tab er 24hr deter 80 mg 20
hydrocodone-ibuprofen tab 10-200 mg ...24
hydrocodone-ibuprofen tab 5-200 mg 24
hydrocodone-ibuprofen tab 7.5-200 mg ..24
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml 107
hydrocortisone acetate cream 2.5% 119
hydrocortisone acetate suppos 25 mg.....27
hydrocortisone acetate suppos 30 mg 27
hydrocortisone acetate w/ pramoxine perianal cream 1-1% 27
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1% 27
hydrocortisone butyrate cream 0.1% 119
hydrocortisone butyrate oint 0.1%.....119
hydrocortisone butyrate soln 0.1% 119
hydrocortisone cream 2.5% 119
hydrocortisone enema 100 mg/60ml.....26
hydrocortisone lotion 2.5%.....119
hydrocortisone oint 2.5% 119
hydrocortisone perianal cream 2.5% 27
hydrocortisone sodium succinate pf for inj 100 mg.....105
hydrocortisone soln 2.5% 119
hydrocortisone tab 10 mg.....105
hydrocortisone tab 20 mg 105
hydrocortisone tab 5 mg 105
hydrocortisone valerate cream 0.2% 119
hydrocortisone valerate oint 0.2%.....119
hydrocortisone w/ acetic acid otic soln 1-2%.....188
HYDROGEN PER SOL 30%.....84
hydromet syp 5-1.5/5.....107
hydromorphone hcl liqd 1 mg/ml.....21
hydromorphone hcl tab 2 mg.....21
hydromorphone hcl tab 4 mg.....21
hydromorphone hcl tab 8 mg.....21
hydromorphone hcl tab er 24hr 12 mg.....21
hydromorphone hcl tab er 24hr 16 mg.....21
hydromorphone hcl tab er 24hr 32 mg 21
hydromorphone hcl tab er 24hr 8 mg 21
HYDROMORPHON SUP 3MG 21
hydroxychloroquine sulfate tab 100 mg ...65
hydroxychloroquine sulfate tab 200 mg...65
hydroxychloroquine sulfate tab 300 mg...65
hydroxychloroquine sulfate tab 400 mg...65
hydroxyurea cap 500 mg.....75
hydroxyzine hcl syrup 10 mg/5ml.....30
hydroxyzine hcl tab 10 mg 30
hydroxyzine hcl tab 25 mg.....30
hydroxyzine hcl tab 50 mg 30

hydroxyzine pamoate cap 100 mg.....30
hydroxyzine pamoate cap 25 mg 30
hydroxyzine pamoate cap 50 mg 30
*hyoscyamine sulfate elixir 0.125 mg/5ml*199
hyoscyamine sulfate sl tab 0.125 mg 199
hyoscyamine sulfate soln 0.125 mg/ml ...199
hyoscyamine sulfate tab 0.125 mg.....199
hyoscyamine sulfate tab disint 0.125 mg 199
hyosyne dro 0.125/ml 199
hyosyne elx 0.125/5 199
HYPERSAL NEB 3.5% 107
HYPERSAL NEB 7% 107
HYPOLANCE KIT LANCING 155
HYPO NEEDLE MIS 14GX1.....165
HYPO NEEDLE MIS 14GX1.5.....165
HYPO NEEDLE MIS 14GX2 165
HYPO NEEDLE MIS 16GX1.....165
HYPO NEEDLE MIS 16GX1.5.....165, 166
HYPO NEEDLE MIS 16GX3/4 166
HYPO NEEDLE MIS 16GX5/8 166
HYPO NEEDLE MIS 18GX1.....166
HYPO NEEDLE MIS 18GX1.5.....166
HYPO NEEDLE MIS 19GX1.....166
HYPO NEEDLE MIS 19GX1.5.....166
HYPO NEEDLE MIS 20GX1 166
HYPO NEEDLE MIS 20GX1.5.....166
HYPO NEEDLE MIS 21GX1.....166
HYPO NEEDLE MIS 21GX1.5.....166
HYPO NEEDLE MIS 21GX2 166
HYPO NEEDLE MIS 22GX1 166
HYPO NEEDLE MIS 22GX1.5 166
HYPO NEEDLE MIS 23GX1 166
HYPO NEEDLE MIS 23GX1.5 166
HYPO NEEDLE MIS 23GX3/4.....166
HYPO NEEDLE MIS 25GX1 166
HYPO NEEDLE MIS 25GX1.25.....166
HYPO NEEDLE MIS 25GX1.5 166
HYPO NEEDLE MIS 25GX2.....166
HYPO NEEDLE MIS 25GX5/8 166
HYPO NEEDLE MIS 26GX1/2 166
HYPO NEEDLE MIS 26GX1.5 166
HYPO NEEDLE MIS 27GX1/2.....167
HYPO NEEDLE MIS 27GX1.25.....166
HYPO NEEDLE MIS 27GX1.5 166
HYPO NEEDLE MIS 30GX1/2 167
HYPO NEEDLE MIS 30GX3/4 167
HYRIMOZ CD/ INJ UC/HS SP 10
HYRIMOZ INJ 20/0.2ML.....10
HYRIMOZ INJ 40/0.4ML 10
HYRIMOZ INJ 40/0.8ML 11
HYRIMOZ-PLAQ INJ PSORIASI 11
HYRIMOZ SENS INJ 80/0.8ML 11

I

ibandronate sodium tab 150 mg (base equivalent) 126
IBRANCE CAP 100MG 72
IBRANCE CAP 125MG.....72
IBRANCE CAP 75MG 72
IBRANCE TAB 100MG.....72
IBRANCE TAB 125MG 72
IBRANCE TAB 75MG.....72
IBTROZI CAP 200MG.....72
ibuprofen-famotidine tab 800-26.6 mg.....15
ibuprofen tab 400 mg 15
ibuprofen tab 600 mg 15
ibuprofen tab 800 mg 15
ibu tab 400mg.....15
ibu tab 600mg.....15
ibu tab 800mg.....15
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....139
iclevia tab 100
IDHIFA TAB 100MG.....72
IDHIFA TAB 50MG 72
imatinib mesylate tab 100 mg (base equivalent).....72
imatinib mesylate tab 400 mg (base equivalent).....72
imipramine hcl tab 10 mg.....48
imipramine hcl tab 25 mg 48
imipramine hcl tab 50 mg 48
imipramine pamoate cap 100 mg 48
imipramine pamoate cap 125 mg 48
imipramine pamoate cap 150 mg 48
imipramine pamoate cap 75 mg 48
imiquimod cream 3.75% 121
imiquimod cream 5% 121
IMITREX INJ 4MG/0.5 175

IMITREX INJ 6MG/0.5 175
IMITREX TAB 100MG 175
IMITREX TAB 25MG 175
IMITREX TAB 50MG 175
IMPAVIDO CAP 50MG....27
IMURAN TAB 50MG 179
IMVEXXY MAIN SUP 10MCG....202
IMVEXXY MAIN SUP 4MCG 202
IMVEXXY STRT SUP 10MCG 203
IMVEXXY STRT SUP 4MCG....202
INBRIJA CAP 42MG....77
incassia tab 0.35mg 104
INCONTROL MIS LANC 28G....155
INCONTROL MIS LANC 30G....155
INCONTROL MIS LANC 33G....155
INCONTROL MIS LANC DEV 155
INCONTROL PAD ALCOHOL 162
INCRELEX INJ 40MG/4ML 128
indapamide tab 1.25 mg....125
indapamide tab 2.5 mg 125
indomethacin cap 25 mg 15
indomethacin cap 50 mg 15
indomethacin cap er 75 mg....15
indomethacin suppos 50 mg....15
indomethacin susp 25 mg/5ml 15
INFINITY SOL NORM CON 155
INFNTY VOICE LIQ LEVEL 2 155
INGREZZA CAP 40-80MG....192
INGREZZA CAP 40MG 192
INGREZZA CAP 60MG 192
INGREZZA CAP 80MG 192
INJECT-EASE MIS 167
INLYTA TAB 1MG 68
INLYTA TAB 5MG....68
INPEN BLUE MIS HUMALOG 167
INPEN BLUE MIS NOVO/FIA 167
INPEN GREY MIS HUMALOG....167
INPEN GREY MIS NOVO/FIA 167
INPEN PINK MIS HUMALOG....167
INPEN PINK MIS NOVO/FIA....167
INQOVI TAB 35-100MG....70
INSPIREASE MIS DD SYST 173
INSPIREASE MIS RES BAG 173
INSPRA TAB 25MG 65
INSPRA TAB 50MG....65
INS SYR U500 MIS 0.5/31G....167
INS SYR U500 MIS 31GX6MM 167
INSUL-CAP MIS 155
INSUL-EZE MIS 155
IN TOUCH LAN MIS 30G 155
IN TOUCH LAN MIS DEVICE 155
IN TOUCH SOL GLUCOSE 155
introvale tab 100
INVEGA HAFYE INJ 1092MG....79
INVEGA HAFYE INJ 1560MG....79
INVEGA SUST INJ 117/0.75....79
INVEGA SUST INJ 156MG/ML....79
INVEGA SUST INJ 234/1.5 79
INVEGA SUST INJ 39/0.25 79
INVEGA SUST INJ 78/0.5ML....79
INVEGA TAB 3MG 79
INVEGA TAB 6MG 79
INVEGA TAB 9MG 79
INVEGA TRINZ INJ 273MG 79
INVEGA TRINZ INJ 410MG 79
INVEGA TRINZ INJ 546MG....79
INVEGA TRINZ INJ 819MG....79
IODOQUIMEZ CRE 1-1.9% 111
iodoquinol-hc cream 1-1% 111
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9% 111
IOPIDINE SOL 1% OP 185
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 35
ipratropium bromide hfa inhal aerosol 17 mcg/act 33
ipratropium bromide inhal soln 0.02%....33
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 183
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 183
IQIRVO TAB 80MG 137
irbesartan-hydrochlorothiazide tab 150-12.5 mg 63
irbesartan-hydrochlorothiazide tab 300-12.5 mg....63
irbesartan tab 150 mg....61
irbesartan tab 300 mg....61

irbesartan tab 75 mg 61
ISENTRESS CHW 100MG....85
ISENTRESS CHW 25MG....85
ISENTRESS HD TAB 600MG 85
ISENTRESS POW 100MG....85
ISENTRESS TAB 400MG....85
isibloom tab....100
isoniazid syrup 50 mg/5ml 66
isoniazid tab 100 mg 66
isoniazid tab 300 mg 66
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg....94
isosorbide dinitrate tab 10 mg 29
isosorbide dinitrate tab 20 mg 29
isosorbide dinitrate tab 30 mg 29
isosorbide dinitrate tab 5 mg....29
isosorbide mononitrate tab 10 mg 29
isosorbide mononitrate tab 20 mg....29
isosorbide mononitrate tab er 24hr 120 mg 29
isosorbide mononitrate tab er 24hr 30 mg 29
isosorbide mononitrate tab er 24hr 60 mg 29
isotretinoin cap 10 mg....109
isotretinoin cap 20 mg 109
isotretinoin cap 30 mg 109
isotretinoin cap 40 mg 109
isradipine cap 2.5 mg 92
isradipine cap 5 mg....92
ITOVEBI TAB 3MG....72
ITOVEBI TAB 9MG....72
itraconazole cap 100 mg 55
itraconazole oral soln 10 mg/ml 55
ivabradine hcl tab 5 mg (base equiv) 98
ivabradine hcl tab 7.5 mg (base equiv) 98
ivermectin cream 1%....122
ivermectin tab 3 mg 27
ivermectin tab 6 mg 27
IWILFIN TAB 192MG 75

J

jaimiess tab 100
JAKAFI TAB 10MG....72
JAKAFI TAB 15MG....72
JAKAFI TAB 20MG....72
JAKAFI TAB 25MG....72
JAKAFI TAB 5MG 72
JAKAFI XR TAB 11MG 72
JAKAFI XR TAB 22MG 72
JAKAFI XR TAB 33MG 72
JAKAFI XR TAB 44MG....72
JAKAFI XR TAB 55MG....72
jantoven tab 10mg....36
jantoven tab 1mg 36
jantoven tab 2.5mg 36
jantoven tab 2mg 36
jantoven tab 3mg 36
jantoven tab 4mg 36
jantoven tab 5mg 36
jantoven tab 6mg 36
jantoven tab 7.5mg 36
JARDIANCE TAB 10MG....52
JARDIANCE TAB 25MG 52
JASCAYD TAB 18MG 196
JASCAYD TAB 9MG....196
jasmiel tab 3-0.02mg....100
javygtor pak 100mg....128
javygtor pow 500mg 128
javygtor tab 100mg....128
jaythari sus 22.75/ml....105
jaythari tab 18mg 105
jaythari tab 30mg 105
jaythari tab 36mg 105
jaythari tab 6mg....105
jencycla tab 0.35mg 104
jinteli tab 1mg-5mcg....132
jolessa tab 100
JOURNAVX TAB 50MG....19
joyeaux tab 0.1-20....100
J-TIP KIT KIT ADAPTERS 167
JUBLIA SOL 10% 111
juleber tab 100
JULUCA TAB 50-25MG....85
junel 1/20 tab 100
junel 1.5/30 tab 100
junel fe 24 tab 1/20....100
junel fe tab 1/20 100
junel fe tab 1.5/30....100

JUST RIGHT PST 5000 181
JYLAMVO SOL 2MG/ML 67

K

kaitlib fe chw 100
KALETRA SOL 85
kalliga tab 100
KALYDECO GRA 13.4MG 195
KALYDECO GRA 5.8MG 195
KALYDECO PAK 25MG 195
KALYDECO PAK 50MG 195
KALYDECO PAK 75MG 195
KALYDECO TAB 150MG 195
KAMELEON LUB MIS COLORS 145
KAMELEON MIS TRI-COLR 145
KARBINAL ER SUS 4MG/5ML 56
kariva tab 28 day 100
kelnor 1/50 tab 100
kelnor tab 1/35 101
KERALYT GEL 6% 121
KERALYT SHA 6% 121
KERENDIA TAB 10MG 130
KERENDIA TAB 20MG 130
KERENDIA TAB 40MG 130
KESIMPTA INJ 20/.4ML 193
ketoconazole cream 2% 111
ketoconazole shampoo 2% 111
ketoconazole tab 200 mg 55
KETONE TES 123
KETONE TEST TES 123
ketoprofen cap 75 mg 15
ketorolac tromethamine ophth soln 0.4% 187
ketorolac tromethamine ophth soln 0.5% 187
ketorolac tromethamine tab 10 mg 15
KEVEYIS TAB 50MG 124
KEVZARA INJ 150/1.14 13
KEVZARA INJ 200/1.14 14
KIMONO COLOR MIS 145
KIMONO MAXX MIS LG FLARE 146
KIMONO MICRO MIS THIN 146
KIMONO MICRO MIS THIN + ... 146
KIMONO MICRO MIS THIN PLS 146
KIMONO MIS LUBRICAT 146
KIMONO MIS SENSATIO 146
KIMONO PLUS MIS LUBRICAT 146
KIMONO PLUS MIS SPERMICI 146
KIMONO PS MIS LUBRICAT 146
KIMONO PS MIS PLUS 146
KIMONO SENSA MIS PLUS 146
KIMONO SPEC MIS 146
KINNEY MIS LANCETS 155
KINNEY THIN MIS LANCETS 155
kionex sus 15gm/60 180
KISQALI TAB 200DOSE 72
KISQALI TAB 400DOSE 72
KISQALI TAB 600DOSE 72
KLARON LOT 10% 109
klayesta pow 100000 111
KLISYRI OIN 1% (350) 112
KLONOPIN TAB 0.5MG 39
KLONOPIN TAB 1MG 39
KLONOPIN TAB 2MG 39
klor-con 10 tab 10meq er 177
KLOR-CON 10 TAB 10MEQ ER 177
klor-con 8 tab 8meq er 177
KLOR-CON 8 TAB 8MEQ ER 177
klor-con m10 tab 10meq er 177
klor-con m15 tab 15meq er 177
klor-con m20 tab 20meq er 177
klor-con pak 20meq 177
KLOXXADO SPR 8MG 54
KOSELUGO CAP 10MG 73
KOSELUGO CAP 25MG 73
KOSELUGO CAP 5MG 72
KOSELUGO CAP 7.5MG 73
kourzeq pst 0.1% 181
K-PHOS TAB NO 2 137
KP PRENATAL TAB MULTIVIT 181
KRAZATI TAB 200MG 73
kristalose pak 10gm 144
kristalose pak 20gm 144
KROGER LANCE MIS 155
KROGER LANCE MIS 26G 155
KROGER LANCE MIS THIN 155
KROGER LANCE MIS THIN 30G 155
K-TAB TAB 20MEQ 177
kurvelo tab 0.15/30 101

KYLEENA IUD 19.5MG 104
kymbee sus 22.75/ml.....105
kymbee tab 18mg 105
kymbee tab 30mg 106
kymbee tab 36mg 106
kymbee tab 6mg.....105
L
labetalol hcl tab 100 mg 89
labetalol hcl tab 200 mg.....89
labetalol hcl tab 300 mg 89
labetalol hcl tab 400 mg 89
lacosamide oral solution 10 mg/ml 40
lacosamide tab 100 mg 40
lacosamide tab 150 mg 40
lacosamide tab 200 mg 40
lacosamide tab 50 mg.....40
LACTIC ACID CRE E 120
lactulose (encephalopathy) solution 10 gm/15ml 136
lactulose oral crystal packet 10 gm.....144
lactulose oral crystal packet 20 gm 144
lactulose solution 10 gm/15ml 144
LAGEVRIO CAP 200MG 88
lamivudine oral soln 10 mg/ml 85
lamivudine tab 100 mg (hbv) 87
lamivudine tab 150 mg 85
lamivudine tab 300 mg 85
lamivudine-zidovudine tab 150-300 mg ...85
lamotrigine orally disintegrating tab 100 mg 40
lamotrigine orally disintegrating tab 200 mg 40
lamotrigine orally disintegrating tab 25 mg 40
lamotrigine orally disintegrating tab 50 mg 40
lamotrigine tab 100 mg 40
lamotrigine tab 150 mg 40
lamotrigine tab 200 mg.....40
lamotrigine tab 25 mg 40
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 40
lamotrigine tab 35 x 25 mg starter kit 40
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 40
lamotrigine tab chewable dispersible 25 mg 40
lamotrigine tab chewable dispersible 5 mg 40
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit 41
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 41
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit 41
lamotrigine tab er 24hr 300 mg 41
LAMPIT TAB 120MG 28
LAMPIT TAB 30MG.....28
LANCET DEVIC MIS 30G 155
LANCET DEVIC MIS ADJUST.....155
LANCET MICRO MIS THIN 33G.....155
LANCETS MICR MIS THIN 33G 155
LANCETS MIS 155
LANCETS MIS 21G.....155
LANCETS MIS 21G COLR.....155
LANCETS MIS 26G 155
LANCETS MIS 28G 155
LANCETS MIS 28G THIN 155
LANCETS MIS 30G 155
LANCETS MIS 33G 155
LANCETS MIS ORIGINAL 155
LANCETS MIS THIN 155
LANCETS MIS THIN 26G 155
LANCETS MIS THIN 30G 156
LANCETS SUPR MIS THIN 28G 156
LANCET STAND MIS 21G 155
LANCETS THIN MIS 156
LANCETS THIN MIS 26G 156
LANCETS ULTR MIS THIN.....156
LANCETS ULTR MIS THIN 31G 156
LANCET SUPER MIS THIN 30G 155
LANCET ULTRA MIS THIN 30G 155
LANCET WITH MIS EJECTOR.....155
LANCING DEVI MIS 156
LANCING DEVI MIS 25G.....156
LANCING DEVI MIS 30G.....156
LANCING MIS DEVICE 156

LANOXIN TAB 0.0625MG.....93
*lansoprazole cap delayed release 15 mg*200
lansoprazole cap delayed release 30 mg 200
LANTUS INJ 100/ML 52
LANTUS SOLOS INJ 100/ML.....52
LANZO MIS LANCING.....156
lapatinib ditosylate tab 250 mg (base equiv) 73
larin 24 tab fe 1/20.....101
larin fe tab 1/20 101
larin fe tab 1.5/30.....101
larin tab 1/20 101
larin tab 1.5/30 101
LASIX TAB 20MG.....125
LASIX TAB 40MG.....125
LASIX TAB 80MG.....125
latanoprost ophth soln 0.005% 187
layolis fe chw.....101
leena tab 101
leflunomide tab 10 mg 17
leflunomide tab 20 mg 17
lenalidomide cap 10 mg 178
lenalidomide cap 15 mg 178
lenalidomide cap 20 mg 178
lenalidomide cap 25 mg 178
lenalidomide cap 5 mg.....178
lenalidomide caps 2.5 mg.....178
LENVIMA CAP 10 MG 68
LENVIMA CAP 12MG 68
LENVIMA CAP 14 MG 68
LENVIMA CAP 18 MG 68
LENVIMA CAP 20 MG 68
LENVIMA CAP 24 MG.....68
LENVIMA CAP 4MG.....68
LENVIMA CAP 8 MG.....68
LEQEMBI IQLI INJ 250/1.25 190
lessina tab 101
letrozole tab 2.5 mg 69
leucovorin calcium tab 10 mg.....75
leucovorin calcium tab 15 mg.....75
leucovorin calcium tab 25 mg 75
leucovorin calcium tab 5 mg 75
leucovorin tab 5mg 75
LEUKERAN TAB 2MG 66
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 69
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....35
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....35
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....35
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 35
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....35
levamlodipine maleate tab 2.5 mg.....92
levamlodipine maleate tab 5 mg.....92
LEVBID TAB 0.375 ER 199
levetiracetam oral soln 100 mg/ml.....41
levetiracetam tab 1000 mg.....41
levetiracetam tab 250 mg.....41
levetiracetam tab 500 mg 41
levetiracetam tab 750 mg.....41
levetiracetam tab er 24hr 500 mg.....41
levetiracetam tab er 24hr 750 mg 41
levobunolol hcl ophth soln 0.5% 184
levocarnitine oral soln 1 gm/10ml (10%)..128
levocarnitine tab 330 mg.....128
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 56
levocetirizine dihydrochloride tab 5 mg ...56
levofloxacin ophth soln 0.5%.....185
levofloxacin ophth soln 1.5%.....185
levofloxacin oral soln 25 mg/ml.....133
levofloxacin tab 250 mg 133
levofloxacin tab 500 mg 133
levofloxacin tab 750 mg 133
levonest tab.....101
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 101
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 101
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....101
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....101

levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 101
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 101
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) 101
levonorgestrel tab 1.5 mg 104
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 101
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 101
levora-28 tab 0.15/30 101
levothyroxine sodium tab 100 mcg 198
levothyroxine sodium tab 112 mcg 198
levothyroxine sodium tab 125 mcg 198
levothyroxine sodium tab 137 mcg 198
levothyroxine sodium tab 150 mcg 198
levothyroxine sodium tab 175 mcg 198
levothyroxine sodium tab 200 mcg 198
levothyroxine sodium tab 25 mcg 197
levothyroxine sodium tab 300 mcg 198
levothyroxine sodium tab 50 mcg 197
levothyroxine sodium tab 75 mcg 198
levothyroxine sodium tab 88 mcg 198
levo-t tab 100mcg 197
levo-t tab 112mcg 197
levo-t tab 125mcg 197
levo-t tab 137mcg 197
levo-t tab 150mcg 197
levo-t tab 175mcg 197
levo-t tab 200mcg 197
levo-t tab 25mcg 197
levo-t tab 300 mcg 197
levo-t tab 50mcg 197
levo-t tab 75mcg 197
levo-t tab 88mcg 197
levoxyl tab 100mcg 198
levoxyl tab 112mcg 198
levoxyl tab 125mcg 198
levoxyl tab 137mcg 198
levoxyl tab 150mcg 198
levoxyl tab 175mcg 198
levoxyl tab 200mcg 198
levoxyl tab 25mcg 198
levoxyl tab 50mcg 198
levoxyl tab 75mcg 198
levoxyl tab 88mcg 198
LEVSIN/SL SUB 0.125MG 199
LEVSIN TAB 0.125MG 199
LEVULAN KERA SOL 20% 112
lidocaine hcl laryngotracheal soln 4% 180
lidocaine hcl soln 4% 122
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 122
lidocaine hcl viscous soln 2% 180
LIDOCAINE OIN 5% 122
lidocaine oint 5% 122
lidocaine patch 5% 122
lidocaine-prilocaine cream 2.5-2.5% 122
lidocan dis 5% patch 122
LIDODERM DIS 5% PATCH 122
linagliptin-metformin hcl tab 2.5-1000 mg 49
linagliptin-metformin hcl tab 2.5-500 mg 49
linagliptin-metformin hcl tab 2.5-850 mg 49
linezolid for susp 100 mg/5ml 29
linezolid tab 600 mg 29
LINZESS CAP 145MCG 136
LINZESS CAP 290MCG 136
LINZESS CAP 72MCG 136
liomny tab 25mcg 198
liomny tab 50mcg 198
liomny tab 5mcg 198
liothyronine sodium tab 25 mcg 198
liothyronine sodium tab 50 mcg 198
liothyronine sodium tab 5 mcg 198
LIPOFEN CAP 150MG 57
LIPOFEN CAP 50MG 57
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) 4
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) 51
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 ...63
lisinopril & hydrochlorothiazide tab 20-12.5 mg ...63
lisinopril & hydrochlorothiazide tab 20-25 mg ...63
lisinopril tab 10 mg ...59
lisinopril tab 2.5 mg ...59
lisinopril tab 20 mg ...59
lisinopril tab 30 mg ...60
lisinopril tab 40 mg ...60
lisinopril tab 5 mg ...59
LITETOUCH MIS LANCETS ...156
LITE TOUCH MIS LANCETS ...156
LITE TOUCH MIS LANC PEN ...156
LITFULO CAP 50MG ...121
lithium carbonate cap 150 mg ...78
lithium carbonate cap 300 mg ...78
lithium carbonate cap 600 mg ...78
lithium carbonate tab 300 mg ...78
lithium carbonate tab er 300 mg ...78
lithium carbonate tab er 450 mg ...78
lithium oral solution 8 meq/5ml ...78
LITHOBID TAB 300MG ...78
LIVMARLI SOL 19MG/ML ...134
LIVMARLI SOL 9.5MG/ML ...134
LIVTENCITY TAB 200MG ...86
LOCOID LIPO CRE 0.1% ...119
LOCOID LOT 0.1% ...119
LODOSYN TAB 25MG ...75
loestrin 21 tab 1.5/30 ...101
loestrin fe tab 1/20 ...101
loestrin fe tab 1.5/30 ...101
loestrin tab 1/20-21 ...101
lofexidine hcl tab 0.18 mg (base equivalent) ...190
lojaimiess tab ...101
LO LOESTRIN TAB 1-10-10 ...101
lomaira tab 8mg ...3
LOMOTIL TAB 2.5MG ...53
lomustine cap 100 mg ...67
lomustine cap 10 mg ...66
lomustine cap 40 mg ...67
LONGS LANCET MIS STANDARD ...156
LONGS LANCET MIS THIN ...156
LONGS LANCET MIS ULTRA TH ...156
LONSURF TAB 15-6.14 ...70
LONSURF TAB 20-8.19 ...70
LOPID TAB 600MG ...58
lopinavir-ritonavir tab 100-25 mg ...85
lopinavir-ritonavir tab 200-50 mg ...85
LOPRESSOR SOL 10MG/ML ...89
LOPRESSOR TAB 100MG ...89
LOPRESSOR TAB 12.5MG ...89
LOPRESSOR TAB 50MG ...89
lorazepam conc 2 mg/ml ...31
lorazepam tab 0.5 mg ...31
lorazepam tab 1 mg ...31
lorazepam tab 2 mg ...31
LORBRENA TAB 100MG ...73
LORBRENA TAB 25MG ...73
LOREEV XR CAP 1.5MG ...31
LOREEV XR CAP 1MG ...31
LOREEV XR CAP 2MG ...31
LOREEV XR CAP 3MG ...31
loryna tab 3-0.02mg ...101
losartan potassium & hydrochlorothiazide tab 100-12.5 mg ...63
losartan potassium & hydrochlorothiazide tab 100-25 mg ...64
losartan potassium & hydrochlorothiazide tab 50-12.5 mg ...63
losartan potassium tab 100 mg ...61
losartan potassium tab 25 mg ...61
losartan potassium tab 50 mg ...61

LOTENSIN HCT TAB 10-12.5....64
LOTENSIN HCT TAB 20-12.5....64
LOTENSIN HCT TAB 20-25MG....64
LOTENSIN TAB 10MG....60
LOTENSIN TAB 20MG....60
LOTENSIN TAB 40MG....60
loteprednol etabonate ophth gel 0.5%....186
loteprednol etabonate ophth susp 0.2%....186
loteprednol etabonate ophth susp 0.5%....186
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%....186
LOTREL CAP 10-20MG....64
LOTREL CAP 10-40MG....64
LOTREL CAP 5-10MG....64
LOTREL CAP 5-20MG....64
LOTRONEX TAB 0.5MG....136
LOTRONEX TAB 1MG....136
lovastatin tab 10 mg....58
lovastatin tab 20 mg....58
lovastatin tab 40 mg....58
LOVENOX INJ 100MG/ML....38
LOVENOX INJ 120/0.8....38
LOVENOX INJ 150MG/ML....38
LOVENOX INJ 30/0.3ML....38
LOVENOX INJ 300/3ML....38
LOVENOX INJ 40/0.4ML....38
LOVENOX INJ 60/0.6ML....38
LOVENOX INJ 80/0.8ML....38
low-ogestrel tab....101
loxapine succinate cap 10 mg....81
loxapine succinate cap 25 mg....81
loxapine succinate cap 50 mg....81
loxapine succinate cap 5 mg....81
lo-zumandimi tab 3-0.02mg....101
lubiprostone cap 24 mcg....134
lubiprostone cap 8 mcg....134
LUER-LOCK MIS SYRG 3ML....168
LUER-LOK MIS SYRG 5ML....168
LUER-LOK SYR MIS 1ML/20G....168
LUGOLS SOL IODINE....84
luizza 1/20 tab....101
luizza tab 1.5/30....101
LUMAKRAS TAB 120MG....73
LUMAKRAS TAB 240MG....73
LUMAKRAS TAB 320MG....73
LUMRYZ PAK 6GM....190
LUMRYZ PAK 7.5GM....190
LUMRYZ PAK 9GM....190
LUMRYZ PAK STARTER....190
LUMRYZ PKG 4.5GM....190
LUNG PERFM MIS METER....173
lurasidone hcl tab 120 mg....79
lurasidone hcl tab 20 mg....78
lurasidone hcl tab 40 mg....79
lurasidone hcl tab 60 mg....79
lurasidone hcl tab 80 mg....79
LURBIPR TAB 100MG....15
lutera tab....101
LYBALVI TAB 10-10MG....191
LYBALVI TAB 15-10MG....191
LYBALVI TAB 20-10MG....191
LYBALVI TAB 5-10MG....191
lyleq tab 0.35mg....104
lyllana dis 0.025mg....133
lyllana dis 0.0375mg....133
lyllana dis 0.05mg....133
lyllana dis 0.075mg....133
lyllana dis 0.1mg....133
LYNKUET CAP 60MG....128
LYNPARZA TAB 100MG....73
LYNPARZA TAB 150MG....73
LYSODREN TAB 500MG....69
LYVISPAH GRA 10MG....182
LYVISPAH GRA 20MG....182
LYVISPAH GRA 5MG....182
lyza tab 0.35mg....104

M

macitentan tab 10 mg....97
MACROBID CAP 100MG....29
mafenide acetate packet for topical soln 5% (50 gm)....117
MAGELLAN SYR MIS 23GX1....168
MALARONE TAB 250-100....65
MALARONE TAB 62.5-25....65
malathion lotion 0.5%....123
maraviroc tab 150 mg....85
maraviroc tab 300 mg....86
MAR-COF CG LIQ 225-7.5....107

MARINOL CAP 2.5MG....54
marlissa tab 0.15/30 101
MARPLAN TAB 10MG....45
MASK VORTEX/ MIS FROG....173
MASK VORTEX/ MIS LADY BUG 173
MASONATAL TAB....181
MATULANE CAP 50MG 75
MAVENCLAD PAK 10MG(10) 193
MAVENCLAD PAK 10MG(4)....193
MAVENCLAD PAK 10MG(5)....193
MAVENCLAD PAK 10MG(6)....193
MAVENCLAD PAK 10MG(7)....193
MAVENCLAD PAK 10MG(8)....193
MAVENCLAD PAK 10MG(9)....193
MAXITROL OIN 0.1% OP 186
MAXITROL SUS 0.1% OP....186
MAXX MIS LUBRICAT....146
MAXX PLUS MIS SPERMICI 146
MAYZENT PAK STARTER....193
MAYZENT TAB 0.25MG....193
MAYZENT TAB 1MG 193
MAYZENT TAB 2MG....193
me/naphos/mb tab hyo 1....28
meclizine hcl tab 50 mg 54
meclofenamate sodium cap 100 mg....15
meclofenamate sodium cap 50 mg 15
MEDICHOICE MIS LANCET....156
MEDISENSE LIQ GLUC-KET....156
MEDLANCE MIS 30G PLUS....156
MEDLANCE MIS PLUS 30G....156
MEDLANCE PLS MIS 0.8MM 156
MEDLANCE PLS MIS EXTR 21G....156
MEDLANCE PLS MIS LITE 25G....156
MEDLANCE PLS MIS UNIV 21G 156
MEDROL TAB 16MG....106
MEDROL TAB 2MG 106
MEDROL TAB 4MG 106
MEDROL TAB 8MG 106
medroxyprogesterone acetate im susp 150 mg/ml....104
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....104
medroxyprogesterone acetate tab 10 mg 189
medroxyprogesterone acetate tab 2.5 mg 189
medroxyprogesterone acetate tab 5 mg 189
mefenamic acid cap 250 mg....15
mefloquine hcl tab 250 mg....65
megestrol acetate susp 40 mg/ml 69
megestrol acetate susp 625 mg/5ml 189
megestrol acetate tab 20 mg 69
megestrol acetate tab 40 mg....69
MEIJER LANCE MIS COLOR 156
MEIJER LANCE MIS UNIV 21G....156
MEIJER LANCE MIS UNIV 30G....156
MEIJER LANCE MIS UNIVERSA....156
MEIJER MIS LANCETS....156
MEKINIST SOL 0.05/ML 73
MEKINIST TAB 0.5MG....73
MEKINIST TAB 2MG 73
MEKTOVI TAB 15MG....73
meleya tab 0.35mg 104
meloxicam susp 7.5 mg/5ml....15
meloxicam tab 15 mg 15
meloxicam tab 7.5 mg....15
memantine hcl cap er 24hr 14 mg....190
memantine hcl cap er 24hr 21 mg....190
memantine hcl cap er 24hr 28 mg 190
memantine hcl cap er 24hr 7 mg 190
memantine hcl-donepezil hcl cap er 24hr 14-10 mg....191
memantine hcl-donepezil hcl cap er 24hr 21-10 mg....191
memantine hcl-donepezil hcl cap er 24hr 28-10 mg....191
memantine hcl oral solution 2 mg/ml....190
memantine hcl tab 10 mg 190
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 190
memantine hcl tab 5 mg....190
MENOPUR INJ 75UNIT 127
meprobamate tab 200 mg....30
meprobamate tab 400 mg 30
MEPRON SUS 28
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 67
mercaptopurine tab 50 mg....67

merzee cap 1/20.....101
mesalamine cap dr 400 mg.....135
mesalamine cap er 24hr 0.375 gm.....135
mesalamine cap er 250 mg.....135
mesalamine cap er 500 mg.....135
mesalamine enema 4 gm.....135
mesalamine rectal enema 4 gm & cleanser wipe kit.....135
mesalamine suppos 1000 mg.....135
mesalamine tab delayed release 1.2 gm.135
mesalamine tab delayed release 800 mg.....135
mesna tab 400 mg.....75
MESNEX TAB 400MG.....75
MESTINON TAB TIMESPAN.....66
metaxalone tab 800 mg.....182
metformin hcl oral soln 500 mg/5ml.....50
metformin hcl tab 1000 mg.....50
metformin hcl tab 500 mg.....50
metformin hcl tab 850 mg.....50
metformin hcl tab er 24hr 500 mg.....50
metformin hcl tab er 24hr 750 mg.....50
methadone con 10mg/ml.....21
methadone hcl conc 10 mg/ml.....21
methadone hcl soln 10 mg/5ml.....21
methadone hcl soln 5 mg/5ml.....21
methadone hcl tab 10 mg.....21
methadone hcl tab 5 mg.....21
methadone hcl tab for oral susp 40 mg.....21
METHADOSE CON 10MG/ML.....21
METHADOSE SF CON 10MG/ML.....21
methadose tab 40mg.....21
methamphetamine hcl tab 5 mg.....2
methazolamide tab 25 mg.....124
methazolamide tab 50 mg.....124
methenamine hippurate tab 1 gm.....29
methenamine mandelate tab 0.5 gm.....29
methenamine mandelate tab 1 gm.....29
methergine tab 0.2mg.....188
methimazole tab 10 mg.....197
methimazole tab 5 mg.....197
methitest tab 10mg.....26
methocarbamol tab 1000 mg.....182
methocarbamol tab 500 mg.....182
methocarbamol tab 750 mg.....182
methotrexate sodium for inj 1 gm.....67
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....67
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....67
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....67
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....67
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....67
methotrexate sodium tab 2.5 mg (base equiv).....67
methoxsalen rapid cap 10 mg.....114
methscopolamine bromide tab 2.5 mg...199
methscopolamine bromide tab 5 mg.....199
methsuximide cap 300 mg.....44
methyldopa tab 250 mg.....62
methyldopa tab 500 mg.....62
methylergonovine maleate tab 0.2 mg....188
METHYLIN SOL 10MG/5ML.....7
METHYLIN SOL 5MG/5ML.....7
methylphenidate hcl cap er 10 mg (cd).....7
methylphenidate hcl cap er 20 mg (cd).....7
methylphenidate hcl cap er 24hr 10 mg (la).....7
methylphenidate hcl cap er 24hr 10 mg (xr).....7
methylphenidate hcl cap er 24hr 15 mg (xr).....7
methylphenidate hcl cap er 24hr 20 mg (la).....7
methylphenidate hcl cap er 24hr 20 mg (xr).....7
methylphenidate hcl cap er 24hr 30 mg (la).....7
methylphenidate hcl cap er 24hr 30 mg (xr).....7
methylphenidate hcl cap er 24hr 40 mg (la).....7
methylphenidate hcl cap er 24hr 40 mg (xr).....7

methylphenidate hcl cap er 24hr 50 mg (xr) 7
methylphenidate hcl cap er 24hr 60 mg (la) 7
methylphenidate hcl cap er 24hr 60 mg (xr) 7
methylphenidate hcl cap er 30 mg (cd) 7
methylphenidate hcl cap er 40 mg (cd) 7
methylphenidate hcl cap er 50 mg (cd) 7
methylphenidate hcl cap er 60 mg (cd) 7
methylphenidate hcl chew tab 10 mg 7
methylphenidate hcl chew tab 2.5 mg 7
methylphenidate hcl chew tab 5 mg 7
methylphenidate hcl soln 10 mg/5ml 7
methylphenidate hcl soln 5 mg/5ml 7
methylphenidate hcl tab 10 mg 7
methylphenidate hcl tab 20 mg 7
methylphenidate hcl tab 5 mg 7
methylphenidate hcl tab er 10 mg 7
methylphenidate hcl tab er 20 mg 7
methylphenidate hcl tab er 24hr 18 mg 7
methylphenidate hcl tab er 24hr 27 mg 7
methylphenidate hcl tab er 24hr 36 mg 7
methylphenidate hcl tab er 24hr 54 mg 7
methylphenidate hcl tab er diffusion 27 mg 7
methylphenidate hcl tab er diffusion 36 mg 7
methylphenidate hcl tab er diffusion 54 mg 7
methylphenidate hcl tab er osmotic release (osm) 18 mg 8
methylphenidate hcl tab er osmotic release (osm) 27 mg 8
methylphenidate hcl tab er osmotic release (osm) 36 mg 8
methylphenidate hcl tab er osmotic release (osm) 54 mg 8
methylphenidate hcl tab er osmotic release (osm) 72 mg 8
methylphenidate td patch 10 mg/9hr 8
methylphenidate td patch 15 mg/9hr 8
methylphenidate td patch 20 mg/9hr 8
methylphenidate td patch 30 mg/9hr 8
methylprednisolone tab 16 mg 106
methylprednisolone tab 32 mg 106
methylprednisolone tab 4 mg 106
methylprednisolone tab 8 mg 106
methylprednisolone tab therapy pack 4 mg (21) 106
methyltestosterone cap 10 mg 26
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 134
metoclopramide hcl tab 10 mg (base equivalent) 134
metoclopramide hcl tab 5 mg (base equivalent) 134
metolazone tab 10 mg 126
metolazone tab 2.5 mg 125
metolazone tab 5 mg 126
metoprolol & hydrochlorothiazide tab 100-25 mg 64
metoprolol & hydrochlorothiazide tab 100-50 mg 64
metoprolol & hydrochlorothiazide tab 50-25 mg 64
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 89
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 89
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 89
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 89
metoprolol tartrate tab 100 mg 90
metoprolol tartrate tab 12.5 mg 89
metoprolol tartrate tab 25 mg 89
metoprolol tartrate tab 37.5 mg 90
metoprolol tartrate tab 50 mg 90
metoprolol tartrate tab 75 mg 90
METROCREAM CRE 0.75% 122
METROLOTION LOT 0.75% 122
metronidazole cap 375 mg 27
metronidazole cream 0.75% 122
metronidazole gel 0.75% 122
metronidazole gel 1% 122
metronidazole lotion 0.75% 122
metronidazole tab 125 mg 27

metronidazole tab 250 mg 27
metronidazole tab 500 mg 27
metronidazole vaginal gel 0.75% 202
metyrosine cap 250 mg 60
mexiletine hcl cap 150 mg 32
mexiletine hcl cap 200 mg 32
mexiletine hcl cap 250 mg 32
mibelas 24 chw fe 102
miconazole 3 sup 200mg 202
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% 111
micort hc cre 2.5% 119
MICROCHAMBER MIS 173
MICRODOT CON SOL HIGH/LOW 156
microgestin tab 1/20 102
microgestin tab 1.5/30 102
microgestin tab fe 1/20 102
microgestin tab fe1.5/30 102
MICROLET MIS LANCETS 156
MICROLET MIS NEXT 156
MICROLIFE MIS PEAK FLO 173
MICROSPACER MIS 173
MICRO THIN MIS LANC 33G 156
midodrine hcl tab 10 mg 203
midodrine hcl tab 2.5 mg 203
midodrine hcl tab 5 mg 203
MIFEPREX TAB 200MG 130
mifepristone tab 200 mg 130
mifepristone tab 300 mg 50
miglitol tab 100 mg 48
miglitol tab 25 mg 48
miglitol tab 50 mg 48
miglustat cap 100 mg 140
mili tab 0.25/35 102
milnacipran hcl tab 100 mg 192
milnacipran hcl tab 12.5 mg 191
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak 191
milnacipran hcl tab 25 mg 191
milnacipran hcl tab 50 mg 192
milophene tab 50mg 127
mimvey tab 1-0.5mg 132
MINI LANCING MIS DEVICE 156
MINI WRIGHT MIS PFM 173
MINI WRIGHT MIS PFM LOW 173
minocycline hcl cap 100 mg 197
minocycline hcl cap 50 mg 197
minocycline hcl cap 75 mg 197
minocycline hcl tab 100 mg 197
minocycline hcl tab 50 mg 197
minocycline hcl tab 75 mg 197
minoxidil tab 10 mg 65
minoxidil tab 2.5 mg 65
minzoya tab 0.1-20 102
mirabegron granules for oral extended release susp 8 mg/ml 202
mirabegron tab er 24 hr 25 mg 202
mirabegron tab er 24 hr 50 mg 202
MIRAPEX ER TAB 0.375MG 77
MIRAPEX ER TAB 0.75MG 77
MIRAPEX ER TAB 2.25MG 77
MIRAPEX ER TAB 3.75MG 77
MIRAPEX ER TAB 3MG 77
MIRENA IUD SYSTEM 104
mirtazapine orally disintegrating tab 15 mg 44
mirtazapine orally disintegrating tab 30 mg 44
mirtazapine orally disintegrating tab 45 mg 44
mirtazapine tab 15 mg 44
mirtazapine tab 30 mg 44
mirtazapine tab 45 mg 44
mirtazapine tab 7.5 mg 44
misoprostol tab 100 mcg 201
misoprostol tab 200 mcg 201
MITOSOL KIT 0.2MG 185
MIUDELLA IUD 104
MM LANCING MIS DEVICE 156
MM TWIST MIS LANCETS 156
MOBILE LANCE MIS 30G 156
modafinil tab 100 mg 8
modafinil tab 200 mg 8
MODEYSO CAP 125MG 70
moexipril hcl tab 15 mg 60
moexipril hcl tab 7.5 mg 60
molindone hcl tab 10 mg 82
molindone hcl tab 25 mg 82

molindone hcl tab 5 mg 82
mometasone furoate cream 0.1% 119
mometasone furoate oint 0.1% 119
mometasone furoate solution 0.1% (lotion) 119
mondoxyne nl cap 100mg 197
MONOJECT S/P MIS 20ML/LL 168
MONOJECT S/P MIS 20ML/LT 168
MONOJECT S/P MIS 35/CATH 168
MONOJECT S/P MIS 35ML/LL 168
MONOJECT S/P MIS 35ML/REG 168
MONOJECT S/P MIS 60ML/LL 168
MONOJECT S/P MIS 60ML/REG 168
MONOLET MIS LANCETS 156
MONOLET OPD MIS LANCETS 156
MONOLETTOR MIS LANCETS 156
mono-linyah tab 0.25-35 102
montelukast sodium chew tab 4 mg (base equiv) 33
montelukast sodium chew tab 5 mg (base equiv) 33
montelukast sodium oral granules packet 4 mg (base equiv) 33
montelukast sodium tab 10 mg (base equiv) 33
morphine sulfate beads cap er 24hr 120 mg 21
morphine sulfate beads cap er 24hr 30 mg 21
morphine sulfate beads cap er 24hr 45 mg 21
morphine sulfate beads cap er 24hr 60 mg 21
morphine sulfate beads cap er 24hr 75 mg 21
morphine sulfate beads cap er 24hr 90 mg 21
morphine sulfate cap er 24hr 100 mg 22
morphine sulfate cap er 24hr 10 mg 21
morphine sulfate cap er 24hr 20 mg 22
morphine sulfate cap er 24hr 30 mg 22
morphine sulfate cap er 24hr 50 mg 22
morphine sulfate cap er 24hr 60 mg 22
morphine sulfate cap er 24hr 80 mg 22
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 22
morphine sulfate oral soln 10 mg/5ml 22
morphine sulfate oral soln 20 mg/5ml 22
morphine sulfate suppos 10 mg 22
morphine sulfate suppos 20 mg 22
morphine sulfate suppos 30 mg 22
morphine sulfate suppos 5 mg 22
morphine sulfate tab 15 mg 22
morphine sulfate tab 30 mg 22
morphine sulfate tab er 100 mg 22
morphine sulfate tab er 15 mg 22
morphine sulfate tab er 200 mg 22
morphine sulfate tab er 30 mg 22
morphine sulfate tab er 60 mg 22
MOUNJARO INJ 10MG/0.5 51
MOUNJARO INJ 12.5/0.5 51
MOUNJARO INJ 15MG/0.5 51
MOUNJARO INJ 2.5/0.5 51
MOUNJARO INJ 5MG/0.5 51
MOUNJARO INJ 7.5/0.5 51
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 185
moxifloxacin hcl ophth soln 0.5% (base equiv) 185
moxifloxacin hcl tab 400 mg (base equiv) 133
MS CONTIN TAB 100MG ER 22
MS CONTIN TAB 15MG ER 22
MS CONTIN TAB 200MG ER 22
MS CONTIN TAB 30MG ER 22
MS CONTIN TAB 60MG ER 22
MULTAQ TAB 400MG 32
MULTI-LANCET KIT DEVICE 156
MULTI-LANCET MIS DEVICE 156
MULTISTIX 10 TES SG 123
mupirocin oint 2% 111
MYALEPT INJ 11.3MG 129
mycophenolate mofetil cap 250 mg 179
mycophenolate mofetil for oral susp 200 mg/ml 179
mycophenolate mofetil tab 500 mg 179
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 179

mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 179
MYFEMBREE TAB 132
MYFORTIC TAB 180MG 179
MYFORTIC TAB 360MG 179
MYGLUCOHEALT MIS LANC 30G 156
MYGLUCOHEALT SOL LO/NL/HI 157
MYLERAN TAB 2MG 67
MYSOLINE TAB 250MG 41
MYSOLINE TAB 50MG 41

N

nabumetone tab 500 mg 15
nabumetone tab 750 mg 15
nadolol tab 20 mg 90
nadolol tab 40 mg 90
nadolol tab 80 mg 90
naftifine hcl cream 1% 111
naftifine hcl cream 2% 111
naftifine hcl gel 2% 111
NALFON CAP 400MG 15
NALFON TAB 600MG 15
naloxone hcl inj 0.4 mg/ml 54
naloxone hcl inj 4 mg/10ml 54
naloxone hcl nasal spray 4 mg/0.1ml 54
naloxone hcl soln cartridge 0.4 mg/ml 54
naloxone hcl soln prefilled syringe 0.4 mg/ml 54
naloxone hcl soln prefilled syringe 2 mg/2ml 54
naltrexone hcl tab 50 mg 54
NAMENDA TAB 5-10MG 191
NAMZARIC CAP 14-10MG 191
NAMZARIC CAP 21-10MG 191
NAMZARIC CAP 28-10MG 191
NAMZARIC CAP 7-10MG 191
NAPROSYN TAB 500MG 15
naproxen sodium tab 275 mg 15
naproxen sodium tab 550 mg 15
naproxen tab 250 mg 15
naproxen tab 375 mg 15
naproxen tab 500 mg 15
naproxen tab ec 375 mg 15
naproxen tab ec 500 mg 15
naratriptan hcl tab 1 mg (base equiv) 175
naratriptan hcl tab 2.5 mg (base equiv) ...175
NARDIL TAB 15MG 45
NASCOBAL SPR 500MCG 140
NATACYN SUS 5% OP 185
NATAZIA TAB 102
nateglinide tab 120 mg 52
nateglinide tab 60 mg 52
NATESTO GEL 5.5MG 26
NATROBA SUS 0.9% 123
NATURAL COND MIS + LUBE 146
NAYZILAM SPR 5MG 39
nebivolol hcl tab 10 mg (base equivalent) 90
nebivolol hcl tab 2.5 mg (base equivalent) 90
nebivolol hcl tab 20 mg (base equivalent) 90
nebivolol hcl tab 5 mg (base equivalent) ..90
NEBUSAL NEB 3% 107
NEBUSAL NEB 6% 107
necon tab 0.5/35 102
NEEDL COLLEC MIS DISPOSAL 168
NEEDLE COLLE MIS DISPOSAL 168
NEEDLES MIS 18GX1 168
NEEDLES MIS 18GX1.5 168
NEEDLES MIS 19GX1 168
NEEDLES MIS 19GX1.5 168
NEEDLES MIS 20GX1 168
NEEDLES MIS 20GX1.5 168
NEEDLES MIS 21GX1 168
NEEDLES MIS 21GX1.5 168
NEEDLES MIS 22GX1 168
NEEDLES MIS 22GX1.5 168
NEEDLES MIS 23GX1 168
NEEDLES MIS 23GX1.5 168
NEEDLES MIS 23GX5/8 168
NEEDLES MIS 25GX1 168
NEEDLES MIS 25GX1.5 168
NEEDLES MIS 25GX5/8 168
NEEDLES MIS 26X1/2 168
NEEDLES MIS 27GX1/2 168
NEEDLES MIS 30GX1/2 168
nefazodone hcl tab 100 mg 46
nefazodone hcl tab 150 mg 46
nefazodone hcl tab 200 mg 46
nefazodone hcl tab 250 mg 46

nefazodone hcl tab 50 mg 46
NEMLUVIO INJ 30MG.....121
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....185
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 185
neomycin-polymyxin-dexamethasone ophth oint 0.1% 186
neomycin-polymyxin-dexamethasone ophth susp 0.1% 186
neomycin-polymyxin-hc ophth susp 186
neomycin-polymyxin-hc otic soln 1%.....188
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....188
neomycin sulfate tab 500 mg.....8
neo-polycin oin hc 1%op 186
neo-polycin oin op 185
NEORAL CAP 100MG.....179
NEORAL CAP 25MG.....179
NEORAL SOL 100MG/ML.....179
NERLYNX TAB 40MG 73
neuac gel 1.2-5% 109
NEUPRO DIS 1MG/24HR 77
NEUPRO DIS 2MG/24HR 77
NEUPRO DIS 3MG/24HR 77
NEUPRO DIS 4MG/24HR 77
NEUPRO DIS 6MG/24HR 77
NEUPRO DIS 8MG/24HR 77
NEURONTIN CAP 100MG.....41
NEURONTIN CAP 300MG 41
NEURONTIN CAP 400MG 41
NEURONTIN SOL 250/5ML.....41
NEURONTIN TAB 600MG.....41
NEURONTIN TAB 800MG.....41
NEUTEK 2TEK SOL CONTROL.....157
nevirapine susp 50 mg/5ml.....86
nevirapine tab 200 mg 86
nevirapine tab er 24hr 400 mg.....86
NEXLETOL TAB 180MG.....56
NEXLIZET TAB 180/10MG.....56
NEXPLANON IMP 68MG.....104
NEXTSTELLIS TAB 3-14.2MG 102
niacin tab er 1000 mg (antihyperlipidemic) 59
*niacin tab er 500 mg (antihyperlipidemic)*59
*niacin tab er 750 mg (antihyperlipidemic)*59
nicardipine hcl cap 20 mg.....92
nicardipine hcl cap 30 mg.....92
nicotine polacrilex gum 2 mg.....195
nicotine polacrilex gum 4 mg.....195
nicotine polacrilex lozenge 2 mg.....195
nicotine polacrilex lozenge 4 mg.....195
NICOTINE SYS KIT TRANSDER 195
nicotine td patch 24hr 14 mg/24hr.....195
nicotine td patch 24hr 21 mg/24hr.....195
nicotine td patch 24hr 7 mg/24hr 195
NICOTROL NS SPR 10MG/ML.....195
nifedipine cap 10 mg.....92
nifedipine cap 20 mg 92
nifedipine tab er 24hr 30 mg 92
nifedipine tab er 24hr 60 mg 92
nifedipine tab er 24hr 90 mg 92
nifedipine tab er 24hr osmotic release 30 mg 92
nifedipine tab er 24hr osmotic release 60 mg 92
nifedipine tab er 24hr osmotic release 90 mg 92
nikki tab 3-0.02mg 102
*nilotinib hcl cap 150 mg (base equivalent)*73
nilotinib hcl cap 200 mg (base equivalent) 73
nilotinib hcl cap 50 mg (base equivalent) .73
nilutamide tab 150 mg.....69
nimodipine cap 30 mg.....92
nimodipine oral soln 60 mg/20ml (3 mg/ml) 92
NINLARO CAP 2.3MG.....73
NINLARO CAP 3MG.....73
NINLARO CAP 4MG.....73
nintedanib esylate cap 100 mg (base equivalent) 196
nintedanib esylate cap 150 mg (base equivalent) 196
nisoldipine tab er 24hr 17 mg.....92
nisoldipine tab er 24hr 20 mg.....92
nisoldipine tab er 24hr 25.5 mg.....92
nisoldipine tab er 24hr 30 mg.....92

nisoldipine tab er 24hr 34 mg 92
nisoldipine tab er 24hr 40 mg 92
nisoldipine tab er 24hr 8.5 mg 92
nitazoxanide tab 500 mg 28
nitisinone cap 10 mg 129
nitisinone cap 20 mg 129
nitisinone cap 2 mg 129
nitisinone cap 5 mg 129
nitro-bid oin 2% 29
NITRO-DUR DIS 0.1MG/HR 29
NITRO-DUR DIS 0.2MG/HR 29
NITRO-DUR DIS 0.3MG/HR 29
NITRO-DUR DIS 0.4MG/HR 30
NITRO-DUR DIS 0.6MG/HR 30
NITRO-DUR DIS 0.8MG/HR 30
nitrofurantoin macrocrystalline cap 100 mg 29
nitrofurantoin macrocrystalline cap 25 mg 29
nitrofurantoin macrocrystalline cap 50 mg 29
nitrofurantoin monohydrate macrocrystalline cap 100 mg 29
nitrofurantoin susp 25 mg/5ml 29
nitroglycerin oint 0.4% 27
nitroglycerin oint 2% 30
nitroglycerin sl tab 0.3 mg 30
nitroglycerin sl tab 0.4 mg 30
nitroglycerin sl tab 0.6 mg 30
nitroglycerin td patch 24hr 0.1 mg/hr 30
nitroglycerin td patch 24hr 0.2 mg/hr 30
nitroglycerin td patch 24hr 0.4 mg/hr 30
nitroglycerin td patch 24hr 0.6 mg/hr 30
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 30
NITROLINGUAL SPR 400MCG 30
NITROSTAT SUB 0.3MG 30
NITROSTAT SUB 0.4MG 30
NITROSTAT SUB 0.6MG 30
NITRO-TIME CAP 2.5MG ER 30
NITRO-TIME CAP 6.5MG ER 30
NITRO-TIME CAP 9MG ER 30
NIVESTYM INJ 300/0.5 141
NIVESTYM INJ 300MCG 141
NIVESTYM INJ 480/0.8 141
NIVESTYM INJ 480MCG 141
nizatidine cap 150 mg 200
nizatidine cap 300 mg 200
NOCDURNA SUB 27.7MCG 130
NOCDURNA SUB 55.3MCG 130
NOCLOT-50 SOL ACD-A 38
nora-be tab 0.35mg 104
NORDITROPIN INJ 10/1.5ML 128
NORDITROPIN INJ 15/1.5ML 128
NORDITROPIN INJ 30/3ML 128
NORDITROPIN INJ 5/1.5ML 128
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 104
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 102
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 102
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 102
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 102
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 102
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 102
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 102
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 102
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 132
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 132
norethindrone acetate tab 5 mg 189
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 102
norethindrone tab 0.35 mg 105
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 102
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 102
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 102

norlyroc tab 0.35mg.....105
NORM-JECT MIS LUER LOC.....168
NORM-JECT MIS LUER LOK.....168
NORPACE CAP 100MG CR.....31
NORPACE CAP 150MG CR.....31
NORPRAMIN TAB 10MG.....48
NORPRAMIN TAB 25MG.....48
nortrel tab 0.5/35.....102
nortrel tab 1/35.....102
nortrel tab 7/7/7.....102
nortriptyline hcl cap 10 mg.....48
nortriptyline hcl cap 25 mg.....48
nortriptyline hcl cap 50 mg.....48
nortriptyline hcl cap 75 mg.....48
nortriptyline hcl soln 10 mg/5ml.....48
NOVA MAX GLU LIQ /KET CON.....157
NOVA MAX PLS TES KETONE.....123
NOVA SAFETY MIS LANC 23G.....157
NOVA SAFETY MIS LANC 28G.....157
NOVA SUREFLX MIS LANC DEV.....157
NOVA SURE MIS LANCETS.....157
NOVOLIN INJ 70/30.....52
NOVOLIN INJ 70/30 FP.....52
NOVOLIN N INJ 100 UNIT.....52
NOVOLIN N INJ U-100.....52
NOVOLIN R INJ 100 UNIT.....52
NOVOLIN R INJ U-100.....52
NOVOLOG INJ 100/ML.....52
NOVOLOG INJ FLEXPEN.....52
NOVOLOG INJ PENFILL.....52
NOVOLOG MIX INJ 70/30.....52
NOVOLOG MIX INJ FLEXPEN.....52
NOVOPEN ECHO MIS.....168
NOZIN NASAL KIT SANITIZE.....183
NOZIN NASAL MIS SANITIZE.....183
NUBEQA TAB 300MG.....69
NUCALA INJ 100MG/ML.....32
NUCALA INJ 40MG/0.4.....32
NUCORT LOT 2%.....119
NULEV TAB 0.125MG.....199
NUPLAZID CAP 34MG.....79
NUPLAZID TAB 10MG.....79
NURTEC TAB 75MG ODT.....175
NUZYRA TAB 150MG.....196
nyamyc pow 100000.....111
nylia tab 1/35.....102
nylia tab 7/7/7.....102
NYMALIZE SOL.....92
nystatin cream 100000 unit/gm.....111
nystatin oint 100000 unit/gm.....111
nystatin susp 100000 unit/ml.....180
nystatin tab 500000 unit.....55
nystatin topical powder 100000 unit/gm.111
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....111
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....111
nystop pow 100000.....111
NYVEPRIA INJ 6/0.6ML.....141
O
OBTREX TAB.....181
ocella tab 3-0.03mg.....102
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....130
octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....130
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....130
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....130
octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....130
octreotide acetate subcutaneous soln pref syr 100 mcg/ml.....130
octreotide acetate subcutaneous soln pref syr 500 mcg/ml.....130
octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....130
OCUFLOX DRO 0.3% OP.....185
ODACTRA SUB.....8
ODEFSEY TAB.....86
ODOMZO CAP 200MG.....68
OFEV CAP 100MG.....196
OFEV CAP 150MG.....196
ofloxacin ophth soln 0.3%.....185
ofloxacin otic soln 0.3%.....188
ofloxacin tab 300 mg.....133
ofloxacin tab 400 mg.....133

OJJAARA TAB 100MG....73
OJJAARA TAB 150MG....73
OJJAARA TAB 200MG....73
olanzapine-fluoxetine hcl cap 12-25 mg ..191
olanzapine-fluoxetine hcl cap 12-50 mg ..191
olanzapine-fluoxetine hcl cap 3-25 mg 191
olanzapine-fluoxetine hcl cap 6-25 mg 191
olanzapine-fluoxetine hcl cap 6-50 mg 191
olanzapine for im inj 10 mg 81
olanzapine orally disintegrating tab 10 mg 81
olanzapine orally disintegrating tab 15 mg 81
olanzapine orally disintegrating tab 20 mg 81
olanzapine orally disintegrating tab 5 mg .81
olanzapine tab 10 mg....81
olanzapine tab 15 mg....81
olanzapine tab 2.5 mg 81
olanzapine tab 20 mg 81
olanzapine tab 5 mg 81
olanzapine tab 7.5 mg 81
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg ..64
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 64
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg...64
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg ..64
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 64
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....64
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....64
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....64
olmesartan medoxomil tab 20 mg 61
olmesartan medoxomil tab 40 mg 61
olmesartan medoxomil tab 5 mg.....61
olopatadine hcl nasal soln 0.6%.....183
OLUMIANT TAB 1MG 11
OLUMIANT TAB 2MG....11
OLUMIANT TAB 4MG....11
omega-3-acid ethyl esters cap 1 gm 56
omeprazole cap delayed release 10 mg .200
omeprazole cap delayed release 20 mg 200
omeprazole cap delayed release 40 mg 200
OMNIFLEX DPR 146
OMNIPOD 5 DX KIT INT G7G6....157
OMNIPOD 5 DX MIS POD G7G6....157
OMNIPOD5 LIB KIT INTRO....157
OMNIPOD5 LIB MIS PODS....157
OMNIPOD DASH KIT INTRO 157
OMNIPOD DASH KIT PDM 157
OMNIPOD DASH MIS PODS 157
OMNIPOD MIS CLASSIC 157
ondansetron hcl oral soln 4 mg/5ml 54
ondansetron hcl tab 24 mg....54
ondansetron hcl tab 4 mg 54
ondansetron hcl tab 8 mg 54
ondansetron orally disintegrating tab 4 mg 54
ondansetron orally disintegrating tab 8 mg 54
ONETOUCH LIQ ULT CONT 157
ONETOUCH LIQ ULTRA....157
ONETOUCH LIQ VERIO....157
ONETOUCH LIQ VERIO 4....157
ONEXTON GEL 1.2-3.75....109
ON-THE-GO MIS LANC 30G....157
ONUREG TAB 200MG 67
ONUREG TAB 300MG 67
OPILL TAB 0.075MG....105
opium tincture 1% (10 mg/ml) (morphine equiv) 53
OPSUMIT TAB 10MG 97
OPSYNVI TAB 10-20MG....94
OPSYNVI TAB 10-40MG 94
OPTICHAMBER MIS DIA LG....173
OPTICHAMBER MIS DIA MD 174
OPTICHAMBER MIS DIAMOND....174
OPTICHAMBER MIS DIA SM....174
OPZELURA CRE 1.5%....120
ORACEA CAP 40MG 122
ORACIT SOL 137
ORALAIR SUB 300 IR....8
oralone dent pst 0.1% 181
ORAPRED ODT TAB 10MG....106

ORAPRED ODT TAB 15MG.....106
ORAPRED ODT TAB 30MG.....106
ORAVIG TAB 50MG.....180
ORENCIA CLCK INJ 125MG/ML.....17
ORENCIA INJ 125MG/ML.....17
ORENCIA INJ 50/0.4ML.....17
ORENCIA INJ 87.5/0.7.....17
ORENITRAM TAB 0.125MG.....96
ORENITRAM TAB 0.25MG.....96
ORENITRAM TAB 1MG.....96
ORENITRAM TAB 2.5MG.....96
ORENITRAM TAB 5MG.....96
ORENITRAM TAB MONTH 1.....96
ORENITRAM TAB MONTH 2.....96
ORENITRAM TAB MONTH 3.....96
ORFADIN CAP 10MG.....129
ORFADIN CAP 20MG.....129
ORFADIN CAP 2MG.....129
ORFADIN CAP 5MG.....129
ORFADIN SUS 4MG/ML.....129
ORGOVYX TAB 120MG.....69
ORIAHNN CAP.....132
ORILISSA TAB 150MG.....127
ORILISSA TAB 200MG.....127
ORKAMBI GRA 100-125.....195
ORKAMBI GRA 150-188.....196
ORKAMBI GRA 75-94MG.....195
ORKAMBI TAB 100-125.....196
ORKAMBI TAB 200-125.....196
ORLADEYO CAP 110MG.....139
ORLADEYO CAP 150MG.....139
ORLADEYO PAK 108MG.....139
ORLADEYO PAK 132MG.....139
ORLADEYO PAK 72MG.....139
ORLADEYO PAK 96MG.....139
orlistat cap 120 mg.....4
ORLYNVAH TAB 500-500.....29
ormalvi tab 50mg.....124
orphenadrine citrate tab er 12hr 100 mg.....182
orquidea tab 0.35mg.....105
OSCIMIN SUB 0.125MG.....199
OSCIMIN TAB 0.125MG.....199
oseltamivir phosphate cap 30 mg (base equiv).....88
oseltamivir phosphate cap 45 mg (base equiv).....88
oseltamivir phosphate cap 75 mg (base equiv).....88
oseltamivir phosphate for susp 6 mg/ml (base equiv).....88
OTEZLA/XR TAB 28 DAY.....17
OTEZLA TAB 10/20.....16
OTEZLA TAB 10/20/30.....16
OTEZLA TAB 20MG.....16
OTEZLA TAB 30MG.....16
OTEZLA XR TAB 75MG.....16
OTREXUP INJ 10MG.....12
OTREXUP INJ 12.5/0.4.....12
OTREXUP INJ 15MG.....12
OTREXUP INJ 17.5/0.4.....12
OTREXUP INJ 20MG.....12
OTREXUP INJ 22.5/0.4.....12
OTREXUP INJ 25MG.....12
OVACE PLUS CRE 10%.....116
OVACE PLUS GEL 10% WASH.....116
OVACE PLUS LIQ 10% WASH.....116
OVACE PLUS LOT 9.8%.....116
OVACE PLUS SHA 10%.....117
OVACE WASH LIQ 10%.....117
OVAL TAPE MIS.....157
OVIDE LOT 0.5%.....123
oxaprozin cap 300 mg.....15
oxaprozin tab 600 mg.....15
oxazepam cap 10 mg.....31
oxazepam cap 15 mg.....31
oxazepam cap 30 mg.....31
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....41
oxcarbazepine tab 150 mg.....41
oxcarbazepine tab 300 mg.....41
oxcarbazepine tab 600 mg.....41
oxcarbazepine tab er 24hr 150 mg.....41
oxcarbazepine tab er 24hr 300 mg.....41
oxcarbazepine tab er 24hr 600 mg.....41
OXERVATE SOL 20MCG/ML.....186
oxiconazole nitrate cream 1%.....111
OXTELLAR XR TAB 150MG.....41
OXTELLAR XR TAB 300MG.....41

OXTELLAR XR TAB 600MG 41
oxybutynin chloride solution 5 mg/5ml...201
oxybutynin chloride tab 2.5 mg 201
oxybutynin chloride tab 5 mg 201
oxybutynin chloride tab er 24hr 10 mg 201
oxybutynin chloride tab er 24hr 15 mg 201
oxybutynin chloride tab er 24hr 5 mg.....201
oxycodone hcl cap 5 mg 22
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 23
oxycodone hcl soln 5 mg/5ml 23
oxycodone hcl tab 10 mg 23
oxycodone hcl tab 15 mg 23
oxycodone hcl tab 20 mg.....23
oxycodone hcl tab 30 mg.....23
oxycodone hcl tab 5 mg 23
oxycodone w/ acetaminophen tab 10-325 mg.....25
oxycodone w/ acetaminophen tab 2.5-325 mg 24
oxycodone w/ acetaminophen tab 5-325 mg.....25
oxycodone w/ acetaminophen tab 7.5-325 mg.....25
oxymetazoline hcl cream 1% 122
oxymorphone hcl tab 10 mg 23
oxymorphone hcl tab 5 mg 23
OZEMPIC INJ 2MG/3ML.....51
OZEMPIC INJ 4MG/3ML 51
OZEMPIC INJ 8MG/3ML 51
OZEMPIC TAB 1.5MG 51
OZEMPIC TAB 4MG.....51
OZEMPIC TAB 9MG.....51

P

pacerone tab 100mg.....32
pacerone tab 200mg 32
pacerone tab 400mg 32
paliperidone tab er 24hr 1.5 mg.....79
paliperidone tab er 24hr 3 mg 79
paliperidone tab er 24hr 6 mg 79
paliperidone tab er 24hr 9 mg 79
PAMELOR CAP 10MG.....48
PAMELOR CAP 25MG 48
PAMELOR CAP 50MG.....48
PAMELOR CAP 75MG 48
PANDA MASK MIS LARGE 174
PANDA MASK MIS MEDIUM 174
PANDA MASK MIS PEDIATRI 174
PANDA MASK MIS SMALL.....174
PANDEL CRE 0.1% 119
PANRETIN GEL 0.1%.....112
pantoprazole sodium ec tab 20 mg (base equiv).....200
pantoprazole sodium ec tab 40 mg (base equiv).....200
PARAGARD IUD T380A 104
paricalcitol cap 1 mcg.....129
paricalcitol cap 2 mcg.....129
paricalcitol cap 4 mcg.....129
PARI VORTEX MIS ADL MASK.....174
PARLODEL CAP 5MG 77
PARLODEL TAB 2.5MG 77
PARNATE TAB 10MG.....45
paroxetine hcl oral susp 10 mg/5ml (base equiv) 46
paroxetine hcl tab 10 mg.....46
paroxetine hcl tab 20 mg 46
paroxetine hcl tab 30 mg 46
paroxetine hcl tab 40 mg 46
paroxetine hcl tab er 24hr 12.5 mg 46
paroxetine hcl tab er 24hr 25 mg.....46
paroxetine hcl tab er 24hr 37.5 mg.....46
PAXLOVID PAK 86
PAXLOVID TAB 150-100 86
PAXLOVID TAB 300-100.....86
pazopanib hcl tab 200 mg (base equiv) 73
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml 200
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg.....200
PEAK AIR FLO MIS ADLT/PED 174
PEAK A-I-R MIS FLW METR 174
PEAK FLOW MIS METER 174
PEAK FLW MTR MIS ADULT 174
PEAK FLW MTR MIS CHILD 174
PEAK FLW MTR MIS UNIVERSL 174
PEDIAPRED SOL 5MG/5ML.....106

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 143
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 144
PEG-PREP KIT 144
PELLIX SOL 0.005% 114
penciclovir cream 1% 117
penicillamine cap 250 mg 177
penicillamine tab 250 mg 177
penicillin v potassium for soln 125 mg/5ml 188
penicillin v potassium for soln 250 mg/5ml 188
penicillin v potassium tab 250 mg 188
penicillin v potassium tab 500 mg 188
pentazocine w/ naloxone hcl tab 50-0.5 mg 26
pentoxifylline tab er 400 mg 139
PEPCID TAB 40MG 200
perampanel susp 0.5 mg/ml 38
perampanel tab 10 mg 38
perampanel tab 12 mg 38
perampanel tab 2 mg 38
perampanel tab 4 mg 38
perampanel tab 6 mg 38
perampanel tab 8 mg 38
PERFECT 28G MIS LANCETS 157
PERFECT 30G MIS LANCETS 157
PERFECT POIN MIS 25GX1 168
PERFOROMIST NEB 20MCG 35
PERIDEX SOL 0.12% 180
perindopril erbumine tab 2 mg 60
perindopril erbumine tab 4 mg 60
perindopril erbumine tab 8 mg 60
periogard sol 0.12% 180
permethrin cream 5% 123
perphenazine-amitriptyline tab 2-10 mg .. 191
perphenazine-amitriptyline tab 2-25 mg . 191
perphenazine-amitriptyline tab 4-10 mg .. 191
perphenazine-amitriptyline tab 4-25 mg . 191
perphenazine-amitriptyline tab 4-50 mg . 191
perphenazine tab 16 mg 83
perphenazine tab 2 mg 83
perphenazine tab 4 mg 83
perphenazine tab 8 mg 83
PERSERIS INJ 120MG 79
PERSERIS INJ 90MG 79
PERSONAL BES MIS FULL RNG 174
PHARMACY COU MIS LANCETS 157
PHARM SYRNG MIS TRAY 1ML 168
PHARM TRAY MIS 12ML/LL 168
PHARM TRAY MIS 1ML/REG 168
PHARM TRAY MIS 20ML/LL 168
PHARM TRAY MIS 35ML/LL 168
PHARM TRAY MIS 3ML/LL 168
PHARM TRAY MIS 60ML/LL 168
PHARM TRAY MIS 6ML 168
PHEBURANE MIS 483/GM 129
phenazopyridine hcl tab 100 mg 138
phenazopyridine hcl tab 200 mg 138
phenazo tab 200mg 138
phendimetrazine tartrate tab 35 mg 3
phenelzine sulfate tab 15 mg 45
phenobarbital elixir 20 mg/5ml 142
phenobarbital tab 100 mg 142
phenobarbital tab 15 mg 142
phenobarbital tab 16.2 mg 142
phenobarbital tab 30 mg 142
phenobarbital tab 32.4 mg 142
phenobarbital tab 60 mg 142
phenobarbital tab 64.8 mg 142
phenobarbital tab 97.2 mg 142
PHENOHYTRO ELX 200
PHENOHYTRO TAB 200
phenoxybenzamine hcl cap 10 mg 60
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% 184

phenylephrine hcl ophth soln 2.5% 184
phenytek cap 200mg 43
phenytek cap 300mg 43
phenytoin chew tab 50 mg 43
phenytoin sodium extended cap 100 mg .43
phenytoin sodium extended cap 200 mg.43
phenytoin sodium extended cap 300 mg.43
phenytoin susp 125 mg/5ml 43
PHEXX GEL 202
PHEXXI GEL 202
philith tab 0.4-35 102
PHOSPHOLINE SOL 0.125%OP.....184
phytonadione tab 5 mg 203
PIKO 1 MIS ELECTRON 174
pilocarpine hcl ophth soln 1% 184
pilocarpine hcl ophth soln 2% 184
pilocarpine hcl ophth soln 4% 184
pilocarpine hcl tab 5 mg 181
pilocarpine hcl tab 7.5 mg 181
pimecrolimus cream 1% 121
pimozide tab 1 mg.....194
pimozide tab 2 mg 195
pimtrea tab 102
pindolol tab 10 mg.....90
pindolol tab 5 mg 90
pioglitazone hcl-glimepiride tab 30-2 mg 49
pioglitazone hcl-glimepiride tab 30-4 mg 49
pioglitazone hcl-metformin hcl tab 15-500 mg 49
pioglitazone hcl-metformin hcl tab 15-850 mg 49
pioglitazone hcl tab 15 mg (base equiv) 52
pioglitazone hcl tab 30 mg (base equiv) ...52
pioglitazone hcl tab 45 mg (base equiv) ...52
PIP CONTROL LIQ 157
PIP LANCETS MIS 28G 157
PIP LANCETS MIS 30G 157
PIQRAY 200MG TAB DOSE 73
PIQRAY 250MG TAB DOSE 73
PIQRAY 300MG TAB DOSE 73
pirfenidone cap 267 mg.....196
pirfenidone tab 267 mg 196
pirfenidone tab 534 mg 196
pirfenidone tab 801 mg.....196
piroxicam cap 10 mg 15
piroxicam cap 20 mg.....15
PISTON IRRIG MIS 60ML SYR 169
pitavastatin calcium tab 1 mg 58
pitavastatin calcium tab 2 mg 58
pitavastatin calcium tab 4 mg 58
PIVYA TAB 185MG.....188
PLAQUENIL TAB 200MG 65
PLEGRIDY INJ 193
PLEGRIDY INJ PEN.....193
PLEGRIDY INJ STARTER 194
PLEGRIDY PEN INJ STARTER.....194
PLEXION CLTH PAD 9.8-4.8% 109
PLEXION CRE 9.8-4.8% 109
PLEXION LIQ 9.8-4.8%.....109
PLEXION LOT 9.8-4.8% 109
PLEXION NS SHA 9.8% 117
pnv-dha cap 181
pnv-select tab 181
POCKET CHAMB MIS 174
POCKETCHEM SOL EZ 157
POCKET PEAK MIS METER.....174
POCKETPEAK MIS MTR LOW 174
POCKET SPACE MIS 174
PODOCON-25 SOL 121
podofilox gel 0.5% 121
podofilox soln 0.5% 121
polycin oin op 185
POLY HUB MIS 18GX1 169
POLY HUB MIS 18GX1.5 169
POLY HUB MIS 20GX1 169
POLY HUB MIS 21GX1 169
POLY HUB MIS 21GX1.5 169
POLY HUB MIS 22GX1.....169
POLY HUB MIS 22GX1.5 169
POLY HUB MIS 23GX1.....169
POLY HUB MIS 23GX1.5 169
POLY HUB MIS 25GX1.....169
POLY HUB MIS 25GX1.5 169
POLY HUB MIS 25GX5/8.....169
POLY HUB MIS 27GX1/2.....169
POLY HUB MIS 27GX1.25 169
POLY HUB MIS 30GX1/2 169

polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....185
pomalidomide cap 1 mg.....69
pomalidomide cap 2 mg.....69
pomalidomide cap 3 mg.....69
pomalidomide cap 4 mg.....69
POMALYST CAP 1MG.....70
POMALYST CAP 2MG.....70
POMALYST CAP 3MG.....70
POMALYST CAP 4MG.....70
PONVORY TAB 20MG.....194
PONVORY TAB STARTER.....194
portia-28 tab.....103
posaconazole susp 40 mg/ml.....55
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml.....137
potassium chloride cap er 10 meq.....177
potassium chloride cap er 8 meq.....177
potassium chloride microencapsulated crys er tab 10 meq.....177
potassium chloride microencapsulated crys er tab 15 meq.....177
potassium chloride microencapsulated crys er tab 20 meq.....177
potassium chloride oral soln 10% (20 meq/15ml).....177
potassium chloride oral soln 20% (40 meq/15ml).....177
potassium chloride powder packet 20 meq.....177
potassium chloride tab er 10 meq.....177
potassium chloride tab er 15 meq.....177
potassium chloride tab er 20 meq (1500 mg).....177
potassium chloride tab er 8 meq (600 mg).....177
potassium citrate & citric acid soln 1100-334 mg/5ml.....137
potassium citrate tab er 10 meq (1080 mg).....137
potassium citrate tab er 15 meq (1620 mg).....137
*potassium citrate tab er 5 meq (540 mg)*137
POVIDONE IOD SOL 5%.....185
pramipexole dihydrochloride tab 0.125 mg.....77
*pramipexole dihydrochloride tab 0.25 mg*77
pramipexole dihydrochloride tab 0.5 mg..77
*pramipexole dihydrochloride tab 0.75 mg*77
pramipexole dihydrochloride tab 1.5 mg..77
pramipexole dihydrochloride tab 1 mg.....77
pramipexole dihydrochloride tab er 24hr 0.375 mg.....77
pramipexole dihydrochloride tab er 24hr 0.75 mg.....77
pramipexole dihydrochloride tab er 24hr 1.5 mg.....77
pramipexole dihydrochloride tab er 24hr 2.25 mg.....77
pramipexole dihydrochloride tab er 24hr 3.75 mg.....77
pramipexole dihydrochloride tab er 24hr 3 mg.....77
pramipexole dihydrochloride tab er 24hr 4.5 mg.....77
PRAMOSONE CRE 1-1%.....119
PRAMOSONE LOT 1%.....119
PRAMOSONE LOT 1-1%.....119
PRAMOSONE LOT 2.5%.....119
PRAMOSONE OIN 1%.....119
PRAMOSONE OIN 1-1%.....119
PRAMOSONE OIN 2.5%.....119
pramoxine-hc cream 1-2.5%.....119
prasugrel hcl tab 10 mg (base equiv).....140
prasugrel hcl tab 5 mg (base equiv).....140
pravastatin sodium tab 10 mg.....58
pravastatin sodium tab 20 mg.....58
pravastatin sodium tab 40 mg.....58
pravastatin sodium tab 80 mg.....58
praziquantel tab 600 mg.....27
prazosin hcl cap 1 mg.....62
prazosin hcl cap 2 mg.....62
prazosin hcl cap 5 mg.....62
PR BENZOYL LIQ 7% WASH.....109
PRECISIONGLI MIS 27GX1.5.....169
PRECISION LIQ GLUC/KET.....157
PRECISN XTRA TES KETONE.....123
prednisolone acetate ophth susp 1%.....186

prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....106
prednisolone sod phos orally disintegr tab 10 mg (base eq) 106
prednisolone sod phos orally disintegr tab 15 mg (base eq).....106
prednisolone sod phos orally disintegr tab 30 mg (base eq).....106
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....106
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....106
prednisolone soln 15 mg/5ml 106
PREDNISOLONE SUS 1%.....186
prednisolone tab 5 mg.....106
PREDNISONE CON 5MG/ML.....106
prednisone oral soln 5 mg/5ml 106
prednisone tab 10 mg 106
prednisone tab 1 mg.....106
prednisone tab 2.5 mg.....106
prednisone tab 20 mg.....106
prednisone tab 50 mg.....106
prednisone tab 5 mg 106
prednisone tab delayed release 1 mg.....106
prednisone tab delayed release 2 mg 106
prednisone tab delayed release 5 mg 106
prednisone tab therapy pack 10 mg (21) .106
prednisone tab therapy pack 10 mg (48) 106
prednisone tab therapy pack 5 mg (21)...106
prednisone tab therapy pack 5 mg (48)..106
PRED SOD PHO SOL 1% OP.....186
pregabalin cap 100 mg.....41
pregabalin cap 150 mg.....41
pregabalin cap 200 mg.....41
pregabalin cap 225 mg.....42
pregabalin cap 25 mg.....41
pregabalin cap 300 mg 42
pregabalin cap 50 mg 41
pregabalin cap 75 mg.....41
pregabalin soln 20 mg/ml.....42
pregabalin tab er 24hr 165 mg.....194
pregabalin tab er 24hr 330 mg 194
pregabalin tab er 24hr 82.5 mg 194
PREGNYL INJ 10000UNT 127
PREMARIN INJ 25MG 133
PRENATAL TAB 181
PRENATAL TAB 28-0.8MG 181
PRENATAL TAB MULTIVIT.....181
PRENATAL VIT TAB MINERALS 181
PREPIDIL GEL 0.5MG/3G.....188
PREP PADS PAD 162
PRETOMANID TAB 200MG 66
prevalite pow 4gm 57
prevalite pow 4gm pk 57
PREVYMIS PAK 120MG.....86
PREVYMIS PAK 20MG 86
PREVYMIS TAB 240MG 87
PREVYMIS TAB 480MG 87
PREZCOBIX TAB 675/150.....86
PREZCOBIX TAB 800-150 86
PRIFTIN TAB 150MG.....66
primaquine phosphate tab 26.3 mg (15 mg base) 66
PRIMAQUINE TAB 26.3MG.....66
primidone tab 250 mg 42
primidone tab 50 mg 42
PRISMASOL SOL 0/0/1.2 178
PRISMASOL SOL 0/2.5.....178
PRISMASOL SOL 2/0 178
PRISMASOL SOL 2/3.5 178
PRISMASOL SOL 4/0/1.2 178
PRISMASOL SOL 4/2.5.....178
PRISMASOL SOL B22GK4/0.....178
probenecid tab 500 mg 138
PROCARDIA XL TAB 30MG.....92
PROCARDIA XL TAB 60MG.....92
PROCARDIA XL TAB 90MG.....92
PROCARE MIS ADULT 174
PROCARE MIS CHILD 174
procentra sol 5mg/5ml.....2
prochlorperazine edisylate inj 10 mg/2ml.83
prochlorperazine maleate tab 10 mg (base equivalent).....83
prochlorperazine maleate tab 5 mg (base equivalent).....83
prochlorperazine suppos 25 mg 83
PRO COMFORT MIS 31G 157
PRO COMFORT MIS LANC 30G 157

PRO COMFORT MIS LANCETS.....157
PRO COMFORT PAD ALCOHOL.....162
PROCRIT INJ 10000/ML.....141
PROCRIT INJ 2000/ML.....141
PROCRIT INJ 20000/ML.....141
PROCRIT INJ 3000/ML.....141
PROCRIT INJ 4000/ML.....141
PROCRIT INJ 40000/ML.....142
PROCTOFOAM AER HC 1%.....27
procto-med cre hc 2.5%.....27
proctosol hc cre 2.5%.....27
proctozone cre -hc 2.5%.....27
PRODIGY MIS 26G.....157
PRODIGY MIS 28G.....157
PRODIGY MIS LANC DEV.....157
PRODIGY SOL HIGH.....157
PRODIGY SOL LOW.....157
progesterone cap 100 mg.....189
progesterone cap 200 mg.....189
progesterone im in oil 50 mg/ml.....189
progesterone vaginal insert 100 mg.....203
PROGLYCEM SUS 50MG/ML.....50
PROGRAF CAP 0.5MG.....179
PROGRAF CAP 1MG.....179
PROGRAF CAP 5MG.....179
PROGRAF GRA 0.2MG.....179
PROGRAF GRA 1MG.....179
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....107
promethazine-dm syrup 6.25-15 mg/5ml.....107
promethazine hcl oral soln 6.25 mg/5ml..56
promethazine hcl suppos 12.5 mg.....56
promethazine hcl suppos 25 mg.....56
promethazine hcl tab 12.5 mg.....56
promethazine hcl tab 25 mg.....56
promethazine hcl tab 50 mg.....56
promethazine w/ codeine syrup 6.25-10 mg/5ml.....107
promethegan sup 12.5mg.....56
promethegan sup 25mg.....56
promethegan sup 50mg.....56
prometh vc syp 6.25-5/5.....107
propafenone hcl cap er 12hr 225 mg.....32
propafenone hcl cap er 12hr 325 mg.....32
propafenone hcl cap er 12hr 425 mg.....32
propafenone hcl tab 150 mg.....32
propafenone hcl tab 225 mg.....32
propafenone hcl tab 300 mg.....32
proparacaine hcl ophth soln 0.5%.....186
propranolol hcl cap er 24hr 120 mg.....90
propranolol hcl cap er 24hr 160 mg.....90
propranolol hcl cap er 24hr 60 mg.....90
propranolol hcl cap er 24hr 80 mg.....90
propranolol hcl oral soln 20 mg/5ml.....90
propranolol hcl oral soln 40 mg/5ml.....90
propranolol hcl tab 10 mg.....90
propranolol hcl tab 20 mg.....90
propranolol hcl tab 40 mg.....90
propranolol hcl tab 60 mg.....90
propranolol hcl tab 80 mg.....90
propylthiouracil tab 50 mg.....197
PROSCAR TAB 5MG.....138
protriptyline hcl tab 10 mg.....48
protriptyline hcl tab 5 mg.....48
PROVERA TAB 10MG.....189
PROVERA TAB 2.5MG.....189
PROVERA TAB 5MG.....189
prucalopride succinate tab 1 mg (base equivalent).....133
prucalopride succinate tab 2 mg (base equivalent).....133
PRUDOXIN CRE 5%.....112
pruradik lot 10%.....123
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....107
PULMICORT INH 180MCG.....34
PULMICORT INH 90MCG.....34
PULMOSAL NEB 7%.....107
PULMOZYME SOL 1MG/ML.....196
PURE COMFORT MIS 30G LAN.....157
PURE COMFORT MIS SPACER.....174
PURE COMFORT PAD.....162
PURIXAN SUS 20MG/ML.....67
PX LANCETS MIS 28G.....157
PX LANCETS MIS 33G.....157
PYLERA CAP.....201
pyquvi sus 22.75mg.....107

pyrazinamide tab 500 mg.....66
PYRIDIUM TAB 100MG.....138
PYRIDIUM TAB 200MG.....138
pyridostigmine bromide oral soln 60 mg/5ml.....66
pyridostigmine bromide tab 60 mg.....66
pyridostigmine bromide tab er 180 mg.....66
pyrimethamine tab 25 mg.....66
PYROGALL ACD OIN.....121
PYZCHIVA INJ 45/0.5ML.....114
PYZCHIVA INJ 90MG/ML.....115
Q
QBRELIS SOL 1MG/ML.....60
QBREXZA PAD 2.4%.....122
QC ALCOHOL PAD SWABS.....162
QC LANCETS MIS 28G.....157
QC LANCETS MIS 30G.....158
QC LANCING MIS DEVICE.....158
QELBREE CAP 100MG ER.....6
QELBREE CAP 150MG ER.....6
QELBREE CAP 200MG ER.....6
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.....66
QUDEXY XR CAP 100/24HR.....42
QUDEXY XR CAP 150/24HR.....42
QUDEXY XR CAP 200/24HR.....42
QUDEXY XR CAP 25/24HR.....42
QUDEXY XR CAP 50/24HR.....42
QUESTRAN POW 4GM.....57
QUESTRAN POW 4GM LITE.....57
quetiapine fumarate tab 100 mg.....81
quetiapine fumarate tab 150 mg.....81
quetiapine fumarate tab 200 mg.....81
quetiapine fumarate tab 25 mg.....81
quetiapine fumarate tab 300 mg.....81
quetiapine fumarate tab 400 mg.....81
quetiapine fumarate tab 50 mg.....81
quetiapine fumarate tab er 24hr 150 mg...81
quetiapine fumarate tab er 24hr 200 mg..81
quetiapine fumarate tab er 24hr 300 mg..81
quetiapine fumarate tab er 24hr 400 mg..81
quetiapine fumarate tab er 24hr 50 mg.....81
QUICKTEK LIQ SOLUTION.....158
quinapril hcl tab 10 mg.....60
quinapril hcl tab 20 mg.....60
quinapril hcl tab 40 mg.....60
quinapril hcl tab 5 mg.....60
quinapril-hydrochlorothiazide tab 10-12.5 mg.....64
quinidine gluconate tab er 324 mg.....32
quinine sulfate cap 324 mg.....66
QUINTET CONT SOL HGH/NORM.....158
QULIPTA TAB 10MG.....175
QULIPTA TAB 30MG.....175
QULIPTA TAB 60MG.....175
R
RA ALCOHOL PAD SWABS.....162
RABEPRAZOLE CAP 10MG DR.....200
rabeprazole sodium ec tab 20 mg.....200
RADICAVA ORS SUS 105/5ML.....183
RADICAVA ORS SUS STARTER.....183
RADIOGARDASE CAP 0.5GM.....53
RA E-ZJECT MIS 28G.....158
RA E-ZJECT MIS THIN 26G.....158
RA E-ZJECT MIS THIN 28G.....158
RA E-ZJECT MIS ULT THIN.....158
RAGWITEK SUB.....8
raloxifene hcl tab 60 mg.....128
ramelteon tab 8 mg.....143
ramipril cap 1.25 mg.....60
ramipril cap 10 mg.....60
ramipril cap 2.5 mg.....60
ramipril cap 5 mg.....60
ranolazine tab er 12hr 1000 mg.....29
ranolazine tab er 12hr 500 mg.....29
RAPAMUNE TAB 0.5MG.....179
RAPAMUNE TAB 1MG.....179
RAPID-SAFE MIS LANCING.....158
RA PRENATAL TAB 28-0.8MG.....181
RA PRENATAL TAB FORMULA.....181
rasagiline mesylate tab 0.5 mg (base equiv).....78
*rasagiline mesylate tab 1 mg (base equiv)*78
RASUVO INJ 10MG.....13
RASUVO INJ 12.5MG.....13

RASUVO INJ 15MG 13
RASUVO INJ 17.5MG 13
RASUVO INJ 20MG 13
RASUVO INJ 22.5MG 13
RASUVO INJ 25MG.....13
RASUVO INJ 30MG 13
RASUVO INJ 7.5MG.....12
READYLANCE MIS 21G.....158
READYLANCE MIS 23G 158
READYLANCE MIS 26G 158
READYLANCE MIS 28G 158
READYLANCE MIS 30G.....158
REALITY MIS LANCETS 158
REALITY MIS LUBRICAT.....146
REALITY SWAB PAD 162
REALITY TRIG MIS LANCETS 158
REALITY ULTR MIS TEXTURED 146
REALITY ULTR MIS THIN.....146
REBIF INJ 22/0.5 194
REBIF INJ 44/0.5.....194
REBIF REBIDO INJ 22/0.5 194
REBIF REBIDO INJ 44/0.5.....194
REBIF REBIDO INJ TITRATN 194
REBIF TITRTN INJ PACK 194
reclipsen tab.....103
RECTIV OIN 0.4%.....27
REFUAH PLUS SOL CONTROL 158
REGIOCIT SOL.....178
REGLAN TAB 10MG.....134
REGLAN TAB 5MG 134
REGRANEX GEL 0.01% 123
RELENZA MIS DISKHALE.....88
RELION KIT LANCING.....158
RELION LANCE MIS THIN 26G 158
RELION LANCE MIS THIN 30G.....158
RELION LANCI MIS DEVICE.....158
RELION MICRO MIS THIN 33G 158
RELION TES KETONE.....123
RELION TRUE TES METRIX 124
RELION ULTRA MIS THIN 30G 158
RELION ULTRA MIS THIN PLS.....158
RELPAX TAB 20MG.....175
RELPAX TAB 40MG.....175
REMERON SLTB TAB 15MG 44
REMERON SLTB TAB 30MG.....44
REMERON SLTB TAB 45MG.....44
REMERON TAB 15MG.....44
REMERON TAB 30MG.....44
repaglinide tab 0.5 mg 52
repaglinide tab 1 mg.....52
repaglinide tab 2 mg 52
REPATHA INJ 140MG/ML 59
REPATHA PUSH INJ 420/3.5 59
REPATHA SURE INJ 140MG/ML.....59
RESTASIS EMU 0.05% OP 186
RESTASIS MUL EMU 0.05% OP 186
RESTORIL CAP 15MG.....143
RESTORIL CAP 22.5MG.....143
RESTORIL CAP 30MG.....143
RESTORIL CAP 7.5MG 143
RETACRIT INJ 10000UNT 142
RETACRIT INJ 20000UNI.....142
RETACRIT INJ 2000UNIT.....142
RETACRIT INJ 3000UNIT.....142
RETACRIT INJ 40000UNT 142
RETACRIT INJ 4000UNIT.....142
RETEVMO CAP 40MG 73
RETEVMO CAP 80MG 73
RETEVMO TAB 120MG 73
RETEVMO TAB 160MG 73
RETEVMO TAB 40MG.....73
RETEVMO TAB 80MG.....73
RETIN-A CRE 0.025%.....109
RETIN-A CRE 0.05% 109
RETIN-A CRE 0.1% 109
RETIN-A GEL 0.01%.....110
RETIN-A GEL 0.025%.....110
RETROVIR CAP 100MG.....86
RETROVIR SYP 50MG/5ML 86
REVUFORJ TAB 110MG 70
REVUFORJ TAB 160MG 70
REVUFORJ TAB 25MG 70
REXULTI TAB 0.25MG 83
REXULTI TAB 0.5MG 83
REXULTI TAB 1MG 84
REXULTI TAB 2MG.....84
REXULTI TAB 3MG.....84
REXULTI TAB 4MG.....84

REYVOW TAB 100MG 176
REYVOW TAB 50MG 175
REZDIFFRA TAB 100MG 134
REZDIFFRA TAB 60MG 134
REZDIFFRA TAB 80MG 134
ribavirin cap 200 mg 87
ribavirin tab 200 mg 87
RIDAURA CAP 3MG 13
rifabutin cap 150 mg 66
rifampin cap 150 mg 66
rifampin cap 300 mg 66
rifapentine tab 150 mg 66
RIGHTEST ALT MIS ADAPTOR 158
RIGHTEST LIQ HIGH CON 158
RIGHTEST LIQ NORM CON 158
RIGHTEST MIS GD500 158
RIGHTEST MIS GL300 158
rilpivirine hcl tab 25 mg (base equivalent) 86
riluzole tab 50 mg 183
rimantadine hydrochloride tab 100 mg 88
RINVOQ LQ SOL 1MG/ML 11
RINVOQ TAB 15MG ER 11
RINVOQ TAB 30MG ER 12
RINVOQ TAB 45MG ER 12
risedronate sodium tab 150 mg 126
risedronate sodium tab 30 mg 126
risedronate sodium tab 35 mg 126
risedronate sodium tab 5 mg 126
risedronate sodium tab delayed release 35 mg 126
RISPERDAL INJ 12.5MG 79
RISPERDAL INJ 25MG 79
RISPERDAL INJ 37.5MG 79
RISPERDAL INJ 50MG 79
RISPERDAL SOL 1MG/ML 79
RISPERDAL TAB 0.5MG 80
RISPERDAL TAB 1MG 80
RISPERDAL TAB 2MG 80
RISPERDAL TAB 3MG 80
RISPERDAL TAB 4MG 80
risperidone microspheres for im extended rel susp 12.5 mg 80
risperidone microspheres for im extended rel susp 25 mg 80
risperidone microspheres for im extended rel susp 37.5 mg 80
risperidone microspheres for im extended rel susp 50 mg 80
risperidone orally disintegrating tab 0.25 mg 80
risperidone orally disintegrating tab 0.5 mg 80
risperidone orally disintegrating tab 1 mg 80
risperidone orally disintegrating tab 2 mg 80
risperidone orally disintegrating tab 3 mg 80
risperidone orally disintegrating tab 4 mg 80
risperidone soln 1 mg/ml 80
risperidone tab 0.25 mg 80
risperidone tab 0.5 mg 80
risperidone tab 1 mg 80
risperidone tab 2 mg 80
risperidone tab 3 mg 80
risperidone tab 4 mg 80
RITALIN LA CAP 10MG 8
RITALIN LA CAP 20MG 8
RITALIN LA CAP 30MG 8
RITALIN LA CAP 40MG 8
RITALIN TAB 10MG 8
RITALIN TAB 20MG 8
RITALIN TAB 5MG 8
RITEFLO MIS 174
ritonavir tab 100 mg 86
rivaroxaban for susp 1 mg/ml 37
rivaroxaban tab 2.5 mg 37
rivastigmine tartrate cap 1.5 mg (base equivalent) 191
rivastigmine tartrate cap 3 mg (base equivalent) 191
rivastigmine tartrate cap 4.5 mg (base equivalent) 191
rivastigmine tartrate cap 6 mg (base equivalent) 191
rivastigmine td patch 24hr 13.3 mg/24hr .191
rivastigmine td patch 24hr 4.6 mg/24hr ..191
rivastigmine td patch 24hr 9.5 mg/24hr ..191
rivelsa tab 103
RIZAFILM MIS 10MG 176
RIZAFILM MIS 5MG 176

rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....176
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....176
rizatriptan benzoate tab 10 mg (base equivalent).....176
rizatriptan benzoate tab 5 mg (base equivalent).....176
ROCALTROL CAP 0.25MCG.....129
ROCALTROL CAP 0.5MCG.....129
ROCALTROL SOL 1MCG/ML.....129
roflumilast tab 250 mcg.....33
roflumilast tab 500 mcg.....33
ropinirole hydrochloride tab 0.25 mg.....77
ropinirole hydrochloride tab 0.5 mg.....77
ropinirole hydrochloride tab 1 mg.....77
ropinirole hydrochloride tab 2 mg.....77
ropinirole hydrochloride tab 3 mg.....77
ropinirole hydrochloride tab 4 mg.....78
ropinirole hydrochloride tab 5 mg.....78
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent).....78
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....78
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent).....78
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent).....78
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent).....78
rosuvastatin calcium tab 10 mg.....58
rosuvastatin calcium tab 20 mg.....58
rosuvastatin calcium tab 40 mg.....58
rosuvastatin calcium tab 5 mg.....58
rosyrah tab.....103
roweepra tab 500mg.....42
ROXICODONE TAB 15MG.....23
ROXICODONE TAB 30MG.....23
ROZLYTREK CAP 100MG.....73
ROZLYTREK CAP 200MG.....73
ROZLYTREK PAK 50MG.....73
RUCONEST INJ 2100UNIT.....139
rufinamide susp 40 mg/ml.....42
rufinamide tab 200 mg.....42
rufinamide tab 400 mg.....42
RUKOBIA TAB 600MG ER.....86
RYBELSUS TAB 1.5MG.....51
RYBELSUS TAB 14MG.....51
RYBELSUS TAB 3MG.....51
RYBELSUS TAB 4MG.....51
RYBELSUS TAB 7MG.....51
RYBELSUS TAB 9MG.....51
RYDAPT CAP 25MG.....74
RYTARY CAP 145MG.....78
RYTARY CAP 195MG.....78
RYTARY CAP 245MG.....78
RYTARY CAP 95MG.....78
ryvent tab 6mg.....56

S

sacubitril-valsartan tab 24-26 mg.....94
sacubitril-valsartan tab 49-51 mg.....94
sacubitril-valsartan tab 97-103 mg.....94
SAFE-T-PRO MIS LANCETS.....158
SAFE-T-PRO MIS PLUS.....158
SAFETY 21G MIS LANCETS.....158
SAFETY 23G MIS LANCETS.....158
SAFETY 28G MIS LANCETS.....158
SAFETY 30G MIS LANCETS.....158
SAFETYGLIDE MIS 21GX1.....169
SAFETYGLIDE MIS 21GX1.5.....169
SAFETYGLIDE MIS 23GX1.....169
SAFETY MIS LANCETS.....158
SAFETY NEEDL MIS 22GX1.5.....169
SAFTY NEEDLE MIS 18GX1.....169
SAFTY NEEDLE MIS 18GX1.5.....169
SAFTY NEEDLE MIS 19GX1.....169
SAFTY NEEDLE MIS 19GX1.5.....169
SAFTY NEEDLE MIS 20GX1.....169
SAFTY NEEDLE MIS 20GX1.5.....169
SAFTY NEEDLE MIS 21GX1.....169
SAFTY NEEDLE MIS 21GX1.5.....169
SAFTY NEEDLE MIS 21GX5/8.....169
SAFTY NEEDLE MIS 22GX1.....170
SAFTY NEEDLE MIS 22GX1.5.....170
SAFTY NEEDLE MIS 23GX1.....170
SAFTY NEEDLE MIS 23GX5/8.....170
SAFTY NEEDLE MIS 25GX1.....170
SAFTY NEEDLE MIS 25GX5/8.....170

SAFYRAL TAB 103
sajazir inj 30mg/3ml.....139
SALAGEN TAB 5MG.....181
SALAGEN TAB 7.5MG 181
salicylic acid er film-forming soln 28.5% .121
salicylic acid film forming liquid 27.5% 121
salicylic acid foam 6% 121
salicylic acid gel 6%.....121
salicylic acid shampoo 6%.....121
SALICYLIC AC LIQ 27.5%.....121
SALIMEZ FORT CRE 10% 121
salsalate tab 500 mg 19
salsalate tab 750 mg 19
SALVAX AER 6% 121
salyntra gel 6% 121
SAMSCA TAB 15MG.....131
SAMSCA TAB 30MG.....131
SANCUSO DIS 3.1MG 54
SANDIMMUNE CAP 100MG.....179
SANDIMMUNE CAP 25MG.....179
SANDOSTATIN INJ 100MCG.....131
SANDOSTATIN INJ 500MCG 131
SANDOSTATIN INJ 50MCG/ML 130
SANTYL OIN 250/GM 120
SAPHNELO INJ 120/0.8 180
SAPHNELO PEN INJ 120/0.8.....180
SAPHRIS SUB 10MG.....81
SAPHRIS SUB 2.5MG 81
SAPHRIS SUB 5MG.....81
sapropterin dihydrochloride powder packet 100 mg.....129
sapropterin dihydrochloride powder packet 500 mg 129
sapropterin dihydrochloride tab 100 mg .129
SAPSCARE MIS TWIST 158
SAPS CARE PAD ALCOHOL.....162
SAPS HEALTH MIS TWIST 158
SAPS HEALTH PAD ALCOHOL.....162
SAPS TWIST MIS 30G.....158
SAVELLA MIS TITR PAK 192
SAVELLA TAB 100MG.....192
SAVELLA TAB 12.5MG 192
SAVELLA TAB 25MG.....192
SAVELLA TAB 50MG.....192
saxagliptin hcl tab 2.5 mg (base equiv) 50
saxagliptin hcl tab 5 mg (base equiv).....50
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....49
saxagliptin-metformin hcl tab er 24hr 5-1000 mg.....49
saxagliptin-metformin hcl tab er 24hr 5-500 mg 49
SAXENDA INJ 18MG/3ML.....4
SB ALCOHOL PAD PREP 162
SB LANCETS MIS THIN.....158
SB LANCETS MIS ULTR THN 158
SCEMBLIX TAB 100MG 74
SCEMBLIX TAB 20MG.....74
SCEMBLIX TAB 40MG.....74
scopolamine td patch 72hr 1 mg/3days....54
SECURESAFE MIS 19GX1 170
SECURESAFE MIS 19GX1.5.....170
SECURESAFE MIS 21GX1.5.....170
SECURESAFE MIS 22GX1 170
SECURESAFE MIS 25GX1.5 170
SECURESAFE MIS 26GX1/2 170
SECURESAFE MIS 27GX1/2 170
SELECT-LITE KIT DEV/LANC.....158
SELECT-LITE MIS LANC DEV 158
selegiline hcl cap 5 mg 78
selegiline hcl tab 5 mg.....78
selenium sulfide lotion 2.5%.....117
selenium sulfide shampoo 2.25% 117
selenium sulfide shampoo 2.3% 117
SENSIPAR TAB 30MG.....129
SENSIPAR TAB 60MG.....129
SENSIPAR TAB 90MG.....129
SERNIVO SPR 0.05%.....119
SEROQUEL TAB 100MG 82
SEROQUEL TAB 200MG 82
SEROQUEL TAB 25MG.....81
SEROQUEL TAB 300MG 82
SEROQUEL TAB 400MG 82
SEROQUEL TAB 50MG.....82
SEROSTIM INJ 4MG.....128
SEROSTIM INJ 5MG.....128
SEROSTIM INJ 6MG.....128
sertraline hcl cap 150 mg 46

sertraline hcl cap 200 mg 46
sertraline hcl oral concentrate for solution 20 mg/ml 46
sertraline hcl tab 100 mg 46
sertraline hcl tab 25 mg 46
sertraline hcl tab 50 mg 46
setlakin tab 103
sevelamer carbonate packet 0.8 gm 137
sevelamer carbonate packet 2.4 gm 137
sevelamer carbonate tab 800 mg 137
sevelamer hcl tab 400 mg 137
sevelamer hcl tab 800 mg 137
SF 5000 PLUS CRE 1.1% 181
SF GEL 1.1% 181
sharobel tab 0.35mg 105
SHARP CONTAI MIS 170
SHARPS COLL MIS 0.05GAL 170
SHARPS COLL MIS 5.4QT 170
SHARPS COLL MIS 6.9QT 170
SHARPS COLL MIS 8.2QT 170
SHARPS CONTA MIS 0.05L 170
SHARPS CONT MIS 14QT 170
SHARPS CONT MIS 1 QT 170
SHARPS CONT MIS 1QUART 170
SHARPS CONT MIS 2QUART 170
SHARPS CONT MIS 5GAL 170
SHARPS DISP MIS 1 GALLON 170
SHARPS DISP MIS 1 QUART 170
SHARPS DISP MIS 2 GALLON 170
SHARPS DISP MIS 3 GALLON 170
SHARPS UNIV MIS CONTAINE 170
SIGNIFOR INJ 0.3MG/ML 131
SIGNIFOR INJ 0.6MG/ML 131
SIGNIFOR INJ 0.9MG/ML 131
SIKLOS TAB 1000MG 140
SIKLOS TAB 100MG 140
sildenafil citrate for suspension 10 mg/ml 97
sildenafil citrate tab 100 mg 95
sildenafil citrate tab 20 mg 97
sildenafil citrate tab 25 mg 95
sildenafil citrate tab 50 mg 95
silodosin cap 4 mg 138
silodosin cap 8 mg 138
SILVADENE CRE 1% 117
SILVER NITRA SOL 0.5% 117
silver nitrate soln 0.5% 117
silver sulfadiazine cream 1% 117
SIMBRINZA SUS 1-0.2% 185
simliya tab 28 day 103
simpesse tab 103
SIMPLE DIAG MIS LANCING 158
simvastatin tab 10 mg 58
simvastatin tab 20 mg 59
simvastatin tab 40 mg 59
simvastatin tab 5 mg 58
simvastatin tab 80 mg 59
SINEMET TAB 10-100MG 78
SINEMET TAB 25-100MG 78
SINGLE-LET MIS 23G 159
sirolimus oral soln 1 mg/ml 179
sirolimus tab 0.5 mg 179
sirolimus tab 1 mg 179
sirolimus tab 2 mg 179
SIRTURO TAB 100MG 66
SIRTURO TAB 20MG 66
sitagliptin phosphate-metformin hcl tab 50-1000 mg 49
sitagliptin phosphate-metformin hcl tab 50-500 mg 49
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg 49
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg 49
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg 49
sitagliptin phosphate tab 100 mg (base equiv) 50
sitagliptin phosphate tab 25 mg (base equiv) 50
SITAVIG TAB 50MG 88
SIVEXTRO TAB 200MG 29
SKYCLARYS CAP 50MG 183
SKYLA IUD 13.5MG 104
SKYRIZI INJ 150MG/ML 115
SKYRIZI INJ 180/1.2 135
SKYRIZI INJ 360/2.4 136
SKYRIZI INJ 55/0.37 115
SKYRIZI PEN INJ 150MG/ML 115

SLIP TIP 1ML MIS....170
SLIP TIP 3ML MIS....170
SMARTEST MIS LANCETS....159
SMARTEST SOL CONTROL....159
SMART SENSE MIS LANC 21G....159
SMART SENSE MIS LANC 26G....159
SMART SENSE MIS LANC 30G....159
SMART SENSE MIS LANC 33G....159
SM LANCETS MIS 33G....159
sodium chloride soln nebu 0.9%....107
sodium chloride soln nebu 10%....108
sodium chloride soln nebu 3%....108
sodium chloride soln nebu 7%....108
sodium citrate & citric acid soln 500-334 mg/5ml....137
sodium fluor cre 5000 ppm....181
SODIUM FLUOR CRE 5000 PPM....181
sodium fluor gel 5000 ppm....181
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)....177
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)....177
sodium fluoride cream 1.1%....181
sodium fluoride gel 1.1% (0.5% f)....181
sodium fluoride-potassium nitrate gel 1.1-5%....181
sodium fluoride rinse 0.2%....181
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)....177
sodium fluor pst 5000 ppm....181
SODIUM FLUOR PST 5000 PPM....181
sodium oxybate oral solution 500 mg/ml....190
sodium phenylbutyrate oral powder 3 gm/teaspoonful....129
sodium phenylbutyrate tab 500 mg....129
sodium polystyrene sulfonate powder....180
sodium polystyrene sulfonate susp 15 gm/60ml....180
SOD SUL/SULF EMU 10-5%....110
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml....144
SOFDRA GEL 12.45%....122
SOFTCLIX MIS LANCETS....159
SOGROYA INJ 10MG/1.5....128
SOGROYA INJ 15MG/1.5....128
SOGROYA INJ 5MG/1.5....128
solifenacin succinate tab 10 mg....201
solifenacin succinate tab 5 mg....201
SOLIQUA INJ 100/33....49
SOLTAMOX SOL 10MG/5ML....69
SOLU-CORTEF INJ 1000MG....107
SOLU-CORTEF INJ 100MG....107
SOLU-CORTEF INJ 250MG....107
SOLU-CORTEF INJ 500MG....107
SOLUS V2 MIS LANC 28G....159
SOLUS V2 MIS LANC 30G....159
SOLUS V2 MIS LANC DEV....159
SOLUS V2 SOL HIGH....159
SOLUS V2 SOL LOW....159
SOMA TAB 250MG....182
SOMA TAB 350MG....182
sorafenib tosylate tab 200 mg (base equivalent)....74
sotalol hcl (afib/afl) tab 120 mg....90
sotalol hcl (afib/afl) tab 160 mg....90
sotalol hcl (afib/afl) tab 80 mg....90
sotalol hcl tab 120 mg....90
sotalol hcl tab 160 mg....90
sotalol hcl tab 240 mg....90
sotalol hcl tab 80 mg....90
SOTYKTU TAB 6MG....115
SOTYLIZE SOL 5MG/ML....90
SOVALDI PAK 150MG....87
SOVALDI PAK 200MG....87
SOVALDI TAB 200MG....87
SOVALDI TAB 400MG....87
SPACE CHAMBR MIS ANTI-STA....174
SPACE CHAMBR MIS LARGE....174
SPACE CHAMBR MIS MEDIUM....174
SPACE CHAMBR MIS SMALL....174
SPACER CHAMB MIS ADULT....174
SPACER CHAMB MIS CHILD....174
SPACER CHAMB MIS INFANT....174
SPEVIGO INJ 150/1ML....115
SPEVIGO INJ 300/2ML....115
spinosad susp 0.9%....123
SPIRIVA CAP HANDIHLR....33

SPIRIVA RESP AER 1.25MCG.....33
SPIRIVA RESP AER 2.5MCG.....33
spironolactone & hydrochlorothiazide tab 25-25 mg.....124
spironolactone susp 25 mg/5ml.....125
spironolactone tab 100 mg.....125
spironolactone tab 25 mg.....125
spironolactone tab 50 mg.....125
SPRAVATO SOL 56MG DOS.....45
SPRAVATO SOL 84MG DOS.....45
sprintec 28 tab 28 day.....103
sps sus 15gm/60.....180
sps sus 30gm/120.....180
sronyx tab.....103
ssd cre 1%.....117
SSS 10-5 AER 10-5%.....110
SSS CRE 10%-5%.....110
STERILANCE MIS TL 28G.....159
STERILANCE MIS TL 30G.....159
STERILANCE MIS TL 32G.....159
STIOLTO AER 2.5-2.5.....35
STIVARGA TAB 40MG.....74
STRATTERA CAP 100MG.....6
STRATTERA CAP 10MG.....6
STRATTERA CAP 18MG.....6
STRATTERA CAP 25MG.....6
STRATTERA CAP 40MG.....6
STRATTERA CAP 60MG.....6
STRATTERA CAP 80MG.....6
STRENSIQ INJ 18/0.45.....129
STRENSIQ INJ 28/0.7ML.....129
STRENSIQ INJ 40MG/ML.....129
STRENSIQ INJ 80/0.8ML.....129
STRIVERDI AER 2.5MCG.....36
STROMECTOL TAB 3MG.....27
subvenite kit start 35.....42
subvenite kit start 49.....42
subvenite kit start 98.....42
subvenite tab 100mg.....42
subvenite tab 150mg.....42
subvenite tab 200mg.....42
subvenite tab 25mg.....42
SUCRAID SOL 8500/ML.....124
sucralfate tab 1 gm.....200
SULAR TAB 17MG ER.....92
SULAR TAB 34MG ER.....92
SULAR TAB 8.5MG ER.....92
sulconazole nitrate cream 1%.....111
sulconazole nitrate solution 1%.....111
*sulfacetamide sodium cleansing gel 10%*117
sulfacetamide sodium liquid 10%.....117
sulfacetamide sodium lotion 10% (acne).110
sulfacetamide sodium ophth oint 10%....185
sulfacetamide sodium ophth soln 10%...185
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....186
sulfacetamide sodium shampoo 10%.....117
sulfacetamide sodium shampoo 9.8%.....117
sulfacetamide sodium w/ sulfur cleanser 10-2%.....110
sulfacetamide sodium w/ sulfur cleanser 10-5%.....110
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%.....110
sulfacetamide sodium w/ sulfur cleanser 9-4.5%.....110
sulfacetamide sodium w/ sulfur cleanser 9-4%.....110
sulfacetamide sodium w/ sulfur cream 10-2%.....110
sulfacetamide sodium w/ sulfur cream 10-5%.....110
sulfacetamide sodium w/ sulfur cream 9.8-4.8%.....110
sulfacetamide sodium w/ sulfur emulsion 10-1%.....110
sulfacetamide sodium w/ sulfur lotion 10-5%.....110
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%.....110
sulfacetamide sodium w/ sulfur susp 10-5%.....110
sulfacetamide sodium w/ sulfur susp 8-4%.....110
SULFACLEANSE SUS 8-4%.....110
sulfadiazine tab 500 mg.....196
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....28

sulfamethoxazole-trimethoprim tab 400-80 mg 28
sulfamethoxazole-trimethoprim tab 800-160 mg 28
SULFAMEZ EMU 10-1% 110
SULFAMYLON CRE 85MG/GM 117
sulfasalazine tab 500 mg....136
sulfasalazine tab delayed release 500 mg 136
sulfatrim pd sus 200-40/5 28
SULF LIME SOL 123
sulindac tab 150 mg....15
sulindac tab 200 mg....16
SUMADAN WASH LIQ 9-4.5% 110
sumatriptan nasal spray 20 mg/act 176
sumatriptan nasal spray 5 mg/act 176
sumatriptan succinate inj 6 mg/0.5ml....176
sumatriptan succinate solution auto-injector 4 mg/0.5ml....176
sumatriptan succinate solution auto-injector 6 mg/0.5ml....176
sumatriptan succinate solution cartridge 4 mg/0.5ml 176
sumatriptan succinate solution cartridge 6 mg/0.5ml 176
sumatriptan succinate tab 100 mg....176
sumatriptan succinate tab 25 mg....176
sumatriptan succinate tab 50 mg 176
SUMAXIN PAD 10-4% 110
sunitinib malate cap 12.5 mg (base equivalent)....74
sunitinib malate cap 25 mg (base equivalent)....74
sunitinib malate cap 37.5 mg (base equivalent)....74
sunitinib malate cap 50 mg (base equivalent)....74
SUNOSI TAB 150MG 6
SUNOSI TAB 75MG 6
SUPER THIN MIS LANC 28G....159
SUPER THIN MIS LANCETS 159
SUPREME II LIQ HIGH/LOW 159
SURE COMFORT MIS LANC 18G....159
SURE COMFORT MIS LANC 21G 159
SURE COMFORT MIS LANC 23G....159
SURE COMFORT MIS LANC 30G 159
SURE COMFORT MIS LANCETS....159
SURE COMFORT MIS LANC PEN 159
SUREFLEX MIS LANCETS....159
SURELITE MIS LANCETS 159
syeda tab 3-0.03mg....103
SYMBYAX CAP 3-25MG....191
SYMBYAX CAP 6-25MG....191
SYMDEKO TAB 100-150 196
SYMDEKO TAB 50-75MG 196
SYMFI LO TAB 86
SYMFI TAB 86
SYMLINPEN 60 INJ 1000MCG 48
SYMLNPEN 120 INJ 1000MCG 48
SYMPROIC TAB 0.2MG 137
SYMTUZA TAB....86
SYNALAR CRE 0.025% 119
SYNALAR OIN 0.025%....119
SYNAREL SOL 2MG/ML 128
SYNJARDY TAB 49
SYNJARDY TAB 12.5-500....49
SYNJARDY TAB 5-1000MG 49
SYNJARDY TAB 5-500MG 49
SYNJARDY XR TAB 49
SYNJARDY XR TAB 10-1000 49
SYNJARDY XR TAB 25-1000....50
SYNJARDY XR TAB 5-1000MG 49
SYNTHROID TAB 100MCG....198
SYNTHROID TAB 112MCG....198
SYNTHROID TAB 125MCG 198
SYNTHROID TAB 137MCG 198
SYNTHROID TAB 150MCG....198
SYNTHROID TAB 175MCG 198
SYNTHROID TAB 200MCG....198
SYNTHROID TAB 25MCG....198
SYNTHROID TAB 300MCG....198
SYNTHROID TAB 50MCG 198
SYNTHROID TAB 75MCG....198
SYNTHROID TAB 88MCG 198
SYRG/NDL 3ML MIS 22G X 1 170
SYRG/NDL 3ML MIS 23GX1....170
SYRG/NDL 3ML MIS 25GX5/8 170
SYRINGE 5ML MIS LUER SLP 170

SYRINGE BARR MIS LUER10ML 170
SYRINGE BARR MIS LUER 1ML.....170
SYRINGE BARR MIS LUER 3ML.....170
SYRINGE BARR MIS LUER 5ML.....170
SYRINGE BARR MIS UNI 10ML 171
SYRINGE BARR MIS UNI 3ML.....171
SYRINGE BARR MIS UNI 5ML.....171
SYRINGE LUER MIS LOCK 1ML 171
SYRINGE LUER MIS -LOK 1ML.....171
T
TABLOID TAB 40MG 67
TACHOSIL PAD 4.8X4.8 142
TACHOSIL PAD 9.5X4.8 142
TACLONEX OIN 119
TACLONEX SUS.....119
tacrolimus cap 0.5 mg 179
tacrolimus cap 1 mg 179
tacrolimus cap 5 mg.....179
tacrolimus cap er 24hr 0.5 mg.....179
tacrolimus cap er 24hr 1 mg.....179
tacrolimus cap er 24hr 5 mg 179
tacrolimus oint 0.03% 121
tacrolimus oint 0.1%.....121
tadalafil tab 10 mg.....96
tadalafil tab 2.5 mg 95
tadalafil tab 20 mg 96
tadalafil tab 20 mg (pah) 97
tadalafil tab 5 mg.....95
TADLIQ SUS 20MG/5ML 97
TAFINLAR CAP 50MG.....74
TAFINLAR CAP 75MG 74
TAFINLAR TAB 10MG 74
tafluprost preservative free (pf) ophth soln 0.0015% 187
TAGRISSO TAB 40MG.....68
TAGRISSO TAB 80MG.....68
TAI DOC SOL NORM CON.....159
TAKHZYRO INJ 150MG/ML 139
TAKHZYRO INJ 300/2ML 139
TALICIA CAP 201
TAMIFLU CAP 30MG.....88
TAMIFLU CAP 45MG.....88
TAMIFLU CAP 75MG 88
TAMIFLU SUS 6MG/ML 88
tamoxifen citrate tab 10 mg (base equivalent) 69
tamoxifen citrate tab 20 mg (base equivalent) 69
tamsulosin hcl cap 0.4 mg 138
tanlor tab 1000mg 182
tapentadol hcl tab 100 mg 23
tapentadol hcl tab 50 mg 23
tapentadol hcl tab 75 mg 23
TARCEVA TAB 100MG 68
tarina 24 fe tab 103
tarina fe tab 1/20 eq 103
tasimelteon capsule 20 mg 143
TASMAR TAB 100MG 76
TAVNEOS CAP 10MG.....139
taysofy cap 1/20 103
tazarotene cream 0.05% 115
tazarotene cream 0.1%.....115
tazarotene gel 0.05% 115
tazarotene gel 0.1% 115
TB SYRINGE MIS 0.5/28G 172
TECHLITE AST MIS LANCETS 159
TECHLITE MIS LANC 26G 159
TECHLITE MIS LANCETS 159
TEKTURNA TAB 150MG.....65
TEKTURNA TAB 300MG 65
telmisartan-amlodipine tab 40-10 mg.....64
telmisartan-amlodipine tab 40-5 mg 64
telmisartan-amlodipine tab 80-10 mg.....64
telmisartan-amlodipine tab 80-5 mg 64
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....64
telmisartan-hydrochlorothiazide tab 80-12.5 mg 64
telmisartan-hydrochlorothiazide tab 80-25 mg 64
telmisartan tab 20 mg 61
telmisartan tab 40 mg 61
telmisartan tab 80 mg 61
temazepam cap 15 mg.....143
temazepam cap 22.5 mg 143
temazepam cap 30 mg.....143
temazepam cap 7.5 mg 143
TEMBEXA SUS 10MG/ML 88

TEMBEXA TAB 100MG 88
temozolomide cap 100 mg 67
temozolomide cap 140 mg 67
temozolomide cap 180 mg 67
temozolomide cap 20 mg 67
temozolomide cap 250 mg 67
temozolomide cap 5 mg 67
tencon tab 50-325mg 19
tenofovir disoproxil fumarate tab 300 mg 86
TENORETIC TAB 100 64
TENORETIC TAB 50 64
TENORMIN TAB 100MG 90
TENORMIN TAB 25MG 90
TENORMIN TAB 50MG 90
terazosin hcl cap 10 mg (base equivalent) 62
terazosin hcl cap 1 mg (base equivalent) .. 62
terazosin hcl cap 2 mg (base equivalent) . 62
terazosin hcl cap 5 mg (base equivalent) . 62
terbinafine hcl tab 250 mg 55
terbutaline sulfate tab 2.5 mg 36
terbutaline sulfate tab 5 mg 36
terconazole vaginal cream 0.4% 202
terconazole vaginal cream 0.8% 202
terconazole vaginal suppos 80 mg 202
teriflunomide tab 14 mg 194
teriflunomide tab 7 mg 194
TERIPARATIDE INJ 560/2.24 126
teriparatide soln pen-inj 560 mcg/2.24ml 126
TESTOST CYP INJ 200MG/ML 26
testosterone cypionate im inj in oil 100 mg/ml 26
testosterone cypionate im inj in oil 200 mg/ml 26
testosterone enanthate im inj in oil 200 mg/ml 26
testosterone td gel 10mg/act (2%) 26
testosterone td gel 12.5 mg/act (1%) 26
testosterone td gel 20.25 mg/1.25gm (1.62%) 26
testosterone td gel 20.25 mg/act (1.62%) 26
testosterone td gel 25 mg/2.5gm (1%) 26
testosterone td gel 40.5 mg/2.5gm (1.62%) 26
testosterone td gel 50 mg/5gm (1%) 26
testosterone td soln 30 mg/act 26
tetrabenazine tab 12.5 mg 192
tetrabenazine tab 25 mg 192
tetracaine hcl ophth soln 0.5% 186
TETRACAINE SOL 0.5% OP 186
tetracycline hcl cap 250 mg 197
tetracycline hcl cap 500 mg 197
texacort sol 2.5% 119
TEZSPIRE INJ 210MG 33
TGT LANCET MIS 26G 159
TGT LANCET MIS 30G 159
TGT LANCET MIS 33G 159
TGT LANCING MIS DEVICE 159
THALOMID CAP 100MG 178
THALOMID CAP 50MG 178
theophylline elixir 80 mg/15ml 36
theophylline soln 80 mg/15ml 36
theophylline tab er 12hr 100 mg 36
theophylline tab er 12hr 200 mg 36
theophylline tab er 12hr 300 mg 36
theophylline tab er 12hr 450 mg 36
theophylline tab er 24hr 400 mg 36
theophylline tab er 24hr 600 mg 36
THERANATAL TAB 27-1 181
THIN LANCETS MIS 26G 159
THIN LANCETS MIS 30G 159
thioridazine hcl tab 100 mg 83
thioridazine hcl tab 10 mg 83
thioridazine hcl tab 25 mg 83
thioridazine hcl tab 50 mg 83
thiothixene cap 10 mg 84
thiothixene cap 1 mg 84
thiothixene cap 2 mg 84
thiothixene cap 5 mg 84
tiadylt cap 120mg/24 92
tiadylt cap 180mg/24 92
tiadylt cap 240mg/24 92
tiadylt cap 300mg/24 92
tiadylt cap 360mg/24 92
tiadylt cap 420mg/24 92
tiagabine hcl tab 12 mg 43
tiagabine hcl tab 16 mg 43
tiagabine hcl tab 2 mg 43

tiagabine hcl tab 4 mg 43
TIAZAC CAP 120MG/24 92
TIAZAC CAP 180MG/24 92
TIAZAC CAP 240MG/24 92
TIAZAC CAP 300MG/24 92
TIAZAC CAP 360MG/24 92
TIAZAC CAP 420MG/24 92
TIBSOVO TAB 250MG 74
ticagrelor tab 60 mg 140
ticagrelor tab 90 mg 140
TIKOSYN CAP 125MCG 32
TIKOSYN CAP 250MCG 32
TIKOSYN CAP 500MCG 32
tilia fe tab 103
timolol maleate ophth gel forming soln 0.25% 184
timolol maleate ophth gel forming soln 0.5% 184
timolol maleate ophth soln 0.25% 184
timolol maleate ophth soln 0.5% 184
timolol maleate ophth soln 0.5% (once-daily) 184
timolol maleate preservative free ophth soln 0.25% 184
timolol maleate preservative free ophth soln 0.5% 184
timolol maleate tab 10 mg 90
timolol maleate tab 20 mg 90
timolol maleate tab 5 mg 90
timolol ophth soln 0.5% 184
tinidazole tab 250 mg 28
tinidazole tab 500 mg 28
tiopronin tab 100 mg 138
tiopronin tab delayed release 100 mg 138
tiopronin tab delayed release 300 mg 138
TISSEEL KIT 10ML 142
TISSEEL KIT 2ML 142
TISSEEL KIT 4ML 142
TISSEEL SOL 10ML 142
TISSEEL SOL 2ML 142
TISSEEL SOL 4ML 142
TIVICAY PD TAB 5MG 86
TIVICAY TAB 50MG 86
tizanidine hcl cap 2 mg (base equivalent) 182
tizanidine hcl cap 4 mg (base equivalent) 182
tizanidine hcl cap 6 mg (base equivalent) 182
tizanidine hcl tab 2 mg (base equivalent) 182
tizanidine hcl tab 4 mg (base equivalent) 182
tobramycin-dexamethasone ophth susp 0.3-0.1% 187
tobramycin nebu soln 300 mg/4ml 8
tobramycin nebu soln 300 mg/5ml 8
tobramycin ophth soln 0.3% 185
TOBREX OIN 0.3% OP 185
TODAY SPONGE MIS 202
tofacitinib citrate oral soln 1 mg/ml (base equivalent) 12
tofacitinib citrate tab 10 mg (base equivalent) 12
tofacitinib citrate tab 5 mg (base equivalent) 12
tofacitinib citrate tab er 24hr 11 mg (base equivalent) 12
tofacitinib citrate tab er 24hr 22 mg (base equivalent) 12
tolcapone tab 100 mg 76
tolmetin sodium tab 200 mg 16
tolmetin sodium tab 600 mg 16
tolterodine tartrate cap er 24hr 2 mg 201
tolterodine tartrate cap er 24hr 4 mg 201
tolterodine tartrate tab 1 mg 201
tolterodine tartrate tab 2 mg 201
tolvaptan (hyponatremia) tab 15 mg 131
tolvaptan (hyponatremia) tab 30 mg 131
tolvaptan tab 15 mg 131
tolvaptan tab 30 mg 131
tolvaptan tab therapy pack 15 mg 131
tolvaptan tab therapy pack 30 & 15 mg 131
tolvaptan tab therapy pack 45 & 15 mg 131
tolvaptan tab therapy pack 60 & 30 mg 131
tolvaptan tab therapy pack 90 & 30 mg 131
TOOMEY SYRIN MIS 70ML 172
TOPAMAX SPR CAP 15MG 42
TOPAMAX SPR CAP 25MG 42

TOPAMAX TAB 100MG 42
TOPAMAX TAB 200MG 42
TOPAMAX TAB 25MG 42
TOPAMAX TAB 50MG 42
TOPCARE MIS LANC 33G 159
TOPICORT CRE 0.05% 119
TOPICORT CRE 0.25% 119
TOPICORT GEL 0.05% 119
TOPICORT OIN 0.05% 119
TOPICORT OIN 0.25% 119
TOPICORT SPR 0.25% 119
topiramate cap er 24hr 100 mg 42
topiramate cap er 24hr 200 mg 42
topiramate cap er 24hr 25 mg 42
topiramate cap er 24hr 50 mg 42
topiramate oral soln 25 mg/ml 42
topiramate sprinkle cap 15 mg 42
topiramate sprinkle cap 25 mg 42
topiramate sprinkle cap 50 mg 42
topiramate tab 100 mg 42
topiramate tab 200 mg 42
topiramate tab 25 mg 42
topiramate tab 50 mg 42
toremifene citrate tab 60 mg (base equivalent) 69
torpenz tab 10mg 74
torpenz tab 2.5mg 74
torpenz tab 5mg 74
torpenz tab 7.5mg 74
torsemide tab 100 mg 125
torsemide tab 10 mg 125
torsemide tab 20 mg 125
torsemide tab 5 mg 125
TOSYMRA SOL 10MG 176
TOUJEO MAX INJ 300/ML 52
TOUJEO SOLO INJ 300/ML 52
TPOXX CAP 200MG 89
tramadol-acetaminophen tab 37.5-325 mg 25
tramadol hcl oral soln 5 mg/ml 23
tramadol hcl tab 50 mg 23
tramadol hcl tab er 24hr 100 mg 23
tramadol hcl tab er 24hr 200 mg 23
tramadol hcl tab er 24hr 300 mg 23
tramadol hcl tab er 24hr biphasic release 100 mg 23
tramadol hcl tab er 24hr biphasic release 200 mg 23
tramadol hcl tab er 24hr biphasic release 300 mg 23
trandolapril tab 1 mg 60
trandolapril tab 2 mg 60
trandolapril tab 4 mg 60
trandolapril-verapamil hcl tab er 1-240 mg 64
trandolapril-verapamil hcl tab er 2-180 mg 64
trandolapril-verapamil hcl tab er 2-240 mg 64
trandolapril-verapamil hcl tab er 4-240 mg 64
tranexamic acid tab 650 mg 142
tranylcypromine sulfate tab 10 mg 45
TRAVEL LANCE MIS ADV 28G 159
travoprost ophth soln 0.004% (benzalkonium free) (bak free) 187
trazodone hcl tab 100 mg 46
trazodone hcl tab 150 mg 46
trazodone hcl tab 300 mg 46
trazodone hcl tab 50 mg 46
TRECATOR TAB 250MG 66
TRELEGY AER 100MCG 36
TRELEGY AER 200MCG 36
TREMFYA INJ 100MG/ML 116
TREMFYA INJ 200/2ML 136
TRESIBA FLEX INJ 100UNIT 52
TRESIBA FLEX INJ 200UNIT 52
TRESIBA INJ 100UNIT 52
tretinoin cap 10 mg 75
tretinoin cream 0.025% 110
tretinoin cream 0.05% 110
tretinoin cream 0.1% 110
tretinoin gel 0.01% 110
tretinoin gel 0.025% 110
tretinoin gel 0.05% 110
tretinoin microsphere gel 0.04% 110
tretinoin microsphere gel 0.06% 110
tretinoin microsphere gel 0.08% 110

tretinoin microsphere gel 0.1% 110
TREXALL TAB 10MG.....67
TREXALL TAB 15MG 67
TREXALL TAB 5MG.....67
TREXALL TAB 7.5MG 67
trezix cap 25
triamcinolone acetonide cream 0.025%.120
triamcinolone acetonide cream 0.1% 120
triamcinolone acetonide cream 0.5% 120
triamcinolone acetonide dental paste 0.1% 181
triamcinolone acetonide lotion 0.025% ..120
triamcinolone acetonide lotion 0.1% 120
triamcinolone acetonide oint 0.025% 120
triamcinolone acetonide oint 0.1%.....120
triamcinolone acetonide oint 0.5%.....120
triamterene & hydrochlorothiazide cap 37.5-25 mg 124
triamterene & hydrochlorothiazide tab 37.5-25 mg.....124
triamterene & hydrochlorothiazide tab 75-50 mg 125
triamterene cap 100 mg.....125
triamterene cap 50 mg 125
triazolam tab 0.125 mg.....143
triazolam tab 0.25 mg 143
TRIBENZOR TAB 65
TRICITRASOL CON.....38
tridacaine dis 5% patch 122
triderm cre 0.5% 120
trientine hcl cap 250 mg 177
tri-estaryll tab.....103
trifluoperazine hcl tab 10 mg (base equivalent).....83
trifluoperazine hcl tab 1 mg (base equivalent).....83
trifluoperazine hcl tab 2 mg (base equivalent).....83
trifluoperazine hcl tab 5 mg (base equivalent).....83
trifluridine ophth soln 1%.....185
trihexyphenidyl hcl oral soln 0.4 mg/ml....76
trihexyphenidyl hcl tab 2 mg 76
trihexyphenidyl hcl tab 5 mg 76
TRIJARDY XR TAB 50
TRIKAFTA PAK 59.5MG.....196
TRIKAFTA PAK 75MG.....196
TRIKAFTA TAB.....196
tri-legest tab fe.....103
tri-linyah tab 103
TRILIPIX CAP 135MG.....58
TRILIPIX CAP 45MG 58
trilitas gel 0.1%.....116
tri-lo-mili tab.....103
tri-lo tab estaryll.....103
tri-lo- tab marzia 103
tri-lo- tab sprintec.....103
trimethobenzamide hcl cap 300 mg 54
trimethoprim tab 100 mg 28
tri-mili tab 103
trimipramine maleate cap 100 mg.....48
trimipramine maleate cap 25 mg.....48
trimipramine maleate cap 50 mg 48
TRINTELLIX TAB 10MG 46
TRINTELLIX TAB 20MG 46
TRINTELLIX TAB 5MG.....46
tri-sprintec tab 103
TRIUMEQ PD TAB 86
TRIUMEQ TAB 86
trivora-28 tab 103
tri-vylibra tab.....103
tri-vylibra tab lo.....103
TROGARZO INJ 150MG/ML 86
TROJAN-ENZ MIS LUBRICAT.....147
TROJAN-ENZ MIS W/SPERMI.....147
TROJAN MAGN MIS 146
TROJAN MIS BARESKIN 146
TROJAN MIS ENZ.....146
TROJAN ULTRA MIS RIBBED 146
TROJAN ULTRA MIS THIN 147
TROKENDI XR CAP 100MG 42
TROKENDI XR CAP 200MG.....43
TROKENDI XR CAP 25MG 42
TROKENDI XR CAP 50MG 42
trospium chloride cap er 24hr 60 mg 201
trospium chloride tab 20 mg.....201
TRUE COMFORT PAD PRO 162
TRUE COM LAN MIS SAFE 30G.....159

TRUE COM LAN MIS TWST 30G 159
TRUE COVER MIS CONDOM 147
TRUEDRAW MIS LANC DEV 160
TRUE METRIX SOL LEVEL 1.....159
TRUE METRIX SOL LEVEL 2 159
TRUE METRIX SOL LEVEL 3.....160
TRUE METRIX TES GLUCOSE 124
TRUE METRIX TES PRO TEST 124
TRULANCE TAB 3MG.....133
TRULICITY INJ 0.75/0.5 51
TRULICITY INJ 1.5/0.5 51
TRULICITY INJ 3/0.5.....51
TRULICITY INJ 4.5/0.5.....51
TRUPLUS LANC MIS 26G.....160
TRUPLUS LANC MIS 28G.....160
TRUPLUS LANC MIS 30G.....160
TRUPLUS LANC MIS 33G.....160
TRUQAP PAK 160MG 74
TRUQAP PAK 200MG.....74
TRUQAP TAB 160MG.....74
TRUQAP TAB 200MG.....74
TRUSTEX/RIA MIS LUBRICAT 148
TRUSTEX/RIA MIS NON-LUB 148
TRUSTEX/RIA MIS SPERMICI.....148
TRUSTEX LUBR MIS ASSORTED 147
TRUSTEX LUBR MIS BANANA.....147
TRUSTEX LUBR MIS CHOC.....147
TRUSTEX LUBR MIS COLA.....147
TRUSTEX LUBR MIS COLORS.....147
TRUSTEX LUBR MIS EX LARGE 147
TRUSTEX LUBR MIS EX STR 147
TRUSTEX LUBR MIS GRAPE 147
TRUSTEX LUBR MIS MINT 147
TRUSTEX LUBR MIS RIB/STUD 147
TRUSTEX LUBR MIS SPERMICI 147
TRUSTEX LUBR MIS STRWBRY.....147
TRUSTEX LUBR MIS VANILLA 147
TRUSTEX MIS BANANA.....147
TRUSTEX MIS CHOCOLAT.....147
TRUSTEX MIS FLAVORS.....147
TRUSTEX MIS MINT 147
TRUSTEX MIS STRWBRY 147
TRUSTEX MIS VANILLA.....148
TRUSTX NON-9 MIS RIB/STUD.....148
TRUZONE PEAK MIS FLOW MTR.....174
TUKYSA TAB 150MG 68
TUKYSA TAB 50MG.....68
TURALIO CAP 125MG.....74
TURPENTINE SOL SPIRITS 121
turqoz tab 103
TWIIST KIT REFILL 160
TWIIST KIT STARTER.....160
TWIIST REFIL KIT INFUSION.....160
TWIST LANCET MIS 30G 160
TWIST LANCET MIS 30G MULT 160
TYBOST TAB 150MG 86
tydemy tab 103
TYKERB TAB 250MG.....74
TYMLOS INJ.....126
TYVASO DPI POW 16-32-48.....96
TYVASO DPI POW 16MCG.....96
TYVASO DPI POW 32MCG 96
TYVASO DPI POW 48-80MCG.....96
TYVASO DPI POW 48MCG.....96
TYVASO DPI POW 64MCG.....96
TYVASO DPI POW 80MCG.....96
TYVASO DPI POW INST KIT 96
TYVASO DPI POW MAIN KIT.....96
TYVASO RF KT SOL 0.6MG/ML.....96
TYVASO SOL 0.6MG/ML 96
TYVASO ST KT SOL 0.6MG/ML.....97

U

UBRELVY TAB 100MG.....175
UBRELVY TAB 50MG 175
UCERIS TAB 9MG 107
ULTICARE PAD ALCOHOL 162
ULTI-LANCE MIS CLR TIP 160
ULTILET MIS 26G 160
ULTILET MIS 28G 160
ULTILET MIS 30G 160
ULTILET MIS 33G.....160
ULTILET MIS LANCETS 160
ULTILET MIS SAFETY.....160
ULTILET PAD ALCOHOL.....162
ULTILET SAFE MIS 21G.....160
ULTRASAL-ER SOL 28.5% 121
ULTRA THIN MIS 28G 160
ULTRA THIN MIS 30G.....160

ULTRA THIN MIS 31G....160
ULTRA THIN MIS 33G....160
ULTRA THIN MIS LAN 31G....160
ULTRA THIN MIS LANC 28G....160
ULTRA THIN MIS LANC 30G....160
ULTRA THIN MIS LANCETS....160
UNILET EXCEL MIS 23G....160
UNILET EX II MIS 28G....160
UNILET G.P. MIS 21G....160
UNILET G.P MIS SUPR 23G....160
UNILET GP 28 MIS ULT THIN....160
UNILET LANCE MIS 21G....160
UNILET LANCE MIS 28G....160
UNILET LANCE MIS 33G....160
UNILET LANC MIS 33G....160
UNILET LANCT MIS 28G....160
UNILET LANCT MIS 30G....160
UNILET LANCT MIS 33G....160
UNILET MICRO MIS 33G....160
UNILET MIS 21G....160
UNILET SUPER MIS 23G....160
UNILET SUPER MIS G.P. 23G....160
UNISTIK 1 MIS 2.4MM....160
UNISTIK 1 MIS 3.0MM....161
UNISTIK 23G MIS NORMAL....161
UNISTIK 2 MIS....161
UNISTIK 2 MIS 1.8MM....161
UNISTIK 2 MIS 2.4MM....161
UNISTIK 2 MIS COMFORT....161
UNISTIK 2 MIS EXTRA....161
UNISTIK 2 MIS NEONATAL....161
UNISTIK 2 MIS NORMAL....161
UNISTIK 2 MIS SUPER....161
UNISTIK 3 MIS 1.8MM....161
UNISTIK 3 MIS COMFORT....161
UNISTIK 3 MIS EXTRA....161
UNISTIK 3 MIS GENT 30G....161
UNISTIK 3 MIS NEONATAL....161
UNISTIK 3 MIS NORMAL....161
UNISTIK CZT MIS COMFORT....161
UNISTIK CZT MIS NORMAL....161
UNISTIK PRO MIS LANC 21G....161
UNISTIK PRO MIS LANC 28G....161
UNISTIK SAFE MIS LANC 28G....161
UNISTIK SAFE MIS LANC 30G....161
UNISTIK TOUC MIS LANC 21G....161
UNISTIK TOUC MIS LANC 23G....161
UNISTIK TOUC MIS LANC 28G....161
UNISTIK TOUC MIS LANC 30G....161
unithroid tab 100mcg....198
unithroid tab 112mcg....199
unithroid tab 125mcg....199
unithroid tab 137mcg....199
unithroid tab 150mcg....199
unithroid tab 175mcg....199
unithroid tab 200mcg....199
unithroid tab 25mcg....198
unithroid tab 300mcg....199
unithroid tab 50mcg....198
unithroid tab 75mcg....198
unithroid tab 88mcg....198
UNITSTIK PRO MIS LANC 25G....161
UNIVERSAL 1 MIS 33G....161
UNIVERSAL 1 MIS LANC 26G....161
UNIVERSAL 1 MIS LANC 30G....161
UPTRAVI PACK TAB 200/800....97
UPTRAVI TAB 1000MCG....97
UPTRAVI TAB 100MCG....97
UPTRAVI TAB 1200MCG....97
UPTRAVI TAB 1400MCG....97
UPTRAVI TAB 150MCG....97
UPTRAVI TAB 1600MCG....97
UPTRAVI TAB 200MCG....97
UPTRAVI TAB 400MCG....97
UPTRAVI TAB 600MCG....97
UPTRAVI TAB 800MCG....97
urea cream 39%....120
urea cream 41%....120
urea cream 45%....120
urea cream 47%....120
UREDEB CRE 39%....120
URELLE TAB....28
UROCIT-K 10 TAB....137
UROCIT-K 15 TAB....137
UROGESIC- TAB BLUE....28
uro-mp cap 118mg....28
ursodiol cap 300 mg....134
ursodiol tab 250 mg....134

ursodiol tab 500 mg 134
URSO FORTE TAB 500MG 134
V
VAGIFEM TAB 10MCG.....203
valacyclovir hcl tab 1 gm 88
valacyclovir hcl tab 500 mg.....88
VALCHLOR GEL 0.016% 112
valganciclovir hcl for soln 50 mg/ml (base equiv) 87
valganciclovir hcl tab 450 mg (base equivalent).....87
VALIUM TAB 10MG.....31
VALIUM TAB 2MG.....31
VALIUM TAB 5MG 31
valproate sodium oral soln 250 mg/5ml (base equiv) 44
valproic acid cap 250 mg.....44
valsartan-hydrochlorothiazide tab 160-12.5 mg 65
valsartan-hydrochlorothiazide tab 160-25 mg 65
valsartan-hydrochlorothiazide tab 320-12.5 mg 65
valsartan-hydrochlorothiazide tab 320-25 mg 65
valsartan-hydrochlorothiazide tab 80-12.5 mg 65
valsartan oral soln 4 mg/ml.....61
valsartan tab 160 mg 61
valsartan tab 320 mg.....61
valsartan tab 40 mg.....61
valsartan tab 80 mg.....61
VALTOCO SPR 10MG 39
VALTOCO SPR 15MG.....39
VALTOCO SPR 20MG.....39
VALTOCO SPR 5MG 39
valtya 1/35 tab.....103
valtya 1/50 tab.....103
VANCOCIN CAP 125MG.....28
VANCOCIN CAP 250MG.....28
vancomycin hcl cap 125 mg (base equivalent).....28
vancomycin hcl cap 250 mg (base equivalent).....28
vancomycin hcl for oral soln 25 mg/ml (base equivalent) 28
vancomycin hcl for oral soln 50 mg/ml (base equivalent) 28
VANFLYTA TAB 17.7MG.....74
VANFLYTA TAB 26.5MG.....74
VANRAFIA TAB 0.75MG 138
VANTAGE LANC MIS DEVICE.....161
vardenafil hcl orally disintegrating tab 10 mg 96
vardenafil hcl tab 10 mg 96
vardenafil hcl tab 2.5 mg.....96
vardenafil hcl tab 20 mg.....96
vardenafil hcl tab 5 mg.....96
varenicline tartrate tab 0.5 mg (base equiv) 195
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 195
varenicline tartrate tab 1 mg (base equiv) 195
VASCEPA CAP 0.5GM.....57
VASCEPA CAP 1GM 57
VASERETIC TAB 10-25MG.....65
VASOTEC TAB 10MG.....60
VASOTEC TAB 2.5MG 60
VASOTEC TAB 20MG.....60
VASOTEC TAB 5MG 60
VCF VAGINAL GEL CONTRACE.....202
VCF VAGINAL MIS CONTRACP.....202
VECAMYL TAB 2.5MG.....65
velivet pak.....103
VELSIPITY TAB 2MG 136
VELTASSA POW 16.8GM.....180
VELTASSA POW 1GM 180
VELTASSA POW 25.2GM 180
VELTASSA POW 8.4GM 180
VENCLEXTA TAB 100MG.....68
VENCLEXTA TAB 10MG 68
VENCLEXTA TAB 50MG 68
VENCLEXTA TAB START PK 68
venlafaxine hcl cap er 24hr 150 mg (base equivalent).....47
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....47

venlafaxine hcl cap er 24hr 75 mg (base equivalent)....47
venlafaxine hcl tab 100 mg (base equivalent)....47
venlafaxine hcl tab 25 mg (base equivalent)....47
venlafaxine hcl tab 37.5 mg (base equivalent)....47
venlafaxine hcl tab 50 mg (base equivalent)....47
venlafaxine hcl tab 75 mg (base equivalent)....47
venlafaxine hcl tab er 24hr 225 mg (base equivalent)....47
VENTAVIS SOL 10MCG/ML....97
VENTAVIS SOL 20MCG/ML....97
VENT NEEDLE MIS 18GX1....172
venxxiva tab 100mg....138
venxxiva tab 300mg....138
VEOZAH TAB 45MG....128
verapamil hcl cap er 24hr 100 mg....92
verapamil hcl cap er 24hr 120 mg....92
verapamil hcl cap er 24hr 180 mg....93
verapamil hcl cap er 24hr 200 mg....93
verapamil hcl cap er 24hr 240 mg....93
verapamil hcl cap er 24hr 300 mg....93
verapamil hcl cap er 24hr 360 mg....93
verapamil hcl tab 120 mg....93
verapamil hcl tab 40 mg....93
verapamil hcl tab 80 mg....93
verapamil hcl tab er 120 mg....93
verapamil hcl tab er 180 mg....93
verapamil hcl tab er 240 mg....93
VERASENS LIQ LEVEL 1....161
VERELAN CAP 120MG SR....93
VERELAN CAP 180MG SR....93
VERELAN CAP 240MG SR....93
VERELAN CAP 360MG SR....93
VERELAN PM CAP 100MG ER....93
VERELAN PM CAP 200MG ER....93
VERELAN PM CAP 300MG ER....93
VERIFINE LAN MIS MINI 21G....161
VERIFINE LAN MIS MINI 23G....161
VERIFINE LAN MIS MINI 28G....161
VERIFINE LAN MIS MINI 30G....161
VERIFINE MIS UNIV 28G....161
VERIFINE MIS UNIV 30G....161
VERIFINE MIS UNIV 33G....161
VERISAFE MIS 23GX1.5....172
VERISAFE MIS 25GX1....172
VERQUVO TAB 10MG....98
VERQUVO TAB 2.5MG....98
VERQUVO TAB 5MG....98
VERSACLOZ SUS 50MG/ML....82
VERZENIO TAB 100MG....74
VERZENIO TAB 150MG....74
VERZENIO TAB 200MG....74
VERZENIO TAB 50MG....74
VESICARE LS SUS 5MG/5ML....201
vestura tab 3-0.02mg....103
VEVYE DRO 0.1%....186
VFEND SUS 40MG/ML....55
VFEND TAB 50MG....55
VIBERZI TAB 100MG....136
VIBERZI TAB 75MG....136
vienva tab 0.1-20....103
vigabatrin powd pack 500 mg....43
vigabatrin tab 500 mg....43
vigadrone pow 500mg....43
vigadrone tab 500mg....43
VIGAMOX DRO 0.5%....185
vigpoder pow 500mg....43
VILAMIT MB CAP 118MG....28
vilazodone hcl tab 10 mg....46
vilazodone hcl tab 20 mg....46
vilazodone hcl tab 40 mg....46
VILEVEV MB TAB 81MG....28
VIMOVO TAB 500-20MG....16
VINATE CARE CHW 40-1MG....182
VIOKACE TAB 10440....124
VIOKACE TAB 20880....124
viorele tab....103
VIRASAL LIQ 27.5%....121
VIREAD POW 40MG/GM....86
VIREAD TAB 150MG....86
VIREAD TAB 200MG....86
VIREAD TAB 250MG....86
VIREAD TAB 300MG....86

VISTOGARD PAK 10GM 54
VITRAKVI CAP 100MG 74
VITRAKVI CAP 25MG 74
VITRAKVI SOL 20MG/ML 74
VIVAGUARD LIQ CONTROL.....161
VIVAGUARD MIS 28G 161
VIVAGUARD MIS 30G.....161
VIVAGUARD MIS LANCING 161
VIVI CAP1 MIS 161
VIVI CAP MIS.....162
VIVITROL INJ 380MG.....54
VIVJOA CAP 150MG.....55
volnea tab 103
VONJO CAP 100MG 74
VOQUEZNA PAK DUAL PAK 201
VOQUEZNA PAK TRIP PK.....201
VOQUEZNA TAB 10MG.....200
VOQUEZNA TAB 20MG 200
VORANIGO TAB 10MG 74
VORANIGO TAB 40MG 74
voriconazole for susp 40 mg/ml 55
voriconazole tab 200 mg 55
voriconazole tab 50 mg.....55
VORTEX/MASK MIS CHILDS 174
VORTEX/MASK MIS TODDLER 174
VORTEX CHAMB MIS PEDI MAS.....174
VORTEX MASK MIS PEDS MED.....174
VORTEX MASK MIS PEDS SML 174
VORTEX VALVD MIS CHAMBER 174
VORTEX VALVE MIS CHAMBER.....174
VOSEVI TAB 88
VOWST CAP 137
VOXZOGO INJ 0.4MG.....130
VOXZOGO INJ 0.56MG 130
VOXZOGO INJ 1.2MG.....130
VRAYLAR CAP 0.5MG.....79
VRAYLAR CAP 0.75MG.....79
VRAYLAR CAP 1.5MG.....79
VRAYLAR CAP 3MG 79
VRAYLAR CAP 4.5MG.....79
VRAYLAR CAP 6MG 79
VTAMA CRE 1% 116
VUMERITY CAP 231MG 194
vyfemla tab 0.4-35 103
vylibra tab 0.25-35 103
VYNDAMAX CAP 61MG 98
VYTONE CRE 1-1.9% 112
VYTORIN TAB 10-10MG 56
VYTORIN TAB 10-20MG.....56
VYTORIN TAB 10-40MG 56
VYTORIN TAB 10-80MG 56
VYVGART INJ HYTRULO 178

W

WAKIX TAB 17.8MG 6
WAKIX TAB 4.45MG 6
warfarin sodium tab 10 mg 36
warfarin sodium tab 1 mg.....36
warfarin sodium tab 2.5 mg.....36
warfarin sodium tab 2 mg 36
warfarin sodium tab 3 mg 36
warfarin sodium tab 4 mg 36
warfarin sodium tab 5 mg 36
warfarin sodium tab 6 mg 36
warfarin sodium tab 7.5 mg 36
WEBCOL PREP PAD LARGE 162
WEBCOL PREP PAD MEDIUM 162
WEGOVY HD INJ 7.2/0.75 4
WEGOVY INJ 0.25MG 4
WEGOVY INJ 0.5MG 4
WEGOVY INJ 1.7MG.....4
WEGOVY INJ 1MG.....4
WEGOVY INJ 2.4MG.....5
WEGOVY TAB 1.5MG 5
WEGOVY TAB 25MG 5
WEGOVY TAB 4MG.....5
WEGOVY TAB 9MG.....5
WELCHOL PAK 3.75GM.....57
WELCHOL TAB 625MG.....57
WELLBUTRIN TAB 100MG SR.....44
WELLBUTRIN TAB 150MG SR 44
WELLBUTRIN TAB 200MG SR 44
wera tab 0.5/35 103
WIDE-SEAL DPR KIT 60 148
WIDE-SEAL DPR KIT 65.....148
WIDE-SEAL DPR KIT 70.....148
WIDE-SEAL DPR KIT 75.....148
WIDE-SEAL DPR KIT 80 148
WIDE-SEAL DPR KIT 85.....148

WIDE-SEAL DPR KIT 90 148
WIDE-SEAL DPR KIT 95 148
WINLEVI CRE 1% 110
WINREVAIR INJ 45MG 97
WINREVAIR INJ 60MG 97
wixela inhub aer 100/50 36
wixela inhub aer 250/50 36
wixela inhub aer 500/50 36
wymzya fe chw 0.4mg-35 103

X

XACIATO GEL 2% 202
XALATAN SOL 0.005% 187
XALKORI CAP 150MG 75
XALKORI CAP 20MG 74
XALKORI CAP 50MG 75
xarah fe tab 103
XARELTO STAR TAB 15/20MG 37
XARELTO SUS 1MG/ML 37
XARELTO TAB 10MG 37
XARELTO TAB 15MG 37
XARELTO TAB 2.5MG 37
XARELTO TAB 20MG 37
XATMEP SOL 2.5MG/ML 67
XCOPRI PAK 100-150 43
XCOPRI PAK 12.5-25 43
XCOPRI PAK 150-200 43
XCOPRI PAK 50-100MG 43
XCOPRI TAB 100MG 43
XCOPRI TAB 150MG 43
XCOPRI TAB 200MG 43
XCOPRI TAB 25MG 43
XCOPRI TAB 50MG 43
XDEMVY DRO 0.25% 186
XELODA TAB 150MG 67
XELODA TAB 500MG 67
xelria fe chw 0.4mg-35 103
XEPI CRE 1% 111
XERAC-AC SOL 6.25% 122
XERMELO TAB 250MG 137
XHANCE MIS 93MCG 183
XIFAXAN TAB 550MG 28
XIGDUO XR TAB 10-1000 50
XIGDUO XR TAB 10-500MG 50
XIGDUO XR TAB 2.5-1000 50
XIGDUO XR TAB 5-1000MG 50
XIGDUO XR TAB 5-500MG 50
XOLAIR INJ 150MG/ML 33
XOLAIR INJ 300/2ML 33
XOLAIR INJ 75/0.5 33
XOSPATA TAB 40MG 75
XPOVIO PAK 40MG 70
XPOVIO PAK 50MG 70
XPOVIO PAK 60MG 70
XPOVIO PAK 80MG 70
XTANDI CAP 40MG 69
XTANDI TAB 40MG 69
XTANDI TAB 80MG 69
xulane dis 150-35 104
XULTOPHY INJ 100/3.6 50
XUREA CRE 39% 120
XURIDEN POW 2GM 129
XYOSTED INJ 100/0.5 26
XYOSTED INJ 50/0.5ML 26
XYOSTED INJ 75/0.5ML 26
XYWAV SOL 0.5GM/ML 190

Y

yargesa cap 100mg 140
YCANTH SOL 0.7% 121
YESINTEK INJ 45/0.5ML 116
YESINTEK INJ 90MG/ML 116
YEZTUGO INJ 463.5MG 86
YEZTUGO TAB 300MG 86
YONSA TAB 125MG 69
YORVIPATH INJ 168/0.56 129
YORVIPATH INJ 294/0.98 129
YORVIPATH INJ 420/1.4 129
yulithira tab 10mg 75
yulithira tab 2.5mg 75
yulithira tab 5mg 75
yulithira tab 7.5mg 75
YUPELRI NEB 175/3ML 33
YUTREPIA CAP 106MCG 97
YUTREPIA CAP 26.5MCG 97
YUTREPIA CAP 53MCG 97
YUTREPIA CAP 79.5MCG 97

Z

ZACLIR LOT 8% 110
zafemy dis 150/35 104

zafirlukast tab 10 mg 33
zafirlukast tab 20 mg 33
zaleplon cap 10 mg 143
zaleplon cap 5 mg 143
ZANAFLEX CAP 2MG 182
ZANAFLEX CAP 4MG 182
ZANAFLEX CAP 6MG 182
ZANAFLEX CAP 8MG 182
ZANAFLEX TAB 4MG 182
ZARONTIN CAP 250MG 44
ZARONTIN SOL 250/5ML 44
ZAVESCA CAP 100MG 140
ZEGALOGUE INJ 0.6/0.6 50
ZEJULA TAB 100MG 75
ZEJULA TAB 200MG 75
ZEJULA TAB 300MG 75
zelvysia pow 100mg 129
zelvysia pow 500mg 129
ZEMBRACE SYM INJ 3/0.5ML 176
ZEMPLAR CAP 1MCG 129
ZEMPLAR CAP 2MCG 130
zenatane cap 10mg 110
zenatane cap 20mg 110
zenatane cap 30mg 110
zenatane cap 40mg 110
ZENPEP CAP 10000UNT 124
ZENPEP CAP 15000UNT 124
ZENPEP CAP 20000UNT 124
ZENPEP CAP 25000UNT 124
ZENPEP CAP 3000UNIT 124
ZENPEP CAP 40000UNT 124
ZENPEP CAP 5000UNIT 124
ZENPEP CAP 60000UNT 124
zenzedi tab 10mg 2
zenzedi tab 15mg 2
zenzedi tab 2.5mg 2
zenzedi tab 20mg 2
zenzedi tab 30mg 2
zenzedi tab 5mg 2
zenzedi tab 7.5mg 2
ZEPBOUND INJ 10/0.5ML 5
ZEPBOUND INJ 12.5/0.5 5
ZEPBOUND INJ 15/0.5ML 5
ZEPBOUND INJ 2.5/0.5 5
ZEPBOUND INJ 5/0.5ML 5
ZEPBOUND INJ 7.5/0.5 5
ZEPOSIA 7DAY CAP STR PACK 194
ZEPOSIA CAP 0.92MG 194
ZEPOSIA CAP STR KIT 194
ZESTRIL TAB 10MG 60
ZESTRIL TAB 2.5MG 60
ZESTRIL TAB 20MG 60
ZESTRIL TAB 30MG 60
ZESTRIL TAB 40MG 60
ZESTRIL TAB 5MG 60
ZEVALIN KIT Y-90 68
ZEVRX STERIL PAD ALCHOL 162
ZEVRX TWIST MIS LANC 30G 162
ZIAGEN SOL 20MG/ML 86
zidovudine cap 100 mg 86
zidovudine syrup 10 mg/ml 86
zidovudine tab 300 mg 86
ZIOPTAN DRO 0.0015% 187
ziprasidone hcl cap 20 mg 79
ziprasidone hcl cap 40 mg 79
ziprasidone hcl cap 60 mg 79
ziprasidone hcl cap 80 mg 79
ziprasidone mesylate for inj 20 mg (base equivalent) 79
ZITHRANOL SHA 1% 116
ZITHROMAX POW 1GM PAK 144
ZITHROMAX SUS 200/5ML 144
ZITHROMAX TAB 250MG 144
ZITHROMAX TAB 500MG 144
ZITHROMAX TAB TRI-PAK 144
ZITHROMAX TAB Z-PAK 144
ZITUVIMET TAB 50-1000 50
ZITUVIMET TAB 50-500MG 50
ZITUVIMET XR TAB 100-1000 50
ZITUVIMET XR TAB 50-1000 50
ZITUVIMET XR TAB 50-500MG 50
ZITUVIO TAB 100MG 51
ZITUVIO TAB 25MG 50
ZITUVIO TAB 50MG 51
ZOCOR TAB 10MG 59
ZOCOR TAB 20MG 59
ZOCOR TAB 40MG 59
ZOKINVY CAP 50MG 180

ZOKINVY CAP 75MG 180
ZOLINZA CAP 100MG.....75
zolmitriptan nasal spray 2.5 mg/spray unit 176
zolmitriptan nasal spray 5 mg/spray unit 176
zolmitriptan orally disintegrating tab 2.5 mg 176
zolmitriptan orally disintegrating tab 5 mg 176
zolmitriptan tab 2.5 mg 176
zolmitriptan tab 5 mg 176
zolpidem tartrate tab 10 mg 143
zolpidem tartrate tab 5 mg.....143
zolpidem tartrate tab er 12.5 mg.....143
zolpidem tartrate tab er 6.25 mg.....143
ZOMIG SPR 2.5MG 176
ZOMIG SPR 5MG 176
ZONALON CRE 5% 112
zonisamide cap 100 mg.....43
zonisamide cap 25 mg 43
zonisamide cap 50 mg 43
ZORTRESS TAB 0.25MG.....179
ZORTRESS TAB 0.5MG.....179
ZORTRESS TAB 0.75MG.....179
ZORTRESS TAB 1MG.....180
ZORYVE CRE 0.05%.....122
ZORYVE CRE 0.15%.....122
ZORYVE CRE 0.3% 122
ZORYVE MIS 0.3%.....122
zovia 1/35 tab 103
ZUBSOLV SUB 0.7-0.18 26
ZUBSOLV SUB 1.4-0.36 26
ZUBSOLV SUB 11.4-2.9 26
ZUBSOLV SUB 2.9-0.71 26
ZUBSOLV SUB 5.7-1.4.....26
ZUBSOLV SUB 8.6-2.1.....26
zumandimine tab 3-0.03mg 103
ZURZUVAE CAP 20MG.....45
ZURZUVAE CAP 25MG.....45
ZURZUVAE CAP 30MG.....45
ZYFLO TAB 600MG 33
ZYKADIA TAB 150MG.....75
ZYPREXA INJ 10MG.....82
ZYPREXA RELP INJ 210MG 82
ZYPREXA RELP INJ 300MG 82
ZYPREXA RELP INJ 405MG 82
ZYPREXA TAB 10MG 82
ZYPREXA TAB 15MG.....82
ZYPREXA TAB 2.5MG.....82
ZYPREXA TAB 20MG.....82
ZYPREXA TAB 5MG 82
ZYPREXA TAB 7.5MG.....82
ZYPREXA ZYDI TAB 10MG 82
ZYPREXA ZYDI TAB 15MG 82
ZYPREXA ZYDI TAB 20MG 82
ZYPREXA ZYDI TAB 5MG.....82

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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 shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ 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 haadzį́į'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.