CareFirst
Family of health care plans

CareFirst Formulary 1

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/rxgroup**.

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 three 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.

CareFirst Formulary 1 (non-ACA), 3T (self-insured) Effective 10/01/2026

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL TAB 5MG	3	QL (3 tabs every 1 day)
ADDERALL TAB 7.5MG	3	QL (3 tabs every 1 day)
ADDERALL TAB 10MG	3	QL (3 tabs every 1 day)
ADDERALL TAB 12.5MG	3	QL (3 tabs every 1 day)
ADDERALL TAB 15MG	3	QL (2 tabs every 1 day)
ADDERALL TAB 20MG	3	QL (2 tabs every 1 day)
ADDERALL TAB 30MG	3	QL (1 tab every 1 day)
ADDERALL XR CAP 5MG	3	QL (3 caps every 1 day)
ADDERALL XR CAP 10MG	3	QL (3 caps every 1 day)
ADDERALL XR CAP 15MG	3	QL (1 cap every 1 day)
ADDERALL XR CAP 20MG	3	QL (1 cap every 1 day)
ADDERALL XR CAP 25MG	3	QL (1 cap every 1 day)
ADDERALL XR CAP 30MG	3	QL (1 cap every 1 day)
ADZENYS XR TAB 3.1MG	3	QL (2 ea every 1 day)
ADZENYS XR TAB 6.3MG	3	QL (2 ea every 1 day)
ADZENYS XR TAB 9.4MG	3	QL (2 ea every 1 day)
ADZENYS XR TAB 12.5MG	3	QL (1 ea every 1 day)
ADZENYS XR TAB 15.7 MG	3	QL (1 ea every 1 day)
ADZENYS XR TAB 18.8MG	3	QL (1 ea every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
ARYNTA SOL 10MG/ML	3	QL (7 mL every 1 day)
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)
DYANAVEL XR SUS 2.5MG/ML	3	QL (8 mL every 1 day)
DYANAVEL XR TAB 5MG	3	QL (2 tabs every 1 day)
DYANAVEL XR TAB 10MG	3	QL (2 tabs every 1 day)
DYANAVEL XR TAB 15MG	3	QL (1 tab every 1 day)
DYANAVEL XR TAB 20MG	3	QL (1 tab every 1 day)
EVEKEO TAB 5MG	3	QL (4 tabs every 1 day)
EVEKEO TAB 10MG	3	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
MYDAYIS CAP 12.5MG	3	QL (2 caps every 1 day)
MYDAYIS CAP 25MG	3	QL (2 caps every 1 day)
MYDAYIS CAP 37.5MG	3	QL (1 cap every 1 day)
MYDAYIS CAP 50MG	3	QL (1 cap every 1 day)
procentra sol 5mg/5ml	1	QL (40 mL every 1 day)
VYVANSE CAP 10MG	3	QL (2 caps every 1 day)
VYVANSE CAP 20MG	3	QL (2 caps every 1 day)
VYVANSE CAP 30MG	3	QL (2 caps every 1 day)
VYVANSE CAP 40MG	3	QL (1 cap every 1 day)
VYVANSE CAP 50MG	3	QL (1 cap every 1 day)
VYVANSE CAP 60MG	3	QL (1 cap every 1 day)
VYVANSE CAP 70MG	3	QL (1 cap every 1 day)
VYVANSE CHW 10MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 20MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 30MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 40MG	3	QL (1 tab every 1 day)
VYVANSE CHW 50MG	3	QL (1 tab every 1 day)
VYVANSE CHW 60MG	3	QL (1 tab every 1 day)
XELSTRYM PAD 4.5MG/9H	3	QL (1 ea every 1 day)
XELSTRYM PAD 9MG/9HR	3	QL (1 ea every 1 day)
XELSTRYM PAD 13.5/9HR	3	QL (1 ea every 1 day)
XELSTRYM PAD 18MG/9HR	3	QL (1 ea 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)

Drug Name	Drug Tier	Requirements/Limits
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P TAB 37.5MG	3	PA; Coverage is subject to your plan/benefits
benzphetamine hcl tab 50 mg	1	PA; Coverage is subject to your plan/benefits
diethylpropion hcl tab 25 mg	1	PA; 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
PHENDIMETRAZ CAP 105MG ER	3	PA; Coverage is subject to your plan/benefits
phendimetrazine tartrate tab 35 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 15 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 30 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 37.5 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl tab 8 mg	1	Coverage is subject to your plan/benefits
phentermine hcl tab 37.5 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA; Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA, QL (120 tabs every 28 days); Coverage is subject to your plan/benefits
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)	2	PA, QL (1 package every 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 every 28 days); Coverage is subject to your plan/benefits
WEGOVY HD INJ 7.2/0.75	2	PA, QL (1 package every 28 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

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 1MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
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/benefits
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
XENICAL CAP 120MG	3	PA, QL (90 caps every 28 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
ZEPBOUND INJ 5/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 7.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 10/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 12.5/0.5	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 15/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (2 caps every 1 day)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (1 cap every 1 day)

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)
atomoxetine hcl soln 4mg/ml (base equiv)	1	QL (25 mL every 1 day)
ATONCY SOL 4MG/ML	3	QL (25 mL 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	
INTUNIV TAB 1MG	3	
INTUNIV TAB 2MG	3	
INTUNIV TAB 3MG	3	
INTUNIV TAB 4MG	3	
ONYDA XR SUS 0.1MG/ML	3	
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	2	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	2	PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
APTENSIO XR CAP 10MG	3	QL (2 caps every 1 day)
APTENSIO XR CAP 15MG	3	QL (2 caps every 1 day)
APTENSIO XR CAP 20MG	3	QL (2 caps every 1 day)
APTENSIO XR CAP 30MG	3	QL (2 caps every 1 day)
APTENSIO XR CAP 40MG	3	QL (1 cap every 1 day)
APTENSIO XR CAP 50MG	3	QL (1 cap every 1 day)
APTENSIO XR CAP 60MG	3	QL (1 cap every 1 day)
armodafinil tab 50 mg	1	PA, QL (2 tabs every 1 day)
armodafinil tab 150 mg	1	PA, QL (1 tab every 1 day)
armodafinil tab 200 mg	1	PA, QL (1 tab every 1 day)
armodafinil tab 250 mg	1	PA, QL (1 tab every 1 day)
AZSTARYS CAP 26.1-5.2	2	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
CONCERTA TAB 18MG	3	QL (2 tabs every 1 day)
CONCERTA TAB 27MG	3	QL (2 tabs every 1 day)
CONCERTA TAB 36MG	3	QL (2 tabs every 1 day)
CONCERTA TAB 54MG	3	QL (1 tab every 1 day)
COTEMPLA XR TAB 8.6MG	3	QL (2 ea every 1 day)
COTEMPLA XR TAB 17.3MG	3	QL (2 ea every 1 day)
COTEMPLA XR TAB 25.9MG	3	QL (2 ea every 1 day)
DAYTRANA DIS 10MG/9HR	3	QL (1 patch every 1 day)
DAYTRANA DIS 15MG/9HR	3	QL (1 ea every 1 day)
DAYTRANA DIS 20MG/9HR	3	QL (1 patch every 1 day)
DAYTRANA DIS 30MG/9HR	3	QL (1 patch every 1 day)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl tab 2.5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 10 mg	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 10MG	3	QL (2 tabs every 1 day)
FOCALIN XR CAP 5MG	3	QL (2 caps every 1 day)
FOCALIN XR CAP 10MG	3	QL (2 caps every 1 day)
FOCALIN XR CAP 15MG	3	QL (2 caps every 1 day)
FOCALIN XR CAP 20MG	3	QL (2 caps every 1 day)
FOCALIN XR CAP 25MG	3	QL (1 cap every 1 day)
FOCALIN XR CAP 30MG	3	QL (1 cap every 1 day)
FOCALIN XR CAP 35MG	3	QL (1 cap every 1 day)
FOCALIN XR CAP 40MG	3	QL (1 cap every 1 day)
JORNAY PM CAP 20MG ER	3	QL (2 caps every 1 day)
JORNAY PM CAP 40MG ER	3	QL (2 caps every 1 day)
JORNAY PM CAP 60MG ER	3	QL (1 cap every 1 day)
JORNAY PM CAP 80MG ER	3	QL (1 cap every 1 day)
JORNAY PM CAP 100MG ER	3	QL (1 cap every 1 day)
METADATE CD CAP 10MG	3	QL (2 caps every 1 day)
METADATE CD CAP 20MG	3	QL (2 caps every 1 day)
METADATE CD CAP 30MG	3	QL (2 caps every 1 day)
METADATE CD CAP 40MG	3	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
METADATE CD CAP 50MG	3	QL (1 cap every 1 day)
METADATE CD CAP 60MG	3	QL (1 cap 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)
METHYLPHENID TAB 8.6MG ER	3	QL (2 ea every 1 day)
METHYLPHENID TAB 17.3 ER	3	QL (2 ea every 1 day)
METHYLPHENID TAB 25.9 ER	3	QL (2 ea 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)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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) 45 mg	1	QL (1 tab 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) 63 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 (2 tabs every 1 day)
modafinil tab 200 mg	1	PA, QL (2 tabs every 1 day)
NUVIGIL TAB 50MG	3	PA, QL (2 tabs every 1 day)
NUVIGIL TAB 150MG	3	PA, QL (1 tab every 1 day)
NUVIGIL TAB 200MG	3	PA, QL (1 tab every 1 day)
NUVIGIL TAB 250MG	3	PA, QL (1 tab every 1 day)
PROVIGIL TAB 100MG	3	PA, QL (2 tabs every 1 day)
PROVIGIL TAB 200MG	3	PA, QL (2 tabs every 1 day)
QUILLICHEW CHW 20MG ER	3	QL (2 tabs every 1 day)
QUILLICHEW CHW 30MG ER	3	QL (2 tabs every 1 day)
QUILLICHEW CHW 40MG ER	3	QL (1 tab every 1 day)
QUILLIVANT SUS 25MG/5ML	3	QL (12 mL every 1 day)
RELEXXII TAB 18MG ER	3	QL (2 tabs every 1 day)
RELEXXII TAB 27MG ER	3	QL (2 tabs every 1 day)
RELEXXII TAB 36MG ER	3	QL (2 tabs every 1 day)
RELEXXII TAB 45MG ER	3	QL (1 tab every 1 day)
RELEXXII TAB 54MG ER	3	QL (1 tab every 1 day)
RELEXXII TAB 63MG ER	3	QL (1 tab every 1 day)
RELEXXII TAB 72MG ER	3	QL (1 tab every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	
ODACTRA SUB	2	
ORALAIR SUB 300 IR	2	
PALFORZIA CAP 1-3YRS	3	
PALFORZIA CAP 4-17YRS	3	
PALFORZIA CAP ESCALAT	3	
PALFORZIA CAP LEVEL 0	3	
PALFORZIA CAP LEVEL 1	3	
PALFORZIA CAP LEVEL 2	3	
PALFORZIA CAP LEVEL 3	3	
PALFORZIA CAP LEVEL 4	3	
PALFORZIA CAP LEVEL 5	3	
PALFORZIA CAP LEVEL 6	3	
PALFORZIA CAP LEVEL 7	3	
PALFORZIA CAP LEVEL 8	3	
PALFORZIA CAP LEVEL 9	3	
PALFORZIA CAP LEVEL 10	3	
PALFORZIA POW LEVEL 11	3	
RAGWITEK SUB	2	
AMEBICIDES		
AMEBICIDES		
SOLOSEC GRA 2GM	3	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	3	PA
BETHKIS NEB 300/4ML	3	PA, QL (8 mL every 1 day)
HUMATIN CAP 250MG	3	
KITABIS PAK NEB 300/5ML	2	PA, QL (10 mL every 1 day)
neomycin sulfate tab 500 mg	1	
TOBI NEB 300/5ML	3	PA, QL (10 mL every 1 day)
TOBI PODHALR CAP 28MG	2	PA, QL (8 caps every 1 day)
tobramycin nebu soln 300 mg/4ml	1	PA, QL (8 mL every 1 day)
tobramycin nebu soln 300 mg/5ml	1	PA, QL (10 mL every 1 day)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA 1PN INJ 40/0.8ML	3	PA, QL (4 pens every 28 days)
ABRILADA 2PN INJ 40/0.8ML	3	PA, QL (4 pens every 28 days)
ABRILADA INJ 20/0.4ML	3	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ABRILADA INJ 40/0.8ML	3	PA, QL (4 syringes every 28 days)
ADALIMU-AACF INJ 40/0.8ML	3	PA, QL (4 pens every 28 days)
ADALIMU-AACF KIT 40/0.8ML	3	PA, QL (4 syringes every 28 days)
ADALIMU-AATY KIT 20/0.2ML	3	PA, QL (4 syringes every 28 days)
ADALIMU-AATY KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
ADALIMU-AATY KIT 40/0.4ML	3	PA, QL (4 syringes every 28 days)
ADALIMU-AATY KIT 80/0.8ML	3	PA, QL (2 pens every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	2	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	2	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	2	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	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADBM KIT 10/0.2ML	3	PA, QL (2 syringes every 28 days)
ADALIMU-ADBM KIT 20/0.4ML	3	PA, QL (4 syringes every 28 days)
ADALIMU-ADBM KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
ADALIMU-ADBM KIT 40/0.4ML	3	PA, QL (4 syringes every 28 days)
ADALIMU-ADBM KIT 40/0.8ML	3	PA, QL (4 syringes every 28 days)
ADALIMU-ADBM KIT 40/0.8ML	3	PA, QL (6 pens every 28 days)
ADALIMU-BWWD INJ 40/0.4ML	3	PA
ADALIMU-FKJP KIT 20/0.4ML	2	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	2	PA, QL (4 pens every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	2	PA, QL (4 syringes every 28 days)
ADALIMU-RYVK INJ 40/0.4ML	3	PA, QL (4 pens every 28 days)
ADALIMU-RYVK INJ 80/0.8ML	3	PA, QL (2 pens every 28 days)
AMJEVITA INJ 10/0.2ML	3	PA, QL (2 syringes every 28 days)
AMJEVITA INJ 20/0.2ML	3	PA, QL (4 pens every 28 days)
AMJEVITA INJ 20/0.4ML	3	PA, QL (4 SYRINGES every 28 DAYS)
AMJEVITA INJ 40/0.4ML	3	PA, QL (4 pens every 28 days)
AMJEVITA INJ 40/0.4ML	3	PA, QL (4 syringes every 28 days)
AMJEVITA INJ 40/0.8ML	3	PA, QL (4 pens every 28 days)
AMJEVITA INJ 40/0.8ML	3	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
AMJEVITA INJ 80/0.8ML	3	PA, QL (2 pens every 28 days)
CYLTEZO INJ 10/0.2ML	3	PA, QL (2 syringes every 28 days)
CYLTEZO INJ 20/0.4ML	3	PA, QL (4 syringes every 28 days)
CYLTEZO INJ 40/0.8ML	3	PA, QL (4 syringes every 28 days)
CYLTEZO INJ 40/0.8ML	3	PA, QL (6 pens every 28 days)
CYLTEZO INJ CROHNS	3	PA, QL (6 pens every 28 days)
CYLTEZO INJ PSORIASI	3	PA, QL (6 pens every 28 days)
CYLTEZO KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
CYLTEZO KIT 40/0.4ML	3	PA, QL (4 syringes every 28 days)
CYLTEZO KIT CROHNS	3	PA, QL (4 pens every 28 days)
CYLTEZO PSOR KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
HADLIMA INJ 40/0.4ML	2	PA, QL (4 syringes every 28 days)
HADLIMA INJ 40/0.8ML	2	PA, QL (4 syringes every 28 days)
HADLIMA PUSH INJ 40/0.4ML	2	PA, QL (4 pens every 28 days)
HADLIMA PUSH INJ 40/0.8ML	2	PA, QL (4 pens every 28 days)
HULIO INJ 40/0.8ML	3	PA, QL (4 pens every 28 days)
HULIO INJ 40/0.8ML	3	PA, QL (4 syringes every 28 days)
HULIO KIT 20/0.4ML	3	PA, QL (4 syringes every 28 days)
HUMIRA INJ 10/0.1ML	2	PA, QL (2 syringes every 28 days); Preferred for all 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
HUMIRA INJ 20/0.2ML	2	PA, QL (4 SYRINGES every 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 40/0.4ML	2	PA, QL (4 SYRINGES every 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	2	PA, QL (4 SYRINGES every 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40/0.4ML	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	2	PA, QL (4 pens every 28 days); Preferred for all 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
HUMIRA PEN INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT CD/UC/HS	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PS/UV	2	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HYRIMOZ CD/ INJ UC/HS SP	2	PA, QL (2 pens 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 10/0.1ML	2	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 20/0.2ML	2	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	2	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	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ SENS INJ 80/0.8ML	2	PA, QL (2 pens 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-PED INJ CROHNS	2	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PED INJ CROHNS	2	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSOR/UVE	2	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSORIASI	2	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
IDACIO 2-PEN INJ 40/0.8ML	3	PA, QL (4 pens every 28 days)
IDACIO 2-SYR INJ 40/0.8ML	3	PA, QL (4 syringes every 28 days)
IDACIO CROHN INJ DISEASE	3	PA, QL (4 pens every 28 days)
IDACIO PLAQU INJ PSORIASI	3	PA, QL (4 pens every 28 days)
SIMLANDI 1PN KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
SIMLANDI 1PN KIT 80/0.8ML	3	PA, QL (2 pens every 28 days)
SIMLANDI 2PN INJ 40/0.4ML	3	PA, QL (4 pens every 28 days)
SIMLANDI KIT 20/0.2ML	3	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
SIMLANDI KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
SIMLANDI KIT 80/0.8ML	3	PA, QL (2 syringes every 28 days)
SIMPONI INJ 50/0.5ML	2	PA, QL (1 syringe every 28 days)
SIMPONI INJ 100MG/ML	2	PA, QL (1 syringe every 28 days)
YUFLYMA 1PEN KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
YUFLYMA 1PEN KIT 80/0.8ML	3	PA, QL (2 pens every 28 days)
YUFLYMA 2PEN KIT 40/0.4ML	3	PA, QL (4 pens every 28 days)
YUFLYMA 2SYR KIT 20/0.2ML	3	PA, QL (4 syringes every 28 days)
YUFLYMA 2SYR KIT 40/0.4ML	3	PA, QL (4 syringes every 28 days)
YUFLYMA KIT 80/0.8ML	3	PA, QL (2 pens every 28 days)
YUSIMRY INJ 40/0.8ML	3	PA, QL (4 pens every 28 days)
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	2	PA, QL (1 tab every 1 day)
OLUMIANT TAB 2MG	2	PA, QL (1 tab every 1 day)
OLUMIANT TAB 4MG	2	PA, QL (1 tab every 1 day)
RINVOQ LQ SOL 1MG/ML	2	PA, QL (12 mL every 1 day)
RINVOQ TAB 15MG ER	2	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	2	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	2	PA, QL (84 tabs 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)
XELJANZ SOL 1MG/ML	3	PA, QL (10 mL every 1 day)
XELJANZ TAB 5MG	3	PA, QL (2 tabs every 1 day)
XELJANZ TAB 10MG	3	PA, QL (2 tabs every 1 day)
XELJANZ XR TAB 11MG	3	PA, QL (1 tab every 1 day)
XELJANZ XR TAB 22MG	3	PA, QL (1 tab every 1 day)
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 20MG	3	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 22.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	3	PA, QL (4 pens every 28 days)
RASUVO INJ 7.5MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 10MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 12.5MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 15MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 17.5MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 20MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 22.5MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 25MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 30MG	2	PA, QL (4 pens every 28 days)
GOLD COMPOUNDS		
AURANOFIN CAP 3MG	3	
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	3	PA, QL (8 vials every 28 days)
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	3	PA, QL (1 syringe every 1 day)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 162/0.9	3	PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	3	PA, QL (4 pens every 28 days)
AVTOZMA INJ 162/0.9	3	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 150/1.14	3	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
KEVZARA INJ 150/1.14	3	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	3	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
KEVZARA INJ 200/1.14	3	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.
TYENNE INJ 162/0.9	3	PA, QL (4 pens every 28 days)
TYENNE INJ 162MG	3	PA, QL (4 pens every 28 days)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
celecoxib cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
COMBOGESIC TAB 325/97.5	3	
COXANTO CAP 300MG	3	
DAYPRO TAB 600MG	3	
diclofenac potassium cap 25 mg	1	PA
diclofenac potassium tab 25 mg	1	PA
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	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium cap 200 mg	1	PA; MNPA
fenoprofen calcium cap 300 mg	1	
fenoprofen calcium cap 400 mg	1	PA
fenoprofen calcium tab 600 mg	1	PA; MNPA
FENOPROFEN CAP 200MG	3	PA; MNPA
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 300 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ibuprofen-famotidine tab 800-26.6 mg	1	
indocin sup 50mg	1	PA
INDOCIN SUS 25MG/5ML	3	PA; MNPA
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
INDOMETHACIN SUP 100MG	3	
indomethacin suppos 50 mg	1	
indomethacin susp 25 mg/5ml	1	
ketoprofen cap 25 mg	1	PA; MNPA
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	MNPA
ketoprofen cap er 24hr 200 mg	1	PA; MNPA
ketorolac tromethamine tab 10 mg	1	
kiprofen cap 25mg	1	PA; MNPA
LODINE TAB 400MG	3	
lofena tab 25mg	1	PA
LURBIPR TAB 100MG	3	
LURBIRO TAB 100MG	3	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam cap 5 mg	1	PA; MNPA
meloxicam cap 10 mg	1	PA; MNPA
MELOXICAM SUS 7.5/5ML	3	
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	
NAPRELAN TAB 375MG CR	3	
NAPRELAN TAB 500MG CR	3	
NAPRELAN TAB 750MG CR	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen sodium tab er 24hr 375 mg (base equiv)	1	MNPA
naproxen sodium tab er 24hr 375 mg (base equiv)	1	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
naproxen sodium tab er 24hr 500 mg (base equiv)	1	MNPA
naproxen sodium tab er 24hr 500 mg (base equiv)	1	PA; MNPA
naproxen sodium tab er 24hr 750 mg (base equiv)	1	MNPA
naproxen sodium tab er 24hr 750 mg (base equiv)	1	PA; MNPA
naproxen susp 125 mg/5ml	1	PA; MNPA
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	
naproxen-esomeprazole magnesium tab dr 375-20 mg	1	PA; MNPA
naproxen-esomeprazole magnesium tab dr 500-20 mg	1	PA; MNPA
ORUDIS CAP 75MG	3	
oxaprozin cap 300 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
RELAFEN DS TAB 1000MG	3	
SPRIX SPR 15.75MG	3	PA; MNPA
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolectin 600 tab 600mg	1	
TOLECTIN DS CAP 400MG	3	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
TRESNI SUP 100MG	3	
VIMOVO TAB 500-20MG	3	
VYSCOXA SUS 10MG/ML	3	
ZIPSOR CAP 25MG	3	
ZYBIC SUS 7.5/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	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	2	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	2	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	2	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	2	PA, QL (1 tab every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA/XR TAB 28 DAY	2	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	

Drug Name	Drug Tier	Requirements/Limits
ARAVA TAB 20MG	3	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	3	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	3	PA, QL (4 syringe 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 87.5/0.7	3	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 125MG/ML	3	PA, QL (4 syringe 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	2	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	2	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.
ENBREL INJ 50MG/ML	2	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	2	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	2	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		
ALLZITAL TAB 25-325MG	3	
bac tab	1	
BUT/APAP/CAF SOL	3	
butalbital-acetaminophen cap 50-300 mg	1	PA; MNPA
butalbital-acetaminophen tab 50-300 mg	1	PA; MNPA
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
esgic cap	1	
ESGIC TAB	3	
FIORICET CAP	3	
tencon tab 50-325mg	1	
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB 50MG	3	
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
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
DOLOBID TAB 250MG	3	
DOLOBID TAB 375MG	3	
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)

Drug Name	Drug Tier	Requirements/Limits
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 1 day)
DILAUDID TAB 2MG	3	PA, QL (180 tabs every 25 days)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every 1 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
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)

Drug Name	Drug Tier	Requirements/Limits
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 (2 caps every 1 day)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (120 supp every 25 days)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (16 mL every 1 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 1 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
HYSINGLA ER TAB 20 MG	3	PA, QL (30 tabs every 25 days)
HYSINGLA ER TAB 30 MG	3	PA, QL (30 tabs every 25 days)
HYSINGLA ER TAB 40 MG	3	PA, QL (30 tabs every 25 days)
HYSINGLA ER TAB 60 MG	3	PA, QL (30 tabs every 25 days)
HYSINGLA ER TAB 80 MG	3	PA, QL (30 tabs every 25 days)
HYSINGLA ER TAB 100 MG	3	PA
HYSINGLA ER TAB 120 MG	3	PA
levorphanol tartrate tab 2 mg	1	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
levorphanol tartrate tab 3 mg	1	PA; MNPA
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 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 1 day)
methadone hcl tab 5 mg	1	PA, QL (90 tabs every 25 days)
methadone hcl tab 10 mg	1	PA, QL (1 tab every 1 day)
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)
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
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (675 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
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, QL (180 supp every 25 days)
morphine sulfate suppos 10 mg	1	PA, QL (180 supp every 25 days)
morphine sulfate suppos 20 mg	1	PA, QL (120 supp every 25 days)
morphine sulfate suppos 30 mg	1	PA, QL (90 supp every 25 days)
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 ea every 25 days)
morphine sulfate tab er 30 mg	1	PA, QL (90 ea every 25 days)
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
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
NUCYNTA ER TAB 50MG	3	PA, QL (60 tabs every 25 days)
NUCYNTA ER TAB 100MG	3	PA, QL (60 tabs every 25 days)
NUCYNTA ER TAB 150MG	3	PA, QL (60 tabs every 25 days)
NUCYNTA ER TAB 200MG	3	PA, QL (60 tabs every 25 days)
NUCYNTA ER TAB 250MG	3	PA, QL (60 tabs every 25 days)
NUCYNTA TAB 50MG	3	PA, QL (120 tabs every 25 days)
NUCYNTA TAB 75MG	3	PA, QL (90 tabs every 25 days)
NUCYNTA TAB 100MG	3	PA, QL (60 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl cap 5 mg	1	PA, QL (180 caps every 25 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (90 mL every 25 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)
OXYCODONE TAB 5MG	3	PA
OXYCODONE TAB 10MG	3	PA
OXYCODONE TAB 15MG	3	PA
OXYCODONE TAB 30MG	3	PA
OXYCONTIN TAB 10MG ER	3	PA, QL (60 tabs every 25 days)
OXYCONTIN TAB 15MG ER	3	PA, QL (60 tabs every 25 days)
OXYCONTIN TAB 20MG ER	3	PA, QL (60 tabs every 25 days)
OXYCONTIN TAB 30MG ER	3	PA, QL (60 tabs every 25 days)
OXYCONTIN TAB 40MG ER	3	PA, QL (4 tabs every 1 day)
OXYCONTIN TAB 60MG ER	3	PA, QL (60 tabs every 25 days)
OXYCONTIN TAB 80MG ER	3	PA, QL (2 tabs every 1 day)
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)
oxymorphone hcl tab er 12hr 5 mg	1	PA, QL (60 tabs every 25 days)
oxymorphone hcl tab er 12hr 7.5 mg	1	PA, QL (60 tabs every 25 days)
oxymorphone hcl tab er 12hr 10 mg	1	PA, QL (60 tabs every 25 days)
oxymorphone hcl tab er 12hr 15 mg	1	PA, QL (60 tabs every 25 days)
oxymorphone hcl tab er 12hr 20 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tab er 12hr 30 mg	1	PA
oxymorphone hcl tab er 12hr 40 mg	1	PA
QDOLO SOL 5MG/ML	3	PA
ROXICODONE TAB 15MG	3	PA, QL (120 tabs every 25 days)
ROXICODONE TAB 30MG	3	PA, QL (60 tabs every 25 days)
ROXYBOND TAB 5MG	3	PA
ROXYBOND TAB 10MG	3	PA
ROXYBOND TAB 15MG	3	PA
ROXYBOND TAB 30MG	3	PA
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)
TAPENTADOL TAB 50MG ER	3	PA, QL (60 tabs every 25 days)
TAPENTADOL TAB 100MG ER	3	PA, QL (60 tabs every 25 days)
TAPENTADOL TAB 150MG ER	3	PA, QL (60 tabs every 25 days)
TAPENTADOL TAB 200MG ER	3	PA, QL (60 tabs every 25 days)
TAPENTADOL TAB 250MG ER	3	PA, QL (60 tabs every 25 days)
tramadol hcl cap er 24hr biphasic release 100 mg	1	PA
tramadol hcl cap er 24hr biphasic release 200 mg	1	PA
tramadol hcl cap er 24hr biphasic release 300 mg	1	PA
tramadol hcl oral soln 5 mg/ml	1	PA
tramadol hcl tab 25 mg	1	PA
tramadol hcl tab 50 mg	1	PA, QL (180 tabs every 25 days)
tramadol hcl tab 75 mg	1	PA
tramadol hcl tab 100 mg	1	PA, QL (90 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)

Drug Name	Drug Tier	Requirements/Limits
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
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
TRAMADOL SOL 5MG/ML	3	PA
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 25 days)
xyvona tab 2mg	1	PA; MNPA
xyvona tab 3mg	1	PA; MNPA
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 (13.334 tabs every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
NALOCET TAB 2.5-300	3	PA, QL (12 tabs every 1 day)
OXY-ACETAMIN TAB 7.5-300	3	PA, QL (8 tabs every 1 day)
OXYCOD-APAP TAB 2.5-300	3	PA, QL (12 tabs every 1 day)
OXYCOD/ACETA SOL 10/300MG	3	QL (30 mL every 1 day)
OXYCOD/APAP TAB 5-300MG	3	PA, QL (12 tabs every 1 day)
OXYCOD/APAP TAB 10-300MG	3	PA, QL (6 tabs every 1 day)
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	PA, QL (60 mL every 1 day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs every 1 day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
PERCOCET TAB 2.5-325	3	PA, QL (12 tabs every 1 day)
PERCOCET TAB 5-325MG	3	PA, QL (12 tabs every 1 day)
PERCOCET TAB 7.5-325	3	PA, QL (8 tabs every 1 day)
PERCOCET TAB 10-325MG	3	PA, QL (6 tabs every 1 day)
PROLATE SOL 10/300MG	3	QL (30 mL every 1 day)
PROLATE TAB 5-300MG	3	PA, QL (12 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PROLATE TAB 7.5-300	3	PA, QL (8 tabs every 1 day)
PROLATE TAB 10-300MG	3	PA, QL (6 tabs every 1 day)
SEGLENTIS TAB 56-44MG	3	PA
SUFEN/KETAMI SPR 60/60ML	3	
SUFENT/KETAM SPR 90/90ML	3	
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
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl sl tab 2 mg (base equiv)	0	
buprenorphine hcl sl tab 8 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	PA, QL (2 bottles every 25 days)

Drug Name	Drug Tier	Requirements/Limits
BUTRANS DIS 5MCG/HR	3	PA, QL (4 patches every 25 days); MNPA
BUTRANS DIS 7.5/HR	3	PA, QL (4 patches every 25 days); MNPA
BUTRANS DIS 10MCG/HR	3	PA, QL (4 patches every 25 days); MNPA
BUTRANS DIS 15MCG/HR	3	PA
BUTRANS DIS 20MCG/HR	3	PA
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
SUBOXONE MIS 2-0.5MG	3	
SUBOXONE MIS 4-1MG	3	
SUBOXONE MIS 8-2MG	3	
SUBOXONE MIS 12-3MG	3	
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		
ANDROGEL GEL 1.62%	3	PA
AZMIRO INJ 200MG/ML	3	PA
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
JATENZO CAP 158MG	3	PA
JATENZO CAP 198MG	3	PA
JATENZO CAP 237MG	3	PA
KYZATREX CAP 100MG	3	PA
KYZATREX CAP 150MG	3	PA
KYZATREX CAP 200MG	3	PA
methitest tab 10mg	1	
methyltestosterone cap 10 mg	1	
NATESTO GEL 5.5MG	2	PA
TESTIM GEL 1%(50MG)	3	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

Drug Name	Drug Tier	Requirements/Limits
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
TLANDO CAP 112.5 MG	3	PA
UNDECATREX CAP 200MG	3	PA
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	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	
UCERIS AER 2MG/ACT	3	
RECTAL COMBINATIONS		
ANALPRAM HC CRE 1-1%	3	
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM HC LOT 2.5%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
HYDROC/PRAM SUP 25-18MG	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL PRODUCTS - MISC.		
BARRIGEL INJ 20MG/ML	3	
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	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone perianal cream 2.5%	1	
procto-med cre hc 2.5%	1	
PROCTOCORT SUP 30MG	3	
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	
LIKMEZ SUS 500/5ML	3	
metronidazole cap 375 mg	1	
metronidazole tab 125 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
MB CAPS CAP	3	
me/naphos/mb tab hyo 1	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
URELLE TAB	3	
URETRON D/S TAB	3	
URIBEL TAB 81.6MG	3	
URIMAR-T CAP	3	
URNEVA CAP	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	3	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	QL (450 mL every 10 days)
FIRVANQ SOL 50MG/ML	3	QL (450 mL every 10 days)
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	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
MONOBACTAMS		
CAYSTON INH 75MG	3	PA, QL (3 vials every 1 day)
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
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	
MACRODANTIN CAP 25MG	3	PA; MNPA
MACRODANTIN CAP 50MG	3	PA; MNPA
MACRODANTIN CAP 100MG	3	PA; MNPA
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
METHENAMINE SOL 500/5ML	3	
NITROFURANTN SUS 50MG/5ML	3	
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		
ASPRUZYO SPR GRA 500MG	3	
ASPRUZYO SPR GRA 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate tab 40 mg	1	PA; MNPA
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	
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.

BUCAPSOL CAP 5MG	3	
BUCAPSOL CAP 7.5MG	3	
BUCAPSOL CAP 10MG	3	
BUCAPSOL CAP 15MG	3	
buspirone hcl tab 2.5 mg	1	
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 12.5 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.5mg 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	
ATIVAN TAB 0.5MG	3	
ATIVAN TAB 1MG	3	
ATIVAN TAB 2MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
LORAZEPAM INJ 2MG/ML	3	
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	
XANAX TAB 0.5MG	3	
XANAX TAB 0.25MG	3	
XANAX TAB 1MG	3	
XANAX TAB 2MG	3	
XANAX XR TAB 0.5MG	3	
XANAX XR TAB 1MG	3	
XANAX XR TAB 2MG	3	
XANAX XR TAB 3MG	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG	3	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG	3	
NORPACE CAP 150MG CR	3	
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 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	

Drug Name	Drug Tier	Requirements/Limits
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	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	
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	2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 pen every 28 days)
NUCALA INJ 40MG/0.4	2	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG	2	PA, QL (3 vials every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 syringes every 28 days)
OMLYCLO INJ 75/0.5ML	3	PA, QL (2 syringes every 28 days)
OMLYCLO INJ 150MG/ML	3	PA, QL (8 syringes every 28 days)
OMLYCLO INJ 300/2ML	3	PA, QL (4 syringes every 28 days)
TEZSPIRE INJ 210MG	2	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 75/0.5	2	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	2	QL (2 packages every 25 days)
INCRUSE ELPT INH 62.5MCG	2	QL (1 blister every 1 day)
ipratropium bromide hfa inhal aerosol 17 mcg/act	1	QL (2 inhalers every 28 days)
ipratropium bromide inhal soln 0.02%	1	QL (120 vials every 30 days)
SPIRIVA CAP HANDIHLR	2	QL (1 cap every 1 day)
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 25 days)
tiotropium bromide inhal cap 18 mcg (base equiv)	1	QL (1 ea every 1 day)
TUDORZA PRES AER 400/ACT	3	QL (1 inhaler every 30 days)
umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	1	QL (1 blister every 1 day)
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	
SINGULAIR CHW 4MG	3	
SINGULAIR CHW 5MG	3	
SINGULAIR GRA 4MG	3	
SINGULAIR TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
zileuton tab er 12hr 600 mg	1	PA; MNPA
ZYFLO TAB 600MG	3	
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUS 3/2.5ML	3	PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	3	
DALIRESP TAB 500MCG	3	
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ALVESCO AER 80MCG	3	QL (3 packages every 25 days)
ALVESCO AER 160MCG	3	QL (2 inhalers every 25 days)
ARNUITY ELPT INH 50MCG	2	QL (1 inhaler every 30 days)
ARNUITY ELPT INH 100MCG	2	QL (1 blister every 1 day)
ARNUITY ELPT INH 200MCG	2	QL (1 blister every 1 day)
ASMANEX 14 AER 220MCG	3	QL (4 inhalers every 25 days)
ASMANEX 30 AER 110MCG	3	QL (2 inhalers every 25 days)
ASMANEX 30 AER 220MCG	3	QL (4 inhalers every 25 days)
ASMANEX 60 AER 220MCG	3	QL (4 inhalers every 25 days)
ASMANEX 120 AER 220MCG	3	QL (4 inhalers every 25 days)
ASMANEX HFA AER 50MCG	3	QL (1 package every 25 days)
ASMANEX HFA AER 100 MCG	3	QL (1 inhaler every 25 days)
ASMANEX HFA AER 200 MCG	3	QL (1 inhaler every 25 days)
beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	1	
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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 aer pow ba 50 mcg/act	1	QL (6 inhalations every 1 day)
fluticasone propionate aer pow ba 100 mcg/act	1	QL (8 inhalations every 1 day)
fluticasone propionate aer pow ba 250 mcg/act	1	QL (8 inhalations every 1 day)
fluticasone propionate hfa inhal aer 110 mcg/act	1	QL (2 packages every 25 days)
fluticasone propionate hfa inhal aer 220 mcg/act	1	QL (2 packages every 25 days)
fluticasone propionate hfa inhal aero 44 mcg/act	1	QL (2 packages every 25 days)
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
QVAR REDIHA AER 80MCG	2	QL (2 packages every 25 days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages every 25 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	3	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 250/50	3	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 500/50	3	QL (2 inhalations every 1 day)
ADVAIR HFA AER 45/21	3	QL (1 package every 25 days)
ADVAIR HFA AER 115/21	3	QL (1 package every 25 days)
ADVAIR HFA AER 230/21	3	QL (1 package every 25 days)
AIRDUO RESPI INH 55-14	3	QL (1 inhaler every 30 days)

Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPI INH 113-14	3	QL (1 inhaler every 30 days)
AIRDUO RESPI INH 232-14	3	QL (1 inhaler every 30 days)
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
ALBUTEROL NEB 0.5%	3	QL (4 ea every 1 day)
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	QL (2 blisters every 1 day)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (4 mL every 1 day)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day)
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day)
breyna aer 80/4.5	1	QL (1 inhaler every 30 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)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (1 inhaler every 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)

Drug Name	Drug Tier	Requirements/Limits
DUAKLIR AER 400/12	3	QL (1 inhaler every 30 days)
DULERA AER 50-5MCG	3	QL (1 package every 28 days)
DULERA AER 100-5MCG	3	QL (1 package every 25 days)
DULERA AER 200-5MCG	3	QL (1 package every 25 days)
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	1	QL (2 blisters every 1 day)
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	1	QL (2 blisters every 1 day)
fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	QL (1 inhaler every 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 113-14 mcg/act	1	QL (1 inhaler every 30 days)
fluticasone-salmeterol aer powder ba 232-14 mcg/act	1	QL (1 inhaler every 30 days)
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)
fluticasone-salmeterol inhal aerosol 45-21 mcg/act	1	QL (1 package every 25 days)
fluticasone-salmeterol inhal aerosol 115-21 mcg/act	1	QL (1 package every 25 days)
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	1	QL (1 package every 25 days)
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)

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPI AER	3	QL (2 packages every 25 days)
PROVENTIL AER HFA	3	QL (2 packages every 25 days)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
SYMBICORT AER 80-4.5	3	QL (3 packages every 25 days)
SYMBICORT AER 160-4.5	3	QL (3 packages 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)
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	1	QL (2 blisters every 1 day)
VENTOLIN HFA AER	3	QL (2 packages every 25 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)
XOPENEX HFA AER	3	QL (2 inhalers every 30 days)
XANTHINES		
elixophyllin elx 80/15ml	1	
THEO-24 CAP 100MG CR	3	PA; MNPA
THEO-24 CAP 200MG CR	3	PA; MNPA
THEO-24 CAP 300MG CR	3	PA; MNPA
THEO-24 CAP 400MG ER	3	PA; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
SAVAYSA TAB 15MG	3	
SAVAYSA TAB 30MG	3	
SAVAYSA TAB 60MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ENOXILUV KIT INJ 40/0.4ML	3	
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	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
HEPARIN SOD INJ 5000/0.5	3	
HEPARIN SOD INJ 5000/ML	3	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
DEFENCATH SOL	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	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
PRADAXA PAK 20MG	3	
PRADAXA PAK 30MG	3	
PRADAXA PAK 40MG	3	
PRADAXA PAK 50MG	3	
PRADAXA PAK 110MG	3	
PRADAXA PAK 150MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
perampanel tab 12 mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
LIBERVANT MIS 5MG	3	
LIBERVANT MIS 7.5MG	3	
LIBERVANT MIS 10MG	3	
LIBERVANT MIS 12.5MG	3	
LIBERVANT MIS 15MG	3	
NAYZILAM SPR 5MG	3	PA, QL (10 bottles every 25 days)
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
SYMPAZAN MIS 5MG	3	
SYMPAZAN MIS 10MG	3	
SYMPAZAN MIS 20MG	3	
VALTOCO SPR 5MG	3	QL (5 cartons every 25 days)
VALTOCO SPR 10MG	3	QL (5 cartons every 25 days)
VALTOCO SPR 15MG	3	QL (5 cartons every 25 days)
VALTOCO SPR 20MG	3	QL (5 cartons every 25 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	

Drug Name	Drug Tier	Requirements/Limits
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	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	
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	
DIACOMIT CAP 250MG	3	PA, QL (12 caps every 1 day)
DIACOMIT CAP 500MG	3	PA, QL (6 caps every 1 day)
DIACOMIT PAK 250MG	3	PA, QL (12 packets every 1 day)
DIACOMIT PAK 500MG	3	PA, QL (6 packets every 1 day)
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
EPIDIOLEX SOL 100MG/ML	3	PA, QL (26.667 mL every 1 day)
epitol tab 200mg	1	
EPRONTIA SOL 25MG/ML	3	
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
FINTEPLA SOL 2.2MG/ML	3	PA, QL (12 mL every 1 day)
GABA TINYTAB TAB 25MG	3	
GABA TINYTAB TAB 50MG	3	
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)
GABARONE TAB 100MG	3	QL (6 tabs every 1 day)
GABARONE TAB 400MG	3	QL (6 tabs every 1 day)
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
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	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab disintegrating soluble 250 mg	1	
levetiracetam tab disintegrating soluble 500 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
LYRICA CAP 25MG	3	PA, QL (4 caps every 1 day)
LYRICA CAP 50MG	3	PA, QL (4 caps every 1 day)
LYRICA CAP 75MG	3	PA, QL (4 caps every 1 day)
LYRICA CAP 100MG	3	PA, QL (4 caps every 1 day)
LYRICA CAP 150MG	3	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 200MG	3	PA, QL (3 caps every 1 day)
LYRICA CAP 225MG	3	PA, QL (2 caps every 1 day)
LYRICA CAP 300MG	3	PA, QL (2 caps every 1 day)
LYRICA SOL 20MG/ML	3	QL (30 mL every 1 day)
MOTPOLY XR CAP 100MG	3	
MOTPOLY XR CAP 150MG	3	
MOTPOLY XR CAP 200MG	3	
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 (4 caps every 1 day)
pregabalin cap 50 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 75 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 100 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 150 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 200 mg	1	PA, QL (3 caps every 1 day)
pregabalin cap 225 mg	1	PA, QL (2 caps every 1 day)
pregabalin cap 300 mg	1	PA, QL (2 caps every 1 day)
pregabalin soln 20 mg/ml	1	QL (30 mL every 1 day)
primidone tab 50 mg	1	
primidone tab 125 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	
relgaabi cap 200mg	1	QL (6 caps every 1 day)
relgaabi cap 300mg	1	QL (6 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
relgaabi cap 400mg	1	QL (6 caps every 1 day)
roweepra tab 500mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
SPRITAM TAB 250MG	3	
SPRITAM TAB 500MG	3	
SPRITAM TAB 750MG	3	
SPRITAM TAB 1000MG	3	
subvenite kit start 35	1	
subvenite kit start 49	1	
subvenite kit start 98	1	
SUBVENITE SUS 10MG/ML	3	
subvenite tab 25mg	1	
subvenite tab 100mg	1	
subvenite tab 150mg	1	
subvenite tab 200mg	1	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
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 cap er 24hr sprinkle 25 mg	1	PA
topiramate cap er 24hr sprinkle 50 mg	1	PA
topiramate cap er 24hr sprinkle 100 mg	1	PA
topiramate cap er 24hr sprinkle 150 mg	1	PA
topiramate cap er 24hr sprinkle 200 mg	1	PA
topiramate cap er 24hr sprinkle 200 mg	1	PA; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL SUS 300/5ML	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
ZONEGRAN CAP 25MG	3	PA; MNPA
ZONEGRAN CAP 100MG	3	PA; MNPA
ZONISADE SUS 100MG/5	3	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
ZTALMY SUS 50MG/ML	3	PA, QL (36.667 mL every 1 day)
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		
SABRIL POW 500MG	3	PA, QL (6 packets every 1 day)
SABRIL TAB 500MG	3	PA, QL (6 tabs every 1 day)
tiagabine hcl tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
VIGAFYDE SOL 100MG/ML	3	PA, QL (30 mL every 1 day)
vigpoder pow 500mg	1	PA, QL (6 packets every 1 day)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
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	
ethosuximide soln 250 mg/5ml	1	
methsuximide cap 300 mg	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	2	PA, QL (2 tabs every 1 day)
AUVELITY TAB TITRATIO	2	PA, QL (2 tabs every 1 day)
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB 174MG	3	
APLENZIN TAB 348MG	3	
APLENZIN TAB 522MG	3	
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	PA; MNPA
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	2	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAP 30MG	2	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 CAP 30MG	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 CAP 15MG	3	
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	
fluoxetine hcl tab 60 mg	1	PA; MNPA
FLUOXETINE TAB 60MG	3	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
LEXAPRO TAB 5MG	3	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
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	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	
PROZAC CAP 40MG	3	
SERTRALINE CAP 150MG	3	
SERTRALINE CAP 200MG	3	
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	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	
SEROTONIN MODULATORS		
EXXUA TAB 18.2MG	3	
EXXUA TAB 36.3MG	3	
EXXUA TAB 54.5MG	3	
EXXUA TAB 72.6MG	3	
EXXUA TITRAT TAB 18.2MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
RALDESY SOL 10MG/ML	3	
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	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	3	
CYMBALTA CAP 30MG	3	
CYMBALTA CAP 60MG	3	
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
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	
DRIZALMA CAP 20MG DR	3	
DRIZALMA CAP 30MG DR	3	
DRIZALMA CAP 40MG DR	3	
DRIZALMA CAP 60MG DR	3	
DULOXETINE CAP 80MG DR	3	
DULOXETINE CAP 90MG DR	3	
DULOXETINE CAP 120MG DR	3	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
EFFEXOR XR CAP 37.5MG	3	
EFFEXOR XR CAP 75MG	3	
EFFEXOR XR CAP 150MG	3	
FETZIMA CAP 20MG	2	
FETZIMA CAP 40MG	2	
FETZIMA CAP 80MG	2	
FETZIMA CAP 120MG	2	
FETZIMA CAP TITRATIO	2	
PRISTIQ TAB 25MG	3	
PRISTIQ TAB 50MG	3	
PRISTIQ TAB 100MG	3	
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 37.5 mg (base equivalent)	1	MNPA
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	PA; MNPA
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	PA
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	PA
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
VENLAFAXINE TAB 112.5MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
alogliptin-metformin hcl tab 12.5-500 mg	1	ST
alogliptin-metformin hcl tab 12.5-1000 mg	1	ST
alogliptin-pioglitazone tab 12.5-30 mg	1	ST
alogliptin-pioglitazone tab 25-15 mg	1	ST
alogliptin-pioglitazone tab 25-30 mg	1	ST
alogliptin-pioglitazone tab 25-45 mg	1	ST
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
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
dapagliflozin-saxagliptin tab 10-5 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
INVOKAMET TAB 50-500MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TAB 50-1000	3	ST
INVOKAMET TAB 150-500	3	ST
INVOKAMET TAB 150-1000	3	ST
INVOKAMET XR TAB 50-500MG	3	ST
INVOKAMET XR TAB 50-1000	3	ST
INVOKAMET XR TAB 150-500	3	ST
INVOKAMET XR TAB 150-1000	3	ST
JANUMET TAB 50-500MG	2	ST
JANUMET TAB 50-1000	2	ST
JANUMET XR TAB 50-500MG	2	ST
JANUMET XR TAB 50-1000	2	ST
JANUMET XR TAB 100-1000	2	ST
JENTADUETO TAB 2.5-500	2	ST
JENTADUETO TAB 2.5-850	2	ST
JENTADUETO TAB 2.5-1000	2	ST
JENTADUETO TAB XR	2	ST
KOMBIGLYZ XR TAB 2.5-1000	3	ST
KOMBIGLYZ XR TAB 5-500MG	3	ST
KOMBIGLYZ XR TAB 5-1000MG	3	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	
QTERN TAB 5-5MG	2	ST
QTERN TAB 10-5MG	2	ST
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
SEGLUROMET TAB 2.5-500	3	ST
SEGLUROMET TAB 2.5-1000	3	ST
SEGLUROMET TAB 7.5-500	3	ST
SEGLUROMET TAB 7.5-1000	3	ST
sitagliptin free base-metformin hcl tab 50-500 mg	1	ST
sitagliptin free base-metformin hcl tab 50-1000 mg	1	ST
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg	1	ST

Drug Name	Drug Tier	Requirements/Limits
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg	1	ST
sitagliptin free base-metformin hcl tab er 24hr 100-1000 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)
STEGLUJAN TAB 5-100MG	3	ST
STEGLUJAN TAB 15-100MG	3	ST
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	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 30 days)
ZITUVIMET TAB 50-500MG	2	ST
ZITUVIMET TAB 50-1000	2	ST
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
GLUMETZA TAB 500MG	3	PA
GLUMETZA TAB 1000MG	3	PA
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 625 mg	1	
metformin hcl tab 750 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
metformin hcl tab er 24hr modified release 500 mg	1	PA; MNPA
metformin hcl tab er 24hr modified release 1000 mg	1	PA; MNPA
metformin hcl tab er 24hr osmotic 500 mg	1	PA; MNPA
metformin hcl tab er 24hr osmotic 1000 mg	1	PA; MNPA
RIOMET SOL 500/5ML	3	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
GLUCAGON EMR SOL 1MG	3	
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	
KORLYM TAB 300MG	3	PA, QL (4 tabs every 1 day)
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		
alogliptin benzoate tab 6.25 mg (base equiv)	1	ST
alogliptin benzoate tab 12.5 mg (base equiv)	1	ST
alogliptin benzoate tab 25 mg (base equiv)	1	ST
BRYNOVIN SOL 25MG/ML	3	ST
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
ONGLYZA TAB 2.5MG	3	ST
ONGLYZA TAB 5MG	3	ST
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 50 mg (base equiv)	1	ST
sitagliptin phosphate tab 100 mg (base equiv)	1	ST
sitagliptin tab 25 mg	1	ST

Drug Name	Drug Tier	Requirements/Limits
sitagliptin tab 50 mg	1	ST
sitagliptin tab 100 mg	1	ST
TRADJENTA TAB 5MG	2	ST
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST
ZITUVIO TAB 100MG	2	ST
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
BYDUREON BC INJ 2/0.85ML	3	PA, QL (4 auto-injectors every 30 days)
BYETTA INJ 5MCG	3	PA, QL (1 pen every 30 days)
BYETTA INJ 10MCG	3	PA, QL (1 pen every 30 days)
exenatide soln pen-injector 5 mcg/0.02ml	1	PA, QL (1 pen every 28 days)
exenatide soln pen-injector 10 mcg/0.04ml	1	PA, QL (1 pen every 28 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days)
INSULIN		
ADMELOG INJ 100U/ML	3	
ADMELOG SOLO INJ 100U/ML	3	
AFREZZA POW 4-8 UNIT	3	
AFREZZA POW 4-8-12	3	
AFREZZA POW 4UNIT	3	
AFREZZA POW 8 UNIT	3	
AFREZZA POW 8-12UNIT	3	
AFREZZA POW 12 UNIT	3	
APIDRA INJ SOLOSTAR	3	
APIDRA INJ U-100	3	
AWIQLI FLEX INJ 700UNIT	2	
BASAGLAR KWP INJ 100/ML	2	
BASAGLAR TMP INJ 100/ML	3	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
FIASP PMPCRT INJ U-100	3	
GLARGIN YFGN INJ 100U/ML	3	
GLARGIN YFGN SOL 100U/ML	3	
HUMALOG INJ 100/ML	2	
HUMALOG JR INJ 100/ML	3	
HUMALOG KWPN INJ 100/ML	2	
HUMALOG KWPN INJ 200/ML	2	
HUMALOG MIX INJ 50/50	2	
HUMALOG MIX INJ 50/50KWP	2	
HUMALOG MIX INJ 75/25KWP	2	
HUMALOG MIX SUS 75/25	2	
HUMALOG TMPO INJ 100/ML	3	
HUMULIN INJ 70/30	2	OTC

Drug Name	Drug Tier	Requirements/Limits
HUMULIN INJ 70/30KWP	2	OTC
HUMULIN N INJ U-100	2	OTC
HUMULIN N INJ U-100KWP	2	OTC
HUMULIN R INJ U-100	2	OTC
HUMULIN R INJ U-500	2	
HUMULIN R INJ U-500KWP	2	
INS ASP PROT INJ FLEXPEN	2	
INS DEGL FLX INJ 100UNIT	3	
INS DEGL FLX INJ 200UNIT	3	
INSULIN ASPA INJ 70/30	2	
INSULIN ASPA INJ 100/ML	2	
INSULIN ASPA INJ FLEXPEN	2	
INSULIN ASPA INJ PENFILL	2	
INSULIN DEGL INJ 100UNIT	3	
INSULIN GLAR INJ 300/ML	3	
INSULIN LISP INJ 100/ML	2	
INSULIN LISP INJ JR KWPN	2	
INSULIN LISP INJ PROT KWP	2	
KIRSTY INJ 100U/ML	3	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXPEN	2	
LYUMJEV INJ 100UT/ML	2	
LYUMJEV KWPN INJ 100UT/ML	2	
LYUMJEV KWPN INJ 200UT/ML	2	
LYUMJEV TMPO INJ 100UT/ML	3	
MERILOG INJ 100/ML	3	
MERILOG SOLO INJ 100/ML	3	
MERILOG SOLO INJ 100/ML	3	
MYXREDLIN SOL 1UNIT/ML	3	
NOVOLIN70/30 INJ RELION	3	OTC
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN INJ 70/30 FP	3	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ 100 UNIT	3	OTC
NOVOLIN N INJ RELION	3	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ 100 UNIT	3	OTC
NOVOLIN R INJ RELION	3	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ FLEX REL	3	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG INJ RELION	3	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG RELI INJ 70/30	3	
REZVOGLAR KP INJ 100UT/ML	3	
SEMGLEE INJ 100U/ML	3	
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		
ACTOS TAB 15MG	3	
ACTOS TAB 30MG	3	
ACTOS TAB 45MG	3	
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		
BEXAGLIFLOZN TAB 20MG	3	ST
BRENZAVVY TAB 20MG	3	ST
dapagliflozin tab 5 mg	1	ST
dapagliflozin tab 10 mg	1	ST
FARXIGA TAB 5MG	3	ST
FARXIGA TAB 10MG	3	ST
INVOKANA TAB 100MG	3	ST
INVOKANA TAB 300MG	3	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
STEGLATRO TAB 5MG	3	ST
STEGLATRO TAB 15MG	3	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glimepiride tab 2 mg	1	
glimepiride tab 3 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 2.5 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		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB 125MG	3	PA; MNPA
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
MICROBALANCE CAP	3	
PRORIVA CAP	3	
ZELAC CAP	3	PA; MNPA
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
AKKERSTOR CAP	3	
GLYCTERA CAP	3	
RESTORA RX CAP 60-1.25	3	
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	
MOTOFEN TAB 1-0.025	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

Drug Name	Drug Tier	Requirements/Limits
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
EXJADE TAB 125MG	3	PA
EXJADE TAB 250MG	3	PA
EXJADE TAB 500MG	3	PA
FERPRX 2-DAY TAB 1000MG	3	PA
FERRIPROX SOL 100MG/ML	3	PA
FERRIPROX TAB 500MG	3	PA
FERRIPROX TAB 1000MG	3	PA
JADENU SPRKL GRA 90MG	3	PA
JADENU SPRKL GRA 180MG	3	PA
JADENU SPRKL GRA 360MG	3	PA
JADENU TAB 90MG	3	PA
JADENU TAB 180MG	3	PA
JADENU TAB 360MG	3	PA
PENTETATE CA SOL 200MG/ML	3	
PENTETATE ZI SOL 200MG/ML	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)
CHOLINESTERASE INHIBITORS		
PYRIDOSTIGMI TAB ER 105MG	3	
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	
NARCAN SPR 4MG	0	
OPVEE SPR 2.7/0.1	0	QL (4 bottles every 25 days)

Drug Name	Drug Tier	Requirements/Limits
REXTOVY SPR 4/0.25ML	0	QL (2 cartons every 30 days)
REZENOPY SPR 10MG	0	
VIVITROL INJ 380MG	3	QL (1 injection every 28 days)
ZIMHI SOL	0	QL (4 syringes every 28 days)
ZURNAI INJ 1.5/0.5	3	QL (4 pens every 25 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
granisetron hcl tab 1 mg	1	
GRANISOL SOL 2MG/10ML	3	
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	
ondansetron orally disintegrating tab 16 mg	1	
POSFREA INJ 0.25/5ML	3	
SANCUSO DIS 3.1MG	2	
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT TAB 50MG	3	
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
TRANSDERM SC DIS 1MG/3DAY	3	
TRANSDERM-SC DIS 1MG/3DAY	3	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 21 days)
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	
DRONABINOL SOL 5MG/ML	3	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SYNDROS SOL 5MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
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)
EMEND BIPACK PAK 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC CAP 125 & 80	3	QL (6 caps every 21 days)
FOCINVEZ INJ 150/50ML	3	QL (6 vials every 21 days)
NEREUS CAP 85MG	3	
VARUBI TAB 90MG	2	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
flucytosine cap 250 mg	1	
flucytosine cap 500 mg	1	PA; MNPA
fulvicin p/g tab 165mg	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		
CRESEMBA CAP 74.5MG	3	
CRESEMBA CAP 186MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL PAK 300MG	3	PA
NOXAFIL SUS 40MG/ML	3	PA
NOXAFIL TAB 100MG	3	PA
posaconazole susp 40 mg/ml	1	PA
posaconazole tab delayed release 100 mg	1	PA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
TOLSURA CAP 65MG	3	
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 - ALKYLAMINES		
corphena sol 2mg/5ml	1	PA; MNPA
ryclora sol 2mg/5ml	1	PA; MNPA
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	
carbinoxamine maleate tab 6 mg	1	PA; MNPA
carbzah sol 4mg/5ml	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
CLEMASZ TAB 2.68MG	3	
CLEMSZA TAB 2.68MG	3	
KARBINAL ER SUS 4MG/5ML	3	
ryvent tab 6mg	1	MNPA
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
DESLORATADIN SOL 0.5MG/ML	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	

Drug Name	Drug Tier	Requirements/Limits
QUZYTTIR INJ 10MG/ML	3	
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.		
icosapent ethyl cap 0.5 gm	1	PA
icosapent ethyl cap 1 gm	1	PA
LOVAZA CAP 1GM	3	PA
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	2	PA
VASCEPA CAP 1GM	2	PA
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	

Drug Name	Drug Tier	Requirements/Limits
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 50 mg	1	PA; MNPA
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 130 mg	1	PA; MNPA
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 40 mg	1	PA; MNPA
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 120 mg	1	PA; MNPA
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	
FENOGLIDE TAB 120MG	3	PA; MNPA
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	
TRICOR TAB 145MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV TAB 20MG ER	3	

Drug Name	Drug Tier	Requirements/Limits
ALTOPREV TAB 40MG ER	3	
ALTOPREV TAB 60MG ER	3	
ATORVALIQ SUS 20MG/5ML	3	
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	
CRESTOR TAB 5MG	0	
CRESTOR TAB 10MG	0	
CRESTOR TAB 20MG	3	
CRESTOR TAB 40MG	3	
EZALLOR SPR CAP 5MG	3	
EZALLOR SPR CAP 10MG	3	
EZALLOR SPR CAP 20MG	3	
EZALLOR SPR CAP 40MG	3	
FLOLIPID SUS 20MG/5ML	3	
FLOLIPID SUS 40MG/5ML	3	
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
LESCOL XL TAB 80MG	0	
LIPITOR TAB 10MG	0	
LIPITOR TAB 20MG	0	
LIPITOR TAB 40MG	3	
LIPITOR TAB 80MG	3	
LIVALO TAB 1MG	0	
LIVALO TAB 2MG	0	
LIVALO TAB 4MG	0	
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	

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium tab 10 mg	0	
pravastatin sodium tab 20 mg	0	
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	
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	$0 copay for members age 40 through 75
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
ZYPITAMAG TAB 2MG	3	
ZYPITAMAG TAB 4MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
ZETIA TAB 10MG	3	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 2MG	3	PA, QL (1 cap every 1 day)
JUXTAPID CAP 5MG	3	PA, QL (1 cap every 1 day)
JUXTAPID CAP 10MG	3	PA, QL (1 cap every 1 day)
JUXTAPID CAP 20MG	3	PA, QL (2 caps every 1 day)
JUXTAPID CAP 30MG	3	PA, QL (2 caps every 1 day)
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tab 500 mg	1	PA; MNPA
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
niacor tab 500mg	1	PA; MNPA
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEROCHOL SOL 300/1.2M	3	QL (1 syringe every 28 days)

Drug Name	Drug Tier	Requirements/Limits
LIPFENDRA TAB 20MG	3	
PRALUENT INJ 75MG/ML	2	PA, QL (2 pens every 28 days)
PRALUENT INJ 150MG/ML	2	PA, QL (2 pens every 28 days)
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 catridge 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	
EPANED SOL 1MG/ML	3	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	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	
ALDOSTERONE SYNTHASE INHIBITORS		
BAXFENDY TAB 1MG	3	
BAXFENDY TAB 2MG	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUS 10MG/ML	3	
ATACAND TAB 4MG	3	
ATACAND TAB 8MG	3	
ATACAND TAB 16MG	3	
ATACAND TAB 32MG	3	
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	
BENICAR TAB 5MG	3	
BENICAR TAB 20MG	3	
BENICAR TAB 40MG	3	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	
DIOVAN TAB 80MG	3	
DIOVAN TAB 160MG	3	
DIOVAN TAB 320MG	3	
EDARBI TAB 40MG	3	
EDARBI TAB 80MG	3	
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	
MICARDIS TAB 20MG	3	
MICARDIS TAB 40MG	3	
MICARDIS TAB 80MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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 hcl tab 0.05 mg	1	
clonidine tab er 24hr 0.17 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
JAVADIN SOL 0.02/ML	3	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
NEXICLON XR TAB 0.17MG	3	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
TEZRULY SOL 1MG/ML	3	
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	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
ATACAND HCT TAB 16-12.5	3	
ATACAND HCT TAB 32-12.5	3	
ATACAND HCT TAB 32-25MG	3	
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	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	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	
BENICAR HCT TAB 20-12.5	3	
BENICAR HCT TAB 40-12.5	3	
BENICAR HCT TAB 40-25MG	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
DIOVAN HCT TAB 80-12.5	3	
DIOVAN HCT TAB 160-12.5	3	
DIOVAN HCT TAB 160-25MG	3	
DIOVAN HCT TAB 320-12.5	3	
DIOVAN HCT TAB 320-25MG	3	
EDARBYCLOR TAB 40-12.5	3	
EDARBYCLOR TAB 40-25MG	3	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
EXFORGE HCT TAB 5-160-12.5	3	
EXFORGE HCT TAB 5-160-25	3	
EXFORGE HCT TAB 10-160-12.5	3	
EXFORGE HCT TAB 10-160-25	3	
EXFORGE HCT TAB 10-320-25	3	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
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	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
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	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
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	
PRESTALIA TAB 3.5-2.5	3	
PRESTALIA TAB 7-5MG	3	
PRESTALIA TAB 14-10MG	3	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR TAB	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
WIDAPLIK TAB	3	
WIDAPLIK TAB 40-5-2.5	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	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	
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB 12.5MG	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	

Drug Name	Drug Tier	Requirements/Limits
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	
PYRIME/LEUCO CAP 12.5/2.5	3	
PYRIME/LEUCO CAP 25/5MG	3	
PYRIME/LEUCO CAP 25/10MG	3	
PYRIME/LEUCO CAP 50/10MG	3	
PYRIME/LEUCO CAP 50/20MG	3	
PYRIME/LEUCO CAP 50/25MG	3	
PYRIME/LEUCO CAP 75/25MG	3	
ANTIMALARIALS		
ARAKODA TAB 100MG	3	
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
DARAPRIM TAB 25MG	3	PA
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
hydroxychloroquine sulfate tab 300 mg	1	
hydroxychloroquine sulfate tab 400 mg	1	
KRINTAFEL TAB 150MG	3	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
SOVUNA TAB 200MG	3	
SOVUNA TAB 300MG	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	

Drug Name	Drug Tier	Requirements/Limits
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 30 mg	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	
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

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

Drug Name	Drug Tier	Requirements/Limits
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		
HERNEXEOS TAB 60MG	0	PA, QL (4 tabs every 1 day)
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	3	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)
IRESSA TAB 250MG	0	PA, QL (1 tab every 1 day)
LAZCLUZE TAB 80MG	0	PA, QL (2 tabs every 1 day)
LAZCLUZE TAB 240MG	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)
VIZIMPRO TAB 15MG	0	PA, QL (1 tab every 1 day)
VIZIMPRO TAB 30MG	0	PA, QL (1 tab every 1 day)
VIZIMPRO TAB 45MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	0	PA, QL (2 tabs every 1 day)
DAURISMO TAB 100MG	0	PA, QL (1 tab every 1 day)
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)
AKEEGA TAB 50/500MG	0	PA, QL (2 tabs every 1 day)
AKEEGA TAB 100/500	0	PA, QL (2 tabs every 1 day)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
EULEXIN CAP 125MG	0	
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
INLURIYO TAB 200MG	0	PA, QL (2 tabs every 1 day)
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	PA
LIFYORLI CAP 125MG DS	0	PA, QL (18 ea every 16 days)
LIFYORLI CAP 150MG DS	0	PA, QL (27 ea every 16 days)
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
NILANDRON TAB 150MG	0	PA; MNPA
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)
ORSERDU TAB 86MG	0	PA, QL (3 tabs every 1 day)
ORSERDU TAB 345MG	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	
toremifene citrate tab 60 mg (base equivalent)	0	
VEPPANU TAB 100MG	0	PA, QL (1 tab every 1 day)
VEPPANU TAB 200MG	0	PA, QL (1 tab every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
ZYTIGA TAB 250MG	0	PA, QL (4 tabs every 1 day)
ZYTIGA TAB 500MG	0	PA, QL (2 tabs every 1 day)
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB 40MG	0	PA, QL (3 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)
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)
ZENBEXUS CAP 0.75MG	3	PA
ZENBEXUS CAP 1MG	3	PA
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI CAP 200MG	0	PA, QL (3 caps every 1 day)
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 - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	0	PA, QL (1 tab every 1 day)
AYVAKIT TAB 50MG	0	PA, QL (1 tab every 1 day)
AYVAKIT TAB 100MG	0	PA, QL (1 tab every 1 day)
AYVAKIT TAB 200MG	0	PA, QL (1 tab every 1 day)
AYVAKIT TAB 300MG	0	PA, QL (1 tab 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)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 40MG	0	PA, QL (8 tabs every 28 days)
XPOVIO PAK 50MG	0	PA, QL (8 tabs every 28 days)
XPOVIO PAK 60MG	0	PA, QL (24 tabs every 28 days); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 tabs every 28 days)
XPOVIO PAK 80MG	0	PA, QL (32 tablets every 28 days)
XPOVIO PAK 80MG	0	PA, QL (32 tablets every 28 days); Twice Weekly
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI PAK FAKZYNJA	0	PA, QL (66 ea every 21 days)
INQOVI TAB 35-100MG	0	PA, QL (5 tabs every 21 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tablets every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (2 tabs every 1 day)
AFINITOR DIS TAB 3MG	0	PA, QL (3 tabs every 1 day)
AFINITOR DIS TAB 5MG	0	PA, QL (2 tabs every 1 day)
AFINITOR TAB 2.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 7.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 10MG	0	PA, QL (1 tab every 1 day)
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
AUGTYRO CAP 160MG	0	PA, QL (2 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
CAVHANZA TAB 60MG	0	PA, QL (4 tabs every 1 day)
CAVHANZA TAB 80MG	0	PA, QL (4 tabs every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
COTELLIC TAB 20MG	0	PA, QL (63 tabs every 28 days)
DANZITEN TAB 71MG	0	PA, QL (4 tabs every 1 day)
DANZITEN TAB 95MG	0	PA, QL (4 tabs every 1 day)
dasatinib tab 20 mg	0	PA, QL (3 tabs every 1 day)
dasatinib tab 50 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 70 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 80 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 100 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 140 mg	0	PA, QL (1 tab every 1 day)
ENSACOVE CAP 25MG	0	PA, QL (2 caps every 1 day)
ENSACOVE CAP 100MG	0	PA, QL (2 caps 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)
FOTIVDA CAP 0.89MG	0	PA, QL (1 cap every 1 day)
FOTIVDA CAP 1.34MG	0	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
GLEEVEC TAB 100MG	0	PA, QL (4 tabs every 1 day)
GLEEVEC TAB 400MG	0	PA, QL (2 tabs every 1 day)
GOMEKLI CAP 1MG	0	PA, QL (42 caps every 21 days)
GOMEKLI CAP 2MG	0	PA, QL (84 caps every 21 days)
GOMEKLI TAB 1MG	0	PA, QL (168 tabs every 21 days)
HYRNUO TAB 10MG	0	PA, QL (4 tabs every 1 day)
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)
ICLUSIG TAB 10MG	0	PA, QL (1 tab every 1 day)
ICLUSIG TAB 15MG	0	PA, QL (1 tab every 1 day)
ICLUSIG TAB 30MG	0	PA, QL (1 tab every 1 day)
ICLUSIG TAB 45MG	0	PA, QL (1 tab 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)
IMBRUVICA CAP 70MG	0	PA, QL (1 cap every 1 day)
IMBRUVICA CAP 140MG	0	PA, QL (3 caps every 1 day)
IMBRUVICA SUS 70MG/ML	0	PA, QL (6 mL every 1 day)
IMBRUVICA TAB 140MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 280MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 420MG	0	PA, QL (1 tab every 1 day)
IMKELDI SOL 80MG/ML	0	PA, QL (10 mL every 1 day)
INREBIC CAP 100MG	0	PA, QL (4 caps 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)

Drug Name	Drug Tier	Requirements/Limits
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)
JAYPIRCA TAB 50MG	0	PA, QL (1 tab every 1 day)
JAYPIRCA TAB 100MG	0	PA, QL (2 tabs every 1 day)
JIDEYTRO TAB 25MG	0	PA
JIDEYTRO TAB 100MG	0	PA
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)
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)
LYTGOBI TAB 4MG	0	PA, QL (3 tabs every 1 day)
LYTGOBI TAB 4MG	0	PA, QL (4 tabs every 1 day)
LYTGOBI TAB 4MG	0	PA, QL (5 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (38.572 mL every 1 day)
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)
NEXAVAR TAB 200MG	0	PA, QL (4 tabs every 1 day)
NILOTINB TAR CAP 50MG	0	PA, QL (4 caps every 1 day)
NILOTINB TAR CAP 150MG	0	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
NILOTINB TAR CAP 150MG	0	PA, QL (4 ea every 1 day)
NILOTINB TAR CAP 200MG	0	PA, QL (4 caps every 1 day)
NILOTINB TAR CAP 200MG	0	PA, QL (4 ea 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)
OGSIVEO TAB 50MG	0	PA, QL (6 tabs every 1 day)
OGSIVEO TAB 100MG	0	PA, QL (2 tabs every 1 day)
OGSIVEO TAB 150MG	0	PA, QL (2 tabs every 1 day)
OJEMDA SUS 25MG/ML	0	PA, QL (8 bottles every 28 days)
OJEMDA TAB 100MG	0	PA, QL (1 box every 28 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)
pazopanib hcl tab 400 mg (base equiv)	0	PA, QL (2 tabs every 1 day)
PEMAZYRE TAB 4.5MG	0	PA, QL (1 tab every 1 day)
PEMAZYRE TAB 9MG	0	PA, QL (1 tab every 1 day)
PEMAZYRE TAB 13.5MG	0	PA, QL (1 tab every 1 day)
PHYRAGO TAB 20MG	0	PA, QL (3 tabs every 1 day)
PHYRAGO TAB 50MG	0	PA, QL (1 tab every 1 day)
PHYRAGO TAB 70MG	0	PA, QL (1 tab every 1 day)
PHYRAGO TAB 80MG	0	PA, QL (1 tab every 1 day)
PHYRAGO TAB 100MG	0	PA, QL (1 tab every 1 day)
PHYRAGO TAB 140MG	0	PA, QL (1 tab 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)
QINLOCK TAB 50MG	0	PA, QL (3 tabs every 1 day)
RASONQUE TAB 100MG	0	
RASONQUE TAB 150MG	0	
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)

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA CAP 150MG	0	PA, QL (2 caps every 1 day)
ROMVIMZA CAP 14MG	0	PA, QL (8 caps every 28 days)
ROMVIMZA CAP 20MG	0	PA, QL (8 caps every 28 days)
ROMVIMZA CAP 30MG	0	PA, QL (8 caps every 28 days)
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)
RUBRACA TAB 200MG	0	PA, QL (4 tabs every 1 day)
RUBRACA TAB 250MG	0	PA, QL (4 tabs every 1 day)
RUBRACA TAB 300MG	0	PA, QL (4 tabs every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
sorafenib tosylate tab 200 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	0	PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	0	PA, QL (1 tab 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)
SUTENT CAP 12.5MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 25MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 37.5MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 50MG	0	PA, QL (1 cap every 1 day)
TABRECTA TAB 150MG	0	PA, QL (4 tabs every 1 day)
TABRECTA TAB 200MG	0	PA, QL (4 tabs 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)
TALZENNA CAP 0.1MG	0	PA, QL (1 cap every 1 day)
TALZENNA CAP 0.5MG	0	PA, QL (1 cap every 1 day)
TALZENNA CAP 0.25MG	0	PA, QL (1 cap every 1 day)
TALZENNA CAP 0.35MG	0	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAP 0.75MG	0	PA, QL (1 cap every 1 day)
TALZENNA CAP 1MG	0	PA, QL (1 cap every 1 day)
TASIGNA CAP 50MG	0	PA, QL (4 caps every 1 day)
TASIGNA CAP 150MG	0	PA, QL (4 caps every 1 day)
TASIGNA CAP 200MG	0	PA, QL (4 caps every 1 day)
TEPMETKO TAB 225MG	0	PA, QL (2 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 tablets every 28 days)
TRUQAP TAB 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	0	PA, QL (64 tablets 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)
VOTRIENT TAB 200MG	0	PA, QL (4 tabs every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XALKORI CAP 200MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 250MG	0	PA, QL (4 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)

Drug Name	Drug Tier	Requirements/Limits
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)
ZELBORAF TAB 240MG	0	PA, QL (8 tabs every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYDELIG TAB 100MG	0	PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	0	PA, QL (2 tabs every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
STRONTIUM INJ SR-89	3	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA
BESREMI PEN INJ 500MCG	2	PA, QL (2 pens every 28 days)
BESREMI SOL 500MCG	2	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	
TARGRETIN CAP 75MG	0	PA
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	
NOURIANZ TAB 20MG	3	

Drug Name	Drug Tier	Requirements/Limits
NOURIANZ TAB 40MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
ONGENTYS CAP 25MG	3	
ONGENTYS CAP 50MG	3	
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	
APOKYN INJ 10MG/ML	3	PA, QL (20 catridges every 28 days)
apomorphine hcl soln cartridge 30 mg/3ml	1	PA, QL (20 catridges every 28 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
GOCOVRI CAP 68.5MG	3	
GOCOVRI CAP 137MG	3	
INBRIJA CAP 42MG	2	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	
ONAPGO INJ 98/20ML	3	PA, QL (1 injection every 1 day)
OSMOLEX ER TAB 129MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
VYALEV INJ 12-240MG	3	PA, QL (2 vials every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
XADAGO TAB 50MG	3	
XADAGO TAB 100MG	3	
ZELAPAR ODT TAB 1.25MG	3	
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	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
LATUDA TAB 20MG	3	
LATUDA TAB 40MG	3	
LATUDA TAB 60MG	3	
LATUDA TAB 80MG	3	
LATUDA TAB 120MG	3	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
NUPLAZID CAP 34MG	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	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	

Drug Name	Drug Tier	Requirements/Limits
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		
BYSANTI TAB 1MG	3	
BYSANTI TAB 2MG	3	
BYSANTI TAB 4MG	3	
BYSANTI TAB 6MG	3	
BYSANTI TAB 8MG	3	
BYSANTI TAB 10MG	3	
BYSANTI TAB 12MG	3	
BYSANTI TAB PACK A	3	
BYSANTI TAB PACK B	3	
BYSANTI TAB PACK C	3	
ERZOFRI INJ 39/0.25	3	
ERZOFRI INJ 78/0.5ML	3	
ERZOFRI INJ 117/0.75	3	
ERZOFRI INJ 156MG/ML	3	
ERZOFRI INJ 234/1.5	3	
ERZOFRI INJ 351/2.25	3	
FANAPT PAK PACK A	3	PA; MNPA
FANAPT PAK PACK B	3	
FANAPT PAK PACK C	3	
FANAPT TAB 1MG	3	PA; MNPA
FANAPT TAB 2MG	3	PA; MNPA
FANAPT TAB 4MG	3	PA; MNPA
FANAPT TAB 6MG	3	PA; MNPA
FANAPT TAB 8MG	3	PA; MNPA
FANAPT TAB 10MG	3	PA; MNPA
FANAPT TAB 12MG	3	PA; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
RYKINDO INJ 25MG	3	
RYKINDO INJ 37.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
RYKINDO INJ 50MG	3	
UZEDY INJ 50MG	3	
UZEDY INJ 75MG	3	
UZEDY INJ 100MG	3	
UZEDY INJ 125MG	3	
UZEDY INJ 150MG	3	
UZEDY INJ 200MG	3	
UZEDY INJ 250MG	3	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
SECUADO DIS 3.8MG	3	
SECUADO DIS 5.7MG	3	
SECUADO DIS 7.6MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	
SEROQUEL XR TAB 150MG	3	
SEROQUEL XR TAB 200MG	3	
SEROQUEL XR TAB 300MG	3	
SEROQUEL XR TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ABILIFY MYCI TAB 2MG MANT	3	
ABILIFY MYCI TAB 2MG STRT	3	
ABILIFY MYCI TAB 5MG MANT	3	
ABILIFY MYCI TAB 5MG STRT	3	
ABILIFY MYCI TAB 10MG MNT	3	
ABILIFY MYCI TAB 10MG STR	3	
ABILIFY MYCI TAB 15MG MNT	3	
ABILIFY MYCI TAB 15MG STR	3	
ABILIFY MYCI TAB 20MG MNT	3	
ABILIFY MYCI TAB 20MG STR	3	
ABILIFY MYCI TAB 30MG MNT	3	
ABILIFY MYCI TAB 30MG STR	3	
ABILIFY TAB 2MG	3	
ABILIFY TAB 5MG	3	
ABILIFY TAB 10MG	3	
ABILIFY TAB 15MG	3	
ABILIFY TAB 20MG	3	
ABILIFY TAB 30MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
ARISTADA INJ INITIO	2	
OPIPZA MIS 2MG	3	
OPIPZA MIS 5MG	3	
OPIPZA MIS 10MG	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
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 (2 vials every 90 days)
APTIVUS CAP 250MG	3	QL (4 caps every 1 day)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (2 caps every 1 day)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
BIXLENVO TAB 75/50MG	3	

Drug Name	Drug Tier	Requirements/Limits
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)
COMPLERA TAB	3	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)
DELSTRIGO TAB	3	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)
EDURANT PED TAB 2.5MG	3	QL (6 ea every 1 day)
EDURANT TAB 25MG	3	QL (2 tabs 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)
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 (24.3 mL every 1 day)
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	2	QL (1 tab every 1 day)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
FUZEON INJ 90MG	3	
GENVOYA TAB	2	QL (1 tab every 1 day)
IDVYNSO TAB 100-0.25	3	QL (1 tab every 1 day)
INTELENCE TAB 25MG	3	QL (4 tabs every 1 day)
INTELENCE TAB 100MG	3	QL (4 tabs every 1 day)
INTELENCE TAB 200MG	3	QL (2 tabs 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)
KALETRA TAB 100-25MG	3	QL (10 tabs every 1 day)
KALETRA TAB 200-50MG	3	QL (4 tabs 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)
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)
NORVIR POW 100MG	3	QL (12 packets every 1 day)
NORVIR TAB 100MG	3	QL (12 tabs every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PIFELTRO TAB 100MG	3	QL (2 tabs every 1 day)
PREZCOBIX TAB 675/150	2	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	2	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	3	QL (13.34 mL every 1 day)
PREZISTA TAB 75MG	3	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	3	QL (6 tabs every 1 day)
PREZISTA TAB 600MG	3	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	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)
REYATAZ CAP 200MG	3	QL (2 caps every 1 day)
REYATAZ CAP 300MG	3	QL (1 cap every 1 day)
REYATAZ POW 50MG	3	QL (6 packets every 1 day)
rilpivirine hcl tab 25 mg (base equivalent)	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ritonavir tab 100 mg	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	QL (2 tabs every 1 day)
SELZENTRY SOL 20MG/ML	3	QL (61.4 mL every 1 day)
SELZENTRY TAB 150MG	3	QL (2 tabs every 1 day)
SELZENTRY TAB 300MG	3	QL (4 tabs every 1 day)
STRIBILD TAB	3	QL (1 tab every 1 day)
SUNLENCA INJ	3	QL (2 vials every 168 days)
SUNLENCA TAB 300MG	3	QL (4 tabs every 2 days)
SUNLENCA TAB 300MG	3	QL (5 tabs every 8 days)
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	
TRUVADA TAB 100-150	3	QL (1 tab every 1 day)
TRUVADA TAB 133-200	3	QL (1 tab every 1 day)
TRUVADA TAB 167-250	3	QL (1 tab every 1 day)
TRUVADA TAB 200-300	0	QL (1 tab every 1 day)
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIRACEPT TAB 250MG	3	QL (10 tabs every 1 day)
VIRACEPT TAB 625MG	3	QL (4 tabs 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	QL (4 vials every 126 days)
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	3	QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
PREVYMIS TAB 480MG	3	Max 224-day supply per 365 days
VALCYTE SOL 50MG/ML	3	QL (38.134 mL every 1 day)
VALCYTE TAB 450MG	3	QL (4 tabs every 1 day)
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (38.134 mL every 1 day)
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)
BARACLUDE TAB 0.5MG	3	QL (1 tab every 1 day)
BARACLUDE TAB 1MG	3	QL (1 tab 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	2	PA, QL (1 packet every 1 day)
EPCLUSA PAK 200-50MG	2	PA, QL (2 packets every 1 day)
EPCLUSA TAB 200-50MG	2	PA, QL (2 tabs every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	2	PA, QL (2 tabs every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
HEPCLUDEX INJ 8.5MG	3	PA, QL (1 vial every 1 day)
lamivudine tab 100 mg (hbv)	1	
MAVYRET PAK 50-20MG	3	PA, QL (5 packets every 1 day)
MAVYRET TAB 100-40MG	3	PA, QL (3 tabs every 1 day)
PEGASYS INJ	3	PA
PEGASYS INJ 180MCG/M	3	PA
ribavirin cap 200 mg	1	
ribavirin tab 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SOVALDI PAK 150MG	3	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	3	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	3	PA, QL (2 tabs every 1 day)
SOVALDI TAB 400MG	3	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	2	QL (1 tab every 1 day)
VOSEVI TAB	2	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)
ZEPATIER TAB 50-100MG	3	PA, QL (1 tab every 1 day)
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	
VALTREX TAB 1GM	3	
VALTREX TAB 500MG	3	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
XOFLUZA TAB 40MG	3	QL (2 tabs every 90 days)
XOFLUZA TAB 80MG	3	QL (2 tabs every 90 days)
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	PA
XOCOVA TAB 125MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 2.5 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
KAPSPARGO CAP 25MG	3	
KAPSPARGO CAP 50MG	3	
KAPSPARGO CAP 100MG	3	
KAPSPARGO CAP 200MG	3	
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	
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	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	
TOPROL XL TAB 100MG	3	
TOPROL XL TAB 200MG	3	
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	3	PA; MNPA
BETAPACE AF TAB 120MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
BETAPACE AF TAB 160MG	3	PA; MNPA
BETAPACE TAB 80MG	3	PA; MNPA
BETAPACE TAB 120MG	3	PA; MNPA
BETAPACE TAB 160MG	3	PA; MNPA
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	
INDERAL LA CAP 80MG	3	
INDERAL LA CAP 120MG	3	
INDERAL LA CAP 160MG	3	
INDERAL XL CAP 80MG	3	
INDERAL XL CAP 120MG	3	
INNOPRAN XL CAP 80MG	3	
INNOPRAN XL CAP 120MG	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	
CARDAMYST SPR	3	
CARDIZEM CD CAP 120MG/24	3	
CARDIZEM CD CAP 180MG/24	3	
CARDIZEM CD CAP 240MG/24	3	
CARDIZEM CD CAP 300MG/24	3	
CARDIZEM CD CAP 360MG/24	3	
CARDIZEM LA TAB 120MG	3	
CARDIZEM LA TAB 180MG	3	
CARDIZEM LA TAB 240MG	3	
CARDIZEM LA TAB 300MG/24	3	
CARDIZEM LA TAB 360MG	3	
CARDIZEM LA TAB 420MG/24	3	
CARDIZEM TAB 30MG	3	
CARDIZEM TAB 60MG	3	
CARDIZEM TAB 120MG	3	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
CONJUPRI TAB 2.5MG	3	
CONJUPRI TAB 5MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
diltiazem hcl tab er 24hr 120 mg	1	
diltiazem hcl tab er 24hr 180 mg	1	
diltiazem hcl tab er 24hr 240 mg	1	
diltiazem hcl tab er 24hr 300 mg	1	
diltiazem hcl tab er 24hr 360 mg	1	
diltiazem hcl tab er 24hr 420 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
KATERZIA SUS 1MG/ML	3	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
matzim la tab 180mg/24	1	
matzim la tab 240mg/24	1	
matzim la tab 300mg/24	1	
matzim la tab 360mg/24	1	
matzim la tab 420mg/24	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	

Drug Name	Drug Tier	Requirements/Limits
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	
NORLIQVA SOL 1MG/ML	3	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	
NORVASC TAB 10MG	3	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG	3	
PROCARDIA XL TAB 60MG	3	
PROCARDIA XL TAB 90MG	3	
SDAMLO SOL 2.5MG	3	
SDAMLO SOL 5MG	3	
SDAMLO SOL 10MG	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 CAP 100MG ER	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 0.25MG	3	PA; MNPA
LANOXIN TAB 0.125MG	3	PA; MNPA
LANOXIN TAB 0.0625MG	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	2	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	2	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	2	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	2	PA, QL (1 cap every 1 day)
MYQORZO TAB 5MG	3	PA, QL (1 tab every 1 day)
MYQORZO TAB 10MG	3	PA, QL (1 tab every 1 day)
MYQORZO TAB 15MG	3	PA, QL (1 tab every 1 day)
MYQORZO TAB 20MG	3	PA, QL (1 tab every 1 day)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	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	
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB 0.5MG	3	PA
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB 200MG	2	PA
INPEFA TAB 400MG	2	PA
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

Drug Name	Drug Tier	Requirements/Limits
avanafil tab 200 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 28 days)
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CIALIS TAB 5MG	3	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
CIALIS TAB 10MG	3	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CIALIS TAB 20MG	3	QL (6 tabs 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)
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)

Drug Name	Drug Tier	Requirements/Limits
STENDRA TAB 50MG	3	PA, QL (6 tabs every 30 days); Coverage is subject to your plan/benefits;MNPA
STENDRA TAB 100MG	3	PA, QL (6 tabs every 30 days); Coverage is subject to your plan/benefits;MNPA
STENDRA TAB 200MG	3	PA, QL (6 tabs every 30 days); Coverage is subject to your plan/benefits;MNPA
tadalafil tab 2.5 mg	1	ST, QL (1 tab every 1 day)
tadalafil tab 5 mg	1	ST, QL (1 tab every 1 day)
tadalafil tab 10 mg	1	QL (6 tabs every 30 days)
tadalafil tab 20 mg	1	QL (6 tabs every 30 days)
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
VIAGRA TAB 25MG	3	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
VIAGRA TAB 50MG	3	QL (6 tabs every 30 days)
VIAGRA TAB 100MG	3	QL (6 tabs every 30 days)
VYBRIQUE MIS 25MG	3	QL (4 pouches every 15 days); Coverage is subject to your plan/benefits
VYBRIQUE MIS 50MG	3	QL (4 pouches every 15 days); Coverage is subject to your plan/benefits
VYBRIQUE MIS 75MG	3	QL (4 pouches every 15 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
VYBRIQUE MIS 100MG	3	QL (4 pouches every 15 days); Coverage is subject to your plan/benefits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
TYVASO DPI POW 16-32-48	2	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48-80MCG	2	PA
TYVASO DPI POW 48MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 80MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW INST KIT	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW MAIN KIT	2	PA, QL (8 ea every 1 day)
TYVASO RF KT SOL 0.6MG/ML	2	PA, QL (2.9 mL every 1 day)
TYVASO SOL 0.6MG/ML	2	PA, QL (2.9 mL every 1 day)
TYVASO ST KT SOL 0.6MG/ML	2	PA, QL (2.9 mL every 1 day)
VENTAVIS SOL 10MCG/ML	3	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	3	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	2	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	3	PA, QL (1 kit every 21 days)
WINREVAIR INJ 60MG	3	PA, QL (1 kit every 21 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)
LETAIRIS TAB 5MG	3	PA, QL (1 tab every 1 day)
LETAIRIS TAB 10MG	3	PA, QL (1 tab every 1 day)
macitentan tab 10 mg	1	PA, QL (1 tab every 1 day)
OPSUMIT TAB 10MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TAB 32MG	3	PA, QL (4 ea every 1 day)
TRACLEER TAB 62.5MG	3	PA, QL (2 tabs every 1 day)
TRACLEER TAB 125MG	3	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	3	PA, QL (2 tabs every 1 day)
alyq tab 20mg	1	PA, QL (2 tabs every 1 day)
REVATIO TAB 20MG	3	PA, QL (12 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	2	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 100MCG	2	PA
UPTRAVI TAB 150MCG	2	PA
UPTRAVI TAB 200MCG	2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	2	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		
ATTRUBY PAK 356MG	3	PA, QL (4 tabs every 1 day)
VYNDAMAX CAP 61MG	2	PA, QL (1 ea every 1 day)
VYNDAQEL CAP 20MG	3	PA, QL (4 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefixime tab 400 mg	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	

Drug Name	Drug Tier	Requirements/Limits
altavera tab	0	
alyacen tab 1/35	0	
alyacen tab 7/7/7	0	
amethia tab	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	
AVERI TAB	0	
aviane tab	0	
ayuna tab	0	
azurette tab	0	
BALCOLTRA TAB 0.1-20	0	
balziva tab	0	
BEYAZ 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
FEMLYV TAB 1/0.02MG	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
MINASTRIN 24 CHW FE	0	

Drug Name	Drug Tier	Requirements/Limits
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	
portia-28 tab	0	
reclipsen tab	0	
rivelsa tab	0	
rosyrah tab	0	
SAFYRAL TAB	0	
setlakin tab	0	

Drug Name	Drug Tier	Requirements/Limits
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	
TAYTULLA CAP 1MG/20MC	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	
TYBLUME CHW 0.1-0.02	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	
YASMIN 28 TAB 3-0.03MG	0	
YAZ TAB 3-0.02MG	0	
zovia 1/35 tab	0	
zumandimine tab 3-0.03mg	0	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
TWIRLA DIS 120-30	0	
xulane dis 150-35	0	
zafemy dis 150/35	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
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)
NUVARING MIS	0	
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD COPPER	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	PA, QL (1 every 300 days)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (4 injections every 300 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)
LILETTA IUD 52MG	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
SLYND TAB 4MG	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
AGAMREE SUS 40MG/ML	3	PA, QL (10 mL every 1 day)
ALKINDI SPRI CAP 0.5MG	3	
ALKINDI SPRI CAP 1MG	3	
ALKINDI SPRI CAP 2MG	3	
ALKINDI SPRI CAP 5MG	3	
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
CORTISONE TAB 25MG	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)
DEXABLISS TAB 1.5MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
DEXLYT TAB 0.25MG	3	
EMFLAZA SUS 22.75/ML	3	PA, QL (1.8 mL every 1 day)
EMFLAZA TAB 6MG	3	PA, QL (2 tabs every 1 day)
EMFLAZA TAB 18MG	3	PA, QL (1 tab every 1 day)
EMFLAZA TAB 30MG	3	PA, QL (1 tab every 1 day)
EMFLAZA TAB 36MG	3	PA, QL (1 tab every 1 day)
EOHILIA SUS 2MG/10ML	3	PA
HEMADY TAB 20MG	3	
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)
KHINDIVI SOL 1MG/ML	3	
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)
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	

Drug Name	Drug Tier	Requirements/Limits
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	PA; MNPA
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	PA; MNPA
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 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	
pyquvi sus 22.75mg	1	PA, QL (1.8 mL every 1 day)
RAYOS TAB 1MG	3	
RAYOS TAB 2MG	3	
RAYOS TAB 5MG	3	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
taperdex pak 6 day	1	
taperdex pak 7-day	1	
taperdex pak 12-day	1	
TARPEYO CAP 4MG	3	PA, QL (4 caps every 1 day)
UCERIS TAB 9MG	3	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
HYCODAN SYP 5-1.5/5	3	PA, QL (30 mL every 1 day)
HYCODAN TAB 5-1.5MG	3	PA, QL (6 tabs every 1 day)
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
NEOTUSS PLUS LIQ	3	
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	
TUXARIN ER TAB 54.3-8MG	3	PA, QL (2 tabs every 1 day)
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	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	

Drug Name	Drug Tier	Requirements/Limits
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	2	
ABSORICA CAP 20MG	2	
ABSORICA CAP 25MG	2	
ABSORICA CAP 30MG	2	
ABSORICA CAP 35MG	2	
ABSORICA CAP 40MG	2	
ABSORICA LD CAP 8MG	3	
ABSORICA LD CAP 16MG	3	
ABSORICA LD CAP 24MG	3	
ABSORICA LD CAP 32MG	3	
ACANYA GEL 1.2-2.5%	3	QL (1.667 gm every 1 day)
accutane cap 10mg	1	
accutane cap 20mg	1	
accutane cap 30mg	1	
accutane cap 40mg	1	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
ADAPAL/BEN P PAD 0.1-2.5%	3	
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 pads 0.1%	1	PA; MNPA
ADAPALENE SOL 0.1%	3	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
ALTRENO LOT 0.05%	3	PA
amnesteem cap 10mg	1	
amnesteem cap 20mg	1	
amnesteem cap 30mg	1	
amnesteem cap 40mg	1	
AMZEEQ AER 4%	3	
ARAZLO LOT 0.045%	2	
ATRALIN GEL 0.05%	3	PA
AVAR CLEANSE LIQ 10-5%	3	
AVAR LS LIQ 10-2%	3	
AVAR-E EMOLL CRE 10-5%	3	
AZELEX CRE 20%	3	
BENZ PER FOR LOT HC 7.5-1	3	

Drug Name	Drug Tier	Requirements/Limits
BENZ PEROXID GEL 6.5%	3	
BENZAMYCIN GEL 5-3%	3	QL (1.567 gm every 1 day)
BENZEPRO AER 5.2%	3	
BENZEPRO AER 9.7%	3	
BENZEPRO LIQ 6.8%	3	
BENZEPRO LIQ CREAMY	3	
BENZEPRO MIS 5.8%	3	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide gel 8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (1.567 gm every 1 day)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
BENZOYL PERX LIQ 6.9%	3	
bp 10-1 emu	1	
CABTREO GEL	3	QL (1.667 gm every 1 day)
claravis cap 10mg	1	
claravis cap 20mg	1	
claravis cap 30mg	1	
claravis cap 40mg	1	
CLENIA PLUS SUS 9-4.25%	3	
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	
CLINDAGEL GEL 1%	3	QL (2.5 mL every 1 day)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (50 gm every 25 days)
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1% (once-daily)	1	QL (60 gm every 30 days)
clindamycin phosphate gel 1% (once-daily)	1	PA, QL (2.5 mL every 1 day)
clindamycin phosphate gel 1% (twice-daily)	1	QL (2.5 gm every 1 day)
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 (1.667 gm every 1 day)
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 (1.667 gm every 1 day)
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

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN GEL 0.3% PMP	3	PA
DIFFERIN LOT 0.1%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
EPSOLAY CRE 5%	3	
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)
FABIOR AER 0.1%	3	PA
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 25 mg	1	PA
isotretinoin cap 30 mg	1	
isotretinoin cap 35 mg	1	PA
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
neuac gel 1.2-5%	1	QL (1.5 gm every 1 day)
ONEXTON GEL 1.2-3.75	3	QL (1.667 gm every 1 day)
PLEXION CLTH PAD 9.8-4.8%	3	
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%PMP	3	PA
RETIN-A MICR GEL 0.08%PMP	3	PA
SOD SUL/SULF EMU 10-5%	3	
SODIUM SULF SUS 9-4.25%	3	
SSS 10-5 AER 10-5%	3	
SSS CRE 10%-5%	3	
SULFAC SULFR PAD 9.8-4.8%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
TAZAROTENE AER 0.1%	3	PA
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
TWYNEO CRE 0.1-3%	3	PA
VANOXIDE-HC LOT 5-0.5%	3	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	
ZIANA GEL	3	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA; MNPA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	
diclofenac sodium soln 2%	1	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium soln 2%	1	PA
FLECTOR DIS 1.3%	3	
LICART DIS 1.3%	3	
PENNSAID SOL 2%	3	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin calcium cream 2%	1	PA, QL (30 gm every 25 days); MNPA
mupirocin oint 2%	1	QL (30 gm every 25 days)
NEO-SYNALAR CRE	3	PA; MNPA
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)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	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)
EXODERM LOT 25-1%	3	
FUNGIZYL AC CRE 2-2%	3	
FUNGIZYL AL LIQ 2%-2%	3	
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
KERYDIN SOL 5%	3	PA
ketoconazole cream 2%	1	QL (120 gm every 25 days)
ketoconazole foam 2%	1	PA, QL (100 gm every 25 days); MNPA
ketoconazole shampoo 2%	1	QL (120 mL every 25 days)
ketodan aer 2%	1	PA, QL (100 gm every 25 days); MNPA
klayesta pow 100000	1	QL (120 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
luliconazole cream 1%	1	PA, QL (60 gm every 25 days); MNPA
LUZU CRE 1%	3	QL (60 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)
NAFTIN GEL 2%	3	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); MNPA
oxiconazole nitrate cream 1%	1	PA, QL (60 gm every 25 days); MNPA
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
RECURA CRE	3	
sulconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate solution 1%	1	QL (60 mL every 25 days)
tavaborole soln 5%	1	PA; MNPA
VUSION OIN	3	QL (100 gm every 25 days)
VYTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ GEL 10%	3	
bexarotene gel 1%	1	PA
CARAC CRE 0.5%	3	PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
fluorouracil cream 0.5%	1	PA
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
KLISYRI OIN 1% (250)	3	PA
KLISYRI OIN 1% (350)	3	PA
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
TARGRETIN GEL 1%	3	PA

Drug Name	Drug Tier	Requirements/Limits
TOLAK CRE 4%	3	PA
VALCHLOR GEL 0.016%	3	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	1	ST, QL (45 gm every 25 days); MNPA
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	3	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	3	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	3	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
BIMZELX INJ 320MG/2	3	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
CALCIPOTRIEN AER 0.005%	3	PA
calcipotriene cream 0.005%	1	PA
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA
calcitrene oin 0.005%	1	PA
calcitriol oint 3 mcg/gm	1	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 75MG/0.5	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 300DOSE	2	PA, QL (2 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 150MG/ML	2	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 300DOSE	2	PA, QL (2 pens every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNO INJ 300/2ML	2	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
ICOTYDE TAB 200MG	3	PA, QL (1 tab every 1 day)
IMULDOSA INJ 45/0.5ML	3	PA, QL (1 syringe every 84 days)
IMULDOSA INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
methoxsalen rapid cap 10 mg	1	
OTULFI INJ 45/0.5ML	3	PA, QL (1 SYRINGE every 84 days)
OTULFI INJ 45MG	3	PA, QL (1 vial per 28 days)
OTULFI INJ 90MG/ML	3	PA, QL (1 SYRINGE every 56 days)
PELLIX SOL 0.005%	3	PA
PYZCHIVA INJ 45/0.5ML	2	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	2	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	2	PA, QL (1 vial 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	2	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	2	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SELARSDI INJ 45/0.5ML	3	PA, QL (1 syringe every 84 days)
SELARSDI INJ 45/0.5ML	3	PA, QL (1 vial every 28 days)
SELARSDI INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
SILIQ INJ 210/1.5	3	PA, QL (2 syringes every 28 days)
SKYRIZI INJ 55/0.37	2	PA, QL (1 syringe every 84 days)
SKYRIZI INJ 150MG/ML	2	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	2	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SORILUX AER 0.005%	3	PA
SOTYKTU TAB 6MG	3	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	3	PA, QL (2 syringes every 28 days)
SPEVIGO INJ 300/2ML	3	PA, QL (1 syringe every 28 days)

Drug Name	Drug Tier	Requirements/Limits
STARJEMZA INJ 45/0.5ML	3	PA, QL (1 syringe every 28 days)
STARJEMZA INJ 45/0.5ML	3	PA, QL (1 vial every 28 days)
STARJEMZA INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
STELARA INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45/0.5ML	2	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STEQEYMA INJ 45/0.5ML	3	PA, QL (1 syringe every 84 days)
STEQEYMA INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
TALTZ INJ 20/0.25	2	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TALTZ INJ 40/0.5ML	2	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 80MG/ML	2	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
tazarotene cream 0.1%	1	
tazarotene cream 0.05%	1	
tazarotene gel 0.1%	1	
tazarotene gel 0.05%	1	
TAZORAC CRE 0.1%	3	
TAZORAC CRE 0.05%	3	
TAZORAC GEL 0.1%	3	
TAZORAC GEL 0.05%	3	
TREMFYA INJ 100MG/ML	2	PA, QL (1 pen every 42 days)
TREMFYA INJ 100MG/ML	2	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	2	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	
USTEKIN-AAUZ INJ 45/0.5ML	3	PA, QL (1 SYRINGE every 84 days)
USTEKIN-AAUZ INJ 90MG/ML	3	PA, QL (1 SYRINGE every 56 days)
USTEKIN-AEKN INJ 45/0.5ML	3	PA, QL (1 syringe every 84 days)
USTEKIN-AEKN INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
USTEKIN-TTWE INJ 45/0.5ML	3	PA, QL (1 syringe every 84 days)
USTEKIN-TTWE INJ 45/0.5ML	3	PA, QL (1 vial every 84 days)

Drug Name	Drug Tier	Requirements/Limits
USTEKIN-TTWE INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
USTEKINUMAB INJ 45/0.5ML	3	PA, QL (1 syringe every 84 days)
USTEKINUMAB INJ 45/0.5ML	3	PA, QL (1 vial every 84 days)
USTEKINUMAB INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
VECTICAL OIN 3MCG/GM	3	PA; MNPA
VTAMA CRE 1%	2	PA
WEZLANA INJ 45/0.5ML	3	PA, QL (1 syringe every 84 days)
WEZLANA INJ 45/0.5ML	3	PA, QL (1 vial every 84 days)
WEZLANA INJ 90MG/ML	3	PA, QL (1 syringe every 56 days)
YESINTEK INJ 45/0.5ML	2	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	2	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 90MG/ML	2	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		
DIYRA SHA	3	
DOREVI SHA	3	
ESKATA SOL 40%	3	
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	

Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS LOT 9.8%	3	
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 cream 5%	1	PA
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
penciclovir cream 1%	1	
XERESE CRE 5-1%	3	
ZELSUVMI GEL 10.3%	3	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
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		
ala-scalp lot 2%	1	QL (4 mL every 1 day)
alclometasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
alclometasone dipropionate oint 0.05%	1	QL (4 gm every 1 day)
amcinonide cream 0.1%	1	QL (4 gm every 1 day)
amcinonide oint 0.1%	1	QL (4 gm every 1 day)
APEXICON E CRE 0.05%	3	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)

Drug Name	Drug Tier	Requirements/Limits
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 dipropionate oint 0.05%	1	PA, QL (4 gm every 1 day); MNPA
betamethasone valerate aerosol foam 0.12%	1	QL (4 gm every 1 day)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (4 gm every 1 day)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (4 mL every 1 day)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	PA; MNPA
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	1	PA; MNPA
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 emulsion foam 0.05%	1	PA, QL (4 gm every 1 day); MNPA
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)
clobetasol propionate spray 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)
CLOBEX SPR 0.05%	3	QL (4 mL every 1 day)
clocortolone pivalate cream 0.1%	1	PA, QL (4 gm every 1 day); MNPA
clodan sha 0.05%	1	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORDRAN 80X3 TAP 4MCG/CM	3	QL (1 ea every 30 days)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
desonide cream 0.05%	1	QL (4 gm every 1 day)
desonide gel 0.05%	1	PA, QL (4 gm every 1 day); MNPA
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 0.05%	1	PA, 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)
diflorasone diacetate cream 0.05%	1	PA, QL (4 gm every 1 day); MNPA
diflorasone diacetate oint 0.05%	1	PA, QL (4 gm every 1 day); MNPA
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
DUOBRII LOT	3	
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
evesse lot 0.1%	1	PA, QL (4 mL every 1 day); MNPA
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 0.1%	1	PA, QL (4 gm every 1 day); MNPA
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)
flurandrenolide cream 0.05%	1	PA, QL (4 gm every 1 day); MNPA
flurandrenolide lotion 0.05%	1	PA, QL (4 mL every 1 day); MNPA
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)

Drug Name	Drug Tier	Requirements/Limits
halcinonide cream 0.1%	1	PA, QL (4 gm every 1 day); MNPA
halcinonide soln 0.1%	1	QL (4 mL every 1 day)
HALOBETASOL LOT 0.05%	3	QL (4 mL every 1 day)
halobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
halobetasol propionate foam 0.05%	1	QL (4 gm every 1 day)
halobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
HALOG CRE 0.1%	3	QL (4 gm every 1 day)
HALOG OIN 0.1%	3	QL (4 gm every 1 day)
HALOG SOL 0.1%	3	QL (4 mL every 1 day)
HYDRALYN GEL 2%	3	
HYDRAVEX GEL 2%	3	
HYDROCORT GEL 2%	3	
hydrocortisone acetate cream 2.5%	1	
hydrocortisone butyrate cream 0.1%	1	QL (4 gm every 1 day)
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	1	PA, QL (4 gm every 1 day); MNPA
hydrocortisone butyrate lotion 0.1%	1	PA, QL (4 mL every 1 day); MNPA
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%	1	QL (4 mL 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)
HYDROXATE GEL 2%	3	
HYDROXYM CRE 2%	3	
HYDROXYM GEL 2%	3	
IMPOYZ CRE 0.025%	3	QL (4 gm every 1 day)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LEXETTE AER 0.05%	3	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	

Drug Name	Drug Tier	Requirements/Limits
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 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)
tovet aer 0.05%	1	PA, QL (4 gm every 1 day); MNPA
triamcinolone acetonide aerosol soln 0.147 mg/gm	1	PA, QL (4 gm every 1 day); MNPA
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 0.05%	1	PA, 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)
ULTRAVATE LOT 0.05%	3	QL (4 mL every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
WYNZORA CRE	3	PA
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	3	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	3	PA, QL (2 pens every 28 days)
ANZUPGO CRE 2%	3	ST, QL (2 gm every 1 day)
CIBINQO TAB 50MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 200/1.14	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	2	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 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		
NEXOBRID GEL 8.8%	3	
SANTYL OIN 250/GM	3	PA
HAIR GROWTH AGENTS		
LEQSELVI TAB 8MG	3	PA, QL (2 tabs every 1 day)
LITFULO CAP 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	2	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)
ZYCLARA CRE 3.75%	3	PA
ZYCLARA PUMP CRE 2.5%	3	PA
ZYCLARA PUMP CRE 3.75%	3	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	ST
HYFTOR GEL 0.2%	3	

Drug Name	Drug Tier	Requirements/Limits
NUJU CRE 0.1%	3	
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
VEVEN CRE 0.1%	3	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CANTHARIDIN SOL 0.7%	3	
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	
RAYASAL CRE 5.9%	3	
SALICATE LIQ 10%	3	
SALICYLIC AC GEL 6%	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	
salicylic acid soln 26%	1	
SALIMEZ CRE 6%	3	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
SALYCIM CRE 6%	3	
salyntra gel 6%	1	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
WENIXRA OIN 5-30%	3	
XALIX SOL 28%	3	
YCANTH SOL 0.7%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CETACAINE AER	3	
CETACAINE GEL 2-2-14%	3	
CETACAINE LIQ 2-2-14%	3	
DYCLOPRO SOL 0.5%	3	
ETHYL CHLOR AER FINE PIN	3	

Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
glydo gel 2%	1	QL (10 injections every 25 days)
HURRI-FREEZE AER MED STRE	3	
HURRI-FREEZE AER MIST SPR	3	
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (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)
PLIAGLIS CRE 7-7%	3	QL (30 gm every 25 days)
tridacaine dis 5% patch	1	QL (3 ea every 1 day)
ZTLIDO PAD 1.8%	3	QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
HYPOCYN GEL ANTIPRUR	3	
QBREXZA PAD 2.4%	3	
SOFDRA GEL 12.45%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.05%	2	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
doxycycline (rosacea) cap delayed release 40 mg	1	
EMROSI CAP 40MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
FINACEA AER 15%	2	PA
ivermectin cream 1%	1	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	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	
MIRVASO GEL 0.33%	3	PA
NORITATE CRE 1%	3	PA
ORACEA CAP 40MG	3	
oxymetazoline hcl cream 1%	1	PA
RHOFADE CRE 1%	3	PA
SOOLANTRA CRE 1%	3	PA
ZILXI AER 1.5%	3	
SCABICIDES & PEDICULICIDES		
crotan lot 10%	1	
ELIMITE CRE 5%	3	
EURAX CRE 10%	3	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
PERMETHRIN CRE 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		
FILSUVEZ GEL 10%	3	PA, QL (90 tubes every 30 days)
REGRANEX GEL 0.01%	3	PA
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 GUIDE	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
ACCUTREND TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
ADVANCE TES INTUITIO	0	PA, QL (5 strips every 1 day), OTC
ADVANCE TES MICRO-DW	0	PA, QL (5 strips every 1 day), OTC
ADVOCATE TES	0	PA, QL (5 strips every 1 day), OTC
ADVOCATE TES REDI-COD	0	PA, QL (5 strips every 1 day), OTC
ADVOCATE TES REDICODE	0	PA, QL (5 strips every 1 day), OTC
AGAMATRIX TES AMP	0	PA, QL (5 strips every 1 day), OTC
AGAMATRIX TES JAZZ	0	PA, QL (5 strips every 1 day), OTC
AGAMATRIX TES PRESTO	0	PA, QL (5 strips every 1 day), OTC
ASSURE 3 TES	0	PA, QL (5 strips every 1 day), OTC
ASSURE 4 TES	0	PA, QL (5 strips every 1 day), OTC
ASSURE II TES	0	PA, QL (5 strips every 1 day), OTC
ASSURE II TES CHECK	0	PA, QL (5 strips every 1 day), OTC
ASSURE PRISM TES MULTI	0	PA, QL (5 strips every 1 day), OTC
ASSURE PRO TES	0	PA, QL (5 strips every 1 day), OTC
ASSURE TES PLATINUM	0	PA, QL (5 strips every 1 day), OTC
ASSURE TITAN TES STRIPS	0	PA, QL (5 strips every 1 day)
AUTOCODE TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
BIOTEL CARE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
BLOOD GLUCOS MIS STRIPS	0	PA, QL (5 strips every 1 day), OTC
BLOOD GLUCOS TES	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
BLOOD GLUCOS TES 333	0	PA, QL (5 strips every 1 day), OTC
BLOOD GLUCOS TES LE1	0	PA, QL (5 strips every 1 day), OTC
BLOOD GLUCOS TES PREMIUM	0	PA, QL (5 strips every 1 day), OTC
BLOOD GLUCOS TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
BLULINK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
CARESENS N TES	0	PA, QL (5 strips every 1 day), OTC
CARESENS N TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
CARESENS S TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
CARETOUCH MIS TST STRP	0	PA, 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
CLEVER CHEK TES	0	PA, QL (5 strips every 1 day), OTC
CLEVER CHEK TES AUTO CD	0	PA, QL (5 strips every 1 day), OTC
CLEVER CHEK TES TALK	0	PA, QL (5 strips every 1 day), OTC
CLEVER CHEK TES VOICE	0	PA, QL (5 strips every 1 day), OTC
CLEVER CHOIC TES MICRO	0	PA, QL (5 strips every 1 day), OTC
CLEVR CHOICE TES AUTO-CD	0	PA, QL (5 strips every 1 day), OTC
CLEVR CHOICE TES NOCODE	0	PA, QL (5 strips every 1 day), OTC
CONFIRM/MICR TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
CONTOUR PLUS TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
CONTOUR TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
CONTOUR TES NEXT	0	PA, QL (5 strips every 1 day), OTC
COOL BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
CVS ADVANCED TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
CVS GLUCOSE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
CVS GLUCOSE TES TEST STR	0	PA, QL (5 strips every 1 day), OTC
CVS KETONE TES CARE	0	OTC
CVS TRUE MET TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
D-CARE BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day)
DIASTIX TES REAGENT	0	OTC
DIASTIX TES STRIPS	0	OTC
DIATHRIVE MIS TEST STR	0	PA, QL (5 strips every 1 day), OTC
DIATHRIVE+ MIS TEST STR	0	PA, QL (5 strips every 1 day), OTC
DIATRUE PLUS TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
DUO-CARE TES	0	PA, QL (5 strips every 1 day), OTC
EASY MAX GLC TES STRIP	0	PA, QL (5 strips every 1 day), OTC
EASY PLUS II TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
EASY STEP TES	0	PA, QL (5 strips every 1 day), OTC
EASY TALK TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
EASY TALK TES PLUS II	0	PA, QL (5 strips every 1 day), OTC
EASY TOUCH TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
EASY TOUCH TES HEALTHPR	0	PA, QL (5 strips every 1 day), OTC
EASY TOUCH TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
EASY TRAK II TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TRAK TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
EASYGLUCO TES	0	PA, QL (5 ea every 1 day), OTC
EASYMAX 15 TES	0	PA, QL (5 strips every 1 day), OTC
EASYMAX TES	0	PA, QL (5 strips every 1 day), OTC
EASYPRO PLUS TES	0	PA, QL (5 strips every 1 day), OTC
EASYPRO TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
ELEMENT TES	0	PA, QL (5 strips every 1 day), OTC
ELEMNT COMPA TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
EMBRACE EVO TES	0	PA, QL (5 strips every 1 day), OTC
EMBRACE PRO TES	0	PA, QL (5 strips every 1 day), OTC
EMBRACE TALK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
EMBRACE TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
EMBRACE WAVE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
EVOLUTION TES AUTOCODE	0	PA, QL (5 strips every 1 day), OTC
FIFTY50 GLUC TES 2.0	0	PA, QL (5 strips every 1 day), OTC
FORA 6 MIS CONNECT	0	PA, QL (5 strips every 1 day), OTC
FORA 6CON TES GTEL	0	PA, QL (5 strips every 1 day), OTC
FORA ADVANCE TES PRO	0	PA, QL (5 strips every 1 day), OTC
FORA BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
FORA D15G TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA D20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA D40/G31 TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
FORA G20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA G30/V10 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA GD20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA GD50 TES	0	PA, QL (5 strips every 1 day), OTC
FORA GTEL TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
FORA TN'G TES TN'G VOI	0	PA, QL (5 strips every 1 day), OTC
FORA V10 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA V12 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA V20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORA V30A TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORACARE TES GD40	0	PA, QL (5 strips every 1 day), OTC
FORACARE TES PREM V10	0	PA, QL (5 strips every 1 day), OTC
FORACARE TES TST N GO	0	PA, QL (5 strips every 1 day), OTC
FREESTYLE TES	0	PA, QL (5 strips every 1 day), OTC
FREESTYLE TES INSULINX	0	PA, QL (5 strips every 1 day), OTC
FREESTYLE TES LITE	0	PA, QL (5 strips every 1 day), OTC
FREESTYLE TES PREC NEO	0	PA, QL (5 strips every 1 day), OTC
GE100 BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
GENULTIMATE TES	0	PA, QL (5 strips every 1 day), OTC
GHT TEST TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
GLUCO PERFEC TES 3	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD 01 TES PLUS	0	PA, QL (5 strips every 1 day), OTC
GLUCOCARD 01 TES SENSOR	0	PA, QL (5 strips every 1 day), OTC
GLUCOCARD TES EXPRESSI	0	PA, QL (5 strips every 1 day), OTC
GLUCOCARD TES SHINE	0	PA, QL (5 strips every 1 day), OTC
GLUCOCARD TES VITAL	0	PA, QL (5 strips every 1 day), OTC
GLUCOCARD TES X-SENSOR	0	PA, QL (5 strips every 1 day), OTC
GLUCOCOM TES	0	PA, QL (5 strips every 1 day), OTC
GLUCONAVII TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
GNP TRU METR TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
GNP TRUETRAC TES SMRT SYS	0	PA, QL (5 strips every 1 day), OTC
GOJJI BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
GOJJI BLOOD TES KETONE	0	OTC
GOJJI STRIPS MIS W/LANCET	0	PA, QL (5 strips every 1 day), OTC
HW EMBRACE TES PRO	0	PA, QL (5 strips every 1 day), OTC
HW EMBRACE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
IGLUCOSE TES	0	PA, QL (5 strips every 1 day), OTC
IHEALTH BLOO TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
IN TOUCH TES BLOOD	0	PA, QL (5 strips every 1 day), OTC
INFINITY TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
INFINITY TES VOICE	0	PA, QL (5 strips every 1 day), OTC
KETO-DIASTIX TES	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
KETOSTIX TES STRIP	0	OTC
KROGER BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
LIBERTY TES	0	PA, QL (5 strips every 1 day), OTC
MEIJER BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
MEIJER TES TRUETEST	0	PA, QL (5 strips every 1 day), OTC
MEIJER TES TRUETRAC	0	PA, QL (5 strips every 1 day), OTC
MICRODOT TES	0	PA, QL (5 strips every 1 day), OTC
MICRODOT TES XTRA	0	PA, QL (5 strips every 1 day), OTC
MM BLULINK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
MOBI CONNECT TES STRIPS	0	QL (5 strips every 1 day), OTC
MULTISTIX 10 TES SG	0	OTC
MYGLUCOHEALT TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
NEUTEK 2TEK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
NO CODING TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
NOVA MAX PLS TES KETONE	0	OTC
NOVA MAX TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
ON CALL TES EXPRESS	0	PA, QL (5 strips every 1 day), OTC
ONE DROP TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
ONETOUCH TES ULT BLUE	0	PA, QL (5 strips every 1 day), OTC
ONETOUCH TES ULTRA	0	PA, QL (5 strips every 1 day), OTC
ONETOUCH TES VERIO	0	PA, QL (5 strips every 1 day), OTC
OPTIUMEZ TES	0	PA, QL (5 strips every 1 day), OTC
PIP BLOOD TES	0	PA, QL (5 strips every 1 day), OTC
POCKETCHEM TES EZ	0	PA, QL (5 strips every 1 day), OTC
PRECISION TES XTRA	0	PA, QL (5 strips every 1 day), OTC
PRECISN XTRA TES KETONE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
PREMIUM BLOO MIS GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
PRO VOICE TES V8/V9	0	PA, QL (5 strips every 1 day), OTC
PRODIGY NO TES CODING	0	PA, QL (5 strips every 1 day), OTC
PTS PANELS TES EGLU	0	PA, QL (5 strips every 1 day), OTC
QUICK TOUCH TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
QUICKTEK TES	0	PA, QL (5 strips every 1 day), OTC
QUINTET AC TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
QUINTET TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
REFUAH PLUS TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
RELION PLATN TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
RELION PREMI TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
RELION PRIME TES	0	PA, QL (5 strips every 1 day), OTC
RELION PRIME TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
RELION TES KETONE	0	OTC
RELION TES ULTIMA	0	PA, QL (5 strips every 1 day), OTC
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
RIGHTEST TES GS100	0	PA, QL (5 strips every 1 day), OTC
RIGHTEST TES GS300	0	PA, QL (5 strips every 1 day), OTC
RIGHTEST TES GS550	0	PA, QL (5 strips every 1 day), OTC
RIGHTEST TES GT333	0	PA, QL (5 strips every 1 day), OTC
SMART SENSE TES TEST	0	PA, QL (5 strips every 1 day), OTC
SMARTEST TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
SOLUS V2 TES AUDIBLE	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
SUPREME TES	0	PA, QL (5 strips every 1 day), OTC
TRU METRIX TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
TRUE FOCUS MIS BLOOD	0	PA, QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
TRUE METRIX TES PRO TEST	0	QL (5 strips every 1 day), OTC
TRUENESS TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
TRUETEST TES	0	PA, QL (5 strips every 1 day), OTC
TRUETRACK TES	0	PA, QL (5 strips every 1 day), OTC
TRUETRACK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC
UNISTRIP1 TES GENERIC	0	PA, QL (5 strips every 1 day), OTC
VERASENS TES	0	PA, QL (5 strips every 1 day), OTC
VIVAGUARD TES INO	0	PA, 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	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
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	3	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	
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	
ENBUMYST SOL 0.5/0.1	3	
ethacrynic acid tab 25 mg	1	
FUROSCIX KIT 80/10ML	3	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
SOAANZ TAB 20MG	3	
SOAANZ TAB 40MG	3	
SOAANZ TAB 60MG	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	
CAROSPIR SUS 25MG/5ML	3	
DYRENIUM CAP 50MG	3	PA; MNPA
DYRENIUM CAP 100MG	3	PA; MNPA
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	
HEMICLOR TAB 12.5MG	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	
INZIRQO SUS 10MG/ML	3	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
THALITONE TAB 15MG	3	

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	3	PA, QL (8 tabs every 1 day)
ISTURISA TAB 5MG	3	PA, QL (12 tabs every 1 day)
RECORLEV TAB 150MG	3	PA, QL (8 tabs every 1 day)
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	2	PA, QL (1 every 28 days)
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 560/2.24	3	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
MIACALCIN INJ 200/ML	3	PA; MNPA
MIACALCIN INJ 400/2ML	3	PA; MNPA
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	2	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	2	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	3	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	3	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	3	PA, QL (28 injectors every 28 days)

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN INJ 40/0.5ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	3	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	3	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	3	PA; Coverage is subject to your plan/benefits
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	2	PA, QL (5.4 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (7.2 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (7.56 mL every 21 days); Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	3	PA, QL (10 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	3	PA, QL (6 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	3	PA, QL (60 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.48	3	PA, QL (15 pens every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.72	3	PA, QL (10 pens every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.44	3	PA, QL (7 pens every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
MENOPUR INJ 75UNIT	2	PA; Coverage is subject to your plan/benefits
milophene tab 50mg	1	Coverage is subject to your plan/benefits
NOVAREL INJ 5000UNIT	3	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	3	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	2	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
CETROTIDE KIT 0.25MG	3	PA; Coverage is subject to your plan/benefits
fyremadel sol 250/0.5	1	PA; Coverage is subject to your plan/benefits
GANIRELIX AC INJ 250/0.5	3	PA; Coverage is subject to your plan/benefits
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	1	PA; Coverage is subject to your plan/benefits
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	2	PA, QL (1 vial every 1 day)
SOMAVERT INJ 15MG	2	PA, QL (1 vial every 1 day)
SOMAVERT INJ 20MG	2	PA, QL (1 vial every 1 day)
SOMAVERT INJ 25MG	2	PA, QL (1 vial every 1 day)
SOMAVERT INJ 30MG	2	PA, QL (1 vial every 1 day)
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (1 vial every 1 day)
EGRIFTA WR KIT 11.6MG	3	PA, QL (4 vials every 28 days)
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	3	PA
GENOTROPIN INJ 0.4MG	3	PA
GENOTROPIN INJ 0.6MG	3	PA
GENOTROPIN INJ 0.8MG	3	PA
GENOTROPIN INJ 1.2MG	3	PA
GENOTROPIN INJ 1.4MG	3	PA
GENOTROPIN INJ 1.6MG	3	PA
GENOTROPIN INJ 1.8MG	3	PA
GENOTROPIN INJ 1MG	3	PA
GENOTROPIN INJ 2MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN INJ 5MG	3	PA
GENOTROPIN INJ 12MG	3	PA
HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
NGENLA INJ 24/1.2ML	3	PA
NGENLA INJ 60/1.2ML	3	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
NUTROPIN AQ INJ 10MG/2ML	3	PA
NUTROPIN AQ INJ 20MG/2ML	3	PA
NUTROPIN AQ INJ NUSPIN 5	3	PA
OMNITROPE INJ 5.8MG	3	PA
OMNITROPE INJ 5/1.5ML	3	PA
OMNITROPE INJ 10/1.5ML	3	PA
SAIZEN INJ 5MG	3	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
SKYTROFA INJ 0.7MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 1.4MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 1.8MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 2.1MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 2.5MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 3.6MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 3MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 4.3MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 5.2MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 6.3MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 7.6MG	3	PA, QL (4 cartridges every 28 days)

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA INJ 9.1MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 11MG	3	PA, QL (4 cartridges every 28 days)
SKYTROFA INJ 13.3MG	3	PA, QL (4 cartridges every 28 days)
SOGROYA INJ 5MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	2	PA, QL (4 pens every 28 days)
ZOMACTON INJ 5MG	3	PA
ZOMACTON INJ 10MG	3	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
OSPHENA TAB 60MG	2	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	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
BUPHENYL POW	3	PA, QL (26.6 gm every 1 day)
BUPHENYL TAB 500MG	3	PA, QL (40 tabs every 1 day)
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
CARBAGLU TAB 200MG	3	PA
carglumic acid soluble tab 200 mg	1	PA
CARNITOR SF SOL 1GM/10ML	3	PA; MNPA
CARNITOR SOL 1GM/10ML	3	PA; MNPA
CARNITOR TAB 330MG	3	PA; MNPA
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)
CYSTADANE POW	3	PA

Drug Name	Drug Tier	Requirements/Limits
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
FORZINITY INJ 280/3.5	3	PA, QL (4 vials every 28 days)
GALAFOLD CAP 123MG	2	PA
glycerol phenylbutyrate liquid 1.1 gm/ml	1	PA
HARLIKU TAB 2MG	3	PA, QL (1 tab every 1 day)
IMCIVREE INJ 10MG/ML	3	PA, QL (10 vials every 30 days); Coverage is subject to your plan/benefits
javygtor pak 100mg	1	PA
javygtor pow 500mg	1	PA
javygtor tab 100mg	1	PA
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
KYGEVVI POW 2GM/2GM	3	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
LOARGYS INJ 2/0.4ML	3	PA
MYALEPT INJ 11.3MG	3	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
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
OLPRUVA PAK 2GM	3	PA, QL (6 ea every 1 day)
OLPRUVA PAK 3GM	3	PA, QL (6 ea every 1 day)
OLPRUVA PAK 4 GM	3	PA, QL (9 ea every 1 day)
OLPRUVA PAK 5GM	3	PA, QL (9 ea every 1 day)
OLPRUVA PAK 6.67GM	3	PA, QL (9 ea every 1 day)
OLPRUVA PAK 6GM	3	PA, QL (9 ea every 1 day)
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
PALYNZIQ INJ 2.5/0.5	3	PA, QL (8 pens every 28 days)
PALYNZIQ INJ 10/0.5ML	3	PA, QL (1 syringe every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ INJ 20MG/ML	3	PA, QL (3 syringes every 1 day)
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM	2	PA, QL (46.4 gm every 1 day)
RAVICTI LIQ 1.1GM/ML	3	PA
REDEMPLO SOL 25/0.5ML	3	PA, QL (1 syringe every 90 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	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)
SEPHIENCE POW 250MG	3	PA
SEPHIENCE POW 1000MG	3	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (26.6 gm every 1 day)
sodium phenylbutyrate tab 500 mg	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
TRYNGOLZA INJ 50MG/0.8	3	PA, QL (1 pen every 28 days)
TRYNGOLZA INJ 80MG/0.8	3	PA, QL (1 pen every 28 days)
VYKAT XR TAB 25MG	3	PA, QL (4 tabs every 1 day)
VYKAT XR TAB 75MG	3	PA, QL (7 tabs every 1 day)
VYKAT XR TAB 150MG	3	PA, QL (3 tabs every 1 day)
XPHOZAH TAB 20MG	3	PA
XPHOZAH TAB 30MG	3	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
YORVIPATH INJ 168/0.56	3	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
YORVIPATH INJ 294/0.98	3	PA, QL (2 pens every 28 days)
YORVIPATH INJ 420/1.4	3	PA, QL (2 pens every 28 days)
zelvysia pow 100mg	1	PA
zelvysia pow 500mg	1	PA
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	3	PA, QL (1 vial every 1 day)
YUVIWEL INJ 1.3MG	3	PA, QL (4 vials every 28 days)
YUVIWEL INJ 2.8MG	3	PA, QL (4 vials every 28 days)
YUVIWEL INJ 5.5MG	3	PA, QL (8 vials every 28 days)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
DESMODA SOL 0.05/ML	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	
DESMOPRESSIN SOL 1.5MG/ML	3	PA
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
mifepristone tab 200 mg	1	$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
MYCAPSSA CAP 20MG	3	PA, QL (4 caps every 1 day)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (3 vials every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
PALSONIFY TAB 20MG	3	PA, QL (3 tabs every 1 day)
PALSONIFY TAB 30MG	3	PA, QL (2 tabs every 1 day)
SANDOSTATIN INJ 50MCG/ML	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	3	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	3	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 15MG	3	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 30-15MG	3	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 45-15MG	3	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 60-30MG	3	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 90-30MG	3	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 15MG	3	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 30MG	3	PA, QL (1 tab every 1 day)
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
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
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)

Drug Name	Drug Tier	Requirements/Limits
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	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
COVARYX HS TAB	3	
COVARYX TAB 1.25-2.5	3	
DUAVEE TAB 0.45-20	2	
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	
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
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	

Drug Name	Drug Tier	Requirements/Limits
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	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	
ELESTRIN GEL 0.06%	3	
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	

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
ESTROGEL GEL 0.06%	3	
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	
EVAMIST SPR 1.53MG	3	
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	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	3	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	
MINIVELLE DIS 0.05MG	3	
MINIVELLE DIS 0.025MG	3	
MINIVELLE DIS 0.075MG	3	
MINIVELLE DIS 0.0375MG	3	
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	

Drug Name	Drug Tier	Requirements/Limits
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		
MOTEGRITY TAB 1MG	3	
MOTEGRITY TAB 2MG	3	
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	3	PA
CHOLBAM CAP 250MG	3	PA
CTEXLI TAB 250MG	3	PA, QL (3 tabs every 1 day)
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	3	PA, QL (1 tab every 1 day)
OCALIVA TAB 10MG	3	PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
chenodal tab 250mg	1	PA, QL (7 tabs every 1 day)
RELTONE CAP 200MG	3	
RELTONE CAP 400MG	3	
URSO FORTE TAB 500MG	3	
URSODIOL CAP 200MG	3	
ursodiol cap 300 mg	1	
URSODIOL CAP 400MG	3	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
URSOLIGN CAP 150MG	3	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	3	
AMITIZA CAP 24MCG	3	
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
GIMOTI SPR 15MG	3	
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		
BYLVAY CAP 200MCG	3	PA, QL (12 caps every 1 day)
BYLVAY CAP 400MCG	3	PA, QL (18 caps every 1 day)
BYLVAY CAP 600MCG	3	PA, QL (4 caps every 1 day)
BYLVAY CAP 1200MCG	3	PA, QL (6 caps every 1 day)
LIVMARLI SOL 9.5MG/ML	3	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	3	PA, QL (2 mL every 1 day)
LIVMARLI TAB 10MG	3	PA, QL (2 tabs every 1 day)
LIVMARLI TAB 15MG	3	PA, QL (2 tabs every 1 day)
LIVMARLI TAB 20MG	3	PA, QL (2 tabs every 1 day)
LIVMARLI TAB 30MG	3	PA, QL (1 tab every 1 day)
LYNAVOY TAB 40MG	3	PA, QL (2 tabs 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	
CANASA SUP 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
CIMZIA 1-SYR INJ 200MG/ML	3	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.
CIMZIA 2-SYR KIT 200MG/ML	3	PA, QL (1 kit 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 KIT 200MG	3	PA, QL (2 kits every 28 days); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
CIMZIA START KIT 200MG/ML	3	PA, QL (1 kit 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.
COLAZAL CAP 750MG	3	PA; MNPA
DELZICOL CAP 400MG	3	
DIPENTUM CAP 250MG	3	
ENTYVIO PEN INJ 108/0.68	3	PA, QL (2 pens every 28 days)
LIALDA TAB 1.2GM	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
OMVOH INJ 100/200	3	PA, QL (2 pens every 28 days)
OMVOH INJ 100/200	3	PA, QL (2 syringes every 28 days)
OMVOH INJ 100MG/ML	3	PA, QL (2 pens every 28 days)
OMVOH INJ 100MG/ML	3	PA, QL (2 syringes every 28 days)
OMVOH INJ 200/2ML	3	PA, QL (1 syringe every 28 days)
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	2	PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge every 56 days)
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	2	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	2	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.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 200/2ML	2	PA, QL (6 pens every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	2	PA, QL (1 tab every 1 day)
ZYMFENTRA INJ 120MG/ML	3	PA, QL (2 pens every 28 days)
ZYMFENTRA INJ 120MG/ML	3	PA, QL (2 syringes every 28 days)
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10/15ml	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	
IBSRELA TAB 50MG	3	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
RELISTOR INJ 8/0.4ML	3	
RELISTOR INJ 12/0.6ML	3	
RELISTOR TAB 150MG	3	PA
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	2	PA, QL (1 tab every 1 day)
LIVDELZI CAP 10MG	3	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
lanthanum carbonate chew tab 500 mg (elemental)	1	PA
lanthanum carbonate chew tab 750 mg (elemental)	1	PA
lanthanum carbonate chew tab 1000 mg (elemental)	1	PA
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
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	
VELPHORO CHW 500MG	3	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	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	
ORAL CITRATE 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	

Drug Name	Drug Tier	Requirements/Limits
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
TRICITRATES SOL	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
PROCYSBI CAP 25MG	3	PA, QL (8 caps every 1 day)
PROCYSBI CAP 75MG	3	PA, QL (25 caps every 1 day)
PROCYSBI GRA 75MG	3	PA, QL (6 packets every 1 day)
PROCYSBI GRA 300MG	3	PA, QL (6 packets every 1 day)
HYPEROXALURIA AGENTS		
RIVFLOZA INJ 80/0.5ML	3	PA, QL (2 vials every 28 days)
RIVFLOZA INJ 128/0.8	3	PA, QL (1 syringe every 28 days)
RIVFLOZA INJ 160MG/ML	3	PA, QL (1 syringe every 28 days)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	2	PA, QL (4 tabs every 1 day)
FILSPARI TAB 400MG	2	PA, QL (2 tabs every 1 day)
TRUTAKNA INJ 150MG/ML	3	PA
VANRAFIA TAB 0.75MG	2	PA, QL (1 tab every 1 day)
VOYXACT INJ 400/2ML	3	PA, QL (1 syringe every 28 days)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	
PENTOSAN CAP 150MG	3	
PENTOSAN CAP 200MG	3	
RIMSO-50 SOL 50%	3	PA; MNPA
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	
ENTADFI CAP 5-5MG	3	

Drug Name	Drug Tier	Requirements/Limits
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP 0.5-0.4	3	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	
RAPAFLO CAP 8MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	3	PA; MNPA
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		
LITHOSTAT TAB 250MG	3	
THIOLA EC TAB 100MG	3	PA
THIOLA EC TAB 300MG	3	PA
THIOLA TAB 100MG	3	PA
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	
GLOPERBA SOL 0.6/5ML	3	QL (10 mL every 1 day)
MITIGARE CAP 0.6MG	3	QL (2 caps every 1 day)
ULORIC TAB 40MG	3	
ULORIC TAB 80MG	3	
URICOSURICS		
probenecid tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ALHEMO INJ 60/1.5ML	3	PA
ALHEMO INJ 150/1.5	3	PA
ALHEMO INJ 300/3ML	3	PA
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
HEMLIBRA INJ 300/2ML	3	PA
HEMLIBRA SOL 12/0.4ML	3	PA
HYMPAVZI INJ 150MG/ML	3	PA, QL (8 syringes every 28 days)
QFITLIA INJ 20/0.2ML	3	PA, QL (1 pen every 28 days)
QFITLIA INJ 50/0.5ML	3	PA, QL (1 vial every 28 days)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	3	PA, QL (45 syringes every 90 days)
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		
BERINERT INJ 500UNIT	3	PA, QL (60 kits every 90 days)
CINRYZE INJ 500 UNIT	3	PA, QL (20 vials every 28 days)
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	3	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	2	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	3	PA, QL (6 caps every 1 day)
VOYDEYA TAB 50-100MG	3	PA, QL (6 tabs every 1 day)
VOYDEYA TAB 100MG	3	PA, QL (6 tabs every 1 day)
ZILBRYSQ INJ 16.6MG	3	PA, QL (1 syringe every 1 day)
ZILBRYSQ INJ 23MG	3	PA, QL (1 syringe every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ZILBRYSQ INJ 32.4MG	3	PA, QL (1 syringe every 1 day)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	2	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG	2	PA, QL (2 tabs every 1 day)
WAYRILZ TAB 400MG	3	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	3	PA, QL (1 pen every 30 days)
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB 300MG	2	PA, QL (60 tabs every 68 days)
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
ORLADEYO PAK 72MG	2	PA, QL (1 cap every 1 day)
ORLADEYO PAK 96MG	2	PA, QL (1 cap every 1 day)
ORLADEYO PAK 108MG	2	PA, QL (1 cap every 1 day)
ORLADEYO PAK 132MG	2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 syringes every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	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	
PLAVIX TAB 75MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TAB 2.08MG	3	
PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO)		
DAWNZERA INJ 80/0.8ML	3	PA, QL (1 autoinjector every 28 days)
PYRUVATE KINASE ACTIVATORS		
AQVESME TAB 100MG	3	PA, QL (2 tabs every 1 day)
PYRUKYND TAB 5MG	3	PA, QL (2 tabs every 1 day)
PYRUKYND TAB 5MG TP	3	PA, QL (1 tab every 1 day)
PYRUKYND TAB 20MG	3	PA, QL (2 tabs every 1 day)
PYRUKYND TAB 20MGX5MG	3	PA, QL (1 tab every 1 day)
PYRUKYND TAB 50MG	3	PA, QL (2 tabs every 1 day)
PYRUKYND TAB 50MGX20M	3	PA, QL (1 tab every 1 day)
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	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	3	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	2	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	
XROMI SOL 100MG/ML	3	
COBALAMINS		
CYANOCOBALAM SOL 2000MCG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC; $0 copay for women younger than 55
folic acid tab 800 mcg	0	OTC; $0 copay for women younger than 55
QUIOFIC SOL 0.2MG/ML	3	
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	2	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	2	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET SPR CAP 10MG	2	PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG	2	PA
DOPTELET TAB 20MG	2	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	2	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 2000/ML	3	PA
EPOGEN INJ 3000/ML	3	PA
EPOGEN INJ 4000/ML	3	PA
EPOGEN INJ 10000/ML	3	PA
EPOGEN INJ 20000/ML	3	PA
FILKRI INJ 300/0.5	3	PA
FILKRI INJ 480/0.8	3	PA
FULPHILA INJ 6/0.6ML	2	PA, QL (2 syringes per 28 days)
FYLNETRA INJ 6MG/0.6	3	PA, QL (2 syringes per 28 days)
GRANIX INJ 300/0.5	2	PA

Drug Name	Drug Tier	Requirements/Limits
GRANIX INJ 300/1ML	2	PA
GRANIX INJ 480/0.8	2	PA
GRANIX INJ 480/1.6	2	PA
LEUKINE INJ 250MCG	3	PA
MIRCERA INJ 30MCG	3	PA
MIRCERA INJ 50MCG	3	PA
MIRCERA INJ 75MCG	3	PA
MIRCERA INJ 100MCG	3	PA
MIRCERA INJ 120MCG	3	PA
MIRCERA INJ 150MCG	3	PA
MIRCERA INJ 200MCG	3	PA
MULPLETA TAB 3MG	3	PA, QL (7 tabs every 14 days)
NEULASTA INJ 6/0.6ML	2	PA, QL (2 mL every 28 days)
NEULASTA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
NEUPOGEN INJ 300/0.5	2	PA
NEUPOGEN INJ 300MCG	2	PA
NEUPOGEN INJ 480/0.8	2	PA
NEUPOGEN INJ 480MCG	2	PA
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NYPOZI INJ 300/0.5	3	PA
NYPOZI INJ 480/0.8	3	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	2	PA
PROCRIT INJ 3000/ML	2	PA
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 10000/ML	2	PA
PROCRIT INJ 20000/ML	2	PA
PROCRIT INJ 40000/ML	2	PA
PROMACTA POW 12.5MG	3	PA, QL (4 packets every 1 day)
PROMACTA POW 25MG	3	PA, QL (6 packets every 1 day)
PROMACTA TAB 12.5MG	3	PA, QL (2 tabs every 1 day)
PROMACTA TAB 25MG	3	PA, QL (3 tabs every 1 day)
PROMACTA TAB 50MG	3	PA, QL (3 tabs every 1 day)
PROMACTA TAB 75MG	3	PA, QL (2 tabs every 1 day)
RELEUKO INJ 300MCG	3	PA

Drug Name	Drug Tier	Requirements/Limits
RELEUKO INJ 480MCG	3	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA
UDENYCA INJ 6MG/0.6	3	PA
UDENYCA INJ 6MG/.6ML	3	PA, QL (2 syringes every 28 days)
UDENYCA ONBO INJ 6/0.6ML	3	PA
UDENYCA ONBO INJ 6MG/.6ML	3	PA
VAFSEO TAB 150MG	3	PA, QL (4 tabs every 1 day)
VAFSEO TAB 300MG	3	PA, QL (2 tabs every 1 day)
ZARXIO INJ 300/0.5	2	PA
ZARXIO INJ 480/0.8	2	PA
ZIEXTENZO INJ 6/0.6ML	3	PA, QL (2 syringes every 28 days)
IRON		
ACCRUFER CAP 30MG	3	
STEM CELL MOBILIZERS		
XOLREMDI CAP 100MG	3	PA, QL (120 capsules every 30 days)
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 KIT 2ML	3	
ARTISS KIT 4ML	3	
ARTISS KIT 10ML	3	
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	

Drug Name	Drug Tier	Requirements/Limits
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
SILENOR TAB 3MG	3	
SILENOR TAB 6MG	3	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	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	
flurazepam hcl cap 15 mg	1	
flurazepam hcl cap 30 mg	1	
HALCION TAB 0.25MG	3	
IGALMI MIS 120MCG	3	
IGALMI MIS 180MCG	3	
LUNESTA TAB 1MG	3	
LUNESTA TAB 2MG	3	
LUNESTA TAB 3MG	3	
quazepam tab 15 mg	1	PA; MNPA
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 TAR CAP 7.5MG	3	
zolpidem tartrate sl tab 1.75 mg	1	PA; MNPA
zolpidem tartrate sl tab 3.5 mg	1	PA; MNPA
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	
DAYVIGO TAB 5MG	2	
DAYVIGO TAB 10MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (5.267 mL every 1 day)
ramelteon tab 8 mg	1	
ROZEREM TAB 8MG	3	
tasimelteon capsule 20 mg	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	
gavilyte-c sol	1	
gavilyte-g sol	1	
gavilyte-n sol flav pk	1	
GOLYTELY SOL	3	
MOVIPREP SOL	0	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	

Drug Name	Drug Tier	Requirements/Limits
PEG-PREP KIT	0	$0 copay for members age 45 through 75
peg/nasul/c/ sol nacl/pot	0	PA; $0 copay for members age 45 through 75;MNPA
PLENVU SOL	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	
SUFLAVE SOL	0	
SUPREP BOWEL SOL PREP KIT	0	
SUTAB TAB	0	
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 10 gm	1	PA
lactulose oral crystal packet 20 gm	1	
lactulose oral crystal packet 20 gm	1	PA
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	
E.E.S. GRAN SUS 200/5ML	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
ery-tab tab 250mg ec	1	
ery-tab tab 333mg ec	1	
ery-tab tab 500mg ec	1	
ERYPED SUS 200/5ML	3	PA; MNPA
ERYPED SUS 400/5ML	3	PA; MNPA
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	
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
ADVANCE NORM LIQ CONTROL	0	OTC
ADVANTAGE MIS LANC 28G	0	OTC
ADVCATE SAFE MIS LANC 21G	0	OTC
ADVCATE SAFE MIS LANC 23G	0	OTC
ADVCATE SAFE MIS LANC 26G	0	OTC
ADVCATE SAFE MIS LANC 28G	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
AGAMATRIX SOL NORM/HGH	0	OTC
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	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

Drug Name	Drug Tier	Requirements/Limits
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET LITE MIS LANCING	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
BIGFOOT UNIT MIS PEN CAP	0	
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS S LIQ CON A/B	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CHOSEN MIS 30G	0	OTC
CHOSEN MIS LANCING	0	OTC
CHOSEN MIS SAFE 28G	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

Drug Name	Drug Tier	Requirements/Limits
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
CONTOUR PLUS LIQ LEVEL 1	0	OTC
CONTOUR PLUS LIQ LEVEL 2	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL MIS SOLUTION	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 LIQ LVL 2/3	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA, QL (3 sensors every 25 days)
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 25 days)
DEXCOM G7 MIS SNSR 15D	0	PA
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

Drug Name	Drug Tier	Requirements/Limits
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
DROPSAFE ACT MIS LANC 23G	0	OTC
DROPSAFE MDL MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC 30G	0	OTC
EASY COMFORT MIS 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 HEALTHPR	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

Drug Name	Drug Tier	Requirements/Limits
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
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 HIGH LIQ CONTROL	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
ENLITE GLUCO MIS SENSOR	0	ST, QL (5 sensors every 25 days)

Drug Name	Drug Tier	Requirements/Limits
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
EVERSENSE365 MIS SENSOR	0	PA
EVERSENSE365 MIS TRANSMTR	0	PA
EVERSENSE E3 MIS SENSOR	0	PA, QL (1 box every 150 days)
EVERSENSE E3 MIS TRANSMTR	0	PA
EVERSENSE MIS SENSOR	0	PA, QL (1 box every 75 days)
EVERSENSE MIS TRANSMTR	0	PA
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 LB KIT 2/SENSOR	0	PA, QL (2 sensors every 21 days)
FREESTYLE LB KIT 2PLS/SEN	0	PA
FREESTYLE LB KIT 3/SENSOR	0	PA, QL (2 sensors every 21 days)
FREESTYLE LB KIT 3PLS/SEN	0	PA
FREESTYLE LB KIT 14D/SEN	0	PA, QL (2 sensors every 21 days)
FREESTYLE LB MIS 2/READER	0	PA
FREESTYLE LB MIS 3/READER	0	PA
FREESTYLE LB MIS 14D/RDR	0	PA
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
FREESTYLE MIS READER	0	PA
FREESTYLE MIS UNISTICK	0	OTC

Drug Name	Drug Tier	Requirements/Limits
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN 4 MIS SENSOR	0	PA
GUARDIAN 4 MIS TRANSMIT	0	PA
GUARDIAN CON MIS TRANSMIT	0	PA
GUARDIAN MIS LINK 3	0	PA
GUARDIAN MIS SENSOR 3	0	PA, QL (5 sensors every 21 days)
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS REPL PED	0	PA
GUARDIAN RT MIS TST PLUG	0	
HAEMOLANCE MIS HIGH FLO	0	OTC
HAEMOLANCE MIS LOW FLOW	0	OTC
HAEMOLANCE MIS PLUS	0	OTC
HAEMOLANCE MIS PLUS LOW	0	OTC
HAEMOLANCE MIS PLUS MAX	0	OTC
HAEMOLANCE MIS PLUS PED	0	OTC
HAEMOLANCE MIS RETRACT	0	OTC
HC LANCING MIS DEVICE	0	OTC
HYPOLANCE KIT LANCING	0	OTC
IHEALTH LANC MIS DEVICE	0	OTC
IHEALTH LIQ CONTROL	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 HIGH CON	0	OTC
INFINITY SOL LOW CON	0	OTC
INFINITY SOL NORM CON	0	OTC
INFNTY VOICE LIQ LEVEL 2	0	OTC
INSULIN PUMP KIT STARTER	0	PA
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
KT TAPE MIS CGM PTCH	0	
LANCET DEVIC MIS 30G	0	OTC
LANCET DEVIC MIS ADJUST	0	OTC
LANCET MICRO MIS THIN 33G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
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
MICROLET NXT MIS LANC 28G	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MINILINK RT MIS TRANSMIT	0	PA
MINIMED 630G MIS TRANSMIT	0	ST
MINIMED INST MIS SENSOR	0	ST
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBI CONNECT MIS LANCETS	0	OTC
MOBI CONNECT MIS LANCING	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MODD1 PATIEN KIT WELCOME	0	PA
MODD1 SUPPLY KIT KIT	0	PA
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
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
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA
OMNIPOD GO KIT 10UNT/DY	0	PA
OMNIPOD GO KIT 15UNT/DY	0	PA
OMNIPOD GO KIT 20UNT/DY	0	PA
OMNIPOD GO KIT 25UNT/DY	0	PA
OMNIPOD GO KIT 30UNT/DY	0	PA
OMNIPOD GO KIT 35UNT/DY	0	PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 40UNT/DY	0	PA
OMNIPOD MIS CLASSIC	0	PA
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH DEL MIS LANC DEV	0	OTC
ONETOUCH DEL MIS PLUS 30G	0	OTC
ONETOUCH DEL MIS PLUS 33G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
ONETOUCH US MIS 2 30G	0	OTC
PARADIGM REA MIS TRANSMIT	0	PA
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PERFECT POIN MIS LANC 28G	0	OTC
PERFECT POIN MIS LANC 30G	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
PIVOT SUPPLY KIT	0	PA
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
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

Drug Name	Drug Tier	Requirements/Limits
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
SENSILANCE MIS 21G	0	OTC
SENSILANCE MIS 26G	0	OTC
SENSILANCE MIS 28G	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SIMPLERA MIS SENSOR	0	PA
SIMPLERA MIS SYNC SEN	0	PA
SIMPLERA MIS SYSTEM	0	PA
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SMART SENSE MIS LANC 21G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
TRUE METRIX SOL LEVEL 3	0	OTC
TRUEDRAW MIS LANC DEV	0	OTC
TRUPLUS LANC MIS 26G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
ULTRA-CARE MIS LANC 30G	0	OTC
UNILET EX II MIS 28G	0	OTC
UNILET EXCEL MIS 23G	0	OTC
UNILET G.P MIS SUPR 23G	0	OTC
UNILET G.P. MIS 21G	0	OTC
UNILET GP 28 MIS ULT THIN	0	OTC
UNILET LANC MIS 33G	0	OTC
UNILET LANCE MIS 21G	0	OTC
UNILET LANCE MIS 28G	0	OTC
UNILET LANCE MIS 33G	0	OTC
UNILET LANCT MIS 28G	0	OTC
UNILET LANCT MIS 30G	0	OTC
UNILET LANCT MIS 33G	0	OTC
UNILET MICRO MIS 33G	0	OTC
UNILET MIS 21G	0	OTC
UNILET SUPER MIS 23G	0	OTC
UNILET SUPER MIS G.P. 23G	0	OTC
UNISTIK 1 MIS 2.4MM	0	OTC
UNISTIK 1 MIS 3.0MM	0	OTC
UNISTIK 2 MIS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
V-GO 20 KIT	0	PA
V-GO 30 KIT	0	PA
V-GO 40 KIT	0	PA
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

Drug Name	Drug Tier	Requirements/Limits
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	
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"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVRX STERIL PAD ALCHOL	0	OTC
PARENTERAL THERAPY SUPPLIES		
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	

Drug Name	Drug Tier	Requirements/Limits
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AQINJECT PEN MIS 31GX3/16	0	
AQINJECT PEN MIS 32GX5/32	0	
ASSURE ID MIS 30GX5/16	0	OTC
ASSURE ID MIS 30GX5MM	0	OTC
ASSURE ID MIS 31GX5MM	0	OTC
AUM MINI PEN MIS 32GX4MM	0	OTC
AUM MINI PEN MIS 32GX5MM	0	OTC
AUM MINI PEN MIS 32GX6MM	0	OTC
AUM MINI PEN MIS 32GX8MM	0	OTC
AUM MINI PEN MIS 33GX4MM	0	OTC
AUM MINI PEN MIS 33GX5MM	0	OTC
AUM MINI PEN MIS 33GX6MM	0	OTC
AUM READYGRD MIS 32GX4MM	0	OTC
AUM SAFETY MIS 31GX4MM	0	OTC
AUM SAFETY MIS 31GX5MM	0	OTC
AUTOKEEPER MIS 30GX5MM	0	OTC
AUTOKEEPER MIS 30GX8MM	0	OTC
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD BLUNT FIL MIS 18GX1"	3	
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC

Drug Name	Drug Tier	Requirements/Limits
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREFINE MIS 31GX8MM	0	OTC
CAREFINE MIS 32GX4MM	0	OTC
CAREFINE MIS 32GX5MM	0	OTC
CAREFINE MIS 32GX6MM	0	OTC
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CARETOUCH MIS 31GX5MM	0	OTC
CARETOUCH MIS 31GX6MM	0	OTC
CARETOUCH MIS 31GX8MM	0	OTC
CARETOUCH MIS 32GX4MM	0	OTC
CARETOUCH MIS 32GX5MM	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	
CLICKFINE MIS 31GX1/4"	0	OTC
CLICKFINE MIS 31GX3/16	0	OTC
CLICKFINE MIS 31GX5/16	0	OTC
CLICKFINE MIS 31GX8MM	0	OTC
CLICKFINE MIS 32GX5/32	0	OTC
COMFORT EZ MIS 29GX12MM	0	OTC
COMFORT EZ MIS 30GX8MM	0	OTC
COMFORT EZ MIS 31GX4MM	0	OTC
COMFORT EZ MIS 31GX5/16	0	OTC
COMFORT EZ MIS 31GX5MM	0	OTC
COMFORT EZ MIS 31GX6MM	0	OTC
COMFORT EZ MIS 31GX8MM	0	OTC
COMFORT EZ MIS 32GX4MM	0	OTC
COMFORT EZ MIS 32GX5MM	0	OTC
COMFORT EZ MIS 32GX6MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MIS 32GX8MM	0	OTC
COMFORT EZ MIS 33GX4MM	0	OTC
COMFORT EZ MIS 33GX5MM	0	OTC
COMFORT EZ MIS 33GX6MM	0	OTC
COMFORT EZ MIS 33GX8MM	0	OTC
COMFORT TOUC MIS 31GX4MM	0	OTC
COMFORT TOUC MIS 31GX5MM	0	OTC
COMFORT TOUC MIS 31GX6MM	0	OTC
COMFORT TOUC MIS 31GX8MM	0	OTC
COMFORT TOUC MIS 32GX4MM	0	OTC
COMFORT TOUC MIS 32GX5MM	0	OTC
COMFORT TOUC MIS 32GX6MM	0	OTC
COMFORT TOUC MIS 32GX8MM	0	OTC
COMFORT TOUC MIS 33GX1/4"	0	OTC
COMFORT TOUC MIS 33GX3/16	0	OTC
COMFORT TOUC MIS 33GX5/32	0	OTC
DIATHRIVE MIS 31GX5MM	0	OTC
DIATHRIVE MIS 31GX6MM	0	OTC
DIATHRIVE MIS 31GX8MM	0	OTC
DIATHRIVE MIS 32GX4MM	0	OTC
DROPLET MICR MIS 34GX9/64	0	OTC
DROPSAFE MIS 31GX4MM	0	OTC
DROPSAFE MIS 31GX5MM	0	OTC
DROPSAFE MIS 31GX8MM	0	OTC
DROPSAFE SIC MIS 25GX1"	3	
DROPSAFE SIC MIS 25GX5/8"	3	
EASY COMFORT MIS 29GX5MM	0	OTC
EASY COMFORT MIS 31GX1/4"	0	OTC
EASY COMFORT MIS 31GX3/16	0	OTC
EASY COMFORT MIS 31GX5/16	0	OTC
EASY COMFORT MIS 31GX5MM	0	OTC
EASY COMFORT MIS 31GX6MM	0	OTC
EASY COMFORT MIS 32GX4MM	0	OTC
EASY COMFORT MIS 32GX5/32	0	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASY TOUCH MIS 29GX1/2"	0	OTC
EASY TOUCH MIS 29GX5MM	0	OTC
EASY TOUCH MIS 29GX8MM	0	OTC
EASY TOUCH MIS 30G	0	OTC
EASY TOUCH MIS 31GX1/4"	0	OTC
EASY TOUCH MIS 31GX3/16	0	OTC
EASY TOUCH MIS 31GX5/16	0	OTC
EASY TOUCH MIS 32GX1/4"	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS 32GX3/16	0	OTC
EASY TOUCH MIS 32GX5/32	0	OTC
EASY TOUCH MIS 32GX5MM	0	OTC
EASY TOUCH MIS 32GX6MM	0	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
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
FIFTY50 MIS 31GX3/16	0	OTC
FIFTY50 MIS 31GX5/16	0	OTC
FIFTY50 MIS 31GX5MM	0	OTC
FIFTY50 PEN MIS 31GX8MM	0	OTC
FIFTY50 PEN MIS 32GX4MM	0	OTC
FIFTY50 PEN MIS 32GX6MM	0	OTC
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
GNP PEN NEED MIS 31GX5MM	0	OTC
GNP PEN NEED MIS 31GX8MM	0	OTC
GNP PEN NEED MIS 32GX4MM	0	OTC
GNP PEN NEED MIS 32GX6MM	0	OTC
GNP ULTICARE MIS 31GX5/16	0	OTC
GNP ULTICARE MIS 31GX5MM	0	OTC
GNP ULTICARE MIS 32GX1/4"	0	OTC
GNP ULTICARE MIS 32GX5/32	0	OTC
HM INSULIN S MIS 0.3/31G	0	OTC
HM INSULIN S MIS 1ML/30G	0	OTC
HM ULTICARE MIS 31GX8MM	0	OTC
HYPO NEEDLE MIS 14GX1"	3	
HYPO NEEDLE MIS 14GX1.5"	3	
HYPO NEEDLE MIS 14GX2"	3	
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	
IN CONTROL MIS 31GX3/16	0	OTC
IN CONTROL MIS 31GX5MM	0	OTC
IN CONTROL MIS 31GX6MM	0	OTC
IN CONTROL MIS 31GX8MM	0	OTC
INCONTROL MIS 29GX12MM	0	OTC
INCONTROL MIS 31GX6MM	0	OTC
INCONTROL MIS 31GX8MM	0	OTC
INCONTROL MIS 32GX4MM	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	

Drug Name	Drug Tier	Requirements/Limits
INS SY 0.3ML MIS 31GX5/16	0	OTC
INS SY 0.5ML MIS 30GX1/2"	0	OTC
INS SY 0.5ML MIS 30GX5/16	0	OTC
INS SY 1/2ML MIS 30GX1/2"	0	OTC
INS SYR 1ML MIS 30GX1/2"	0	OTC
INS SYR 1ML MIS 30GX5/16	0	OTC
INS SYR 1ML MIS 31GX5/16	0	OTC
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
INSULIN SRYG MIS 1ML/32G	0	OTC
INSULIN SYR MIS BARR 1ML	0	OTC
INSULIN SYRI MIS 0.3/31G	0	OTC
INSUPEN32G MIS 32GX6MM	0	OTC
INSUPEN MIS 29GX12MM	0	OTC
INSUPEN MIS 31GX5MM	0	OTC
INSUPEN MIS 31GX8MM	0	OTC
INSUPEN MIS 32GX4MM	0	OTC
J-TIP KIT KIT ADAPTERS	0	
LITETOUCH MIS 29GX12.7	0	OTC
LITETOUCH MIS 31GX8MM	0	OTC
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN SYR MIS 23GX1"	3	
MAXICOMFORT MIS 27GX1/2	0	OTC
MAXICOMFORT MIS 27GX1/2"	0	OTC
MAXICOMFORT MIS 31GX1/4"	0	OTC
MM PENTIPS MIS 29GX12MM	0	
MM PENTIPS MIS 31GX5MM	0	
MM PENTIPS MIS 31GX8MM	0	
MM PENTIPS MIS 32GX4MM	0	
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOFINE MIS 32GX6MM	0	OTC
NOVOFINE PLS MIS 32GX4MM	0	OTC
NOVOPEN ECHO MIS	0	
PEN NEEDLE MIS 29GX1/2"	0	OTC
PEN NEEDLE MIS 29GX3/16	0	OTC
PEN NEEDLE MIS 29GX5/16	0	OTC
PEN NEEDLE MIS 31GX3/16	0	OTC
PEN NEEDLE MIS 31GX4MM	0	OTC
PEN NEEDLE MIS 31GX5/16	0	OTC
PEN NEEDLE MIS 31GX5MM	0	OTC
PEN NEEDLE MIS 31GX6MM	0	OTC
PEN NEEDLE MIS 31GX8MM	0	OTC
PEN NEEDLE MIS 32GX1/4"	0	OTC
PEN NEEDLE MIS 32GX4MM	0	OTC
PEN NEEDLE MIS 32GX5/32	0	OTC
PEN NEEDLE MIS 32GX5MM	0	OTC
PEN NEEDLE MIS 32GX6MM	0	OTC
PEN NEEDLE MIS 33GX4MM	0	OTC
PEN NEEDLE MIS 33GX5/32	0	OTC
PEN NEEDLE MIS 33GX5MM	0	OTC
PEN NEEDLE MIS 33GX6MM	0	OTC
PEN NEEDLES MIS 29GX1/2"	0	OTC
PEN NEEDLES MIS 29GX10MM	0	OTC
PEN NEEDLES MIS 29GX12.7	0	OTC
PEN NEEDLES MIS 29GX12MM	0	OTC
PEN NEEDLES MIS 30GX3/16	0	OTC
PEN NEEDLES MIS 30GX5/16	0	OTC
PEN NEEDLES MIS 30GX5MM	0	
PEN NEEDLES MIS 30GX5MM	0	OTC
PEN NEEDLES MIS 30GX8MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX1/4"	0	OTC
PEN NEEDLES MIS 31GX3/16	0	OTC
PEN NEEDLES MIS 31GX5/16	0	OTC
PEN NEEDLES MIS 31GX5MM	0	
PEN NEEDLES MIS 31GX5MM	0	OTC
PEN NEEDLES MIS 31GX6MM	0	OTC
PEN NEEDLES MIS 31GX8MM	0	
PEN NEEDLES MIS 31GX8MM	0	OTC
PEN NEEDLES MIS 32GX1/4	0	OTC
PEN NEEDLES MIS 32GX1/4"	0	OTC
PEN NEEDLES MIS 32GX3/16	0	OTC
PEN NEEDLES MIS 32GX4MM	0	
PEN NEEDLES MIS 32GX4MM	0	OTC
PEN NEEDLES MIS 32GX5/16	0	OTC
PEN NEEDLES MIS 32GX5/32	0	OTC
PEN NEEDLES MIS 32GX5MM	0	OTC
PEN NEEDLES MIS 32GX6MM	0	OTC
PEN NEEDLES MIS 32GX8MM	0	OTC
PEN NEEDLES MIS 33GX4MM	0	OTC
PEN NEEDLES MIS 33GX5/32	0	OTC
PEN NEEDLES MIS 33GX5MM	0	OTC
PEN NEEDLES MIS 33GX6MM	0	OTC
PENTIPS MIS 29GX12MM	0	
PENTIPS MIS 29GX12MM	0	OTC
PENTIPS MIS 31GX5MM	0	
PENTIPS MIS 31GX5MM	0	OTC
PENTIPS MIS 31GX6MM	0	OTC
PENTIPS MIS 31GX8MM	0	
PENTIPS MIS 31GX8MM	0	OTC
PENTIPS MIS 32GX4MM	0	
PENTIPS MIS 32GX4MM	0	OTC
PENTIPS MIS 32GX6MM	0	OTC
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
PIP PEN NEED MIS 32GX4MM	0	OTC
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	
PREVENT DROP MIS 31GX1/4"	0	OTC
PREVENT DROP MIS 31GX5/16	0	OTC
PREVENT SAFE MIS 31GX1/4"	0	OTC
PREVENT SAFE MIS 31GX5/16	0	OTC
PRO COMFORT MIS 0.5/30G	0	OTC
PRO COMFORT MIS 0.5/31G	0	OTC
PRO COMFORT MIS 1ML/30G	0	OTC
PRO COMFORT MIS 1ML/31G	0	OTC
PRO COMFORT MIS 32GX4MM	0	
PRO COMFORT MIS 32GX5MM	0	
PRO COMFORT MIS 32GX6MM	0	OTC
PRO COMFORT MIS 32GX8MM	0	OTC
PURE COMFORT MIS 31GX5MM	0	OTC
PURE COMFORT MIS 31GX6MM	0	OTC
PURE COMFORT MIS 32GX4MM	0	OTC
PURE COMFORT MIS 32GX5MM	0	OTC
PURE COMFORT MIS 32GX6MM	0	OTC
PURE COMFORT MIS 32GX8MM	0	OTC
QUICK TOUCH MIS 29GX12.7	0	OTC
QUICK TOUCH MIS 31GX4MM	0	OTC
QUICK TOUCH MIS 31GX5MM	0	OTC
QUICK TOUCH MIS 31GX6MM	0	OTC
QUICK TOUCH MIS 31GX8MM	0	OTC
QUICK TOUCH MIS 32GX4MM	0	OTC
QUICK TOUCH MIS 32GX5MM	0	OTC
QUICK TOUCH MIS 32GX6MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
QUICK TOUCH MIS 32GX8MM	0	OTC
QUICK TOUCH MIS 33GX4MM	0	OTC
QUICK TOUCH MIS 33GX5MM	0	OTC
QUICK TOUCH MIS 33GX6MM	0	OTC
QUICK TOUCH MIS 33GX8MM	0	OTC
RA PEN NEEDL MIS 31GX3/16	0	OTC
RAYA SURE MIS 29GX12MM	0	OTC
RAYA SURE MIS 31GX4MM	0	OTC
RAYA SURE MIS 31GX5MM	0	OTC
RAYA SURE MIS 31GX6MM	0	OTC
RAYA SURE MIS 31GX8MM	0	OTC
RELION PEN MIS 29GX12MM	0	OTC
RELION PEN MIS 31GX1/4"	0	OTC
RELION PEN MIS 31GX5/16	0	OTC
RELION PEN MIS 31GX6MM	0	OTC
RELION PEN MIS 31GX8MM	0	OTC
RELION PEN MIS 32GX4MM	0	OTC
RELION PEN MIS 32GX5/32	0	OTC
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SECURESAFE MIS 0.5/29G	0	OTC
SECURESAFE MIS 29GX1/2"	0	OTC
SECURESAFE MIS 30GX5/16	0	OTC
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SURE COMFORT MIS 0.5/31G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT MIS 29GX1/2"	0	OTC
SURE COMFORT MIS 30GX5/16	0	OTC
SURE COMFORT MIS 31GX1/4	0	
SURE COMFORT MIS 31GX3/16	0	OTC
SURE COMFORT MIS 31GX5/16	0	OTC
SURE COMFORT MIS 31GX6MM	0	OTC
SURE COMFORT MIS 32GX5/32	0	
SURE COMFORT MIS 32GX5/32	0	OTC
SURE COMFORT MIS 32GX6MM	0	OTC
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
SYRG/NEEDLE MIS 29GX12.5	0	
SYRG/NEEDLE MIS 31GX8MM	0	
140ML SYRING MIS CATH TIP	3	
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE BARR MIS LUER 1ML	3	OTC
SYRINGE BARR MIS LUER 3ML	3	OTC
SYRINGE BARR MIS UNI 3ML	3	OTC
SYRINGE LUER MIS -LOK 1ML	3	OTC
SYRINGE LUER MIS LOCK 1ML	3	
6ML SYRINGE MIS	3	
SYRINGE MIS 0.5/30G	0	OTC
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
1ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
1ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.5"	3	
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 25GX5/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 28GX1/2"	3	OTC
1ML SYRINGE MIS 29G	0	OTC
1ML SYRINGE MIS 30G	0	OTC
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
20ML SYRINGE MIS ECC LUER	3	
60ML SYRINGE MIS ECC TIP	3	
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC
60ML SYRINGE MIS LUER LOK	3	
3ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
6ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
THE EPINEPHR MIS 1ML	3	
1ST TIER UNI MIS 29GX12MM	0	OTC
1ST TIER UNI MIS 31GX5MM	0	OTC
1ST TIER UNI MIS 31GX6MM	0	OTC
1ST TIER UNI MIS 31GX8MM	0	OTC
1ST TIER UNI MIS 32GX4MM	0	OTC
TIER UNI PLS MIS 31GX8MM	0	OTC
TOOMEY SYRIN MIS 70ML	3	
TOPFINE MIS 32GX4MM	0	OTC
TRUE COMFORT MIS 32GX4MM	0	OTC
ULTICARE MIC MIS 32GX4MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ULTICARE MIS 30GX3/16	0	OTC
ULTICARE MIS 30GX5/16	0	OTC
ULTICARE PEN MIS 31GX5MM	0	OTC
ULTICARE PEN MIS 31GX6MM	0	OTC
ULTICARE PEN MIS 31GX8MM	0	OTC
ULTIGUARD MIS 31GX5MM	0	OTC
ULTIGUARD MIS 31GX6MM	0	OTC
ULTIGUARD MIS 31GX8MM	0	OTC
ULTIGUARD MIS 32GX4MM	0	OTC
ULTIGUARD MIS 32GX6MM	0	OTC
ULTILET PEN MIS 29GX12.7	0	OTC
ULTILET PEN MIS 31GX5MM	0	OTC
ULTILET PEN MIS 31GX8MM	0	OTC
ULTILET PEN MIS 32GX4MM	0	OTC
ULTRA FLO MIS 31GX5MM	0	OTC
ULTRA FLO MIS 31GX8MM	0	OTC
ULTRA FLO MIS PEN NEED	0	OTC
UNIFINE PLUS MIS 31GX1/4"	0	OTC
UNIFINE PLUS MIS 31GX3/16	0	OTC
UNIFINE PLUS MIS 31GX5/16	0	OTC
UNIFINE PLUS MIS 32GX5/32	0	OTC
UNIFINE PLUS MIS 33GX5/32	0	OTC
UNIFINE PNTP MIS 29GX12MM	0	OTC
UNIFINE PNTP MIS 30GX3/16	0	OTC
UNIFINE PNTP MIS 31GX3/16	0	OTC
UNIFINE PNTP MIS 31GX5/16	0	OTC
UNIFINE PNTP MIS 31GX5MM	0	OTC
UNIFINE PNTP MIS 31GX6MM	0	OTC
UNIFINE PNTP MIS 31GX8MM	0	OTC
UNIFINE PNTP MIS 32GX4MM	0	OTC
UNIFINE PNTP MIS 32GX5/32	0	OTC
UNIFINE PNTP MIS 32GX6MM	0	OTC
UNIFINE PNTP MIS 33GX4MM	0	OTC
UNIFINE PROT MIS 30GX5MM	0	OTC
UNIFINE PROT MIS 30GX8MM	0	OTC
UNIFINE PROT MIS 32GX4MM	0	OTC
UNIFINE SAFE MIS 31GX5MM	0	OTC
UNIFINE SAFE MIS 31GX6MM	0	OTC
UNIFINE SAFE MIS 31GX8MM	0	OTC
UNIFINE SAFE MIS 32GX4MM	0	OTC
UNIFINE ULTR MIS 29GX12MM	0	OTC
UNIFINE ULTR MIS 31GX5MM	0	OTC
UNIFINE ULTR MIS 31GX6MM	0	OTC
UNIFINE ULTR MIS 31GX8MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTR MIS 32G/6MM	0	OTC
UNIFINE ULTR MIS 32GX4MM	0	OTC
UNIFINE ULTR MIS 34G/3.5	0	OTC
VENT NEEDLE MIS 18GX1"	3	OTC
VERIFINE PEN MIS 29GX12MM	0	OTC
VERIFINE PEN MIS 31GX5MM	0	OTC
VERIFINE PEN MIS 31GX8MM	0	OTC
VERIFINE PEN MIS 32GX4MM	0	OTC
VERIFINE PEN MIS 32GX6MM	0	OTC
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
ZEVRX MIS 31GX5MM	0	OTC
ZEVRX MIS 31GX6MM	0	OTC
ZEVRX MIS 31GX8MM	0	OTC
ZEVRX MIS 32GX4MM	0	OTC
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	

Drug Name	Drug Tier	Requirements/Limits
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
MICROSPACER MIS	3	
OPTICHAMBER MIS DIA LG	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
PROCHAMBER MIS VHC	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
STRIVE PEAK MIS FLOW MTR	3	
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX CHAMB MIS PEDI MAS	3	
VORTEX VALVD MIS CHAMBER	3	
VORTEX VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens every 25 days)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen every 25 days)
AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)
ZAVZPRET SPR 10MG	3	ST, QL (6 bottles every 18 days)
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	3	PA
ergotamine w/ caffeine tab 1-100 mg	1	PA
MIGERGOT SUP 2/100	3	PA; MNPA
sumatriptan-naproxen sodium tab 85-500 mg	1	PA, QL (9 tabs every 30 days); MNPA
SYMBRAVO TAB 20-10MG	3	
TREXIMET TAB 85-500MG	3	QL (9 tabs every 30 days); MNPA
MIGRAINE PRODUCTS		
BREKIYA INJ 1MG/ML	3	
dihydroergotamine mesylate nasal spray 4 mg/ml	1	PA, QL (8 mL every 30 days); MNPA
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8 mL every 30 days)
TRUDHESA AER 0.725MG	3	
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	
diclofenac potassium (migraine) packet 50 mg	1	PA
ELYXYB SOL 120/4.8	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 (1 tab every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 6MG/0.5	3	QL (24 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)
MAXALT TAB 10MG	3	QL (1 tab every 1 day)
MAXALT-MLT TAB 10MG	3	QL (1 tab every 1 day)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces every 25 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)
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 (1 tab every 1 day)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (1 tab every 1 day)
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 (30 inhalers every 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYM INJ 3/0.5ML	2	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 28 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)
zomig tab 2.5mg	1	
zomig tab 2.5mg	1	QL (12 tabs every 30 days)
zomig tab 5mg	1	
zomig tab 5mg	1	QL (12 tabs every 28 days)
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	
POKONZA POW 10MEQ	3	
POKONZA POW 15MEQ	3	
POKONZA SOL 5%	3	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	

Drug Name	Drug Tier	Requirements/Limits
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	
POTASSIUM POW 40MEQ	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	3	
CUVRIOR TAB 300MG	3	
DEPEN TITRA TAB 250MG	3	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
SYPRINE CAP 250MG	3	
trientine hcl cap 250 mg	1	
trientine hcl cap 500 mg	1	
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PHOXILLUM SOL B22K/40	3	
PHOXILLUM SOL BK4/2.5	3	
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	
HOMEOPATHIC PRODUCTS		
STREPTOCOCCI MIS 30C	3	
IMMUNOMODULATORS		
JOENJA TAB 70MG	3	PA, QL (60 tablets every 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
lenalidomide cap 20 mg	0	PA, QL (21 caps every 21 days)
lenalidomide cap 25 mg	0	PA, QL (21 caps every 21 days)
lenalidomide caps 2.5 mg	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG	0	PA, QL (21 caps every 21 days)
REVLIMID CAP 25MG	0	PA, QL (21 caps every 21 days)
REZUROCK TAB 200MG	3	PA, QL (1 tab every 1 day)
RHAPSIDO TAB 25MG	3	PA, QL (60 tablets every 25 days)
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
VYVGART INJ HYTRULO	2	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	2	PA, QL (1 syringe every 28 days)
ENVARSUS XR TAB 0.75MG	3	
ENVARSUS XR TAB 1MG	3	
ENVARSUS XR TAB 4MG	3	
everolimus tab 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
LUPKYNIS CAP 7.9MG	3	PA, QL (6 caps every 1 day)
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	
MYHIBBIN SUS 200MG/ML	3	
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	
ZORTRESS TAB 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRA 50MG	3	PA, QL (1 packet every 1 day)
VIJOICE TAB 50MG	3	PA, QL (1 tab every 1 day)
VIJOICE TAB 125MG	3	PA, QL (1 tab every 1 day)
VIJOICE TAB 250MG	3	PA, QL (2 tabs every 1 day)
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	1	
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
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	3	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	3	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	PA, QL (4 injections every 28 days)
SAPHNELO INJ 120/0.8	2	PA, QL (2 syringes per 28 days)
SAPHNELO PEN INJ 120/0.8	2	PA, QL (2 syringes per 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 SUS 100000	3	
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	

Drug Name	Drug Tier	Requirements/Limits
periogard sol 0.12%	1	
DENTAL PRODUCTS		
CLINPRO 5000 PST 1.1%	3	
denta 5000 cre plus	1	
denta 5000 cre plus 2pk	1	
DENTA 5000 GEL PLUS SEN	3	
dentagel gel 1.1%	1	
FLUORID SENS GEL 1.1-5%	3	
FLUORIDEX PST 1.1%	3	
FLUORMX 5000 GEL SENSITIV	3	
FLUORMX 5000 PST 1.1%	3	
FRAICHE 5000 GEL 1.1%	3	
FRAICHE 5000 GEL PREVI	3	
FRAICHE 5000 GEL SENSITIV	3	
JUST RIGHT PST 5000	3	
PREVDNT 5000 CRE 1.1% PLS	3	
PREVDNT 5000 GEL 1.1% DRY	3	
PREVDNT 5000 GEL 1.1-5%	3	
PREVDNT 5000 PST 1.1%	3	
PREVDNT 5000 PST 1.1% KID	3	
PREVIDENT GEL 1.1% BER	3	
PREVIDENT GEL 1.1% MIN	3	
PREVIDENT SOL 0.2%	3	
SF 5000 PLUS CRE 1.1%	3	
SF GEL 1.1%	3	
SOD FLUORIDE GEL 1.1-5%	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	
VANISH LIQ 5%	3	
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	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
MULTIPLE VITAMINS W/ MINERALS		
COREVIA TAB	3	
PRENATAL VITAMINS		
ALTRIXA OB TAB	3	
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
AZENTRA TAB	3	PA
AZESCO TAB 13-1MG	3	PA
C-NATE DHA CAP 28-1-200	3	
CITRANATAL CAP HARMONY	3	
CITRANATAL CAP MEDLEY	3	
CITRANATAL MIS 90 DHA	3	
CITRANATAL MIS B-CALM	3	
CITRANATAL PAK ASSURE	3	
CL PRENATAL TAB 28-0.8MG	3	OTC
CO-NATAL FA TAB 29-1MG	3	
COMPLETE NAT PAK DHA	3	
COMPLETENATE CHW	3	
CONCEPT DHA CAP	3	
CONCEPT OB CAP	3	
DERMACINRX TAB PRETRATE	3	
elite-ob tab	1	
EMBRIVA TAB	3	PA
ENBRACE HR CAP	3	
EQL PRENATAL TAB FORMULA	3	OTC
FOLATEXCEL TAB	3	
FOLIVANE-OB CAP	3	
FT PRENATAL TAB 28-0.8MG	3	OTC
GESTYRA TAB 13-1MG	3	PA
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
INATAL GT TAB	3	
JENLIVA CAP	3	
KOSHR PRENAT TAB 30-1MG	3	
KP PRENATAL TAB MULTIVIT	3	OTC
M-NATAL PLUS TAB	3	
MASONATAL TAB	3	OTC
MATERNACEL TAB	3	

Drug Name	Drug Tier	Requirements/Limits
MATERVIA CAP	3	
MATRIAPRO CHW	3	
MATRONEX TAB	3	
NATAL PNV TAB	3	
NATALCHEW CHW	3	
NATALCORE CHW	3	
NEEVO DHA CAP 27-1.13	3	
NEO-VITAL RX TAB	3	
NEOMATERNA TAB	3	
NEONATAL PLS TAB 27-1MG	3	
NEONATAL TAB COMPLTE	3	
NEONATAL TAB PLUS	3	
NESTABS DHA PAK	3	
NESTABS ONE CAP	3	
NESTABS TAB	3	
NIVA-PLUS TAB	3	
NOVYRA TAB	3	
OB COMPLETE CAP ONE	3	
OB COMPLETE CAP PETITE	3	
OB COMPLETE TAB	3	
OB COMPLETE TAB PREMIER	3	
OB COMPLETE/ CAP DHA	3	
ONE VITE TAB 1MG PLUS	3	
ONENATAL RX TAB	3	
PNV 27-CA/FE TAB /FA	3	
PNV PRENATOL TAB	3	
PNV TAB 20-1 TAB	3	
pnv-dha cap	1	
PNV-DHA CAP DOCUSATE	3	
PNV-OMEGA CAP	3	
pnv-select tab	1	
PREGEN DHA CAP	3	
PREGENNA TAB	3	
PREMESISRX TAB	3	
PRENA1 CHW	3	
PRENA1 PEARL CAP	3	
PRENA 1 TRUE MIS	3	
PRENACORE CHW	3	
PRENAISSANCE CAP	3	
PRENAISSANCE CAP PLUS	3	
PRENATABS FA TAB 29-1MG	3	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 CHW TAB	3	
PRENATAL 19 TAB 29-1MG	3	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLS MIS MV + DHA	3	
PRENATAL TAB	3	OTC
PRENATAL TAB 27-1MG	3	
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB MINERALS	3	OTC
PRENATAL-U CAP 106.5-1	3	
PRENATE AM TAB 1MG	3	
PRENATE CAP ENHANCE	3	
PRENATE CAP ESSENT	3	
PRENATE CAP PIXIE	3	
PRENATE CAP RESTORE	3	
PRENATE CHW 0.6-0.4	3	
PRENATE DHA CAP	3	
PRENATE MAX TAB	3	
PRENATE MINI CAP	3	
PRENATE TAB ELITE	3	
PRENATOL-M TAB 27-1.2MG	3	
PRENATRIX TAB	3	
PRENATRYL TAB	3	
PRENOVA TAB	3	
PRENYRA TAB	3	
PRIMACARE CAP	3	
PROVIDA OB CAP	3	
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
RELEVIA TAB 27-1MG	3	
RELNATE DHA CAP	3	
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
SELECT-OB CHW	3	
SELECT-OB+ PAK DHA	3	
TARON-C DHA CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRICARE TAB PRENATAL	3	
TRINATAL RX TAB 1	3	
TRINATE TAB	3	
TRISTART DHA CAP	3	
VINATE DHA CAP 27-1.13	3	
VITAFOL CAP ULTRA	3	
VITAFOL CHW GUMMIES	3	
VITAFOL FE+ CAP	3	
VITAFOL STRP MIS 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-NANO TAB	3	
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	
VITAFOL-ONE CAP	3	
VITALARA TAB	3	
VITAMED MD CAP ONE RX	3	
VITAPEARL CAP	3	
VITATHELY TAB	3	
VITATRUE MIS	3	
WESCAP-C DHA CAP	3	
WESCAP-PN CAP DHA	3	
WESNATAL DHA PAK COMPLETE	3	
WESNATE DHA CAP	3	
WESTAB PLUS TAB 27-1MG	3	
WESTGEL DHA CAP	3	
ZALVIT TAB 13-1MG	3	PA
ZIPHEX TAB 13-1MG	3	PA
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
AMRIX CAP 15MG	3	PA; MNPA
AMRIX CAP 30MG	3	PA; MNPA
ATMEKSI SUS 750/5ML	3	
baclofen oral soln 5 mg/5ml	1	
baclofen oral soln 10 mg/5ml	1	
baclofen susp 25 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 250 mg	1	PA, QL (84 tabs every 25 days); MNPA
carisoprodol tab 350 mg	1	QL (84 tabs every 25 days)
chlorzoxazone tab 250 mg	1	PA
chlorzoxazone tab 375 mg	1	PA; MNPA
chlorzoxazone tab 500 mg	1	
chlorzoxazone tab 750 mg	1	PA; MNPA
cyclobenzaprine hcl cap er 24hr 15 mg	1	PA; MNPA
cyclobenzaprine hcl cap er 24hr 30 mg	1	PA; MNPA
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	1	PA; MNPA
cyclobenzaprine hcl tab 10 mg	1	
fexmid tab 7.5mg	1	PA; MNPA
FLEQSUVY SUS 25MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 400 mg	1	PA; MNPA
METAXALONE TAB 640MG	3	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 750 mg	1	PA; MNPA
methocarbamol tab 1000 mg	1	
ONTRALFY SOL 2MG/5ML	3	
orphenadrine citrate tab er 12hr 100 mg	1	
OZOBAX DS SOL 10MG/5ML	3	
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 cap 8 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	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG	3	PA, QL (2 caps every 1 day)
SOHONOS CAP 1MG	3	PA, QL (1 cap every 1 day)
SOHONOS CAP 2.5MG	3	PA, QL (1 cap every 1 day)
SOHONOS CAP 5MG	3	PA, QL (1 cap every 1 day)
SOHONOS CAP 10MG	3	PA, QL (2 caps every 1 day)
MUSCLE RELAXANT COMBINATIONS		
norgesic tab	1	
norgesic tab forte	1	PA; MNPA
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
orphengesic tab forte	1	PA; MNPA
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)
DYMISTA SPR 137-50	3	QL (1 package every 25 days)
RYALTRIS SPR 665-25	3	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANESTHETICS		
COCAINE HCL SOL 40MG/ML	3	
GOPRELTO SOL 40MG/ML	3	
NUMBRINO SOL 40MG/ML	3	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles every 30 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)
OMNARIS SPR	3	QL (1 package every 25 days)
QNASL AER 80MCG	3	QL (1 inhaler every 30 days)
QNASL CHILD SPR 40MCG	3	QL (1 inhaler every 30 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	

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EXSERVAN MIS 50MG	3	
RADICAVA ORS SUS 105/5ML	2	PA, QL (2.5 mL every 1 day)
RADICAVA ORS SUS STARTER	2	PA, QL (2.5 mL every 1 day)
RELYVRIO PAK 3-1GM	3	PA, QL (2 packets every 1 day)
riluzole tab 50 mg	1	
TEGLUTIK SUS 50/10ML	3	
TIGLUTIK SUS 50/10ML	3	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)
MUSCULAR DYSTROPHY AGENTS		
DUVYZAT SUS 8.86MG	3	PA, QL (14 mL every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
DAYBUE STIX POW 5000MG	3	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 6000MG	3	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 8000MG	3	PA, QL (2 packets every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (6.667 mL every 1 day)
EVRYSDI TAB 5MG	3	PA, QL (1 tab every 1 day)
NUTRIENTS		
LIPIDS		
DOJOLVI LIQ 100%	3	PA
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5% OP	3	
BETIMOL SOL 0.25% OP	3	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
DORZOL/TIMOL SOL 2-0.5%OP	3	

Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
TIM/BRIM/DOR SOL	3	
TIM/BRIM/DOR SOL /BIMATOP	3	
TIM/DORZ/LAT SOL	3	
TIMOL/BRIM SOL DORZ/LAT	3	
TIMOL/BRIMO/ SOL DORZOL	3	
TIMOL/DORZOL SOL /BIMATOP	3	
TIMOL/LATAN SOL	3	
TIMOLOL MAL/ SOL BIMATOPR	3	
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	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
CHOLINERGIC AGONISTS		
TYRVAYA SOL 0.03MG	3	PA
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL DRO 0.05%	3	
ATROPINE SUL DRO 0.025%	3	
ATROPINE SUL SOL 0.01%	3	
ATROPINE SUL SOL 0.05%	3	
ATROPINE SUL SOL 0.025%	3	
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	
MYDCOMBI SOL 1%-2.5%	3	

Drug Name	Drug Tier	Requirements/Limits
PHENYLEPHRIN SOL 2.5% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
TROP-CYC-PE DRO 1-1-2.5	3	
TROP-CYC-PE DRO 1-1-2.5%	3	
TROP-PHENYL SOL 1-2.5%	3	
TROP/CYC/PE/ SOL KETO/PRO	3	
TROP/CYCL/PE SOL KETOROLA	3	
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	
QLOSI SOL 0.4%	3	PA
VIZZ SOL 1.44% OP	3	PA
YUVEZZI SOL 2.75-0.1	3	PA
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	
BIMATO/BRIMO SOL DORZOLAM	3	
BRIMO/DORZO SOL 0.15-2%	3	
BRIMON/DORZO SOL 0.1-2%OP	3	
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		
AZASITE SOL 1%	3	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl ophth susp 0.6% (base equiv)	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
CILOXAN OIN 0.3% OP	2	
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	

Drug Name	Drug Tier	Requirements/Limits
KLARITY-A DRO 1%	3	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
MITOSOL KIT 0.2MG	3	
MOXIFL/BROMF SOL	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
MOXIFLOXACIN INJ 1MG/ML	3	
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	
TOBRA/VANCO DRO 1.5-5%	3	
TOBRA/VANCO SOL 1-2.5%	3	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
trifluridine ophth soln 1%	1	
VANCOMYCIN DRO 2.5%	3	
VIGAMOX DRO 0.5%	3	
XDEMVY DRO 0.25%	2	PA
ZIRGAN GEL 0.15%	3	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	PA
cyclosporine (ophth) emulsion 0.05% (pf)	1	PA
KLARITY-C EMU 0.1% OP	3	
RESTASIS EMU 0.05% OP	2	PA
RESTASIS MUL EMU 0.05% OP	2	PA
VERKAZIA EMU 0.1% OP	3	
VEVYE DRO 0.1%	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
ALTACAINE SOL 0.5% OP	3	
IHEEZO GEL 3%	3	
LIDOCAIN HCL INJ 1%	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
TETRACAINE SOL 0.5% OP	3	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BYQLOVI SUS 0.05%OP	3	
CLOBETASOL SUS 0.05%	3	
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
FLAREX SUS 0.1% OP	3	
fluorometholone ophth susp 0.1%	1	
FML FORTE SUS 0.25% OP	2	
FML LIQUIFLM SUS 0.1% OP	3	PA; MNPA
INVELTYS SUS 1%	3	
KLARITY-L DRO 0.2%	3	
KLARITY-L DRO 0.5%	3	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SM GEL 0.38%	3	
LOTEMAX SUS 0.5%	3	
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	
MAXIDEX SUS 0.1% OP	2	
MAXITROL OIN 0.1% OP	3	

Drug Name	Drug Tier	Requirements/Limits
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 FORTE SUS 1% OP	3	PA
PRED MILD SUS 0.12% OP	2	
PRED MOXIFLO SOL 1-0.5%	3	
PRED MOXIFLO SUS BROMFEN	3	
PRED SOD PHO SOL 1% OP	3	
PRED-GATI SUS 1-0.5%	3	
PRED-GATIFL- SUS BROMFENA	3	
PRED/NEPAFEN DRO 1-0.1%	3	
PREDNI/MOXI/ DRO NEPAFENA	3	
PREDNI/MOXI/ SOL KETOROLA	3	
PREDNI/MOXIF DRO 1-0.5%	3	
PREDNIS/BROM SUS 1-0.075%	3	
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SOL MOX-BROM	3	
PREDNISOLONE SOL MOXIFLOX	3	
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45% OP	2	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
bepotastine besilate ophth soln 1.5%	1	
BEPREVE DRO 1.5% OP	3	
brinzolamide ophth susp 1%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
BROMSITE DRO 0.075%OP	3	
CHONDROITIN SOL	3	
cromolyn sodium ophth soln 4%	1	
CYSTADROPS SOL 0.37%	3	PA, QL (4 bottles every 28 days)
CYSTARAN SOL 0.44%	3	PA, QL (2.143 mL every 1 day)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2% OP	3	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
MIEBO DRO 1.3GM/ML	2	PA
NEVANAC SUS 0.1% OP	2	
OMLONTI DRO 0.002%	3	
PROLENSA DRO 0.07% OP	3	
TRYPTYR SOL 0.003%	3	PA
ZERVIATE DRO 0.24%	2	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.01%	1	
bimatoprost ophth soln 0.03%	1	
BIMATOPROST SOL 0.01% OP	3	
IYUZEH DRO 0.005%	3	
latanoprost ophth soln 0.005%	1	
LATANOPROST SOL 0.005%	3	
LUMIGAN SOL 0.01% OP	2	
tafluprost preservative free (pf) ophth soln 0.0015%	1	
TRAVATAN Z DRO 0.004%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	
ZIOPTAN DRO 0.0015%	3	

Drug Name	Drug Tier	Requirements/Limits
ZOLYMBUS GEL 0.01%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
XTORO DRO 0.3%OTIC	3	
OTIC ANTIFUNGALS		
CLOTIC SOL 1%	3	
OTIC COMBINATIONS		
CIPRO HC SUS 0.2-1%OT	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1	PA; MNPA
ciprofloxacin-hydrocortisone otic susp 0.2-1%	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	
OTOVEL DRO	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
PENICILLIN COMBINATIONS		
AMOX/K CLAV CHW 200/28.5	3	
AMOX/K CLAV CHW 400/57	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
PROMETRIUM CAP 100MG	3	PA; MNPA
PROMETRIUM CAP 200MG	3	PA; MNPA
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	
lofexidine hcl tab 0.18 mg (base equivalent)	1	
LUCEMYRA TAB 0.18MG	3	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	PA, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
sodium oxybate oral solution 500 mg/ml	1	PA, QL (18 mL every 1 day)
XYREM SOL 500MG/ML	3	PA, QL (18 mL every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ADLARITY DIS 5MG/DAY	3	
ADLARITY DIS 10MG/DAY	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	3	PA
LEQEMBI IQLK INJ 360/1.8	3	PA, QL (4 autoinjectors every 28 days)
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	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMENDA TAB 5-10MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	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	

Drug Name	Drug Tier	Requirements/Limits
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	
ZUNVEYL TAB 5MG	3	
ZUNVEYL TAB 10MG	3	
ZUNVEYL TAB 15MG	3	
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	
milnacipran hcl tab 50 mg	1	
milnacipran hcl tab 100 mg	1	
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 12.5MG	2	
SAVELLA TAB 25MG	2	
SAVELLA TAB 50MG	2	
SAVELLA TAB 100MG	2	
TONMYA SUB 2.8MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	2	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB 6MG	2	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	2	PA, QL (1 ea every 1 day)
INGREZZA CAP 40-80MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	2	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)
XENAZINE TAB 12.5MG	3	PA, QL (4 tabs every 1 day)
XENAZINE TAB 25MG	3	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	PA, QL (2 tabs every 1 day)
AUBAGIO TAB 7MG	3	PA, QL (1 tab every 1 day)
AUBAGIO TAB 14MG	3	PA, QL (1 tab every 1 day)
AVONEX PEN KIT 30MCG	2	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	2	PA, QL (4 SYRINGES every 28 DAYS)
BAFIERTAM CAP 95MG	2	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	2	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 20MG/ML	3	PA, QL (1 injection every 1 day)

Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	3	PA, QL (12 injections every 28 days)
dalfampridine tab er 12hr 10 mg	1	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (2 caps every 1 day)
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)
GILENYA CAP 0.5MG	3	PA, QL (1 cap every 1 day)
GILENYA CAP 0.25MG	3	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 syringes every 28 days)
glatopa inj 20mg/ml	1	PA, QL (1 injection every 1 day)
glatopa inj 40mg/ml	1	PA, QL (12 syringes every 28 days)
KESIMPTA INJ 20/.4ML	2	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	2	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INJ	3	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	3	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	3	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	3	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	3	PA, QL (1 pack every 28 days)
PONVORY TAB 20MG	3	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	3	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	2	PA, QL (12 injections every 28 days)
TASCENSO ODT TAB 0.5MG	3	PA, QL (1 ea every 1 day)
TASCENSO ODT TAB 0.25MG	3	PA, QL (1 ea every 1 day)
TECFIDERA CAP 120MG	3	PA, QL (14 caps every 28 days)
TECFIDERA CAP 240MG	3	PA, QL (2 caps every 1 day)
TECFIDERA CAP STARTER	3	PA, QL (2 ea every 1 day)
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	2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	2	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)

Drug Name	Drug Tier	Requirements/Limits
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
LYRICA CR TAB 82.5MG	3	QL (2 tabs every 1 day)
LYRICA CR TAB 165MG	3	QL (2 tabs every 1 day)
LYRICA CR TAB 330MG	3	QL (2 tabs every 1 day)
pregabalin tab er 24hr 82.5 mg	1	QL (2 tabs every 1 day)
pregabalin tab er 24hr 165 mg	1	QL (2 tabs every 1 day)
pregabalin tab er 24hr 330 mg	1	QL (2 tabs every 1 day)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd) tab 10 mg	1	PA; MNPA
fluoxetine hcl (pmdd) tab 20 mg	1	PA; MNPA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA POW 1GM	3	PA, QL (4 packets every 1 day)
ergoloid mesylates tab 1 mg	1	
MIPLYFFA CAP 47MG	3	PA, QL (3 caps every 1 day)
MIPLYFFA CAP 62MG	3	PA, QL (3 caps every 1 day)
MIPLYFFA CAP 93MG	3	PA, QL (3 caps every 1 day)
MIPLYFFA CAP 124MG	3	PA, QL (3 caps every 1 day)
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	QL (2 tabs every 1 day)
HORIZANT TAB 600MG ER	3	QL (2 tabs every 1 day)
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5& 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
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

Drug Name	Drug Tier	Requirements/Limits
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
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 0.5 mg (base equiv)	0	
varenicline tartrate tab 1 mg (base equiv)	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
WAINUA INJ 45/0.8ML	3	PA, QL (1 pen every 28 days)
VASOMOTOR SYMPTOM AGENTS		
paroxetine mesylate cap 7.5 mg (base equiv)	1	PA; MNPA
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB	3	PA, QL (2 tabs every 1 day)
ALYFTREK TAB 4-20-50	3	PA, QL (3 tabs every 1 day)
BRONCHITOL CAP 40MG	3	
BRONCHITOL CAP 40MG	3	QL (20 caps every 1 day)
BRONCHITOL CAP TOL TEST	3	
BRONCHITOL CAP TOL TEST	3	QL (56 caps every 28 days)
KALYDECO GRA 5.8MG	3	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	3	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	3	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	3	PA, QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	3	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	3	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	3	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	3	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	3	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	3	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	3	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	3	PA, QL (9 caps every 1 day)
ESBRIET TAB 267MG	3	PA, QL (9 tabs every 1 day)
ESBRIET TAB 801MG	3	PA, QL (3 tabs every 1 day)
JASCAYD TAB 9MG	2	PA, QL (2 tabs every 1 day)
JASCAYD TAB 18MG	2	PA, QL (2 tabs every 1 day)
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	2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	2	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)
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB 10MG	3	PA
BRINSUPRI TAB 25MG	3	PA
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	
DORYX MPC TAB 60MG	3	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tab 50 mg	1	PA; MNPA
doxycycline hyclate tab 75 mg	1	PA; MNPA
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab 150 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 50 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 75 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 80 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 100 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 150 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 200 mg	1	PA; MNPA
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	1	PA; MNPA
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	1	PA; MNPA
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
minocycline hcl tab er 24hr 45 mg	1	PA; MNPA
minocycline hcl tab er 24hr 55 mg	1	PA; MNPA
minocycline hcl tab er 24hr 65 mg	1	PA; MNPA
minocycline hcl tab er 24hr 80 mg	1	PA; MNPA
minocycline hcl tab er 24hr 90 mg	1	PA; MNPA
minocycline hcl tab er 24hr 105 mg	1	PA; MNPA
minocycline hcl tab er 24hr 115 mg	1	PA; MNPA
minocycline hcl tab er 24hr 135 mg	1	PA; MNPA
mondoxyne nl cap 100mg	1	
SEYSARA TAB 60MG	3	
SEYSARA TAB 100MG	3	
SEYSARA TAB 150MG	3	
targadox tab 50mg	1	PA; MNPA
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
TETRACYCLINE TAB 250MG	3	
TETRACYCLINE TAB 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
SODIUM IODID SOL I-131	3	
THYROID HORMONES		
ADTHYZA TAB 15MG	3	
ADTHYZA TAB 16.25MG	3	
ADTHYZA TAB 30MG	3	
ADTHYZA TAB 32.5MG	3	
ADTHYZA TAB 60MG	3	
ADTHYZA TAB 65MG	3	
ADTHYZA TAB 90MG	3	
ADTHYZA TAB 97.5MG	3	
ADTHYZA TAB 120MG	3	
ADTHYZA TAB 130MG	3	
AMERITHRIOD TAB 300MG	3	
AMERITHROID TAB 15MG	3	
AMERITHROID TAB 30MG	3	
AMERITHROID TAB 60MG	3	
AMERITHROID TAB 90MG	3	
AMERITHROID TAB 120MG	3	
AMERITHROID TAB 180MG	3	
AMERITHROID TAB 240MG	3	
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
ERMEZA SOL 150/5ML	3	
euthyrox tab 25mcg	1	
euthyrox tab 50mcg	1	
euthyrox tab 75mcg	1	
euthyrox tab 88mcg	1	
euthyrox tab 100mcg	1	
euthyrox tab 112mcg	1	

Drug Name	Drug Tier	Requirements/Limits
euthyrox tab 125mcg	1	
euthyrox tab 137mcg	1	
euthyrox tab 150mcg	1	
euthyrox tab 175mcg	1	
euthyrox tab 200mcg	1	
EVEXITHROID TAB 15MG	3	
EVEXITHROID TAB 30MG	3	
EVEXITHROID TAB 45MG	3	
EVEXITHROID TAB 60MG	3	
EVEXITHROID TAB 75MG	3	
EVEXITHROID TAB 90MG	3	
EVEXITHROID TAB 120MG	3	
EVEXITHROID TAB 180MG	3	
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 cap 13 mcg	1	
levothyroxine sodium cap 25 mcg	1	
levothyroxine sodium cap 50 mcg	1	
levothyroxine sodium cap 75 mcg	1	
levothyroxine sodium cap 88 mcg	1	
levothyroxine sodium cap 100 mcg	1	
levothyroxine sodium cap 112 mcg	1	
levothyroxine sodium cap 125 mcg	1	
levothyroxine sodium cap 137 mcg	1	
levothyroxine sodium cap 150 mcg	1	
levothyroxine sodium cap 175 mcg	1	
levothyroxine sodium cap 200 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
NIVA THYROID TAB 15MG	3	
NIVA THYROID TAB 30MG	3	
NIVA THYROID TAB 60MG	3	
NIVA THYROID TAB 90MG	3	
NIVA THYROID TAB 120MG	3	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
RENTHYROID TAB 15MG	3	
RENTHYROID TAB 30MG	3	
RENTHYROID TAB 45MG	3	
RENTHYROID TAB 60MG	3	
RENTHYROID TAB 75MG	3	
RENTHYROID TAB 90MG	3	
RENTHYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100/5ML	3	
THYQUIDITY SOL 100MCG	3	
THYROID TAB 15MG	3	
THYROID TAB 30MG	3	
THYROID TAB 60MG	3	
THYROID TAB 90MG	3	
THYROID TAB 120MG	3	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 37.5MCG	3	
TIROSINT CAP 44MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 62.5MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200MCG	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 37.5/ML	3	
TIROSINT-SOL SOL 44MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 62.5/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	

Drug Name	Drug Tier	Requirements/Limits
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
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	
ATROPINE SUL INJ 0.4MG/ML	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	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	PA
CUVPOSA SOL 1MG/5ML	3	
DERMACINRX TAB DIGENYX	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
dicyclomine hcl tab 40 mg	1	
DONNATAL ELX GRAPE	3	
DONNATAL ELX MINT	3	
DONNATAL TAB 16.2MG	3	
GLYCATE TAB 1.5MG	3	
GLYCOPYRROL INJ 0.2MG/ML	3	
GLYCOPYRROL INJ 0.4/2ML	3	
GLYCOPYRROLA TAB 1.5MG	3	PA
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	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	PA; MNPA
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	
LIBRAX CAP 5-2.5MG	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	
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	
ROBINUL FORT TAB 2MG	3	
ROBINUL TAB 1MG	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	
ranitidine hcl tab 150 mg	1	
ranitidine hcl tab 300 mg	1	
MISC. ANTI-ULCER		
CARAFATE TAB 1GM	3	
sucralfate susp 1 gm/10ml	1	PA
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
ACIPHEX TAB 20MG	3	
DEXILANT CAP 30MG DR	3	
DEXILANT CAP 60MG DR	3	

Drug Name	Drug Tier	Requirements/Limits
dexlansoprazole cap delayed release 30 mg	1	
dexlansoprazole cap delayed release 60 mg	1	
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	
lansoprazole tab delayed release orally disintegrating 15 mg	1	PA
lansoprazole tab delayed release orally disintegrating 30 mg	1	PA; MNPA
NEXIUM CAP 20MG	3	
NEXIUM CAP 40MG	3	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	
NEXIUM GRA 20MG DR	3	
NEXIUM GRA 40MG DR	3	
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	
pantoprazole sodium for delayed release susp packet 40 mg	1	PA
PREVACID CAP 30MG DR	3	
PREVACID TAB 30MG STB	3	
PRILOSEC POW 2.5MG	3	PA; MNPA
PRILOSEC POW 10MG	3	PA; MNPA
PROTONIX PAK 40MG	3	
PROTONIX TAB 20MG	3	
PROTONIX TAB 40MG	3	
RABEPRAZOLE CAP 10MG DR	3	

Drug Name	Drug Tier	Requirements/Limits
rabeprazole sodium ec tab 20 mg	1	
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	PA
CYTOTEC TAB 200MCG	3	PA
misoprostol tab 100 mcg	1	$0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
HELIDAC MIS THERAPY	3	
KONVOMEP SUS 2-84/ML	3	PA
omeprazole-sodium bicarbonate cap 20-1100 mg	1	PA; MNPA
omeprazole-sodium bicarbonate cap 40-1100 mg	1	PA
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	1	PA; MNPA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	1	PA; MNPA
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
ZEGERID CAP 20-1100	3	PA; MNPA
ZEGERID CAP 40-1100	3	PA; MNPA
ZEGERID POW 20-1680	3	PA; MNPA
ZEGERID POW 40-1680	3	PA; MNPA
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 LA CAP 2MG	3	
DETROL LA CAP 4MG	3	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
GELNIQUE GEL 10%	3	ST
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	
OXYTROL DIS 3.9MG/24	3	ST
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	
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
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	
MYRBETRIQ SUS 8MG/ML	3	
MYRBETRIQ TAB 25MG	3	
MYRBETRIQ TAB 50MG	3	
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	
INTRAROSA SUP 6.5MG	3	
TRIMO-SAN GEL	3	

Drug Name	Drug Tier	Requirements/Limits
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	
NUVESSA GEL 1.3%	3	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VANDAZOLE GEL 0.75%	3	
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	
estradiol vaginal tab 10 mcg	1	
ESTRING MIS 7.5/24HR	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
yuvafem tab 10mcg	1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
progesterone vaginal insert 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
EPINEPHR PRO KIT 1MG/ML	3	QL (6 kits every 300 days)
EPINEPHRINE INJ 0.3MG	3	QL (6 syringes every 300 days)
EPINEPHRINE KIT SNAP-EMS	3	QL (6 kits 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/0.3ml (1:2000)	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)
EPINPHEPHRIN KIT SNAP	3	QL (6 kits every 300 days)
EPINPHEPHRIN KIT SNAP-V	3	QL (6 kits every 300 days)
EPIPEN 2-PAK INJ 0.3MG	3	QL (6 pens every 300 days)
EPIPEN-JR INJ 0.15MG	3	QL (6 pens every 300 days)
NEFFY SPR 1MG	3	QL (6 bottles every 300 days)
NEFFY SPR 2MG	3	QL (6 bottles 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)
NORTHERA CAP 100MG	3	PA, QL (6 caps every 1 day)
NORTHERA CAP 200MG	3	PA, QL (6 caps every 1 day)
NORTHERA CAP 300MG	3	PA, QL (6 caps every 1 day)
VASOPRESSORS		
ADRENALIN INJ 1MG/ML	3	QL (6 vials every 300 days)
ADRENALIN INJ 30/30ML	3	QL (6 injections every 300 days)
epinephrine inj 1 mg/ml	1	
epinephrine inj 1 mg/ml	1	QL (6 ampules every 300 days)
EPINEPHRINE INJ 1MG/ML	3	
EPINEPHRINE INJ 5MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJ 30/30ML	3	
EPINEPHRINE SOL 30/30ML	3	
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

12ML SYRINGE MIS 20GX1.5.....241
12ML SYRINGE MIS 21GX1.....241
12ML SYRINGE MIS 21GX1.5 241
12ML SYRINGE MIS 22GX1.5.....241
12ML SYRINGE MIS LUER-LOC.....242
140ML SYRING MIS CATH TIP.....241
140ML SYRING MIS LUER-LOC 241
140ML SYRING MIS REG TIP.....241
1ML ALLR SYR MIS 27GX1/2 231
1ML SYRINGE MIS 23GX1 241
1ML SYRINGE MIS 25GX1 241
1ML SYRINGE MIS 25GX5/8 241
1ML SYRINGE MIS 28GX1/2.....242
1ML SYRINGE MIS 29G 242
1ML SYRINGE MIS 30G 242
1ML SYRINGE MIS LUER SLI.....242
1ML SYRINGE MIS LUER SLP 242
1ML SYRINGE MIS SLIP TIP 242
1ML TB SYRNG MIS 25GX5/8 242
1ML TB SYRNG MIS 26GX3/8 242
1ML TB SYRNG MIS 27GX1/2 242
1ML TB SYRNG MIS 28GX1/2 242
1ML TB SYRNG MIS LUER LOK 242
1ML TB SYRNG MIS REG LUER 242
1ST TIER UNI MIS 29GX12MM 242
1ST TIER UNI MIS 31GX5MM 242
1ST TIER UNI MIS 31GX6MM 242
1ST TIER UNI MIS 31GX8MM 242
1ST TIER UNI MIS 32GX4MM 242

2

20ML SYRINGE MIS ECC LUER 242
20ML SYRINGE MIS SLIP.....242

3

30ML SYRINGE MIS LUER LOC 242
3ML LL SYRNG MIS 18GX1.5 236
3ML LL SYRNG MIS 20GX1.....236
3ML LL SYRNG MIS 20GX1.5 236
3ML LL SYRNG MIS 20GX3/4.....236
3ML LL SYRNG MIS 21GX1.....236
3ML LL SYRNG MIS 21GX1.5 236
3ML LL SYRNG MIS 22GX1.....236
3ML LL SYRNG MIS 22GX1.5.....236
3ML LL SYRNG MIS 23GX1.....236
3ML LL SYRNG MIS 23GX1.5.....236
3ML LL SYRNG MIS 25GX1.....236
3ML LL SYRNG MIS 25GX5/8 236
3ML LL SYRNG MIS 27GX1.25 236
3ML LUER LOC MIS 21GX1.5 236
3ML LUER LOC MIS 22GX1.....236
3ML LUER LOC MIS 22GX1.5.....236
3ML LUER LOC MIS 23GX1.5.....236
3ML LUER LOC MIS 25GX1.....236
3ML LUER LOC MIS 25GX5/8 236
3ML SYRINGE MIS 18GX1.5 241
3ML SYRINGE MIS 20GX1 241
3ML SYRINGE MIS 21GX1.5 241
3ML SYRINGE MIS 22GX1.....241
3ML SYRINGE MIS 22G X 1.....241
3ML SYRINGE MIS 22GX1.5 241
3 ML SYRINGE MIS 22X1-1/2 241
3ML SYRINGE MIS 23GX1.5 241
3ML SYRINGE MIS 25GX1 241
3ML SYRINGE MIS 25GX1.25 241
3ML SYRINGE MIS 25GX1.5 241
3ML SYRINGE MIS 25GX5/8 242
3ML SYRINGE MIS 27GX1.25 242
3ML SYRINGE MIS CANNULA 242
3ML SYRINGE MIS LUER LOC.....242
3ML SYRINGE MIS LUER LOK.....242
3ML SYRINGE MIS REG TIP.....242

6

60ML SYRINGE MIS CATH TIP 242
60ML SYRINGE MIS ECC TIP 242
60ML SYRINGE MIS LUER LOK 242
60ML SYRINGE MIS TOOMEY 242
6ML SYRINGE MIS.....241
6ML SYRINGE MIS 18GX1 241
6ML SYRINGE MIS LUER-LOK 242
6ML SYRINGE MIS REG LUER.....242

A

A1CNOW+ PROF KIT SYSTEM.....170
abacavir sulfate-lamivudine tab 600-300 mg.....120
abacavir sulfate soln 20 mg/ml (base equiv) 120

abacavir sulfate tab 300 mg (base equiv) 120
abigale lo tab 0.5-0.1....191
abigale tab 1-0.5mg 191
ABILIFY ASIM INJ 720MG....119
ABILIFY ASIM INJ 960MG....119
ABILIFY MAIN INJ 300MG....119
ABILIFY MAIN INJ 400MG....119
ABILIFY MYCI TAB 10MG MNT 119
ABILIFY MYCI TAB 10MG STR....119
ABILIFY MYCI TAB 15MG MNT....119
ABILIFY MYCI TAB 15MG STR 119
ABILIFY MYCI TAB 20MG MNT....119
ABILIFY MYCI TAB 20MG STR 119
ABILIFY MYCI TAB 2MG MANT....119
ABILIFY MYCI TAB 2MG STRT 119
ABILIFY MYCI TAB 30MG MNT....119
ABILIFY MYCI TAB 30MG STR 119
ABILIFY MYCI TAB 5MG MANT 119
ABILIFY MYCI TAB 5MG STRT 119
ABILIFY TAB 10MG....119
ABILIFY TAB 15MG....119
ABILIFY TAB 20MG....119
ABILIFY TAB 2MG 119
ABILIFY TAB 30MG....119
ABILIFY TAB 5MG 119
abiraterone acetate tab 250 mg 99
abiraterone acetate tab 500 mg 99
abirtega tab 250mg 100
ABRILADA 1PN INJ 40/0.8ML....11
ABRILADA 2PN INJ 40/0.8ML 11
ABRILADA INJ 20/0.4ML....11
ABRILADA INJ 40/0.8ML 12
ABSORICA CAP 10MG 149
ABSORICA CAP 20MG 149
ABSORICA CAP 25MG....149
ABSORICA CAP 30MG 149
ABSORICA CAP 35MG....149
ABSORICA CAP 40MG 149
ABSORICA LD CAP 16MG 149
ABSORICA LD CAP 24MG....149
ABSORICA LD CAP 32MG....149
ABSORICA LD CAP 8MG....149
acamprosate calcium tab delayed release 333 mg....269
ACANYA GEL 1.2-2.5% 149
acarbose tab 100 mg 71
acarbose tab 25 mg 71
acarbose tab 50 mg....71
ACCOLATE TAB 10MG....48
ACCOLATE TAB 20MG 48
ACCRUFER CAP 30MG....207
ACCU-CHEK KIT FASTCLIX 214
ACCU-CHEK KIT SOFTCLIX....214
ACCU-CHEK LIQ GUIDE 214
ACCU-CHEK LIQ SMART....214
ACCU-CHEK SOL 214
ACCU-CHEK TES AVIVA PL 170
ACCU-CHEK TES GUIDE 170
ACCU-CHEK TES SMART....171
ACCURETIC TAB 10-12.5 91
ACCURETIC TAB 20-12.5....91
accutane cap 10mg 149
accutane cap 20mg 149
accutane cap 30mg 149
accutane cap 40mg 149
ACCUTREND SOL GLUCOSE....214
ACCUTREND TES GLUCOSE 171
ACD FORMULA SOL A....56
acebutolol hcl cap 200 mg....126
acebutolol hcl cap 400 mg....126
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg....36
acetaminophen w/ codeine soln 120-12 mg/5ml 36
acetaminophen w/ codeine tab 300-15 mg 36
acetaminophen w/ codeine tab 300-30 mg 36
acetaminophen w/ codeine tab 300-60 mg 36
acetazolamide cap er 12hr 500 mg....180
acetazolamide tab 125 mg 180
acetazolamide tab 250 mg 180
acetic acid otic soln 2% 267
acetylcysteine inhal soln 10% 148
acetylcysteine inhal soln 20% 149

ACIPHEX TAB 20MG 284
acitretin cap 10 mg 155
acitretin cap 17.5 mg 155
acitretin cap 25 mg 155
ACTEMRA INJ 162/0.9 21
ACTEMRA INJ ACTPEN 21
ACTHAR INJ 80UNIT 182
ACTHAR INJ GEL 182
ACTI-LANCE MIS 28G 214
ACTI-LANCE MIS LITE 28G 214
ACTI-LANCE MIS SPEC 17G 214
ACTI-LANCE MIS UNIV 23G 214
ACTIMMUNE INJ 2MU/0.5 109
ACTIVELLA TAB 1-0.5MG 191
ACTONEL TAB 150MG 182
ACTONEL TAB 35MG 182
ACTOPLUS MET TAB 15-850MG 71
ACTOS TAB 15MG 78
ACTOS TAB 30MG 78
ACTOS TAB 45MG 78
ACULAR LS SOL 0.4% OP 265
ACULAR SOL 0.5% OP 265
ACUVAIL SOL 0.45% OP 265
acyclovir cap 200 mg 125
acyclovir cream 5% 162
acyclovir oint 5% 162
acyclovir susp 200 mg/5ml 125
acyclovir tab 400 mg 125
acyclovir tab 800 mg 125
ACZONE GEL 5% 149
ACZONE GEL 7.5% 149
ADALIMU-AACF INJ 40/0.8ML 12
ADALIMU-AACF KIT 40/0.8ML 12
ADALIMU-AATY KIT 20/0.2ML 12
ADALIMU-AATY KIT 40/0.4ML 12
ADALIMU-AATY KIT 80/0.8ML 12
ADALIMU-ADAZ INJ 10/0.1ML 12
ADALIMU-ADAZ INJ 20/0.2ML 12
ADALIMU-ADAZ INJ 40/0.4ML 12
ADALIMU-ADAZ INJ 80/0.8ML 13
ADALIMU-ADBM KIT 10/0.2ML 13
ADALIMU-ADBM KIT 20/0.4ML 13
ADALIMU-ADBM KIT 40/0.4ML 13
ADALIMU-ADBM KIT 40/0.8ML 13
ADALIMU-BWWD INJ 40/0.4ML 13
ADALIMU-FKJP KIT 20/0.4ML 13
ADALIMU-FKJP KIT 40/0.8ML 13
ADALIMU-RYVK INJ 40/0.4ML 13
ADALIMU-RYVK INJ 80/0.8ML 13
ADAPAL/BEN P PAD 0.1-2.5% 149
adapalene-benzoyl peroxide gel 0.1-2.5% 149
adapalene-benzoyl peroxide gel 0.3-2.5% 149
adapalene cream 0.1% 149
adapalene gel 0.1% 149
adapalene gel 0.3% 149
adapalene pads 0.1% 149
ADAPALENE SOL 0.1% 149
ADASUVE INH 10MG 116
ADBRY INJ 150MG/ML 166
ADBRY INJ 300/2ML 166
ADCIRCA TAB 20MG 137
ADDERALL TAB 10MG 1
ADDERALL TAB 12.5MG 1
ADDERALL TAB 15MG 1
ADDERALL TAB 20MG 1
ADDERALL TAB 30MG 1
ADDERALL TAB 5MG 1
ADDERALL TAB 7.5MG 1
ADDERALL XR CAP 10MG 1
ADDERALL XR CAP 15MG 1
ADDERALL XR CAP 20MG 1
ADDERALL XR CAP 25MG 1
ADDERALL XR CAP 30MG 1
ADDERALL XR CAP 5MG 1
adefovir dipivoxil tab 10 mg 124
ADEMPAS TAB 0.5MG 137
ADEMPAS TAB 1.5MG 137
ADEMPAS TAB 1MG 137
ADEMPAS TAB 2.5MG 137
ADEMPAS TAB 2MG 137
ADIPEX-P TAB 37.5MG 4
ADLARITY DIS 10MG/DAY 269
ADLARITY DIS 5MG/DAY 269
ADMELOG INJ 100U/ML 76
ADMELOG SOLO INJ 100U/ML 76
ADMIX NEEDLE MIS 18GX1.5 230

ADRENALIN INJ 1MG/ML.....289
ADRENALIN INJ 30/30ML.....289
ADRENALIN SOL 1:1000.....259
ADTHYZA TAB 120MG.....279
ADTHYZA TAB 130MG.....279
ADTHYZA TAB 15MG.....279
ADTHYZA TAB 16.25MG.....279
ADTHYZA TAB 30MG.....279
ADTHYZA TAB 32.5MG.....279
ADTHYZA TAB 60MG.....279
ADTHYZA TAB 65MG.....279
ADTHYZA TAB 90MG.....279
ADTHYZA TAB 97.5MG.....279
ADVAIR DISKU AER 100/50.....50
ADVAIR DISKU AER 250/50.....50
ADVAIR DISKU AER 500/50.....50
ADVAIR HFA AER 115/21.....50
ADVAIR HFA AER 230/21.....50
ADVAIR HFA AER 45/21.....50
ADVANCE LIQ CONTROL.....214
ADVANCE LIQ INTUITIO.....214
ADVANCE NORM LIQ CONTROL.....215
ADVANCE TES INTUITIO.....171
ADVANCE TES MICRO-DW.....171
ADVANTAGE MIS LANC 28G.....215
ADVCATE SAFE MIS LANC 21G.....215
ADVCATE SAFE MIS LANC 23G.....215
ADVCATE SAFE MIS LANC 26G.....215
ADVCATE SAFE MIS LANC 28G.....215
ADV LANCING MIS DEVICE.....214
ADVOCATE+ SOL REDI-COD.....215
ADVOCATE LIQ HIGH.....215
ADVOCATE LIQ LOW.....215
ADVOCATE MIS LANC 30G.....215
ADVOCATE MIS LANC DEV.....215
ADVOCATE MIS LANCETS.....215
ADVOCATE TES.....171
ADVOCATE TES REDI-COD.....171
ADVOCATE TES REDICODE.....171
ADZENYS XR TAB 12.5MG.....1
ADZENYS XR TAB 15.7 MG.....1
ADZENYS XR TAB 18.8MG.....1
ADZENYS XR TAB 3.1MG.....1
ADZENYS XR TAB 6.3MG.....1
ADZENYS XR TAB 9.4MG.....1
AEMCOLO TAB 194MG.....41
AERCHMBR PLS MIS INTERMED.....244
AERCHMBR PLS MIS LRG MASK.....244
AERCHMBR PLS MIS MED MASK.....244
AERCHMBR PLS MIS SM MASK.....244
AERCHMBR Z- MIS STAT PLS.....244
AEROCHAMBER KIT ACTION.....244
AEROCHAMBER MIS 2GO.....244
AEROCHAMBER MIS CHAMBER.....244
AEROCHAMBER MIS FLOSIGNA.....244
AEROCHAMBER MIS HOLDING.....244
AEROCHAMBER MIS MTHPIECE.....244
AEROCHAMBER MIS MV.....244
AEROCHAMBER MIS PLUS.....244
AEROVENT MIS PLUS.....244
AFINITOR DIS TAB 2MG.....102
AFINITOR DIS TAB 3MG.....102
AFINITOR DIS TAB 5MG.....102
AFINITOR TAB 10MG.....102
AFINITOR TAB 2.5MG.....102
AFINITOR TAB 5MG.....102
AFINITOR TAB 7.5MG.....102
afirmelle tab 0.1-0.02.....138
AFREZZA POW 12 UNIT.....76
AFREZZA POW 4-8-12.....76
AFREZZA POW 4-8 UNIT.....76
AFREZZA POW 4UNIT.....76
AFREZZA POW 8-12UNIT.....76
AFREZZA POW 8 UNIT.....76
AGAMATRIX MIS 33G.....215
AGAMATRIX SOL HIGH.....215
AGAMATRIX SOL LEVEL 2.....215
AGAMATRIX SOL LEVEL 4.....215
AGAMATRIX SOL NORM/HGH.....215
AGAMATRIX SOL NORMAL.....215
AGAMATRIX TES AMP.....171
AGAMATRIX TES JAZZ.....171
AGAMATRIX TES PRESTO.....171
AGAMREE SUS 40MG/ML.....145
AGRYLIN CAP 0.5MG.....203
AIMOVIG INJ 140MG/ML.....245
AIMOVIG INJ 70MG/ML.....245
AIMSCO MIS LUBRICAT.....211

AIMSCO TWIST MIS 32G.....215
AIMSCO TWIST MIS 33G.....215
AIRDUO RESPI INH 113-14 51
AIRDUO RESPI INH 232-14 51
AIRDUO RESPI INH 55-14 50
AIRSUPRA AER 90-80MCG.....51
AJOVY INJ 225/1.5 245
AKEEGA TAB 100/500 100
AKEEGA TAB 50/500MG.....100
AKKERSTOR CAP.....79
AKLIEF CRE 0.005% 149
AKTEN GEL 3.5% OP.....264
AKYNZEO CAP 300-0.5.....81
ala-scalp lot 2% 162
albendazole tab 200 mg 41
ALBUTEROL NEB 0.5% 51
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....51
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....51
albuterol sulfate soln nebu 0.5% (5 mg/ml) 51
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 51
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 51
albuterol sulfate syrup 2 mg/5ml 51
albuterol sulfate tab 2 mg 51
albuterol sulfate tab 4 mg 51
ALCAINE SOL 0.5% OP 264
alclometasone dipropionate cream 0.05% 162
alclometasone dipropionate oint 0.05% .162
ALCOHOL PAD.....230
ALCOHOL PAD 70% 230
ALCOHOL PAD PREP.....230
ALCOHOL PADS PAD 70% 230
ALCOHOL PREP PAD.....230
ALCOHOL PREP PAD 70%.....230
ALCOHOL PREP PAD MED 70% 230
ALCOHOL PREP PAD PADS 70%.....230
ALCOHOL SWAB PAD 230
ALCOHOL SWAB PAD 70% 230
ALCOHOL SWAB PAD EX-THICK 230
ALCOH-WIPE MIS 12 230
ALDACTONE TAB 100MG.....181
ALDACTONE TAB 25MG.....181
ALDACTONE TAB 50MG.....181
ALECENSA CAP 150MG 102
alendronate sodium oral soln 70 mg/75ml 182
alendronate sodium tab 10 mg 182
alendronate sodium tab 35 mg.....182
alendronate sodium tab 70 mg.....182
alfuzosin hcl tab er 24hr 10 mg 200
ALHEMO INJ 150/1.5.....202
ALHEMO INJ 300/3ML.....202
ALHEMO INJ 60/1.5ML.....202
aliskiren fumarate tab 150 mg (base equivalent) 95
aliskiren fumarate tab 300 mg (base equivalent) 95
ALKINDI SPRI CAP 0.5MG 145
ALKINDI SPRI CAP 1MG.....145
ALKINDI SPRI CAP 2MG.....145
ALKINDI SPRI CAP 5MG.....145
ALLERGIST KIT 0.5/28G.....230
ALLERGIST KIT 1MLX27G.....231
ALLERGIST KIT 1MLX28G.....231
allopurinol tab 100 mg 201
allopurinol tab 200 mg.....201
allopurinol tab 300 mg.....201
ALLZITAL TAB 25-325MG 29
almotriptan malate tab 12.5 mg 246
almotriptan malate tab 6.25 mg 246
ALOCRIL SOL 2%.....265
alogliptin benzoate tab 12.5 mg (base equiv) 74
alogliptin benzoate tab 25 mg (base equiv) 74
alogliptin benzoate tab 6.25 mg (base equiv) 74
alogliptin-metformin hcl tab 12.5-1000 mg 71
alogliptin-metformin hcl tab 12.5-500 mg.71
alogliptin-pioglitazone tab 12.5-30 mg 71
alogliptin-pioglitazone tab 25-15 mg.....71
alogliptin-pioglitazone tab 25-30 mg.....71

alogliptin-pioglitazone tab 25-45 mg 71
ALOMIDE SOL 0.1% OP 265
ALORA DIS 0.025MG.....191
ALORA DIS 0.075MG.....192
ALORA DIS 0.1MG 191
alosetron hcl tab 0.5 mg (base equiv) 198
alosetron hcl tab 1 mg (base equiv).....198
ALPHAGAN P SOL 0.1% OP 262
ALPHAGAN P SOL 0.15% OP 262
ALPRAZOLAM CON 1 MG/ML.....45
alprazolam orally disintegrating tab 0.25 mg 45
alprazolam orally disintegrating tab 0.5 mg 45
alprazolam orally disintegrating tab 1 mg .45
alprazolam orally disintegrating tab 2 mg 45
alprazolam tab 0.25 mg 45
alprazolam tab 0.5 mg.....45
alprazolam tab 0.5mg xr 45
alprazolam tab 1 mg.....45
alprazolam tab 1mg xr 45
alprazolam tab 2 mg 45
alprazolam tab 2mg xr.....45
alprazolam tab 3mg xr.....45
alprazolam tab er 24hr 0.5 mg 45
alprazolam tab er 24hr 1 mg 45
alprazolam tab er 24hr 2 mg.....45
alprazolam tab er 24hr 3 mg.....45
ALREX SUS 0.2% 264
ALTACAINE SOL 0.5% OP.....264
ALTACE CAP 10MG 88
ALTACE CAP 2.5MG.....88
altavera tab.....139
ALTOPREV TAB 20MG ER 85
ALTOPREV TAB 40MG ER 86
ALTOPREV TAB 60MG ER 86
ALTRENO LOT 0.05%.....149
ALTRIXA OB TAB 254
ALUNBRIG PAK.....102
ALUNBRIG TAB 180MG 102
ALUNBRIG TAB 30MG.....102
ALUNBRIG TAB 90MG.....102
ALVAIZ TAB 18MG 205
ALVAIZ TAB 36MG 205
ALVAIZ TAB 54MG 205
ALVAIZ TAB 9MG.....205
ALVESCO AER 160MCG.....49
ALVESCO AER 80MCG 49
alvimopan cap 12 mg.....198
alyacen tab 1/35.....139
alyacen tab 7/7/7.....139
ALYFTREK TAB 276
ALYFTREK TAB 4-20-50.....276
alyq tab 20mg 137
amantadine hcl cap 100 mg.....110
amantadine hcl soln 50 mg/5ml 110
amantadine hcl tab 100 mg 110
AMBIEN CR TAB 12.5MG 208
AMBIEN CR TAB 6.25MG 208
AMBIEN TAB 10MG 208
AMBIEN TAB 5MG.....208
ambrisentan tab 10 mg 136
ambrisentan tab 5 mg 136
amcinonide cream 0.1% 162
amcinonide oint 0.1%.....162
AMELUZ GEL 10% 154
AMERITHRIOD TAB 300MG.....279
AMERITHROID TAB 120MG.....279
AMERITHROID TAB 15MG 279
AMERITHROID TAB 180MG.....279
AMERITHROID TAB 240MG.....279
AMERITHROID TAB 30MG 279
AMERITHROID TAB 60MG 279
AMERITHROID TAB 90MG 279
amethia tab.....139
amethyst tab 90-20mcg.....139
amiloride & hydrochlorothiazide tab 5-50 mg.....180
amiloride hcl tab 5 mg 181
aminocaproic acid oral soln 0.25 gm/ml 207
aminocaproic acid tab 1000 mg 207
aminocaproic acid tab 500 mg.....207
amiodarone hcl tab 100 mg 47
amiodarone hcl tab 200 mg 47
amiodarone hcl tab 400 mg 47
AMITIZA CAP 24MCG.....195
AMITIZA CAP 8MCG 195
amitriptyline hcl tab 100 mg 70

amitriptyline hcl tab 10 mg.....69
amitriptyline hcl tab 150 mg.....70
amitriptyline hcl tab 25 mg.....69
amitriptyline hcl tab 50 mg.....69
amitriptyline hcl tab 75 mg.....69
AMJEVITA INJ 10/0.2ML.....13
AMJEVITA INJ 20/0.2ML.....13
AMJEVITA INJ 20/0.4ML.....13
AMJEVITA INJ 40/0.4ML.....13
AMJEVITA INJ 40/0.8ML.....13
AMJEVITA INJ 80/0.8ML.....14
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....133
amlodipine besylate-atorvastatin calcium tab 10-20 mg.....133
amlodipine besylate-atorvastatin calcium tab 10-40 mg.....133
amlodipine besylate-atorvastatin calcium tab 10-80 mg.....133
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg.....132
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg.....132
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg.....132
amlodipine besylate-atorvastatin calcium tab 5-10 mg.....132
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....132
amlodipine besylate-atorvastatin calcium tab 5-40 mg.....132
amlodipine besylate-atorvastatin calcium tab 5-80 mg.....133
amlodipine besylate-benazepril hcl cap 10-20 mg.....91
amlodipine besylate-benazepril hcl cap 10-40 mg.....91
amlodipine besylate-benazepril hcl cap 2.5-10 mg.....91
amlodipine besylate-benazepril hcl cap 5-10 mg.....91
amlodipine besylate-benazepril hcl cap 5-20 mg.....91
amlodipine besylate-benazepril hcl cap 5-40 mg.....91
amlodipine besylate-olmesartan medoxomil tab 10-20 mg.....92
amlodipine besylate-olmesartan medoxomil tab 10-40 mg.....92
amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....92
amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....92
amlodipine besylate tab 10 mg (base equivalent).....129
amlodipine besylate tab 2.5 mg (base equivalent).....129
amlodipine besylate tab 5 mg (base equivalent).....129
amlodipine besylate-valsartan tab 10-160 mg.....92
amlodipine besylate-valsartan tab 10-320 mg.....92
amlodipine besylate-valsartan tab 5-160 mg.....92
amlodipine besylate-valsartan tab 5-320 mg.....92
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg.....92
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg.....92
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....92
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg.....92
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg.....92
amnesteem cap 10mg.....149
amnesteem cap 20mg.....149
amnesteem cap 30mg.....149
amnesteem cap 40mg.....149
AMOX/K CLAV CHW 200/28.5.....268
AMOX/K CLAV CHW 400/57.....268
amoxapine tab 100 mg.....70
amoxapine tab 150 mg.....70
amoxapine tab 25 mg.....70
amoxapine tab 50 mg.....70

amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 286
amoxicillin (trihydrate) cap 250 mg 267
amoxicillin (trihydrate) cap 500 mg 267
*amoxicillin (trihydrate) chew tab 125 mg*268
amoxicillin (trihydrate) chew tab 250 mg 268
amoxicillin (trihydrate) for susp 125 mg/5ml 268
amoxicillin (trihydrate) for susp 200 mg/5ml.....268
amoxicillin (trihydrate) for susp 250 mg/5ml.....268
amoxicillin (trihydrate) for susp 400 mg/5ml.....268
amoxicillin (trihydrate) tab 500 mg 268
amoxicillin (trihydrate) tab 875 mg 268
amoxicillin & k clavulanate chew tab 400-57 mg.....268
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 268
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 268
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....268
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 268
amoxicillin & k clavulanate tab 250-125 mg 268
amoxicillin & k clavulanate tab 500-125 mg 268
amoxicillin & k clavulanate tab 875-125 mg 268
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....268
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 2
amphetamine-dextroamphetamine cap er 24hr 10 mg 2
amphetamine-dextroamphetamine cap er 24hr 15 mg 2
amphetamine-dextroamphetamine cap er 24hr 20 mg 2
amphetamine-dextroamphetamine cap er 24hr 25 mg 2
amphetamine-dextroamphetamine cap er 24hr 30 mg 2
amphetamine-dextroamphetamine cap er 24hr 5 mg.....2
amphetamine-dextroamphetamine tab 10 mg.....2
amphetamine-dextroamphetamine tab 12.5 mg.....2
amphetamine-dextroamphetamine tab 15 mg.....2
amphetamine-dextroamphetamine tab 20 mg.....2
amphetamine-dextroamphetamine tab 30 mg.....2
amphetamine-dextroamphetamine tab 5 mg.....2
amphetamine-dextroamphetamine tab 7.5 mg.....2
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.....268
AMPYRA TAB 10MG 272
AMRIX CAP 15MG.....257
AMRIX CAP 30MG.....257

AMZEEQ AER 4% 149
ANAFRANIL CAP 25MG.....70
ANAFRANIL CAP 50MG.....70
ANAFRANIL CAP 75MG.....70
anagrelide hcl cap 0.5 mg 203
anagrelide hcl cap 1 mg 203
ANALPRAM HC CRE 1-1% 40
ANALPRAM-HC CRE 1-1%.....40
ANALPRAM HC CRE 2.5-1% 40
ANALPRAM HC LOT 2.5%.....40
ANALPRAM-HC LOT 2.5%.....40
ANAPROX DS TAB 550MG 22
ANASPAZ TAB 0.125MG 283
anastrozole tab 1 mg 100
ANCOBON CAP 250MG.....82
ANCOBON CAP 500MG 82
ANDEMBRY INJ 200/1.2.....203
ANDROGEL GEL 1.62% 39
ANGELIQ TAB 0.25-0.5 191
ANGELIQ TAB 0.5-1MG 191
ANNOVERA MIS 144
ANORO ELLIPT AER 62.5-25.....51
ANTICOAGULNT SOL SOD CITR 56
ANTIVERT TAB 50MG.....81
ANUCORT-HC SUP 25MG.....40
ANUSOL-HC CRE 2.5%.....40
ANUSOL-HC SUP 25MG.....40
ANZEMET TAB 50MG 81
ANZUPGO CRE 2%.....166
APEXICON E CRE 0.05%.....162
APIDRA INJ SOLOSTAR.....76
APIDRA INJ U-100.....76
APLENZIN TAB 174MG.....65
APLENZIN TAB 348MG.....65
APLENZIN TAB 522MG 65
APOKYN INJ 10MG/ML.....110
apomorphine hcl soln cartridge 30 mg/3ml 110
apraclonidine hcl ophth soln 0.5% (base equivalent) 262
aprepitant capsule 125 mg.....82
aprepitant capsule 40 mg.....82
aprepitant capsule 80 mg.....82
aprepitant capsule therapy pack 80 & 125 mg 82
APRETUDE SUS 600MG ER 120
APRISO CAP 0.375GM 195
apri tab 139
APTENSIO XR CAP 10MG.....7
APTENSIO XR CAP 15MG.....7
APTENSIO XR CAP 20MG.....7
APTENSIO XR CAP 30MG.....7
APTENSIO XR CAP 40MG.....7
APTENSIO XR CAP 50MG.....7
APTENSIO XR CAP 60MG.....7
APTIOM TAB 200MG.....57
APTIOM TAB 400MG 57
APTIOM TAB 600MG 57
APTIOM TAB 800MG 58
APTIVUS CAP 250MG.....120
AQINJECT PEN MIS 31GX3/16.....231
AQINJECT PEN MIS 32GX5/32 231
AQNEURSA POW 1GM 275
AQUALANCE MIS 30G.....215
AQVESME TAB 100MG 204
ARAKODA TAB 100MG 96
aranelle tab.....139
ARANESP INJ 100MCG.....205
ARANESP INJ 10MCG.....205
ARANESP INJ 150MCG.....205
ARANESP INJ 200MCG.....205
ARANESP INJ 25MCG 205
ARANESP INJ 300MCG.....205
ARANESP INJ 40MCG 205
ARANESP INJ 500MCG.....205
ARANESP INJ 60MCG 205
ARAVA TAB 10MG.....26
ARAVA TAB 20MG 27
ARAZLO LOT 0.045% 149
ARBLI SUS 10MG/ML 89
ARCALYST INJ 220MG 21
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) 51
ARICEPT TAB 10MG 269
ARICEPT TAB 23MG.....269
ARICEPT TAB 5MG.....269
ARIKAYCE SUS 11

ARIMIDEX TAB 1MG.....100
aripiprazole orally disintegrating tab 10 mg 119
aripiprazole orally disintegrating tab 15 mg 119
aripiprazole oral solution 1 mg/ml.....119
aripiprazole tab 10 mg 119
aripiprazole tab 15 mg.....119
aripiprazole tab 20 mg 120
aripiprazole tab 2 mg 119
aripiprazole tab 30 mg.....120
aripiprazole tab 5 mg 119
ARISTADA INJ 1064MG.....120
ARISTADA INJ 441MG/1.....120
ARISTADA INJ 662MG/2.....120
ARISTADA INJ 882MG/3.....120
ARISTADA INJ INITIO 120
ARIXTRA INJ 10/0.8ML.....55
ARIXTRA INJ 2.5/0.5.....54
ARIXTRA INJ 5/0.4ML 55
ARIXTRA INJ 7.5/0.6.....55
armodafinil tab 150 mg 7
armodafinil tab 200 mg 7
armodafinil tab 250 mg 7
armodafinil tab 50 mg.....7
ARMOUR THYRO TAB 120MG 279
ARMOUR THYRO TAB 15MG.....279
ARMOUR THYRO TAB 180MG 279
ARMOUR THYRO TAB 240MG.....279
ARMOUR THYRO TAB 300MG 279
ARMOUR THYRO TAB 30MG.....279
ARMOUR THYRO TAB 60MG.....279
ARMOUR THYRO TAB 90MG.....279
ARNICA TIN FLOWER 169
ARNUITY ELPT INH 100MCG 49
ARNUITY ELPT INH 200MCG.....49
ARNUITY ELPT INH 50MCG.....49
AROMASIN TAB 25MG.....100
ARTHROTEC 50 TAB 22
ARTHROTEC 75 TAB 22
ARTISS KIT 10ML 207
ARTISS KIT 2ML.....207
ARTISS KIT 4ML.....207
ARTISS SOL 10ML.....207
ARTISS SOL 2ML 207
ARTISS SOL 4ML 207
ARYNTA SOL 10MG/ML 2
ARZOL SILVER MIS NITR APP 162
ascomp/cod cap 30mg.....36
asenapine maleate sl tab 10 mg (base equiv).....116
asenapine maleate sl tab 2.5 mg (base equiv).....116
asenapine maleate sl tab 5 mg (base equiv) 116
ashlyna tab 139
ASMANEX 120 AER 220MCG 49
ASMANEX 14 AER 220MCG 49
ASMANEX 30 AER 110MCG.....49
ASMANEX 30 AER 220MCG 49
ASMANEX 60 AER 220MCG 49
ASMANEX HFA AER 100 MCG 49
ASMANEX HFA AER 200 MCG 49
ASMANEX HFA AER 50MCG.....49
aspirin chew tab 81 mg.....29
aspirin-dipyridamole cap er 12hr 25-200 mg 203
aspirin tab delayed release 81 mg.....29
ASPRUZYO SPR GRA 1000MG.....43
ASPRUZYO SPR GRA 500MG 43
ASSURE 3 LIQ CONTROL 215
ASSURE 3 TES.....171
ASSURE 4 LIQ LEVEL1/2.....215
ASSURE 4 TES.....171
ASSURE CMFRT MIS 28G.....215
ASSURE DOSE SOL NORM/HGH 215
ASSURE DOSE SOL NORMAL.....215
ASSURE ID MIS 30GX5/16.....231
ASSURE ID MIS 30GX5MM 231
ASSURE ID MIS 31GX5MM 231
ASSURE II LIQ LEVEL 1 215
ASSURE II LIQ LEVEL1/2 215
ASSURE II TES.....171
ASSURE II TES CHECK.....171
ASSURE LANCE MIS 21G 215
ASSURE LANCE MIS 28G 215
ASSURE LANCE MIS LOW FLOW.....215
ASSURE LANCE MIS MICRO.....215

ASSURE LANCE MIS SAFE 25G 215
ASSURE LANCE MIS SAFE 30G.....215
ASSURE PRISM SOL LEVEL1/2 215
ASSURE PRISM TES MULTI.....171
ASSURE PRO LIQ LEVEL1/2 215
ASSURE PRO TES 171
ASSURE TES PLATINUM 171
ASSURE TITAN TES STRIPS.....171
ASTAGRAF XL CAP 0.5MG 250
ASTAGRAF XL CAP 1MG.....250
ASTAGRAF XL CAP 5MG.....250
ATABEX EC TAB 29-1MG.....254
ATABEX OB TAB 29-1MG 254
ATACAND HCT TAB 16-12.5 92
ATACAND HCT TAB 32-12.5 92
ATACAND HCT TAB 32-25MG.....92
ATACAND TAB 16MG.....89
ATACAND TAB 32MG 89
ATACAND TAB 4MG 89
ATACAND TAB 8MG 89
atazanavir sulfate cap 150 mg (base equiv) 120
atazanavir sulfate cap 200 mg (base equiv) 120
atazanavir sulfate cap 300 mg (base equiv) 120
ATELVIA TAB.....182
atenolol & chlorthalidone tab 100-25 mg..92
atenolol & chlorthalidone tab 50-25 mg ...92
atenolol tab 100 mg 126
atenolol tab 25 mg 126
atenolol tab 50 mg.....126
ATIVAN TAB 0.5MG.....45
ATIVAN TAB 1MG.....45
ATIVAN TAB 2MG 45
ATMEKSI SUS 750/5ML.....257
atomoxetine hcl cap 100 mg (base equiv) ..7
atomoxetine hcl cap 10 mg (base equiv) 6
atomoxetine hcl cap 18 mg (base equiv).....6
atomoxetine hcl cap 25 mg (base equiv)....6
atomoxetine hcl cap 40 mg (base equiv)....6
atomoxetine hcl cap 60 mg (base equiv)....6
atomoxetine hcl cap 80 mg (base equiv)....7
atomoxetine hcl soln 4mg/ml (base equiv) 7
ATONCY SOL 4MG/ML 7
ATORVALIQ SUS 20MG/5ML 86
atorvastatin calcium tab 10 mg (base equivalent) 86
atorvastatin calcium tab 20 mg (base equivalent) 86
atorvastatin calcium tab 40 mg (base equivalent) 86
atorvastatin calcium tab 80 mg (base equivalent) 86
atovaquone-proguanil hcl tab 250-100 mg 96
atovaquone-proguanil hcl tab 62.5-25 mg 96
atovaquone susp 750 mg/5ml 42
ATRALIN GEL 0.05% 149
ATROPINE SUL DRO 0.025% 261
ATROPINE SUL DRO 0.05%.....261
atropine sulfate ophth oint 1% 261
atropine sulfate ophth soln 1%.....261
ATROPINE SUL INJ 0.4MG/ML 283
ATROPINE SUL SOL 0.01% 261
ATROPINE SUL SOL 0.025% 261
ATROPINE SUL SOL 0.05% 261
ATROPINE SUL SOL 1% OP.....261
ATROVENT HFA AER 17MCG.....48
ATTRUBY PAK 356MG.....137
AUBAGIO TAB 14MG 272
AUBAGIO TAB 7MG 272
aubra eq tab 0.1-0.02 139
AUGMENTIN SUS 125/5ML 268
AUGMENTIN SUS ES-600 268
AUGTYRO CAP 160MG.....102
AUGTYRO CAP 40MG 102
AUM ALCOHOL PAD PREP 70% 230
AUM MINI PEN MIS 32GX4MM 231
AUM MINI PEN MIS 32GX5MM 231
AUM MINI PEN MIS 32GX6MM 231
AUM MINI PEN MIS 32GX8MM 231
AUM MINI PEN MIS 33GX4MM 231
AUM MINI PEN MIS 33GX5MM 231
AUM MINI PEN MIS 33GX6MM 231
AUM READYGRD MIS 32GX4MM 231
AUM SAFETY MIS 31GX4MM.....231

AUM SAFETY MIS 31GX5MM....231
AURANOFIN CAP 3MG....21
AURORA LANCE MIS 30G....215
AURORA LANCE MIS THIN 23G....215
aurovela 24 tab fe 1/20....139
aurovela fe tab 1/20....139
aurovela fe tab 1.5/30....139
aurovela tab 1/20....139
aurovela tab 1.5/30....139
AURYXIA TAB 210MG....199
AUSTEDO TAB 12MG....271
AUSTEDO TAB 6MG....271
AUSTEDO TAB 9MG....271
AUSTEDO XR TAB 12MG....272
AUSTEDO XR TAB 18MG....272
AUSTEDO XR TAB 24MG....272
AUSTEDO XR TAB 30MG....272
AUSTEDO XR TAB 36MG....272
AUSTEDO XR TAB 42MG....272
AUSTEDO XR TAB 48MG....272
AUSTEDO XR TAB 6MG....272
AUSTEDO XR TAB TITR KIT....272
AUTOCODE TES BLD GLUC....171
AUTOKEEPER MIS 30GX5MM....231
AUTOKEEPER MIS 30GX8MM....231
AUTO LANCET MIS....215
AUTO-LANCET MIS....215
AUTO-LANCET MIS MINI....215
AUTOLET II KIT CLINISAF....215
AUTOLET LANC MIS DEVICE....215
AUTOLET LITE KIT....215
AUTOLET LITE KIT CLINISAF....216
AUTOLET LITE KIT STARTER....216
AUTOLET LITE MIS LANCING....216
AUTOLET MINI MIS....216
AUTOLET PLAT MIS 1.8MM....216
AUTOLET PLAT MIS 2.4MM....216
AUTOLET PLAT MIS 3.0MM....216
AUTOLET PLUS MIS....216
AUTOPEN MIS 1-21UNIT....231
AUTOPEN MIS 1 UNIT....231
AUTOPEN MIS 2-42UNIT....231
AUTOPEN MIS 2 UNIT....231
AUTOSHIELD MIS 30GX5MM....231
AUVELITY TAB 45-105MG....65
AUVELITY TAB TITRATIO....65
AUVI-Q INJ 0.15MG....289
AUVI-Q INJ 0.1MG....289
AUVI-Q INJ 0.3MG....289
AVALIDE TAB 150-12.5....92
AVALIDE TAB 300-12.5....92
avanafil tab 100 mg....133
avanafil tab 200 mg....134
avanafil tab 50 mg....133
AVAPRO TAB 150MG....89
AVAPRO TAB 300MG....89
AVAPRO TAB 75MG....89
AVAR CLEANSE LIQ 10-5%....149
AVAR-E EMOLL CRE 10-5%....149
AVAR LS LIQ 10-2%....149
AVERI TAB....139
aviane tab....139
avidoxy tab 100mg....277
AVMAPKI PAK FAKZYNJA....102
AVODART CAP 0.5MG....200
AVONEX PEN KIT 30MCG....272
AVONEX PREFL KIT 30MCG....272
AVTOZMA INJ 162/0.9....21
AWIQLI FLEX INJ 700UNIT....76
ayuna tab....139
AYVAKIT TAB 100MG....101
AYVAKIT TAB 200MG....101
AYVAKIT TAB 25MG....101
AYVAKIT TAB 300MG....101
AYVAKIT TAB 50MG....101
azasan tab 100mg....250
azasan tab 75 mg....250
AZASITE SOL 1%....262
azathioprine tab 100 mg....250
azathioprine tab 50 mg....250
azathioprine tab 75 mg....250
azelaic acid gel 15%....169
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act....259
azelastine hcl nasal spray 0.1% (137 mcg/spray)....259
azelastine hcl ophth soln 0.05%....265
AZELEX CRE 20%....149

AZENTRA TAB 254
AZESCO TAB 13-1MG 254
AZILECT TAB 0.5MG....112
AZILECT TAB 1MG....112
azilsartan medoxomil tab 40 mg 90
azilsartan medoxomil tab 80 mg 90
azithromycin for susp 100 mg/5ml 210
azithromycin for susp 200 mg/5ml....210
azithromycin powd pack for susp 1 gm ...210
azithromycin tab 250 mg....210
azithromycin tab 500 mg 210
azithromycin tab 600 mg 210
AZMIRO INJ 200MG/ML 39
AZOPT SUS 1% OP....265
AZOR TAB 10-20MG 92
AZOR TAB 10-40MG....92
AZOR TAB 5-20MG....92
AZOR TAB 5-40MG....92
AZSTARYS CAP 26.1-5.2 7
AZSTARYS CAP 39.2-7.8 8
AZSTARYS CAP 52.3-10. 8
AZULFIDINE TAB 500MG....195
AZULFIDINE TAB 500MG EN....195
azurette tab 139

B

bacitracin ophth oint 500 unit/gm....262
bacitracin-polymyxin b ophth oint....262
bacitracin-polymyxin-neomycin-hc ophth oint 1% 264
baclofen oral soln 10 mg/5ml 257
baclofen oral soln 5 mg/5ml....257
baclofen susp 25 mg/5ml 257
baclofen tab 10 mg 257
baclofen tab 15 mg....257
baclofen tab 20 mg....257
baclofen tab 5 mg 257
bac tab 29
BACTRIM DS TAB 800-160 41
BACTRIM TAB 400-80MG 41
BAFIERTAM CAP 95MG....272
BALCOLTRA TAB 0.1-20 139
balsalazide disodium cap 750 mg....195
BALVERSA TAB 3MG....102
BALVERSA TAB 4MG....102
BALVERSA TAB 5MG....102
balziva tab....139
BANZEL SUS 40MG/ML....58
BANZEL TAB 200MG....58
BANZEL TAB 400MG 58
BAQSIMI ONE POW 3MG/DOSE 74
BAQSIMI TWO POW 3MG/DOSE 74
BARACLUDE SOL 124
BARACLUDE TAB 0.5MG 124
BARACLUDE TAB 1MG....124
BARRIGEL INJ 20MG/ML 40
BASAGLAR KWP INJ 100/ML 76
BASAGLAR TMP INJ 100/ML....76
BAXDELA TAB 450MG 193
BAXFENDY TAB 1MG....89
BAXFENDY TAB 2MG 89
BD 5ML SYRG MIS LUER-LOK....231
BD BLNT FILL MIS 18GX1.5....231
BD BLUNT FIL MIS 18GX1 231
BD ECLIPSE MIS 18GX1.5....231
BD ECLIPSE MIS 23GX1 231
BD HYPO NEED MIS 18GX1 231
BD HYPO NEED MIS 18GX1.5 231
BD HYPO NEED MIS 22GX1.5....231
BD INTEGRA MIS 25GX1....231
BD MICROTAIN MIS LANCETS....216
BD NEEDLES MIS 18GX1.5 231
BD NEEDLES MIS 22GX1.5 231
BD PEN MINI MIS....231
BD PEN MIS 231
BD PLASTIPAK MIS 3ML 231
BD PRECISION MIS 23GX1.5 231
BD SAFETY MIS 23GX1.5 231
BD SWAB REG PAD SNGL USE....230
BD ULTRAFINE INSULIN SYRINGES/NEEDLES 231
BD ULTRAFINE PEN NEEDLES....231
beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)....49
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)....49
BELBUCA MIS 150MCG....38
BELBUCA MIS 300MCG....38
BELBUCA MIS 450MCG....38

BELBUCA MIS 600MCG.....38
BELBUCA MIS 750MCG.....38
BELBUCA MIS 75MCG.....38
BELBUCA MIS 900MCG.....38
BELLA/OPIUM SUP 16.2-30.....283
BELLA/OPIUM SUP 16.2-60.....283
BELSOMRA TAB 10MG.....209
BELSOMRA TAB 15MG.....209
BELSOMRA TAB 20MG.....209
BELSOMRA TAB 5MG.....209
benazepril & hydrochlorothiazide tab 10-12.5 mg.....92
benazepril & hydrochlorothiazide tab 20-12.5 mg.....92
benazepril & hydrochlorothiazide tab 20-25 mg.....92
benazepril & hydrochlorothiazide tab 5-6.25 mg.....92
benazepril hcl tab 10 mg.....88
benazepril hcl tab 20 mg.....88
benazepril hcl tab 40 mg.....88
benazepril hcl tab 5 mg.....88
BENICAR HCT TAB 20-12.5.....92
BENICAR HCT TAB 40-12.5.....92
BENICAR HCT TAB 40-25MG.....92
BENICAR TAB 20MG.....90
BENICAR TAB 40MG.....90
BENICAR TAB 5MG.....90
BENLYSTA INJ 200MG/ML.....252
BENZALKONIUM SOL NF.....120
BENZAMYCIN GEL 5-3%.....150
BENZEPRO AER 5.2%.....150
BENZEPRO AER 9.7%.....150
BENZEPRO LIQ 6.8%.....150
BENZEPRO LIQ CREAMY.....150
BENZEPRO MIS 5.8%.....150
BENZNIDAZOLE TAB 100MG.....41
BENZNIDAZOLE TAB 12.5MG.....41
benzonatate cap 100 mg.....148
benzonatate cap 150 mg.....148
benzonatate cap 200 mg.....148
benzoyl peroxide-erythromycin gel 5-3%.....150
benzoyl peroxide foam 9.8%.....150
benzoyl peroxide gel 8%.....150
benzoyl peroxide-hydrocortisone lotion 5-0.5%.....150
BENZOYL PERX LIQ 6.9%.....150
BENZ PER FOR LOT HC 7.5-1.....149
BENZ PEROXID GEL 6.5%.....150
benzphetamine hcl tab 50 mg.....4
benztropine mesylate tab 0.5 mg.....110
benztropine mesylate tab 1 mg.....110
benztropine mesylate tab 2 mg.....110
bepotastine besilate ophth soln 1.5%.....265
BEPREVE DRO 1.5% OP.....265
BERINERT INJ 500UNIT.....202
besifloxacin hcl ophth susp 0.6% (base equiv).....262
BESIVANCE SUS 0.6%.....262
BESREMI PEN INJ 500MCG.....109
BESREMI SOL 500MCG.....109
BETADINE SOL 5% OP.....262
betaine powder for oral solution.....186
betamethasone dipropionate augmented cream 0.05%.....162
betamethasone dipropionate augmented gel 0.05%.....162
betamethasone dipropionate augmented lotion 0.05%.....163
betamethasone dipropionate augmented oint 0.05%.....163
betamethasone dipropionate cream 0.05%.....163
betamethasone dipropionate lotion 0.05%.....163
betamethasone dipropionate oint 0.05%.....163
betamethasone valerate aerosol foam 0.12%.....163
betamethasone valerate cream 0.1% (base equivalent).....163
betamethasone valerate lotion 0.1% (base equivalent).....163
betamethasone valerate oint 0.1% (base equivalent).....163
BETAPACE AF TAB 120MG.....127
BETAPACE AF TAB 160MG.....128

BETAPACE AF TAB 80MG....127
BETAPACE TAB 120MG....128
BETAPACE TAB 160MG....128
BETAPACE TAB 80MG....128
BETASERON INJ 0.3MG....272
betaxolol hcl ophth soln 0.5%....260
betaxolol hcl tab 10 mg....126
betaxolol hcl tab 20 mg....127
bethanechol chloride tab 10 mg....287
bethanechol chloride tab 25 mg....287
bethanechol chloride tab 50 mg....287
bethanechol chloride tab 5 mg....287
BETHKIS NEB 300/4ML....11
BETIMOL SOL 0.25% OP....260
BETIMOL SOL 0.5% OP....260
BETOPTIC-S SUS 0.25% OP....260
BEVESPI AER 9-4.8MCG....51
BEXAGLIFLOZN TAB 20MG....78
bexarotene cap 75 mg....109
bexarotene gel 1%....154
BEYAZ TAB....139
bicalutamide tab 50 mg....100
BIDIL TAB....133
BIGFOOT UNIT MIS PEN CAP....216
BIJUVA CAP 0.5-100....191
BIJUVA CAP 1-100MG....191
BIKTARVY TAB....120
BILTRICIDE TAB 600MG....41
BIMATO/BRIMO SOL DORZOLAM....262
bimatoprost ophth soln 0.01%....266
bimatoprost ophth soln 0.03%....266
BIMATOPROST SOL 0.01% OP....266
BIMZELX INJ 160MG/ML....155
BIMZELX INJ 320MG/2....155
BINOSTO TAB 70MG....182
BIOTEL CARE TES STRIPS....171
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg....286
bisoprolol & hydrochlorothiazide tab 10-6.25 mg....93
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg....92
bisoprolol & hydrochlorothiazide tab 5-6.25 mg....93
bisoprolol fumarate tab 10 mg....127
bisoprolol fumarate tab 2.5 mg....127
bisoprolol fumarate tab 5 mg....127
BIXLENVO TAB 75/50MG....120
blisovi 24 tab fe 1/20....139
blisovi fe tab 1/20....139
blisovi fe tab 1.5/30....139
BLOOD GLUCOS MIS STRIPS....171
BLOOD GLUCOS TES....171
BLOOD GLUCOS TES 333....172
BLOOD GLUCOS TES LE1....172
BLOOD GLUCOS TES PREMIUM....172
BLOOD GLUCOS TES STRIPS....172
BLUJEPA TAB 750MG....43
BLULINK LIQ HIGH/LOW....216
BLULINK TES STRIPS....172
BLUNT CANNUL MIS 20GX1.5....232
BLUNT CANNUL MIS 21GX1....232
BONJESTA TAB 20-20MG....81
BONSITY INJ 560/2.24....182
bosentan tab 125 mg....136
bosentan tab 62.5 mg....136
bosentan tab for oral susp 32 mg....136
BOSULIF CAP 100MG....102
BOSULIF CAP 50MG....102
BOSULIF TAB 100MG....102
BOSULIF TAB 400MG....102
BOSULIF TAB 500MG....103
bosutinib tab 100 mg....103
bosutinib tab 400 mg....103
bosutinib tab 500 mg....103
bp 10-1 emu....150
BRAFTOVI CAP 75MG....103
BREATHE EASE MIS LG MASK....244
BREATHE EASE MIS MED MASK....244
BREATHE EASE MIS SM MASK....244
BREATHERITE MIS MDI CHMB....244
BREKIYA INJ 1MG/ML....246
BRENZAVVY TAB 20MG....78
BREO ELLIPTA INH 100-25....51
BREO ELLIPTA INH 200-25....51
BREO ELLIPTA INH 50-25MCG....51
BREXAFEMME TAB 150MG....82
breyna aer 160/4.5....51

breyna aer 80/4.5 51
BREZTRI AERO AER 18MCG 51
BREZTRI AERO AER 9MCG 51
briellyn tab 139
BRILINTA TAB 60MG 203
BRILINTA TAB 90MG 203
BRIMO/DORZO SOL 0.15-2% 262
BRIMON/DORZO SOL 0.1-2%OP 262
brimonidine tartrate gel 0.33% (base equivalent) 169
brimonidine tartrate ophth soln 0.1% 262
brimonidine tartrate ophth soln 0.15% ...262
brimonidine tartrate ophth soln 0.2% 262
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 260
BRINSUPRI TAB 10MG 277
BRINSUPRI TAB 25MG 277
brinzolamide ophth susp 1% 265
brivaracetam oral soln 10 mg/ml 58
brivaracetam tab 100 mg 58
brivaracetam tab 10 mg 58
brivaracetam tab 25 mg 58
brivaracetam tab 50 mg 58
brivaracetam tab 75 mg 58
BRIVIACT SOL 10MG/ML 58
BRIVIACT TAB 100MG 58
BRIVIACT TAB 10MG 58
BRIVIACT TAB 25MG 58
BRIVIACT TAB 50MG 58
BRIVIACT TAB 75MG 58
bromfenac sodium ophth soln 0.07% (base equivalent) 266
bromfenac sodium ophth soln 0.075% (base equivalent) 266
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 266
bromocriptine mesylate cap 5 mg (base equivalent) 110
bromocriptine mesylate tab 2.5 mg (base equivalent) 110
BROMSITE DRO 0.075%OP 266
BRONCHITOL CAP 40MG 276
BRONCHITOL CAP TOL TEST 276
BROVANA NEB 15MCG 51
BRUKINSA CAP 80MG 103
BRUKINSA TAB 160MG 103
BRYHALI LOT 0.01% 163
BRYNOVIN SOL 25MG/ML 74
BUCAPSOL CAP 10MG 44
BUCAPSOL CAP 15MG 44
BUCAPSOL CAP 5MG 44
BUCAPSOL CAP 7.5MG 44
budesonide delayed release particles cap 3 mg 145
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 51
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 51
budesonide inhalation susp 0.25 mg/2ml 49
budesonide inhalation susp 0.5 mg/2ml ..49
budesonide inhalation susp 1 mg/2ml 49
budesonide rectal foam 2 mg/act 40
budesonide tab er 24hr 9 mg 145
bumetanide tab 0.5 mg 180
bumetanide tab 1 mg 180
bumetanide tab 2 mg 180
BUMEX TAB 0.5MG 180
BUPHENYL POW 186
BUPHENYL TAB 500MG 186
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 38
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 38
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 38
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 38
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 38
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 38
buprenorphine hcl sl tab 2 mg (base equiv) 38
buprenorphine hcl sl tab 8 mg (base equiv) 38
buprenorphine td patch weekly 10 mcg/hr 38

buprenorphine td patch weekly 15 mcg/hr 38
buprenorphine td patch weekly 20 mcg/hr 38
*buprenorphine td patch weekly 5 mcg/hr*38
buprenorphine td patch weekly 7.5 mcg/hr 38
bupropion hcl (smoking deterrent) tab er 12hr 150 mg 275
bupropion hcl tab 100 mg 65
bupropion hcl tab 75 mg 65
bupropion hcl tab er 12hr 100 mg 65
bupropion hcl tab er 12hr 150 mg....65
bupropion hcl tab er 12hr 200 mg....65
bupropion hcl tab er 24hr 150 mg....65
bupropion hcl tab er 24hr 300 mg....65
bupropion hcl tab er 24hr 450 mg....65
buspirone hcl tab 10 mg....44
buspirone hcl tab 12.5 mg....44
buspirone hcl tab 15 mg....44
buspirone hcl tab 2.5 mg....44
buspirone hcl tab 30 mg....44
buspirone hcl tab 5 mg....44
buspirone hcl tab 7.5 mg....44
BUT/APAP/CAF SOL....29
butalbital-acetaminophen-caffeine cap 50-300-40 mg....29
butalbital-acetaminophen-caffeine cap 50-325-40 mg....29
butalbital-acetaminophen-caffeine tab 50-325-40 mg....29
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg....36
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg....36
butalbital-acetaminophen cap 50-300 mg 29
butalbital-acetaminophen tab 50-300 mg 29
*butalbital-acetaminophen tab 50-325 mg*29
butalbital-aspirin-caffeine cap 50-325-40 mg....29
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg....36
butorphanol tartrate nasal soln 10 mg/ml.38
BUTRANS DIS 10MCG/HR....39
BUTRANS DIS 15MCG/HR....39
BUTRANS DIS 20MCG/HR....39
BUTRANS DIS 5MCG/HR....39
BUTRANS DIS 7.5/HR....39
BYDUREON BC INJ 2/0.85ML....75
BYETTA INJ 10MCG....75
BYETTA INJ 5MCG....75
BYLVAY CAP 1200MCG....195
BYLVAY CAP 200MCG....195
BYLVAY CAP 400MCG....195
BYLVAY CAP 600MCG....195
BYQLOVI SUS 0.05%OP....264
BYSANTI TAB 10MG....114
BYSANTI TAB 12MG....114
BYSANTI TAB 1MG....114
BYSANTI TAB 2MG....114
BYSANTI TAB 4MG....114
BYSANTI TAB 6MG....114
BYSANTI TAB 8MG....114
BYSANTI TAB PACK A....114
BYSANTI TAB PACK B....114
BYSANTI TAB PACK C....114
BYSTOLIC TAB 10MG....127
BYSTOLIC TAB 2.5MG....127
BYSTOLIC TAB 20MG....127
BYSTOLIC TAB 5MG....127

C

CABENUVA SUS 400-600....121
CABENUVA SUS 600-900....121
cabergoline tab 0.5 mg....189
CABOMETYX TAB 20MG....103
CABOMETYX TAB 40MG....103
CABOMETYX TAB 60MG....103
CABTREO GEL....150
CADUET TAB 10-10MG....133
CADUET TAB 10-20MG....133
CADUET TAB 10-40MG....133
CADUET TAB 10-80MG....133
CADUET TAB 5-10MG....133
CADUET TAB 5-20MG....133
CADUET TAB 5-40MG....133
CADUET TAB 5-80MG....133

CAFERGOT TAB 1-100MG 246
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 4
CALCIPOTRIEN AER 0.005% 155
calcipotriene-betamethasone dipropionate oint 0.005-0.064% 163
calcipotriene-betamethasone dipropionate susp 0.005-0.064% 163
calcipotriene cream 0.005% 155
calcipotriene oint 0.005% 155
calcipotriene soln 0.005% (50 mcg/ml) .155
calcitonin (salmon) inj 200 unit/ml 182
calcitonin (salmon) nasal soln 200 unit/act 182
calcitrene oin 0.005% 155
calcitriol cap 0.25 mcg 186
calcitriol cap 0.5 mcg 186
calcitriol oint 3 mcg/gm 155
calcitriol oral soln 1 mcg/ml 186
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 199
CALQUENCE TAB 100MG 103
CAMBIA POW 50MG 246
camila tab 0.35mg 144
camrese lo tab 139
camrese tab 139
CAMZYOS CAP 10MG 132
CAMZYOS CAP 15MG 132
CAMZYOS CAP 2.5MG 132
CAMZYOS CAP 5MG 132
CANASA SUP 1000MG 195
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 93
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 93
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 93
candesartan cilexetil tab 16 mg 90
candesartan cilexetil tab 32 mg 90
candesartan cilexetil tab 4 mg 90
candesartan cilexetil tab 8 mg 90
CANTHARIDIN SOL 0.7% 168
capecitabine tab 150 mg 98
capecitabine tab 500 mg 98
CAPLYTA CAP 10.5MG 113
CAPLYTA CAP 21MG 113
CAPLYTA CAP 42MG 113
CAPRELSA TAB 100MG 103
CAPRELSA TAB 300MG 103
captopril & hydrochlorothiazide tab 25-15 mg 93
captopril & hydrochlorothiazide tab 25-25 mg 93
captopril & hydrochlorothiazide tab 50-15 mg 93
captopril & hydrochlorothiazide tab 50-25 mg 93
captopril tab 100 mg 88
captopril tab 12.5 mg 88
captopril tab 25 mg 88
captopril tab 50 mg 88
CARAC CRE 0.5% 154
CARAFATE TAB 1GM 284
CARBAGLU TAB 200MG 186
carbamazepine cap er 12hr 100 mg 58
carbamazepine cap er 12hr 200 mg 58
carbamazepine cap er 12hr 300 mg 58
carbamazepine chew tab 100 mg 58
carbamazepine chew tab 200 mg 58
carbamazepine susp 100 mg/5ml 58
carbamazepine tab 200 mg 58
carbamazepine tab er 12hr 100 mg 58
carbamazepine tab er 12hr 200 mg 58
carbamazepine tab er 12hr 400 mg 58
CARBATROL CAP 100MG 58
CARBATROL CAP 200MG 58
CARBATROL CAP 300MG 58
carbidopa & levodopa cap er 23.75-95 mg 110
carbidopa & levodopa cap er 36.25-145 mg 110
carbidopa & levodopa cap er 48.75-195 mg 110
carbidopa & levodopa cap er 61.25-245 mg 110
carbidopa & levodopa orally disintegrating tab 10-100 mg 110

carbidopa & levodopa orally disintegrating tab 25-100 mg.....110
carbidopa & levodopa orally disintegrating tab 25-250 mg.....110
carbidopa & levodopa tab 10-100 mg.....110
carbidopa & levodopa tab 25-100 mg.....110
carbidopa & levodopa tab 25-250 mg.....110
carbidopa & levodopa tab er 25-100 mg.110
carbidopa & levodopa tab er 50-200 mg 110
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....110
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....111
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....111
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....111
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....111
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....111
carbidopa tab 25 mg.....109
carbinoxamine maleate extended release susp 4 mg/5ml.....83
carbinoxamine maleate soln 4 mg/5ml....83
carbinoxamine maleate tab 4 mg.....83
carbinoxamine maleate tab 6 mg.....83
carbzah sol 4mg/5ml.....83
CARDAMYST SPR.....129
CARDIOCOM MIS LANCING.....216
CARDIZEM CD CAP 120MG/24.....129
CARDIZEM CD CAP 180MG/24.....129
CARDIZEM CD CAP 240MG/24.....129
CARDIZEM CD CAP 300MG/24.....129
CARDIZEM CD CAP 360MG/24.....129
CARDIZEM LA TAB 120MG.....129
CARDIZEM LA TAB 180MG.....129
CARDIZEM LA TAB 240MG.....129
CARDIZEM LA TAB 300MG/24.....129
CARDIZEM LA TAB 360MG.....129
CARDIZEM LA TAB 420MG/24.....129
CARDIZEM TAB 120MG.....129
CARDIZEM TAB 30MG.....129
CARDIZEM TAB 60MG.....129
CARDURA TAB 1MG.....90
CARDURA TAB 2MG.....90
CARDURA TAB 4MG.....90
CARDURA TAB 8MG.....90
CARDURA XL TAB 4MG.....200
CARDURA XL TAB 8MG.....200
CAREFINE MIS 31GX8MM.....232
CAREFINE MIS 32GX4MM.....232
CAREFINE MIS 32GX5MM.....232
CAREFINE MIS 32GX6MM.....232
CAREONE ADV MIS LANCING.....216
CAREONE LANC MIS 30G.....216
CAREONE LANC MIS THIN 23G.....216
CAREPOINT SA MIS 23GX1.....232
CAREPOINT SA MIS 23GX11/2.....232
CAREPOINT SA MIS 25GX1.....232
CAREPOINT SA MIS 25GX11/2.....232
CAREPOINT SA MIS 25GX5/8.....232
CAREPOINT SY MIS 20GX1.....232
CAREPOINT SY MIS 20GX1.5.....232
CAREPOINT SY MIS 22G X 1.....232
CAREPOINT SY MIS 22GX1.5.....232
CAREPOINT SY MIS 23GX1.....232
CAREPOINT SY MIS 23GX1.5.....232
CAREPOINT SY MIS 25GX1.....232
CAREPOINT SY MIS 60ML.....232
CARESENS 30G MIS LANCETS.....216
CARESENS N TES.....172
CARESENS N TES GLUCOSE.....172
CARESENS S LIQ CON A/B.....216
CARESENS SOL CONTROL.....216
CARESENS S TES BLD GLUC.....172
CARETOUCH MIS 31GX5MM.....232
CARETOUCH MIS 31GX6MM.....232
CARETOUCH MIS 31GX8MM.....232
CARETOUCH MIS 32GX4MM.....232
CARETOUCH MIS 32GX5MM.....232
CARETOUCH MIS EJECTOR.....216
CARETOUCH MIS LANC 26G.....216
CARETOUCH MIS LANC 28G.....216
CARETOUCH MIS LANC 30G.....216
CARETOUCH MIS TST STRP.....172
CARETOUCH MIS TWIST 28.....216
CARETOUCH MIS TWIST 30.....216

CARETOUCH MIS TWIST 33 216
CARETOUCH PAD ALCOHOL 230
carglumic acid soluble tab 200 mg.....186
carisoprodol tab 250 mg.....257
carisoprodol tab 350 mg.....257
CARNITOR SF SOL 1GM/10ML 186
CARNITOR SOL 1GM/10ML 186
CARNITOR TAB 330MG 186
CAROSPIR SUS 25MG/5ML 181
carteolol hcl ophth soln 1% 260
cartia xt cap 120/24hr 129
cartia xt cap 180/24hr 129
cartia xt cap 240/24hr 129
cartia xt cap 300/24hr 129
carvedilol phosphate cap er 24hr 10 mg .126
carvedilol phosphate cap er 24hr 20 mg.126
carvedilol phosphate cap er 24hr 40 mg.126
carvedilol phosphate cap er 24hr 80 mg.126
carvedilol tab 12.5 mg 126
carvedilol tab 25 mg.....126
carvedilol tab 3.125 mg 126
carvedilol tab 6.25 mg 126
CASODEX TAB 50MG.....100
CATAPRES-TTS DIS 0.1/24HR.....91
CATAPRES-TTS DIS 0.2/24HR.....91
CATAPRES-TTS DIS 0.3/24HR.....91
CAVERJECT IM KIT 10MCG 134
CAVERJECT IM KIT 20MCG 134
CAVERJECT INJ 20MCG.....134
CAVERJECT INJ 40MCG.....134
CAVHANZA TAB 60MG.....103
CAVHANZA TAB 80MG.....103
CAYA DPR 211
CAYSTON INH 75MG 43
cefaclor cap 250 mg 138
cefaclor cap 500 mg 138
CEFACLOR ER TAB 500MG.....138
cefaclor for susp 250 mg/5ml 138
cefadroxil cap 500 mg 138
cefadroxil for susp 250 mg/5ml 138
cefadroxil for susp 500 mg/5ml.....138
cefadroxil tab 1 gm 138
cefdinir cap 300 mg 138
cefdinir for susp 125 mg/5ml 138
cefdinir for susp 250 mg/5ml 138
cefixime cap 400 mg 138
cefixime for susp 100 mg/5ml 138
cefixime for susp 200 mg/5ml.....138
cefixime tab 400 mg 138
cefpodoxime proxetil for susp 100 mg/5ml 138
cefpodoxime proxetil for susp 50 mg/5ml 138
cefpodoxime proxetil tab 100 mg.....138
cefpodoxime proxetil tab 200 mg.....138
cefprozil for susp 125 mg/5ml 138
cefprozil for susp 250 mg/5ml.....138
cefprozil tab 250 mg 138
cefprozil tab 500 mg 138
cefuroxime axetil tab 250 mg 138
cefuroxime axetil tab 500 mg 138
CELEBREX CAP 100MG.....22
CELEBREX CAP 200MG.....22
CELEBREX CAP 400MG.....22
CELEBREX CAP 50MG 22
celecoxib cap 100 mg.....23
celecoxib cap 200 mg 23
celecoxib cap 400 mg 23
celecoxib cap 50 mg.....22
CELEXA TAB 10MG.....66
CELEXA TAB 20MG 66
CELEXA TAB 40MG.....66
CELLCEPT CAP 250MG.....250
CELLCEPT SUS 200MG/ML.....250
CELLCEPT TAB 500MG.....250
CELONTIN CAP 300MG.....64
CEM-UREA SOL 45% 167
cephalexin cap 250 mg.....138
cephalexin cap 500 mg 138
cephalexin cap 750 mg.....138
cephalexin for susp 125 mg/5ml.....138
cephalexin for susp 250 mg/5ml.....138
cephalexin tab 250 mg 138
cephalexin tab 500 mg 138
CEQUA SOL 0.09%.....263
CEQUR EXT WR MIS INSERTER.....232
CEQUR SIMPL KIT 1U EXTND 232
CEQUR SIMPL KIT 2U EXTND 232

CEQUR SIMPL KIT PATCH 2U 232
CEQUR SIMPL MIS INSERTER.....232
CERDELGA CAP 84MG.....204
CERVIDIL VAG MIS 10MG INS.....267
CETACAINE AER.....168
CETACAINE GEL 2-2-14% 168
CETACAINE LIQ 2-2-14% 168
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 83
CETRAXAL SOL 0.2%.....267
cetrorelix acetate for inj kit 0.25 mg 184
CETROTIDE KIT 0.25MG 184
cevimeline hcl cap 30 mg 253
CHANTIX PAK 1MG.....275
CHANTIX TAB 0.5& 1MG 275
CHANTIX TAB 0.5MG.....275
CHANTIX TAB 1MG.....275
charlotte 24 chw fe 1/20 139
chateal eq tab 0.15/30 139
CHEMET CAP 100MG.....79
CHEMSTRIP 10 TES MD.....172
CHEMSTRIP 2 TES GP.....172
CHEMSTRIP 5 TES OB 172
CHEMSTRIP 7 TES.....172
CHEMSTRIP 9 TES STRIPS.....172
CHEMSTRIP K TES 172
CHEMSTRIP TES -10 SG 172
CHEMSTRIP TES UGK.....172
chenodal tab 250mg 194
chlordiazepoxide-amitriptyline tab 10-25 mg 271
chlordiazepoxide-amitriptyline tab 5-12.5 mg 271
chlordiazepoxide hcl cap 10 mg.....45
chlordiazepoxide hcl cap 25 mg 45
chlordiazepoxide hcl cap 5 mg 45
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg.....283
CHLORHEX GLU SOL 20%.....120
chlorhexidine gluconate soln 0.12%.....252
chloroquine phosphate tab 250 mg 96
chloroquine phosphate tab 500 mg 96
chlorpromazine hcl conc 100 mg/ml.....118
chlorpromazine hcl conc 30 mg/ml.....118
chlorpromazine hcl inj 25 mg/ml 118
chlorpromazine hcl inj 50 mg/2ml 118
chlorpromazine hcl tab 100 mg 118
chlorpromazine hcl tab 10 mg 118
chlorpromazine hcl tab 200 mg 118
chlorpromazine hcl tab 25 mg.....118
chlorpromazine hcl tab 50 mg.....118
chlorthalidone tab 25 mg 181
chlorthalidone tab 50 mg 181
chlorzoxazone tab 250 mg 257
chlorzoxazone tab 375 mg 257
chlorzoxazone tab 500 mg 257
chlorzoxazone tab 750 mg 257
CHOLBAM CAP 250MG 194
CHOLBAM CAP 50MG 194
cholestyramine light powder 4 gm/dose..84
cholestyramine light powder packets 4 gm 84
cholestyramine powder 4 gm/dose 84
cholestyramine powder packets 4 gm.....84
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....85
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....85
CHONDROITIN SOL 266
CHOR GONADOT INJ 10000UNT 183
CHOSEN MIS 30G 216
CHOSEN MIS LANCING.....216
CHOSEN MIS SAFE 28G 216
CIALIS TAB 10MG.....134
CIALIS TAB 20MG 134
CIALIS TAB 5MG.....134
CIBINQO TAB 100MG 166
CIBINQO TAB 200MG.....166
CIBINQO TAB 50MG 166
ciclodan sol 8%.....153
ciclopirox gel 0.77%.....153
ciclopirox olamine cream 0.77% (base equiv).....153
ciclopirox olamine susp 0.77% (base equiv) 153
ciclopirox shampoo 1%.....153
ciclopirox solution 8% 153
cilostazol tab 100 mg.....203

cilostazol tab 50 mg 203
CILOXAN OIN 0.3% OP.....262
CIMDUO TAB 300-300.....121
cimetidine hcl soln 300 mg/5ml.....284
cimetidine tab 300 mg.....284
cimetidine tab 400 mg.....284
cimetidine tab 800 mg.....284
CIMZIA 1-SYR INJ 200MG/ML 196
CIMZIA 2-SYR KIT 200MG/ML.....196
CIMZIA KIT 200MG 196
CIMZIA START KIT 200MG/ML.....196
cinacalcet hcl tab 30 mg (base equiv).....186
cinacalcet hcl tab 60 mg (base equiv).....186
cinacalcet hcl tab 90 mg (base equiv).....186
CINRYZE INJ 500 UNIT.....202
CIPRO (10%) SUS 500MG/5 194
CIPRO (5%) SUS 250MG/5 193
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 267
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%.....267
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 262
ciprofloxacin hcl otic soln 0.2% (base equivalent) 267
ciprofloxacin hcl tab 250 mg (base equiv) 194
ciprofloxacin hcl tab 500 mg (base equiv) 194
ciprofloxacin hcl tab 750 mg (base equiv) 194
ciprofloxacin-hydrocortisone otic susp 0.2-1%.....267
CIPRO HC SUS 0.2-1%OT 267
CIPRO TAB 250MG 194
CIPRO TAB 500MG.....194
CITALOPRAM CAP 30MG 66
citalopram hydrobromide cap 30 mg 66
citalopram hydrobromide oral soln 10 mg/5ml.....66
citalopram hydrobromide tab 10 mg (base equiv) 66
citalopram hydrobromide tab 20 mg (base equiv) 66
citalopram hydrobromide tab 40 mg (base equiv) 66
CITRANATAL CAP HARMONY 254
CITRANATAL CAP MEDLEY.....254
CITRANATAL MIS 90 DHA 254
CITRANATAL MIS B-CALM 254
CITRANATAL PAK ASSURE.....254
cladribine tab therapy pack 10 mg (10 tabs) 272
cladribine tab therapy pack 10 mg (4 tabs) 272
cladribine tab therapy pack 10 mg (5 tabs) 272
cladribine tab therapy pack 10 mg (6 tabs) 272
cladribine tab therapy pack 10 mg (7 tabs) 272
cladribine tab therapy pack 10 mg (8 tabs) 272
cladribine tab therapy pack 10 mg (9 tabs) 272
claravis cap 10mg.....150
claravis cap 20mg 150
claravis cap 30mg 150
claravis cap 40mg 150
CLARINEX-D TAB 2.5-120.....148
CLARINEX TAB 5MG 83
clarithromycin for susp 125 mg/5ml 210
clarithromycin for susp 250 mg/5ml 210
clarithromycin tab 250 mg 210
clarithromycin tab 500 mg.....210
clarithromycin tab er 24hr 500 mg 210
CLEANLET 28G MIS LANCETS.....216
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) 83
clemastine fumarate tab 2.68 mg.....83
CLEMASZ TAB 2.68MG.....83
CLEMSZA TAB 2.68MG.....83
CLENIA PLUS SUS 9-4.25%.....150
CLENPIQ SOL.....209
CLEOCIN CAP 150MG 42
CLEOCIN CAP 300MG 42
CLEOCIN CAP 75MG.....42
CLEOCIN CRE 2% VAG.....288

CLEOCIN PED SOL 75MG/5ML 42
CLEOCIN SUP 100MG 288
CLEOCIN-T LOT 1% 150
CLEVER CHECK MIS 216
CLEVER CHECK MIS 30G 216
CLEVER CHEK TES 172
CLEVER CHEK TES AUTO CD 172
CLEVER CHEK TES TALK 172
CLEVER CHEK TES VOICE 172
CLEVER CHOIC TES MICRO 172
CLEVR CHOICE LIQ HIGH 216
CLEVR CHOICE LIQ LOW 216
CLEVR CHOICE TES AUTO-CD 172
CLEVR CHOICE TES NOCODE 172
CLICKFINE MIS 31GX1/4 232
CLICKFINE MIS 31GX3/16 232
CLICKFINE MIS 31GX5/16 232
CLICKFINE MIS 31GX8MM 232
CLICKFINE MIS 32GX5/32 232
CLIMARA DIS 0.025MG 192
CLIMARA DIS 0.0375MG 192
CLIMARA DIS 0.05MG 192
CLIMARA DIS 0.06MG 192
CLIMARA DIS 0.075MG 192
CLIMARA DIS 0.1MG 192
CLIMARA PRO DIS WEEKLY 191
clindacin aer 1% 150
clindacin mis etz 1% 150
clindacin-p pad 1% 150
CLINDAGEL GEL 1% 150
clindamycin hcl cap 150 mg 42
clindamycin hcl cap 300 mg 42
clindamycin hcl cap 75 mg 42
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 42
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 150
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% 150
clindamycin phosphate-benzoyl peroxide gel 1-5% 150
clindamycin phosphate foam 1% 150
clindamycin phosphate gel 1% (once-daily) 150
clindamycin phosphate gel 1% (twice-daily) 150
clindamycin phosphate lotion 1% 150
clindamycin phosphate soln 1% 150
clindamycin phosphate swab 1% 150
clindamycin phosphate-tretinoin gel 1.2-0.025% 150
clindamycin phosphate vaginal cream 2% 288
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 150
CLINDESSE CRE 2% 288
CLINPRO 5000 PST 1.1% 253
clobazam suspension 2.5 mg/ml 57
clobazam tab 10 mg 57
clobazam tab 20 mg 57
CLOBETASOL CRE 0.025% 163
clobetasol e cre 0.05% 163
clobetasol propionate cream 0.05% 163
clobetasol propionate emollient base cream 0.05% 163
clobetasol propionate emulsion foam 0.05% 163
clobetasol propionate foam 0.05% 163
clobetasol propionate gel 0.05% 163
clobetasol propionate lotion 0.05% 163
clobetasol propionate oint 0.05% 163
clobetasol propionate shampoo 0.05% 163
clobetasol propionate soln 0.05% 163
clobetasol propionate spray 0.05% 163
CLOBETASOL SUS 0.05% 264
CLOBEX LOT 0.05% 163
CLOBEX SHA 0.05% 163
CLOBEX SPR 0.05% 163
clocortolone pivalate cream 0.1% 163
clodan sha 0.05% 163
CLODERM CRE 0.1% 163
clomid tab 50mg 183
clomiphene citrate tab 50 mg 183
clomipramine hcl cap 25 mg 70
clomipramine hcl cap 50 mg 70
clomipramine hcl cap 75 mg 70
clonazepam orally disintegrating tab 0.125 mg 57

clonazepam orally disintegrating tab 0.25 mg....57
clonazepam orally disintegrating tab 0.5 mg....57
clonazepam orally disintegrating tab 1 mg....57
clonazepam orally disintegrating tab 2 mg....57
clonazepam tab 0.5 mg....57
clonazepam tab 1 mg....57
clonazepam tab 2 mg....57
clonidine hcl tab 0.05 mg....91
clonidine hcl tab 0.1 mg....91
clonidine hcl tab 0.2 mg....91
clonidine hcl tab 0.3 mg....91
clonidine hcl tab er 12hr 0.1 mg....7
clonidine tab er 24hr 0.17 mg....91
clonidine td patch weekly 0.1 mg/24hr....91
clonidine td patch weekly 0.2 mg/24hr....91
clonidine td patch weekly 0.3 mg/24hr....91
clopidogrel bisulfate tab 300 mg (base equiv)....203
clopidogrel bisulfate tab 75 mg (base equiv)....203
clorazepate dipotassium tab 15 mg....45
clorazepate dipotassium tab 3.75 mg....45
clorazepate dipotassium tab 7.5 mg....45
CLOTIC SOL 1%....267
clotrimazole troche 10 mg....252
clotrimazole w/ betamethasone cream 1-0.05%....153
clotrimazole w/ betamethasone lotion 1-0.05%....153
clozapine orally disintegrating tab 100 mg....116
clozapine orally disintegrating tab 12.5 mg....116
clozapine orally disintegrating tab 150 mg....116
clozapine orally disintegrating tab 200 mg....116
*clozapine orally disintegrating tab 25 mg*116
clozapine tab 100 mg....116
clozapine tab 200 mg....116
clozapine tab 25 mg....116
clozapine tab 50 mg....116
CLOZARIL TAB 100MG....116
CLOZARIL TAB 200MG....116
CLOZARIL TAB 25MG....116
CLOZARIL TAB 50MG....116
CL PRENATAL TAB 28-0.8MG....254
C-NATE DHA CAP 28-1-200....254
COAGUCHEK MIS LANCETS....216
COAL TAR SOL 20%....170
COARTEM TAB 20-120MG....96
COBENFY CAP 100-20MG....118
COBENFY CAP 125-30MG....118
COBENFY CAP 50-20MG....118
COBENFY STRT CAP PACK....118
COCAINE HCL SOL 40MG/ML....259
codeine sulfate tab 30 mg....29
CODEINE SULF TAB 15MG....29
CODEINE SULF TAB 60MG....29
COLAZAL CAP 750MG....196
colchicine cap 0.6 mg....201
colchicine tab 0.6 mg....201
colchicine w/ probenecid tab 0.5-500 mg....201
colesevelam hcl packet for susp 3.75 gm 84
colesevelam hcl tab 625 mg....84
COLESTID GRA 5GM....84
COLESTID TAB 1GM....84
colestipol hcl granule packets 5 gm....85
colestipol hcl granules 5 gm....85
colestipol hcl tab 1 gm....85
COLOR CONDOM MIS + LUBE....211
COMBIGAN SOL 0.2/0.5%....260
COMBIPATCH DIS....191
COMBIVENT AER 20-100....51
COMBOGESIC TAB 325/97.5....23
COMETRIQ KIT 100MG....103
COMETRIQ KIT 140MG....103
COMETRIQ KIT 60MG....103
COMFORT ASSU MIS LANC 28G....216
COMFORT ASSU MIS LANC 33G....216
COMFORT EZ MIS 21G....216
COMFORT EZ MIS 23G....216
COMFORT EZ MIS 28G....216

COMFORT EZ MIS 29GX12MM 232
COMFORT EZ MIS 30GX8MM.....232
COMFORT EZ MIS 31GX4MM 232
COMFORT EZ MIS 31GX5/16.....232
COMFORT EZ MIS 31GX5MM.....232
COMFORT EZ MIS 31GX6MM.....232
COMFORT EZ MIS 31GX8MM.....232
COMFORT EZ MIS 32GX4MM.....232
COMFORT EZ MIS 32GX5MM.....232
COMFORT EZ MIS 32GX6MM.....232
COMFORT EZ MIS 32GX8MM.....233
COMFORT EZ MIS 33GX4MM.....233
COMFORT EZ MIS 33GX5MM.....233
COMFORT EZ MIS 33GX6MM.....233
COMFORT EZ MIS 33GX8MM.....233
COMFORTOUCH MIS LANCET.....216
COMFORT TCH MIS LANC 28G 216
COMFORT TCH MIS LANC 30G 216
COMFORT TCH MIS LANC 31G 216
COMFORT TOUC MIS 31GX4MM 233
COMFORT TOUC MIS 31GX5MM 233
COMFORT TOUC MIS 31GX6MM 233
COMFORT TOUC MIS 31GX8MM 233
COMFORT TOUC MIS 32GX4MM.....233
COMFORT TOUC MIS 32GX5MM.....233
COMFORT TOUC MIS 32GX6MM.....233
COMFORT TOUC MIS 32GX8MM.....233
COMFORT TOUC MIS 33GX1/4 233
COMFORT TOUC MIS 33GX3/16 233
COMFORT TOUC MIS 33GX5/32 233
COMFRT TOUCH PAD ALC PREP 230
COMPACT SPAC MIS CHAMBER.....244
COMPACT SPAC MIS LG MASK.....244
COMPACT SPAC MIS MD MASK 244
COMPACT SPAC MIS SM MASK.....244
COMPLERA TAB.....121
COMPLETENATE CHW.....254
COMPLETE NAT PAK DHA.....254
compro sup 25mg 118
COMTAN TAB 200MG 110
CO-NATAL FA TAB 29-1MG.....254
CONCEPT DHA CAP 254
CONCEPT OB CAP 254
CONCERTA TAB 18MG.....8
CONCERTA TAB 27MG 8
CONCERTA TAB 36MG 8
CONCERTA TAB 54MG 8
CONDOMS MIS.....211
CONDYLOX GEL 0.5%.....168
CONFIRM/MICR TES GLUCOSE.....172
CONJUPRI TAB 2.5MG 129
CONJUPRI TAB 5MG 129
constulose sol 10/15ml.....210
CONTOUR HIGH LIQ CONTROL.....217
CONTOUR LOW LIQ CONTROL.....217
CONTOUR NEXT SOL LEVEL 1.....217
CONTOUR NEXT SOL LEVEL 2 217
CONTOUR NORM LIQ CONTROL.....217
CONTOUR PLUS LIQ LEVEL 1.....217
CONTOUR PLUS LIQ LEVEL 2.....217
CONTOUR PLUS TES BLD GLUC.....172
CONTOUR TES BLD GLUC 173
CONTOUR TES NEXT 173
CONTRAVE TAB 8-90MG 5
CONTROL HIGH SOL UNISTRIP 217
CONTROL LOW SOL UNISTRIP.....217
CONTROL MIS SOLUTION 217
CONTROL NORM SOL EASY STP.....217
CONTROL SOL LIQ HIGH/LOW.....217
CONTROL SOL LIQ LEVEL 2.....217
CONTROL SOL LIQ LVL 2/3 217
CONTROL SOL NORMAL 217
CONZIP CAP 100MG 29
CONZIP CAP 200MG.....30
CONZIP CAP 300MG 30
COOL BLOOD TES GLUCOSE 173
COOL CONTROL SOL A.....217
COOL CONTROL SOL B.....217
COPAXONE INJ 20MG/ML 272
COPAXONE INJ 40MG/ML 273
COPIKTRA CAP 15MG 103
COPIKTRA CAP 25MG.....103
CORDRAN 80X3 TAP 4MCG/CM 163
COREG CR CAP 10MG 126
COREG CR CAP 20MG.....126
COREG CR CAP 40MG 126
COREG CR CAP 80MG 126
COREG TAB 12.5MG.....126

COREG TAB 25MG 126
COREG TAB 3.125MG.....126
COREG TAB 6.25MG.....126
COREVIA TAB.....254
CORLANOR SOL 5MG/5ML.....137
CORLANOR TAB 5MG 137
CORLANOR TAB 7.5MG 137
CORN SYP.....268
corphena sol 2mg/5ml 83
CORTANE-B LOT.....163
CORTEF TAB 10MG.....145
CORTEF TAB 20MG 145
CORTEF TAB 5MG.....145
CORTENEMA ENE 100MG.....40
CORTIFOAM AER 90MG.....40
CORTISONE TAB 25MG 145
CORTISPORIN SUS -TC OTIC 267
CORTROPHIN INJ 40/0.5ML 183
CORTROPHIN INJ 80UNT/ML 183
COSENTYX INJ 150MG/ML 156
COSENTYX INJ 300DOSE.....156
COSENTYX INJ 75MG/0.5 156
COSENTYX PEN INJ 150MG/ML.....156
COSENTYX PEN INJ 300DOSE 156
COSENTYX UNO INJ 300/2ML 157
COSOPT PF SOL 2%-0.5% 260
COSOPT SOL 2-0.5%OP 260
COTELLIC TAB 20MG.....103
COTEMPLA XR TAB 17.3MG.....8
COTEMPLA XR TAB 25.9MG.....8
COTEMPLA XR TAB 8.6MG 8
COVARYX HS TAB 191
COVARYX TAB 1.25-2.5.....191
COXANTO CAP 300MG 23
COZAAR TAB 100MG 90
COZAAR TAB 25MG 90
COZAAR TAB 50MG.....90
CRENESSITY CAP 100MG.....183
CRENESSITY CAP 25MG.....183
CRENESSITY CAP 50MG.....183
CRENESSITY SOL 50MG/ML.....183
CREON CAP 12000UNT.....179
CREON CAP 24000UNT.....179
CREON CAP 3000UNIT 179
CREON CAP 36000UNT.....179
CREON CAP 6000UNIT 179
CRESEMBA CAP 186MG 82
CRESEMBA CAP 74.5MG.....82
CRESTOR TAB 10MG.....86
CRESTOR TAB 20MG 86
CRESTOR TAB 40MG.....86
CRESTOR TAB 5MG 86
CREXONT CAP 35-140MG.....111
CREXONT CAP 52.5-210.....111
CREXONT CAP 70-280MG.....111
CREXONT CAP 87.5-350 111
CRINONE GEL 4% VAG.....288
CRINONE GEL 8% VAG.....288
cromolyn sodium ophth soln 4%.....266
cromolyn sodium oral conc 100 mg/5ml 194
cromolyn sodium soln nebu 20 mg/2ml ...47
crotan lot 10% 170
cryselle-28 tab 28 tabs 139
cryselle tab 139
CTEXLI TAB 250MG.....194
CUPRIMINE CAP 250MG.....249
CURITY PREP PAD ALCOHOL 230
CUVPOSA SOL 1MG/5ML.....283
CUVRIOR TAB 300MG 249
CVS ADVANCED TES GLUCOSE 173
CVS GLUCOSE TES STRIPS 173
CVS GLUCOSE TES TEST STR 173
CVS KETONE TES CARE 173
CVS LANCETS MIS 21G.....217
CVS LANCETS MIS 30G.....217
CVS LANCETS MIS 33G.....217
CVS LANCETS MIS ORIGINAL 217
CVS LANCETS MIS THIN 26G.....217
CVS LANCETS MIS THIN 30G.....217
CVS LANCETS MIS THIN 33G.....217
CVS LANCING MIS DEVICE.....217
CVS TRUE MET TES GLUCOSE.....173
cyanocobalamin inj 1000 mcg/ml.....204
cyanocobalamin nasal spray 500 mcg/0.1ml.....204
CYANOCOBALAM SOL 2000MCG.....204
cyclobenzaprine hcl cap er 24hr 15 mg ..257
cyclobenzaprine hcl cap er 24hr 30 mg .257

cyclobenzaprine hcl tab 10 mg.....257
cyclobenzaprine hcl tab 5 mg.....257
cyclobenzaprine hcl tab 7.5 mg.....257
CYCLOGYL SOL 0.5% OP.....261
CYCLOGYL SOL 1% OP.....261
CYCLOGYL SOL 2% OP.....261
CYCLOMYDRIL SOL OP.....261
cyclopentolate hcl ophth soln 1%.....261
cyclophosphamide cap 25 mg.....97
cyclophosphamide cap 50 mg.....97
CYCLOPHOSPH TAB 25MG.....97
CYCLOPHOSPH TAB 50MG.....97
cycloserine cap 250 mg.....97
CYCLOSET TAB 0.8MG.....75
cyclosporine (ophth) emulsion 0.05% (pf).....263
cyclosporine cap 100 mg.....250
cyclosporine cap 25 mg.....250
cyclosporine modified cap 100 mg.....250
cyclosporine modified cap 25 mg.....250
cyclosporine modified cap 50 mg.....250
cyclosporine modified oral soln 100 mg/ml.....250
CYLTEZO INJ 10/0.2ML.....14
CYLTEZO INJ 20/0.4ML.....14
CYLTEZO INJ 40/0.8ML.....14
CYLTEZO INJ CROHNS.....14
CYLTEZO INJ PSORIASI.....14
CYLTEZO KIT 40/0.4ML.....14
CYLTEZO KIT CROHNS.....14
CYLTEZO PSOR KIT 40/0.4ML.....14
CYMBALTA CAP 20MG.....68
CYMBALTA CAP 30MG.....68
CYMBALTA CAP 60MG.....68
cyproheptadine hcl syrup 2 mg/5ml.....84
cyproheptadine hcl tab 4 mg.....84
cyred eq tab.....139
CYSTADANE POW.....186
CYSTADROPS SOL 0.37%.....266
CYSTAGON CAP 150MG.....200
CYSTAGON CAP 50MG.....200
CYSTARAN SOL 0.44%.....266
CYTOMEL TAB 25MCG.....279
CYTOMEL TAB 50MCG.....279
CYTOMEL TAB 5MCG.....279
CYTOTEC TAB 100MCG.....286
CYTOTEC TAB 200MCG.....286
CYTRA K GRA CRYSTALS.....199

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....56
dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....56
dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....56
dalfampridine tab er 12hr 10 mg.....273
DALIRESP TAB 250MCG.....49
DALIRESP TAB 500MCG.....49
danazol cap 100 mg.....39
danazol cap 200 mg.....39
danazol cap 50 mg.....39
DANTRIUM CAP 25MG.....258
dantrolene sodium cap 100 mg.....258
dantrolene sodium cap 25 mg.....258
dantrolene sodium cap 50 mg.....258
DANZITEN TAB 71MG.....103
DANZITEN TAB 95MG.....103
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg.....71
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg.....71
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg.....71
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg.....71
dapagliflozin-saxagliptin tab 10-5 mg.....71
dapagliflozin tab 10 mg.....78
dapagliflozin tab 5 mg.....78
dapsone gel 5%.....150
dapsone gel 7.5%.....150
dapsone tab 100 mg.....42
dapsone tab 25 mg.....42
DARAPRIM TAB 25MG.....96
darifenacin hydrobromide tab er 24hr 15 mg (base equiv).....286
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....286
darunavir tab 600 mg.....121

darunavir tab 800 mg 121
dasatinib tab 100 mg....103
dasatinib tab 140 mg....103
dasatinib tab 20 mg....103
dasatinib tab 50 mg 103
dasatinib tab 70 mg....103
dasatinib tab 80 mg 103
dasetta tab 1/35 139
dasetta tab 7/7/7 139
DAURISMO TAB 100MG....99
DAURISMO TAB 25MG....99
DAWNZERA INJ 80/0.8ML 204
DAYBUE SOL 200MG/ML 260
DAYBUE STIX POW 5000MG 260
DAYBUE STIX POW 6000MG 260
DAYBUE STIX POW 8000MG 260
DAYPRO TAB 600MG....23
daysee tab 139
DAYTRANA DIS 10MG/9HR....8
DAYTRANA DIS 15MG/9HR....8
DAYTRANA DIS 20MG/9HR....8
DAYTRANA DIS 30MG/9HR....8
DAYVIGO TAB 10MG....209
DAYVIGO TAB 5MG....209
D-CARE BLOOD TES GLUCOSE 173
DDAVP TAB 0.1MG....189
DDAVP TAB 0.2MG....189
DEBACTEROL SOL 30-50% 252
deblitane tab 0.35mg....144
DEFENCATH SOL....56
deferasirox granules packet 180 mg 79
deferasirox granules packet 360 mg 80
deferasirox granules packet 90 mg....79
deferasirox tab 180 mg 80
deferasirox tab 360 mg....80
deferasirox tab 90 mg....80
deferasirox tab for oral susp 125 mg 80
deferasirox tab for oral susp 250 mg 80
deferasirox tab for oral susp 500 mg 80
deferiprone tab 1000 mg 80
deferiprone tab 500 mg....80
deflazacort susp 22.75 mg/ml....145
deflazacort tab 18 mg....145
deflazacort tab 30 mg....145
deflazacort tab 36 mg....145
deflazacort tab 6 mg 145
DELESTROGEN INJ 10MG/ML 192
DELESTROGEN INJ 20MG/ML....192
DELESTROGEN INJ 40MG/ML....192
DELSTRIGO TAB....121
delyla tab 0.1-0.02 139
DELZICOL CAP 400MG....196
demeclocycline hcl tab 150 mg....277
demeclocycline hcl tab 300 mg....277
DEMSER CAP 250MG 89
DENAVIR CRE 1% 162
denta 5000 cre plus 253
denta 5000 cre plus 2pk 253
DENTA 5000 GEL PLUS SEN 253
dentagel gel 1.1% 253
DEPAKOTE ER TAB 250MG....64
DEPAKOTE ER TAB 500MG 64
DEPAKOTE SPR CAP 125MG....64
DEPAKOTE TAB 125MG DR 64
DEPAKOTE TAB 250MG DR 64
DEPAKOTE TAB 500MG DR....64
DEPEN TITRA TAB 250MG....249
DEPO-ESTRADI INJ 5MG/ML....192
DEPO-PROVERA INJ 150MG/ML....144
DEPO-SQ PROV INJ 104....144
depo-testost inj 100mg/ml 39
depo-testost inj 200mg/ml....39
DERMACINRX TAB DIGENYX 283
DERMACINRX TAB PRETRATE....254
DERMACURE CRE 41%....167
DERMA-SMOOTH OIL /FS BODY....163
DERMA-SMOOTH OIL /FS SCLP 164
DERMOTIC OIL 0.01%....267
DESCOVY TAB 120-15MG 121
DESCOVY TAB 200/25MG 121
desipramine hcl tab 100 mg 70
desipramine hcl tab 10 mg....70
desipramine hcl tab 150 mg 70
desipramine hcl tab 25 mg 70
desipramine hcl tab 50 mg 70
desipramine hcl tab 75 mg 70
desloratadine tab 5 mg 83

desloratadine tab orally disintegrating 2.5 mg 83
desloratadine tab orally disintegrating 5 mg 83
DESLORATADIN SOL 0.5MG/ML 83
DESMODA SOL 0.05/ML 189
desmopressin acetate nasal spray soln 0.01% 189
desmopressin acetate nasal spray soln 0.01% (refrigerated) 189
desmopressin acetate tab 0.1 mg 189
desmopressin acetate tab 0.2 mg 189
DESMOPRESSIN SOL 1.5MG/ML 189
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 139
desonide cream 0.05% 164
desonide gel 0.05% 164
desonide lotion 0.05% 164
desonide oint 0.05% 164
DESOWEN CRE 0.05% 164
desoximetasone cream 0.05% 164
desoximetasone cream 0.25% 164
desoximetasone gel 0.05% 164
desoximetasone oint 0.05% 164
desoximetasone oint 0.25% 164
desoximetasone spray 0.25% 164
DESOXYN TAB 5MG 2
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 68
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 68
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 68
DESVENLAFAX TAB 100MG ER 68
DESVENLAFAX TAB 50MG ER 68
DETROL LA CAP 2MG 286
DETROL LA CAP 4MG 286
DETROL TAB 1MG 286
DETROL TAB 2MG 286
DEXABLISS TAB 1.5MG 145
DEXAMETHASON CON 1MG/ML 145
dexamethasone elixir 0.5 mg/5ml 145
dexamethasone sodium phosphate ophth soln 0.1% 264
dexamethasone soln 0.5 mg/5ml 145
dexamethasone tab 0.5 mg 145
dexamethasone tab 0.75 mg 145
dexamethasone tab 1.5 mg 145
dexamethasone tab 1 mg 145
dexamethasone tab 2 mg 145
dexamethasone tab 4 mg 145
dexamethasone tab 6 mg 145
dexamethasone tab therapy pack 1.5 mg (21) 145
dexamethasone tab therapy pack 1.5 mg (35) 145
dexamethasone tab therapy pack 1.5 mg (51) 145
DEXCOM G6 MIS RECEIVER 217
DEXCOM G6 MIS SENSOR 217
DEXCOM G6 MIS TRANSMIT 217
DEXCOM G7 MIS RECEIVER 217
DEXCOM G7 MIS SENSOR 217
DEXCOM G7 MIS SNSR 15D 217
DEXEDRINE CAP 10MG CR 2
DEXEDRINE CAP 15MG CR 2
DEXILANT CAP 30MG DR 284
DEXILANT CAP 60MG DR 284
dexlansoprazole cap delayed release 30 mg 285
dexlansoprazole cap delayed release 60 mg 285
DEXLYT TAB 0.25MG 146
dexmethylphenidate hcl cap er 24 hr 10 mg 8
dexmethylphenidate hcl cap er 24 hr 15 mg 8
dexmethylphenidate hcl cap er 24 hr 20 mg 8
dexmethylphenidate hcl cap er 24 hr 25 mg 8
dexmethylphenidate hcl cap er 24 hr 30 mg 8
dexmethylphenidate hcl cap er 24 hr 35 mg 8
dexmethylphenidate hcl cap er 24 hr 40 mg 8
dexmethylphenidate hcl cap er 24 hr 5 mg 8

dexmethylphenidate hcl tab 10 mg.....8
dexmethylphenidate hcl tab 2.5 mg.....8
dexmethylphenidate hcl tab 5 mg.....8
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.....275
DHIVY TAB 25-100MG.....111
DIACOMIT CAP 250MG.....58
DIACOMIT CAP 500MG.....58
DIACOMIT PAK 250MG.....58
DIACOMIT PAK 500MG.....58
DIASCREEN 10 MIS.....217
DIASCREEN 3 MIS.....217
DIASCREEN 5 MIS.....217
DIASCREEN 6 MIS.....217
DIASCREEN 7 MIS.....217
DIASCREEN 8 MIS.....217
DIASCREEN 9 MIS.....217
DIASCREEN MIS 1B.....217
DIASCREEN MIS 1G.....217
DIASCREEN MIS 1K.....217
DIASCREEN MIS 2GK.....217
DIASCREEN MIS 2GP.....218
DIASCREEN MIS 4NL.....218
DIASCREEN MIS 4OBL.....218
DIASCREEN MIS 4PH.....218
DIASCREEN MIS CONTROL.....218
DIASTIX TES REAGENT.....173
DIASTIX TES STRIPS.....173
DIATHRIVE+ MIS TEST STR.....173
DIATHRIVE LIQ CONTROL.....218
DIATHRIVE MIS 31GX5MM.....233
DIATHRIVE MIS 31GX6MM.....233
DIATHRIVE MIS 31GX8MM.....233
DIATHRIVE MIS 32GX4MM.....233
DIATHRIVE MIS LANCETS.....218
DIATHRIVE MIS LANCING.....218
DIATHRIVE MIS TEST STR.....173
DIATHRIVE MIS UT 30G.....218
DIATRUE CONT SOL LEVEL 1.....218
DIATRUE CONT SOL LEVEL 2.....218
DIATRUE CONT SOL LEVEL 3.....218
DIATRUE PLUS TES STRIPS.....173
diazepam con 5mg/ml.....45
diazepam conc 5 mg/ml.....45
diazepam oral soln 1 mg/ml.....45
diazepam rectal gel delivery system 10 mg.....57
diazepam rectal gel delivery system 2.5 mg.....57
diazepam rectal gel delivery system 20 mg.....57
diazepam tab 10 mg.....45
diazepam tab 2 mg.....45
diazepam tab 5 mg.....45
diazoxide susp 50 mg/ml.....74
DIBENZYLINE CAP 10MG.....89
dichlorphenamide tab 50 mg.....180
DICLEGIS TAB 10-10MG.....81
diclofenac epolamine patch 1.3%.....152
diclofenac potassium (migraine) packet 50 mg.....246
diclofenac potassium cap 25 mg.....23
diclofenac potassium tab 25 mg.....23
diclofenac potassium tab 50 mg.....23
diclofenac sodium (actinic keratoses) gel 3%.....154
diclofenac sodium ophth soln 0.1%.....266
diclofenac sodium soln 1.5%.....152
diclofenac sodium soln 2%.....152, 153
diclofenac sodium tab delayed release 25 mg.....23
diclofenac sodium tab delayed release 50 mg.....23

diclofenac sodium tab delayed release 75 mg.....23
diclofenac sodium tab er 24hr 100 mg.....23
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....23
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....23
dicloxacillin sodium cap 250 mg.....268
dicloxacillin sodium cap 500 mg.....268
dicyclomine hcl cap 10 mg.....283
dicyclomine hcl oral soln 10 mg/5ml.....283
dicyclomine hcl tab 20 mg.....283
dicyclomine hcl tab 40 mg.....283
diethylpropion hcl tab 25 mg.....4
diethylpropion hcl tab er 24hr 75 mg.....4
DIFFERIN CRE 0.1%.....150
DIFFERIN GEL 0.3% PMP.....151
DIFFERIN LOT 0.1%.....151
DIFICID SUS.....211
DIFICID TAB 200MG.....211
diflorasone diacetate cream 0.05%.....164
diflorasone diacetate oint 0.05%.....164
DIFLUCAN SUS 40MG/ML.....82
DIFLUCAN TAB 100MG.....82
DIFLUCAN TAB 200MG.....82
diflunisal tab 500 mg.....29
difluprednate ophth emulsion 0.05%.....264
digoxin oral soln 0.05 mg/ml.....132
digoxin tab 125 mcg (0.125 mg).....132
digoxin tab 250 mcg (0.25 mg).....132
digoxin tab 62.5 mcg (0.0625 mg).....132
dihydroergotamine mesylate nasal spray 4 mg/ml.....246
DILANTIN-125 SUS 125/5ML.....64
DILANTIN CAP 100MG.....64
DILANTIN CAP 30MG.....64
DILANTIN CHW 50MG.....64
DILAUDID LIQ 1MG/ML.....30
DILAUDID TAB 2MG.....30
DILAUDID TAB 4MG.....30
DILAUDID TAB 8MG.....30
diltiazem hcl cap er 12hr 120 mg.....129
diltiazem hcl cap er 12hr 60 mg.....129
diltiazem hcl cap er 12hr 90 mg.....129
diltiazem hcl cap er 24hr 120 mg.....129
diltiazem hcl cap er 24hr 180 mg.....129
diltiazem hcl cap er 24hr 240 mg.....129
diltiazem hcl coated beads cap er 24hr 120 mg.....129
diltiazem hcl coated beads cap er 24hr 180 mg.....129
diltiazem hcl coated beads cap er 24hr 240 mg.....129
diltiazem hcl coated beads cap er 24hr 300 mg.....129
diltiazem hcl coated beads cap er 24hr 360 mg.....129
diltiazem hcl extended release beads cap er 24hr 120 mg.....129
diltiazem hcl extended release beads cap er 24hr 180 mg.....130
diltiazem hcl extended release beads cap er 24hr 240 mg.....130
diltiazem hcl extended release beads cap er 24hr 300 mg.....130
diltiazem hcl extended release beads cap er 24hr 360 mg.....130
diltiazem hcl extended release beads cap er 24hr 420 mg.....130
diltiazem hcl tab 120 mg.....130
diltiazem hcl tab 30 mg.....130
diltiazem hcl tab 60 mg.....130
diltiazem hcl tab 90 mg.....130
diltiazem hcl tab er 24hr 120 mg.....130
diltiazem hcl tab er 24hr 180 mg.....130
diltiazem hcl tab er 24hr 240 mg.....130
diltiazem hcl tab er 24hr 300 mg.....130
diltiazem hcl tab er 24hr 360 mg.....130
diltiazem hcl tab er 24hr 420 mg.....130
dilt-xr cap 120mg.....129
dilt-xr cap 180mg.....129
dilt-xr cap 240mg.....129
dimethyl fumarate capsule delayed release 120 mg.....273
dimethyl fumarate capsule delayed release 240 mg.....273
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....273

DIOVAN HCT TAB 160-12.5 93
DIOVAN HCT TAB 160-25MG.....93
DIOVAN HCT TAB 320-12.5.....93
DIOVAN HCT TAB 320-25MG.....93
DIOVAN HCT TAB 80-12.5.....93
DIOVAN TAB 160MG 90
DIOVAN TAB 320MG.....90
DIOVAN TAB 40MG.....90
DIOVAN TAB 80MG.....90
DIPENTUM CAP 250MG.....196
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 79
diphenoxylate w/ atropine tab 2.5-0.025 mg 79
DIPROLENE OIN 0.05%.....164
dipyridamole tab 25 mg.....203
dipyridamole tab 50 mg.....203
dipyridamole tab 75 mg.....203
DISKETS TAB 40MG.....30
disopyramide phosphate cap 100 mg.....46
disopyramide phosphate cap 150 mg.....46
disulfiram tab 250 mg 269
disulfiram tab 500 mg 269
DIURIL SUS 250/5ML 181
divalproex sodium cap delayed release sprinkle 125 mg.....64
divalproex sodium tab delayed release 125 mg 64
divalproex sodium tab delayed release 250 mg 64
divalproex sodium tab delayed release 500 mg 64
divalproex sodium tab er 24 hr 250 mg 65
divalproex sodium tab er 24 hr 500 mg....65
DIVIGEL GEL 0.25MG.....192
DIVIGEL GEL 0.5MG.....192
DIVIGEL GEL 0.75MG.....192
DIVIGEL GEL 1.25MG.....192
DIVIGEL GEL 1MG/GM 192
DIYRA SHA 161
dodex inj.....204
dofetilide cap 125 mcg (0.125 mg).....47
dofetilide cap 250 mcg (0.25 mg) 47
dofetilide cap 500 mcg (0.5 mg) 47
DOJOLVI LIQ 100% 260
dolishale tab 90-20mcg.....139
DOLOBID TAB 250MG 29
DOLOBID TAB 375MG.....29
donepezil hydrochloride orally disintegrating tab 10 mg.....269
donepezil hydrochloride orally disintegrating tab 5 mg 269
donepezil hydrochloride tab 10 mg 270
donepezil hydrochloride tab 23 mg.....270
donepezil hydrochloride tab 5 mg.....270
DONNATAL ELX GRAPE 283
DONNATAL ELX MINT 283
DONNATAL TAB 16.2MG 283
DOPTELET SPR CAP 10MG 205
DOPTELET TAB 20MG 205
DORAL TAB 15MG 208
DOREVI SHA 161
DORYX MPC TAB 60MG.....277
DORZOL/TIMOL SOL 2-0.5%OP.....260
dorzolamide hcl ophth soln 2% 266
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....261
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 261
DORZOLAMIDE SOL 2% OP.....266
dotti dis 0.025mg.....192
dotti dis 0.0375mg 192
dotti dis 0.05mg.....192
dotti dis 0.075mg.....192
dotti dis 0.1mg.....192
DOVATO TAB 50-300MG 121
doxazosin mesylate tab 1 mg 91
doxazosin mesylate tab 2 mg.....91
doxazosin mesylate tab 4 mg 91
doxazosin mesylate tab 8 mg 91
doxepin hcl (sleep) tab 3 mg (base equiv) 208
doxepin hcl (sleep) tab 6 mg (base equiv) 208
doxepin hcl cap 100 mg 70
doxepin hcl cap 10 mg.....70
doxepin hcl cap 150 mg 70
doxepin hcl cap 25 mg 70

doxepin hcl cap 50 mg 70
doxepin hcl cap 75 mg 70
doxepin hcl conc 10 mg/ml 70
doxepin hcl cream 5% 155
doxercalciferol cap 0.5 mcg 187
doxercalciferol cap 1 mcg 187
doxercalciferol cap 2.5 mcg 187
doxycycline (rosacea) cap delayed release 40 mg 169
doxycycline hyclate cap 100 mg 277
doxycycline hyclate cap 50 mg 277
doxycycline hyclate tab 100 mg 278
doxycycline hyclate tab 150 mg 278
doxycycline hyclate tab 20 mg 277
doxycycline hyclate tab 50 mg 278
doxycycline hyclate tab 75 mg 278
doxycycline hyclate tab delayed release 100 mg 278
doxycycline hyclate tab delayed release 150 mg 278
doxycycline hyclate tab delayed release 200 mg 278
doxycycline hyclate tab delayed release 50 mg 278
doxycycline hyclate tab delayed release 75 mg 278
doxycycline hyclate tab delayed release 80 mg 278
doxycycline monohydrate cap 100 mg ...278
doxycycline monohydrate cap 150 mg ...278
doxycycline monohydrate cap 50 mg 278
doxycycline monohydrate cap 75 mg 278
doxycycline monohydrate for susp 25 mg/5ml 278
doxycycline monohydrate tab 100 mg 278
doxycycline monohydrate tab 150 mg 278
doxycycline monohydrate tab 50 mg 278
doxycycline monohydrate tab 75 mg 278
doxylamine-pyridoxine tab delayed release 10-10 mg 81
DRISDOL CAP 50000UNT 290
DRIZALMA CAP 20MG DR 68
DRIZALMA CAP 30MG DR 68
DRIZALMA CAP 40MG DR 68
DRIZALMA CAP 60MG DR 68
dronabinol cap 10 mg 81
dronabinol cap 2.5 mg 81
dronabinol cap 5 mg 81
DRONABINOL SOL 5MG/ML 81
DROPLET GENT MIS LANCING 218
DROPLET LANC MIS 30G 218
DROPLET LANC MIS DEVICE 218
DROPLET MICR MIS 34GX9/64 233
DROPLET PERS MIS LANC 30G 218
DROPSAFE ACT MIS LANC 23G 218
DROPSAFE MDL MIS LANC 30G 218
DROPSAFE MIS 31GX4MM 233
DROPSAFE MIS 31GX5MM 233
DROPSAFE MIS 31GX8MM 233
DROPSAFE SIC MIS 25GX1 233
DROPSAFE SIC MIS 25GX5/8 233
drospirenone-ethinyl estradiol tab 3-0.02 mg 139
drospirenone-ethinyl estradiol tab 3-0.03 mg 140
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 139
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 139
DROXIA CAP 200MG 204
DROXIA CAP 300MG 204
DROXIA CAP 400MG 204
droxidopa cap 100 mg 289
droxidopa cap 200 mg 289
droxidopa cap 300 mg 289
DRYSOL SOL 20% 169
DUAKLIR AER 400/12 52
DUAVEE TAB 0.45-20 191
DUETACT TAB 30-2MG 71
DUETACT TAB 30-4MG 71
DUEXIS TAB 800-26.6 23
DULERA AER 100-5MCG 52
DULERA AER 200-5MCG 52
DULERA AER 50-5MCG 52
DULOXETINE CAP 120MG DR 68
DULOXETINE CAP 80MG DR 68
DULOXETINE CAP 90MG DR 68

duloxetine hcl enteric coated pellets cap 20 mg (base eq) 68
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 68
duloxetine hcl enteric coated pellets cap 40 mg (base eq) 68
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 69
DUOBRII LOT 164
DUO-CARE LIQ LEVEL1/2 218
DUO-CARE TES 173
DUPIXENT INJ 200/1.14 167
DUPIXENT INJ 200MG 167
DUPIXENT INJ 300/2ML 167
DUREX EXTRA MIS SENSITIV 211
DUREX MIS REALFEEL 211
DUREX MIS TROPICAL 211
DUREZOL EMU 0.05% 264
dutasteride cap 0.5 mg 200
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 200
DUVYZAT SUS 8.86MG 260
DYANAVEL XR SUS 2.5MG/ML 2
DYANAVEL XR TAB 10MG 2
DYANAVEL XR TAB 15MG 2
DYANAVEL XR TAB 20MG 2
DYANAVEL XR TAB 5MG 2
DYCLOPRO SOL 0.5% 168
DYMISTA SPR 137-50 259
DYRENIUM CAP 100MG 181
DYRENIUM CAP 50MG 181

E

e.e.s. 400 tab 400mg 210
E.E.S. GRAN SUS 200/5ML 210
EASIVENT MIS 244
EASIVENT MIS MASK LG 244
EASIVENT MIS MASK MED 244
EASIVENT MIS MASK SM 244
EASY COMFORT MIS 29GX5MM 233
EASY COMFORT MIS 30G 218
EASY COMFORT MIS 31GX1/4 233
EASY COMFORT MIS 31GX3/16 233
EASY COMFORT MIS 31GX5/16 233
EASY COMFORT MIS 31GX5MM 233
EASY COMFORT MIS 31GX6MM 233
EASY COMFORT MIS 32GX4MM 233
EASY COMFORT MIS 32GX5/32 233
EASY COMFORT MIS LANC/30G 218
EASY COMFORT MIS LANC 30G 218
EASY COMFORT MIS TWIST 218
EASY COMFORT PAD ALCOHOL 230
EASY GLIDE MIS 1ML SYR 233
EASY GLIDE MIS 3ML SYR 233
EASYGLUCO TES 174
EASYMAX 15 LIQ LEVEL2-3 219
EASYMAX 15 SOL LEVEL 2 219
EASYMAX 15 TES 174
EASY MAX GLC TES STRIP 173
EASYMAX LIQ NORM/HIG 219
EASYMAX SOL NORMAL 219
EASYMAX TES 174
EASY MINI MIS 218
EASY MINI MIS EJECT 218
EASY PLUS II SOL HIGH 218
EASY PLUS II SOL LOW 218
EASY PLUS II TES BLD GLUC 173
EASYPOINT MIS 18GX1 234
EASYPOINT MIS 18GX1.5 234
EASYPOINT MIS 22GX1.5 234
EASYPOINT MIS 23GX1 234
EASYPOINT MIS 25GX1 234
EASYPOINT MIS 25GX5/8 234
EASYPRO PLUS TES 174
EASYPRO TES BLD GLUC 174
EASYSTEP HGH SOL CONTROL 219
EASYSTEP LOW SOL CONTROL 219
EASY STEP TES 173
EASY TALK PL SOL HIGH 218
EASY TALK PL SOL LOW 218
EASY TALK SOL HIGH 218
EASY TALK SOL LOW 218
EASY TALK SOL NORMAL 218
EASY TALK TES BLD GLUC 173
EASY TALK TES PLUS II 173
EASY TOUCH LIQ HEALTHPR 218
EASY TOUCH LIQ HIGH/LOW 218
EASY TOUCH MIS 218
EASY TOUCH MIS /EJECTOR 218

EASY TOUCH MIS 29GX1/2 233
EASY TOUCH MIS 29GX5MM 233
EASY TOUCH MIS 29GX8MM 233
EASY TOUCH MIS 30G....233
EASY TOUCH MIS 31GX1/4....233
EASY TOUCH MIS 31GX3/16 233
EASY TOUCH MIS 31GX5/16 233
EASY TOUCH MIS 32GX1/4....233
EASY TOUCH MIS 32GX3/16....234
EASY TOUCH MIS 32GX5/32....234
EASY TOUCH MIS 32GX5MM 234
EASY TOUCH MIS 32GX6MM 234
EASY TOUCH MIS LANC/21G 218
EASY TOUCH MIS LANC/23G 219
EASY TOUCH MIS LANC/26G 219
EASY TOUCH MIS LANC/28G 219
EASY TOUCH MIS LANC/30G 219
EASY TOUCH MIS LANC/32G 219
EASY TOUCH MIS P-AC/21G 219
EASY TOUCH MIS P-AC/23G 219
EASY TOUCH MIS P-AC/26G 219
EASY TOUCH MIS P-AC/28G 219
EASY TOUCH MIS P-AC/30G 219
EASY TOUCH MIS TWST/28G....219
EASY TOUCH MIS TWST/30G....219
EASY TOUCH MIS TWST/32G....219
EASY TOUCH MIS TWST/33G....219
EASY TOUCH SOL CONTROL....219
EASY TOUCH SOL HIGH/LOW 219
EASY TOUCH TES GLUCOSE 173
EASY TOUCH TES HEALTHPR....173
EASY TOUCH TES STRIPS....173
EASY TRAK II LIQ NORMAL 219
EASY TRAK II TES BLD GLUC....173
EASY TRAK SOL HIGH 219
EASY TRAK SOL LOW....219
EASY TRAK SOL NORMAL 219
EASY TRAK TES BLD GLUC 174
EBGLYSS INJ 250/2ML 167
EC-NAPROSYN TAB 375MG 23
EC-NAPROSYN TAB 500MG....23
ec-naproxen tab 375mg....23
ec-naproxen tab 500mg 23
ECONAZOLE AER 1% 153
econazole nitrate cream 1%....153
ECOZA AER 1% 153
EDARBI TAB 40MG....90
EDARBI TAB 80MG....90
EDARBYCLOR TAB 40-12.5....93
EDARBYCLOR TAB 40-25MG....93
EDECRIN TAB 25MG....180
EDEX 2-CRTDG KIT 10MCG 134
EDEX 2-CRTDG KIT 20MCG 134
EDEX 2-CRTDG KIT 40MCG 134
EDEX 6-CRTDG KIT 10MCG 134
EDEX 6-CRTDG KIT 20MCG 134
EDEX 6-CRTDG KIT 40MCG 134
EDLUAR SUB 10MG 208
EDLUAR SUB 5MG....208
EDURANT PED TAB 2.5MG....121
EDURANT TAB 25MG 121
EEMT HS TAB 191
EEMT TAB 1.25-2.5....191
efavirenz cap 200 mg 121
efavirenz cap 50 mg....121
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg....121
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 121
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 121
efavirenz tab 600 mg 121
EFFER-K TAB 10MEQ 248
EFFER-K TAB 20MEQ....248
EFFEXOR XR CAP 150MG 69
EFFEXOR XR CAP 37.5MG....69
EFFEXOR XR CAP 75MG....69
EFFIENT TAB 10MG 203
EFFIENT TAB 5MG....203
EFUDEX CRE 5%....154
EGRIFTA SV INJ 2MG....184
EGRIFTA WR KIT 11.6MG 184
EKTERLY TAB 300MG 203
ELEMENT CONT LIQ NORMAL....219
ELEMENT LIQ HIGH 219
ELEMENT LIQ LOW 219
ELEMENT TES 174
ELEMNT COMPA SOL LEVEL 2 219

ELEMNT COMPA SOL LEVEL 3 219
ELEMNT COMPA TES STRIPS 174
ELEPSIA XR TAB 1000MG 58
ELEPSIA XR TAB 1500MG.....58
ELESTRIN GEL 0.06%.....192
eletriptan hydrobromide tab 20 mg (base equivalent) 246
eletriptan hydrobromide tab 40 mg (base equivalent) 246
ELIDEL CRE 1% 167
ELIMITE CRE 5%.....170
elinest tab 140
ELIQUIS CAP 0.15MG 54
ELIQUIS ST P TAB 5MG.....54
ELIQUIS TAB 0.5MG 54
ELIQUIS TAB 1.5MG 54
ELIQUIS TAB 2.5MG.....54
ELIQUIS TAB 2MG.....54
ELIQUIS TAB 5MG.....54
elite-ob tab.....254
elixophyllin elx 80/15ml.....53
ELLA TAB 30MG.....144
ELMIRON CAP 100MG.....200
eltrombopag olamine powder pack for susp 12.5 mg (base eq).....205
eltrombopag olamine powder pack for susp 25 mg (base equiv) 205
eltrombopag olamine tab 12.5 mg (base equiv).....205
eltrombopag olamine tab 25 mg (base equiv).....205
eltrombopag olamine tab 50 mg (base equiv).....205
eltrombopag olamine tab 75 mg (base equiv).....205
eluryng mis.....144
ELYXYB SOL 120/4.8.....246
EMBECTA AUTO MIS DUO 234
EMBECTA NANO MIS 32GX4MM.....234
EMBECTA UF MIS 29GX12.7.....234
EMBECTA UF MIS 31GX5MM.....234
EMBECTA UF MIS 31GX8MM.....234
EMBECTA UF MIS 32GX6MM 234
EMBRACE CNTR LIQ HIGH 219
EMBRACE EVO LIQ LEVEL 1.....219
EMBRACE EVO TES.....174
EMBRACE HIGH LIQ CONTROL 219
EMBRACE LANC MIS /EJECTOR 219
EMBRACE LANC MIS 21G.....219
EMBRACE LANC MIS 28G.....219
EMBRACE LANC MIS THIN 30G.....219
EMBRACE PRO LIQ GLUCOSE 219
EMBRACE PRO TES 174
EMBRACE SOL LOW 219
EMBRACE TALK SOL HIGH/L2.....219
EMBRACE TALK SOL LOW/L1.....219
EMBRACE TALK TES STRIPS.....174
EMBRACE TES BLD GLUC.....174
EMBRACE WAVE TES STRIPS 174
EMBRIVA TAB 254
EMCYT CAP 140MG.....100
EMEND BIPACK PAK 80MG.....82
EMEND SUS 125MG 82
EMEND TRIPAC CAP 125 & 80.....82
EMFLAZA SUS 22.75/ML.....146
EMFLAZA TAB 18MG 146
EMFLAZA TAB 30MG.....146
EMFLAZA TAB 36MG.....146
EMFLAZA TAB 6MG 146
EMGALITY INJ 100MG/ML.....245
EMGALITY INJ 120MG/ML.....245
EMROSI CAP 40MG 169
EMSAM DIS 12MG/24H.....66
EMSAM DIS 6MG/24HR 66
EMSAM DIS 9MG/24HR 66
emtricitabine caps 200 mg 121
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 121
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 121
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....121
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....121
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....121
EMTRIVA CAP 200MG.....121
EMTRIVA SOL 10MG/ML.....121

EMVERM CHW 100MG 41
emzahh tab 0.35mg 144
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....93
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....93
enalapril maleate oral soln 1 mg/ml.....88
enalapril maleate tab 10 mg.....88
enalapril maleate tab 2.5 mg 88
enalapril maleate tab 20 mg 88
enalapril maleate tab 5 mg 88
ENBRACE HR CAP.....254
ENBREL INJ 25/0.5ML.....28
ENBREL INJ 25MG.....28
ENBREL INJ 50MG/ML 28
ENBREL MINI INJ 50MG/ML.....28
ENBREL SRCLK INJ 50MG/ML.....28
ENBUMYST SOL 0.5/0.1.....180
ENCARE SUP 100MG.....288
ENDARI POW 5GM.....204
endocet tab 10-325mg 37
endocet tab 2.5-325 36
endocet tab 5-325mg.....36
endocet tab 7.5-325 36
ENDOMETRIN SUP 100MG 288
enilloring mis.....144
ENLITE GLUCO MIS SENSOR.....219
enoxaparin sodium inj 300 mg/3ml 55
enoxaparin sodium inj soln pref syr 100 mg/ml 55
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....55
enoxaparin sodium inj soln pref syr 150 mg/ml 55
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....55
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....55
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....55
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....55
ENOXILUV KIT INJ 40/0.4ML 55
enpresse-28 tab 140
ENSACOVE CAP 100MG 103
ENSACOVE CAP 25MG 103
enskyce tab 140
ENSPRYNG INJ 250
ENSTILAR AER.....164
entacapone tab 200 mg 110
ENTADFI CAP 5-5MG 200
entecavir tab 0.5 mg 124
entecavir tab 1 mg 124
ENTRESTO CAP 15-16MG.....133
ENTRESTO CAP 6-6MG.....133
ENTRESTO TAB 24-26MG.....133
ENTRESTO TAB 49-51MG 133
ENTRESTO TAB 97-103MG 133
ENTYVIO PEN INJ 108/0.68.....196
enulose sol 10gm/15.....198
ENVARSUS XR TAB 0.75MG 250
ENVARSUS XR TAB 1MG 250
ENVARSUS XR TAB 4MG.....250
EOHILIA SUS 2MG/10ML.....146
EPANED SOL 1MG/ML 88
EPCLUSA PAK 150-37.5 124
EPCLUSA PAK 200-50MG 124
EPCLUSA TAB 200-50MG 124
EPCLUSA TAB 400-100.....124
EPIDIOLEX SOL 100MG/ML 58
EPIDUO FORTE GEL 0.3-2.5%.....151
EPIDUO GEL 0.1-2.5%.....151
EPIFOAM AER 1% 164
epinastine hcl ophth soln 0.05% 266
epinephrine hcl nasal soln 0.1%.....259
EPINEPHRINE INJ 0.3MG.....289
EPINEPHRINE INJ 1MG/ML.....289
epinephrine inj 1 mg/ml.....289
EPINEPHRINE INJ 30/30ML 290
EPINEPHRINE INJ 5MG/5ML.....289
EPINEPHRINE KIT SNAP-EMS 289
EPINEPHRINE SOL 30/30ML.....290
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 289
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 289
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....289

EPINEPHR PRO KIT 1MG/ML 289
EPINPHEPHRIN KIT SNAP.....289
EPINPHEPHRIN KIT SNAP-V 289
EPIPEN 2-PAK INJ 0.3MG 289
EPIPEN-JR INJ 0.15MG.....289
epitol tab 200mg.....58
EPIVIR SOL 10MG/ML.....121
EPIVIR TAB 150MG.....121
EPIVIR TAB 300MG.....121
eplerenone tab 25 mg 95
eplerenone tab 50 mg 95
EPOGEN INJ 10000/ML 205
EPOGEN INJ 2000/ML 205
EPOGEN INJ 20000/ML.....205
EPOGEN INJ 3000/ML 205
EPOGEN INJ 4000/ML 205
EPRONTIA SOL 25MG/ML 58
EPSOLAY CRE 5%.....151
EQL LANCETS MIS 21G COLR.....220
EQL LANCETS MIS 33G COLR.....220
EQL LANCETS MIS THIN 26G 220
EQL LANCETS MIS THIN 30G 220
EQL PRENATAL TAB FORMULA.....254
EQUETRO CAP 100MG 113
EQUETRO CAP 200MG 113
EQUETRO CAP 300MG 113
ergocalciferol cap 1.25 mg (50000 unit) 290
ergoloid mesylates tab 1 mg.....275
ERGOMAR SUB 2MG.....246
ergotamine w/ caffeine tab 1-100 mg 246
ERIVEDGE CAP 150MG 99
ERLEADA TAB 240MG 100
ERLEADA TAB 60MG.....100
*erlotinib hcl tab 100 mg (base equivalent)*99
*erlotinib hcl tab 150 mg (base equivalent)*99
erlotinib hcl tab 25 mg (base equivalent) .99
ERMEZA SOL 150/5ML 279
errin tab 0.35mg 144
ERTACZO CRE 2%.....153
ERYGEL GEL 2% 151
ery pad 2% 151
ERYPED SUS 200/5ML.....211
ERYPED SUS 400/5ML.....211
ery-tab tab 250mg ec 211
ery-tab tab 333mg ec 211
ery-tab tab 500mg ec 211
erythromycin ethylsuccinate for susp 200 mg/5ml 211
erythromycin ethylsuccinate for susp 400 mg/5ml 211
erythromycin ethylsuccinate tab 400 mg 211
erythromycin gel 2%.....151
ERYTHROMYCIN OIN 5MG/GM 262
erythromycin ophth oint 5 mg/gm 262
erythromycin soln 2%.....151
erythromycin tab 250 mg.....211
erythromycin tab 500 mg.....211
erythromycin tab delayed release 250 mg 211
erythromycin tab delayed release 333 mg 211
erythromycin tab delayed release 500 mg 211
erythromycin w/ delayed release particles cap 250 mg.....211
ERZOFRI INJ 117/0.75.....114
ERZOFRI INJ 156MG/ML.....114
ERZOFRI INJ 234/1.5 114
ERZOFRI INJ 351/2.25 114
ERZOFRI INJ 39/0.25 114
ERZOFRI INJ 78/0.5ML 114
ESBRIET CAP 267MG 277
ESBRIET TAB 267MG.....277
ESBRIET TAB 801MG.....277
ESCITALOPRAM CAP 15MG.....66
escitalopram oxalate soln 5 mg/5ml (base equiv) 66
escitalopram oxalate tab 10 mg (base equiv) 66
escitalopram oxalate tab 20 mg (base equiv) 66
escitalopram oxalate tab 5 mg (base equiv) 66
esgic cap 29
ESGIC TAB.....29
ESKATA SOL 40%.....161
eslicarbazepine acetate tab 200 mg.....58
eslicarbazepine acetate tab 400 mg.....58

eslicarbazepine acetate tab 600 mg.....59
eslicarbazepine acetate tab 800 mg.....59
esomeprazole magnesium cap delayed release 20 mg (base eq).....285
esomeprazole magnesium cap delayed release 40 mg (base eq) 285
esomeprazole magnesium for delayed release susp pack 2.5 mg 285
esomeprazole magnesium for delayed release susp packet 10 mg 285
esomeprazole magnesium for delayed release susp packet 20 mg.....285
esomeprazole magnesium for delayed release susp packet 40 mg.....285
esomeprazole magnesium for delayed release susp packet 5 mg 285
ESSENTRA MIS 9X9 230
estarylla tab 0.25-35 140
estazolam tab 1 mg.....208
estazolam tab 2 mg 208
esterified estrogens & methyltestosterone tab 0.625-1.25 mg.....191
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 191
ESTRACE TAB 0.5MG 192
ESTRACE TAB 1MG 192
ESTRACE TAB 2MG.....192
ESTRACE VAG CRE 0.01% 288
estradiol & norethindrone acetate tab 0.5-0.1 mg.....191
estradiol & norethindrone acetate tab 1-0.5 mg.....191
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) 192
estradiol tab 0.5 mg 192
estradiol tab 1 mg.....192
estradiol tab 2 mg.....192
estradiol td gel 0.25 mg/0.25gm (0.1%) .192
estradiol td gel 0.5 mg/0.5gm (0.1%).....192
estradiol td gel 0.75 mg/0.75gm (0.1%) .192
estradiol td gel 1.25 mg/1.25gm (0.1%) ...192
estradiol td gel 1 mg/gm (0.1%).....192
estradiol td patch twice weekly 0.025 mg/24hr 192
estradiol td patch twice weekly 0.0375 mg/24hr 192
estradiol td patch twice weekly 0.05 mg/24hr 192
estradiol td patch twice weekly 0.075 mg/24hr 192
estradiol td patch twice weekly 0.1 mg/24hr 192
estradiol td patch weekly 0.025 mg/24hr 192
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....193
estradiol td patch weekly 0.05 mg/24hr.192
estradiol td patch weekly 0.06 mg/24hr.192
estradiol td patch weekly 0.075 mg/24hr 193
estradiol td patch weekly 0.1 mg/24hr 192
estradiol vaginal cream 0.01%.....288
estradiol vaginal tab 10 mcg.....288
estradiol valerate im in oil 10 mg/ml 193
estradiol valerate im in oil 20 mg/ml.....193
estradiol valerate im in oil 40 mg/ml 193
estratest fs tab 1.25-2.5 191
ESTRATEST HS TAB 191
ESTRING MIS 7.5/24HR.....288
ESTROGEL GEL 0.06% 193
estrogens, conjugated tab 0.3 mg 193
estrogens, conjugated tab 0.45 mg.....193
estrogens, conjugated tab 0.625 mg.....193
estrogens, conjugated tab 0.9 mg 193
estrogens, conjugated tab 1.25 mg.....193
eszopiclone tab 1 mg.....208
eszopiclone tab 2 mg 208
eszopiclone tab 3 mg 208
ethacrynic acid tab 25 mg.....180
ethambutol hcl tab 100 mg 97
ethambutol hcl tab 400 mg 97
ethosuximide cap 250 mg 64
ethosuximide soln 250 mg/5ml 64
ETHYL CHLOR AER FINE PIN 168
ETHYL CHLOR AER FN STRM 169
ETHYL CHLOR AER MED JET 169
ETHYL CHLOR AER MED STRM 169
ETHYL CHLOR AER MIST.....169

ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 140
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 140
etodolac cap 200 mg.....23
etodolac cap 300 mg.....23
etodolac tab 400 mg 23
etodolac tab 500 mg 23
etodolac tab er 24hr 400 mg.....23
etodolac tab er 24hr 500 mg.....23
etodolac tab er 24hr 600 mg.....23
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 144
etoposide cap 50 mg 109
etravirine tab 100 mg 121
etravirine tab 200 mg.....121
EUA PATIENT MIS ASSESS.....252
EUCRISA OIN 2%.....169
EULEXIN CAP 125MG 100
EURAX CRE 10% 170
euthyrox tab 100mcg.....279
euthyrox tab 112mcg.....279
euthyrox tab 125mcg.....280
euthyrox tab 137mcg.....280
euthyrox tab 150mcg 280
euthyrox tab 175mcg.....280
euthyrox tab 200mcg.....280
euthyrox tab 25mcg 279
euthyrox tab 50mcg 279
euthyrox tab 75mcg 279
euthyrox tab 88mcg 279
EVAMIST SPR 1.53MG 193
EVEKEO TAB 10MG 2
EVEKEO TAB 5MG.....2
everolimus tab 0.25 mg 251
everolimus tab 0.5 mg 250
everolimus tab 0.75 mg 251
everolimus tab 10 mg.....103
everolimus tab 1 mg.....251
everolimus tab 2.5 mg 103
everolimus tab 5 mg.....103
everolimus tab 7.5 mg 103
everolimus tab for oral susp 2 mg 103
everolimus tab for oral susp 3 mg 103
everolimus tab for oral susp 5 mg 103
EVERSENSE365 MIS SENSOR 220
EVERSENSE365 MIS TRANSMTR.....220
EVERSENSE E3 MIS SENSOR.....220
EVERSENSE E3 MIS TRANSMTR 220
EVERSENSE MIS SENSOR 220
EVERSENSE MIS TRANSMTR 220
evesse lot 0.1% 164
EVEXITHROID TAB 120MG.....280
EVEXITHROID TAB 15MG 280
EVEXITHROID TAB 180MG.....280
EVEXITHROID TAB 30MG 280
EVEXITHROID TAB 45MG 280
EVEXITHROID TAB 60MG 280
EVEXITHROID TAB 75MG.....280
EVEXITHROID TAB 90MG 280
EVISTA TAB 60MG 186
EVOLUTION SOL NORMAL 220
EVOLUTION TES AUTOCODE 174
EVOTAZ TAB 300-150 121
EVOXAC CAP 30MG.....253
EVRYSDI SOL 260
EVRYSDI TAB 5MG.....260
EXELDERM CRE 1% 153
EXELDERM SOL 1% 153
EXELON DIS 13.3/24.....270
EXELON DIS 4.6MG/24.....270
EXELON DIS 9.5MG/24.....270
exemestane tab 25 mg 100
exenatide soln pen-injector 10 mcg/0.04ml 75
exenatide soln pen-injector 5 mcg/0.02ml 75
EXFORGE HCT TAB 10-160-12.5 93
EXFORGE HCT TAB 10-160-25.....93
EXFORGE HCT TAB 10-320-25 93
EXFORGE HCT TAB 5-160-12.5.....93
EXFORGE HCT TAB 5-160-25 93
EXFORGE TAB 10-160MG 93
EXFORGE TAB 10-320MG.....93
EXFORGE TAB 5-160MG.....93
EXFORGE TAB 5-320MG 93
EXJADE TAB 125MG.....80
EXJADE TAB 250MG.....80

EXJADE TAB 500MG....80
EXODERM LOT 25-1% 153
EXSERVAN MIS 50MG....260
EXXUA TAB 18.2MG....67
EXXUA TAB 36.3MG 67
EXXUA TAB 54.5MG 67
EXXUA TAB 72.6MG 67
EXXUA TITRAT TAB 18.2MG....67
EYSUVIS DRO 0.25%....264
EZALLOR SPR CAP 10MG....86
EZALLOR SPR CAP 20MG 86
EZALLOR SPR CAP 40MG 86
EZALLOR SPR CAP 5MG....86
ezetimibe-simvastatin tab 10-10 mg....84
ezetimibe-simvastatin tab 10-20 mg....84
ezetimibe-simvastatin tab 10-40 mg....84
ezetimibe-simvastatin tab 10-80 mg....84
ezetimibe tab 10 mg....87
E-ZJECT LANC MIS 33G....218
E-Z JECT MIS 21G....218
E-Z JECT MIS 21G COLR....218
E-Z JECT MIS 30G....218
E-Z JECT MIS 32G COLR....218
E-Z JECT MIS LANC 21G....218
E-Z JECT MIS THIN 26G 218
EZ-LETS 21G MIS LANCETS 220
EZ-LETS 26G MIS LANCETS 220
EZ-LETS 28G MIS LANCETS 220
EZ-LETS 30G MIS LANCETS 220

F

FABHALTA CAP 200MG....202
FABIOR AER 0.1%....151
falmina tab....140
famciclovir tab 125 mg 125
famciclovir tab 250 mg 125
famciclovir tab 500 mg....125
famotidine for susp 40 mg/5ml 284
famotidine tab 40 mg....284
FANAPT PAK PACK A....114
FANAPT PAK PACK B....114
FANAPT PAK PACK C....114
FANAPT TAB 10MG....114
FANAPT TAB 12MG....114
FANAPT TAB 1MG....114
FANAPT TAB 2MG 114
FANAPT TAB 4MG 114
FANAPT TAB 6MG 114
FANAPT TAB 8MG 114
FANTASY LUBR MIS 211
FANTASY LUBR MIS COLORS....211
FANTASY LUBR MIS SPERMICI....211
FANTASY MIS LUBRICAT....211
FARESTON TAB 60MG....100
FARXIGA TAB 10MG 78
FARXIGA TAB 5MG....78
FASENRA INJ 10MG/0.5 47
FASENRA PEN INJ 30MG/ML....47
FASTCLIX MIS LANCETS....220
FC2 FEMALE MIS CONDOM 212
febuxostat tab 40 mg....201
febuxostat tab 80 mg....201
feirza tab 1/20 140
feirza tab 1.5/30 140
felbamate susp 600 mg/5ml....63
felbamate tab 400 mg....63
felbamate tab 600 mg....63
FELBATOL TAB 400MG 63
FELBATOL TAB 600MG 63
felodipine tab er 24hr 10 mg 130
felodipine tab er 24hr 2.5 mg....130
felodipine tab er 24hr 5 mg 130
FEMARA TAB 2.5MG 100
FEMCAP MIS 22MM....212
FEMCAP MIS 26MM....212
FEMCAP MIS 30MM....212
FEMLYV TAB 1/0.02MG 140
FEM PH GEL....287
FEMRING MIS 0.05/24H....288
FEMRING MIS 0.1MG/24 288
fenofibrate cap 150 mg 85
fenofibrate cap 50 mg....85
fenofibrate micronized cap 130 mg....85
fenofibrate micronized cap 134 mg....85
fenofibrate micronized cap 200 mg....85
fenofibrate micronized cap 43 mg....85
fenofibrate micronized cap 67 mg....85
fenofibrate tab 120 mg 85
fenofibrate tab 145 mg 85

fenofibrate tab 160 mg 85
fenofibrate tab 40 mg 85
fenofibrate tab 48 mg 85
fenofibrate tab 54 mg 85
fenofibric acid tab 105 mg 85
fenofibric acid tab 35 mg 85
FENOGLIDE TAB 120MG 85
FENOGLIDE TAB 40MG 85
fenoprofen calcium cap 200 mg 23
fenoprofen calcium cap 300 mg 23
fenoprofen calcium cap 400 mg 23
fenoprofen calcium tab 600 mg 23
FENOPROFEN CAP 200MG 23
fenopron cap 300mg 23
fentanyl citrate buccal tab 200 mcg (base equiv) 30
fentanyl citrate lozenge on a handle 1200 mcg 30
fentanyl citrate lozenge on a handle 1600 mcg 30
fentanyl citrate lozenge on a handle 200 mcg 30
fentanyl citrate lozenge on a handle 400 mcg 30
fentanyl citrate lozenge on a handle 600 mcg 30
fentanyl citrate lozenge on a handle 800 mcg 30
fentanyl td patch 72hr 100 mcg/hr 30
fentanyl td patch 72hr 12 mcg/hr 30
fentanyl td patch 72hr 25 mcg/hr 30
fentanyl td patch 72hr 37.5 mcg/hr 30
fentanyl td patch 72hr 50 mcg/hr 30
fentanyl td patch 72hr 62.5 mcg/hr 30
fentanyl td patch 72hr 75 mcg/hr 30
fentanyl td patch 72hr 87.5 mcg/hr 30
FERPRX 2-DAY TAB 1000MG 80
ferric citrate tab 1 gm (210 mg ferric iron) 199
FERRIPROX SOL 100MG/ML 80
FERRIPROX TAB 1000MG 80
FERRIPROX TAB 500MG 80
fesoterodine fumarate tab er 24hr 4 mg 286
fesoterodine fumarate tab er 24hr 8 mg.286
FETZIMA CAP 120MG 69
FETZIMA CAP 20MG 69
FETZIMA CAP 40MG 69
FETZIMA CAP 80MG 69
FETZIMA CAP TITRATIO 69
fexmid tab 7.5mg 257
FIASP FLEX INJ TOUCH 76
FIASP INJ 100/ML 76
FIASP PENFIL INJ U-100 76
FIASP PMPCRT INJ U-100 76
FIBRICOR TAB 105MG 85
FIBRICOR TAB 35MG 85
fidaxomicin tab 200 mg 211
FIFTY50 GLUC TES 2.0 174
FIFTY50 MIS 31GX3/16 234
FIFTY50 MIS 31GX5/16 234
FIFTY50 MIS 31GX5MM 234
FIFTY50 PEN MIS 31GX8MM 234
FIFTY50 PEN MIS 32GX4MM 234
FIFTY50 PEN MIS 32GX6MM 234
FIFTY50 PREP PAD PADS 230
FIFTY50 SAFE MIS LANCETS 220
FILKRI INJ 300/0.5 205
FILKRI INJ 480/0.8 205
FILL NEEDLE MIS 18GX1.5 234
FILSPARI TAB 200MG 200
FILSPARI TAB 400MG 200
FILSUVEZ GEL 10% 170
FILTER NEEDL MIS 18GX1.5 234
FILTER NEEDL MIS 20GX1.5 234
FINACEA AER 15% 170
finasteride tab 5 mg 201
FINGERSTIX MIS LANCETS 220
fingolimod hcl cap 0.5 mg (base equiv) ..273
FINTEPLA SOL 2.2MG/ML 59
finzala chw fe 1/20 140
FIORICET CAP 29
FIORICET CAP CODEINE 37
FIRAZYR INJ 30MG/3ML 202
FIRDAPSE TAB 10MG 96
FIRVANQ SOL 25MG/ML 42
FIRVANQ SOL 50MG/ML 42
flac oil 0.01% ot 267
FLAGYL CAP 375MG 41

FLAREX SUS 0.1% OP.....264
flavoxate hcl tab 100 mg.....287
flecainide acetate tab 100 mg.....46
flecainide acetate tab 150 mg.....46
flecainide acetate tab 50 mg.....46
FLECTOR DIS 1.3%.....153
FLEQSUVY SUS 25MG/5ML.....257
FLEXICHAMBER MIS.....244
FLEXICHAMBER MIS MASK LRG.....245
FLEXICHAMBER MIS MASK SM.....245
FLOLIPID SUS 20MG/5ML.....86
FLOLIPID SUS 40MG/5ML.....86
FLOMAX CAP 0.4MG.....201
fluconazole for susp 10 mg/ml.....82
fluconazole for susp 40 mg/ml.....82
fluconazole tab 100 mg.....82
fluconazole tab 150 mg.....82
fluconazole tab 200 mg.....82
fluconazole tab 50 mg.....82
flucytosine cap 250 mg.....82
flucytosine cap 500 mg.....82
fludrocortisone acetate tab 0.1 mg.....147
flunisolide nasal soln 25 mcg/act (0.025%).....259
fluocinolone acetonide (otic) oil 0.01%...267
fluocinolone acetonide cream 0.01%.....164
fluocinolone acetonide cream 0.025%...164
fluocinolone acetonide oil 0.01% (body oil).....164
fluocinolone acetonide oil 0.01% (scalp oil).....164
fluocinolone acetonide oint 0.025%.....164
fluocinolone acetonide soln 0.01%.....164
fluocinonide cream 0.05%.....164
fluocinonide cream 0.1%.....164
fluocinonide emulsified base cream 0.05%.....164
fluocinonide gel 0.05%.....164
fluocinonide oint 0.05%.....164
fluocinonide soln 0.05%.....164
FLUORIDEX PST 1.1%.....253
FLUORID SENS GEL 1.1-5%.....253
FLUORMX 5000 GEL SENSITIV.....253
FLUORMX 5000 PST 1.1%.....253
fluorometholone ophth susp 0.1%.....264
fluorouracil cream 0.5%.....154
fluorouracil cream 5%.....154
fluorouracil soln 2%.....154
fluorouracil soln 5%.....154
fluoxetine hcl (pmdd) tab 10 mg.....275
fluoxetine hcl (pmdd) tab 20 mg.....275
fluoxetine hcl cap 10 mg.....66
fluoxetine hcl cap 20 mg.....66
fluoxetine hcl cap 40 mg.....66
*fluoxetine hcl cap delayed release 90 mg*66
fluoxetine hcl solution 20 mg/5ml.....66
fluoxetine hcl tab 10 mg.....66
fluoxetine hcl tab 20 mg.....66
fluoxetine hcl tab 60 mg.....66
FLUOXETINE TAB 60MG.....66
fluphenazine decanoate inj 25 mg/ml.....118
fluphenazine hcl elixir 2.5 mg/5ml.....118
fluphenazine hcl inj 2.5 mg/ml.....118
fluphenazine hcl oral conc 5 mg/ml.....118
fluphenazine hcl tab 10 mg.....118
fluphenazine hcl tab 1 mg.....118
fluphenazine hcl tab 2.5 mg.....118
fluphenazine hcl tab 5 mg.....118
flurandrenolide cream 0.05%.....164
flurandrenolide lotion 0.05%.....164
flurazepam hcl cap 15 mg.....208
flurazepam hcl cap 30 mg.....208
flurbiprofen sodium ophth soln 0.03%...266
flurbiprofen tab 100 mg.....23
flurbiprofen tab 50 mg.....23
fluticasone furoate aerosol powder breath activ 100 mcg/act.....50
fluticasone furoate aerosol powder breath activ 200 mcg/act.....50
fluticasone furoate aerosol powder breath activ 50 mcg/act.....50
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act.....52
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act.....52
fluticasone propionate aer pow ba 100 mcg/act.....50

fluticasone propionate aer pow ba 250 mcg/act 50
fluticasone propionate aer pow ba 50 mcg/act 50
fluticasone propionate cream 0.05% 164
fluticasone propionate hfa inhal aer 110 mcg/act 50
fluticasone propionate hfa inhal aer 220 mcg/act 50
fluticasone propionate hfa inhal aero 44 mcg/act 50
fluticasone propionate lotion 0.05% 164
fluticasone propionate nasal susp 50 mcg/act 259
fluticasone propionate oint 0.005% 164
fluticasone-salmeterol aer powder ba 100-50 mcg/act 52
fluticasone-salmeterol aer powder ba 113-14 mcg/act 52
fluticasone-salmeterol aer powder ba 232-14 mcg/act 52
fluticasone-salmeterol aer powder ba 250-50 mcg/act 52
fluticasone-salmeterol aer powder ba 500-50 mcg/act 52
fluticasone-salmeterol aer powder ba 55-14 mcg/act 52
fluticasone-salmeterol inhal aerosol 115-21 mcg/act 52
fluticasone-salmeterol inhal aerosol 230-21 mcg/act 52
fluticasone-salmeterol inhal aerosol 45-21 mcg/act 52
fluvastatin sodium cap 20 mg (base equivalent) 86
fluvastatin sodium cap 40 mg (base equivalent) 86
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 86
fluvoxamine maleate cap er 24hr 100 mg 66
fluvoxamine maleate cap er 24hr 150 mg.66
fluvoxamine maleate tab 100 mg 67
fluvoxamine maleate tab 25 mg 67
fluvoxamine maleate tab 50 mg 67
FML FORTE SUS 0.25% OP 264
FML LIQUIFLM SUS 0.1% OP 264
FOCALIN TAB 10MG 8
FOCALIN TAB 2.5MG 8
FOCALIN TAB 5MG 8
FOCALIN XR CAP 10MG 8
FOCALIN XR CAP 15MG 8
FOCALIN XR CAP 20MG 8
FOCALIN XR CAP 25MG 8
FOCALIN XR CAP 30MG 8
FOCALIN XR CAP 35MG 8
FOCALIN XR CAP 40MG 8
FOCALIN XR CAP 5MG 8
FOCINVEZ INJ 150/50ML 82
FOLATEXCEL TAB 254
folic acid cap 0.8 mg 204
folic acid oral soln 0.2 mg/ml 204
folic acid tab 1 mg 205
folic acid tab 400 mcg 205
folic acid tab 800 mcg 205
FOLIVANE-OB CAP 254
FOLLISTIM AQ INJ 300UNIT 183
FOLLISTIM AQ INJ 600UNIT 183
FOLLISTIM AQ INJ 900UNIT 183
fondaparinux sodium subcutaneous inj 10 mg/0.8ml 55
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 55
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 55
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 55
FORA 6CON TES GTEL 174
FORA 6 MIS CONNECT 174
FORA ADVANCE TES PRO 174
FORA BLOOD TES GLUCOSE 174
FORACARE GDH SOL HIGH 220
FORACARE GDH SOL LOW 220
FORACARE GDH SOL NORMAL 220
FORACARE TES GD40 175
FORACARE TES PREM V10 175
FORACARE TES TST N GO 175
FORA CONTROL SOL HIGH 220
FORA CONTROL SOL LOW 220

FORA CONTROL SOL NORMAL 220
FORA D15G TES BLD GLUC.....174
FORA D20 TES BLD GLUC.....174
FORA D40/G31 TES GLUCOSE.....174
FORA G20 TES BLD GLUC.....175
FORA G30/V10 TES BLD GLUC 175
FORA GD20 TES BLD GLUC.....175
FORA GD50 TES 175
FORA GTEL TES BLD GLUC.....175
FORA GTEL TES KETONE.....175
FORA LANCETS MIS 30G 220
FORA MIS LANCETS 220
FORA MIS LANCING.....220
FORA TEST GO TES ADV VOIC.....175
FORA TN'G TES TN'G VOI.....175
FORA V10 TES BLD GLUC.....175
FORA V12 TES BLD GLUC.....175
FORA V20 TES BLD GLUC.....175
FORA V30A TES BLD GLUC 175
FORFIVO XL TAB 450MG.....65
FORMALDEHYDE SOL 10% 120
formoterol fumarate soln nebu 20 mcg/2ml 52
FORTEO INJ 560/2.24 182
FORZINITY INJ 280/3.5 187
FOSAMAX + D TAB 70-2800 182
FOSAMAX + D TAB 70-5600 182
FOSAMAX TAB 70MG.....182
fosamprenavir calcium tab 700 mg (base equiv).....121
fosfomycin tromethamine powd pack 3 gm (base equivalent).....43
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 93
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....93
fosinopril sodium tab 10 mg.....88
fosinopril sodium tab 20 mg 88
fosinopril sodium tab 40 mg.....88
FOSRENOL CHW 1000MG.....199
FOSRENOL CHW 500MG.....199
FOSRENOL CHW 750MG.....199
FOSRENOL POW 1000MG 199
FOSRENOL POW 750MG 199
FOTIVDA CAP 0.89MG.....103
FOTIVDA CAP 1.34MG.....103
FOUNDAYO TAB 0.8MG.....5
FOUNDAYO TAB 14.5MG 5
FOUNDAYO TAB 17.2MG 5
FOUNDAYO TAB 2.5MG.....5
FOUNDAYO TAB 5.5MG.....5
FOUNDAYO TAB 9MG 5
FRAGMIN INJ 10000/ML.....55
FRAGMIN INJ 12500UNT.....55
FRAGMIN INJ 15000UNT.....55
FRAGMIN INJ 18000UNT.....55
FRAGMIN INJ 2500/0.2.....55
FRAGMIN INJ 2500/ML.....55
FRAGMIN INJ 5000/0.2.....55
FRAGMIN INJ 7500/0.3.....55
FRAGMIN INJ 95000UNT.....55
FRAICHE 5000 GEL 1.1% 253
FRAICHE 5000 GEL PREVI 253
FRAICHE 5000 GEL SENSITIV 253
FREESTYLE LB KIT 14D/SEN.....220
FREESTYLE LB KIT 2/SENSOR 220
FREESTYLE LB KIT 2PLS/SEN 220
FREESTYLE LB KIT 3/SENSOR 220
FREESTYLE LB KIT 3PLS/SEN 220
FREESTYLE LB MIS 14D/RDR.....220
FREESTYLE LB MIS 2/READER.....220
FREESTYLE LB MIS 3/READER.....220
FREESTYLE LIQ CONTROL.....220
FREESTYLE MIS LANCETS 220
FREESTYLE MIS READER 220
FREESTYLE MIS UNISTICK.....220
FREESTYLE TES 175
FREESTYLE TES INSULINX.....175
FREESTYLE TES LITE 175
FREESTYLE TES PREC NEO 175
FROVA TAB 2.5MG.....246
frovatriptan succinate tab 2.5 mg (base equivalent) 246
FRUZAQLA CAP 1MG.....98
FRUZAQLA CAP 5MG.....98
FT PRENATAL TAB 28-0.8MG 254
FULPHILA INJ 6/0.6ML 205
fulvicin p/g tab 165mg 82

FUNGIZYL AC CRE 2-2% 153
FUNGIZYL AL LIQ 2%-2% 153
FUROSCIX KIT 80/10ML.....180
furosemide oral soln 10 mg/ml.....180
furosemide oral soln 8 mg/ml.....180
furosemide tab 20 mg 180
furosemide tab 40 mg 180
furosemide tab 80 mg 181
FUZEON INJ 90MG.....122
fyavolv tab 0.5-2.5.....191
fyavolv tab 1-5 191
FYCOMPA SUS 0.5MG/ML.....56
FYCOMPA TAB 10MG.....56
FYCOMPA TAB 12MG.....56
FYCOMPA TAB 2MG 56
FYCOMPA TAB 4MG 56
FYCOMPA TAB 6MG 56
FYCOMPA TAB 8MG 56
FYLNETRA INJ 6MG/0.6 205
fyremadel sol 250/0.5 184

G

gabapentin (once-daily) tab 300 mg.....274
gabapentin (once-daily) tab 450 mg.....274
gabapentin (once-daily) tab 600 mg 274
gabapentin (once-daily) tab 750 mg.....274
gabapentin (once-daily) tab 900 mg 274
gabapentin cap 100 mg.....59
gabapentin cap 200 mg 59
gabapentin cap 300 mg 59
gabapentin cap 400 mg 59
gabapentin oral soln 250 mg/5ml 59
gabapentin tab 600 mg.....59
gabapentin tab 800 mg.....59
GABARONE TAB 100MG.....59
GABARONE TAB 400MG.....59
GABA TINYTAB TAB 25MG 59
GABA TINYTAB TAB 50MG.....59
GALAFOLD CAP 123MG 187
galantamine hydrobromide cap er 24hr 16 mg 270
galantamine hydrobromide cap er 24hr 24 mg 270
galantamine hydrobromide cap er 24hr 8 mg 270
galantamine hydrobromide oral soln 4 mg/ml 270
galantamine hydrobromide tab 12 mg 270
galantamine hydrobromide tab 4 mg 270
galantamine hydrobromide tab 8 mg 270
galbriela chw.....140
gallifrey tab 5mg 268
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml.....184
GANIRELIX AC INJ 250/0.5 184
GASTROCROM CON 100/5ML.....195
gatifloxacin ophth soln 0.5%.....262
GATTEX KIT 5MG 199
gavilyte-c sol 209
gavilyte-g sol 209
gavilyte-n sol flav pk.....209
GAVRETO CAP 100MG.....104
GE100 BLOOD TES GLUCOSE 175
GE100 CONTRL SOL NORMAL.....221
gefitinib tab 250 mg.....99
GELFILM MIS OP.....265
GELNIQUE GEL 10% 287
gemfibrozil tab 600 mg.....85
gemmily cap 1/20.....140
GEMTESA TAB 75MG.....287
generlac sol 10/15ml 198
generlac sol 10gm/15 198
gengraf cap 100mg 251
gengraf cap 25mg 251
gengraf sol 100mg/ml.....251
GENOTROPIN INJ 0.2MG.....184
GENOTROPIN INJ 0.4MG 184
GENOTROPIN INJ 0.6MG 184
GENOTROPIN INJ 0.8MG 184
GENOTROPIN INJ 1.2MG 184
GENOTROPIN INJ 1.4MG 184
GENOTROPIN INJ 1.6MG 184
GENOTROPIN INJ 1.8MG 184
GENOTROPIN INJ 12MG.....185
GENOTROPIN INJ 1MG.....184
GENOTROPIN INJ 2MG 184
GENOTROPIN INJ 5MG.....185
gentamicin sulfate cream 0.1% 153
gentamicin sulfate oint 0.1%.....153

gentamicin sulfate ophth soln 0.3%.....262
GENTEEL LANC KIT BLUE 221
GENTEEL MIS LANCETS.....221
GENTEEL MIS NOZZLES 221
GENTEEL PLUS MIS BLACK.....221
GENTEEL PLUS MIS BLUE 221
GENTEEL PLUS MIS PINK.....221
GENTEEL PLUS MIS PURPLE 221
GENTEEL PLUS MIS WHITE 221
GENTEEL TIPS MIS BLUE 221
GENTEEL TIPS MIS CLEAR.....221
GENTEEL TIPS MIS GREEN 221
GENTEEL TIPS MIS ORANGE.....221
GENTEEL TIPS MIS RAINBOW.....221
GENTEEL TIPS MIS VIOLET.....221
GENTEEL TIPS MIS YELLOW 221
GENULTIMATE TES 175
GENVOYA TAB.....122
GEODON CAP 20MG 113
GEODON CAP 40MG 113
GEODON CAP 60MG 113
GEODON CAP 80MG 113
GEODON INJ 20MG.....113
GESTYRA TAB 13-1MG 254
GHT TEST TES STRIPS.....175
GILENYA CAP 0.25MG.....273
GILENYA CAP 0.5MG 273
GILOTRIF TAB 20MG.....99
GILOTRIF TAB 30MG.....99
GILOTRIF TAB 40MG.....99
GIMOTI SPR 15MG.....195
GLARGIN YFGN INJ 100U/ML.....76
GLARGIN YFGN SOL 100U/ML 76
glatiramer acetate soln prefilled syringe 20 mg/ml 273
glatiramer acetate soln prefilled syringe 40 mg/ml 273
glatopa inj 20mg/ml 273
glatopa inj 40mg/ml 273
GLEEVEC TAB 100MG 104
GLEEVEC TAB 400MG 104
GLEOSTINE CAP 100MG.....97
GLEOSTINE CAP 10MG 97
GLEOSTINE CAP 40MG 97
glimepiride tab 1 mg.....78
glimepiride tab 2 mg.....79
glimepiride tab 3 mg.....79
glimepiride tab 4 mg.....79
glipizide-metformin hcl tab 2.5-250 mg 71
glipizide-metformin hcl tab 2.5-500 mg 71
glipizide-metformin hcl tab 5-500 mg 71
glipizide tab 10 mg 79
glipizide tab 15 mg 79
glipizide tab 2.5 mg.....79
glipizide tab 5 mg 79
glipizide tab er 24hr 10 mg.....79
glipizide tab er 24hr 2.5 mg 79
glipizide tab er 24hr 5 mg 79
glipizide xl tab 10mg 79
glipizide xl tab 2.5mg.....79
glipizide xl tab 5mg.....79
GLOBAL 28G MIS LANCETS 221
GLOBAL 30G MIS LANCETS 221
GLOBAL LANC MIS DEVICE.....221
GLOBAL PREP PAD PADS.....230
GLOPERBA SOL 0.6/5ML 201
GLUCAGON EMR SOL 1MG 74
glucagon for inj 1 mg.....74
GLUC CONTROL LIQ NORMAL 221
GLUC CONTROL SOL.....221
GLUC CONTROL SOL MID 221
GLUC CONTROL SOL NORMAL 221
GLUCOCARD 01 LIQ NORM/HGH.....221
GLUCOCARD 01 SOL NORMAL 221
GLUCOCARD 01 TES PLUS 176
GLUCOCARD 01 TES SENSOR.....176
GLUCOCARD LIQ LEVEL 1.....221
GLUCOCARD SOL NORMAL.....221
GLUCOCARD SOL SHINE 221
GLUCOCARD TES EXPRESSI 176
GLUCOCARD TES SHINE.....176
GLUCOCARD TES VITAL 176
GLUCOCARD TES X-SENSOR.....176
GLUCOCOM MIS 28G 221
GLUCOCOM MIS 30G 221
GLUCOCOM MIS 33G 221
GLUCOCOM TES 176
GLUCOCOM TES HIGH CON.....221

GLUCOCOM TES NORM CON 221
GLUCONAVII TES STRIPS 176
GLUCO PERFEC TES 3 175
GLUCOTROL XL TAB 10MG.....79
GLUCOTROL XL TAB 5MG 79
GLUMETZA TAB 1000MG 73
GLUMETZA TAB 500MG.....73
glutamine (sickle cell) powd pack 5 gm .204
GLUTARALDEHY SOL 25% 120
glyburide-metformin tab 1.25-250 mg 71
glyburide-metformin tab 2.5-500 mg 71
glyburide-metformin tab 5-500 mg 71
glyburide micronized tab 1.5 mg 79
glyburide micronized tab 3 mg 79
glyburide micronized tab 6 mg 79
glyburide tab 1.25 mg 79
glyburide tab 2.5 mg 79
glyburide tab 5 mg 79
GLYCATE TAB 1.5MG 283
glycerol phenylbutyrate liquid 1.1 gm/ml.187
GLYCOPYRROLA TAB 1.5MG.....283
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml.....283
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml) 283
glycopyrrolate oral soln 1 mg/5ml 283
glycopyrrolate tab 1 mg.....283
glycopyrrolate tab 2 mg 283
GLYCOPYRROL INJ 0.2MG/ML 283
GLYCOPYRROL INJ 0.4/2ML 283
GLYCTERA CAP 79
glydo gel 2% 169
GLYXAMBI TAB 10-5 MG 71
GLYXAMBI TAB 25-5 MG 71
GNP ALCOHOL PAD SWABS.....230
GNP LANCETS MIS 21G 221
GNP LANCETS MIS 28G 221
GNP LANCETS MIS 30G 221
GNP LANCETS MIS 33G 221
GNP LANCETS MIS THIN 26G 221
GNP LANCING MIS DEVICE 221
GNP PEN NEED MIS 31GX5MM 234
GNP PEN NEED MIS 31GX8MM 234
GNP PEN NEED MIS 32GX4MM 234
GNP PEN NEED MIS 32GX6MM 234
GNP PRENATAL TAB 28-0.8MG 254
GNP PRENATAL TAB FOLIC AC 254
GNP TRUETRAC TES SMRT SYS 176
GNP TRU METR TES STRIPS.....176
GNP ULTICARE MIS 31GX5/16.....234
GNP ULTICARE MIS 31GX5MM 234
GNP ULTICARE MIS 32GX1/4 234
GNP ULTICARE MIS 32GX5/32.....234
GOCOVRI CAP 137MG.....111
GOCOVRI CAP 68.5MG.....111
GOJJI BLOOD TES GLUCOSE.....176
GOJJI BLOOD TES KETONE 176
GOJJI CNTRL SOL NORMAL 221
GOJJI LANCET MIS 30G.....221
GOJJI MIS LANC DEV 221
GOJJI STRIPS MIS W/LANCET 176
GOLYTELY SOL.....209
GOMEKLI CAP 1MG.....104
GOMEKLI CAP 2MG.....104
GOMEKLI TAB 1MG.....104
GONAL-F INJ 1050UNIT 183
GONAL-F INJ 450UNIT.....183
GONAL-F RFF INJ 300/0.48.....183
GONAL-F RFF INJ 450/0.72 183
GONAL-F RFF INJ 75UNIT 183
GONAL-F RFF INJ 900/1.44.....183
GOODSENSE MIS LANC 26G.....221
GOODSENSE MIS LANC 30G.....221
GOODSENSE MIS LANC 33G 222
GOODSENSE MIS LANC DVC 222
GOPRELTO SOL 40MG/ML.....259
GORDOFILM SOL 168
GRALISE TAB 300MG 274
GRALISE TAB 450MG 274
GRALISE TAB 600MG 274
GRALISE TAB 750MG.....275
GRALISE TAB 900MG 275
granisetron hcl tab 1 mg.....81
GRANISOL SOL 2MG/10ML 81
GRANIX INJ 300/0.5.....205
GRANIX INJ 300/1ML 206
GRANIX INJ 480/0.8.....206
GRANIX INJ 480/1.6.....206

GRASTEK SUB 2800BAU....11
griseofulvin microsize susp 125 mg/5ml...82
griseofulvin microsize tab 500 mg 82
griseofulvin ultramicrosize tab 125 mg....82
griseofulvin ultramicrosize tab 165 mg 82
griseofulvin ultramicrosize tab 250 mg....82
guaifenesin-codeine soln 100-10 mg/5ml 148
guanfacine hcl tab 1 mg 91
guanfacine hcl tab 2 mg....91
guanfacine hcl tab er 24hr 1 mg (base equiv)....7
guanfacine hcl tab er 24hr 2 mg (base equiv)....7
guanfacine hcl tab er 24hr 3 mg (base equiv)....7
guanfacine hcl tab er 24hr 4 mg (base equiv)....7
GUARDIAN 4 MIS SENSOR....222
GUARDIAN 4 MIS TRANSMIT....222
GUARDIAN CON MIS TRANSMIT 222
GUARDIAN MIS LINK 3....222
GUARDIAN MIS SENSOR 3 222
GUARDIAN RT MIS CHARGER 222
GUARDIAN RT MIS REPL PED....222
GUARDIAN RT MIS TST PLUG....222
GVOKE HYPO 1 INJ 0.5/.1ML 74
GVOKE HYPO 1 INJ 1/0.2ML 74
GVOKE HYPO 2 INJ 0.5/.1ML....74
GVOKE HYPO 2 INJ 1/0.2ML....74
GVOKE KIT SOL 1/0.2ML 74
GVOKE PFS INJ 1/0.2ML....74
GYNAZOLE-1 CRE 2% 288
GYNOL II GEL 3%....288

H

HADLIMA INJ 40/0.4ML 14
HADLIMA INJ 40/0.8ML 14
HADLIMA PUSH INJ 40/0.4ML....14
HADLIMA PUSH INJ 40/0.8ML....14
HAEGARDA INJ 2000UNIT 202
HAEGARDA INJ 3000UNIT 202
HAEMOLANCE MIS HIGH FLO....222
HAEMOLANCE MIS LOW FLOW....222
HAEMOLANCE MIS PLUS....222
HAEMOLANCE MIS PLUS LOW 222
HAEMOLANCE MIS PLUS MAX 222
HAEMOLANCE MIS PLUS PED 222
HAEMOLANCE MIS RETRACT 222
hailey 24 tab fe....140
hailey fe tab 1/20 140
hailey fe tab 1.5/30 140
hailey tab 1.5/30 140
halcinonide cream 0.1% 165
halcinonide soln 0.1% 165
HALCION TAB 0.25MG....208
HALDOL DECAN INJ 100MG/ML....116
HALDOL DECAN INJ 50MG/ML 116
HALOBETASOL LOT 0.05%....165
halobetasol propionate cream 0.05%....165
halobetasol propionate foam 0.05% 165
halobetasol propionate oint 0.05%....165
haloette mis....144
HALOG CRE 0.1% 165
HALOG OIN 0.1%....165
HALOG SOL 0.1% 165
haloperidol decanoate im soln 100 mg/ml 116
*haloperidol decanoate im soln 50 mg/ml*116
haloperidol lactate inj 5 mg/ml....116
haloperidol lactate oral conc 2 mg/ml 116
haloperidol tab 0.5 mg....116
haloperidol tab 10 mg 116
haloperidol tab 1 mg....116
haloperidol tab 20 mg....116
haloperidol tab 2 mg 116
haloperidol tab 5 mg 116
HARLIKU TAB 2MG 187
HARVONI PAK....124
HARVONI PAK 45-200MG 124
HARVONI TAB 45-200MG 124
HARVONI TAB 90-400MG....124
HC LANCING MIS DEVICE....222
heather tab 0.35mg....144
HELIDAC MIS THERAPY 286
HEMADY TAB 20MG....146
HEMANGEOL SOL 4.28/ML....128
HEMICLOR TAB 12.5MG....181
HEMLIBRA INJ 105/0.7....202

HEMLIBRA INJ 150/ML.....202
HEMLIBRA INJ 300/2ML.....202
HEMLIBRA INJ 30MG/ML.....202
HEMLIBRA INJ 60/0.4.....202
HEMLIBRA SOL 12/0.4ML.....202
HEMMOREX-HC SUP 25MG.....40
HEMMOREX-HC SUP 30MG.....40
HEPARIN SOD INJ 5000/0.5.....55
HEPARIN SOD INJ 5000/ML.....55
heparin sodium (porcine) inj 10000 unit/ml.....55
*heparin sodium (porcine) inj 1000 unit/ml*55
heparin sodium (porcine) inj 20000 unit/ml.....55
heparin sodium (porcine) inj 5000 unit/ml.....55
heparin sodium (porcine) pf inj 1000 unit/ml.....55
heparin sodium (porcine) pf inj 5000 unit/0.5ml.....55
HEPCLUDEX INJ 8.5MG.....124
HERNEXEOS TAB 60MG.....99
HETLIOZ CAP 20MG.....209
HETLIOZ LQ SUS 4MG/ML.....209
hidex 6-day pak 1.5mg.....146
HIPREX TAB 1GM.....43
HM INSULIN S MIS 0.3/31G.....234
HM INSULIN S MIS 1ML/30G.....234
HM ULTICARE MIS 31GX8MM.....234
HOLD CHAMBER MIS ADLT LG.....245
HOLD CHAMBER MIS MEDIUM.....245
HOLD CHAMBER MIS SMALL.....245
HOMATROPAIRE SOL 5% OP.....261
HORIZANT TAB 300MG ER.....275
HORIZANT TAB 600MG ER.....275
HULIO INJ 40/0.8ML.....14
HULIO KIT 20/0.4ML.....14
HUMALOG INJ 100/ML.....76
HUMALOG JR INJ 100/ML.....76
HUMALOG KWPN INJ 100/ML.....76
HUMALOG KWPN INJ 200/ML.....76
HUMALOG MIX INJ 50/50.....76
HUMALOG MIX INJ 50/50KWP.....76
HUMALOG MIX INJ 75/25KWP.....76
HUMALOG MIX SUS 75/25.....76
HUMALOG TMPO INJ 100/ML.....76
HUMATIN CAP 250MG.....11
HUMATROPE INJ 12MG.....185
HUMATROPE INJ 24MG.....185
HUMATROPE INJ 6MG.....185
HUMIRA INJ 10/0.1ML.....14
HUMIRA INJ 20/0.2ML.....15
HUMIRA INJ 40/0.4ML.....15
HUMIRA KIT 40MG/0.8.....15
HUMIRA PEN INJ 40/0.4ML.....15
HUMIRA PEN INJ 40MG/0.8.....15
HUMIRA PEN INJ 80/0.8ML.....16
HUMIRA PEN KIT 80/0.8ML.....16
HUMIRA PEN KIT CD/UC/HS.....16
HUMIRA PEN KIT PS/UV.....16
HUMULIN INJ 70/30.....76
HUMULIN INJ 70/30KWP.....77
HUMULIN N INJ U-100.....77
HUMULIN N INJ U-100KWP.....77
HUMULIN R INJ U-100.....77
HUMULIN R INJ U-500.....77
HUMULIN R INJ U-500KWP.....77
HURRI-FREEZE AER MED STRE.....169
HURRI-FREEZE AER MIST SPR.....169
HW EMBRACE TES PRO.....176
HW EMBRACE TES STRIPS.....176
HYCAMTIN CAP 0.25MG.....109
HYCAMTIN CAP 1MG.....109
HYCODAN SYP 5-1.5/5.....148
HYCODAN TAB 5-1.5MG.....148
hydralazine hcl tab 100 mg.....96
hydralazine hcl tab 10 mg.....95
hydralazine hcl tab 25 mg.....95
hydralazine hcl tab 50 mg.....95
HYDRALYN GEL 2%.....165
HYDRAVEX GEL 2%.....165
HYDREA CAP 500MG.....109
HYDROC/PRAM SUP 25-18MG.....40
hydrochlorothiazide cap 12.5 mg.....181
hydrochlorothiazide tab 12.5 mg.....181
hydrochlorothiazide tab 25 mg.....181
hydrochlorothiazide tab 50 mg.....181

hydrocodone-acetaminophen soln 10-300 mg/15ml.....37
hydrocodone-acetaminophen soln 10-325 mg/15ml.....37
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....37
hydrocodone-acetaminophen tab 10-300 mg.....37
hydrocodone-acetaminophen tab 10-325 mg.....37
hydrocodone-acetaminophen tab 2.5-325 mg.....37
hydrocodone-acetaminophen tab 5-300 mg.....37
hydrocodone-acetaminophen tab 5-325 mg.....37
hydrocodone-acetaminophen tab 7.5-300 mg.....37
hydrocodone-acetaminophen tab 7.5-325 mg.....37
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....148
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....148
*hydrocodone bitartrate cap er 12hr 10 mg*30
*hydrocodone bitartrate cap er 12hr 15 mg*30
hydrocodone bitartrate cap er 12hr 20 mg.....30
hydrocodone bitartrate cap er 12hr 30 mg.....30
*hydrocodone bitartrate cap er 12hr 40 mg*31
*hydrocodone bitartrate cap er 12hr 50 mg*31
hydrocodone bitartrate tab er 24hr deter 100 mg.....31
hydrocodone bitartrate tab er 24hr deter 120 mg.....31
hydrocodone bitartrate tab er 24hr deter 20 mg.....31
hydrocodone bitartrate tab er 24hr deter 30 mg.....31
hydrocodone bitartrate tab er 24hr deter 40 mg.....31
hydrocodone bitartrate tab er 24hr deter 60 mg.....31
hydrocodone bitartrate tab er 24hr deter 80 mg.....31
hydrocodone-ibuprofen tab 10-200 mg...37
hydrocodone-ibuprofen tab 5-200 mg.....37
hydrocodone-ibuprofen tab 7.5-200 mg..37
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....148
HYDROCORT GEL 2%.....165
hydrocortisone acetate cream 2.5%.....165
hydrocortisone acetate suppos 25 mg.....40
hydrocortisone acetate suppos 30 mg.....40
hydrocortisone acetate w/ pramoxine perianal cream 1-1%.....40
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%.....40
hydrocortisone butyrate cream 0.1%.....165
hydrocortisone butyrate hydrophilic lipo base cream 0.1%.....165
hydrocortisone butyrate lotion 0.1%.....165
hydrocortisone butyrate oint 0.1%.....165
hydrocortisone butyrate soln 0.1%.....165
hydrocortisone cream 2.5%.....165
hydrocortisone enema 100 mg/60ml.....40
hydrocortisone lotion 2.5%.....165
hydrocortisone lotion 2%.....165
hydrocortisone oint 2.5%.....165
hydrocortisone perianal cream 2.5%.....41
hydrocortisone sodium succinate pf for inj 100 mg.....146
hydrocortisone soln 2.5%.....165
hydrocortisone tab 10 mg.....146
hydrocortisone tab 20 mg.....146
hydrocortisone tab 5 mg.....146
hydrocortisone valerate cream 0.2%.....165
hydrocortisone valerate oint 0.2%.....165
hydrocortisone w/ acetic acid otic soln 1-2%.....267
HYDROGEN PER SOL 30%.....120
hydromet syp 5-1.5/5.....148
hydromorphone hcl liqd 1 mg/ml.....31
hydromorphone hcl tab 2 mg.....31
hydromorphone hcl tab 4 mg.....31
hydromorphone hcl tab 8 mg.....31
hydromorphone hcl tab er 24hr 12 mg.....31

hydromorphone hcl tab er 24hr 16 mg.....31
hydromorphone hcl tab er 24hr 32 mg.....31
hydromorphone hcl tab er 24hr 8 mg.....31
HYDROMORPHON SUP 3MG.....31
HYDROXATE GEL 2%.....165
hydroxychloroquine sulfate tab 100 mg...96
hydroxychloroquine sulfate tab 200 mg...96
hydroxychloroquine sulfate tab 300 mg...96
hydroxychloroquine sulfate tab 400 mg...96
HYDROXYM CRE 2%.....165
HYDROXYM GEL 2%.....165
hydroxyurea cap 500 mg.....109
hydroxyzine hcl syrup 10 mg/5ml.....45
hydroxyzine hcl tab 10 mg.....45
hydroxyzine hcl tab 25 mg.....45
hydroxyzine hcl tab 50 mg.....45
hydroxyzine pamoate cap 100 mg.....45
hydroxyzine pamoate cap 25 mg.....45
hydroxyzine pamoate cap 50 mg.....45
HYFTOR GEL 0.2%.....167
HYMPAVZI INJ 150MG/ML.....202
hyoscyamine sulfate elixir 0.125 mg/5ml.....283
hyoscyamine sulfate sl tab 0.125 mg.....283
hyoscyamine sulfate soln 0.125 mg/ml..284
hyoscyamine sulfate tab 0.125 mg.....284
*hyoscyamine sulfate tab disint 0.125 mg*284
hyoscyamine sulfate tab er 12hr 0.375 mg.....284
hyosyne dro 0.125/ml.....284
hyosyne elx 0.125/5.....284
HYPERSAL NEB 3.5%.....148
HYPERSAL NEB 7%.....148
HYPOCYN GEL ANTIPRUR.....169
HYPOLANCE KIT LANCING.....222
HYPO NEEDLE MIS 14GX1.....234
HYPO NEEDLE MIS 14GX1.5.....234
HYPO NEEDLE MIS 14GX2.....234
HYPO NEEDLE MIS 16GX1.....234
HYPO NEEDLE MIS 16GX1.5.....234
HYPO NEEDLE MIS 16GX3/4.....234
HYPO NEEDLE MIS 16GX5/8.....234
HYPO NEEDLE MIS 18GX1.....235
HYPO NEEDLE MIS 18GX1.5.....235
HYPO NEEDLE MIS 19GX1.....235
HYPO NEEDLE MIS 19GX1.5.....235
HYPO NEEDLE MIS 20GX1.....235
HYPO NEEDLE MIS 20GX1.5.....235
HYPO NEEDLE MIS 21GX1.....235
HYPO NEEDLE MIS 21GX1.5.....235
HYPO NEEDLE MIS 21GX2.....235
HYPO NEEDLE MIS 22GX1.....235
HYPO NEEDLE MIS 22GX1.5.....235
HYPO NEEDLE MIS 23GX1.....235
HYPO NEEDLE MIS 23GX1.5.....235
HYPO NEEDLE MIS 23GX3/4.....235
HYPO NEEDLE MIS 25GX1.....235
HYPO NEEDLE MIS 25GX1.25.....235
HYPO NEEDLE MIS 25GX1.5.....235
HYPO NEEDLE MIS 25GX2.....235
HYPO NEEDLE MIS 25GX5/8.....235
HYPO NEEDLE MIS 26GX1/2.....235
HYPO NEEDLE MIS 26GX1.5.....235
HYPO NEEDLE MIS 27GX1/2.....235
HYPO NEEDLE MIS 27GX1.25.....235
HYPO NEEDLE MIS 27GX1.5.....235
HYPO NEEDLE MIS 30GX3/4.....235
HYRIMOZ CD/ INJ UC/HS SP.....16
HYRIMOZ INJ 10/0.1ML.....17
HYRIMOZ INJ 20/0.2ML.....17
HYRIMOZ INJ 40/0.4ML.....17
HYRIMOZ INJ 40/0.8ML.....17
HYRIMOZ-PED INJ CROHNS.....18
HYRIMOZ-PLAQ INJ PSOR/UVE.....18
HYRIMOZ-PLAQ INJ PSORIASI.....18
HYRIMOZ SENS INJ 80/0.8ML.....17
HYRNUO TAB 10MG.....104
HYSINGLA ER TAB 100 MG.....31
HYSINGLA ER TAB 120 MG.....31
HYSINGLA ER TAB 20 MG.....31
HYSINGLA ER TAB 30 MG.....31
HYSINGLA ER TAB 40 MG.....31
HYSINGLA ER TAB 60 MG.....31
HYSINGLA ER TAB 80 MG.....31
HYZAAR TAB 100-12.5.....93
HYZAAR TAB 100-25.....93
HYZAAR TAB 50-12.5.....93

I
ibandronate sodium tab 150 mg (base equivalent) 182
IBRANCE CAP 100MG 104
IBRANCE CAP 125MG....104
IBRANCE CAP 75MG 104
IBRANCE TAB 100MG....104
IBRANCE TAB 125MG 104
IBRANCE TAB 75MG....104
IBSRELA TAB 50MG....198
IBTROZI CAP 200MG....104
ibuprofen-famotidine tab 800-26.6 mg 24
ibuprofen tab 300 mg 23
ibuprofen tab 400 mg 23
ibuprofen tab 600 mg 23
ibuprofen tab 800 mg 23
ibu tab 400mg 23
ibu tab 600mg 23
ibu tab 800mg 23
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 202
iclevia tab....140
ICLUSIG TAB 10MG....104
ICLUSIG TAB 15MG 104
ICLUSIG TAB 30MG 104
ICLUSIG TAB 45MG 104
icosapent ethyl cap 0.5 gm 84
icosapent ethyl cap 1 gm....84
ICOTYDE TAB 200MG 157
IDACIO 2-PEN INJ 40/0.8ML 18
IDACIO 2-SYR INJ 40/0.8ML....18
IDACIO CROHN INJ DISEASE 18
IDACIO PLAQU INJ PSORIASI....18
IDHIFA TAB 100MG....104
IDHIFA TAB 50MG 104
IDVYNSO TAB 100-0.25....122
IGALMI MIS 120MCG....208
IGALMI MIS 180MCG 208
IGLUCOSE TES....176
IHEALTH BLOO TES GLUCOSE 176
IHEALTH LANC MIS DEVICE 222
IHEALTH LIQ CONTROL 222
IHEEZO GEL 3% 264
ILEVRO DRO 0.3% OP....266
imatinib mesylate tab 100 mg (base equivalent) 104
imatinib mesylate tab 400 mg (base equivalent) 104
IMBRUVICA CAP 140MG....104
IMBRUVICA CAP 70MG 104
IMBRUVICA SUS 70MG/ML....104
IMBRUVICA TAB 140MG 104
IMBRUVICA TAB 280MG....104
IMBRUVICA TAB 420MG....104
IMCIVREE INJ 10MG/ML 187
imipramine hcl tab 10 mg 70
imipramine hcl tab 25 mg 70
imipramine hcl tab 50 mg 70
imipramine pamoate cap 100 mg 70
imipramine pamoate cap 125 mg....70
imipramine pamoate cap 150 mg 70
imipramine pamoate cap 75 mg 70
imiquimod cream 3.75% 167
imiquimod cream 5%....167
IMITREX INJ 4MG/0.5 246
IMITREX INJ 6MG/0.5 ....246, 247
IMITREX TAB 100MG....247
IMITREX TAB 25MG....247
IMITREX TAB 50MG 247
IMKELDI SOL 80MG/ML 104
IMPAVIDO CAP 50MG 41
IMPOYZ CRE 0.025%....165
IMULDOSA INJ 45/0.5ML 157
IMULDOSA INJ 90MG/ML 157
IMURAN TAB 50MG 251
IMVEXXY MAIN SUP 10MCG....288
IMVEXXY MAIN SUP 4MCG 288
IMVEXXY STRT SUP 10MCG 288
IMVEXXY STRT SUP 4MCG....288
INATAL GT TAB....254
INBRIJA CAP 42MG....111
incassia tab 0.35mg 144
INCONTROL MIS 29GX12MM 235
IN CONTROL MIS 31GX3/16 235
IN CONTROL MIS 31GX5MM....235
INCONTROL MIS 31GX6MM 235
IN CONTROL MIS 31GX6MM....235
INCONTROL MIS 31GX8MM 235

IN CONTROL MIS 31GX8MM.....235
INCONTROL MIS 32GX4MM.....235
INCONTROL MIS LANC 28G.....222
INCONTROL MIS LANC 30G.....222
INCONTROL MIS LANC 33G.....222
INCONTROL MIS LANC DEV.....222
INCONTROL PAD ALCOHOL.....230
INCRELEX INJ 40MG/4ML.....186
INCRUSE ELPT INH 62.5MCG.....48
indapamide tab 1.25 mg.....181
indapamide tab 2.5 mg.....181
INDERAL LA CAP 120MG.....128
INDERAL LA CAP 160MG.....128
INDERAL LA CAP 60MG.....128
INDERAL LA CAP 80MG.....128
INDERAL XL CAP 120MG.....128
INDERAL XL CAP 80MG.....128
indocin sup 50mg.....24
INDOCIN SUS 25MG/5ML.....24
indomethacin cap 25 mg.....24
indomethacin cap 50 mg.....24
indomethacin cap er 75 mg.....24
INDOMETHACIN SUP 100MG.....24
indomethacin suppos 50 mg.....24
indomethacin susp 25 mg/5ml.....24
INFINITY SOL HIGH CON.....222
INFINITY SOL LOW CON.....222
INFINITY SOL NORM CON.....222
INFINITY TES BLD GLUC.....176
INFINITY TES VOICE.....176
INFNTY VOICE LIQ LEVEL 2.....222
INGREZZA CAP 40-80MG.....272
INGREZZA CAP 40MG.....272
INGREZZA CAP 60MG.....272
INGREZZA CAP 80MG.....272
INLURIYO TAB 200MG.....100
INLYTA TAB 1MG.....98
INLYTA TAB 5MG.....98
INNOPRAN XL CAP 120MG.....128
INNOPRAN XL CAP 80MG.....128
INPEFA TAB 200MG.....133
INPEFA TAB 400MG.....133
INPEN BLUE MIS HUMALOG.....235
INPEN BLUE MIS NOVO/FIA.....235
INPEN GREY MIS HUMALOG.....235
INPEN GREY MIS NOVO/FIA.....235
INPEN PINK MIS HUMALOG.....235
INPEN PINK MIS NOVO/FIA.....235
INQOVI TAB 35-100MG.....102
INREBIC CAP 100MG.....104
INS ASP PROT INJ FLEXPEN.....77
INS DEGL FLX INJ 100UNIT.....77
INS DEGL FLX INJ 200UNIT.....77
INSPIREASE MIS DD SYST.....245
INSPIREASE MIS RES BAG.....245
INSPRA TAB 25MG.....95
INSPRA TAB 50MG.....95
INS SY 0.3ML MIS 31GX5/16.....236
INS SY 0.5ML MIS 30GX1/2.....236
INS SY 0.5ML MIS 30GX5/16.....236
INS SY 1/2ML MIS 30GX1/2.....236
INS SYR 1ML MIS 30GX1/2.....236
INS SYR 1ML MIS 30GX5/16.....236
INS SYR 1ML MIS 31GX5/16.....236
INS SYR U500 MIS 0.5/31G.....236
INS SYR U500 MIS 31GX6MM.....236
INSULIN ASPA INJ 100/ML.....77
INSULIN ASPA INJ 70/30.....77
INSULIN ASPA INJ FLEXPEN.....77
INSULIN ASPA INJ PENFILL.....77
INSULIN DEGL INJ 100UNIT.....77
INSULIN GLAR INJ 300/ML.....77
INSULIN LISP INJ 100/ML.....77
INSULIN LISP INJ JR KWPN.....77
INSULIN LISP INJ PROT KWP.....77
INSULIN PUMP KIT STARTER.....222
INSULIN SRYG MIS 1ML/32G.....236
INSULIN SYRI MIS 0.3/31G.....236
INSULIN SYR MIS BARR 1ML.....236
INSUPEN32G MIS 32GX6MM.....236
INSUPEN MIS 29GX12MM.....236
INSUPEN MIS 31GX5MM.....236
INSUPEN MIS 31GX8MM.....236
INSUPEN MIS 32GX4MM.....236
INTELENCE TAB 100MG.....122
INTELENCE TAB 200MG.....122
INTELENCE TAB 25MG.....122
IN TOUCH LAN MIS 30G.....222

IN TOUCH LAN MIS DEVICE.....222
IN TOUCH SOL GLUCOSE.....222
IN TOUCH TES BLOOD 176
INTRAROSA SUP 6.5MG.....287
introvale tab 140
INTUNIV TAB 1MG.....7
INTUNIV TAB 2MG 7
INTUNIV TAB 3MG 7
INTUNIV TAB 4MG 7
INVEGA HAFYE INJ 1092MG 114
INVEGA HAFYE INJ 1560MG 114
INVEGA SUST INJ 117/0.75.....114
INVEGA SUST INJ 156MG/ML.....114
INVEGA SUST INJ 234/1.5 114
INVEGA SUST INJ 39/0.25 114
INVEGA SUST INJ 78/0.5ML.....114
INVEGA TAB 3MG 114
INVEGA TAB 6MG 114
INVEGA TAB 9MG 115
INVEGA TRINZ INJ 273MG 115
INVEGA TRINZ INJ 410MG.....115
INVEGA TRINZ INJ 546MG 115
INVEGA TRINZ INJ 819MG.....115
INVELTYS SUS 1%.....264
INVOKAMET TAB 150-1000.....72
INVOKAMET TAB 150-500 72
INVOKAMET TAB 50-1000 72
INVOKAMET TAB 50-500MG 71
INVOKAMET XR TAB 150-1000.....72
INVOKAMET XR TAB 150-500 72
INVOKAMET XR TAB 50-1000 72
INVOKAMET XR TAB 50-500MG.....72
INVOKANA TAB 100MG 78
INVOKANA TAB 300MG 78
INZIRQO SUS 10MG/ML.....181
IODOQUIMEZ CRE 1-1.9% 153
iodoquinol-hc cream 1-1%.....153
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%.....153
IOPIDINE SOL 1% OP.....262
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 52
ipratropium bromide hfa inhal aerosol 17 mcg/act 48
ipratropium bromide inhal soln 0.02% 48
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 259
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 259
IQIRVO TAB 80MG 198
irbesartan-hydrochlorothiazide tab 150-12.5 mg 93
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....93
irbesartan tab 150 mg.....90
irbesartan tab 300 mg.....90
irbesartan tab 75 mg 90
IRESSA TAB 250MG 99
ISENTRESS CHW 100MG 122
ISENTRESS CHW 25MG 122
ISENTRESS HD TAB 600MG 122
ISENTRESS POW 100MG.....122
ISENTRESS TAB 400MG.....122
isibloom tab.....140
isoniazid syrup 50 mg/5ml 97
isoniazid tab 100 mg 97
isoniazid tab 300 mg 97
ISORDIL TAB 40MG.....43
ISORDIL TAB 5MG 43
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg 133
isosorbide dinitrate tab 10 mg 43
isosorbide dinitrate tab 20 mg 43
isosorbide dinitrate tab 30 mg 43
isosorbide dinitrate tab 40 mg 44
isosorbide dinitrate tab 5 mg.....43
isosorbide mononitrate tab 10 mg 44
isosorbide mononitrate tab 20 mg 44
isosorbide mononitrate tab er 24hr 120 mg 44
isosorbide mononitrate tab er 24hr 30 mg 44
isosorbide mononitrate tab er 24hr 60 mg 44
isotretinoin cap 10 mg.....151
isotretinoin cap 20 mg.....151
isotretinoin cap 25 mg 151
isotretinoin cap 30 mg.....151

isotretinoin cap 35 mg 151
isotretinoin cap 40 mg 151
isradipine cap 2.5 mg 130
isradipine cap 5 mg 130
ISTALOL SOL 0.5% OP 261
ISTURISA TAB 1MG....182
ISTURISA TAB 5MG....182
ITOVEBI TAB 3MG....104
ITOVEBI TAB 9MG....104
itraconazole cap 100 mg 82
itraconazole oral soln 10 mg/ml 82
ivabradine hcl tab 5 mg (base equiv) 137
ivabradine hcl tab 7.5 mg (base equiv) 137
ivermectin cream 1% 170
ivermectin tab 3 mg....41
ivermectin tab 6 mg....41
IWILFIN TAB 192MG....109
IYUZEH DRO 0.005% 266
J
JADENU SPRKL GRA 180MG 80
JADENU SPRKL GRA 360MG 80
JADENU SPRKL GRA 90MG....80
JADENU TAB 180MG....80
JADENU TAB 360MG 80
JADENU TAB 90MG 80
jaimiess tab 140
JAKAFI TAB 10MG....104
JAKAFI TAB 15MG....104
JAKAFI TAB 20MG 105
JAKAFI TAB 25MG 105
JAKAFI TAB 5MG 104
JAKAFI XR TAB 11MG....105
JAKAFI XR TAB 22MG 105
JAKAFI XR TAB 33MG 105
JAKAFI XR TAB 44MG 105
JAKAFI XR TAB 55MG 105
JALYN CAP 0.5-0.4 201
jantoven tab 10mg....54
jantoven tab 1mg 54
jantoven tab 2.5mg 54
jantoven tab 2mg 54
jantoven tab 3mg 54
jantoven tab 4mg 54
jantoven tab 5mg 54
jantoven tab 6mg 54
jantoven tab 7.5mg 54
JANUMET TAB 50-1000 72
JANUMET TAB 50-500MG....72
JANUMET XR TAB 100-1000....72
JANUMET XR TAB 50-1000 72
JANUMET XR TAB 50-500MG....72
JANUVIA TAB 100MG....74
JANUVIA TAB 25MG 74
JANUVIA TAB 50MG 74
JARDIANCE TAB 10MG....78
JARDIANCE TAB 25MG 78
JASCAYD TAB 18MG....277
JASCAYD TAB 9MG 277
jasmiel tab 3-0.02mg....140
JATENZO CAP 158MG....39
JATENZO CAP 198MG....39
JATENZO CAP 237MG 39
JAVADIN SOL 0.02/ML 91
javygtor pak 100mg 187
javygtor pow 500mg 187
javygtor tab 100mg....187
JAYPIRCA TAB 100MG....105
JAYPIRCA TAB 50MG 105
jaythari sus 22.75/ml....146
jaythari tab 18mg 146
jaythari tab 30mg 146
jaythari tab 36mg....146
jaythari tab 6mg....146
jencycla tab 0.35mg....145
JENLIVA CAP 254
JENTADUETO TAB 2.5-1000 72
JENTADUETO TAB 2.5-500....72
JENTADUETO TAB 2.5-850....72
JENTADUETO TAB XR....72
JIDEYTRO TAB 100MG....105
JIDEYTRO TAB 25MG....105
jinteli tab 1mg-5mcg 191
JOENJA TAB 70MG....249
jolessa tab....140
JORNAY PM CAP 100MG ER....8
JORNAY PM CAP 20MG ER....8
JORNAY PM CAP 40MG ER 8
JORNAY PM CAP 60MG ER 8

JORNAY PM CAP 80MG ER 8
JOURNAVX TAB 50MG.....29
joyeaux tab 0.1-20 140
J-TIP KIT KIT ADAPTERS.....236
JUBLIA SOL 10%.....153
juleber tab.....140
JULUCA TAB 50-25MG 122
junel 1/20 tab.....140
junel 1.5/30 tab 140
junel fe 24 tab 1/20.....140
junel fe tab 1/20 140
junel fe tab 1.5/30.....140
JUST RIGHT PST 5000 253
JUXTAPID CAP 10MG.....87
JUXTAPID CAP 20MG.....87
JUXTAPID CAP 2MG 87
JUXTAPID CAP 30MG.....87
JUXTAPID CAP 5MG 87
JYLAMVO SOL 2MG/ML 98
JYNARQUE PAK 15MG 190
JYNARQUE PAK 30-15MG.....190
JYNARQUE PAK 45-15MG.....190
JYNARQUE PAK 60-30MG.....190
JYNARQUE PAK 90-30MG.....190
JYNARQUE TAB 15MG 190
JYNARQUE TAB 30MG.....190

K

kaitlib fe chw 140
KALETRA SOL 122
KALETRA TAB 100-25MG.....122
KALETRA TAB 200-50MG.....122
kalliga tab 140
KALYDECO GRA 13.4MG 276
KALYDECO GRA 5.8MG.....276
KALYDECO PAK 25MG 276
KALYDECO PAK 50MG.....276
KALYDECO PAK 75MG 276
KALYDECO TAB 150MG.....276
KAMELEON LUB MIS COLORS 212
KAMELEON MIS TRI-COLR 212
KAPSPARGO CAP 100MG.....127
KAPSPARGO CAP 200MG 127
KAPSPARGO CAP 25MG.....127
KAPSPARGO CAP 50MG.....127
KARBINAL ER SUS 4MG/5ML.....83
kariva tab 28 day 140
KATERZIA SUS 1MG/ML.....130
kelnor 1/50 tab 140
kelnor tab 1/35 140
KENALOG AER SPRAY.....165
KEPPRA SOL 100MG/ML.....59
KEPPRA TAB 1000MG.....59
KEPPRA TAB 250MG.....59
KEPPRA TAB 500MG 59
KEPPRA TAB 750MG.....59
KEPPRA XR TAB 500MG 59
KEPPRA XR TAB 750MG.....59
KERALYT GEL 6%.....168
KERALYT SHA 6% 168
KERENDIA TAB 10MG 189
KERENDIA TAB 20MG 189
KERENDIA TAB 40MG 189
KERYDIN SOL 5% 153
KESIMPTA INJ 20/.4ML.....273
ketoconazole cream 2% 153
ketoconazole foam 2% 153
ketoconazole shampoo 2%.....153
ketoconazole tab 200 mg 82
ketodan aer 2%.....153
KETO-DIASTIX TES 176
KETONE TES.....176
KETONE TEST TES 176
ketoprofen cap 25 mg 24
ketoprofen cap 50 mg 24
ketoprofen cap 75 mg 24
ketoprofen cap er 24hr 200 mg 24
ketorolac tromethamine ophth soln 0.4% 266
ketorolac tromethamine ophth soln 0.5% 266
ketorolac tromethamine tab 10 mg 24
KETOSTIX TES STRIP.....176
KEVEYIS TAB 50MG.....180
KEVZARA INJ 150/1.14.....22
KEVZARA INJ 200/1.14.....22
KHINDIVI SOL 1MG/ML 146
KIMONO COLOR MIS.....212
KIMONO MAXX MIS LG FLARE 212

KIMONO MICRO MIS THIN 212
KIMONO MICRO MIS THIN + ...212
KIMONO MICRO MIS THIN PLS.....212
KIMONO MIS LUBRICAT.....212
KIMONO MIS SENSATIO 212
KIMONO PLUS MIS LUBRICAT 212
KIMONO PLUS MIS SPERMICI.....212
KIMONO PS MIS LUBRICAT.....212
KIMONO PS MIS PLUS.....212
KIMONO SENSA MIS PLUS 212
KIMONO SPEC MIS 212
KINERET INJ 21
KINNEY MIS LANCETS.....222
KINNEY THIN MIS LANCETS.....222
kionex sus 15gm/60.....252
kiprofen cap 25mg 24
KIRSTY INJ 100U/ML.....77
KISQALI TAB 200DOSE.....105
KISQALI TAB 400DOSE.....105
KISQALI TAB 600DOSE.....105
KITABIS PAK NEB 300/5ML 11
KLARITY-A DRO 1%.....263
KLARITY-C EMU 0.1% OP.....263
KLARITY-L DRO 0.2% 264
KLARITY-L DRO 0.5%.....264
KLARON LOT 10%.....151
klayesta pow 100000 153
KLISYRI OIN 1% (250) 154
KLISYRI OIN 1% (350) 154
KLONOPIN TAB 0.5MG.....57
KLONOPIN TAB 1MG 57
KLONOPIN TAB 2MG 57
klor-con 10 tab 10meq er 248
KLOR-CON 10 TAB 10MEQ ER.....248
klor-con 8 tab 8meq er.....248
KLOR-CON 8 TAB 8MEQ ER 248
klor-con m10 tab 10meq er.....248
klor-con m15 tab 15meq er 248
klor-con m20 tab 20meq er.....248
klor-con pak 20meq 248
KLOXXADO SPR 8MG 80
KOMBIGLYZ XR TAB 2.5-1000.....72
KOMBIGLYZ XR TAB 5-1000MG.....72
KOMBIGLYZ XR TAB 5-500MG 72
KOMZIFTI CAP 200MG 101
KONVOMEP SUS 2-84/ML.....286
KORLYM TAB 300MG 74
KOSELUGO CAP 10MG.....105
KOSELUGO CAP 25MG 105
KOSELUGO CAP 5MG 105
KOSELUGO CAP 7.5MG 105
KOSHR PRENAT TAB 30-1MG 254
kourzeq pst 0.1%.....253
K-PHOS TAB NO 2.....199
KP PRENATAL TAB MULTIVIT 254
KRAZATI TAB 200MG.....105
KRINTAFEL TAB 150MG.....96
kristalose pak 10gm.....210
kristalose pak 20gm 210
KROGER BLOOD TES GLUCOSE 176
KROGER LANCE MIS 222
KROGER LANCE MIS 26G.....222
KROGER LANCE MIS THIN 222
KROGER LANCE MIS THIN 30G.....222
K-TAB TAB 20MEQ.....248
KT TAPE MIS CGM PTCH.....222
kurvelo tab 0.15/30 140
KUVAN POW 100MG.....187
KUVAN POW 500MG.....187
KUVAN TAB 100MG 187
KYGEVVI POW 2GM/2GM.....187
KYLEENA IUD 19.5MG.....144
kymbee sus 22.75/ml.....146
kymbee tab 18mg 146
kymbee tab 30mg 146
kymbee tab 36mg 146
kymbee tab 6mg.....146
KYZATREX CAP 100MG 39
KYZATREX CAP 150MG 39
KYZATREX CAP 200MG 39

L

labetalol hcl tab 100 mg.....126
labetalol hcl tab 200 mg 126
labetalol hcl tab 300 mg 126
labetalol hcl tab 400 mg 126
lacosamide oral solution 10 mg/ml.....59
lacosamide tab 100 mg 59
lacosamide tab 150 mg 59

lacosamide tab 200 mg 59
lacosamide tab 50 mg.....59
LACTIC ACID CRE E 167
lactulose (encephalopathy) solution 10 gm/15ml.....198
lactulose oral crystal packet 10 gm.....210
lactulose oral crystal packet 20 gm 210
lactulose solution 10 gm/15ml 210
LAGEVRIO CAP 200MG.....126
LAMICTAL CHW 25MG.....59
LAMICTAL CHW 5MG.....59
LAMICTAL KIT START 35 59
LAMICTAL KIT START 49 59
LAMICTAL KIT START 98 59
LAMICTAL ODT KIT 59
LAMICTAL ODT TAB 100MG.....59
LAMICTAL ODT TAB 200MG 59
LAMICTAL ODT TAB 25MG.....59
LAMICTAL ODT TAB 50MG.....59
LAMICTAL TAB 100MG.....59
LAMICTAL TAB 150MG.....59
LAMICTAL TAB 200MG 59
LAMICTAL TAB 25MG.....59
LAMICTAL XR KIT 59
LAMICTAL XR TAB 100MG.....59
LAMICTAL XR TAB 200MG.....60
LAMICTAL XR TAB 250MG 60
LAMICTAL XR TAB 25MG.....59
LAMICTAL XR TAB 300MG.....60
LAMICTAL XR TAB 50MG 59
lamivudine oral soln 10 mg/ml 122
lamivudine tab 100 mg (hbv).....124
lamivudine tab 150 mg 122
lamivudine tab 300 mg 122
lamivudine-zidovudine tab 150-300 mg..122
lamotrigine orally disintegrating tab 100 mg 60
lamotrigine orally disintegrating tab 200 mg 60
lamotrigine orally disintegrating tab 25 mg 60
lamotrigine orally disintegrating tab 50 mg 60
lamotrigine tab 100 mg 60
lamotrigine tab 150 mg 60
lamotrigine tab 200 mg.....60
lamotrigine tab 25 mg 60
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 60
lamotrigine tab 35 x 25 mg starter kit 60
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 60
lamotrigine tab chewable dispersible 25 mg 60
lamotrigine tab chewable dispersible 5 mg 60
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit 60
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 60
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit 60
lamotrigine tab er 24hr 100 mg.....60
lamotrigine tab er 24hr 200 mg 60
lamotrigine tab er 24hr 250 mg 60
lamotrigine tab er 24hr 25 mg.....60
lamotrigine tab er 24hr 300 mg 60
lamotrigine tab er 24hr 50 mg 60
LAMPIT TAB 120MG 42
LAMPIT TAB 30MG.....42
LANCET DEVIC MIS 30G.....222
LANCET DEVIC MIS ADJUST 222
LANCET MICRO MIS THIN 33G 222
LANCETS MICR MIS THIN 33G.....223
LANCETS MIS.....223
LANCETS MIS 21G 223
LANCETS MIS 21G COLR 223
LANCETS MIS 26G.....223
LANCETS MIS 28G.....223
LANCETS MIS 28G THIN.....223
LANCETS MIS 30G 223
LANCETS MIS 33G.....223
LANCETS MIS ORIGINAL.....223
LANCETS MIS THIN.....223
LANCETS MIS THIN 26G.....223
LANCETS MIS THIN 30G 223
LANCETS SUPR MIS THIN 28G.....223
LANCET STAND MIS 21G.....223

LANCETS THIN MIS....223
LANCETS THIN MIS 26G....223
LANCETS ULTR MIS THIN....223
LANCETS ULTR MIS THIN 31G....223
LANCET SUPER MIS THIN 30G....223
LANCET ULTRA MIS THIN 30G....223
LANCET WITH MIS EJECTOR....223
LANCING DEVI MIS....223
LANCING DEVI MIS 25G....223
LANCING DEVI MIS 30G....223
LANCING MIS DEVICE....223
LANOXIN TAB 0.0625MG....132
LANOXIN TAB 0.125MG....132
LANOXIN TAB 0.25MG....132
*lansoprazole cap delayed release 15 mg*285
lansoprazole cap delayed release 30 mg....285
lansoprazole tab delayed release orally disintegrating 15 mg....285
lansoprazole tab delayed release orally disintegrating 30 mg....285
lanthanum carbonate chew tab 1000 mg (elemental)....199
lanthanum carbonate chew tab 500 mg (elemental)....199
lanthanum carbonate chew tab 750 mg (elemental)....199
LANTUS INJ 100/ML....77
LANTUS SOLOS INJ 100/ML....77
LANZO MIS LANCING....223
lapatinib ditosylate tab 250 mg (base equiv)....105
larin 24 tab fe 1/20....140
larin fe tab 1/20....140
larin fe tab 1.5/30....140
larin tab 1/20....140
larin tab 1.5/30....140
LASIX TAB 20MG....181
LASIX TAB 40MG....181
LASIX TAB 80MG....181
latanoprost ophth soln 0.005%....266
LATANOPROST SOL 0.005%....266
LATUDA TAB 120MG....113
LATUDA TAB 20MG....113
LATUDA TAB 40MG....113
LATUDA TAB 60MG....113
LATUDA TAB 80MG....113
layolis fe chw....141
LAZCLUZE TAB 240MG....99
LAZCLUZE TAB 80MG....99
leena tab....141
leflunomide tab 10 mg....27
leflunomide tab 20 mg....27
lenalidomide cap 10 mg....249
lenalidomide cap 15 mg....249
lenalidomide cap 20 mg....250
lenalidomide cap 25 mg....250
lenalidomide cap 5 mg....249
lenalidomide caps 2.5 mg....250
LENVIMA CAP 10 MG....99
LENVIMA CAP 12MG....99
LENVIMA CAP 14 MG....99
LENVIMA CAP 18 MG....99
LENVIMA CAP 20 MG....99
LENVIMA CAP 24 MG....99
LENVIMA CAP 4MG....98
LENVIMA CAP 8 MG....98
LEQEMBI IQLI INJ 250/1.25....270
LEQEMBI IQLK INJ 360/1.8....270
LEQSELVI TAB 8MG....167
LEROCHOL SOL 300/1.2M....87
LESCOL XL TAB 80MG....86
lessina tab....141
LETAIRIS TAB 10MG....136
LETAIRIS TAB 5MG....136
letrozole tab 2.5 mg....100
leucovorin calcium tab 10 mg....109
leucovorin calcium tab 15 mg....109
leucovorin calcium tab 25 mg....109
leucovorin calcium tab 5 mg....109
leucovorin tab 5mg....109
LEUKERAN TAB 2MG....97
LEUKINE INJ 250MCG....206
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)....100
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)....52

levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 52
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 52
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 52
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 52
levamlodipine maleate tab 2.5 mg 130
levamlodipine maleate tab 5 mg 130
LEVBID TAB 0.375 ER 284
LEVEMIR INJ 77
LEVEMIR INJ FLEXPEN 77
levetiracetam oral soln 100 mg/ml 60
levetiracetam tab 1000 mg 60
levetiracetam tab 250 mg 60
levetiracetam tab 500 mg 60
levetiracetam tab 750 mg 60
levetiracetam tab disintegrating soluble 250 mg 60
levetiracetam tab disintegrating soluble 500 mg 60
levetiracetam tab er 24hr 500 mg 60
levetiracetam tab er 24hr 750 mg 60
levobunolol hcl ophth soln 0.5% 261
levocarnitine oral soln 1 gm/10ml (10%) .. 187
levocarnitine tab 330 mg 187
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 83
levocetirizine dihydrochloride tab 5 mg 83
levofloxacin ophth soln 0.5% 263
levofloxacin ophth soln 1.5% 263
levofloxacin oral soln 25 mg/ml 194
levofloxacin tab 250 mg 194
levofloxacin tab 500 mg 194
levofloxacin tab 750 mg 194
levonest tab 141
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 141
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 141
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 141
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 141
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 141
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 141
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) 141
levonorgestrel tab 1.5 mg 144
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 141
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 141
levora-28 tab 0.15/30 141
levorphanol tartrate tab 2 mg 31
levorphanol tartrate tab 3 mg 32
levothyroxine sodium cap 100 mcg 280
levothyroxine sodium cap 112 mcg 280
levothyroxine sodium cap 125 mcg 280
levothyroxine sodium cap 137 mcg 280
levothyroxine sodium cap 13 mcg 280
levothyroxine sodium cap 150 mcg 280
levothyroxine sodium cap 175 mcg 280
levothyroxine sodium cap 200 mcg 280
levothyroxine sodium cap 25 mcg 280
levothyroxine sodium cap 50 mcg 280
levothyroxine sodium cap 75 mcg 280
levothyroxine sodium cap 88 mcg 280
levothyroxine sodium tab 100 mcg 280
levothyroxine sodium tab 112 mcg 280
levothyroxine sodium tab 125 mcg 280
levothyroxine sodium tab 137 mcg 281
levothyroxine sodium tab 150 mcg 281
levothyroxine sodium tab 175 mcg 281
levothyroxine sodium tab 200 mcg 281
levothyroxine sodium tab 25 mcg 280
levothyroxine sodium tab 300 mcg 281
levothyroxine sodium tab 50 mcg 280
levothyroxine sodium tab 75 mcg 280
levothyroxine sodium tab 88 mcg 280
levo-t tab 100mcg 280
levo-t tab 112mcg 280
levo-t tab 125mcg 280
levo-t tab 137mcg 280

levo-t tab 150mcg 280
levo-t tab 175mcg 280
levo-t tab 200mcg 280
levo-t tab 25mcg 280
levo-t tab 300 mcg 280
levo-t tab 50mcg 280
levo-t tab 75mcg 280
levo-t tab 88mcg 280
levoxyl tab 100mcg 281
levoxyl tab 112mcg 281
levoxyl tab 125mcg 281
levoxyl tab 137mcg 281
levoxyl tab 150mcg 281
levoxyl tab 175mcg 281
levoxyl tab 200mcg 281
levoxyl tab 25mcg 281
levoxyl tab 50mcg 281
levoxyl tab 75mcg 281
levoxyl tab 88mcg 281
LEVSIN/SL SUB 0.125MG 284
LEVSIN TAB 0.125MG 284
LEVULAN KERA SOL 20% 154
LEXAPRO TAB 10MG 67
LEXAPRO TAB 20MG 67
LEXAPRO TAB 5MG 67
LEXETTE AER 0.05% 165
LIALDA TAB 1.2GM 196
LIBERTY TES 177
LIBERVANT MIS 10MG 57
LIBERVANT MIS 12.5MG 57
LIBERVANT MIS 15MG 57
LIBERVANT MIS 5MG 57
LIBERVANT MIS 7.5MG 57
LIBRAX CAP 5-2.5MG 284
LICART DIS 1.3% 153
lidocaine hcl laryngotracheal soln 4% 252
lidocaine hcl soln 4% 169
lidocaine hcl urethral/mucosal gel 2% 169
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 169
lidocaine hcl viscous soln 2% 252
LIDOCAINE OIN 5% 169
lidocaine oint 5% 169
lidocaine patch 5% 169
lidocaine-prilocaine cream 2.5-2.5% 169
LIDOCAIN HCL INJ 1% 264
lidocan dis 5% patch 169
LIDODERM DIS 5% PATCH 169
LIFYORLI CAP 125MG DS 100
LIFYORLI CAP 150MG DS 100
LIKMEZ SUS 500/5ML 41
LILETTA IUD 52MG 144
linagliptin-metformin hcl tab 2.5-1000 mg 72
linagliptin-metformin hcl tab 2.5-500 mg 72
linagliptin-metformin hcl tab 2.5-850 mg 72
linezolid for susp 100 mg/5ml 43
linezolid tab 600 mg 43
LINZESS CAP 145MCG 198
LINZESS CAP 290MCG 198
LINZESS CAP 72MCG 198
liomny tab 25mcg 281
liomny tab 50mcg 281
liomny tab 5mcg 281
liothyronine sodium tab 25 mcg 281
liothyronine sodium tab 50 mcg 281
liothyronine sodium tab 5 mcg 281
LIPFENDRA TAB 20MG 88
LIPITOR TAB 10MG 86
LIPITOR TAB 20MG 86
LIPITOR TAB 40MG 86
LIPITOR TAB 80MG 86
LIPOFEN CAP 150MG 85
LIPOFEN CAP 50MG 85
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) 5
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) 75
lisdexamfetamine dimesylate cap 10 mg 3
lisdexamfetamine dimesylate cap 20 mg 3
lisdexamfetamine dimesylate cap 30 mg 3
lisdexamfetamine dimesylate cap 40 mg 3
lisdexamfetamine dimesylate cap 50 mg 3
lisdexamfetamine dimesylate cap 60 mg 3
lisdexamfetamine dimesylate cap 70 mg 3
lisdexamfetamine dimesylate chew tab 10 mg 3

lisdexamfetamine dimesylate chew tab 20 mg.....3
lisdexamfetamine dimesylate chew tab 30 mg.....3
lisdexamfetamine dimesylate chew tab 40 mg.....3
lisdexamfetamine dimesylate chew tab 50 mg.....3
lisdexamfetamine dimesylate chew tab 60 mg.....3
lisinopril & hydrochlorothiazide tab 10-12.5 mg.....93
lisinopril & hydrochlorothiazide tab 20-12.5 mg.....93
lisinopril & hydrochlorothiazide tab 20-25 mg.....94
lisinopril tab 10 mg.....88
lisinopril tab 2.5 mg.....88
lisinopril tab 20 mg.....88
lisinopril tab 30 mg.....88
lisinopril tab 40 mg.....88
lisinopril tab 5 mg.....88
LITETOUCH MIS 29GX12.7.....236
LITETOUCH MIS 31GX8MM.....236
LITETOUCH MIS LANCETS.....223
LITE TOUCH MIS LANCETS.....223
LITE TOUCH MIS LANC PEN.....223
LITFULO CAP 50MG.....167
lithium carbonate cap 150 mg.....113
lithium carbonate cap 300 mg.....113
lithium carbonate cap 600 mg.....113
lithium carbonate tab 300 mg.....113
lithium carbonate tab er 300 mg.....113
lithium carbonate tab er 450 mg.....113
lithium oral solution 8 meq/5ml.....113
LITHOBID TAB 300MG.....113
LITHOSTAT TAB 250MG.....201
LIVALO TAB 1MG.....86
LIVALO TAB 2MG.....86
LIVALO TAB 4MG.....86
LIVDELZI CAP 10MG.....198
LIVMARLI SOL 19MG/ML.....195
LIVMARLI SOL 9.5MG/ML.....195
LIVMARLI TAB 10MG.....195
LIVMARLI TAB 15MG.....195
LIVMARLI TAB 20MG.....195
LIVMARLI TAB 30MG.....195
LIVTENCITY TAB 200MG.....123
LOARGYS INJ 2/0.4ML.....187
LOCOID LIPO CRE 0.1%.....165
LOCOID LOT 0.1%.....165
LODINE TAB 400MG.....24
LODOCO TAB 0.5MG.....133
LODOSYN TAB 25MG.....109
loestrin 21 tab 1.5/30.....141
loestrin fe tab 1/20.....141
loestrin fe tab 1.5/30.....141
loestrin tab 1/20-21.....141
lofena tab 25mg.....24
lofexidine hcl tab 0.18 mg (base equivalent).....269
lojaimiess tab.....141
LOKELMA PAK 10GM.....252
LOKELMA PAK 5GM.....252
LO LOESTRIN TAB 1-10-10.....141
lomaira tab 8mg.....4
LOMOTIL TAB 2.5MG.....79
lomustine cap 100 mg.....97
lomustine cap 10 mg.....97
lomustine cap 40 mg.....97
LONGS LANCET MIS STANDARD.....223
LONGS LANCET MIS THIN.....223
LONGS LANCET MIS ULTRA TH.....223
LONSURF TAB 15-6.14.....102
LONSURF TAB 20-8.19.....102
LOPID TAB 600MG.....85
lopinavir-ritonavir tab 100-25 mg.....122
lopinavir-ritonavir tab 200-50 mg.....122
LOPRESSOR SOL 10MG/ML.....127
LOPRESSOR TAB 100MG.....127
LOPRESSOR TAB 12.5MG.....127
LOPRESSOR TAB 50MG.....127
lorazepam conc 2 mg/ml.....45
LORAZEPAM INJ 2MG/ML.....46
lorazepam tab 0.5 mg.....46
lorazepam tab 1 mg.....46
lorazepam tab 2 mg.....46
LORBRENA TAB 100MG.....105

LORBRENA TAB 25MG....105
LOREEV XR CAP 1.5MG....46
LOREEV XR CAP 1MG....46
LOREEV XR CAP 2MG....46
LOREEV XR CAP 3MG....46
loryna tab 3-0.02mg....141
losartan potassium & hydrochlorothiazide tab 100-12.5 mg....94
losartan potassium & hydrochlorothiazide tab 100-25 mg....94
losartan potassium & hydrochlorothiazide tab 50-12.5 mg....94
losartan potassium tab 100 mg....90
losartan potassium tab 25 mg....90
losartan potassium tab 50 mg....90
LOTEMAX GEL 0.5%....264
LOTEMAX OIN 0.5%....264
LOTEMAX SM GEL 0.38%....264
LOTEMAX SUS 0.5%....264
LOTENSIN HCT TAB 10-12.5....94
LOTENSIN HCT TAB 20-12.5....94
LOTENSIN HCT TAB 20-25MG....94
LOTENSIN TAB 10MG....88
LOTENSIN TAB 20MG....88
LOTENSIN TAB 40MG....88
loteprednol etabonate ophth gel 0.5%...264
*loteprednol etabonate ophth susp 0.2%*264
*loteprednol etabonate ophth susp 0.5%*264
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%....264
LOTREL CAP 10-20MG....94
LOTREL CAP 10-40MG....94
LOTREL CAP 5-10MG....94
LOTREL CAP 5-20MG....94
LOTRONEX TAB 0.5MG....198
LOTRONEX TAB 1MG....198
lovastatin tab 10 mg....86
lovastatin tab 20 mg....86
lovastatin tab 40 mg....86
LOVAZA CAP 1GM....84
LOVENOX INJ 100MG/ML....56
LOVENOX INJ 120/0.8....56
LOVENOX INJ 150MG/ML....56
LOVENOX INJ 30/0.3ML....55
LOVENOX INJ 300/3ML....56
LOVENOX INJ 40/0.4ML....55
LOVENOX INJ 60/0.6ML....56
LOVENOX INJ 80/0.8ML....56
low-ogestrel tab....141
loxapine succinate cap 10 mg....116
loxapine succinate cap 25 mg....116
loxapine succinate cap 50 mg....116
loxapine succinate cap 5 mg....116
lo-zumandimi tab 3-0.02mg....141
lubiprostone cap 24 mcg....195
lubiprostone cap 8 mcg....195
LUCEMYRA TAB 0.18MG....269
LUER-LOCK MIS SYRG 3ML....236
LUGOLS SOL IODINE....120
luizza 1/20 tab....141
luizza tab 1.5/30....141
luliconazole cream 1%....154
LUMAKRAS TAB 120MG....105
LUMAKRAS TAB 240MG....105
LUMAKRAS TAB 320MG....105
LUMIGAN SOL 0.01% OP....266
LUMRYZ PAK 6GM....269
LUMRYZ PAK 7.5GM....269
LUMRYZ PAK 9GM....269
LUMRYZ PAK STARTER....269
LUMRYZ PKG 4.5GM....269
LUNESTA TAB 1MG....208
LUNESTA TAB 2MG....208
LUNESTA TAB 3MG....208
LUPKYNIS CAP 7.9MG....251
lurasidone hcl tab 120 mg....113
lurasidone hcl tab 20 mg....113
lurasidone hcl tab 40 mg....113
lurasidone hcl tab 60 mg....113
lurasidone hcl tab 80 mg....113
LURBIPR TAB 100MG....24
LURBIRO TAB 100MG....24
lutera tab....141
LUZU CRE 1%....154
LYBALVI TAB 10-10MG....271
LYBALVI TAB 15-10MG....271
LYBALVI TAB 20-10MG....271
LYBALVI TAB 5-10MG....271

lyleq tab 0.35mg 145
lyllana dis 0.025mg 193
lyllana dis 0.0375mg 193
lyllana dis 0.05mg 193
lyllana dis 0.075mg 193
lyllana dis 0.1mg 193
LYNAVOY TAB 40MG 195
LYNKUET CAP 60MG 186
LYNPARZA TAB 100MG 105
LYNPARZA TAB 150MG 105
LYRICA CAP 100MG 60
LYRICA CAP 150MG 60
LYRICA CAP 200MG 61
LYRICA CAP 225MG 61
LYRICA CAP 25MG 60
LYRICA CAP 300MG 61
LYRICA CAP 50MG 60
LYRICA CAP 75MG 60
LYRICA CR TAB 165MG 275
LYRICA CR TAB 330MG 275
LYRICA CR TAB 82.5MG 275
LYRICA SOL 20MG/ML 61
LYSODREN TAB 500MG 100
LYTGOBI TAB 4MG 105
LYUMJEV INJ 100UT/ML 77
LYUMJEV KWPN INJ 100UT/ML 77
LYUMJEV KWPN INJ 200UT/ML 77
LYUMJEV TMPO INJ 100UT/ML 77
LYVISPAH GRA 10MG 258
LYVISPAH GRA 20MG 258
LYVISPAH GRA 5MG 258
lyza tab 0.35mg 145

M

macitentan tab 10 mg 136
MACROBID CAP 100MG 43
MACRODANTIN CAP 100MG 43
MACRODANTIN CAP 25MG 43
MACRODANTIN CAP 50MG 43
mafenide acetate packet for topical soln 5% (50 gm) 162
MAGELLAN SYR MIS 23GX1 237
MALARONE TAB 250-100 96
MALARONE TAB 62.5-25 96
malathion lotion 0.5% 170
maraviroc tab 150 mg 122
maraviroc tab 300 mg 122
MAR-COF CG LIQ 225-7.5 148
MARINOL CAP 10MG 81
MARINOL CAP 2.5MG 81
MARINOL CAP 5MG 81
marlissa tab 0.15/30 141
MARPLAN TAB 10MG 66
MASONATAL TAB 254
MATERNACEL TAB 254
MATERVIA CAP 255
MATRIAPRO CHW 255
MATRONEX TAB 255
MATULANE CAP 50MG 109
matzim la tab 180mg/24 130
matzim la tab 240mg/24 130
matzim la tab 300mg/24 130
matzim la tab 360mg/24 130
matzim la tab 420mg/24 130
MAVENCLAD PAK 10MG(10) 273
MAVENCLAD PAK 10MG(4) 273
MAVENCLAD PAK 10MG(5) 273
MAVENCLAD PAK 10MG(6) 273
MAVENCLAD PAK 10MG(7) 273
MAVENCLAD PAK 10MG(8) 273
MAVENCLAD PAK 10MG(9) 273
MAVYRET PAK 50-20MG 124
MAVYRET TAB 100-40MG 124
MAXALT-MLT TAB 10MG 247
MAXALT TAB 10MG 247
MAXICOMFORT MIS 27GX1/2 237
MAXICOMFORT MIS 31GX1/4 237
MAXIDEX SUS 0.1% OP 264
MAXITROL OIN 0.1% OP 264
MAXITROL SUS 0.1% OP 265
MAXX MIS LUBRICAT 212
MAXX PLUS MIS SPERMICI 212
MAYZENT PAK STARTER 273
MAYZENT TAB 0.25MG 273
MAYZENT TAB 1MG 273
MAYZENT TAB 2MG 273
MB CAPS CAP 41
me/naphos/mb tab hyo 1 41
meclizine hcl tab 50 mg 81

meclofenamate sodium cap 100 mg 24
meclofenamate sodium cap 50 mg.....24
MEDICHOICE MIS LANCET 223
MEDISENSE LIQ GLUC-KET 223
MEDLANCE MIS 30G PLUS 223
MEDLANCE MIS PLUS 30G 223
MEDLANCE PLS MIS 0.8MM 223
MEDLANCE PLS MIS EXTR 21G 223
MEDLANCE PLS MIS LITE 25G 223
MEDLANCE PLS MIS UNIV 21G.....223
MEDROL TAB 16MG.....146
MEDROL TAB 2MG.....146
MEDROL TAB 4MG 146
MEDROL TAB 8MG 146
medroxyprogesterone acetate im susp 150 mg/ml.....144
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 144
medroxyprogesterone acetate tab 10 mg 269
medroxyprogesterone acetate tab 2.5 mg 268
*medroxyprogesterone acetate tab 5 mg*269
mefenamic acid cap 250 mg 24
mefloquine hcl tab 250 mg.....96
megestrol acetate susp 40 mg/ml 100
megestrol acetate susp 625 mg/5ml.....269
megestrol acetate tab 20 mg 100
megestrol acetate tab 40 mg 100
MEIJER BLOOD TES GLUCOSE 177
MEIJER LANCE MIS COLOR.....223
MEIJER LANCE MIS UNIV 21G 223
MEIJER LANCE MIS UNIV 30G 223
MEIJER LANCE MIS UNIVERSA 224
MEIJER MIS LANCETS 224
MEIJER TES TRUETEST 177
MEIJER TES TRUETRAC 177
MEKINIST SOL 0.05/ML.....105
MEKINIST TAB 0.5MG 105
MEKINIST TAB 2MG.....105
MEKTOVI TAB 15MG.....105
meleya tab 0.35mg 145
meloxicam cap 10 mg.....24
meloxicam cap 5 mg 24
MELOXICAM SUS 7.5/5ML 24
meloxicam susp 7.5 mg/5ml 24
meloxicam tab 15 mg.....24
meloxicam tab 7.5 mg 24
memantine hcl cap er 24hr 14 mg 270
memantine hcl cap er 24hr 21 mg 270
memantine hcl cap er 24hr 28 mg.....270
memantine hcl cap er 24hr 7 mg 270
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 270
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 270
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 270
memantine hcl oral solution 2 mg/ml 270
memantine hcl tab 10 mg 270
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....270
memantine hcl tab 5 mg 270
MENEST TAB 0.3MG.....193
MENEST TAB 0.625MG 193
MENEST TAB 1.25MG 193
MENEST TAB 2.5MG.....193
MENOPUR INJ 75UNIT 184
MENOSTAR DIS 14MCG 193
meperidine hcl oral soln 50 mg/5ml.....32
meperidine hcl tab 50 mg 32
meprobamate tab 200 mg.....45
meprobamate tab 400 mg.....45
MEPRON SUS 42
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 98
mercaptopurine tab 50 mg.....98
MERILOG INJ 100/ML 77
MERILOG SOLO INJ 100/ML 77
merzee cap 1/20.....141
mesalamine cap dr 400 mg 196
mesalamine cap er 24hr 0.375 gm 196
mesalamine cap er 250 mg.....196
mesalamine cap er 500 mg 196
mesalamine enema 4 gm 196
mesalamine rectal enema 4 gm & cleanser wipe kit 197
mesalamine suppos 1000 mg 197

mesalamine tab delayed release 1.2 gm .197
mesalamine tab delayed release 800 mg 197
mesna tab 400 mg 109
MESNEX TAB 400MG.....109
MESTINON SOL 60MG/5ML.....96
MESTINON TAB 60MG 96
MESTINON TAB TIMESPAN 97
METADATE CD CAP 10MG 8
METADATE CD CAP 20MG.....8
METADATE CD CAP 30MG.....8
METADATE CD CAP 40MG 8
METADATE CD CAP 50MG 9
METADATE CD CAP 60MG 9
metaxalone tab 400 mg.....258
METAXALONE TAB 640MG.....258
metaxalone tab 800 mg.....258
metformin hcl oral soln 500 mg/5ml.....73
metformin hcl tab 1000 mg 74
metformin hcl tab 500 mg 73
metformin hcl tab 625 mg.....73
metformin hcl tab 750 mg.....73
metformin hcl tab 850 mg 74
metformin hcl tab er 24hr 500 mg.....74
metformin hcl tab er 24hr 750 mg.....74
metformin hcl tab er 24hr modified release 1000 mg.....74
metformin hcl tab er 24hr modified release 500 mg 74
metformin hcl tab er 24hr osmotic 1000 mg 74
metformin hcl tab er 24hr osmotic 500 mg 74
methadone con 10mg/ml.....32
methadone hcl conc 10 mg/ml.....32
methadone hcl soln 10 mg/5ml.....32
methadone hcl soln 5 mg/5ml 32
methadone hcl tab 10 mg.....32
methadone hcl tab 5 mg 32
methadone hcl tab for oral susp 40 mg 32
METHADOSE CON 10MG/ML 32
METHADOSE SF CON 10MG/ML.....32
methadose tab 40mg 32
methamphetamine hcl tab 5 mg 3
methazolamide tab 25 mg 180
methazolamide tab 50 mg 180
methenamine hippurate tab 1 gm 43
methenamine mandelate tab 0.5 gm 43
methenamine mandelate tab 1 gm 43
METHENAMINE SOL 500/5ML.....43
methergine tab 0.2mg.....267
methimazole tab 10 mg 279
methimazole tab 5 mg.....279
methitest tab 10mg 39
methocarbamol tab 1000 mg.....258
methocarbamol tab 500 mg 258
methocarbamol tab 750 mg.....258
methotrexate sodium for inj 1 gm 98
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 98
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 98
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 98
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 98
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 98
methotrexate sodium tab 2.5 mg (base equiv) 98
methoxsalen rapid cap 10 mg 157
methscopolamine bromide tab 2.5 mg...284
methscopolamine bromide tab 5 mg.....284
methsuximide cap 300 mg.....64
methyldopa tab 250 mg.....91
methyldopa tab 500 mg 91
methylergonovine maleate tab 0.2 mg ...267
METHYLIN SOL 10MG/5ML.....9
METHYLIN SOL 5MG/5ML 9
methylphenidate hcl cap er 10 mg (cd).....9
methylphenidate hcl cap er 20 mg (cd) 9
methylphenidate hcl cap er 24hr 10 mg (la) 9
methylphenidate hcl cap er 24hr 10 mg (xr) 9
methylphenidate hcl cap er 24hr 15 mg (xr) 9

methylphenidate hcl cap er 24hr 20 mg (la) 9
methylphenidate hcl cap er 24hr 20 mg (xr) 9
methylphenidate hcl cap er 24hr 30 mg (la) 9
methylphenidate hcl cap er 24hr 30 mg (xr) 9
methylphenidate hcl cap er 24hr 40 mg (la) 9
methylphenidate hcl cap er 24hr 40 mg (xr) 9
methylphenidate hcl cap er 24hr 50 mg (xr) 9
methylphenidate hcl cap er 24hr 60 mg (la) 9
methylphenidate hcl cap er 24hr 60 mg (xr) 9
methylphenidate hcl cap er 30 mg (cd) 9
methylphenidate hcl cap er 40 mg (cd) 9
methylphenidate hcl cap er 50 mg (cd) 9
methylphenidate hcl cap er 60 mg (cd) 9
methylphenidate hcl chew tab 10 mg 9
methylphenidate hcl chew tab 2.5 mg 9
methylphenidate hcl chew tab 5 mg 9
methylphenidate hcl soln 10 mg/5ml 9
methylphenidate hcl soln 5 mg/5ml 9
methylphenidate hcl tab 10 mg 9
methylphenidate hcl tab 20 mg 9
methylphenidate hcl tab 5 mg 9
methylphenidate hcl tab er 10 mg 9
methylphenidate hcl tab er 20 mg 9
methylphenidate hcl tab er 24hr 18 mg 9
methylphenidate hcl tab er 24hr 27 mg 9
methylphenidate hcl tab er 24hr 36 mg 9
methylphenidate hcl tab er 24hr 54 mg 9
methylphenidate hcl tab er diffusion 27 mg 9
methylphenidate hcl tab er diffusion 36 mg 9
methylphenidate hcl tab er diffusion 54 mg 9
methylphenidate hcl tab er osmotic release (osm) 18 mg 9
methylphenidate hcl tab er osmotic release (osm) 27 mg 10
methylphenidate hcl tab er osmotic release (osm) 36 mg 10
methylphenidate hcl tab er osmotic release (osm) 45 mg 10
methylphenidate hcl tab er osmotic release (osm) 54 mg 10
methylphenidate hcl tab er osmotic release (osm) 63 mg 10
methylphenidate hcl tab er osmotic release (osm) 72 mg 10
methylphenidate td patch 10 mg/9hr 10
methylphenidate td patch 15 mg/9hr 10
methylphenidate td patch 20 mg/9hr 10
methylphenidate td patch 30 mg/9hr 10
METHYLPHENID TAB 17.3 ER 9
METHYLPHENID TAB 25.9 ER 9
METHYLPHENID TAB 8.6MG ER 9
methylprednisolone tab 16 mg 146
methylprednisolone tab 32 mg 146
methylprednisolone tab 4 mg 146
methylprednisolone tab 8 mg 146
methylprednisolone tab therapy pack 4 mg (21) 146
methyltestosterone cap 10 mg 39
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 195
metoclopramide hcl tab 10 mg (base equivalent) 195
metoclopramide hcl tab 5 mg (base equivalent) 195
metolazone tab 10 mg 181
metolazone tab 2.5 mg 181
metolazone tab 5 mg 181
metoprolol & hydrochlorothiazide tab 100-25 mg 94
metoprolol & hydrochlorothiazide tab 100-50 mg 94
metoprolol & hydrochlorothiazide tab 50-25 mg 94
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 127

metoprolol succinate tab er 24hr 200 mg (tartrate equiv)....127
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)....127
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)....127
metoprolol tartrate tab 100 mg....127
metoprolol tartrate tab 12.5 mg....127
metoprolol tartrate tab 25 mg....127
metoprolol tartrate tab 37.5 mg....127
metoprolol tartrate tab 50 mg....127
metoprolol tartrate tab 75 mg....127
METROCREAM CRE 0.75%....170
METROGEL GEL 1%....170
METROLOTION LOT 0.75%....170
metronidazole cap 375 mg....41
metronidazole cream 0.75%....170
metronidazole gel 0.75%....170
metronidazole gel 1%....170
metronidazole lotion 0.75%....170
metronidazole tab 125 mg....41
metronidazole tab 250 mg....41
metronidazole tab 500 mg....41
metronidazole vaginal gel 0.75%....288
metyrosine cap 250 mg....89
mexiletine hcl cap 150 mg....46
mexiletine hcl cap 200 mg....46
mexiletine hcl cap 250 mg....46
MIACALCIN INJ 200/ML....182
MIACALCIN INJ 400/2ML....182
mibelas 24 chw fe....141
MICARDIS HCT TAB 40/12.5....94
MICARDIS HCT TAB 80/12.5....94
MICARDIS HCT TAB 80-25MG....94
MICARDIS TAB 20MG....90
MICARDIS TAB 40MG....90
MICARDIS TAB 80MG....90
miconazole 3 sup 200mg....288
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%....154
micort hc cre 2.5%....165
MICROBALANCE CAP....79
MICROCHAMBER MIS....245
MICRODOT CON SOL HIGH/LOW....224
MICRODOT TES....177
MICRODOT TES XTRA....177
microgestin tab 1/20....141
microgestin tab 1.5/30....141
microgestin tab fe 1/20....141
microgestin tab fe1.5/30....141
MICROLET MIS LANCETS....224
MICROLET MIS NEXT....224
MICROLET NXT MIS LANC 28G....224
MICROSPACER MIS....245
MICRO THIN MIS LANC 33G....224
midodrine hcl tab 10 mg....290
midodrine hcl tab 2.5 mg....290
midodrine hcl tab 5 mg....290
MIEBO DRO 1.3GM/ML....266
MIFEPREX TAB 200MG....189
mifepristone tab 200 mg....189
mifepristone tab 300 mg....74
MIGERGOT SUP 2/100....246
miglitol tab 100 mg....71
miglitol tab 25 mg....71
miglitol tab 50 mg....71
miglustat cap 100 mg....204
MIGRANAL SPR 4MG/ML....246
mili tab 0.25/35....141
milnacipran hcl tab 100 mg....271
milnacipran hcl tab 12.5 mg....271
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak....271
milnacipran hcl tab 25 mg....271
milnacipran hcl tab 50 mg....271
milophene tab 50mg....184
mimvey tab 1-0.5mg....191
MINASTRIN 24 CHW FE....141
MINI LANCING MIS DEVICE....224
MINILINK RT MIS TRANSMIT....224
MINIMED 630G MIS TRANSMIT....224
MINIMED INST MIS SENSOR....224
MINIVELLE DIS 0.025MG....193
MINIVELLE DIS 0.0375MG....193
MINIVELLE DIS 0.05MG....193
MINIVELLE DIS 0.075MG....193
MINIVELLE DIS 0.1MG....193
minocycline hcl cap 100 mg....278

minocycline hcl cap 50 mg 278
minocycline hcl cap 75 mg 278
minocycline hcl tab 100 mg 278
minocycline hcl tab 50 mg 278
minocycline hcl tab 75 mg 278
minocycline hcl tab er 24hr 105 mg 278
minocycline hcl tab er 24hr 115 mg 278
minocycline hcl tab er 24hr 135 mg 278
minocycline hcl tab er 24hr 45 mg 278
minocycline hcl tab er 24hr 55 mg 278
minocycline hcl tab er 24hr 65 mg 278
minocycline hcl tab er 24hr 80 mg 278
minocycline hcl tab er 24hr 90 mg 278
minoxidil tab 10 mg 96
minoxidil tab 2.5 mg 96
minzoya tab 0.1-20 142
MIPLYFFA CAP 124MG 275
MIPLYFFA CAP 47MG 275
MIPLYFFA CAP 62MG 275
MIPLYFFA CAP 93MG 275
mirabegron granules for oral extended release susp 8 mg/ml 287
mirabegron tab er 24 hr 25 mg 287
mirabegron tab er 24 hr 50 mg 287
MIRAPEX ER TAB 0.375MG 111
MIRAPEX ER TAB 0.75MG 111
MIRAPEX ER TAB 2.25MG 111
MIRAPEX ER TAB 3.75MG 111
MIRAPEX ER TAB 3MG 111
MIRCERA INJ 100MCG 206
MIRCERA INJ 120MCG 206
MIRCERA INJ 150MCG 206
MIRCERA INJ 200MCG 206
MIRCERA INJ 30MCG 206
MIRCERA INJ 50MCG 206
MIRCERA INJ 75MCG 206
MIRENA IUD SYSTEM 144
mirtazapine orally disintegrating tab 15 mg 65
mirtazapine orally disintegrating tab 30 mg 65
mirtazapine orally disintegrating tab 45 mg 65
mirtazapine tab 15 mg 65
mirtazapine tab 30 mg 65
mirtazapine tab 45 mg 65
mirtazapine tab 7.5 mg 65
MIRVASO GEL 0.33% 170
misoprostol tab 100 mcg 286
misoprostol tab 200 mcg 286
MITIGARE CAP 0.6MG 201
MITOSOL KIT 0.2MG 263
MIUDELLA IUD COPPER 144
MM BLULINK TES STRIPS 177
MM LANCING MIS DEVICE 224
MM PENTIPS MIS 29GX12MM 237
MM PENTIPS MIS 31GX5MM 237
MM PENTIPS MIS 31GX8MM 237
MM PENTIPS MIS 32GX4MM 237
MM TWIST MIS LANCETS 224
M-NATAL PLUS TAB 254
MOBI CONNECT MIS LANCETS 224
MOBI CONNECT MIS LANCING 224
MOBI CONNECT TES STRIPS 177
MOBILE LANCE MIS 30G 224
modafinil tab 100 mg 10
modafinil tab 200 mg 10
MODD1 PATIEN KIT WELCOME 224
MODD1 SUPPLY KIT KIT 224
MODEYSO CAP 125MG 101
moexipril hcl tab 15 mg 88
moexipril hcl tab 7.5 mg 88
molindone hcl tab 10 mg 118
molindone hcl tab 25 mg 118
molindone hcl tab 5 mg 118
mometasone furoate cream 0.1% 165
mometasone furoate oint 0.1% 165
mometasone furoate solution 0.1% (lotion) 165
mondoxyne nl cap 100mg 278
MONOLET MIS LANCETS 224
MONOLET OPD MIS LANCETS 224
MONOLETTOR MIS LANCETS 224
mono-linyah tab 0.25-35 142
montelukast sodium chew tab 4 mg (base equiv) 48
montelukast sodium chew tab 5 mg (base equiv) 48

montelukast sodium oral granules packet 4 mg (base equiv) 48
montelukast sodium tab 10 mg (base equiv) 48
morphine sulfate beads cap er 24hr 120 mg 32
morphine sulfate beads cap er 24hr 30 mg 32
morphine sulfate beads cap er 24hr 45 mg 32
morphine sulfate beads cap er 24hr 60 mg 32
morphine sulfate beads cap er 24hr 75 mg 32
morphine sulfate beads cap er 24hr 90 mg 32
morphine sulfate cap er 24hr 100 mg 32
morphine sulfate cap er 24hr 10 mg 32
morphine sulfate cap er 24hr 20 mg 32
morphine sulfate cap er 24hr 30 mg 32
morphine sulfate cap er 24hr 50 mg 32
morphine sulfate cap er 24hr 60 mg 32
morphine sulfate cap er 24hr 80 mg 32
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 33
morphine sulfate oral soln 10 mg/5ml 32
morphine sulfate oral soln 20 mg/5ml 32
morphine sulfate suppos 10 mg 33
morphine sulfate suppos 20 mg 33
morphine sulfate suppos 30 mg 33
morphine sulfate suppos 5 mg 33
morphine sulfate tab 15 mg 33
morphine sulfate tab 30 mg 33
morphine sulfate tab er 100 mg 33
morphine sulfate tab er 15 mg 33
morphine sulfate tab er 200 mg 33
morphine sulfate tab er 30 mg 33
morphine sulfate tab er 60 mg 33
MOTEGRITY TAB 1MG 194
MOTEGRITY TAB 2MG 194
MOTOFEN TAB 1-0.025 79
MOTPOLY XR CAP 100MG 61
MOTPOLY XR CAP 150MG 61
MOTPOLY XR CAP 200MG 61
MOUNJARO INJ 10MG/0.5 75
MOUNJARO INJ 12.5/0.5 75
MOUNJARO INJ 15MG/0.5 75
MOUNJARO INJ 2.5/0.5 75
MOUNJARO INJ 5MG/0.5 75
MOUNJARO INJ 7.5/0.5 75
MOVANTIK TAB 12.5MG 198
MOVANTIK TAB 25MG 198
MOVIPREP SOL 209
MOXIFL/BROMF SOL 263
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 263
moxifloxacin hcl ophth soln 0.5% (base equiv) 263
moxifloxacin hcl tab 400 mg (base equiv) 194
MOXIFLOXACIN INJ 1MG/ML 263
MS CONTIN TAB 100MG ER 33
MS CONTIN TAB 15MG ER 33
MS CONTIN TAB 200MG ER 33
MS CONTIN TAB 30MG ER 33
MS CONTIN TAB 60MG ER 33
MULPLETA TAB 3MG 206
MULTAQ TAB 400MG 47
MULTI-LANCET KIT DEVICE 224
MULTI-LANCET MIS DEVICE 224
MULTISTIX 10 TES SG 177
mupirocin calcium cream 2% 153
mupirocin oint 2% 153
MYALEPT INJ 11.3MG 187
MYCAPSSA CAP 20MG 189
mycophenolate mofetil cap 250 mg 251
mycophenolate mofetil for oral susp 200 mg/ml 251
mycophenolate mofetil tab 500 mg 251
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 251
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 251
MYDAYIS CAP 12.5MG 3
MYDAYIS CAP 25MG 3
MYDAYIS CAP 37.5MG 3
MYDAYIS CAP 50MG 3
MYDCOMBI SOL 1%-2.5% 261

MYFEMBREE TAB....191
MYFORTIC TAB 180MG....251
MYFORTIC TAB 360MG....251
MYGLUCOHEALT MIS LANC 30G....224
MYGLUCOHEALT SOL LO/NL/HI....224
MYGLUCOHEALT TES BLD GLUC....177
MYHIBBIN SUS 200MG/ML....251
MYLERAN TAB 2MG....97
MYQORZO TAB 10MG....132
MYQORZO TAB 15MG....132
MYQORZO TAB 20MG....132
MYQORZO TAB 5MG....132
MYRBETRIQ SUS 8MG/ML....287
MYRBETRIQ TAB 25MG....287
MYRBETRIQ TAB 50MG....287
MYSOLINE TAB 250MG....61
MYSOLINE TAB 50MG....61
MYTESI TAB 125MG....79
MYXREDLIN SOL 1UNIT/ML....77

N

nabumetone tab 500 mg....24
nabumetone tab 750 mg....24
nadolol tab 20 mg....128
nadolol tab 40 mg....128
nadolol tab 80 mg....128
naftifine hcl cream 1%....154
naftifine hcl cream 2%....154
naftifine hcl gel 2%....154
NAFTIN GEL 2%....154
NALFON CAP 400MG....24
NALFON TAB 600MG....24
NALOCET TAB 2.5-300....37
naloxone hcl inj 0.4 mg/ml....80
naloxone hcl inj 4 mg/10ml....80
naloxone hcl nasal spray 4 mg/0.1ml....80
naloxone hcl soln cartridge 0.4 mg/ml....80
naloxone hcl soln prefilled syringe 0.4 mg/ml....80
naloxone hcl soln prefilled syringe 2 mg/2ml....80
naltrexone hcl tab 50 mg....80
NAMENDA TAB 5-10MG....270
NAMENDA XR CAP 14MG....270
NAMENDA XR CAP 21MG....270
NAMENDA XR CAP 28MG....270
NAMZARIC CAP 14-10MG....270
NAMZARIC CAP 21-10MG....270
NAMZARIC CAP 28-10MG....270
NAMZARIC CAP 7-10MG....270
NAPRELAN TAB 375MG CR....24
NAPRELAN TAB 500MG CR....24
NAPRELAN TAB 750MG CR....24
NAPROSYN SUS 125/5ML....24
NAPROSYN TAB 500MG....24
naproxen-esomeprazole magnesium tab dr 375-20 mg....25
naproxen-esomeprazole magnesium tab dr 500-20 mg....25
naproxen sodium tab 275 mg....24
naproxen sodium tab 550 mg....24
naproxen sodium tab er 24hr 375 mg (base equiv)....24
naproxen sodium tab er 24hr 500 mg (base equiv)....25
naproxen sodium tab er 24hr 750 mg (base equiv)....25
naproxen susp 125 mg/5ml....25
naproxen tab 250 mg....25
naproxen tab 375 mg....25
naproxen tab 500 mg....25
naproxen tab ec 375 mg....25
naproxen tab ec 500 mg....25
naratriptan hcl tab 1 mg (base equiv)....247
naratriptan hcl tab 2.5 mg (base equiv)....247
NARCAN SPR 4MG....80
NARDIL TAB 15MG....66
NASCOBAL SPR 500MCG....204
NATACYN SUS 5% OP....263
NATALCHEW CHW....255
NATALCORE CHW....255
NATAL PNV TAB....255
NATAZIA TAB....142
nateglinide tab 120 mg....78
nateglinide tab 60 mg....78
NATESTO GEL 5.5MG....39
NATROBA SUS 0.9%....170
NATURAL COND MIS + LUBE....212
NAYZILAM SPR 5MG....57

nebivolol hcl tab 10 mg (base equivalent) 127
nebivolol hcl tab 2.5 mg (base equivalent) 127
nebivolol hcl tab 20 mg (base equivalent) 127
nebivolol hcl tab 5 mg (base equivalent) .127
NEBUSAL NEB 3% 148
NEBUSAL NEB 6% 148
necon tab 0.5/35 142
NEEDLES MIS 18GX1 237
NEEDLES MIS 18GX1.5 237
NEEDLES MIS 22GX1.5 237
NEEDLES MIS 23GX1.5 237
NEEDLES MIS 25GX1 237
NEEVO DHA CAP 27-1.13 255
nefazodone hcl tab 100 mg 68
nefazodone hcl tab 150 mg 68
nefazodone hcl tab 200 mg 68
nefazodone hcl tab 250 mg 68
nefazodone hcl tab 50 mg 68
NEFFY SPR 1MG 289
NEFFY SPR 2MG 289
NEMLUVIO INJ 30MG 167
NEOMATERNA TAB 255
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 263
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 263
neomycin-polymyxin-dexamethasone ophth oint 0.1% 265
neomycin-polymyxin-dexamethasone ophth susp 0.1% 265
neomycin-polymyxin-hc ophth susp 265
neomycin-polymyxin-hc otic soln 1% 267
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 267
neomycin sulfate tab 500 mg 11
NEONATAL PLS TAB 27-1MG 255
NEONATAL TAB COMPLTE 255
NEONATAL TAB PLUS 255
neo-polycin oin hc 1%op 265
neo-polycin oin op 263
NEORAL CAP 100MG 251
NEORAL CAP 25MG 251
NEORAL SOL 100MG/ML 251
NEO-SYNALAR CRE 153
NEOTUSS PLUS LIQ 148
NEO-VITAL RX TAB 255
NEREUS CAP 85MG 82
NERLYNX TAB 40MG 105
NESTABS DHA PAK 255
NESTABS ONE CAP 255
NESTABS TAB 255
neuac gel 1.2-5% 151
NEULASTA INJ 6/0.6ML 206
NEUPOGEN INJ 300/0.5 206
NEUPOGEN INJ 300MCG 206
NEUPOGEN INJ 480/0.8 206
NEUPOGEN INJ 480MCG 206
NEUPRO DIS 1MG/24HR 111
NEUPRO DIS 2MG/24HR 111
NEUPRO DIS 3MG/24HR 111
NEUPRO DIS 4MG/24HR 111
NEUPRO DIS 6MG/24HR 111
NEUPRO DIS 8MG/24HR 111
NEURONTIN CAP 100MG 61
NEURONTIN CAP 300MG 61
NEURONTIN CAP 400MG 61
NEURONTIN SOL 250/5ML 61
NEURONTIN TAB 600MG 61
NEURONTIN TAB 800MG 61
NEUTEK 2TEK SOL CONTROL 224
NEUTEK 2TEK TES STRIPS 177
NEVANAC SUS 0.1% OP 266
nevirapine susp 50 mg/5ml 122
nevirapine tab 200 mg 122
nevirapine tab er 24hr 400 mg 122
NEXAVAR TAB 200MG 105
NEXICLON XR TAB 0.17MG 91
NEXIUM CAP 20MG 285
NEXIUM CAP 40MG 285
NEXIUM GRA 10MG DR 285
NEXIUM GRA 2.5MG DR 285
NEXIUM GRA 20MG DR 285
NEXIUM GRA 40MG DR 285
NEXIUM GRA 5MG DR 285
NEXLETOL TAB 180MG 84

NEXLIZET TAB 180/10MG.....84
NEXOBRID GEL 8.8%.....167
NEXPLANON IMP 68MG.....144
NEXTSTELLIS TAB 3-14.2MG.....142
NGENLA INJ 24/1.2ML.....185
NGENLA INJ 60/1.2ML.....185
niacin (antihyperlipidemic) tab 500 mg....87
niacin tab er 1000 mg (antihyperlipidemic).....87
*niacin tab er 500 mg (antihyperlipidemic)*87
*niacin tab er 750 mg (antihyperlipidemic)*87
niacor tab 500mg.....87
nicardipine hcl cap 20 mg.....130
nicardipine hcl cap 30 mg.....130
nicotine polacrilex gum 2 mg.....275
nicotine polacrilex gum 4 mg.....275
nicotine polacrilex lozenge 2 mg.....275
nicotine polacrilex lozenge 4 mg.....275
NICOTINE SYS KIT TRANSDER.....276
nicotine td patch 24hr 14 mg/24hr.....276
nicotine td patch 24hr 21 mg/24hr.....276
nicotine td patch 24hr 7 mg/24hr.....276
NICOTROL NS SPR 10MG/ML.....276
nifedipine cap 10 mg.....130
nifedipine cap 20 mg.....130
nifedipine tab er 24hr 30 mg.....130
nifedipine tab er 24hr 60 mg.....130
nifedipine tab er 24hr 90 mg.....130
nifedipine tab er 24hr osmotic release 30 mg.....130
nifedipine tab er 24hr osmotic release 60 mg.....130
nifedipine tab er 24hr osmotic release 90 mg.....130
nikki tab 3-0.02mg.....142
NILANDRON TAB 150MG.....100
NILOTINB TAR CAP 150MG.....105, 106
NILOTINB TAR CAP 200MG.....106
NILOTINB TAR CAP 50MG.....105
nilotinib hcl cap 150 mg (base equivalent).....106
nilotinib hcl cap 200 mg (base equivalent).....106
nilotinib hcl cap 50 mg (base equivalent).....106
nilutamide tab 150 mg.....100
nimodipine cap 30 mg.....130
nimodipine oral soln 60 mg/20ml (3 mg/ml).....131
NINLARO CAP 2.3MG.....106
NINLARO CAP 3MG.....106
NINLARO CAP 4MG.....106
nintedanib esylate cap 100 mg (base equivalent).....277
nintedanib esylate cap 150 mg (base equivalent).....277
nisoldipine tab er 24hr 17 mg.....131
nisoldipine tab er 24hr 20 mg.....131
nisoldipine tab er 24hr 25.5 mg.....131
nisoldipine tab er 24hr 30 mg.....131
nisoldipine tab er 24hr 34 mg.....131
nisoldipine tab er 24hr 40 mg.....131
nisoldipine tab er 24hr 8.5 mg.....131
nitazoxanide tab 500 mg.....42
nitisinone cap 10 mg.....187
nitisinone cap 20 mg.....187
nitisinone cap 2 mg.....187
nitisinone cap 5 mg.....187
nitro-bid oin 2%.....44
NITRO-DUR DIS 0.1MG/HR.....44
NITRO-DUR DIS 0.2MG/HR.....44
NITRO-DUR DIS 0.3MG/HR.....44
NITRO-DUR DIS 0.4MG/HR.....44
NITRO-DUR DIS 0.6MG/HR.....44
NITRO-DUR DIS 0.8MG/HR.....44
NITROFURANTN SUS 50MG/5ML.....43
nitrofurantoin macrocrystalline cap 100 mg.....43
nitrofurantoin macrocrystalline cap 25 mg.....43
nitrofurantoin macrocrystalline cap 50 mg.....43
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....43
nitrofurantoin susp 25 mg/5ml.....43
nitroglycerin oint 0.4%.....41
nitroglycerin oint 2%.....44

nitroglycerin sl tab 0.3 mg 44
nitroglycerin sl tab 0.4 mg 44
nitroglycerin sl tab 0.6 mg 44
nitroglycerin td patch 24hr 0.1 mg/hr 44
nitroglycerin td patch 24hr 0.2 mg/hr.....44
nitroglycerin td patch 24hr 0.4 mg/hr.....44
nitroglycerin td patch 24hr 0.6 mg/hr.....44
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 44
NITROLINGUAL SPR 400MCG 44
NITROSTAT SUB 0.3MG 44
NITROSTAT SUB 0.4MG 44
NITROSTAT SUB 0.6MG 44
NITRO-TIME CAP 2.5MG ER 44
NITRO-TIME CAP 6.5MG ER 44
NITRO-TIME CAP 9MG ER.....44
NITYR TAB 10MG.....187
NITYR TAB 2MG.....187
NITYR TAB 5MG 187
NIVA-PLUS TAB 255
NIVA THYROID TAB 120MG.....281
NIVA THYROID TAB 15MG 281
NIVA THYROID TAB 30MG 281
NIVA THYROID TAB 60MG 281
NIVA THYROID TAB 90MG 281
NIVESTYM INJ 300/0.5.....206
NIVESTYM INJ 300MCG 206
NIVESTYM INJ 480/0.8.....206
NIVESTYM INJ 480MCG 206
nizatidine cap 150 mg.....284
nizatidine cap 300 mg.....284
NOCDURNA SUB 27.7MCG.....189
NOCDURNA SUB 55.3MCG 189
NOCLOT-50 SOL ACD-A 56
NO CODING TES BLD GLUC 177
nora-be tab 0.35mg 145
NORDITROPIN INJ 10/1.5ML 185
NORDITROPIN INJ 15/1.5ML 185
NORDITROPIN INJ 30/3ML.....185
NORDITROPIN INJ 5/1.5ML.....185
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....144
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....142
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....142
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 142
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....142
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....142
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 142
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 142
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 142
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 191
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....191
norethindrone acetate tab 5 mg 269
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....142
norethindrone tab 0.35 mg 145
norgesic tab.....258
norgesic tab forte.....258
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 142
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....142
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....142
NORITATE CRE 1% 170
NORLIQVA SOL 1MG/ML 131
norlyroc tab 0.35mg.....145
NORM-JECT MIS LUER LOK 237
NORPACE CAP 100MG 46
NORPACE CAP 100MG CR.....46
NORPACE CAP 150MG 46
NORPACE CAP 150MG CR 46
NORPRAMIN TAB 10MG 70
NORPRAMIN TAB 25MG 70
NORTHERA CAP 100MG 289
NORTHERA CAP 200MG.....289
NORTHERA CAP 300MG.....289
nortrel tab 0.5/35 142

nortrel tab 1/35.....142
nortrel tab 7/7/7.....142
nortriptyline hcl cap 10 mg.....70
nortriptyline hcl cap 25 mg.....70
nortriptyline hcl cap 50 mg.....70
nortriptyline hcl cap 75 mg.....70
nortriptyline hcl soln 10 mg/5ml.....70
NORVASC TAB 10MG.....131
NORVASC TAB 2.5MG.....131
NORVASC TAB 5MG.....131
NORVIR POW 100MG.....122
NORVIR TAB 100MG.....122
NOURIANZ TAB 20MG.....109
NOURIANZ TAB 40MG.....110
NOVA MAX GLU LIQ /KET CON.....224
NOVA MAX PLS TES KETONE.....177
NOVA MAX TES GLUCOSE.....177
NOVAREL INJ 5000UNIT.....184
NOVA SAFETY MIS LANC 23G.....224
NOVA SAFETY MIS LANC 28G.....224
NOVA SUREFLX MIS LANC DEV.....224
NOVA SURE MIS LANCETS.....224
NOVOFINE MIS 32GX6MM.....237
NOVOFINE PLS MIS 32GX4MM.....237
NOVOLIN70/30 INJ RELION.....77
NOVOLIN INJ 70/30.....77
NOVOLIN INJ 70/30 FP.....77
NOVOLIN N INJ 100 UNIT.....77
NOVOLIN N INJ RELION.....77
NOVOLIN N INJ U-100.....77
NOVOLIN R INJ 100 UNIT.....77
NOVOLIN R INJ RELION.....77
NOVOLIN R INJ U-100.....77
NOVOLOG INJ 100/ML.....77
NOVOLOG INJ FLEXPEN.....78
NOVOLOG INJ FLEX REL.....78
NOVOLOG INJ PENFILL.....78
NOVOLOG INJ RELION.....78
NOVOLOG MIX INJ 70/30.....78
NOVOLOG MIX INJ FLEXPEN.....78
NOVOLOG MIX INJ FLEX REL.....78
NOVOLOG RELI INJ 70/30.....78
NOVOPEN ECHO MIS.....237
NOVYRA TAB.....255
NOXAFIL PAK 300MG.....83
NOXAFIL SUS 40MG/ML.....83
NOXAFIL TAB 100MG.....83
NOZIN NASAL KIT SANITIZE.....259
NOZIN NASAL MIS SANITIZE.....259
NP THYROID TAB 120MG.....281
NP THYROID TAB 15MG.....281
NP THYROID TAB 30MG.....281
NP THYROID TAB 60MG.....281
NP THYROID TAB 90MG.....281
NUBEQA TAB 300MG.....100
NUCALA INJ 100MG.....47
NUCALA INJ 100MG/ML.....47
NUCALA INJ 40MG/0.4.....47
NUCORT LOT 2%.....165
NUCYNTA ER TAB 100MG.....33
NUCYNTA ER TAB 150MG.....33
NUCYNTA ER TAB 200MG.....33
NUCYNTA ER TAB 250MG.....33
NUCYNTA ER TAB 50MG.....33
NUCYNTA TAB 100MG.....33
NUCYNTA TAB 50MG.....33
NUCYNTA TAB 75MG.....33
NUEDEXTA CAP 20-10MG.....275
NUJU CRE 0.1%.....168
NULEV TAB 0.125MG.....284
NUMBRINO SOL 40MG/ML.....259
NUPLAZID CAP 34MG.....113
NUPLAZID TAB 10MG.....113
NURTEC TAB 75MG ODT.....245
NUTROPIN AQ INJ 10MG/2ML.....185
NUTROPIN AQ INJ 20MG/2ML.....185
NUTROPIN AQ INJ NUSPIN 5.....185
NUVARING MIS.....144
NUVESSA GEL 1.3%.....288
NUVIGIL TAB 150MG.....10
NUVIGIL TAB 200MG.....10
NUVIGIL TAB 250MG.....10
NUVIGIL TAB 50MG.....10
NUZYRA TAB 150MG.....277
nyamyc pow 100000.....154
nylia tab 1/35.....142
nylia tab 7/7/7.....142
NYMALIZE SOL.....131

NYPOZI INJ 300/0.5 206
NYPOZI INJ 480/0.8 206
nystatin cream 100000 unit/gm 154
nystatin oint 100000 unit/gm 154
NYSTATIN SUS 100000 252
nystatin susp 100000 unit/ml 252
nystatin tab 500000 unit 82
nystatin topical powder 100000 unit/gm 154
nystatin-triamcinolone cream 100000-0.1 unit/gm-% 154
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 154
nystop pow 100000 154
NYVEPRIA INJ 6/0.6ML 206
O
OB COMPLETE/ CAP DHA 255
OB COMPLETE CAP ONE 255
OB COMPLETE CAP PETITE 255
OB COMPLETE TAB 255
OB COMPLETE TAB PREMIER 255
OCALIVA TAB 10MG 194
OCALIVA TAB 5MG 194
ocella tab 3-0.03mg 142
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 190
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 190
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 190
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 190
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 189
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 190
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 190
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 190
OCUFLOX DRO 0.3% OP 263
ODACTRA SUB 11
ODEFSEY TAB 122
ODOMZO CAP 200MG 99
OFEV CAP 100MG 277
OFEV CAP 150MG 277
ofloxacin ophth soln 0.3% 263
ofloxacin otic soln 0.3% 267
ofloxacin tab 300 mg 194
ofloxacin tab 400 mg 194
OGSIVEO TAB 100MG 106
OGSIVEO TAB 150MG 106
OGSIVEO TAB 50MG 106
OHTUVAYRE SUS 3/2.5ML 49
OJEMDA SUS 25MG/ML 106
OJEMDA TAB 100MG 106
OJJAARA TAB 100MG 106
OJJAARA TAB 150MG 106
OJJAARA TAB 200MG 106
olanzapine-fluoxetine hcl cap 12-25 mg ..271
olanzapine-fluoxetine hcl cap 12-50 mg ..271
olanzapine-fluoxetine hcl cap 3-25 mg ...271
olanzapine-fluoxetine hcl cap 6-25 mg ...271
olanzapine-fluoxetine hcl cap 6-50 mg ...271
olanzapine for im inj 10 mg 117
olanzapine orally disintegrating tab 10 mg 117
olanzapine orally disintegrating tab 15 mg 117
olanzapine orally disintegrating tab 20 mg 117
olanzapine orally disintegrating tab 5 mg 117
olanzapine tab 10 mg 117
olanzapine tab 15 mg 117
olanzapine tab 2.5 mg 117
olanzapine tab 20 mg 117
olanzapine tab 5 mg 117
olanzapine tab 7.5 mg 117
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg ..94
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 94
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg ...94
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg ..94
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 94

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....94
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....94
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....94
olmesartan medoxomil tab 20 mg.....90
olmesartan medoxomil tab 40 mg.....90
olmesartan medoxomil tab 5 mg.....90
olopatadine hcl nasal soln 0.6%.....259
OLPRUVA PAK 2GM.....187
OLPRUVA PAK 3GM.....187
OLPRUVA PAK 4 GM.....187
OLPRUVA PAK 5GM.....187
OLPRUVA PAK 6.67GM.....187
OLPRUVA PAK 6GM.....187
OLUMIANT TAB 1MG.....19
OLUMIANT TAB 2MG.....19
OLUMIANT TAB 4MG.....19
omega-3-acid ethyl esters cap 1 gm.....84
omeprazole cap delayed release 10 mg .285
omeprazole cap delayed release 20 mg.285
omeprazole cap delayed release 40 mg 285
omeprazole-sodium bicarbonate cap 20-1100 mg.....286
omeprazole-sodium bicarbonate cap 40-1100 mg.....286
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg.....286
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg.....286
OMLONTI DRO 0.002%.....266
OMLYCLO INJ 150MG/ML.....47
OMLYCLO INJ 300/2ML.....47
OMLYCLO INJ 75/0.5ML.....47
OMNARIS SPR.....259
OMNIFLEX DPR.....212
OMNIPOD 5 DX KIT INT G7G6.....224
OMNIPOD 5 DX MIS POD G7G6.....224
OMNIPOD5 LIB KIT INTRO.....224
OMNIPOD5 LIB MIS PODS.....224
OMNIPOD DASH KIT INTRO.....224
OMNIPOD DASH KIT PDM.....224
OMNIPOD DASH MIS PODS.....224
OMNIPOD GO KIT 10UNT/DY.....224
OMNIPOD GO KIT 15UNT/DY.....224
OMNIPOD GO KIT 20UNT/DY.....224
OMNIPOD GO KIT 25UNT/DY.....224
OMNIPOD GO KIT 30UNT/DY.....224
OMNIPOD GO KIT 35UNT/DY.....224
OMNIPOD GO KIT 40UNT/DY.....225
OMNIPOD MIS CLASSIC.....225
OMNITROPE INJ 10/1.5ML.....185
OMNITROPE INJ 5/1.5ML.....185
OMNITROPE INJ 5.8MG.....185
OMVOH INJ 100/200.....197
OMVOH INJ 100MG/ML.....197
OMVOH INJ 200/2ML.....197
ONAPGO INJ 98/20ML.....111
ON CALL TES EXPRESS.....177
ondansetron hcl oral soln 4 mg/5ml.....81
ondansetron hcl tab 24 mg.....81
ondansetron hcl tab 4 mg.....81
ondansetron hcl tab 8 mg.....81
ondansetron orally disintegrating tab 16 mg.....81
ondansetron orally disintegrating tab 4 mg.....81
ondansetron orally disintegrating tab 8 mg.....81
ONE DROP TES BLD GLUC.....177
ONENATAL RX TAB.....255
ONETOUCH DEL MIS LANC DEV.....225
ONETOUCH DEL MIS PLUS 30G.....225
ONETOUCH DEL MIS PLUS 33G.....225
ONETOUCH LIQ ULT CONT.....225
ONETOUCH LIQ ULTRA.....225
ONETOUCH LIQ VERIO.....225
ONETOUCH LIQ VERIO 4.....225
ONETOUCH TES ULT BLUE.....177
ONETOUCH TES ULTRA.....177
ONETOUCH TES VERIO.....177
ONETOUCH US MIS 2 30G.....225
ONE VITE TAB 1MG PLUS.....255
ONEXTON GEL 1.2-3.75.....151
ONFI SUS 2.5MG/ML.....57
ONFI TAB 10MG.....57
ONFI TAB 20MG.....57

ONGENTYS CAP 25MG....110
ONGENTYS CAP 50MG....110
ONGLYZA TAB 2.5MG....74
ONGLYZA TAB 5MG....74
ON-THE-GO MIS LANC 30G....225
ONTRALFY SOL 2MG/5ML....258
ONUREG TAB 200MG....98
ONUREG TAB 300MG....98
ONYDA XR SUS 0.1MG/ML....7
ONZETRA XSAI MIS 11MG....247
OPILL TAB 0.075MG....145
OPIPZA MIS 10MG....120
OPIPZA MIS 2MG....120
OPIPZA MIS 5MG....120
opium tincture 1% (10 mg/ml) (morphine equiv)....79
OPSUMIT TAB 10MG....136
OPSYNVI TAB 10-20MG....133
OPSYNVI TAB 10-40MG....133
OPTICHAMBER MIS DIA LG....245
OPTICHAMBER MIS DIA MD....245
OPTICHAMBER MIS DIAMOND....245
OPTICHAMBER MIS DIA SM....245
OPTIUMEZ TES....177
OPVEE SPR 2.7/0.1....80
OPZELURA CRE 1.5%....167
ORACEA CAP 40MG....170
ORACIT SOL....199
ORALAIR SUB 300 IR....11
ORAL CITRATE SOL....199
oralone dent pst 0.1%....253
ORAPRED ODT TAB 10MG....146
ORAPRED ODT TAB 15MG....146
ORAPRED ODT TAB 30MG....146
ORAVIG TAB 50MG....252
ORENCIA CLCK INJ 125MG/ML....27
ORENCIA INJ 125MG/ML....27
ORENCIA INJ 50/0.4ML....27
ORENCIA INJ 87.5/0.7....27
ORENITRAM TAB 0.125MG....136
ORENITRAM TAB 0.25MG....136
ORENITRAM TAB 1MG....136
ORENITRAM TAB 2.5MG....136
ORENITRAM TAB 5MG....136
ORENITRAM TAB MONTH 1....136
ORENITRAM TAB MONTH 2....136
ORENITRAM TAB MONTH 3....136
ORFADIN CAP 10MG....187
ORFADIN CAP 20MG....187
ORFADIN CAP 2MG....187
ORFADIN CAP 5MG....187
ORFADIN SUS 4MG/ML....187
ORGOVYX TAB 120MG....100
ORIAHNN CAP....191
ORILISSA TAB 150MG....184
ORILISSA TAB 200MG....184
ORKAMBI GRA 100-125....276
ORKAMBI GRA 150-188....277
ORKAMBI GRA 75-94MG....276
ORKAMBI TAB 100-125....277
ORKAMBI TAB 200-125....277
ORLADEYO CAP 110MG....203
ORLADEYO CAP 150MG....203
ORLADEYO PAK 108MG....203
ORLADEYO PAK 132MG....203
ORLADEYO PAK 72MG....203
ORLADEYO PAK 96MG....203
orlistat cap 120 mg....5
ORLYNVAH TAB 500-500....43
ormalvi tab 50mg....180
orphenadrine citrate tab er 12hr 100 mg....258
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg....258
orphengesic tab forte....259
orquidea tab 0.35mg....145
ORSERDU TAB 345MG....100
ORSERDU TAB 86MG....100
ORUDIS CAP 75MG....25
OSCIMIN SUB 0.125MG....284
OSCIMIN TAB 0.125MG....284
oseltamivir phosphate cap 30 mg (base equiv)....125
oseltamivir phosphate cap 45 mg (base equiv)....125
oseltamivir phosphate cap 75 mg (base equiv)....125
oseltamivir phosphate for susp 6 mg/ml (base equiv)....125

OSMOLEX ER TAB 129MG 111
OSPHENA TAB 60MG.....186
OTEZLA/XR TAB 28 DAY 26
OTEZLA TAB 10/20 26
OTEZLA TAB 10/20/30.....26
OTEZLA TAB 20MG 26
OTEZLA TAB 30MG 26
OTEZLA XR TAB 75MG.....26
OTOVEL DRO.....267
OTREXUP INJ 10MG 20
OTREXUP INJ 12.5/0.4.....20
OTREXUP INJ 15MG 20
OTREXUP INJ 17.5/0.4.....20
OTREXUP INJ 20MG 20
OTREXUP INJ 22.5/0.4 21
OTREXUP INJ 25MG.....21
OTULFI INJ 45/0.5ML.....157
OTULFI INJ 45MG.....157
OTULFI INJ 90MG/ML 157
OVACE PLUS CRE 10%.....161
OVACE PLUS GEL 10% WASH 161
OVACE PLUS LIQ 10% WASH.....161
OVACE PLUS LOT 9.8%.....162
OVACE PLUS SHA 10%.....162
OVACE WASH LIQ 10% 162
OVIDE LOT 0.5% 170
OVIDREL INJ 184
oxaprozin cap 300 mg.....25
oxaprozin tab 600 mg 25
oxazepam cap 10 mg.....46
oxazepam cap 15 mg.....46
oxazepam cap 30 mg.....46
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....61
oxcarbazepine tab 150 mg 61
oxcarbazepine tab 300 mg.....61
oxcarbazepine tab 600 mg 61
oxcarbazepine tab er 24hr 150 mg.....61
oxcarbazepine tab er 24hr 300 mg.....61
oxcarbazepine tab er 24hr 600 mg.....61
OXERVATE SOL 20MCG/ML 264
oxiconazole nitrate cream 1%.....154
OXISTAT LOT 1% 154
OXTELLAR XR TAB 150MG 61
OXTELLAR XR TAB 300MG.....61
OXTELLAR XR TAB 600MG.....61
OXY-ACETAMIN TAB 7.5-300 37
oxybutynin chloride solution 5 mg/5ml ..287
oxybutynin chloride tab 2.5 mg.....287
oxybutynin chloride tab 5 mg.....287
oxybutynin chloride tab er 24hr 10 mg....287
oxybutynin chloride tab er 24hr 15 mg....287
oxybutynin chloride tab er 24hr 5 mg 287
OXYCOD/ACETA SOL 10/300MG 37
OXYCOD/APAP TAB 10-300MG.....37
OXYCOD/APAP TAB 5-300MG 37
OXYCOD-APAP TAB 2.5-300.....37
oxycodone hcl cap 5 mg 34
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 34
oxycodone hcl soln 5 mg/5ml.....34
oxycodone hcl tab 10 mg 34
oxycodone hcl tab 15 mg 34
oxycodone hcl tab 20 mg 34
oxycodone hcl tab 30 mg 34
oxycodone hcl tab 5 mg.....34
OXYCODONE TAB 10MG 34
OXYCODONE TAB 15MG 34
OXYCODONE TAB 30MG 34
OXYCODONE TAB 5MG.....34
oxycodone w/ acetaminophen soln 5-325 mg/5ml 37
oxycodone w/ acetaminophen tab 10-325 mg.....37
oxycodone w/ acetaminophen tab 2.5-325 mg.....37
oxycodone w/ acetaminophen tab 5-325 mg.....37
oxycodone w/ acetaminophen tab 7.5-325 mg.....37
OXYCONTIN TAB 10MG ER 34
OXYCONTIN TAB 15MG ER 34
OXYCONTIN TAB 20MG ER 34
OXYCONTIN TAB 30MG ER 34
OXYCONTIN TAB 40MG ER 34
OXYCONTIN TAB 60MG ER 34
OXYCONTIN TAB 80MG ER 34
oxymetazoline hcl cream 1% 170

oxymorphone hcl tab 10 mg 34
oxymorphone hcl tab 5 mg 34
oxymorphone hcl tab er 12hr 10 mg 34
oxymorphone hcl tab er 12hr 15 mg 34
oxymorphone hcl tab er 12hr 20 mg 34
oxymorphone hcl tab er 12hr 30 mg 35
oxymorphone hcl tab er 12hr 40 mg 35
oxymorphone hcl tab er 12hr 5 mg 34
oxymorphone hcl tab er 12hr 7.5 mg 34
OXYTROL DIS 3.9MG/24 287
OZEMPIC INJ 2MG/3ML 75
OZEMPIC INJ 4MG/3ML 75
OZEMPIC INJ 8MG/3ML 75
OZEMPIC TAB 1.5MG 75
OZEMPIC TAB 4MG 75
OZEMPIC TAB 9MG 75
OZOBAX DS SOL 10MG/5ML 258

P

pacerone tab 100mg 47
pacerone tab 200mg 47
pacerone tab 400mg 47
PALFORZIA CAP 1-3YRS 11
PALFORZIA CAP 4-17YRS 11
PALFORZIA CAP ESCALAT 11
PALFORZIA CAP LEVEL 0 11
PALFORZIA CAP LEVEL 1 11
PALFORZIA CAP LEVEL 10 11
PALFORZIA CAP LEVEL 2 11
PALFORZIA CAP LEVEL 3 11
PALFORZIA CAP LEVEL 4 11
PALFORZIA CAP LEVEL 5 11
PALFORZIA CAP LEVEL 6 11
PALFORZIA CAP LEVEL 7 11
PALFORZIA CAP LEVEL 8 11
PALFORZIA CAP LEVEL 9 11
PALFORZIA POW LEVEL 11 11
paliperidone tab er 24hr 1.5 mg 115
paliperidone tab er 24hr 3 mg 115
paliperidone tab er 24hr 6 mg 115
paliperidone tab er 24hr 9 mg 115
PALSONIFY TAB 20MG 190
PALSONIFY TAB 30MG 190
PALYNZIQ INJ 10/0.5ML 187
PALYNZIQ INJ 2.5/0.5 187
PALYNZIQ INJ 20MG/ML 188
PAMELOR CAP 10MG 70
PAMELOR CAP 25MG 70
PAMELOR CAP 50MG 70
PAMELOR CAP 75MG 70
PANCREAZE CAP 10500UNT 179
PANCREAZE CAP 16800UNT 179
PANCREAZE CAP 21000UNT 179
PANCREAZE CAP 2600UNIT 179
PANCREAZE CAP 37000 179
PANCREAZE CAP 4200UNIT 179
PANDEL CRE 0.1% 165
PANRETIN GEL 0.1% 154
pantoprazole sodium ec tab 20 mg (base equiv) 285
pantoprazole sodium ec tab 40 mg (base equiv) 285
pantoprazole sodium for delayed release susp packet 40 mg 285
PARADIGM REA MIS TRANSMIT 225
PARAGARD IUD T380A 144
paricalcitol cap 1 mcg 188
paricalcitol cap 2 mcg 188
paricalcitol cap 4 mcg 188
PARLODEL CAP 5MG 111
PARLODEL TAB 2.5MG 111
PARNATE TAB 10MG 66
paroxetine hcl oral susp 10 mg/5ml (base equiv) 67
paroxetine hcl tab 10 mg 67
paroxetine hcl tab 20 mg 67
paroxetine hcl tab 30 mg 67
paroxetine hcl tab 40 mg 67
paroxetine hcl tab er 24hr 12.5 mg 67
paroxetine hcl tab er 24hr 25 mg 67
paroxetine hcl tab er 24hr 37.5 mg 67
paroxetine mesylate cap 7.5 mg (base equiv) 276
PAXIL CR TAB 12.5MG 67
PAXIL CR TAB 25MG 67
PAXIL CR TAB 37.5MG 67
PAXIL SUS 10MG/5ML 67
PAXIL TAB 10MG 67
PAXIL TAB 20MG 67

PAXIL TAB 30MG 67
PAXIL TAB 40MG 67
PAXLOVID PAK 123
PAXLOVID TAB 150-100 123
PAXLOVID TAB 300-100 123
pazopanib hcl tab 200 mg (base equiv) ..106
pazopanib hcl tab 400 mg (base equiv) ..106
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml 284
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg 284
PEDIAPRED SOL 5MG/5ML 146
peg/nasul/c/ sol nacl/pot 210
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 209
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 209
PEGASYS INJ 124
PEGASYS INJ 180MCG/M 124
PEG-PREP KIT 210
PELLIX SOL 0.005% 157
PEMAZYRE TAB 13.5MG 106
PEMAZYRE TAB 4.5MG 106
PEMAZYRE TAB 9MG 106
penciclovir cream 1% 162
penicillamine cap 250 mg 249
penicillamine tab 250 mg 249
penicillin v potassium for soln 125 mg/5ml 268
penicillin v potassium for soln 250 mg/5ml 268
penicillin v potassium tab 250 mg 268
penicillin v potassium tab 500 mg 268
PEN NEEDLE MIS 29GX1/2 237
PEN NEEDLE MIS 29GX3/16 237
PEN NEEDLE MIS 29GX5/16 237
PEN NEEDLE MIS 31GX3/16 237
PEN NEEDLE MIS 31GX4MM 237
PEN NEEDLE MIS 31GX5/16 237
PEN NEEDLE MIS 31GX5MM 237
PEN NEEDLE MIS 31GX6MM 237
PEN NEEDLE MIS 31GX8MM 237
PEN NEEDLE MIS 32GX1/4 237
PEN NEEDLE MIS 32GX4MM 237
PEN NEEDLE MIS 32GX5/32 237
PEN NEEDLE MIS 32GX5MM 237
PEN NEEDLE MIS 32GX6MM 237
PEN NEEDLE MIS 33GX4MM 237
PEN NEEDLE MIS 33GX5/32 237
PEN NEEDLE MIS 33GX5MM 237
PEN NEEDLE MIS 33GX6MM 237
PEN NEEDLES MIS 29GX1/2 237
PEN NEEDLES MIS 29GX10MM 237
PEN NEEDLES MIS 29GX12.7 237
PEN NEEDLES MIS 29GX12MM 237
PEN NEEDLES MIS 30GX3/16 237
PEN NEEDLES MIS 30GX5/16 237
PEN NEEDLES MIS 30GX5MM 237
PEN NEEDLES MIS 30GX8MM 237
PEN NEEDLES MIS 31GX1/4 238
PEN NEEDLES MIS 31GX3/16 238
PEN NEEDLES MIS 31GX5/16 238
PEN NEEDLES MIS 31GX5MM 238
PEN NEEDLES MIS 31GX6MM 238
PEN NEEDLES MIS 31GX8MM 238
PEN NEEDLES MIS 32GX1/4 238
PEN NEEDLES MIS 32GX3/16 238
PEN NEEDLES MIS 32GX4MM 238
PEN NEEDLES MIS 32GX5/16 238
PEN NEEDLES MIS 32GX5/32 238
PEN NEEDLES MIS 32GX5MM 238
PEN NEEDLES MIS 32GX6MM 238
PEN NEEDLES MIS 32GX8MM 238
PEN NEEDLES MIS 33GX4MM 238
PEN NEEDLES MIS 33GX5/32 238
PEN NEEDLES MIS 33GX5MM 238
PEN NEEDLES MIS 33GX6MM 238
PENNSAID SOL 2% 153
PENTASA CAP 250MG CR 197
PENTASA CAP 500MG CR 197
pentazocine w/ naloxone hcl tab 50-0.5 mg 39
PENTETATE CA SOL 200MG/ML 80
PENTETATE ZI SOL 200MG/ML 80
PENTIPS MIS 29GX12MM 238
PENTIPS MIS 31GX5MM 238
PENTIPS MIS 31GX6MM 238
PENTIPS MIS 31GX8MM 238

PENTIPS MIS 32GX4MM 238
PENTIPS MIS 32GX6MM 238
PENTOSAN CAP 150MG.....200
PENTOSAN CAP 200MG.....200
pentoxifylline tab er 400 mg 203
PEPCID TAB 40MG.....284
perampanel susp 0.5 mg/ml 56
perampanel tab 10 mg.....56
perampanel tab 12 mg 57
perampanel tab 2 mg 56
perampanel tab 4 mg 56
perampanel tab 6 mg 56
perampanel tab 8 mg 56
PERCOCET TAB 10-325MG 37
PERCOCET TAB 2.5-325 37
PERCOCET TAB 5-325MG.....37
PERCOCET TAB 7.5-325 37
PERFECT 28G MIS LANCETS 225
PERFECT 30G MIS LANCETS.....225
PERFECT POIN MIS 25GX1.....238
PERFECT POIN MIS LANC 28G.....225
PERFECT POIN MIS LANC 30G 225
PERFOROMIST NEB 20MCG.....52
PERIDEX SOL 0.12% 252
perindopril erbumine tab 2 mg.....88
perindopril erbumine tab 4 mg 89
perindopril erbumine tab 8 mg.....89
periogard sol 0.12%.....253
PERMETHRIN CRE 5%.....170
permethrin cream 5%.....170
perphenazine-amitriptyline tab 2-10 mg .271
perphenazine-amitriptyline tab 2-25 mg .271
perphenazine-amitriptyline tab 4-10 mg .271
perphenazine-amitriptyline tab 4-25 mg .271
perphenazine-amitriptyline tab 4-50 mg 271
perphenazine tab 16 mg 118
perphenazine tab 2 mg.....118
perphenazine tab 4 mg.....118
perphenazine tab 8 mg.....118
PERSERIS INJ 120MG 115
PERSERIS INJ 90MG.....115
PERTZYE CAP 16000U.....179
PERTZYE CAP 24000U 179
PERTZYE CAP 4000UNIT 179
PERTZYE CAP 8000UNIT 179
PHARMACY COU MIS LANCETS.....225
PHARM SYRNG MIS TRAY 1ML 238
PHARM TRAY MIS 12ML/LL.....238
PHARM TRAY MIS 1ML/REG.....238
PHARM TRAY MIS 20ML/LL.....238
PHARM TRAY MIS 35ML/LL 238
PHARM TRAY MIS 3ML/LL 238
PHARM TRAY MIS 60ML/LL.....238
PHARM TRAY MIS 6ML 238
PHEBURANE MIS 483/GM.....188
phenazopyridine hcl tab 100 mg 201
phenazopyridine hcl tab 200 mg.....201
phenazo tab 200mg 201
PHENDIMETRAZ CAP 105MG ER.....4
phendimetrazine tartrate tab 35 mg.....4
phenelzine sulfate tab 15 mg 66
phenobarbital elixir 20 mg/5ml 208
phenobarbital tab 100 mg.....208
phenobarbital tab 15 mg 208
phenobarbital tab 16.2 mg.....208
phenobarbital tab 30 mg 208
phenobarbital tab 32.4 mg 208
phenobarbital tab 60 mg 208
phenobarbital tab 64.8 mg.....208
phenobarbital tab 97.2 mg 208
PHENOHYTRO ELX 284
PHENOHYTRO TAB.....284
phenoxybenzamine hcl cap 10 mg 89
phentermine hcl cap 15 mg.....4
phentermine hcl cap 30 mg.....4
phentermine hcl cap 37.5 mg.....4
phentermine hcl tab 37.5 mg.....4
phentermine hcl tab 8 mg 4
phentermine hcl-topiramate cap er 24hr 11.25-69 mg 4
phentermine hcl-topiramate cap er 24hr 15-92 mg 4
phentermine hcl-topiramate cap er 24hr 3.75-23 mg 4
phentermine hcl-topiramate cap er 24hr 7.5-46 mg 4
phenylephrine hcl ophth soln 10% 262
phenylephrine hcl ophth soln 2.5% 262

PHENYLEPHRIN SOL 2.5% OP 262
phenytek cap 200mg 64
phenytek cap 300mg 64
phenytoin chew tab 50 mg 64
phenytoin sodium extended cap 100 mg .64
phenytoin sodium extended cap 200 mg.64
phenytoin sodium extended cap 300 mg.64
phenytoin susp 125 mg/5ml 64
PHEXX GEL 288
PHEXXI GEL 288
philith tab 0.4-35.....142
PHOSPHOLINE SOL 0.125%OP 262
PHOXILLUM SOL B22K/40 249
PHOXILLUM SOL BK4/2.5.....249
PHYRAGO TAB 100MG.....106
PHYRAGO TAB 140MG.....106
PHYRAGO TAB 20MG 106
PHYRAGO TAB 50MG 106
PHYRAGO TAB 70MG 106
PHYRAGO TAB 80MG 106
phytonadione tab 5 mg.....290
PIFELTRO TAB 100MG.....122
pilocarpine hcl ophth soln 1%.....262
pilocarpine hcl ophth soln 2%.....262
pilocarpine hcl ophth soln 4%.....262
pilocarpine hcl tab 5 mg.....254
pilocarpine hcl tab 7.5 mg 254
pimecrolimus cream 1% 168
pimozide tab 1 mg 275
pimozide tab 2 mg 275
pimtrea tab 142
pindolol tab 10 mg 128
pindolol tab 5 mg 128
pioglitazone hcl-glimepiride tab 30-2 mg.72
pioglitazone hcl-glimepiride tab 30-4 mg.72
pioglitazone hcl-metformin hcl tab 15-500 mg.....72
pioglitazone hcl-metformin hcl tab 15-850 mg.....72
pioglitazone hcl tab 15 mg (base equiv) 78
pioglitazone hcl tab 30 mg (base equiv) ...78
pioglitazone hcl tab 45 mg (base equiv) ...78
PIP BLOOD TES.....177
PIP CONTROL LIQ 225
PIP LANCETS MIS 28G.....225
PIP LANCETS MIS 30G.....225
PIP PEN NEED MIS 32GX4MM.....238
PIQRAY 200MG TAB DOSE 106
PIQRAY 250MG TAB DOSE.....106
PIQRAY 300MG TAB DOSE 106
pirfenidone cap 267 mg 277
pirfenidone tab 267 mg 277
pirfenidone tab 534 mg 277
pirfenidone tab 801 mg 277
piroxicam cap 10 mg.....25
piroxicam cap 20 mg 25
pitavastatin calcium tab 1 mg 86
pitavastatin calcium tab 2 mg 86
pitavastatin calcium tab 4 mg 86
PIVOT SUPPLY KIT 225
PIVYA TAB 185MG 267
PLAQUENIL TAB 200MG 96
PLAVIX TAB 75MG 203
PLEGRIDY INJ 274
PLEGRIDY INJ PEN.....274
PLEGRIDY INJ STARTER.....274
PLEGRIDY PEN INJ STARTER 274
PLENVU SOL 210
PLEXION CLTH PAD 9.8-4.8% 151
PLEXION CRE 9.8-4.8% 151
PLEXION LIQ 9.8-4.8%.....151
PLEXION LOT 9.8-4.8% 151
PLEXION NS SHA 9.8% 162
PLIAGLIS CRE 7-7%.....169
PNV 27-CA/FE TAB /FA.....255
pnv-dha cap.....255
PNV-DHA CAP DOCUSATE.....255
PNV-OMEGA CAP 255
PNV PRENATOL TAB 255
pnv-select tab.....255
PNV TAB 20-1 TAB.....255
POCKET CHAMB MIS.....245
POCKETCHEM SOL EZ.....225
POCKETCHEM TES EZ.....177
POCKET SPACE MIS 245
PODOCON-25 SOL 168
podofilox gel 0.5% 168
podofilox soln 0.5% 168

POKONZA POW 10MEQ 248
POKONZA POW 15MEQ.....248
POKONZA SOL 5% 248
polycin oin op 263
POLY HUB MIS 18GX1.....238
POLY HUB MIS 18GX1.5 239
POLY HUB MIS 20GX1.....239
POLY HUB MIS 21GX1.....239
POLY HUB MIS 21GX1.5 239
POLY HUB MIS 22GX1 239
POLY HUB MIS 22GX1.5.....239
POLY HUB MIS 23GX1 239
POLY HUB MIS 23GX1.5.....239
POLY HUB MIS 25GX1 239
POLY HUB MIS 25GX1.5.....239
POLY HUB MIS 25GX5/8 239
POLY HUB MIS 27GX1/2 239
POLY HUB MIS 27GX1.25.....239
POLY HUB MIS 30GX1/2.....239
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 263
pomalidomide cap 1 mg 101
pomalidomide cap 2 mg 101
pomalidomide cap 3 mg 101
pomalidomide cap 4 mg 101
POMALYST CAP 1MG.....101
POMALYST CAP 2MG 101
POMALYST CAP 3MG 101
POMALYST CAP 4MG.....101
PONVORY TAB 20MG.....274
PONVORY TAB STARTER.....274
portia-28 tab.....142
posaconazole susp 40 mg/ml 83
posaconazole tab delayed release 100 mg 83
POSFREA INJ 0.25/5ML 81
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml.....199
potassium chloride cap er 10 meq.....248
potassium chloride cap er 8 meq 248
potassium chloride microencapsulated crys er tab 10 meq 248
potassium chloride microencapsulated crys er tab 15 meq 249
potassium chloride microencapsulated crys er tab 20 meq 249
potassium chloride oral soln 10% (20 meq/15ml).....249
potassium chloride oral soln 20% (40 meq/15ml).....249
potassium chloride powder packet 20 meq 249
potassium chloride tab er 10 meq 249
potassium chloride tab er 15 meq.....249
potassium chloride tab er 20 meq (1500 mg).....249
potassium chloride tab er 8 meq (600 mg) 249
potassium citrate & citric acid soln 1100-334 mg/5ml.....199
potassium citrate tab er 10 meq (1080 mg) 199
potassium citrate tab er 15 meq (1620 mg) 200
*potassium citrate tab er 5 meq (540 mg)*199
POTASSIUM POW 40MEQ 249
POVIDONE IOD SOL 5% 263
PRADAXA CAP 110MG 56
PRADAXA CAP 150MG.....56
PRADAXA CAP 75MG 56
PRADAXA PAK 110MG.....56
PRADAXA PAK 150MG.....56
PRADAXA PAK 20MG 56
PRADAXA PAK 30MG 56
PRADAXA PAK 40MG 56
PRADAXA PAK 50MG 56
PRALUENT INJ 150MG/ML 88
PRALUENT INJ 75MG/ML 88
pramipexole dihydrochloride tab 0.125 mg 111
pramipexole dihydrochloride tab 0.25 mg 111
pramipexole dihydrochloride tab 0.5 mg .111
pramipexole dihydrochloride tab 0.75 mg 111
pramipexole dihydrochloride tab 1.5 mg ..111
pramipexole dihydrochloride tab 1 mg.....111

pramipexole dihydrochloride tab er 24hr 0.375 mg 112
pramipexole dihydrochloride tab er 24hr 0.75 mg 111
pramipexole dihydrochloride tab er 24hr 1.5 mg 112
pramipexole dihydrochloride tab er 24hr 2.25 mg 112
pramipexole dihydrochloride tab er 24hr 3.75 mg 112
pramipexole dihydrochloride tab er 24hr 3 mg 112
pramipexole dihydrochloride tab er 24hr 4.5 mg 112
PRAMOSONE CRE 1-1% 165
PRAMOSONE LOT 1% 165
PRAMOSONE LOT 1-1% 166
PRAMOSONE LOT 2.5% 166
PRAMOSONE OIN 1% 166
PRAMOSONE OIN 1-1% 166
PRAMOSONE OIN 2.5% 166
pramoxine-hc cream 1-2.5% 166
prasugrel hcl tab 10 mg (base equiv) 203
prasugrel hcl tab 5 mg (base equiv) 203
pravastatin sodium tab 10 mg 87
pravastatin sodium tab 20 mg 87
pravastatin sodium tab 40 mg 87
pravastatin sodium tab 80 mg 87
praziquantel tab 600 mg 41
prazosin hcl cap 1 mg 91
prazosin hcl cap 2 mg 91
prazosin hcl cap 5 mg 91
PR BENZOYL LIQ 7% WASH 151
PRECISION LIQ GLUC/KET 225
PRECISION TES XTRA 177
PRECISN XTRA TES KETONE 177
PRED/NEPAFEN DRO 1-0.1% 265
PRED FORTE SUS 1% OP 265
PRED-GATIFL- SUS BROMFENA 265
PRED-GATI SUS 1-0.5% 265
PRED MILD SUS 0.12% OP 265
PRED MOXIFLO SOL 1-0.5% 265
PRED MOXIFLO SUS BROMFEN 265
PREDNI/MOXI/ DRO NEPAFENA 265
PREDNI/MOXI/ SOL KETOROLA 265
PREDNI/MOXIF DRO 1-0.5% 265
PREDNIS/BROM SUS 1-0.075% 265
prednisolone acetate ophth susp 1% 265
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 147
prednisolone sod phos orally disintegr tab 10 mg (base eq) 146
prednisolone sod phos orally disintegr tab 15 mg (base eq) 146
prednisolone sod phos orally disintegr tab 30 mg (base eq) 146
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) 147
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 147
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) 147
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) 147
PREDNISOLONE SOL MOX-BROM 265
PREDNISOLONE SOL MOXIFLOX 265
prednisolone soln 15 mg/5ml 147
PREDNISOLONE SUS 1% 265
prednisolone tab 5 mg 147
PREDNISONE CON 5MG/ML 147
prednisone oral soln 5 mg/5ml 147
prednisone tab 10 mg 147
prednisone tab 1 mg 147
prednisone tab 2.5 mg 147
prednisone tab 20 mg 147
prednisone tab 50 mg 147
prednisone tab 5 mg 147
prednisone tab delayed release 1 mg 147
prednisone tab delayed release 2 mg 147
prednisone tab delayed release 5 mg 147
prednisone tab therapy pack 10 mg (21) .147
prednisone tab therapy pack 10 mg (48) 147
prednisone tab therapy pack 5 mg (21) ...147
prednisone tab therapy pack 5 mg (48) ..147
PRED SOD PHO SOL 1% OP 265
pregabalin cap 100 mg 61
pregabalin cap 150 mg 61
pregabalin cap 200 mg 61

pregabalin cap 225 mg 61
pregabalin cap 25 mg.....61
pregabalin cap 300 mg.....61
pregabalin cap 50 mg 61
pregabalin cap 75 mg.....61
pregabalin soln 20 mg/ml.....61
pregabalin tab er 24hr 165 mg 275
pregabalin tab er 24hr 330 mg.....275
pregabalin tab er 24hr 82.5 mg.....275
PREGEN DHA CAP.....255
PREGENNA TAB.....255
PREGNYL INJ 10000UNT.....184
PREMARIN INJ 25MG.....193
PREMARIN TAB 0.3MG 193
PREMARIN TAB 0.45MG.....193
PREMARIN TAB 0.625MG.....193
PREMARIN TAB 0.9MG 193
PREMARIN TAB 1.25MG 193
PREMARIN VAG CRE 0.625MG 288
PREMESISRX TAB.....255
PREMIUM BLOO MIS GLUCOSE.....178
PREMPHASE TAB.....191
PREMPRO TAB 191
PREMPRO TAB 0.3-1.5 191
PREMPRO TAB 0.45-1.5.....191
PREMPRO TAB 0.625-5 191
PRENA1 CHW 255
PRENA1 PEARL CAP.....255
PRENA 1 TRUE MIS 255
PRENACORE CHW 255
PRENAISSANCE CAP 255
PRENAISSANCE CAP PLUS 255
PRENATABS FA TAB 29-1MG 255
PRENATAL 19 CHW 29-1MG 255
PRENATAL 19 CHW TAB.....255
PRENATAL 19 TAB 29-1MG 255
PRENATAL PLS MIS MV + DHA.....256
PRENATAL TAB.....256
PRENATAL TAB 27-1MG.....256
PRENATAL TAB 28-0.8MG.....256
PRENATAL TAB MULTIVIT 256
PRENATAL TAB PLUS.....256
PRENATAL-U CAP 106.5-1 256
PRENATAL VIT TAB MINERALS 256
PRENATE AM TAB 1MG 256
PRENATE CAP ENHANCE 256
PRENATE CAP ESSENT 256
PRENATE CAP PIXIE 256
PRENATE CAP RESTORE.....256
PRENATE CHW 0.6-0.4 256
PRENATE DHA CAP.....256
PRENATE MAX TAB.....256
PRENATE MINI CAP 256
PRENATE TAB ELITE 256
PRENATOL-M TAB 27-1.2MG 256
PRENATRIX TAB 256
PRENATRYL TAB 256
PRENOVA TAB 256
PRENYRA TAB.....256
PREPIDIL GEL 0.5MG/3G 267
PREP PADS PAD 230
PRESTALIA TAB 14-10MG.....94
PRESTALIA TAB 3.5-2.5.....94
PRESTALIA TAB 7-5MG.....94
PRETOMANID TAB 200MG 97
PREVACID CAP 30MG DR 285
PREVACID TAB 30MG STB 285
prevalite pow 4gm 85
prevalite pow 4gm pk 85
PREVDNT 5000 CRE 1.1% PLS.....253
PREVDNT 5000 GEL 1.1% DRY 253
PREVDNT 5000 GEL 1.1-5% 253
PREVDNT 5000 PST 1.1% 253
PREVDNT 5000 PST 1.1% KID.....253
PREVENT DROP MIS 31GX1/4.....239
PREVENT DROP MIS 31GX5/16 239
PREVENT SAFE MIS 31GX1/4 239
PREVENT SAFE MIS 31GX5/16.....239
PREVIDENT GEL 1.1% BER.....253
PREVIDENT GEL 1.1% MIN.....253
PREVIDENT SOL 0.2% 253
PREVYMIS PAK 120MG 124
PREVYMIS PAK 20MG 123
PREVYMIS TAB 240MG.....124
PREVYMIS TAB 480MG.....124
PREZCOBIX TAB 675/150 122
PREZCOBIX TAB 800-150 122
PREZISTA SUS 100MG/ML.....122

PREZISTA TAB 150MG 122
PREZISTA TAB 600MG 122
PREZISTA TAB 75MG 122
PREZISTA TAB 800MG 122
PRIFTIN TAB 150MG 97
PRILOSEC POW 10MG 285
PRILOSEC POW 2.5MG 285
PRIMACARE CAP 256
primaquine phosphate tab 26.3 mg (15 mg base) 96
PRIMAQUINE TAB 26.3MG 96
primidone tab 125 mg 61
primidone tab 250 mg 61
primidone tab 50 mg 61
PRISMASOL SOL 0/0/1.2 249
PRISMASOL SOL 0/2.5 249
PRISMASOL SOL 2/0 249
PRISMASOL SOL 2/3.5 249
PRISMASOL SOL 4/0/1.2 249
PRISMASOL SOL 4/2.5 249
PRISMASOL SOL B22GK4/0 249
PRISTIQ TAB 100MG 69
PRISTIQ TAB 25MG 69
PRISTIQ TAB 50MG 69
PROAIR RESPI AER 53
probenecid tab 500 mg 201
PROCARDIA XL TAB 30MG 131
PROCARDIA XL TAB 60MG 131
PROCARDIA XL TAB 90MG 131
procentra sol 5mg/5ml 3
PROCHAMBER MIS VHC 245
prochlorperazine edisylate inj 10 mg/2ml 119
prochlorperazine maleate tab 10 mg (base equivalent) 119
prochlorperazine maleate tab 5 mg (base equivalent) 119
prochlorperazine suppos 25 mg 119
PRO COMFORT MIS 0.5/30G 239
PRO COMFORT MIS 0.5/31G 239
PRO COMFORT MIS 1ML/30G 239
PRO COMFORT MIS 1ML/31G 239
PRO COMFORT MIS 31G 225
PRO COMFORT MIS 32GX4MM 239
PRO COMFORT MIS 32GX5MM 239
PRO COMFORT MIS 32GX6MM 239
PRO COMFORT MIS 32GX8MM 239
PRO COMFORT MIS LANC 30G 225
PRO COMFORT MIS LANCETS 225
PRO COMFORT PAD ALCOHOL 230
PROCORT CRE 40
PROCRIT INJ 10000/ML 206
PROCRIT INJ 2000/ML 206
PROCRIT INJ 20000/ML 206
PROCRIT INJ 3000/ML 206
PROCRIT INJ 4000/ML 206
PROCRIT INJ 40000/ML 206
PROCTOCORT SUP 30MG 41
PROCTOFOAM AER HC 1% 40
procto-med cre hc 2.5% 41
proctosol hc cre 2.5% 41
proctozone cre -hc 2.5% 41
PROCYSBI CAP 25MG 200
PROCYSBI CAP 75MG 200
PROCYSBI GRA 300MG 200
PROCYSBI GRA 75MG 200
PRODIGY MIS 26G 225
PRODIGY MIS 28G 225
PRODIGY MIS LANC DEV 225
PRODIGY NO TES CODING 178
PRODIGY SOL HIGH 225
PRODIGY SOL LOW 225
progesterone cap 100 mg 269
progesterone cap 200 mg 269
progesterone im in oil 50 mg/ml 269
progesterone vaginal insert 100 mg 288
PROGLYCEM SUS 50MG/ML 74
PROGRAF CAP 0.5MG 251
PROGRAF CAP 1MG 251
PROGRAF CAP 5MG 251
PROGRAF GRA 0.2MG 251
PROGRAF GRA 1MG 251
PROLATE SOL 10/300MG 37
PROLATE TAB 10-300MG 38
PROLATE TAB 5-300MG 37
PROLATE TAB 7.5-300 38
PROLENSA DRO 0.07% OP 266
PROMACTA POW 12.5MG 206
PROMACTA POW 25MG 206

PROMACTA TAB 12.5MG 206
PROMACTA TAB 25MG.....206
PROMACTA TAB 50MG.....206
PROMACTA TAB 75MG.....206
promethazine & phenylephrine syrup 6.25-5 mg/5ml 148
promethazine-dm syrup 6.25-15 mg/5ml 148
promethazine hcl oral soln 6.25 mg/5ml ..84
promethazine hcl suppos 12.5 mg 84
promethazine hcl suppos 25 mg.....84
promethazine hcl tab 12.5 mg 84
promethazine hcl tab 25 mg.....84
promethazine hcl tab 50 mg.....84
promethazine w/ codeine syrup 6.25-10 mg/5ml 148
promethegan sup 12.5mg 84
promethegan sup 25mg.....84
promethegan sup 50mg 84
prometh vc syp 6.25-5/5.....148
PROMETRIUM CAP 100MG.....269
PROMETRIUM CAP 200MG.....269
propafenone hcl cap er 12hr 225 mg.....46
propafenone hcl cap er 12hr 325 mg.....46
propafenone hcl cap er 12hr 425 mg.....47
propafenone hcl tab 150 mg.....47
propafenone hcl tab 225 mg 47
propafenone hcl tab 300 mg.....47
proparacaine hcl ophth soln 0.5% 264
propranolol hcl cap er 24hr 120 mg.....128
propranolol hcl cap er 24hr 160 mg 128
propranolol hcl cap er 24hr 60 mg.....128
propranolol hcl cap er 24hr 80 mg.....128
propranolol hcl oral soln 20 mg/5ml.....128
propranolol hcl oral soln 40 mg/5ml.....128
propranolol hcl tab 10 mg.....128
propranolol hcl tab 20 mg 128
propranolol hcl tab 40 mg 128
propranolol hcl tab 60 mg 128
propranolol hcl tab 80 mg 128
propylthiouracil tab 50 mg 279
PRORIVA CAP.....79
PROSCAR TAB 5MG 201
PROTONIX PAK 40MG.....285
PROTONIX TAB 20MG.....285
PROTONIX TAB 40MG.....285
protriptyline hcl tab 10 mg 71
protriptyline hcl tab 5 mg.....70
PROVENTIL AER HFA 53
PROVERA TAB 10MG 269
PROVERA TAB 2.5MG.....269
PROVERA TAB 5MG 269
PROVIDA OB CAP.....256
PROVIGIL TAB 100MG 10
PROVIGIL TAB 200MG 10
PRO VOICE TES V8/V9 178
PROZAC CAP 10MG.....67
PROZAC CAP 20MG.....67
PROZAC CAP 40MG.....67
prucalopride succinate tab 1 mg (base equivalent) 194
prucalopride succinate tab 2 mg (base equivalent) 194
PRUDOXIN CRE 5% 155
pruradik lot 10%.....170
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 148
PTS PANELS TES EGLU 178
PULMICORT INH 180MCG.....50
PULMICORT INH 90MCG 50
PULMICORT SUS 0.25MG/2 50
PULMICORT SUS 0.5MG/2 50
PULMICORT SUS 1MG/2ML.....50
PULMOSAL NEB 7% 148
PULMOZYME SOL 1MG/ML 277
PURE COMFORT MIS 30G LAN 225
PURE COMFORT MIS 31GX5MM 239
PURE COMFORT MIS 31GX6MM 239
PURE COMFORT MIS 32GX4MM 239
PURE COMFORT MIS 32GX5MM 239
PURE COMFORT MIS 32GX6MM 239
PURE COMFORT MIS 32GX8MM 239
PURE COMFORT PAD 230
PURIXAN SUS 20MG/ML.....98
PX LANCETS MIS 28G.....225
PX LANCETS MIS 33G.....225
PYLERA CAP.....286
pyquvi sus 22.75mg 147

pyrazinamide tab 500 mg 97
PYRIDIUM TAB 100MG 201
PYRIDIUM TAB 200MG 201
pyridostigmine bromide oral soln 60 mg/5ml 97
pyridostigmine bromide tab 30 mg 97
pyridostigmine bromide tab 60 mg 97
pyridostigmine bromide tab er 180 mg 97
PYRIDOSTIGMI TAB ER 105MG 80
PYRIME/LEUCO CAP 12.5/2.5 96
PYRIME/LEUCO CAP 25/10MG 96
PYRIME/LEUCO CAP 25/5MG 96
PYRIME/LEUCO CAP 50/10MG 96
PYRIME/LEUCO CAP 50/20MG 96
PYRIME/LEUCO CAP 50/25MG 96
PYRIME/LEUCO CAP 75/25MG 96
pyrimethamine tab 25 mg 96
PYROGALL ACD OIN 168
PYRUKYND TAB 20MG 204
PYRUKYND TAB 20MGX5MG 204
PYRUKYND TAB 50MG 204
PYRUKYND TAB 50MGX20M 204
PYRUKYND TAB 5MG 204
PYRUKYND TAB 5MG TP 204
PYZCHIVA INJ 45/0.5ML 157
PYZCHIVA INJ 90MG/ML 158

Q

QBRELIS SOL 1MG/ML 89
QBREXZA PAD 2.4% 169
QC ALCOHOL PAD SWABS 230
QC LANCETS MIS 28G 225
QC LANCETS MIS 30G 225
QC LANCING MIS DEVICE 225
QDOLO SOL 5MG/ML 35
QELBREE CAP 100MG ER 7
QELBREE CAP 150MG ER 7
QELBREE CAP 200MG ER 7
QFITLIA INJ 20/0.2ML 202
QFITLIA INJ 50/0.5ML 202
QINLOCK TAB 50MG 106
QLOSI SOL 0.4% 262
QNASL AER 80MCG 259
QNASL CHILD SPR 40MCG 259
QSYMIA CAP 11.25-69 4
QSYMIA CAP 15-92MG 4
QSYMIA CAP 3.75-23 4
QSYMIA CAP 7.5-46MG 4
QTERN TAB 10-5MG 72
QTERN TAB 5-5MG 72
QUALAQUIN CAP 324MG 96
quazepam tab 15 mg 208
QUDEXY XR CAP 100/24HR 61
QUDEXY XR CAP 150/24HR 61
QUDEXY XR CAP 200/24HR 61
QUDEXY XR CAP 25/24HR 61
QUDEXY XR CAP 50/24HR 61
QUESTRAN POW 4GM 85
QUESTRAN POW 4GM LITE 85
quetiapine fumarate tab 100 mg 117
quetiapine fumarate tab 150 mg 117
quetiapine fumarate tab 200 mg 117
quetiapine fumarate tab 25 mg 117
quetiapine fumarate tab 300 mg 117
quetiapine fumarate tab 400 mg 117
quetiapine fumarate tab 50 mg 117
quetiapine fumarate tab er 24hr 150 mg ..117
quetiapine fumarate tab er 24hr 200 mg .117
quetiapine fumarate tab er 24hr 300 mg .117
quetiapine fumarate tab er 24hr 400 mg .117
quetiapine fumarate tab er 24hr 50 mg ...117
QUICKTEK LIQ SOLUTION 225
QUICKTEK TES 178
QUICK TOUCH MIS 29GX12.7 239
QUICK TOUCH MIS 31GX4MM 239
QUICK TOUCH MIS 31GX5MM 239
QUICK TOUCH MIS 31GX6MM 239
QUICK TOUCH MIS 31GX8MM 239
QUICK TOUCH MIS 32GX4MM 239
QUICK TOUCH MIS 32GX5MM 239
QUICK TOUCH MIS 32GX6MM 239
QUICK TOUCH MIS 32GX8MM 240
QUICK TOUCH MIS 33GX4MM 240
QUICK TOUCH MIS 33GX5MM 240
QUICK TOUCH MIS 33GX6MM 240
QUICK TOUCH MIS 33GX8MM 240
QUICK TOUCH TES BLD GLUC 178
QUILLICHEW CHW 20MG ER 10
QUILLICHEW CHW 30MG ER 10

QUILLICHEW CHW 40MG ER.....10
QUILLIVANT SUS 25MG/5ML.....10
quinapril hcl tab 10 mg.....89
quinapril hcl tab 20 mg.....89
quinapril hcl tab 40 mg.....89
quinapril hcl tab 5 mg.....89
quinapril-hydrochlorothiazide tab 10-12.5 mg.....94
quinapril-hydrochlorothiazide tab 20-12.5 mg.....94
quinapril-hydrochlorothiazide tab 20-25 mg.....94
quinidine gluconate tab er 324 mg.....46
quinidine sulfate tab 200 mg.....46
quinidine sulfate tab 300 mg.....46
quinine sulfate cap 324 mg.....96
QUINTET AC TES BLD GLUC.....178
QUINTET CONT SOL HGH/NORM.....225
QUINTET TES BLD GLUC.....178
QUIOFIC SOL 0.2MG/ML.....205
QULIPTA TAB 10MG.....245
QULIPTA TAB 30MG.....246
QULIPTA TAB 60MG.....246
QUVIVIQ TAB 25MG.....209
QUVIVIQ TAB 50MG.....209
QUZYTTIR INJ 10MG/ML.....84
QVAR REDIHA AER 80MCG.....50
QVAR REDIHAL AER 40MCG.....50

R

RA ALCOHOL PAD SWABS.....230
RABEPRAZOLE CAP 10MG DR.....285
rabeprazole sodium ec tab 20 mg.....286
RADICAVA ORS SUS 105/5ML.....260
RADICAVA ORS SUS STARTER.....260
RADIOGARDASE CAP 0.5GM.....80
RA E-ZJECT MIS 28G.....225
RA E-ZJECT MIS THIN 26G.....225
RA E-ZJECT MIS THIN 28G.....225
RA E-ZJECT MIS ULT THIN.....225
RAGWITEK SUB.....11
RALDESY SOL 10MG/ML.....68
raloxifene hcl tab 60 mg.....186
ramelteon tab 8 mg.....209
ramipril cap 1.25 mg.....89
ramipril cap 10 mg.....89
ramipril cap 2.5 mg.....89
ramipril cap 5 mg.....89
ranitidine hcl tab 150 mg.....284
ranitidine hcl tab 300 mg.....284
ranolazine tab er 12hr 1000 mg.....43
ranolazine tab er 12hr 500 mg.....43
RAPAFLO CAP 4MG.....201
RAPAFLO CAP 8MG.....201
RAPAMUNE TAB 0.5MG.....251
RAPAMUNE TAB 1MG.....251
RA PEN NEEDL MIS 31GX3/16.....240
RAPID-SAFE MIS LANCING.....225
RA PRENATAL TAB 28-0.8MG.....256
RA PRENATAL TAB FORMULA.....256
rasagiline mesylate tab 0.5 mg (base equiv).....112
rasagiline mesylate tab 1 mg (base equiv).....112
RASONQUE TAB 100MG.....106
RASONQUE TAB 150MG.....106
RASUVO INJ 10MG.....21
RASUVO INJ 12.5MG.....21
RASUVO INJ 15MG.....21
RASUVO INJ 17.5MG.....21
RASUVO INJ 20MG.....21
RASUVO INJ 22.5MG.....21
RASUVO INJ 25MG.....21
RASUVO INJ 30MG.....21
RASUVO INJ 7.5MG.....21
RAVICTI LIQ 1.1GM/ML.....188
RAYASAL CRE 5.9%.....168
RAYA SURE MIS 29GX12MM.....240
RAYA SURE MIS 31GX4MM.....240
RAYA SURE MIS 31GX5MM.....240
RAYA SURE MIS 31GX6MM.....240
RAYA SURE MIS 31GX8MM.....240
RAYOS TAB 1MG.....147
RAYOS TAB 2MG.....147
RAYOS TAB 5MG.....147
READYLANCE MIS 21G.....226
READYLANCE MIS 23G.....226
READYLANCE MIS 26G.....226
READYLANCE MIS 28G.....226

READYLANCE MIS 30G 226
REALITY MIS LANCETS 226
REALITY MIS LUBRICAT 212
REALITY SWAB PAD 230
REALITY TRIG MIS LANCETS.....226
REALITY ULTR MIS TEXTURED 213
REALITY ULTR MIS THIN.....213
REBIF INJ 22/0.5.....274
REBIF INJ 44/0.5 274
REBIF REBIDO INJ 22/0.5.....274
REBIF REBIDO INJ 44/0.5 274
REBIF REBIDO INJ TITRATN 274
REBIF TITRTN INJ PACK.....274
reclipsen tab.....142
RECORLEV TAB 150MG.....182
RECTIV OIN 0.4% 41
RECURA CRE.....154
REDEMPLO SOL 25/0.5ML.....188
REFUAH PLUS SOL CONTROL.....226
REFUAH PLUS TES BLD GLUC.....178
REGIOCIT SOL.....249
REGLAN TAB 10MG.....195
REGLAN TAB 5MG 195
REGRANEX GEL 0.01%.....170
RELAFEN DS TAB 1000MG.....25
RELENZA MIS DISKHALE 125
RELEUKO INJ 300MCG 206
RELEUKO INJ 480MCG 207
RELEVIA TAB 27-1MG 256
RELEXXII TAB 18MG ER 10
RELEXXII TAB 27MG ER.....10
RELEXXII TAB 36MG ER 10
RELEXXII TAB 45MG ER 10
RELEXXII TAB 54MG ER 10
RELEXXII TAB 63MG ER 10
RELEXXII TAB 72MG ER.....10
relgaabi cap 200mg 61
relgaabi cap 300mg 61
relgaabi cap 400mg.....62
RELION KIT LANCING 226
RELION LANCE MIS THIN 26G 226
RELION LANCE MIS THIN 30G 226
RELION LANCI MIS DEVICE 226
RELION MICRO MIS THIN 33G 226
RELION PEN MIS 29GX12MM 240
RELION PEN MIS 31GX1/4.....240
RELION PEN MIS 31GX5/16.....240
RELION PEN MIS 31GX6MM 240
RELION PEN MIS 31GX8MM 240
RELION PEN MIS 32GX4MM.....240
RELION PEN MIS 32GX5/32 240
RELION PLATN TES GLUCOSE.....178
RELION PREMI TES GLUCOSE 178
RELION PRIME TES 178
RELION PRIME TES GLUCOSE 178
RELION TES KETONE.....178
RELION TES ULTIMA.....178
RELION TRUE TES METRIX 178
RELION ULTRA MIS THIN 30G.....226
RELION ULTRA MIS THIN PLS 226
RELISTOR INJ 12/0.6ML.....198
RELISTOR INJ 8/0.4ML 198
RELISTOR TAB 150MG.....198
RELNATE DHA CAP 256
RELPAX TAB 20MG 247
RELPAX TAB 40MG 247
RELTONE CAP 200MG 194
RELTONE CAP 400MG.....194
RELYVRIO PAK 3-1GM 260
REMERON SLTB TAB 15MG 65
REMERON SLTB TAB 30MG.....65
REMERON SLTB TAB 45MG.....65
REMERON TAB 15MG.....65
REMERON TAB 30MG.....65
RENTHYROID TAB 120MG 281
RENTHYROID TAB 15MG.....281
RENTHYROID TAB 30MG.....281
RENTHYROID TAB 45MG.....281
RENTHYROID TAB 60MG.....281
RENTHYROID TAB 75MG 281
RENTHYROID TAB 90MG.....281
RENVELA POW 0.8GM 199
RENVELA POW 2.4GM 199
RENVELA TAB 800MG 199
repaglinide tab 0.5 mg 78
repaglinide tab 1 mg.....78
repaglinide tab 2 mg 78
REPATHA INJ 140MG/ML 88

REPATHA PUSH INJ 420/3.5 88
REPATHA SURE INJ 140MG/ML 88
RESTASIS EMU 0.05% OP 263
RESTASIS MUL EMU 0.05% OP 263
RESTORA RX CAP 60-1.25 79
RESTORIL CAP 15MG 208
RESTORIL CAP 22.5MG 208
RESTORIL CAP 30MG 208
RESTORIL CAP 7.5MG 208
RETACRIT INJ 10000UNT 207
RETACRIT INJ 20000UNI 207
RETACRIT INJ 2000UNIT 207
RETACRIT INJ 3000UNIT 207
RETACRIT INJ 40000UNT 207
RETACRIT INJ 4000UNIT 207
RETEVMO CAP 40MG 106
RETEVMO CAP 80MG 106
RETEVMO TAB 120MG 106
RETEVMO TAB 160MG 106
RETEVMO TAB 40MG 106
RETEVMO TAB 80MG 106
RETIN-A CRE 0.025% 151
RETIN-A CRE 0.05% 151
RETIN-A CRE 0.1% 151
RETIN-A GEL 0.01% 151
RETIN-A GEL 0.025% 151
RETIN-A MICR GEL 0.04% 151
RETIN-A MICR GEL 0.04%PMP 151
RETIN-A MICR GEL 0.06%PMP 151
RETIN-A MICR GEL 0.08%PMP 151
RETIN-A MICR GEL 0.1% 151
RETIN-A MICR GEL 0.1%PUMP 151
RETROVIR CAP 100MG 122
RETROVIR SYP 50MG/5ML 122
REVATIO TAB 20MG 137
REVLIMID CAP 10MG 250
REVLIMID CAP 15MG 250
REVLIMID CAP 2.5MG 250
REVLIMID CAP 20MG 250
REVLIMID CAP 25MG 250
REVLIMID CAP 5MG 250
REVUFORJ TAB 110MG 101
REVUFORJ TAB 160MG 101
REVUFORJ TAB 25MG 101
REXTOVY SPR 4/0.25ML 81
REXULTI TAB 0.25MG 120
REXULTI TAB 0.5MG 120
REXULTI TAB 1MG 120
REXULTI TAB 2MG 120
REXULTI TAB 3MG 120
REXULTI TAB 4MG 120
REYATAZ CAP 200MG 122
REYATAZ CAP 300MG 122
REYATAZ POW 50MG 122
REYVOW TAB 100MG 247
REYVOW TAB 50MG 247
REZDIFFRA TAB 100MG 195
REZDIFFRA TAB 60MG 195
REZDIFFRA TAB 80MG 195
REZENOPY SPR 10MG 81
REZLIDHIA CAP 150MG 107
REZUROCK TAB 200MG 250
REZVOGLAR KP INJ 100UT/ML 78
RHAPSIDO TAB 25MG 250
RHOFADE CRE 1% 170
RHOPRESSA SOL 0.02% 264
ribavirin cap 200 mg 124
ribavirin tab 200 mg 124
RIDAURA CAP 3MG 21
rifabutin cap 150 mg 97
rifampin cap 150 mg 97
rifampin cap 300 mg 97
rifapentine tab 150 mg 97
RIGHTEST ALT MIS ADAPTOR 226
RIGHTEST LIQ HIGH CON 226
RIGHTEST LIQ NORM CON 226
RIGHTEST MIS GD500 226
RIGHTEST MIS GL300 226
RIGHTEST TES GS100 178
RIGHTEST TES GS300 178
RIGHTEST TES GS550 178
RIGHTEST TES GT333 178
rilpivirine hcl tab 25 mg (base equivalent) 122
riluzole tab 50 mg 260
rimantadine hydrochloride tab 100 mg ... 125
RIMSO-50 SOL 50% 200
RINVOQ LQ SOL 1MG/ML 19

RINVOQ TAB 15MG ER....19
RINVOQ TAB 30MG ER....20
RINVOQ TAB 45MG ER....20
RIOMET SOL 500/5ML....74
risedronate sodium tab 150 mg....182
risedronate sodium tab 30 mg....182
risedronate sodium tab 35 mg....182
risedronate sodium tab 5 mg....182
risedronate sodium tab delayed release 35 mg....182
RISPERDAL INJ 12.5MG....115
RISPERDAL INJ 25MG....115
RISPERDAL INJ 37.5MG....115
RISPERDAL INJ 50MG....115
RISPERDAL SOL 1MG/ML....115
RISPERDAL TAB 0.5MG....115
RISPERDAL TAB 1MG....115
RISPERDAL TAB 2MG....115
RISPERDAL TAB 3MG....115
RISPERDAL TAB 4MG....115
risperidone microspheres for im extended rel susp 12.5 mg....115
risperidone microspheres for im extended rel susp 25 mg....115
risperidone microspheres for im extended rel susp 37.5 mg....115
risperidone microspheres for im extended rel susp 50 mg....115
risperidone orally disintegrating tab 0.25 mg....115
risperidone orally disintegrating tab 0.5 mg....115
*risperidone orally disintegrating tab 1 mg*115
risperidone orally disintegrating tab 2 mg....115
risperidone orally disintegrating tab 3 mg....115
risperidone orally disintegrating tab 4 mg....115
risperidone soln 1 mg/ml....115
risperidone tab 0.25 mg....115
risperidone tab 0.5 mg....115
risperidone tab 1 mg....115
risperidone tab 2 mg....115
risperidone tab 3 mg....115
risperidone tab 4 mg....115
RITALIN LA CAP 10MG....10
RITALIN LA CAP 20MG....10
RITALIN LA CAP 30MG....10
RITALIN LA CAP 40MG....10
RITALIN TAB 10MG....10
RITALIN TAB 20MG....10
RITALIN TAB 5MG....10
RITEFLO MIS....245
ritonavir tab 100 mg....123
rivaroxaban for susp 1 mg/ml....54
rivaroxaban tab 2.5 mg....54
rivastigmine tartrate cap 1.5 mg (base equivalent)....270
rivastigmine tartrate cap 3 mg (base equivalent)....270
rivastigmine tartrate cap 4.5 mg (base equivalent)....270
rivastigmine tartrate cap 6 mg (base equivalent)....271
*rivastigmine td patch 24hr 13.3 mg/24hr*271
rivastigmine td patch 24hr 4.6 mg/24hr..271
rivastigmine td patch 24hr 9.5 mg/24hr..271
rivelsa tab....142
RIVFLOZA INJ 128/0.8....200
RIVFLOZA INJ 160MG/ML....200
RIVFLOZA INJ 80/0.5ML....200
RIZAFILM MIS 10MG....247
RIZAFILM MIS 5MG....247
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)....247
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)....247
rizatriptan benzoate tab 10 mg (base equivalent)....247
rizatriptan benzoate tab 5 mg (base equivalent)....247
ROBINUL FORT TAB 2MG....284
ROBINUL TAB 1MG....284
ROCALTROL CAP 0.25MCG....188
ROCALTROL CAP 0.5MCG....188
ROCALTROL SOL 1MCG/ML....188
ROCKLATAN DRO....264

roflumilast tab 250 mcg 49
roflumilast tab 500 mcg 49
ROMVIMZA CAP 14MG....107
ROMVIMZA CAP 20MG....107
ROMVIMZA CAP 30MG....107
ropinirole hydrochloride tab 0.25 mg 112
ropinirole hydrochloride tab 0.5 mg 112
ropinirole hydrochloride tab 1 mg 112
ropinirole hydrochloride tab 2 mg 112
ropinirole hydrochloride tab 3 mg 112
ropinirole hydrochloride tab 4 mg 112
ropinirole hydrochloride tab 5 mg 112
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) 112
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) 112
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) 112
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) 112
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) 112
rosuvastatin calcium tab 10 mg....87
rosuvastatin calcium tab 20 mg....87
rosuvastatin calcium tab 40 mg....87
rosuvastatin calcium tab 5 mg 87
rosyrah tab....142
ROWASA KIT 4GM 197
roweepra tab 500mg....62
ROXICODONE TAB 15MG 35
ROXICODONE TAB 30MG 35
ROXYBOND TAB 10MG....35
ROXYBOND TAB 15MG 35
ROXYBOND TAB 30MG 35
ROXYBOND TAB 5MG....35
ROZEREM TAB 8MG....209
ROZLYTREK CAP 100MG 107
ROZLYTREK CAP 200MG 107
ROZLYTREK PAK 50MG....107
RUBRACA TAB 200MG....107
RUBRACA TAB 250MG....107
RUBRACA TAB 300MG....107
RUCONEST INJ 2100UNIT....202
rufinamide susp 40 mg/ml 62
rufinamide tab 200 mg....62
rufinamide tab 400 mg....62
RUKOBIA TAB 600MG ER 123
RYALTRIS SPR 665-25....259
RYBELSUS TAB 1.5MG....75
RYBELSUS TAB 14MG 76
RYBELSUS TAB 3MG 75
RYBELSUS TAB 4MG....76
RYBELSUS TAB 7MG 76
RYBELSUS TAB 9MG....76
ryclora sol 2mg/5ml....83
RYDAPT CAP 25MG....107
RYKINDO INJ 25MG 115
RYKINDO INJ 37.5MG 115
RYKINDO INJ 50MG 116
RYTARY CAP 145MG 112
RYTARY CAP 195MG 112
RYTARY CAP 245MG....112
RYTARY CAP 95MG....112
ryvent tab 6mg 83

S

SABRIL POW 500MG 63
SABRIL TAB 500MG....63
sacubitril-valsartan tab 24-26 mg 133
sacubitril-valsartan tab 49-51 mg....133
sacubitril-valsartan tab 97-103 mg....133
SAFE-T-PRO MIS LANCETS 226
SAFE-T-PRO MIS PLUS....226
SAFETY 21G MIS LANCETS 226
SAFETY 23G MIS LANCETS....226
SAFETY 28G MIS LANCETS....226
SAFETY 30G MIS LANCETS 226
SAFETYGLIDE MIS 21GX1.5....240
SAFETY MIS LANCETS....226
SAFETY NEEDL MIS 22GX1.5....240
SAFTY NEEDLE MIS 18GX1....240
SAFTY NEEDLE MIS 18GX1.5....240
SAFTY NEEDLE MIS 19GX1....240
SAFTY NEEDLE MIS 19GX1.5....240
SAFTY NEEDLE MIS 20GX1....240
SAFTY NEEDLE MIS 20GX1.5....240
SAFTY NEEDLE MIS 21GX1....240
SAFTY NEEDLE MIS 21GX1.5....240
SAFTY NEEDLE MIS 21GX5/8 240

SAFTY NEEDLE MIS 22GX1 240
SAFTY NEEDLE MIS 22GX1.5 240
SAFTY NEEDLE MIS 23GX1 240
SAFTY NEEDLE MIS 23GX5/8 240
SAFTY NEEDLE MIS 25GX1 240
SAFTY NEEDLE MIS 25GX5/8 240
SAFYRAL TAB 142
SAIZEN INJ 5MG.....185
sajazir inj 30mg/3ml 202
SALAGEN TAB 5MG 254
SALAGEN TAB 7.5MG 254
SALICATE LIQ 10%.....168
SALICYLIC AC GEL 6%.....168
salicylic acid er film-forming soln 28.5% 168
salicylic acid film forming liquid 27.5% ...168
salicylic acid foam 6% 168
salicylic acid gel 6%.....168
salicylic acid shampoo 6%.....168
salicylic acid soln 26%.....168
SALICYLIC AC LIQ 27.5%.....168
SALIMEZ CRE 6% 168
SALIMEZ FORT CRE 10%.....168
salsalate tab 500 mg 29
salsalate tab 750 mg.....29
SALVAX AER 6% 168
SALYCIM CRE 6% 168
salyntra gel 6% 168
SAMSCA TAB 15MG.....190
SAMSCA TAB 30MG.....190
SANCUSO DIS 3.1MG 81
SANDIMMUNE CAP 100MG.....251
SANDIMMUNE CAP 25MG.....251
SANDOSTATIN INJ 100MCG.....190
SANDOSTATIN INJ 500MCG 190
SANDOSTATIN INJ 50MCG/ML 190
SANTYL OIN 250/GM 167
SAPHNELO INJ 120/0.8.....252
SAPHNELO PEN INJ 120/0.8 252
SAPHRIS SUB 10MG.....117
SAPHRIS SUB 2.5MG 117
SAPHRIS SUB 5MG 117
sapropterin dihydrochloride powder packet 100 mg.....188
sapropterin dihydrochloride powder packet 500 mg 188
sapropterin dihydrochloride tab 100 mg .188
SAPSCARE MIS TWIST 226
SAPS CARE PAD ALCOHOL.....230
SAPS HEALTH MIS TWIST.....226
SAPS HEALTH PAD ALCOHOL.....230
SAPS TWIST MIS 30G 226
SAVAYSA TAB 15MG 54
SAVAYSA TAB 30MG 54
SAVAYSA TAB 60MG 54
SAVELLA MIS TITR PAK 271
SAVELLA TAB 100MG 271
SAVELLA TAB 12.5MG 271
SAVELLA TAB 25MG 271
SAVELLA TAB 50MG.....271
saxagliptin hcl tab 2.5 mg (base equiv).....74
saxagliptin hcl tab 5 mg (base equiv).....74
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg 72
saxagliptin-metformin hcl tab er 24hr 5-1000 mg 72
saxagliptin-metformin hcl tab er 24hr 5-500 mg.....72
SAXENDA INJ 18MG/3ML.....5
SB ALCOHOL PAD PREP 230
SB LANCETS MIS THIN 226
SB LANCETS MIS ULTR THN.....226
SCEMBLIX TAB 100MG 107
SCEMBLIX TAB 20MG 107
SCEMBLIX TAB 40MG 107
scopolamine td patch 72hr 1 mg/3days 81
SDAMLO SOL 10MG.....131
SDAMLO SOL 2.5MG 131
SDAMLO SOL 5MG 131
SECUADO DIS 3.8MG 117
SECUADO DIS 5.7MG 117
SECUADO DIS 7.6MG 117
SECURESAFE MIS 0.5/29G 240
SECURESAFE MIS 29GX1/2.....240
SECURESAFE MIS 30GX5/16.....240
SEGLENTIS TAB 56-44MG 38
SEGLUROMET TAB 2.5-1000 72
SEGLUROMET TAB 2.5-500 72

SEGLUROMET TAB 7.5-1000 72
SEGLUROMET TAB 7.5-500 72
SELARSDI INJ 45/0.5ML....158
SELARSDI INJ 90MG/ML....158
SELECT-LITE KIT DEV/LANC....226
SELECT-LITE MIS LANC DEV....226
SELECT-OB+ PAK DHA....256
SELECT-OB CHW 256
selegiline hcl cap 5 mg 113
selegiline hcl tab 5 mg 113
selenium sulfide lotion 2.5% 162
selenium sulfide shampoo 2.25% 162
selenium sulfide shampoo 2.3% 162
SELZENTRY SOL 20MG/ML....123
SELZENTRY TAB 150MG 123
SELZENTRY TAB 300MG....123
SEMGLEE INJ 100U/ML 78
SE-NATAL 19 CHW 256
SE-NATAL 19 TAB....256
SENSILANCE MIS 21G 226
SENSILANCE MIS 26G 226
SENSILANCE MIS 28G 226
SENSIPAR TAB 30MG....188
SENSIPAR TAB 60MG....188
SENSIPAR TAB 90MG....188
SEPHIENCE POW 1000MG 188
SEPHIENCE POW 250MG 188
SEREVENT DIS AER 50MCG....53
SERNIVO SPR 0.05%....166
SEROQUEL TAB 100MG 117
SEROQUEL TAB 200MG....117
SEROQUEL TAB 25MG 117
SEROQUEL TAB 300MG....117
SEROQUEL TAB 400MG....117
SEROQUEL TAB 50MG 117
SEROQUEL XR TAB 150MG....117
SEROQUEL XR TAB 200MG....117
SEROQUEL XR TAB 300MG....117
SEROQUEL XR TAB 400MG....117
SEROQUEL XR TAB 50MG 117
SEROSTIM INJ 4MG....185
SEROSTIM INJ 5MG....185
SEROSTIM INJ 6MG....185
SERTRALINE CAP 150MG....67
SERTRALINE CAP 200MG....67
sertraline hcl cap 150 mg 67
sertraline hcl cap 200 mg 67
sertraline hcl oral concentrate for solution 20 mg/ml....67
sertraline hcl tab 100 mg....67
sertraline hcl tab 25 mg....67
sertraline hcl tab 50 mg 67
setlakin tab 142
sevelamer carbonate packet 0.8 gm 199
sevelamer carbonate packet 2.4 gm 199
sevelamer carbonate tab 800 mg....199
sevelamer hcl tab 400 mg....199
sevelamer hcl tab 800 mg....199
SEYSARA TAB 100MG....278
SEYSARA TAB 150MG....278
SEYSARA TAB 60MG 278
SF 5000 PLUS CRE 1.1% 253
SF GEL 1.1%....253
SFROWASA ENE 4GM 197
sharobel tab 0.35mg 145
SHARP CONTAI MIS 240
SHARPS CONT MIS 14QT....240
SIGNIFOR INJ 0.3MG/ML 190
SIGNIFOR INJ 0.6MG/ML 190
SIGNIFOR INJ 0.9MG/ML 190
SIKLOS TAB 1000MG....204
SIKLOS TAB 100MG 204
sildenafil citrate for suspension 10 mg/ml 137
sildenafil citrate tab 100 mg 134
sildenafil citrate tab 20 mg 137
sildenafil citrate tab 25 mg 134
sildenafil citrate tab 50 mg....134
SILENOR TAB 3MG....208
SILENOR TAB 6MG....208
SILIQ INJ 210/1.5 158
silodosin cap 4 mg....201
silodosin cap 8 mg....201
SILVADENE CRE 1% 162
SILVER NITRA SOL 0.5%....162
silver nitrate soln 0.5% 162
silver sulfadiazine cream 1% 162
SIMBRINZA SUS 1-0.2%....262

SIMLANDI 1PN KIT 40/0.4ML....18
SIMLANDI 1PN KIT 80/0.8ML....18
SIMLANDI 2PN INJ 40/0.4ML....18
SIMLANDI KIT 20/0.2ML....18
SIMLANDI KIT 40/0.4ML....19
SIMLANDI KIT 80/0.8ML....19
simliya tab 28 day....143
simpesse tab....143
SIMPLE DIAG MIS LANCING....226
SIMPLERA MIS SENSOR....226
SIMPLERA MIS SYNC SEN....226
SIMPLERA MIS SYSTEM....226
SIMPONI INJ 100MG/ML....19
SIMPONI INJ 50/0.5ML....19
simvastatin tab 10 mg....87
simvastatin tab 20 mg....87
simvastatin tab 40 mg....87
simvastatin tab 5 mg....87
simvastatin tab 80 mg....87
SINEMET TAB 10-100MG....112
SINEMET TAB 25-100MG....112
SINGLE-LET MIS 23G....226
SINGULAIR CHW 4MG....48
SINGULAIR CHW 5MG....48
SINGULAIR GRA 4MG....48
SINGULAIR TAB 10MG....48
sirolimus oral soln 1 mg/ml....251
sirolimus tab 0.5 mg....251
sirolimus tab 1 mg....251
sirolimus tab 2 mg....251
SIRTURO TAB 100MG....97
SIRTURO TAB 20MG....97
sitagliptin free base-metformin hcl tab 50-1000 mg....72
sitagliptin free base-metformin hcl tab 50-500 mg....72
sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg....73
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg....73
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg....72
sitagliptin phosphate-metformin hcl tab 50-1000 mg....73
sitagliptin phosphate-metformin hcl tab 50-500 mg....73
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg....73
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg....73
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg....73
sitagliptin phosphate tab 100 mg (base equiv)....74
sitagliptin phosphate tab 25 mg (base equiv)....74
sitagliptin phosphate tab 50 mg (base equiv)....74
sitagliptin tab 100 mg....75
sitagliptin tab 25 mg....74
sitagliptin tab 50 mg....75
SITAVIG TAB 50MG....125
SIVEXTRO TAB 200MG....43
SKYCLARYS CAP 50MG....260
SKYLA IUD 13.5MG....144
SKYRIZI INJ 150MG/ML....158
SKYRIZI INJ 180/1.2....197
SKYRIZI INJ 360/2.4....197
SKYRIZI INJ 55/0.37....158
SKYRIZI PEN INJ 150MG/ML....158
SKYTROFA INJ 0.7MG....185
SKYTROFA INJ 1.4MG....185
SKYTROFA INJ 1.8MG....185
SKYTROFA INJ 11MG....186
SKYTROFA INJ 13.3MG....186
SKYTROFA INJ 2.1MG....185
SKYTROFA INJ 2.5MG....185
SKYTROFA INJ 3.6MG....185
SKYTROFA INJ 3MG....185
SKYTROFA INJ 4.3MG....185
SKYTROFA INJ 5.2MG....185
SKYTROFA INJ 6.3MG....185
SKYTROFA INJ 7.6MG....185
SKYTROFA INJ 9.1MG....186
SLIP TIP 1ML MIS....240
SLIP TIP 3ML MIS....240
SLYND TAB 4MG....145
SMARTEST MIS LANCETS....227

SMARTEST SOL CONTROL 227
SMARTEST TES BLD GLUC 178
SMART SENSE MIS LANC 21G 226
SMART SENSE MIS LANC 26G 227
SMART SENSE MIS LANC 30G 227
SMART SENSE MIS LANC 33G 227
SMART SENSE TES TEST 178
SM LANCETS MIS 33G 226
SOAANZ TAB 20MG 181
SOAANZ TAB 40MG 181
SOAANZ TAB 60MG 181
SOD FLUORIDE GEL 1.1-5% 253
sodium chloride soln nebu 0.9% 148
sodium chloride soln nebu 10% 148
sodium chloride soln nebu 3% 148
sodium chloride soln nebu 7% 148
sodium citrate & citric acid soln 500-334 mg/5ml 200
sodium fluor cre 5000 ppm 253
SODIUM FLUOR CRE 5000 PPM 253
sodium fluor gel 5000 ppm 253
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) 248
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) 248
sodium fluoride cream 1.1% 253
sodium fluoride gel 1.1% (0.5% f) 253
sodium fluoride-potassium nitrate gel 1.1-5% 253
sodium fluoride rinse 0.2% 253
sodium fluoride tab 0.5 mg f (from 1.1 mg naf) 248
sodium fluor pst 5000 ppm 253
SODIUM FLUOR PST 5000 PPM 253
SODIUM IODID SOL I-131 279
sodium oxybate oral solution 500 mg/ml 269
sodium phenylbutyrate oral powder 3 gm/teaspoonful 188
sodium phenylbutyrate tab 500 mg 188
sodium polystyrene sulfonate powder 252
sodium polystyrene sulfonate susp 15 gm/60ml 252
SODIUM SULF SUS 9-4.25% 151
SOD SUL/SULF EMU 10-5% 151
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 210
SOFDRA GEL 12.45% 169
SOFTCLIX MIS LANCETS 227
SOGROYA INJ 10MG/1.5 186
SOGROYA INJ 15MG/1.5 186
SOGROYA INJ 5MG/1.5 186
SOHONOS CAP 1.5MG 258
SOHONOS CAP 10MG 258
SOHONOS CAP 1MG 258
SOHONOS CAP 2.5MG 258
SOHONOS CAP 5MG 258
solifenacin succinate tab 10 mg 287
solifenacin succinate tab 5 mg 287
SOLIQUA INJ 100/33 73
SOLOSEC GRA 2GM 11
SOLTAMOX SOL 10MG/5ML 100
SOLU-CORTEF INJ 1000MG 147
SOLU-CORTEF INJ 100MG 147
SOLU-CORTEF INJ 250MG 147
SOLU-CORTEF INJ 500MG 147
SOLUS V2 MIS LANC 28G 227
SOLUS V2 MIS LANC 30G 227
SOLUS V2 MIS LANC DEV 227
SOLUS V2 SOL HIGH 227
SOLUS V2 SOL LOW 227
SOLUS V2 TES AUDIBLE 178
SOMA TAB 250MG 258
SOMA TAB 350MG 258
SOMAVERT INJ 10MG 184
SOMAVERT INJ 15MG 184
SOMAVERT INJ 20MG 184
SOMAVERT INJ 25MG 184
SOMAVERT INJ 30MG 184
SOOLANTRA CRE 1% 170
sorafenib tosylate tab 200 mg (base equivalent) 107
SORILUX AER 0.005% 158
sotalol hcl (afib/afl) tab 120 mg 128
sotalol hcl (afib/afl) tab 160 mg 128
sotalol hcl (afib/afl) tab 80 mg 128
sotalol hcl tab 120 mg 128
sotalol hcl tab 160 mg 128

sotalol hcl tab 240 mg 128
sotalol hcl tab 80 mg 128
SOTYKTU TAB 6MG 158
SOTYLIZE SOL 5MG/ML 128
SOVALDI PAK 150MG 125
SOVALDI PAK 200MG 125
SOVALDI TAB 200MG 125
SOVALDI TAB 400MG 125
SOVUNA TAB 200MG 96
SOVUNA TAB 300MG 96
SPACE CHAMBR MIS ANTI-STA 245
SPACE CHAMBR MIS LARGE 245
SPACE CHAMBR MIS MEDIUM 245
SPACE CHAMBR MIS SMALL 245
SPEVIGO INJ 150/1ML 158
SPEVIGO INJ 300/2ML 158
spinosad susp 0.9% 170
SPIRIVA CAP HANDIHLR 48
SPIRIVA RESP AER 1.25MCG 48
SPIRIVA RESP AER 2.5MCG 48
spironolactone & hydrochlorothiazide tab 25-25 mg 180
spironolactone susp 25 mg/5ml 181
spironolactone tab 100 mg 181
spironolactone tab 25 mg 181
spironolactone tab 50 mg 181
SPORANOX CAP 100MG 83
SPORANOX SOL 10MG/ML 83
SPRAVATO SOL 56MG DOS 66
SPRAVATO SOL 84MG DOS 66
sprintec 28 tab 28 day 143
SPRITAM TAB 1000MG 62
SPRITAM TAB 250MG 62
SPRITAM TAB 500MG 62
SPRITAM TAB 750MG 62
SPRIX SPR 15.75MG 25
SPRYCEL TAB 100MG 107
SPRYCEL TAB 140MG 107
SPRYCEL TAB 20MG 107
SPRYCEL TAB 50MG 107
SPRYCEL TAB 70MG 107
SPRYCEL TAB 80MG 107
sps sus 15gm/60 252
sps sus 30gm/120 252
sronyx tab 143
ssd cre 1% 162
SSS 10-5 AER 10-5% 151
SSS CRE 10%-5% 151
STALEVO 100 TAB 112
STALEVO 125 TAB 112
STALEVO 150 TAB 112
STALEVO 200 TAB 112
STALEVO 50 TAB 112
STALEVO 75 TAB 112
STARJEMZA INJ 45/0.5ML 159
STARJEMZA INJ 90MG/ML 159
STEGLATRO TAB 15MG 78
STEGLATRO TAB 5MG 78
STEGLUJAN TAB 15-100MG 73
STEGLUJAN TAB 5-100MG 73
STELARA INJ 45/0.5ML 159
STELARA INJ 90MG/ML 159
STENDRA TAB 100MG 135
STENDRA TAB 200MG 135
STENDRA TAB 50MG 135
STEQEYMA INJ 45/0.5ML 159
STEQEYMA INJ 90MG/ML 159
STERILANCE MIS TL 28G 227
STERILANCE MIS TL 30G 227
STERILANCE MIS TL 32G 227
STIOLTO AER 2.5-2.5 53
STIVARGA TAB 40MG 107
STRATTERA CAP 100MG 7
STRATTERA CAP 10MG 7
STRATTERA CAP 18MG 7
STRATTERA CAP 25MG 7
STRATTERA CAP 40MG 7
STRATTERA CAP 60MG 7
STRATTERA CAP 80MG 7
STRENSIQ INJ 18/0.45 188
STRENSIQ INJ 28/0.7ML 188
STRENSIQ INJ 40MG/ML 188
STRENSIQ INJ 80/0.8ML 188
STREPTOCOCCI MIS 30C 249
STRIBILD TAB 123
STRIVE PEAK MIS FLOW MTR 245
STRIVERDI AER 2.5MCG 53
STROMECTOL TAB 3MG 41

STRONTIUM INJ SR-89 109
SUBOXONE MIS 12-3MG.....39
SUBOXONE MIS 2-0.5MG.....39
SUBOXONE MIS 4-1MG.....39
SUBOXONE MIS 8-2MG 39
subvenite kit start 35 62
subvenite kit start 49 62
subvenite kit start 98 62
SUBVENITE SUS 10MG/ML.....62
subvenite tab 100mg 62
subvenite tab 150mg 62
subvenite tab 200mg.....62
subvenite tab 25mg 62
SUCRAID SOL 8500/ML.....179
sucralfate susp 1 gm/10ml 284
sucralfate tab 1 gm.....284
SUFEN/KETAMI SPR 60/60ML.....38
SUFENT/KETAM SPR 90/90ML 38
SUFLAVE SOL 210
SULAR TAB 17MG ER 131
SULAR TAB 34MG ER 131
SULAR TAB 8.5MG ER 131
sulconazole nitrate cream 1%.....154
sulconazole nitrate solution 1% 154
sulfacetamide sodium cleansing gel 10% 162
sulfacetamide sodium liquid 10% 162
sulfacetamide sodium lotion 10% (acne).151
sulfacetamide sodium ophth oint 10% ...263
sulfacetamide sodium ophth soln 10%...263
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 265
sulfacetamide sodium shampoo 10%.....162
sulfacetamide sodium shampoo 9.8%....162
sulfacetamide sodium w/ sulfur cleanser 10-2% 152
sulfacetamide sodium w/ sulfur cleanser 10-5% 152
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% 152
sulfacetamide sodium w/ sulfur cleanser 9-4.5% 151
sulfacetamide sodium w/ sulfur cleanser 9-4% 151
sulfacetamide sodium w/ sulfur cream 10-2%.....152
sulfacetamide sodium w/ sulfur cream 10-5%.....152
sulfacetamide sodium w/ sulfur cream 9.8-4.8% 152
sulfacetamide sodium w/ sulfur emulsion 10-1% 152
sulfacetamide sodium w/ sulfur lotion 10-5%.....152
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% 152
sulfacetamide sodium w/ sulfur susp 10-5% 152
sulfacetamide sodium w/ sulfur susp 8-4% 152
SULFACLEANSE SUS 8-4% 152
SULFAC SULFR PAD 9.8-4.8%.....151
sulfadiazine tab 500 mg.....277
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 41
sulfamethoxazole-trimethoprim tab 400-80 mg 41
sulfamethoxazole-trimethoprim tab 800-160 mg 42
SULFAMEZ EMU 10-1%.....152
SULFAMYLON CRE 85MG/GM 162
sulfasalazine tab 500 mg.....197
sulfasalazine tab delayed release 500 mg 197
sulfatrim pd sus 200-40/5 42
SULF LIME SOL 170
sulindac tab 150 mg 25
sulindac tab 200 mg 25
SUMADAN WASH LIQ 9-4.5%.....152
sumatriptan-naproxen sodium tab 85-500 mg 246
sumatriptan nasal spray 20 mg/act 247
sumatriptan nasal spray 5 mg/act.....247
sumatriptan succinate inj 6 mg/0.5ml 247
sumatriptan succinate solution auto-injector 4 mg/0.5ml 247
sumatriptan succinate solution auto-injector 6 mg/0.5ml 247

sumatriptan succinate solution cartridge 4 mg/0.5ml 247
sumatriptan succinate solution cartridge 6 mg/0.5ml 247
sumatriptan succinate tab 100 mg 247
sumatriptan succinate tab 25 mg 247
sumatriptan succinate tab 50 mg 247
SUMAXIN PAD 10-4% 152
sunitinib malate cap 12.5 mg (base equivalent) 107
sunitinib malate cap 25 mg (base equivalent) 107
sunitinib malate cap 37.5 mg (base equivalent) 107
sunitinib malate cap 50 mg (base equivalent) 107
SUNLENCA INJ 123
SUNLENCA TAB 300MG 123
SUNOSI TAB 150MG 7
SUNOSI TAB 75MG 7
SUPER THIN MIS LANC 28G 227
SUPER THIN MIS LANCETS 227
SUPREME II LIQ HIGH/LOW 227
SUPREME TES 179
SUPREP BOWEL SOL PREP KIT 210
SURE COMFORT MIS 0.5/31G 240
SURE COMFORT MIS 29GX1/2 241
SURE COMFORT MIS 30GX5/16 241
SURE COMFORT MIS 31GX1/4 241
SURE COMFORT MIS 31GX3/16 241
SURE COMFORT MIS 31GX5/16 241
SURE COMFORT MIS 31GX6MM 241
SURE COMFORT MIS 32GX5/32 241
SURE COMFORT MIS 32GX6MM 241
SURE COMFORT MIS LANC 18G 227
SURE COMFORT MIS LANC 21G 227
SURE COMFORT MIS LANC 23G 227
SURE COMFORT MIS LANC 30G 227
SURE COMFORT MIS LANCETS 227
SURE COMFORT MIS LANC PEN 227
SUREFLEX MIS LANCETS 227
SURELITE MIS LANCETS 227
SUTAB TAB 210
SUTENT CAP 12.5MG 107
SUTENT CAP 25MG 107
SUTENT CAP 37.5MG 107
SUTENT CAP 50MG 107
syeda tab 3-0.03mg 143
SYMBICORT AER 160-4.5 53
SYMBICORT AER 80-4.5 53
SYMBRAVO TAB 20-10MG 246
SYMBYAX CAP 3-25MG 271
SYMBYAX CAP 6-25MG 271
SYMDEKO TAB 100-150 277
SYMDEKO TAB 50-75MG 277
SYMFI LO TAB 123
SYMFI TAB 123
SYMLINPEN 60 INJ 1000MCG 71
SYMLNPEN 120 INJ 1000MCG 71
SYMPAZAN MIS 10MG 57
SYMPAZAN MIS 20MG 57
SYMPAZAN MIS 5MG 57
SYMPROIC TAB 0.2MG 198
SYMTUZA TAB 123
SYNALAR CRE 0.025% 166
SYNALAR OIN 0.025% 166
SYNAREL SOL 2MG/ML 186
SYNDROS SOL 5MG/ML 81
SYNJARDY TAB 73
SYNJARDY TAB 12.5-500 73
SYNJARDY TAB 5-1000MG 73
SYNJARDY TAB 5-500MG 73
SYNJARDY XR TAB 73
SYNJARDY XR TAB 10-1000 73
SYNJARDY XR TAB 25-1000 73
SYNJARDY XR TAB 5-1000MG 73
SYNTHROID TAB 100MCG 281
SYNTHROID TAB 112MCG 282
SYNTHROID TAB 125MCG 282
SYNTHROID TAB 137MCG 282
SYNTHROID TAB 150MCG 282
SYNTHROID TAB 175MCG 282
SYNTHROID TAB 200MCG 282
SYNTHROID TAB 25MCG 281
SYNTHROID TAB 300MCG 282
SYNTHROID TAB 50MCG 281
SYNTHROID TAB 75MCG 281
SYNTHROID TAB 88MCG 281

SYPRINE CAP 250MG....249
SYRG/NDL 3ML MIS 22G X 1....241
SYRG/NDL 3ML MIS 25GX5/8....241
SYRG/NEEDLE MIS 29GX12.5....241
SYRG/NEEDLE MIS 31GX8MM....241
SYRINGE BARR MIS LUER 1ML....241
SYRINGE BARR MIS LUER 3ML....241
SYRINGE BARR MIS UNI 3ML....241
SYRINGE LUER MIS LOCK 1ML....241
SYRINGE LUER MIS -LOK 1ML....241
SYRINGE MIS 0.5/30G....241
T
TABLOID TAB 40MG....98
TABRECTA TAB 150MG....107
TABRECTA TAB 200MG....107
TACHOSIL PAD 4.8X4.8....207
TACHOSIL PAD 9.5X4.8....207
TACLONEX SUS....166
tacrolimus cap 0.5 mg....251
tacrolimus cap 1 mg....251
tacrolimus cap 5 mg....251
tacrolimus cap er 24hr 0.5 mg....251
tacrolimus cap er 24hr 1 mg....251
tacrolimus cap er 24hr 5 mg....251
tacrolimus oint 0.03%....168
tacrolimus oint 0.1%....168
tadalafil tab 10 mg....135
tadalafil tab 2.5 mg....135
tadalafil tab 20 mg....135
tadalafil tab 20 mg (pah)....137
tadalafil tab 5 mg....135
TADLIQ SUS 20MG/5ML....137
TAFINLAR CAP 50MG....107
TAFINLAR CAP 75MG....107
TAFINLAR TAB 10MG....107
tafluprost preservative free (pf) ophth soln 0.0015%....266
TAGRISSO TAB 40MG....99
TAGRISSO TAB 80MG....99
TAI DOC SOL NORM CON....227
TAKHZYRO INJ 150MG/ML....203
TAKHZYRO INJ 300/2ML....203
TALICIA CAP....286
TALTZ INJ 20/0.25....159
TALTZ INJ 40/0.5ML....159
TALTZ INJ 80MG/ML....160
TALZENNA CAP 0.1MG....107
TALZENNA CAP 0.25MG....107
TALZENNA CAP 0.35MG....107
TALZENNA CAP 0.5MG....107
TALZENNA CAP 0.75MG....108
TALZENNA CAP 1MG....108
TAMIFLU CAP 30MG....125
TAMIFLU CAP 45MG....126
TAMIFLU CAP 75MG....126
TAMIFLU SUS 6MG/ML....126
tamoxifen citrate tab 10 mg (base equivalent)....100
tamoxifen citrate tab 20 mg (base equivalent)....100
tamsulosin hcl cap 0.4 mg....201
tanlor tab 1000mg....258
tapentadol hcl tab 100 mg....35
tapentadol hcl tab 50 mg....35
tapentadol hcl tab 75 mg....35
TAPENTADOL TAB 100MG ER....35
TAPENTADOL TAB 150MG ER....35
TAPENTADOL TAB 200MG ER....35
TAPENTADOL TAB 250MG ER....35
TAPENTADOL TAB 50MG ER....35
taperdex pak 12-day....147
taperdex pak 6 day....147
taperdex pak 7-day....147
TARCEVA TAB 100MG....99
targadox tab 50mg....278
TARGRETIN CAP 75MG....109
TARGRETIN GEL 1%....154
tarina 24 fe tab....143
tarina fe tab 1/20 eq....143
TARON-C DHA CAP....256
TARPEYO CAP 4MG....147
TASCENSO ODT TAB 0.25MG....274
TASCENSO ODT TAB 0.5MG....274
TASIGNA CAP 150MG....108
TASIGNA CAP 200MG....108
TASIGNA CAP 50MG....108
tasimelteon capsule 20 mg....209
TASMAR TAB 100MG....110

tavaborole soln 5% 154
TAVALISSE TAB 100MG 203
TAVALISSE TAB 150MG.....203
TAVNEOS CAP 10MG.....202
taysofy cap 1/20.....143
TAYTULLA CAP 1MG/20MC 143
TAZAROTENE AER 0.1%.....152
tazarotene cream 0.05% 160
tazarotene cream 0.1%.....160
tazarotene gel 0.05% 160
tazarotene gel 0.1% 160
TAZORAC CRE 0.05% 160
TAZORAC CRE 0.1% 160
TAZORAC GEL 0.05% 160
TAZORAC GEL 0.1%.....160
TB SYRINGE MIS 0.5/28G 242
TECFIDERA CAP 120MG 274
TECFIDERA CAP 240MG 274
TECFIDERA CAP STARTER.....274
TECHLITE AST MIS LANCETS.....227
TECHLITE MIS LANC 26G.....227
TECHLITE MIS LANCETS 227
TEGLUTIK SUS 50/10ML 260
TEGRETOL SUS 100/5ML 62
TEGRETOL TAB 200MG.....62
TEGRETOL-XR TAB 100MG.....62
TEGRETOL-XR TAB 200MG 62
TEGRETOL-XR TAB 400MG 62
TEKTURNA TAB 150MG 95
TEKTURNA TAB 300MG 95
telmisartan-amlodipine tab 40-10 mg.....95
telmisartan-amlodipine tab 40-5 mg 95
telmisartan-amlodipine tab 80-10 mg.....95
telmisartan-amlodipine tab 80-5 mg 95
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....95
telmisartan-hydrochlorothiazide tab 80-12.5 mg 95
telmisartan-hydrochlorothiazide tab 80-25 mg 95
telmisartan tab 20 mg 90
telmisartan tab 40 mg 90
telmisartan tab 80 mg 90
temazepam cap 15 mg.....209
temazepam cap 22.5 mg 209
temazepam cap 30 mg.....209
temazepam cap 7.5 mg 209
TEMBEXA SUS 10MG/ML.....126
TEMBEXA TAB 100MG.....126
temozolomide cap 100 mg 97
temozolomide cap 140 mg.....97
temozolomide cap 180 mg.....97
temozolomide cap 20 mg 97
temozolomide cap 250 mg.....97
temozolomide cap 5 mg 97
tencon tab 50-325mg.....29
tenofovir disoproxil fumarate tab 300 mg 123
TENORETIC TAB 100 95
TENORETIC TAB 50.....95
TENORMIN TAB 100MG 127
TENORMIN TAB 25MG 127
TENORMIN TAB 50MG 127
TEPMETKO TAB 225MG.....108
terazosin hcl cap 10 mg (base equivalent) 91
terazosin hcl cap 1 mg (base equivalent)...91
terazosin hcl cap 2 mg (base equivalent) ..91
terazosin hcl cap 5 mg (base equivalent) ..91
terbinafine hcl tab 250 mg.....82
terbutaline sulfate tab 2.5 mg.....53
terbutaline sulfate tab 5 mg.....53
terconazole vaginal cream 0.4%.....288
terconazole vaginal cream 0.8%.....288
terconazole vaginal suppos 80 mg.....288
teriflunomide tab 14 mg 274
teriflunomide tab 7 mg.....274
TERIPARATIDE INJ 560/2.24 182
teriparatide soln pen-inj 560 mcg/2.24ml 182
TESTIM GEL 1%(50MG).....39
TESTOST CYP INJ 200MG/ML.....39
testosterone cypionate im inj in oil 100 mg/ml 39
testosterone cypionate im inj in oil 200 mg/ml 39
testosterone enanthate im inj in oil 200 mg/ml 39
testosterone td gel 10mg/act (2%) 39

testosterone td gel 12.5 mg/act (1%) 39
testosterone td gel 20.25 mg/1.25gm (1.62%) 40
*testosterone td gel 20.25 mg/act (1.62%)*40
testosterone td gel 25 mg/2.5gm (1%).....40
testosterone td gel 40.5 mg/2.5gm (1.62%) 40
testosterone td gel 50 mg/5gm (1%).....40
testosterone td soln 30 mg/act 40
tetrabenazine tab 12.5 mg.....272
tetrabenazine tab 25 mg 272
tetracaine hcl ophth soln 0.5% 264
TETRACAINE SOL 0.5% OP 264
tetracycline hcl cap 250 mg 278
tetracycline hcl cap 500 mg.....278
TETRACYCLINE TAB 250MG 278
TETRACYCLINE TAB 500MG.....278
texacort sol 2.5%.....166
TEZRULY SOL 1MG/ML.....91
TEZSPIRE INJ 210MG 47
TGT LANCET MIS 26G.....227
TGT LANCET MIS 30G.....227
TGT LANCET MIS 33G.....227
TGT LANCING MIS DEVICE 227
THALITONE TAB 15MG.....181
THALOMID CAP 100MG 250
THALOMID CAP 50MG.....250
THE EPINEPHR MIS 1ML.....242
THEO-24 CAP 100MG CR 53
THEO-24 CAP 200MG CR 53
THEO-24 CAP 300MG CR 53
THEO-24 CAP 400MG ER.....53
theophylline elixir 80 mg/15ml 53
theophylline soln 80 mg/15ml 53
theophylline tab er 12hr 100 mg 53
theophylline tab er 12hr 200 mg.....53
theophylline tab er 12hr 300 mg 53
theophylline tab er 12hr 450 mg.....53
theophylline tab er 24hr 400 mg 54
theophylline tab er 24hr 600 mg 54
THIN LANCETS MIS 26G.....227
THIN LANCETS MIS 30G.....227
THIOLA EC TAB 100MG.....201
THIOLA EC TAB 300MG.....201
THIOLA TAB 100MG.....201
thioridazine hcl tab 100 mg 119
thioridazine hcl tab 10 mg 119
thioridazine hcl tab 25 mg 119
thioridazine hcl tab 50 mg.....119
thiothixene cap 10 mg 120
thiothixene cap 1 mg 120
thiothixene cap 2 mg.....120
thiothixene cap 5 mg.....120
THRIVITE RX TAB 29-1MG.....256
THYQUIDITY SOL 100/5ML.....282
THYQUIDITY SOL 100MCG 282
THYROID TAB 120MG 282
THYROID TAB 15MG.....282
THYROID TAB 30MG.....282
THYROID TAB 60MG.....282
THYROID TAB 90MG.....282
tiadylt cap 120mg/24 131
tiadylt cap 180mg/24 131
tiadylt cap 240mg/24 131
tiadylt cap 300mg/24 131
tiadylt cap 360mg/24 131
tiadylt cap 420mg/24 131
tiagabine hcl tab 12 mg.....64
tiagabine hcl tab 16 mg 64
tiagabine hcl tab 2 mg 63
tiagabine hcl tab 4 mg.....64
TIAZAC CAP 120MG/24 131
TIAZAC CAP 180MG/24 131
TIAZAC CAP 240MG/24 131
TIAZAC CAP 300MG/24 131
TIAZAC CAP 360MG/24 131
TIAZAC CAP 420MG/24 131
TIBSOVO TAB 250MG 108
ticagrelor tab 60 mg.....204
ticagrelor tab 90 mg.....204
TIER UNI PLS MIS 31GX8MM 242
TIGLUTIK SUS 50/10ML.....260
TIKOSYN CAP 125MCG.....47
TIKOSYN CAP 250MCG.....47
TIKOSYN CAP 500MCG.....47
tilia fe tab 143
TIM/BRIM/DOR SOL 261
TIM/BRIM/DOR SOL /BIMATOP 261

TIM/DORZ/LAT SOL 261
TIMOL/BRIMO/ SOL DORZOL.....261
TIMOL/BRIM SOL DORZ/LAT.....261
TIMOL/DORZOL SOL /BIMATOP.....261
TIMOL/LATAN SOL.....261
TIMOLOL MAL/ SOL BIMATOPR 261
timolol maleate ophth gel forming soln 0.25% 261
timolol maleate ophth gel forming soln 0.5% 261
timolol maleate ophth soln 0.25% 261
timolol maleate ophth soln 0.5%.....261
timolol maleate ophth soln 0.5% (once-daily) 261
timolol maleate preservative free ophth soln 0.25% 261
timolol maleate preservative free ophth soln 0.5% 261
timolol maleate tab 10 mg 128
timolol maleate tab 20 mg.....128
timolol maleate tab 5 mg.....128
timolol ophth soln 0.5%.....261
TIMOPTIC OCU SOL 0.25% OP.....261
TIMOPTIC OCU SOL 0.5% OP 261
tinidazole tab 250 mg.....41
tinidazole tab 500 mg 41
tiopronin tab 100 mg 201
tiopronin tab delayed release 100 mg 201
tiopronin tab delayed release 300 mg.....201
tiotropium bromide inhal cap 18 mcg (base equiv) 48
TIROSINT CAP 100MCG 282
TIROSINT CAP 112MCG.....282
TIROSINT CAP 125MCG.....282
TIROSINT CAP 137MCG.....282
TIROSINT CAP 13MCG.....282
TIROSINT CAP 150MCG.....282
TIROSINT CAP 175MCG.....282
TIROSINT CAP 200MCG.....282
TIROSINT CAP 25MCG 282
TIROSINT CAP 37.5MCG 282
TIROSINT CAP 44MCG 282
TIROSINT CAP 50MCG 282
TIROSINT CAP 62.5MCG.....282
TIROSINT CAP 75MCG 282
TIROSINT CAP 88MCG 282
TIROSINT-SOL SOL 100MCG.....282
TIROSINT-SOL SOL 112MCG 282
TIROSINT-SOL SOL 125MCG 282
TIROSINT-SOL SOL 137MCG 282
TIROSINT-SOL SOL 13MCG/ML 282
TIROSINT-SOL SOL 150MCG.....282
TIROSINT-SOL SOL 175MCG 282
TIROSINT-SOL SOL 200MCG 282
TIROSINT-SOL SOL 25MCG/ML 282
TIROSINT-SOL SOL 37.5/ML 282
TIROSINT-SOL SOL 44MCG/ML 282
TIROSINT-SOL SOL 50MCG/ML 282
TIROSINT-SOL SOL 62.5/ML 282
TIROSINT-SOL SOL 75MCG/ML 282
TIROSINT-SOL SOL 88MCG/ML 282
TISSEEL KIT 10ML.....207
TISSEEL KIT 2ML 207
TISSEEL KIT 4ML 207
TISSEEL SOL 10ML 208
TISSEEL SOL 2ML 207
TISSEEL SOL 4ML.....207
TIVICAY PD TAB 5MG.....123
TIVICAY TAB 50MG.....123
tizanidine hcl cap 2 mg (base equivalent) 258
tizanidine hcl cap 4 mg (base equivalent) 258
tizanidine hcl cap 6 mg (base equivalent) 258
tizanidine hcl cap 8 mg (base equivalent) 258
tizanidine hcl tab 2 mg (base equivalent) 258
tizanidine hcl tab 4 mg (base equivalent) 258
TLANDO CAP 112.5 MG.....40
TOBI NEB 300/5ML 11
TOBI PODHALR CAP 28MG 11
TOBRA/VANCO DRO 1.5-5% 263
TOBRA/VANCO SOL 1-2.5% 263
TOBRADEX OIN 0.3-0.1%.....265
TOBRADEX ST SUS 0.3-0.05 265

tobramycin-dexamethasone ophth susp 0.3-0.1% 265
tobramycin nebu soln 300 mg/4ml 11
tobramycin nebu soln 300 mg/5ml 11
tobramycin ophth soln 0.3% 263
TOBREX OIN 0.3% OP....263
TODAY SPONGE MIS 288
tofacitinib citrate oral soln 1 mg/ml (base equivalent) 20
tofacitinib citrate tab 10 mg (base equivalent) 20
tofacitinib citrate tab 5 mg (base equivalent) 20
tofacitinib citrate tab er 24hr 11 mg (base equivalent) 20
tofacitinib citrate tab er 24hr 22 mg (base equivalent) 20
TOLAK CRE 4%....155
tolcapone tab 100 mg 110
tolectin 600 tab 600mg 25
TOLECTIN DS CAP 400MG 25
tolmetin sodium cap 400 mg 25
tolmetin sodium tab 200 mg 25
tolmetin sodium tab 600 mg 25
TOLSURA CAP 65MG....83
tolterodine tartrate cap er 24hr 2 mg....287
tolterodine tartrate cap er 24hr 4 mg....287
tolterodine tartrate tab 1 mg....287
tolterodine tartrate tab 2 mg 287
tolvaptan (hyponatremia) tab 15 mg....190
tolvaptan (hyponatremia) tab 30 mg....190
tolvaptan tab 15 mg....190
tolvaptan tab 30 mg....190
tolvaptan tab therapy pack 15 mg....190
tolvaptan tab therapy pack 30 & 15 mg...190
tolvaptan tab therapy pack 45 & 15 mg...190
tolvaptan tab therapy pack 60 & 30 mg..190
tolvaptan tab therapy pack 90 & 30 mg...191
TONMYA SUB 2.8MG....271
TOOMEY SYRIN MIS 70ML 242
TOPAMAX SPR CAP 15MG 62
TOPAMAX SPR CAP 25MG 62
TOPAMAX TAB 100MG 62
TOPAMAX TAB 200MG 62
TOPAMAX TAB 25MG 62
TOPAMAX TAB 50MG....62
TOPCARE MIS LANC 33G....227
TOPFINE MIS 32GX4MM 242
TOPICORT CRE 0.05% 166
TOPICORT CRE 0.25% 166
TOPICORT GEL 0.05% 166
TOPICORT OIN 0.05%....166
TOPICORT OIN 0.25% 166
TOPICORT SPR 0.25% 166
topiramate cap er 24hr 100 mg....62
topiramate cap er 24hr 200 mg 62
topiramate cap er 24hr 25 mg....62
topiramate cap er 24hr 50 mg....62
topiramate cap er 24hr sprinkle 100 mg ...62
topiramate cap er 24hr sprinkle 150 mg ...62
topiramate cap er 24hr sprinkle 200 mg ..62
topiramate cap er 24hr sprinkle 25 mg 62
topiramate cap er 24hr sprinkle 50 mg.....62
topiramate oral soln 25 mg/ml....62
topiramate sprinkle cap 15 mg 62
topiramate sprinkle cap 25 mg....62
topiramate sprinkle cap 50 mg 62
topiramate tab 100 mg 63
topiramate tab 200 mg....63
topiramate tab 25 mg 62
topiramate tab 50 mg....62
TOPROL XL TAB 100MG....127
TOPROL XL TAB 200MG 127
TOPROL XL TAB 25MG....127
TOPROL XL TAB 50MG 127
toremifene citrate tab 60 mg (base equivalent)....100
torpenz tab 10mg....108
torpenz tab 2.5mg 108
torpenz tab 5mg 108
torpenz tab 7.5mg 108
torsemide tab 100 mg....181
torsemide tab 10 mg 181
torsemide tab 20 mg....181
torsemide tab 5 mg....181
TOSYMRA SOL 10MG....247
TOUJEO MAX INJ 300/ML....78
TOUJEO SOLO INJ 300/ML 78

tovet aer 0.05% 166
TOVIAZ TAB 4MG 287
TOVIAZ TAB 8MG 287
TPOXX CAP 200MG.....126
TRACLEER TAB 125MG.....137
TRACLEER TAB 32MG 137
TRACLEER TAB 62.5MG.....137
TRADJENTA TAB 5MG.....75
tramadol-acetaminophen tab 37.5-325 mg 38
tramadol hcl cap er 24hr biphasic release 100 mg 35
tramadol hcl cap er 24hr biphasic release 200 mg.....35
tramadol hcl cap er 24hr biphasic release 300 mg 35
tramadol hcl oral soln 5 mg/ml 35
tramadol hcl tab 100 mg 35
tramadol hcl tab 25 mg 35
tramadol hcl tab 50 mg 35
tramadol hcl tab 75 mg 35
tramadol hcl tab er 24hr 100 mg.....35
tramadol hcl tab er 24hr 200 mg 35
tramadol hcl tab er 24hr 300 mg 36
tramadol hcl tab er 24hr biphasic release 100 mg 36
tramadol hcl tab er 24hr biphasic release 200 mg.....36
tramadol hcl tab er 24hr biphasic release 300 mg 36
TRAMADOL SOL 5MG/ML 36
trandolapril tab 1 mg 89
trandolapril tab 2 mg 89
trandolapril tab 4 mg 89
trandolapril-verapamil hcl tab er 1-240 mg 95
trandolapril-verapamil hcl tab er 2-180 mg 95
trandolapril-verapamil hcl tab er 2-240 mg 95
trandolapril-verapamil hcl tab er 4-240 mg 95
tranexamic acid tab 650 mg 207
TRANSDERM SC DIS 1MG/3DAY 81
TRANSDERM-SC DIS 1MG/3DAY.....81
tranylcypromine sulfate tab 10 mg 66
TRAVATAN Z DRO 0.004%.....266
TRAVEL LANCE MIS ADV 28G 227
travoprost ophth soln 0.004% (benzalkonium free) (bak free).....266
trazodone hcl tab 100 mg 68
trazodone hcl tab 150 mg.....68
trazodone hcl tab 300 mg.....68
trazodone hcl tab 50 mg 68
TRECATOR TAB 250MG 97
TRELEGY AER 100MCG.....53
TRELEGY AER 200MCG.....53
TREMFYA INJ 100MG/ML 160
TREMFYA INJ 200/2ML 197, 198
TRESIBA FLEX INJ 100UNIT 78
TRESIBA FLEX INJ 200UNIT.....78
TRESIBA INJ 100UNIT 78
TRESNI SUP 100MG.....25
tretinoin cap 10 mg.....109
tretinoin cream 0.025%.....152
tretinoin cream 0.05% 152
tretinoin cream 0.1% 152
tretinoin gel 0.01%.....152
tretinoin gel 0.025%.....152
tretinoin gel 0.05%.....152
tretinoin microsphere gel 0.04% 152
tretinoin microsphere gel 0.06% 152
tretinoin microsphere gel 0.08%.....152
tretinoin microsphere gel 0.1%.....152
TREXALL TAB 10MG.....98
TREXALL TAB 15MG.....98
TREXALL TAB 5MG.....98
TREXALL TAB 7.5MG 98
TREXIMET TAB 85-500MG 246
trezix cap 38
triamcinolone acetonide aerosol soln 0.147 mg/gm 166
triamcinolone acetonide cream 0.025%.166
triamcinolone acetonide cream 0.1%.....166
triamcinolone acetonide cream 0.5% 166
triamcinolone acetonide dental paste 0.1% 253
triamcinolone acetonide lotion 0.025% ..166

triamcinolone acetonide lotion 0.1% 166
triamcinolone acetonide oint 0.025% 166
triamcinolone acetonide oint 0.05% 166
triamcinolone acetonide oint 0.1%.....166
triamcinolone acetonide oint 0.5%.....166
triamterene & hydrochlorothiazide cap 37.5-25 mg 180
triamterene & hydrochlorothiazide tab 37.5-25 mg 180
triamterene & hydrochlorothiazide tab 75-50 mg 180
triamterene cap 100 mg 181
triamterene cap 50 mg 181
triazolam tab 0.125 mg.....209
triazolam tab 0.25 mg 209
TRIBENZOR TAB 95
TRICARE TAB PRENATAL.....256
TRICITRASOL CON.....56
TRICITRATES SOL 200
TRICOR TAB 145MG 85
TRICOR TAB 48MG.....85
tridacaine dis 5% patch.....169
triderm cre 0.5% 166
trientine hcl cap 250 mg 249
trientine hcl cap 500 mg.....249
tri-estaryll tab 143
trifluoperazine hcl tab 10 mg (base equivalent).....119
trifluoperazine hcl tab 1 mg (base equivalent).....119
trifluoperazine hcl tab 2 mg (base equivalent).....119
trifluoperazine hcl tab 5 mg (base equivalent).....119
trifluridine ophth soln 1% 263
trihexyphenidyl hcl oral soln 0.4 mg/ml...110
trihexyphenidyl hcl tab 2 mg 110
trihexyphenidyl hcl tab 5 mg 110
TRIJARDY XR TAB 73
TRIKAFTA PAK 59.5MG 277
TRIKAFTA PAK 75MG.....277
TRIKAFTA TAB 277
tri-legest tab fe.....143
TRILEPTAL SUS 300/5ML 63
TRILEPTAL TAB 150MG 63
TRILEPTAL TAB 300MG 63
TRILEPTAL TAB 600MG 63
tri-linyah tab 143
TRILIPIX CAP 135MG.....85
TRILIPIX CAP 45MG 85
trilitas gel 0.1%.....160
tri-lo-mili tab.....143
tri-lo tab estaryll.....143
tri-lo- tab marzia 143
tri-lo- tab sprintec.....143
trimethobenzamide hcl cap 300 mg.....81
trimethoprim tab 100 mg 41
tri-mili tab.....143
trimipramine maleate cap 100 mg.....71
trimipramine maleate cap 25 mg.....71
trimipramine maleate cap 50 mg 71
TRIMO-SAN GEL 287
TRINATAL RX TAB 1.....256
TRINATE TAB 256
TRINTELLIX TAB 10MG 68
TRINTELLIX TAB 20MG.....68
TRINTELLIX TAB 5MG.....68
tri-sprintec tab 143
TRISTART DHA CAP.....256
TRIUMEQ PD TAB 123
TRIUMEQ TAB 123
trivora-28 tab.....143
tri-vylibra tab 143
tri-vylibra tab lo 143
TROGARZO INJ 150MG/ML.....123
TROJAN-ENZ MIS LUBRICAT 213
TROJAN-ENZ MIS W/SPERMI.....213
TROJAN MAGN MIS.....213
TROJAN MIS BARESKIN.....213
TROJAN MIS ENZ 213
TROJAN ULTRA MIS RIBBED.....213
TROJAN ULTRA MIS THIN 213
TROKENDI XR CAP 100MG 63
TROKENDI XR CAP 200MG.....63
TROKENDI XR CAP 25MG 63
TROKENDI XR CAP 50MG 63
TROP/CYC/PE/ SOL KETO/PRO.....262
TROP/CYCL/PE SOL KETOROLA.....262

TROP-CYC-PE DRO 1-1-2.5 262
TROP-CYC-PE DRO 1-1-2.5%.....262
TROP-PHENYL SOL 1-2.5%.....262
trospium chloride cap er 24hr 60 mg.....287
trospium chloride tab 20 mg 287
TRUDHESA AER 0.725MG.....246
TRUE COMFORT MIS 32GX4MM 242
TRUE COMFORT PAD PRO 230
TRUE COM LAN MIS SAFE 30G 227
TRUE COM LAN MIS TWST 30G.....227
TRUE COVER MIS CONDOM.....213
TRUEDRAW MIS LANC DEV 227
TRUE FOCUS MIS BLOOD 179
TRUE METRIX SOL LEVEL 1 227
TRUE METRIX SOL LEVEL 2.....227
TRUE METRIX SOL LEVEL 3.....227
TRUE METRIX TES GLUCOSE 179
TRUE METRIX TES PRO TEST 179
TRUENESS TES STRIPS 179
TRUETEST TES.....179
TRUETRACK TES 179
TRUETRACK TES STRIPS 179
TRULANCE TAB 3MG 194
TRULICITY INJ 0.75/0.5.....76
TRULICITY INJ 1.5/0.5.....76
TRULICITY INJ 3/0.5 76
TRULICITY INJ 4.5/0.5.....76
TRU METRIX TES STRIPS 179
TRUPLUS LANC MIS 26G.....227
TRUPLUS LANC MIS 28G.....228
TRUPLUS LANC MIS 30G 228
TRUPLUS LANC MIS 33G.....228
TRUQAP PAK 160MG.....108
TRUQAP PAK 200MG.....108
TRUQAP TAB 160MG.....108
TRUQAP TAB 200MG.....108
TRUSTEX/RIA MIS LUBRICAT 214
TRUSTEX/RIA MIS NON-LUB 214
TRUSTEX/RIA MIS SPERMICI 214
TRUSTEX LUBR MIS ASSORTED 213
TRUSTEX LUBR MIS BANANA 213
TRUSTEX LUBR MIS CHOC 213
TRUSTEX LUBR MIS COLA 213
TRUSTEX LUBR MIS COLORS.....213
TRUSTEX LUBR MIS EX LARGE 213
TRUSTEX LUBR MIS EX STR 213
TRUSTEX LUBR MIS GRAPE.....213
TRUSTEX LUBR MIS MINT.....213
TRUSTEX LUBR MIS RIB/STUD 213
TRUSTEX LUBR MIS SPERMICI 213
TRUSTEX LUBR MIS STRWBRY.....213
TRUSTEX LUBR MIS VANILLA 214
TRUSTEX MIS BANANA.....214
TRUSTEX MIS CHOCOLAT.....214
TRUSTEX MIS FLAVORS.....214
TRUSTEX MIS MINT 214
TRUSTEX MIS STRWBRY 214
TRUSTEX MIS VANILLA.....214
TRUSTX NON-9 MIS RIB/STUD.....214
TRUTAKNA INJ 150MG/ML 200
TRUVADA TAB 100-150 123
TRUVADA TAB 133-200.....123
TRUVADA TAB 167-250.....123
TRUVADA TAB 200-300.....123
TRUZONE PEAK MIS FLOW MTR 245
TRYNGOLZA INJ 50MG/0.8 188
TRYNGOLZA INJ 80MG/0.8 188
TRYPTYR SOL 0.003% 266
TRYVIO TAB 12.5MG.....95
TUDORZA PRES AER 400/ACT 48
TUKYSA TAB 150MG 99
TUKYSA TAB 50MG.....99
TURALIO CAP 125MG 108
TURPENTINE SOL SPIRITS.....168
turqoz tab.....143
TUXARIN ER TAB 54.3-8MG.....148
TWIIST KIT REFILL 228
TWIIST KIT STARTER 228
TWIIST REFIL KIT INFUSION 228
TWIRLA DIS 120-30.....144
TWIST LANCET MIS 30G 228
TWIST LANCET MIS 30G MULT.....228
TWYNEO CRE 0.1-3% 152
TYBLUME CHW 0.1-0.02.....143
TYBOST TAB 150MG 123
tydemy tab.....143
TYENNE INJ 162/0.9.....22
TYENNE INJ 162MG 22

TYKERB TAB 250MG 108
TYMLOS INJ 182
TYRVAYA SOL 0.03MG 261
TYVASO DPI POW 16-32-48 136
TYVASO DPI POW 16MCG 136
TYVASO DPI POW 32MCG.....136
TYVASO DPI POW 48-80MCG 136
TYVASO DPI POW 48MCG 136
TYVASO DPI POW 64MCG 136
TYVASO DPI POW 80MCG 136
TYVASO DPI POW INST KIT.....136
TYVASO DPI POW MAIN KIT 136
TYVASO RF KT SOL 0.6MG/ML 136
TYVASO SOL 0.6MG/ML.....136
TYVASO ST KT SOL 0.6MG/ML 136
U
UBRELVY TAB 100MG.....246
UBRELVY TAB 50MG 246
UCERIS AER 2MG/ACT 40
UCERIS TAB 9MG 147
UDENYCA INJ 6MG/.6ML 207
UDENYCA INJ 6MG/0.6 207
UDENYCA ONBO INJ 6/0.6ML.....207
UDENYCA ONBO INJ 6MG/.6ML.....207
ULORIC TAB 40MG 201
ULORIC TAB 80MG 201
ULTICARE MIC MIS 32GX4MM.....242
ULTICARE MIS 30GX3/16 243
ULTICARE MIS 30GX5/16 243
ULTICARE PAD ALCOHOL 230
ULTICARE PEN MIS 31GX5MM 243
ULTICARE PEN MIS 31GX6MM 243
ULTICARE PEN MIS 31GX8MM 243
ULTIGUARD MIS 31GX5MM 243
ULTIGUARD MIS 31GX6MM 243
ULTIGUARD MIS 31GX8MM 243
ULTIGUARD MIS 32GX4MM.....243
ULTIGUARD MIS 32GX6MM.....243
ULTI-LANCE MIS CLR TIP.....228
ULTILET MIS 26G 228
ULTILET MIS 28G 228
ULTILET MIS 30G.....228
ULTILET MIS 33G 228
ULTILET MIS LANCETS 228
ULTILET MIS SAFETY 228
ULTILET PAD ALCOHOL.....230
ULTILET PEN MIS 29GX12.7 243
ULTILET PEN MIS 31GX5MM 243
ULTILET PEN MIS 31GX8MM 243
ULTILET PEN MIS 32GX4MM.....243
ULTILET SAFE MIS 21G.....228
ULTRA-CARE MIS LANC 30G 228
ULTRA FLO MIS 31GX5MM 243
ULTRA FLO MIS 31GX8MM 243
ULTRA FLO MIS PEN NEED 243
ULTRASAL-ER SOL 28.5% 168
ULTRA THIN MIS 28G.....228
ULTRA THIN MIS 30G 228
ULTRA THIN MIS 31G 228
ULTRA THIN MIS 33G.....228
ULTRA THIN MIS LAN 31G.....228
ULTRA THIN MIS LANC 28G 228
ULTRA THIN MIS LANC 30G 228
ULTRA THIN MIS LANCETS.....228
ULTRAVATE LOT 0.05% 166
umeclidinium br aero powd breath act 62.5 mcg/act (base eq).....48
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act.....53
UNDECATREX CAP 200MG 40
UNIFINE PLUS MIS 31GX1/4 243
UNIFINE PLUS MIS 31GX3/16 243
UNIFINE PLUS MIS 31GX5/16 243
UNIFINE PLUS MIS 32GX5/32.....243
UNIFINE PLUS MIS 33GX5/32.....243
UNIFINE PNTP MIS 29GX12MM.....243
UNIFINE PNTP MIS 30GX3/16 243
UNIFINE PNTP MIS 31GX3/16 243
UNIFINE PNTP MIS 31GX5/16 243
UNIFINE PNTP MIS 31GX5MM 243
UNIFINE PNTP MIS 31GX6MM 243
UNIFINE PNTP MIS 31GX8MM 243
UNIFINE PNTP MIS 32GX4MM 243
UNIFINE PNTP MIS 32GX5/32 243
UNIFINE PNTP MIS 32GX6MM 243
UNIFINE PNTP MIS 33GX4MM 243
UNIFINE PROT MIS 30GX5MM 243
UNIFINE PROT MIS 30GX8MM 243

UNIFINE PROT MIS 32GX4MM 243
UNIFINE SAFE MIS 31GX5MM.....243
UNIFINE SAFE MIS 31GX6MM.....243
UNIFINE SAFE MIS 31GX8MM.....243
UNIFINE SAFE MIS 32GX4MM 243
UNIFINE ULTR MIS 29GX12MM 243
UNIFINE ULTR MIS 31GX5MM 243
UNIFINE ULTR MIS 31GX6MM 243
UNIFINE ULTR MIS 31GX8MM 243
UNIFINE ULTR MIS 32G/6MM 244
UNIFINE ULTR MIS 32GX4MM.....244
UNIFINE ULTR MIS 34G/3.5 244
UNILET EXCEL MIS 23G 228
UNILET EX II MIS 28G 228
UNILET G.P. MIS 21G 228
UNILET G.P MIS SUPR 23G.....228
UNILET GP 28 MIS ULT THIN 228
UNILET LANCE MIS 21G.....228
UNILET LANCE MIS 28G 228
UNILET LANCE MIS 33G 228
UNILET LANC MIS 33G 228
UNILET LANCT MIS 28G 228
UNILET LANCT MIS 30G.....228
UNILET LANCT MIS 33G 228
UNILET MICRO MIS 33G 228
UNILET MIS 21G 228
UNILET SUPER MIS 23G.....228
UNILET SUPER MIS G.P. 23G 228
UNISTIK 1 MIS 2.4MM 228
UNISTIK 1 MIS 3.0MM 228
UNISTIK 23G MIS NORMAL.....229
UNISTIK 2 MIS 228
UNISTIK 2 MIS 1.8MM.....229
UNISTIK 2 MIS 2.4MM.....229
UNISTIK 2 MIS COMFORT 229
UNISTIK 2 MIS EXTRA 229
UNISTIK 2 MIS NEONATAL.....229
UNISTIK 2 MIS NORMAL.....229
UNISTIK 2 MIS SUPER 229
UNISTIK 3 MIS 1.8MM 229
UNISTIK 3 MIS COMFORT 229
UNISTIK 3 MIS EXTRA 229
UNISTIK 3 MIS GENT 30G.....229
UNISTIK 3 MIS NEONATAL.....229
UNISTIK 3 MIS NORMAL.....229
UNISTIK CZT MIS COMFORT 229
UNISTIK CZT MIS NORMAL.....229
UNISTIK PRO MIS LANC 21G.....229
UNISTIK PRO MIS LANC 28G 229
UNISTIK SAFE MIS LANC 28G 229
UNISTIK SAFE MIS LANC 30G 229
UNISTIK TOUC MIS LANC 21G 229
UNISTIK TOUC MIS LANC 23G 229
UNISTIK TOUC MIS LANC 28G 229
UNISTIK TOUC MIS LANC 30G 229
UNISTRIP1 TES GENERIC.....179
unithroid tab 100mcg 283
unithroid tab 112mcg.....283
unithroid tab 125mcg.....283
unithroid tab 137mcg.....283
unithroid tab 150mcg.....283
unithroid tab 175mcg.....283
unithroid tab 200mcg.....283
unithroid tab 25mcg 283
unithroid tab 300mcg.....283
unithroid tab 50mcg 283
unithroid tab 75mcg 283
unithroid tab 88mcg 283
UNITSTIK PRO MIS LANC 25G.....229
UNIVERSAL 1 MIS 33G.....229
UNIVERSAL 1 MIS LANC 26G 229
UNIVERSAL 1 MIS LANC 30G 229
UPTRAVI PACK TAB 200/800 137
UPTRAVI TAB 1000MCG 137
UPTRAVI TAB 100MCG.....137
UPTRAVI TAB 1200MCG.....137
UPTRAVI TAB 1400MCG 137
UPTRAVI TAB 150MCG.....137
UPTRAVI TAB 1600MCG 137
UPTRAVI TAB 200MCG 137
UPTRAVI TAB 400MCG.....137
UPTRAVI TAB 600MCG.....137
UPTRAVI TAB 800MCG.....137
UREA CRE 41%.....167
urea cream 39% 167
urea cream 41%.....167
urea cream 45% 167
urea cream 47% 167

UREDEB CRE 39% 167
URELLE TAB.....42
URETRON D/S TAB.....42
URIBEL TAB 81.6MG 42
URIMAR-T CAP.....42
URNEVA CAP.....42
UROCIT-K 10 TAB 200
UROCIT-K 15 TAB 200
UROGESIC- TAB BLUE 42
uro-mp cap 118mg 42
UROXATRAL TAB 10MG 201
URSODIOL CAP 200MG 194
ursodiol cap 300 mg 194
URSODIOL CAP 400MG.....194
ursodiol tab 250 mg 194
ursodiol tab 500 mg.....194
URSO FORTE TAB 500MG 194
URSOLIGN CAP 150MG.....194
USTEKIN-AAUZ INJ 45/0.5ML.....160
USTEKIN-AAUZ INJ 90MG/ML 160
USTEKIN-AEKN INJ 45/0.5ML.....160
USTEKIN-AEKN INJ 90MG/ML.....160
USTEKIN-TTWE INJ 45/0.5ML 160
USTEKIN-TTWE INJ 90MG/ML.....161
USTEKINUMAB INJ 45/0.5ML 161
USTEKINUMAB INJ 90MG/ML.....161
UZEDY INJ 100MG 116
UZEDY INJ 125MG.....116
UZEDY INJ 150MG.....116
UZEDY INJ 200MG.....116
UZEDY INJ 250MG.....116
UZEDY INJ 50MG 116
UZEDY INJ 75MG 116

V

VAFSEO TAB 150MG 207
VAFSEO TAB 300MG 207
VAGIFEM TAB 10MCG.....288
valacyclovir hcl tab 1 gm.....125
valacyclovir hcl tab 500 mg 125
VALCHLOR GEL 0.016%.....155
VALCYTE SOL 50MG/ML.....124
VALCYTE TAB 450MG.....124
valganciclovir hcl for soln 50 mg/ml (base equiv).....124
valganciclovir hcl tab 450 mg (base equivalent) 124
VALIUM TAB 10MG.....46
VALIUM TAB 2MG.....46
VALIUM TAB 5MG.....46
valproate sodium oral soln 250 mg/5ml (base equiv) 65
valproic acid cap 250 mg.....65
valsartan-hydrochlorothiazide tab 160-12.5 mg 95
valsartan-hydrochlorothiazide tab 160-25 mg 95
valsartan-hydrochlorothiazide tab 320-12.5 mg 95
valsartan-hydrochlorothiazide tab 320-25 mg 95
valsartan-hydrochlorothiazide tab 80-12.5 mg 95
valsartan oral soln 4 mg/ml.....90
valsartan tab 160 mg 90
valsartan tab 320 mg.....90
valsartan tab 40 mg.....90
valsartan tab 80 mg.....90
VALTOCO SPR 10MG 57
VALTOCO SPR 15MG.....57
VALTOCO SPR 20MG.....57
VALTOCO SPR 5MG 57
VALTREX TAB 1GM.....125
VALTREX TAB 500MG.....125
valtya 1/35 tab.....143
valtya 1/50 tab.....143
VANCOCIN CAP 125MG.....42
VANCOCIN CAP 250MG.....42
VANCOMYCIN DRO 2.5% 263
vancomycin hcl cap 125 mg (base equivalent).....42
vancomycin hcl cap 250 mg (base equivalent).....42
vancomycin hcl for oral soln 25 mg/ml (base equivalent).....42
vancomycin hcl for oral soln 50 mg/ml (base equivalent).....42
VANDAZOLE GEL 0.75% 288
VANFLYTA TAB 17.7MG 108

VANFLYTA TAB 26.5MG 108
VANISH LIQ 5%.....253
VANOS CRE 0.1% 166
VANOXIDE-HC LOT 5-0.5% 152
VANRAFIA TAB 0.75MG.....200
VANTAGE LANC MIS DEVICE 229
vardenafil hcl orally disintegrating tab 10 mg 135
vardenafil hcl tab 10 mg.....135
vardenafil hcl tab 2.5 mg 135
vardenafil hcl tab 20 mg 135
vardenafil hcl tab 5 mg 135
varenicline tartrate tab 0.5 mg (base equiv) 276
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....276
varenicline tartrate tab 1 mg (base equiv) 276
VARUBI TAB 90MG.....82
VASCEPA CAP 0.5GM.....84
VASCEPA CAP 1GM.....84
VASERETIC TAB 10-25MG.....95
VASOTEC TAB 10MG.....89
VASOTEC TAB 2.5MG 89
VASOTEC TAB 20MG.....89
VASOTEC TAB 5MG 89
VCF VAGINAL GEL CONTRACE.....288
VCF VAGINAL MIS CONTRACP.....288
VECAMYL TAB 2.5MG.....95
VECTICAL OIN 3MCG/GM.....161
velivet pak.....143
VELPHORO CHW 500MG 199
VELSIPITY TAB 2MG 198
VELTASSA POW 16.8GM 252
VELTASSA POW 1GM.....252
VELTASSA POW 25.2GM.....252
VELTASSA POW 8.4GM.....252
VEMLIDY TAB 25MG.....125
VENCLEXTA TAB 100MG.....99
VENCLEXTA TAB 10MG 99
VENCLEXTA TAB 50MG 99
VENCLEXTA TAB START PK 99
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 69
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 69
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 69
venlafaxine hcl tab 100 mg (base equivalent) 69
venlafaxine hcl tab 25 mg (base equivalent) 69
venlafaxine hcl tab 37.5 mg (base equivalent) 69
venlafaxine hcl tab 50 mg (base equivalent) 69
venlafaxine hcl tab 75 mg (base equivalent) 69
venlafaxine hcl tab er 24hr 150 mg (base equivalent) 69
venlafaxine hcl tab er 24hr 225 mg (base equivalent) 69
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) 69
venlafaxine hcl tab er 24hr 75 mg (base equivalent) 69
VENLAFAXINE TAB 112.5MG.....69
VENTAVIS SOL 10MCG/ML 136
VENTAVIS SOL 20MCG/ML.....136
VENT NEEDLE MIS 18GX1.....244
VENTOLIN HFA AER 53
venxxiva tab 100mg 201
venxxiva tab 300mg.....201
VEOZAH TAB 45MG.....186
VEPPANU TAB 100MG 100
VEPPANU TAB 200MG.....100
VERAPAMIL CAP 100MG ER 131
verapamil hcl cap er 24hr 100 mg.....131
verapamil hcl cap er 24hr 120 mg 131
verapamil hcl cap er 24hr 180 mg 131
verapamil hcl cap er 24hr 200 mg 131
verapamil hcl cap er 24hr 240 mg 131
verapamil hcl cap er 24hr 300 mg 131
verapamil hcl cap er 24hr 360 mg 131
verapamil hcl tab 120 mg.....132
verapamil hcl tab 40 mg.....131
verapamil hcl tab 80 mg.....131
verapamil hcl tab er 120 mg 132

verapamil hcl tab er 180 mg 132
verapamil hcl tab er 240 mg 132
VERASENS LIQ LEVEL 1 229
VERASENS TES 179
VEREGEN OIN 15% 152
VERELAN CAP 120MG SR.....132
VERELAN CAP 180MG SR 132
VERELAN CAP 240MG SR.....132
VERELAN CAP 360MG SR.....132
VERELAN PM CAP 100MG ER 132
VERELAN PM CAP 200MG ER.....132
VERELAN PM CAP 300MG ER.....132
VERIFINE LAN MIS MINI 21G 229
VERIFINE LAN MIS MINI 23G 229
VERIFINE LAN MIS MINI 28G 229
VERIFINE LAN MIS MINI 30G 229
VERIFINE MIS UNIV 28G 229
VERIFINE MIS UNIV 30G 229
VERIFINE MIS UNIV 33G 229
VERIFINE PEN MIS 29GX12MM 244
VERIFINE PEN MIS 31GX5MM 244
VERIFINE PEN MIS 31GX8MM 244
VERIFINE PEN MIS 32GX4MM.....244
VERIFINE PEN MIS 32GX6MM.....244
VERISAFE MIS 23GX1.5.....244
VERISAFE MIS 25GX1 244
VERKAZIA EMU 0.1% OP 263
VERQUVO TAB 10MG.....138
VERQUVO TAB 2.5MG 138
VERQUVO TAB 5MG 138
VERSACLOZ SUS 50MG/ML 117
VERZENIO TAB 100MG.....108
VERZENIO TAB 150MG.....108
VERZENIO TAB 200MG 108
VERZENIO TAB 50MG 108
VESICARE LS SUS 5MG/5ML.....287
VESICARE TAB 10MG 287
VESICARE TAB 5MG.....287
vestura tab 3-0.02mg 143
VEVEN CRE 0.1% 168
VEVYE DRO 0.1% 263
VFEND SUS 40MG/ML.....83
VFEND TAB 50MG 83
V-GO 20 KIT.....229
V-GO 30 KIT.....229
V-GO 40 KIT.....229
VIAGRA TAB 100MG 135
VIAGRA TAB 25MG 135
VIAGRA TAB 50MG 135
VIBERZI TAB 100MG 198
VIBERZI TAB 75MG 198
VICTOZA INJ 18MG/3ML 76
vienva tab 0.1-20.....143
vigabatrin powd pack 500 mg 64
vigabatrin tab 500 mg 64
vigadrone pow 500mg 64
vigadrone tab 500mg 64
VIGAFYDE SOL 100MG/ML 64
VIGAMOX DRO 0.5%.....263
vigpoder pow 500mg 64
VIIBRYD TAB 10MG.....68
VIIBRYD TAB 20MG.....68
VIIBRYD TAB 40MG.....68
VIJOICE GRA 50MG 252
VIJOICE TAB 125MG.....252
VIJOICE TAB 250MG.....252
VIJOICE TAB 50MG.....252
VILAMIT MB CAP 118MG.....42
vilazodone hcl tab 10 mg.....68
vilazodone hcl tab 20 mg 68
vilazodone hcl tab 40 mg.....68
VILEVEV MB TAB 81MG 42
VIMOVO TAB 500-20MG.....25
VIMPAT SOL 10MG/ML.....63
VIMPAT TAB 100MG.....63
VIMPAT TAB 150MG.....63
VIMPAT TAB 200MG.....63
VIMPAT TAB 50MG 63
VINATE DHA CAP 27-1.13 256
VIOKACE TAB 10440 180
VIOKACE TAB 20880.....180
viorele tab 143
VIRACEPT TAB 250MG.....123
VIRACEPT TAB 625MG.....123
VIRASAL LIQ 27.5% 168
VIREAD POW 40MG/GM.....123
VIREAD TAB 150MG 123
VIREAD TAB 200MG 123

VIREAD TAB 250MG 123
VIREAD TAB 300MG 123
VISTOGARD PAK 10GM 80
VITAFOL CAP ULTRA 256
VITAFOL CHW GUMMIES.....256
VITAFOL FE+ CAP.....256
VITAFOL-NANO TAB.....257
VITAFOL-OB PAK +DHA 257
VITAFOL-OB TAB 65-1MG.....257
VITAFOL-ONE CAP.....257
VITAFOL STRP MIS 1MG.....256
VITALARA TAB 257
VITAMED MD CAP ONE RX 257
VITAPEARL CAP.....257
VITATHELY TAB 257
VITATRUE MIS 257
VITRAKVI CAP 100MG.....108
VITRAKVI CAP 25MG.....108
VITRAKVI SOL 20MG/ML 108
VIVAGUARD LIQ CONTROL 229
VIVAGUARD MIS 28G.....229
VIVAGUARD MIS 30G.....229
VIVAGUARD MIS LANCING.....229
VIVAGUARD TES INO.....179
VIVELLE-DOT DIS 0.025MG 193
VIVELLE-DOT DIS 0.0375MG 193
VIVELLE-DOT DIS 0.05MG.....193
VIVELLE-DOT DIS 0.075MG 193
VIVELLE-DOT DIS 0.1MG.....193
VIVITROL INJ 380MG.....81
VIVJOA CAP 150MG.....83
VIZIMPRO TAB 15MG 99
VIZIMPRO TAB 30MG 99
VIZIMPRO TAB 45MG 99
VIZZ SOL 1.44% OP.....262
VOGELXO GEL 1%(50MG).....40
VOGELXO GEL PUMP 1%.....40
volnea tab 143
VONJO CAP 100MG.....108
VOQUEZNA PAK DUAL PAK 286
VOQUEZNA PAK TRIP PK.....286
VOQUEZNA TAB 10MG 286
VOQUEZNA TAB 20MG.....286
VORANIGO TAB 10MG 108
VORANIGO TAB 40MG.....108
voriconazole for susp 40 mg/ml 83
voriconazole tab 200 mg 83
voriconazole tab 50 mg.....83
VORTEX/MASK MIS CHILDS 245
VORTEX/MASK MIS TODDLER 245
VORTEX CHAMB MIS PEDI MAS.....245
VORTEX VALVD MIS CHAMBER 245
VORTEX VALVE MIS CHAMBER.....245
VOSEVI TAB.....125
VOTRIENT TAB 200MG.....108
VOWST CAP.....198
VOXZOGO INJ 0.4MG.....189
VOXZOGO INJ 0.56MG 189
VOXZOGO INJ 1.2MG.....189
VOYDEYA TAB 100MG.....202
VOYDEYA TAB 50-100MG 202
VOYXACT INJ 400/2ML.....200
VRAYLAR CAP 0.5MG 113
VRAYLAR CAP 0.75MG 113
VRAYLAR CAP 1.5MG 113
VRAYLAR CAP 3MG.....113
VRAYLAR CAP 4.5MG 114
VRAYLAR CAP 6MG 114
VTAMA CRE 1% 161
VUMERITY CAP 231MG.....274
VUSION OIN 154
VYALEV INJ 12-240MG 112
VYBRIQUE MIS 100MG 136
VYBRIQUE MIS 25MG 135
VYBRIQUE MIS 50MG 135
VYBRIQUE MIS 75MG 135
vyfemla tab 0.4-35 143
VYKAT XR TAB 150MG 188
VYKAT XR TAB 25MG 188
VYKAT XR TAB 75MG 188
vylibra tab 0.25-35 143
VYNDAMAX CAP 61MG 137
VYNDAQEL CAP 20MG 137
VYSCOXA SUS 10MG/ML 25
VYTONE CRE 1-1.9% 154
VYTORIN TAB 10-10MG 84
VYTORIN TAB 10-20MG 84
VYTORIN TAB 10-40MG 84

VYTORIN TAB 10-80MG 84
VYVANSE CAP 10MG.....3
VYVANSE CAP 20MG.....3
VYVANSE CAP 30MG.....3
VYVANSE CAP 40MG.....3
VYVANSE CAP 50MG.....3
VYVANSE CAP 60MG.....3
VYVANSE CAP 70MG.....3
VYVANSE CHW 10MG.....3
VYVANSE CHW 20MG.....3
VYVANSE CHW 30MG.....3
VYVANSE CHW 40MG.....3
VYVANSE CHW 50MG.....3
VYVANSE CHW 60MG.....3
VYVGART INJ HYTRULO.....250
VYZULTA SOL 0.024%.....266
W
WAINUA INJ 45/0.8ML.....276
WAKIX TAB 17.8MG.....7
WAKIX TAB 4.45MG.....7
warfarin sodium tab 10 mg 54
warfarin sodium tab 1 mg.....54
warfarin sodium tab 2.5 mg.....54
warfarin sodium tab 2 mg 54
warfarin sodium tab 3 mg 54
warfarin sodium tab 4 mg 54
warfarin sodium tab 5 mg 54
warfarin sodium tab 6 mg.....54
warfarin sodium tab 7.5 mg.....54
WAYRILZ TAB 400MG.....203
WEBCOL PREP PAD LARGE.....230
WEBCOL PREP PAD MEDIUM 230
WEGOVY HD INJ 7.2/0.75.....5
WEGOVY INJ 0.25MG 5
WEGOVY INJ 0.5MG.....5
WEGOVY INJ 1.7MG.....5
WEGOVY INJ 1MG.....6
WEGOVY INJ 2.4MG.....6
WEGOVY TAB 1.5MG.....6
WEGOVY TAB 25MG 6
WEGOVY TAB 4MG.....6
WEGOVY TAB 9MG.....6
WELCHOL PAK 3.75GM.....85
WELCHOL TAB 625MG.....85
WELIREG TAB 40MG.....101
WELLBUTRIN TAB 100MG SR.....65
WELLBUTRIN TAB 150MG SR.....65
WELLBUTRIN TAB 200MG SR 65
WELLBUTRIN TAB XL 150MG 65
WELLBUTRIN TAB XL 300MG 65
WENIXRA OIN 5-30%.....168
wera tab 0.5/35 143
WESCAP-C DHA CAP 257
WESCAP-PN CAP DHA.....257
WESNATAL DHA PAK COMPLETE.....257
WESNATE DHA CAP 257
WESTAB PLUS TAB 27-1MG.....257
WESTGEL DHA CAP 257
WEZLANA INJ 45/0.5ML.....161
WEZLANA INJ 90MG/ML 161
WIDAPLIK TAB 95
WIDAPLIK TAB 40-5-2.5 95
WIDE-SEAL DPR KIT 60.....214
WIDE-SEAL DPR KIT 65.....214
WIDE-SEAL DPR KIT 70.....214
WIDE-SEAL DPR KIT 75.....214
WIDE-SEAL DPR KIT 80.....214
WIDE-SEAL DPR KIT 85.....214
WIDE-SEAL DPR KIT 90.....214
WIDE-SEAL DPR KIT 95.....214
WINLEVI CRE 1% 152
WINREVAIR INJ 45MG 136
WINREVAIR INJ 60MG 136
wixela inhub aer 100/50.....53
wixela inhub aer 250/50 53
wixela inhub aer 500/50 53
wymzya fe chw 0.4mg-35.....143
WYNZORA CRE.....166
X
XACIATO GEL 2% 288
XADAGO TAB 100MG 113
XADAGO TAB 50MG.....113
XALATAN SOL 0.005%.....266
XALIX SOL 28% 168
XALKORI CAP 150MG.....108
XALKORI CAP 200MG.....108
XALKORI CAP 20MG 108
XALKORI CAP 250MG 108

XALKORI CAP 50MG 108
XANAX TAB 0.25MG 46
XANAX TAB 0.5MG 46
XANAX TAB 1MG.....46
XANAX TAB 2MG.....46
XANAX XR TAB 0.5MG 46
XANAX XR TAB 1MG.....46
XANAX XR TAB 2MG.....46
XANAX XR TAB 3MG.....46
xarah fe tab.....143
XARELTO STAR TAB 15/20MG 54
XARELTO SUS 1MG/ML 54
XARELTO TAB 10MG 54
XARELTO TAB 15MG 54
XARELTO TAB 2.5MG.....54
XARELTO TAB 20MG 54
XATMEP SOL 2.5MG/ML.....98
XCOPRI PAK 100-150 63
XCOPRI PAK 12.5-25 63
XCOPRI PAK 150-200 63
XCOPRI PAK 50-100MG 63
XCOPRI TAB 100MG.....63
XCOPRI TAB 150MG.....63
XCOPRI TAB 200MG 63
XCOPRI TAB 25MG.....63
XCOPRI TAB 50MG 63
XDEMVY DRO 0.25% 263
XELJANZ SOL 1MG/ML.....20
XELJANZ TAB 10MG.....20
XELJANZ TAB 5MG 20
XELJANZ XR TAB 11MG.....20
XELJANZ XR TAB 22MG 20
XELODA TAB 150MG.....98
XELODA TAB 500MG.....98
XELPROS EMU 0.005% 266
xelria fe chw 0.4mg-35.....143
XELSTRYM PAD 13.5/9HR 3
XELSTRYM PAD 18MG/9HR 3
XELSTRYM PAD 4.5MG/9H.....3
XELSTRYM PAD 9MG/9HR 3
XENAZINE TAB 12.5MG.....272
XENAZINE TAB 25MG 272
XENICAL CAP 120MG.....6
XEPI CRE 1%.....153
XERAC-AC SOL 6.25% 169
XERESE CRE 5-1% 162
XERMELO TAB 250MG.....199
XHANCE MIS 93MCG.....259
XIFAXAN TAB 200MG.....41
XIFAXAN TAB 550MG.....41
XIGDUO XR TAB 10-1000 73
XIGDUO XR TAB 10-500MG 73
XIGDUO XR TAB 2.5-1000 73
XIGDUO XR TAB 5-1000MG 73
XIGDUO XR TAB 5-500MG.....73
XIIDRA DRO 5% 263
XOCOVA TAB 125MG.....126
XOFLUZA TAB 40MG 126
XOFLUZA TAB 80MG 126
XOLAIR INJ 150MG/ML 48
XOLAIR INJ 300/2ML.....48
XOLAIR INJ 75/0.5.....47, 48
XOLREMDI CAP 100MG.....207
XOPENEX HFA AER 53
XOSPATA TAB 40MG 108
XPHOZAH TAB 20MG.....188
XPHOZAH TAB 30MG.....188
XPOVIO PAK 40MG 101, 102
XPOVIO PAK 50MG 102
XPOVIO PAK 60MG 102
XPOVIO PAK 80MG 102
XROMI SOL 100MG/ML.....204
XTAMPZA ER CAP 13.5MG 36
XTAMPZA ER CAP 18MG 36
XTAMPZA ER CAP 27MG.....36
XTAMPZA ER CAP 36MG.....36
XTAMPZA ER CAP 9MG.....36
XTANDI CAP 40MG 100
XTANDI TAB 40MG.....100
XTANDI TAB 80MG.....100
XTORO DRO 0.3%OTIC 267
xulane dis 150-35.....144
XULTOPHY INJ 100/3.6 73
XUREA CRE 39%.....167
XURIDEN POW 2GM 188
XYOSTED INJ 100/0.5 40
XYOSTED INJ 50/0.5ML 40
XYOSTED INJ 75/0.5ML.....40

XYREM SOL 500MG/ML 269
xyvona tab 2mg 36
xyvona tab 3mg 36
XYWAV SOL 0.5GM/ML 269
Y
yargesa cap 100mg 204
YASMIN 28 TAB 3-0.03MG.....143
YAZ TAB 3-0.02MG.....143
YCANTH SOL 0.7% 168
YESINTEK INJ 45/0.5ML 161
YESINTEK INJ 90MG/ML.....161
YEZTUGO INJ 463.5MG.....123
YEZTUGO TAB 300MG 123
YONSA TAB 125MG 101
YORVIPATH INJ 168/0.56 188
YORVIPATH INJ 294/0.98 189
YORVIPATH INJ 420/1.4 189
YOSPRALA TAB 325-40MG.....204
YOSPRALA TAB 81-40MG.....204
YUFLYMA 1PEN KIT 40/0.4ML 19
YUFLYMA 1PEN KIT 80/0.8ML 19
YUFLYMA 2PEN KIT 40/0.4ML 19
YUFLYMA 2SYR KIT 20/0.2ML 19
YUFLYMA 2SYR KIT 40/0.4ML.....19
YUFLYMA KIT 80/0.8ML 19
yulithira tab 10mg 109
yulithira tab 2.5mg.....108
yulithira tab 5mg.....108
yulithira tab 7.5mg.....109
YUPELRI NEB 175/3ML 48
YUSIMRY INJ 40/0.8ML 19
YUTREPIA CAP 106MCG 136
YUTREPIA CAP 26.5MCG.....136
YUTREPIA CAP 53MCG 136
YUTREPIA CAP 79.5MCG.....136
yuvafem tab 10mcg 288
YUVEZZI SOL 2.75-0.1 262
YUVIWEL INJ 1.3MG.....189
YUVIWEL INJ 2.8MG 189
YUVIWEL INJ 5.5MG.....189
Z
ZACLIR LOT 8% 152
zafemy dis 150/35 144
zafirlukast tab 10 mg.....49
zafirlukast tab 20 mg 49
zaleplon cap 10 mg 209
zaleplon cap 5 mg.....209
ZALVIT TAB 13-1MG.....257
ZANAFLEX CAP 2MG 258
ZANAFLEX CAP 4MG 258
ZANAFLEX CAP 6MG 258
ZANAFLEX CAP 8MG 258
ZANAFLEX TAB 4MG 258
ZARONTIN CAP 250MG.....64
ZARONTIN SOL 250/5ML.....64
ZARXIO INJ 300/0.5 207
ZARXIO INJ 480/0.8 207
ZAVESCA CAP 100MG.....204
ZAVZPRET SPR 10MG 246
ZEGALOGUE INJ 0.6/0.6 74
ZEGERID CAP 20-1100 286
ZEGERID CAP 40-1100 286
ZEGERID POW 20-1680 286
ZEGERID POW 40-1680 286
ZEJULA TAB 100MG 109
ZEJULA TAB 200MG.....109
ZEJULA TAB 300MG.....109
ZELAC CAP 79
ZELAPAR ODT TAB 1.25MG.....113
ZELBORAF TAB 240MG 109
ZELSUVMI GEL 10.3% 162
zelvysia pow 100mg 189
zelvysia pow 500mg 189
ZEMBRACE SYM INJ 3/0.5ML.....248
ZEMPLAR CAP 1MCG 189
ZEMPLAR CAP 2MCG.....189
zenatane cap 10mg 152
zenatane cap 20mg.....152
zenatane cap 30mg.....152
zenatane cap 40mg.....152
ZENBEXUS CAP 0.75MG.....101
ZENBEXUS CAP 1MG 101
ZENPEP CAP 10000UNT 180
ZENPEP CAP 15000UNT 180
ZENPEP CAP 20000UNT 180
ZENPEP CAP 25000UNT 180
ZENPEP CAP 3000UNIT.....180
ZENPEP CAP 40000UNT 180

ZENPEP CAP 5000UNIT.....180
ZENPEP CAP 60000UNT.....180
zenzedi tab 10mg.....3
zenzedi tab 15mg.....3
zenzedi tab 2.5mg.....3
zenzedi tab 20mg.....3
zenzedi tab 30mg.....3
zenzedi tab 5mg.....3
zenzedi tab 7.5mg.....3
ZEPATIER TAB 50-100MG.....125
ZEPBOUND INJ 10/0.5ML.....6
ZEPBOUND INJ 12.5/0.5.....6
ZEPBOUND INJ 15/0.5ML.....6
ZEPBOUND INJ 2.5/0.5.....6
ZEPBOUND INJ 5/0.5ML.....6
ZEPBOUND INJ 7.5/0.5.....6
ZEPOSIA 7DAY CAP STR PACK.....274
ZEPOSIA CAP 0.92MG.....274
ZEPOSIA CAP STR KIT.....274
ZERVIATE DRO 0.24%.....266
ZESTORETIC TAB 10-12.5.....95
ZESTORETIC TAB 20-12.5.....95
ZESTORETIC TAB 20-25MG.....95
ZESTRIL TAB 10MG.....89
ZESTRIL TAB 2.5MG.....89
ZESTRIL TAB 20MG.....89
ZESTRIL TAB 30MG.....89
ZESTRIL TAB 40MG.....89
ZESTRIL TAB 5MG.....89
ZETIA TAB 10MG.....87
ZEVALIN KIT Y-90.....99
ZEVRX MIS 31GX5MM.....244
ZEVRX MIS 31GX6MM.....244
ZEVRX MIS 31GX8MM.....244
ZEVRX MIS 32GX4MM.....244
ZEVRX STERIL PAD ALCHOL.....230
ZEVRX TWIST MIS LANC 30G.....230
ZIAGEN SOL 20MG/ML.....123
ZIANA GEL.....152
zidovudine cap 100 mg.....123
zidovudine syrup 10 mg/ml.....123
zidovudine tab 300 mg.....123
ZIEXTENZO INJ 6/0.6ML.....207
ZILBRYSQ INJ 16.6MG.....202
ZILBRYSQ INJ 23MG.....202
ZILBRYSQ INJ 32.4MG.....203
zileuton tab er 12hr 600 mg.....49
ZILXI AER 1.5%.....170
ZIMHI SOL.....81
ZIOPTAN DRO 0.0015%.....266
ZIPHEX TAB 13-1MG.....257
ziprasidone hcl cap 20 mg.....114
ziprasidone hcl cap 40 mg.....114
ziprasidone hcl cap 60 mg.....114
ziprasidone hcl cap 80 mg.....114
ziprasidone mesylate for inj 20 mg (base equivalent).....114
ZIPSOR CAP 25MG.....25
ZIRGAN GEL 0.15%.....263
ZITHRANOL SHA 1%.....161
ZITHROMAX POW 1GM PAK.....210
ZITHROMAX SUS 200/5ML.....210
ZITHROMAX TAB 250MG.....210
ZITHROMAX TAB 500MG.....210
ZITHROMAX TAB TRI-PAK.....210
ZITHROMAX TAB Z-PAK.....210
ZITUVIMET TAB 50-1000.....73
ZITUVIMET TAB 50-500MG.....73
ZITUVIMET XR TAB 100-1000.....73
ZITUVIMET XR TAB 50-1000.....73
ZITUVIMET XR TAB 50-500MG.....73
ZITUVIO TAB 100MG.....75
ZITUVIO TAB 25MG.....75
ZITUVIO TAB 50MG.....75
ZOCOR TAB 10MG.....87
ZOCOR TAB 20MG.....87
ZOCOR TAB 40MG.....87
ZOKINVY CAP 50MG.....252
ZOKINVY CAP 75MG.....252
ZOLINZA CAP 100MG.....109
zolmitriptan nasal spray 2.5 mg/spray unit.....248
zolmitriptan nasal spray 5 mg/spray unit.....248
zolmitriptan orally disintegrating tab 2.5 mg.....248
zolmitriptan orally disintegrating tab 5 mg.....248

zolmitriptan tab 2.5 mg 248
zolmitriptan tab 5 mg 248
ZOLOFT CON 20MG/ML.....67
ZOLOFT TAB 100MG 67
ZOLOFT TAB 25MG 67
ZOLOFT TAB 50MG.....67
ZOLPIDEM TAR CAP 7.5MG 209
zolpidem tartrate sl tab 1.75 mg.....209
zolpidem tartrate sl tab 3.5 mg.....209
zolpidem tartrate tab 10 mg 209
zolpidem tartrate tab 5 mg.....209
zolpidem tartrate tab er 12.5 mg.....209
zolpidem tartrate tab er 6.25 mg.....209
ZOLYMBUS GEL 0.01% 267
ZOMACTON INJ 10MG 186
ZOMACTON INJ 5MG.....186
ZOMIG SPR 2.5MG 248
ZOMIG SPR 5MG.....248
zomig tab 2.5mg 248
zomig tab 5mg 248
ZONALON CRE 5%.....155
ZONEGRAN CAP 100MG 63
ZONEGRAN CAP 25MG 63
ZONISADE SUS 100MG/5 63
zonisamide cap 100 mg.....63
zonisamide cap 25 mg 63
zonisamide cap 50 mg 63
ZONTIVITY TAB 2.08MG 204
ZORTRESS TAB 0.25MG.....251
ZORTRESS TAB 0.5MG.....251
ZORTRESS TAB 0.75MG.....251
ZORTRESS TAB 1MG 251
ZORYVE CRE 0.05% 169
ZORYVE CRE 0.15% 169
ZORYVE CRE 0.3%.....169
ZORYVE MIS 0.3%.....169
zovia 1/35 tab 143
ZOVIRAX CRE 5%.....162
ZOVIRAX OIN 5%.....162
ZTALMY SUS 50MG/ML 63
ZTLIDO PAD 1.8%.....169
ZUBSOLV SUB 0.7-0.18 39
ZUBSOLV SUB 1.4-0.36 39
ZUBSOLV SUB 11.4-2.9 39
ZUBSOLV SUB 2.9-0.71 39
ZUBSOLV SUB 5.7-1.4.....39
ZUBSOLV SUB 8.6-2.1.....39
zumandimine tab 3-0.03mg 143
ZUNVEYL TAB 10MG 271
ZUNVEYL TAB 15MG 271
ZUNVEYL TAB 5MG.....271
ZURNAI INJ 1.5/0.5.....81
ZURZUVAE CAP 20MG.....65
ZURZUVAE CAP 25MG.....65
ZURZUVAE CAP 30MG.....66
ZYBIC SUS 7.5/5ML.....25
ZYCLARA CRE 3.75%.....167
ZYCLARA PUMP CRE 2.5%.....167
ZYCLARA PUMP CRE 3.75%.....167
ZYDELIG TAB 100MG.....109
ZYDELIG TAB 150MG.....109
ZYFLO TAB 600MG 49
ZYKADIA TAB 150MG 109
ZYLET SUS 0.5-0.3%.....265
ZYMFENTRA INJ 120MG/ML.....198
ZYPITAMAG TAB 2MG 87
ZYPITAMAG TAB 4MG 87
ZYPREXA INJ 10MG 117
ZYPREXA RELP INJ 210MG.....117
ZYPREXA RELP INJ 300MG.....117
ZYPREXA RELP INJ 405MG.....118
ZYPREXA TAB 10MG.....118
ZYPREXA TAB 15MG.....118
ZYPREXA TAB 2.5MG 118
ZYPREXA TAB 20MG.....118
ZYPREXA TAB 5MG 118
ZYPREXA TAB 7.5MG 118
ZYPREXA ZYDI TAB 10MG 118
ZYPREXA ZYDI TAB 15MG 118
ZYPREXA ZYDI TAB 20MG.....118
ZYPREXA ZYDI TAB 5MG.....118
ZYTIGA TAB 250MG 101
ZYTIGA TAB 500MG.....101
ZYVOX SUS 100MG/5M 43
ZYVOX TAB 600MG.....43

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

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SUM7281-1S (10/26) ■ For self-insured plans only

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí 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.