CareFirst
Family of health care plans

CareFirst Formulary 1

2025

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

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

Last updated 12/01/2025—For self-insured plans only

Introduction

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

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

Using Your Formulary

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

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

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

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

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

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

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

CareFirst Formulary 1 (non-ACA), 5T (self-insured) Effective 12/01/2025

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	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (1 cap every 1 day)

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)
DESOXYN TAB 5MG	3	QL (6 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (2 caps every 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (48 mL every 1 day)
dextroamphetamine sulfate tab 2.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 7.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 15 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 20 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 30 mg	1	QL (1 tab every 1 day)
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)
lisdexamfetamine dimesylate cap 10 mg	1	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
lisdexamfetamine dimesylate cap 20 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 30 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 40 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 50 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 60 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 70 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (1 tab every 1 day)
methamphetamine hcl tab 5 mg	1	QL (6 tabs every 1 day)
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)
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)
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

Drug Name	Drug Tier	Requirements/Limits
diethylpropion hcl tab er 24hr 75 mg	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	PA; 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
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA, QL (120 tabs every 28 days); Coverage is subject to your plan/benefits
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	1	PA; Coverage is subject to your plan/benefits
orlistat cap 120 mg	1	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package every 28 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)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (1 cap every 1 day)
clonidine hcl tab er 12hr 0.1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
KAPVAY TAB 0.1 MG	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	4	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	4	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 osmotic release (osm) 18 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 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)

Drug Name	Drug Tier	Requirements/Limits
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 (14 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)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	5	PA
BETHKIS NEB 300/4ML	5	PA, QL (8 mL every 1 day)
HUMATIN CAP 250MG	3	
KITABIS PAK NEB 300/5ML	4	PA, QL (10 mL every 1 day)
neomycin sulfate tab 500 mg	1	
TOBI NEB 300/5ML	5	PA, QL (10 mL every 1 day)
TOBI PODHALR CAP 28MG	4	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	5	PA, QL (4 pens every 28 days)
ABRILADA 2PN INJ 40/0.8ML	5	PA, QL (4 pens every 28 days)
ABRILADA INJ 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ABRILADA INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
ADALIM-AATY KIT 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-AACF INJ 40/0.8ML	5	PA, QL (4 pens every 28 days)
ADALIMU-AACF KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-AATY KIT 20/0.2ML	5	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-AATY KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)
ADALIMU-AATY KIT 80/0.8ML	5	PA, QL (2 pens every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	4	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 20/0.2ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADBM KIT 10/0.2ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADBM KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADBM KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADBM KIT 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADBM KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADBM KIT 40/0.8ML	5	PA, QL (6 pens every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 pens every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 syringes every 28 days)
ADALIMU-RYVK INJ 40/0.4ML	5	PA, QL (4 pens every 28 days)
ADALIMU-RYVK INJ 80/0.8ML	5	PA, QL (2 pens every 28 days)
AMJEVITA INJ 10/0.2ML	5	PA, QL (2 syringes every 28 days)
AMJEVITA INJ 20/0.2ML	5	PA, QL (4 pens every 28 days)
AMJEVITA INJ 20/0.4ML	5	PA, QL (4 SYRINGES every 28 DAYS)
AMJEVITA INJ 40/0.4ML	5	PA, QL (4 pens every 28 days)
AMJEVITA INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
AMJEVITA INJ 40/0.8ML	5	PA, QL (4 pens every 28 days)
AMJEVITA INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
AMJEVITA INJ 80/0.8ML	5	PA, QL (2 pens every 28 days)
CYLTEZO INJ 10/0.2ML	5	PA, QL (2 syringes every 28 days)
CYLTEZO INJ 20/0.4ML	5	PA, QL (4 syringes every 28 days)
CYLTEZO INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
CYLTEZO INJ 40/0.8ML	5	PA, QL (6 pens every 28 days)
CYLTEZO INJ CROHNS	5	PA, QL (6 pens every 28 days)
CYLTEZO INJ PSORIASI	5	PA, QL (6 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)
CYLTEZO KIT 40/0.4ML	5	PA, QL (4 syringes every 28 days)
CYLTEZO KIT CROHNS	5	PA, QL (4 pens every 28 days)
CYLTEZO PSOR KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)
HADLIMA INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days)
HADLIMA INJ 40/0.8ML	4	PA, QL (4 syringes every 28 days)
HADLIMA PUSH INJ 40/0.4ML	4	PA, QL (4 pens every 28 days)
HADLIMA PUSH INJ 40/0.8ML	4	PA, QL (4 pens every 28 days)
HULIO INJ 40/0.8ML	5	PA, QL (4 pens every 28 days)
HULIO INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HULIO KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
HUMIRA INJ 10/0.1ML	4	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 20/0.2ML	4	PA, QL (4 SYRINGES every 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40/0.4ML	4	PA, QL (4 SYRINGES every 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	4	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 PEDIA INJ CROHNS	4	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HUMIRA PEDIA INJ CROHNS	4	PA, QL (3 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.8	4	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 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ CD/UC/HS	4	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 KIT 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT CD/UC/HS	4	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.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PED UC	4	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	4	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	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 10/0.1ML	4	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ SENS INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PED INJ CROHNS	4	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	4	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	4	PA, QL (3 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-PLAQ INJ PSORIASI	4	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
IDACIO 2-PEN INJ 40/0.8ML	5	PA, QL (4 pens every 28 days)
IDACIO 2-SYR INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
IDACIO CROHN INJ DISEASE	5	PA, QL (4 pens every 28 days)
IDACIO PLAQU INJ PSORIASI	5	PA, QL (4 pens every 28 days)
SIMLANDI 1PN KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)
SIMLANDI 1PN KIT 80/0.8ML	5	PA, QL (2 pens every 28 days)
SIMLANDI 2PN INJ 40/0.4ML	5	PA, QL (4 pens every 28 days)
SIMLANDI KIT 20/0.2ML	5	PA, QL (4 syringes every 28 days)
SIMLANDI KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)
SIMLANDI KIT 80/0.8ML	5	PA, QL (2 syringes every 28 days)
SIMPONI INJ 50/0.5ML	4	PA, QL (1 syringe every 28 days)
SIMPONI INJ 100MG/ML	4	PA, QL (1 syringe every 28 days)
YUFLYMA 1PEN KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)
YUFLYMA 1PEN KIT 80/0.8ML	5	PA, QL (2 pens every 28 days)
YUFLYMA 2PEN KIT 40/0.4ML	5	PA, QL (4 pens every 28 days)
YUFLYMA 2SYR KIT 20/0.2ML	5	PA, QL (4 syringes every 28 days)
YUFLYMA 2SYR KIT 40/0.4ML	5	PA, QL (4 syringes every 28 days)
YUFLYMA KIT 80/0.8ML	5	PA, QL (2 pens every 28 days)
YUSIMRY INJ 40/0.8ML	5	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 2MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 4MG	4	PA, QL (1 tab every 1 day)
RINVOQ LQ SOL 1MG/ML	4	PA, QL (12 mL every 1 day)
RINVOQ TAB 15MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	4	PA, QL (84 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.
XELJANZ SOL 1MG/ML	4	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	5	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 20MG	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 7.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 10MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 15MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 20MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 25MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 30MG	4	PA, QL (4 pens every 28 days)
GOLD COMPOUNDS		
AURANOFIN CAP 3MG	3	
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	5	PA, QL (1 syringe every 1 day)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 162/0.9	5	PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	5	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TYENNE INJ 162/0.9	5	PA, QL (4 pens every 28 days)
TYENNE INJ 162MG	5	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	
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 400 mg	1	PA
fenoprofen calcium tab 600 mg	1	PA; MNPA
FENOPROFEN CAP 200MG	3	PA; MNPA
FENOPRON CAP 300MG	3	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen tab 300 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ibuprofen-famotidine tab 800-26.6 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
indomethacin suppos 50 mg	1	PA
indomethacin susp 25 mg/5ml	1	
ketoprofen cap 25 mg	1	PA; MNPA
ketoprofen cap 50 mg	1	
ketoprofen cap er 24hr 200 mg	1	PA; MNPA
ketorolac tromethamine tab 10 mg	1	
LODINE TAB 400MG	3	
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
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	

Drug Name	Drug Tier	Requirements/Limits
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
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	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
TRESNI SUP 100MG	3	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
VYSCOXA SUS 10MG/ML	3	
ZIPSOR CAP 25MG	3	
ZORVOLEX CAP 18MG	3	PA; MNPA
ZORVOLEX CAP 35MG	3	PA; MNPA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 20MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 30MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA XR TAB 75MG	4	PA, QL (1 tab every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA/XR TAB 28 DAY	4	PA, QL (1 pack every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	5	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.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50/0.4ML	5	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	5	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	5	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.
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG	4	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB 25-325MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
ESGIC TAB	3	
FIORICET CAP	3	
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB 50MG	3	QL (29 tabs every 25 days)
SALICYLATES		
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	OTC
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)
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)
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches every 25 days)
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)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (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)

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

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
NUCYNTA ER TAB 200MG	3	PA
NUCYNTA ER TAB 250MG	3	PA
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)
OXAYDO TAB 5MG	3	PA, QL (180 tabs every 25 days)
OXAYDO TAB 7.5MG	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 10 mg	1	PA, QL (180 tabs every 25 days)
oxycodone hcl tab 15 mg	1	PA, QL (120 tabs every 25 days)
oxycodone hcl tab 20 mg	1	PA, QL (90 tabs every 25 days)
oxycodone hcl tab 30 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (4 tabs every 1 day)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (2 tabs every 1 day)
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
oxymorphone hcl tab er 12hr 30 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
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
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)
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)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 25 days)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 bottles 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)
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs 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	

Drug Name	Drug Tier	Requirements/Limits
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 (2.4 bottles every 30 days)
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	
FORTESTA GEL 10MG/ACT	3	PA
JATENZO CAP 158MG	3	PA
JATENZO CAP 198MG	3	PA
JATENZO CAP 237MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
KYZATREX CAP 100MG	3	PA
KYZATREX CAP 150MG	3	PA
KYZATREX CAP 200MG	3	PA
methyltestosterone cap 10 mg	1	
methyltestosterone oral tab 10 mg	1	
NATESTO GEL 5.5MG	2	PA
TESTIM GEL 1%(50MG)	3	PA
TESTOST CYP INJ 200MG/ML	3	
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
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	
ANALPRM SNGL CRE HC 2.5-1	3	
HYDROC/PRAM SUP 25-18MG	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	

Drug Name	Drug Tier	Requirements/Limits
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		
ANUSOL-HC CRE 2.5%	3	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone perianal cream 2.5%	1	
PROCTOCORT SUP 30MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM TAB 400-80MG	3	
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	1	
methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg	1	
methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg	1	
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
URETRON D/S TAB	3	
URIBEL TAB 81.6MG	3	
URIMAR-T TAB	3	
UROGESIC- TAB BLUE	3	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
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 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
MONOBACTAMS		
CAYSTON INH 75MG	5	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	
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	

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
ISOSORB MONO TAB 10MG	3	
ISOSORB MONO TAB 20MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide 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%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
nitroglycerin cap er 2.5 mg	1	
nitroglycerin cap er 6.5 mg	1	
nitroglycerin cap er 9 mg	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
BUCAPSOL CAP 7.5MG	3	
BUCAPSOL CAP 10MG	3	
BUCAPSOL CAP 15MG	3	

Drug Name	Drug Tier	Requirements/Limits
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
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 conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
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	
propafenone hcl cap er 12hr 425 mg	1	

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	
dofetilide cap 250 mcg (0.25 mg)	1	
dofetilide cap 500 mcg (0.5 mg)	1	
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	5	
TIKOSYN CAP 250MCG	5	
TIKOSYN CAP 500MCG	5	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pen every 28 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG	4	PA, QL (3 vials every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	4	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
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 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)
YUPELRI SOL 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
ARMONAIR DIG AER 55MCG	3	QL (1 inhaler every 25 days)
ARMONAIR DIG AER 113MCG	3	QL (1 inhaler every 25 days)
ARMONAIR DIG AER 232MCG	3	QL (1 inhaler 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)
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)
FLOVENT DISK AER 50MCG	2	QL (6 inhalations every 1 day)
FLOVENT DISK AER 100MCG	2	QL (8 inhalations every 1 day)
FLOVENT DISK AER 250MCG	2	QL (8 inhalations every 1 day)
FLOVENT HFA AER 44MCG	2	QL (2 packages every 25 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AER 110MCG	2	QL (2 packages every 25 days)
FLOVENT HFA AER 220MCG	2	QL (2 packages every 25 days)
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)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 230/21	3	QL (1 package every 25 days)
AIRDUO DGHLR INH 55-14	3	QL (60 inhalers every 25 days)
AIRDUO DGHLR INH 113-14	3	QL (60 inhalers every 25 days)
AIRDUO DGHLR INH 232-14	3	QL (60 inhalers every 25 days)
AIRDUO RESPI INH 55-14	3	QL (1 inhaler every 30 days)
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 (2 mL 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 (2 ea every 1 day)
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)
BREZTRI AERO AER SPHERE	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
PROAIR DIGIH AER	3	QL (2 packages every 25 days)
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	2	QL (3 packages every 25 days)
SYMBICORT AER 160-4.5	2	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)
XOPENEX HFA AER	3	QL (2 inhalers every 30 days)
XANTHINES		
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 100 mg	3	
theophylline tab er 12hr 200 mg	1	
theophylline tab er 12hr 200 mg	3	
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		
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	PA
HEPARIN SOD INJ 5000/ML	3	PA
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 1000 unit/ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	

Drug Name	Drug Tier	Requirements/Limits
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
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	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	
perampanel tab 12 mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
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	PA
LIBERVANT MIS 7.5MG	3	PA
LIBERVANT MIS 10MG	3	PA
LIBERVANT MIS 12.5MG	3	PA
LIBERVANT MIS 15MG	3	PA
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	PA, QL (5 cartons every 25 days)
VALTOCO SPR 10MG	3	PA, QL (5 cartons every 25 days)
VALTOCO SPR 15MG	3	PA, QL (5 cartons every 25 days)
VALTOCO SPR 20MG	3	PA, QL (5 cartons every 25 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	2	
BRIVIACT TAB 10MG	2	
BRIVIACT TAB 25MG	2	
BRIVIACT TAB 50MG	2	
BRIVIACT TAB 75MG	2	
BRIVIACT TAB 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (12 caps every 1 day)
DIACOMIT CAP 500MG	5	PA, QL (6 caps every 1 day)
DIACOMIT PAK 250MG	5	PA, QL (12 packets every 1 day)
DIACOMIT PAK 500MG	5	PA, QL (6 packets every 1 day)
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
EPIDIOLEX SOL 100MG/ML	5	PA, QL (26.667 mL every 1 day)
EPRONTIA SOL 25MG/ML	3	
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
FINTEPLA SOL 2.2MG/ML	5	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 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 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	
LEVETIRACETA TAB 250MG	3	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
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)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	5	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	

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (6 packets every 1 day)
SABRIL TAB 500MG	5	PA, QL (6 tabs every 1 day)
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (6 packets every 1 day)
vigabatrin tab 500 mg	1	PA, QL (6 tabs every 1 day)
VIGAFYDE SOL 100MG/ML	5	PA, QL (30 mL every 1 day)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
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	

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	3	ST, 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	

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

Drug Name	Drug Tier	Requirements/Limits
FLUOXETINE TAB 60MG	3	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
EXXUA TAB 54.5MG	3	
EXXUA TAB 72.6MG	3	
EXXUA TITRAT TAB 18.2MG	3	
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 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 prop-metformin hcl tab er 24hr 5-1000 mg	1	ST
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	1	ST
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
INVOKAMET TAB 50-500MG	3	ST
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

Drug Name	Drug Tier	Requirements/Limits
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
KAZANO 12.5- TAB 500MG	3	ST
KAZANO 12.5- TAB 1000MG	3	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
OSENI TAB 12.5-30	3	ST
OSENI TAB 25-15MG	3	ST
OSENI TAB 25-30MG	3	ST
OSENI TAB 25-45MG	3	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
SITAG/METFOR TAB 50-500MG	3	ST
SITAG/METFOR TAB 50-1000	3	ST
SITAG/METFOR TAB 100-1000	3	ST
SOLIQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
STEGLUJAN TAB 5-100MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
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	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	2	ST, 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	
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	

Drug Name	Drug Tier	Requirements/Limits
diazoxide susp 50 mg/ml	1	
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON EMR SOL 1MG	3	
glucagon for inj 1 mg	1	
GLUCAGON INJ 1MG	3	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 0.5/.1ML	2	
GVOKE PFS INJ 1/0.2ML	2	
KORLYM TAB 300MG	5	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
NESINA TAB 6.25MG	3	ST
NESINA TAB 12.5MG	3	ST
NESINA TAB 25MG	3	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 TAB 25MG	3	ST
SITAGLIPTIN TAB 50MG	3	ST
SITAGLIPTIN TAB 100MG	3	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)

Drug Name	Drug Tier	Requirements/Limits
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)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
BASAGLAR INJ 100UNIT	2	
BASAGLAR INJ TEMPO PN	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 KWIK INJ 100/ML	2	
HUMALOG KWIK 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
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	
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 100U/ML	3	
INSULIN GLAR INJ 300/ML	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN GLAR SOL 100U/ML	3	
INSULIN LISP INJ 100/ML	2	
INSULIN LISP INJ JUNIOR	2	
INSULIN LISP INJ PROTAMIN	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	
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	
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 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	

Drug Name	Drug Tier	Requirements/Limits
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 propanediol tab 5 mg (base equivalent)	1	ST
dapagliflozin propanediol tab 10 mg (base equivalent)	1	ST
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	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	
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 er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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.		
ZELAC CAP	3	PA; MNPA
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
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
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	5	PA
EXJADE TAB 250MG	5	PA
EXJADE TAB 500MG	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
FERRIPROX TAB 500MG	5	PA
FERRIPROX TAB 1000MG	5	PA
JADENU SPRKL GRA 90MG	5	PA
JADENU SPRKL GRA 180MG	5	PA
JADENU SPRKL GRA 360MG	5	PA
JADENU TAB 90MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
JADENU TAB 180MG	5	PA
JADENU TAB 360MG	5	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	4	QL (20 packets every 5 days)
CHOLINESTERASE INHIBITORS		
PYRIDOSTIGMI TAB ER 105MG	3	
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	2	QL (2 cartons every 30 days)
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	
NARCAN SPR 4MG	3	
OPVEE SPR 2.7/0.1	3	QL (4 bottles every 25 days)
REXTOVY SPR 4/0.25ML	3	QL (2 cartons every 30 days)
ZIMHI SOL	3	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	QL (12 tabs every 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron hcl tab 24 mg	1	
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
ondansetron orally disintegrating tab 16 mg	1	
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	QL (2 vials every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)

Drug Name	Drug Tier	Requirements/Limits
SUSTOL INJ 10/0.4ML	3	QL (2 injections every 21 days)
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	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SYNDROS SOL 5MG/ML	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 caps every 21 days)
aprepitant capsule 125 mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps every 21 days)
EMEND BIPACK PAK 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 125 & 80	3	QL (6 caps every 21 days)
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
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
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		
dexchlorpheniramine maleate oral soln 2 mg/5ml	1	PA; MNPA
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMIN TAB 6MG	3	PA; MNPA
carbinoxamine maleate extended release susp 4 mg/5ml	1	
carbinoxamine maleate soln 4 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate tab 4 mg	1	
carbinoxamine maleate tab 6 mg	1	
carbinoxamine maleate tab 6 mg	1	MNPA
carbinoxamine maleate tab 6 mg	1	PA; MNPA
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	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	ST
ROSUV/EZETIM TAB 5-10MG	3	
ROSUV/EZETIM TAB 10-10MG	3	
ROSUV/EZETIM TAB 20-10MG	3	
ROSUV/EZETIM TAB 40-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
ROSZET TAB 5-10MG	3	
ROSZET TAB 10-10MG	3	
ROSZET TAB 20-10MG	3	
ROSZET TAB 40-10MG	3	
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 FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 5MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 10MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 20MG	5	PA, QL (2 caps every 1 day)
JUXTAPID CAP 30MG	5	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	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
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		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	5	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	PA, QL (16 caps every 1 day)
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine tab er 24hr 0.17 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
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	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	0	PA
capecitabine tab 500 mg	0	PA
JYLAMVO SOL 2MG/ML	0	PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	0	PA
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	PA; $0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	PA
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

Drug Name	Drug Tier	Requirements/Limits
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)
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		
BLENREP INJ 70MG	5	PA
ZEVALIN KIT Y-90	5	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
EXKIVITY CAP 40MG	0	PA, QL (4 caps 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
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)

Drug Name	Drug Tier	Requirements/Limits
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	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
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		
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB 25MG	0	PA, QL (8 tabs every 1 day)
REVUFORJ TAB 110MG	0	PA, QL (4 tabs every 1 day)
REVUFORJ TAB 160MG	0	PA, QL (2 tabs every 1 day)
ANTINEOPLASTIC - 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
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)
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)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 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)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
BRUKINSA TAB 160MG	0	PA
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
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)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TAB 50MG	0	PA, QL (1 tab every 1 day)
JAYPIRCA TAB 100MG	0	PA, QL (2 tabs every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 days)
KOSELUGO CAP 5MG	0	PA
KOSELUGO CAP 7.5MG	0	PA
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
NILOTINB TAR CAP 150MG	0	PA
NILOTINB TAR CAP 200MG	0	PA
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)

Drug Name	Drug Tier	Requirements/Limits
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	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)
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)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 (3 caps every 1 day)
TALZENNA CAP 0.35MG	0	PA, QL (1 cap every 1 day)
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)
TAZVERIK TAB 200MG	0	PA, QL (8 tabs 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	5	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
BESREMI SOL 500MCG	4	PA, QL (2 syringes every 28 days)
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
tretinoin cap 10 mg	0	

Drug Name	Drug Tier	Requirements/Limits
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
mesna tab 400 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	3	
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	5	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	

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
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	4	PA, QL (10 caps every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
ONAPGO INJ 98/20ML	5	PA, QL (1 injection every 1 day)
OSMOLEX ER TAB 129MG	3	
OSMOLEX ER TAB 193MG	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	5	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	5	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
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

Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 12MG	3	PA; MNPA
INVEGA HAFYE INJ 1092MG	3	
INVEGA HAFYE INJ 1560MG	3	
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
INVEGA TRINZ INJ 273MG	3	
INVEGA TRINZ INJ 410MG	3	
INVEGA TRINZ INJ 546MG	3	
INVEGA TRINZ INJ 819MG	3	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
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	
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	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIM INJ 720MG	2	
ABILIFY ASIM INJ 960MG	2	
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 solution 10%	1	
GLUTARALDEHY SOL 25%	3	
hydrogen peroxide soln 30%	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (30 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	3	QL (2 tabs 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	2	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 (3 caps every 1 day)
efavirenz tab 600 mg	1	QL (1 tab every 1 day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (1 tab every 1 day)
emtricitabine caps 200 mg	1	QL (1 cap every 1 day)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	PA, 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)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
etravirine tab 100 mg	1	QL (4 tabs every 1 day)
etravirine tab 200 mg	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	2	QL (1 tab every 1 day)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
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)
LEXIVA SUS 50MG/ML	3	QL (56.25 mL every 1 day)
LEXIVA TAB 700MG	3	QL (4 tabs every 1 day)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (16 mL every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	QL (4 tabs every 1 day)
maraviroc tab 150 mg	1	QL (2 tabs every 1 day)
maraviroc tab 300 mg	1	QL (4 tabs every 1 day)
nevirapine susp 50 mg/5ml	1	QL (40 mL every 1 day)
nevirapine tab 200 mg	1	QL (2 tabs every 1 day)
nevirapine tab er 24hr 400 mg	1	QL (1 tab every 1 day)
NORVIR CAP 100MG	2	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 25MG	3	QL (8 tabs every 1 day)
SELZENTRY TAB 75MG	3	QL (2 tabs 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	2	QL (1 tab every 1 day)
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 10MG	2	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	2	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
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	3	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 TAB 300MG	3	QL (8 tabs every 4 days)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
zidovudine cap 100 mg	1	QL (6 caps every 1 day)
zidovudine syrup 10 mg/ml	1	QL (64 mL every 1 day)
zidovudine tab 300 mg	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
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 (33.334 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 (33.334 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	4	PA, QL (1 packet every 1 day)
EPCLUSA PAK 200-50MG	4	PA, QL (2 packets every 1 day)
EPCLUSA TAB 200-50MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6

Drug Name	Drug Tier	Requirements/Limits
lamivudine tab 100 mg (hbv)	1	
MAVYRET PAK 50-20MG	5	PA, QL (5 packets every 1 day)
MAVYRET TAB 100-40MG	5	PA, QL (3 tabs every 1 day)
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
ribavirin cap 200 mg	1	
ribavirin tab 200 mg	1	
SOVALDI PAK 150MG	5	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	5	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	5	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	5	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	2	QL (1 tab every 1 day)
VOSEVI TAB	4	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ZEPATIER TAB 50-100MG	5	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)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	QL (40 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (20 caps every 90 days)
TAMIFLU CAP 75MG	3	QL (20 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (360 mL every 90 days)
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
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	

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 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 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
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	
CONJUPRI TAB 2.5MG	3	
CONJUPRI TAB 5MG	3	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nimodipine oral soln 60 mg/20ml (3 mg/ml)	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NORLIQVA SOL 1MG/ML	3	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
NORVASC TAB 10MG	3	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG	3	
PROCARDIA XL TAB 60MG	3	
PROCARDIA XL TAB 90MG	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
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	
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

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TAB 0.0625MG	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	5	PA, QL (1 cap every 1 day)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
OPSYNVI TAB 10-20MG	4	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	4	PA, QL (1 ea every 1 day)
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 mg	1	
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
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 KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 tabs every 30 days)
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)
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

Drug Name	Drug Tier	Requirements/Limits
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)
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.25MG	5	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 0.125MG	5	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 1MG	5	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 2.5MG	5	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB 5MG	5	PA
ORENITRAM TAB MONTH 1	5	PA
ORENITRAM TAB MONTH 2	5	PA
ORENITRAM TAB MONTH 3	5	PA
TYVASO DPI POW 16-32-48	4	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	4	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	4	PA, QL (4 ea every 1 day)
TYVASO RF KT SOL 0.6MG/ML	4	PA, QL (2.9 mL every 1 day)
TYVASO SOL 0.6MG/ML	4	PA, QL (2.9 mL every 1 day)
TYVASO ST KT SOL 0.6MG/ML	4	PA, QL (2.9 mL every 1 day)
VENTAVIS SOL 10MCG/ML	5	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	5	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	4	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	1	PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	1	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (1 tab every 1 day)
LETAIRIS TAB 10MG	5	PA, QL (1 tab every 1 day)
OPSUMIT TAB 10MG	4	PA, QL (1 tab every 1 day)
TRACLEER TAB 32MG	5	PA, QL (4 ea every 1 day)
TRACLEER TAB 62.5MG	5	PA, QL (2 tabs every 1 day)
TRACLEER TAB 125MG	5	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	5	PA, QL (2 tabs every 1 day)
LIQREV SUS 10MG/ML	5	PA, QL (24.4 mL every 1 day)
REVATIO SUS 10MG/ML	5	PA, QL (26.134 mL every 1 day)
REVATIO TAB 20MG	5	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	4	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	4	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	4	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	3	PA
CORLANOR TAB 7.5MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ivabradine hcl tab 5 mg (base equiv)	1	PA
ivabradine hcl tab 7.5 mg (base equiv)	1	PA
TRANSTHYRETIN STABILIZERS		
ATTRUBY PAK 356MG	5	PA, QL (4 tabs every 1 day)
VYNDAMAX CAP 61MG	5	PA, QL (1 ea every 1 day)
VYNDAQEL CAP 20MG	5	PA, QL (4 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 250 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
AVERI TAB	0	
BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	0	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
FEMLYV TAB 1/0.02MG	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	
LO LOESTRIN TAB 1-10-10	0	
MINASTRIN 24 CHW FE	0	

Drug Name	Drug Tier	Requirements/Limits
NATAZIA TAB	0	
NEXTSTELLIS TAB 3-14.2MG	0	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
SAFYRAL TAB	0	
TAYTULLA CAP 1MG/20MC	0	
TYBLUME CHW 0.1-0.02	0	
YASMIN 28 TAB 3-0.03MG	0	
YAZ TAB 3-0.02MG	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	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
NUVARING MIS	0	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (6.154 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 - ORAL		
norethindrone tab 0.35 mg	0	
OPILL TAB 0.075MG	0	OTC
SLYND TAB 4MG	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
AGAMREE SUS 40MG/ML	5	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)

Drug Name	Drug Tier	Requirements/Limits
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 (27)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (49)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
EMFLAZA SUS 22.75/ML	5	PA, QL (1.8 mL every 1 day)
EMFLAZA TAB 6MG	5	PA, QL (2 tabs every 1 day)
EMFLAZA TAB 18MG	5	PA, QL (1 tab every 1 day)
EMFLAZA TAB 30MG	5	PA, QL (1 tab every 1 day)
EMFLAZA TAB 36MG	5	PA, QL (1 tab every 1 day)
EOHILIA SUS 2MG/10ML	3	PA
HEMADY TAB 20MG	3	
hydrocortisone sodium succinate pf for inj 100 mg	1	PA
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
KHINDIVI SOL 1MG/ML	3	
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	

Drug Name	Drug Tier	Requirements/Limits
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 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	
PREDNISOLONE TAB 10MG ODT	3	
PREDNISOLONE TAB 15MG ODT	3	
PREDNISOLONE TAB 30MG ODT	3	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
RAYOS TAB 1MG	3	
RAYOS TAB 2MG	3	
RAYOS TAB 5MG	3	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
TARPEYO CAP 4MG	5	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)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
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	
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	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	PA, QL (30 mL every 1 day)
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 6%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	

Drug Name	Drug Tier	Requirements/Limits
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)
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
AMZEEQ AER 4%	3	
ARAZLO LOT 0.045%	2	
ATRALIN GEL 0.05%	3	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
AZELEX CRE 20%	3	
BENZ PER FOR LOT HC 7.5-1	3	
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)

Drug Name	Drug Tier	Requirements/Limits
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	PA
BENZOYL PERX LIQ 6.9%	3	
CABTREO GEL	3	QL (1.667 gm every 1 day)
CLENIA PLUS SUS 9-4.25%	3	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
CLINDAGEL GEL 1%	3	QL (2.5 mL every 1 day)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (1.5 gm 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
DIFFERIN GEL 0.1%	3	OTC
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	
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
erythromycin gel 2%	1	QL (2 gm every 1 day)
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (2 mL every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
isotretinoin cap 35 mg	1	PA
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
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	
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	
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 foam 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
TAZAROTENE AER 0.1%	3	PA

Drug Name	Drug Tier	Requirements/Limits
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.08%	1	PA
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ZIANA GEL	3	PA
ZMA CLEAR SUS 9-4.5%	3	
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	
diclofenac sodium soln 2%	1	PA
FLECTOR DIS 1.3%	3	
LICART DIS 1.3%	3	
PENNSAID SOL 2%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
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	PA
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (2 gm every 1 day)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	QL (70 gm every 25 days)
econazole nitrate cream 1%	1	QL (60 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
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	
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)
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 1%	3	QL (120 gm every 25 days)
NAFTIN GEL 2%	3	QL (60 gm every 25 days)
nystatin cream 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin oint 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
oxiconazole nitrate cream 1%	1	QL (60 gm every 25 days); MNPA
oxiconazole nitrate cream 1%	1	PA, QL (60 gm every 25 days); MNPA
OXISTAT CRE 1%	3	QL (60 gm every 25 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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%	5	PA
TOLAK CRE 4%	3	PA
VALCHLOR GEL 0.016%	5	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	5	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	5	PA, QL (2 syringes every 21 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
BIMZELX INJ 320MG/2	5	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	5	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
calcitriol oint 3 mcg/gm	1	PA; MNPA
COSENTYX INJ 75MG/0.5	4	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	4	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	4	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.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 300DOSE	4	PA, QL (2 pens every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
IMULDOSA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
IMULDOSA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
methoxsalen rapid cap 10 mg	1	
OTULFI INJ 45/0.5ML	5	PA, QL (1 SYRINGE every 84 days)
OTULFI INJ 45MG	5	PA, QL (1 vial per 28 days)
OTULFI INJ 90MG/ML	5	PA, QL (1 SYRINGE every 56 days)
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 pen every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SELARSDI INJ 45/0.5ML	5	PA
SELARSDI INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
SELARSDI INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
SILIQ INJ 210/1.5	5	PA, QL (2 syringes every 28 days)
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SORILUX AER 0.005%	3	PA
SOTYKTU TAB 6MG	5	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	5	PA, QL (2 syringes every 28 days)
SPEVIGO INJ 300/2ML	5	PA, QL (1 syringe every 28 days)
STARJEMZA INJ 45/0.5ML	5	PA
STARJEMZA INJ 90MG/ML	5	PA
STELARA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STEQEYMA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
STEQEYMA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)

Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 20/0.25	4	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	4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TALTZ INJ 80MG/ML	4	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	4	PA, QL (1 pen every 42 days)
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
USTEKIN-AAUZ INJ 45/0.5ML	5	PA, QL (1 SYRINGE every 84 days)
USTEKIN-AAUZ INJ 90MG/ML	5	PA, QL (1 SYRINGE every 56 days)
USTEKIN-AEKN INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
USTEKIN-AEKN INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
USTEKIN-TTWE INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
USTEKIN-TTWE INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
USTEKINUMAB INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
USTEKINUMAB INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
USTEKINUMAB INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
VECTICAL OIN 3MCG/GM	3	PA; MNPA
VTAMA CRE 1%	2	PA
WEZLANA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
WEZLANA INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
WEZLANA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
YESINTEK INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 45/0.5ML	4	PA, QL (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
YESINTEK INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
ESKATA SOL 40%	3	
OVACE PLUS AER 9.8%	3	
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.3%	1	
selenium sulfide shampoo 2.25%	1	
sulfacetamide sodium cleansing gel 10%	1	
sulfacetamide sodium liquid 10%	1	
sulfacetamide sodium shampoo 9.8%	1	
sulfacetamide sodium shampoo 10%	1	
ANTIVIRALS - TOPICAL		
acyclovir 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	
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	

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
alclometasone dipropionate oint 0.05%	1	QL (4 gm every 1 day)
amcinonide cream 0.1%	1	QL (4 gm every 1 day)
amcinonide lotion 0.1%	1	QL (4 mL 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)
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
CAPEX SHA 0.01%	3	QL (4 mL every 1 day)
clobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate cream 0.025%	1	QL (4 gm every 1 day)
clobetasol propionate emollient base cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate 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)

Drug Name	Drug Tier	Requirements/Limits
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
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)
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	2	
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (4 gm every 1 day)
fluocinolone acetonide cream 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oint 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide soln 0.01%	1	QL (4 mL every 1 day)
fluocinonide cream 0.1%	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 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)
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)
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	
OLUX-E AER 0.05%	3	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
pramoxine-hc cream 1-2.5%	1	
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
triamcinolone acetonide 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)
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	4	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	4	PA, QL (2 pens every 28 days)
ANZUPGO CRE 2%	3	
CIBINQO TAB 50MG	4	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	4	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	4	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
urea cream 39%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
NEXOBRID GEL 8.8%	3	
SANTYL OIN 250/GM	3	PA
HAIR GROWTH AGENTS		
LEQSELVI TAB 8MG	5	PA, QL (2 tabs every 1 day)
LITFULO CAP 50MG	4	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	4	PA, QL (2 pens every 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)
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	
NUJU CRE 0.1%	3	
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST

Drug Name	Drug Tier	Requirements/Limits
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	
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 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	
salicylic acid soln 26%	3	
SALIMEZ CRE 6%	3	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
SALYCIM CRE 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	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	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
ethyl chloride aerosol spray	1	
HURRI-FREEZE AER MED STRE	3	
HURRI-FREEZE AER MIST SPR	3	
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (10 injections 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 oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 5%	1	QL (3 ea every 1 day)
lidocaine patch 5%	1	QL (3 patches every 1 day)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
PLIAGLIS CRE 7-7%	3	QL (30 gm every 25 days)
ZTLIDO PAD 1.8%	3	QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
EPICYN SPR	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	
ZORYVE CRE 0.15%	2	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
brimonidine tartrate gel 0.33% (base equivalent)	1	PA
doxycycline (rosacea) cap delayed release 40 mg	1	
EMROSI CAP 40MG	3	PA
FINACEA AER 15%	2	PA
FINACEA GEL 15%	3	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	

Drug Name	Drug Tier	Requirements/Limits
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	3	PA
NORITATE CRE 1%	3	PA
ORACEA CAP 40MG	3	
RHOFADE CRE 1%	3	PA
SOOLANTRA CRE 1%	3	PA
ZILXI AER 1.5%	3	
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
ELIMITE CRE 5%	3	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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 TES	0	PA, QL (5 strips every 1 day), OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
FORTISCARE TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC
FORTISCARE TES G1 BLOOD	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
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

Drug Name	Drug Tier	Requirements/Limits
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
hemoglobin a1c (hba1c) test kit	0	
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
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

Drug Name	Drug Tier	Requirements/Limits
MM BLULINK TES STRIPS	0	PA, 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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
TRUETEST TES	0	PA, QL (5 strips every 1 day), OTC
TRUETRACK TES	0	PA, QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
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	5	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	1	PA, QL (4 tabs every 1 day)
KEVEYIS TAB 50MG	5	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	5	PA, QL (8 tabs every 1 day)
ISTURISA TAB 5MG	5	PA, QL (12 tabs every 1 day)
RECORLEV TAB 150MG	5	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	5	PA, QL (1 every 28 days)
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	

Drug Name	Drug Tier	Requirements/Limits
FORTEO INJ 560/2.24	5	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
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	5	PA, QL (1 pen every 28 days)
teriparatide soln pen-inj 560 mcg/2.24ml	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	5	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	5	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	5	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	5	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	5	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	5	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	5	PA; Coverage is subject to your plan/benefits
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ INJ 300UNIT	4	PA, QL (5.4 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	4	PA, QL (7.2 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	4	PA, QL (7.56 mL every 21 days); Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	5	PA, QL (10 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	5	PA, QL (6 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	5	PA, QL (60 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.48	5	PA, QL (15 pens every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.72	5	PA, QL (10 pens every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.44	5	PA, QL (7 pens every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits
NOVAREL INJ 5000UNIT	5	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	5	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	1	PA
CETROTIDE KIT 0.25MG	5	PA
GANIRELIX AC INJ 250/0.5	5	PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	1	PA
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	4	PA, QL (1 vial every 1 day)
SOMAVERT INJ 15MG	4	PA, QL (1 vial every 1 day)
SOMAVERT INJ 20MG	4	PA, QL (1 vial every 1 day)
SOMAVERT INJ 25MG	4	PA, QL (1 vial every 1 day)
SOMAVERT INJ 30MG	4	PA, QL (1 vial every 1 day)
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (1 vial every 1 day)
EGRIFTA WR KIT 11.6MG	5	PA, QL (4 vials every 28 days)
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	5	PA
GENOTROPIN INJ 0.4MG	5	PA
GENOTROPIN INJ 0.6MG	5	PA
GENOTROPIN INJ 0.8MG	5	PA
GENOTROPIN INJ 1.2MG	5	PA
GENOTROPIN INJ 1.4MG	5	PA
GENOTROPIN INJ 1.6MG	5	PA
GENOTROPIN INJ 1.8MG	5	PA
GENOTROPIN INJ 1MG	5	PA
GENOTROPIN INJ 2MG	5	PA
GENOTROPIN INJ 5MG	5	PA
GENOTROPIN INJ 12MG	5	PA
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NGENLA INJ 24/1.2ML	5	PA
NGENLA INJ 60/1.2ML	5	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
NUTROPIN AQ INJ 10MG/2ML	5	PA
NUTROPIN AQ INJ 20MG/2ML	5	PA
NUTROPIN AQ INJ NUSPIN 5	5	PA
OMNITROPE INJ 5.8MG	5	PA
OMNITROPE INJ 5/1.5ML	5	PA
OMNITROPE INJ 10/1.5ML	5	PA
SAIZEN INJ 5MG	5	PA
SAIZEN INJ 8.8MG	5	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA INJ 0.7MG	5	PA
SKYTROFA INJ 1.4MG	5	PA
SKYTROFA INJ 1.8MG	5	PA
SKYTROFA INJ 2.1MG	5	PA
SKYTROFA INJ 2.5MG	5	PA
SKYTROFA INJ 3.6MG	5	PA
SKYTROFA INJ 3MG	5	PA
SKYTROFA INJ 4.3MG	5	PA
SKYTROFA INJ 5.2MG	5	PA
SKYTROFA INJ 6.3MG	5	PA
SKYTROFA INJ 7.6MG	5	PA
SKYTROFA INJ 9.1MG	5	PA
SKYTROFA INJ 11MG	5	PA
SKYTROFA INJ 13.3MG	5	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
ZOMACTON INJ 5MG	5	PA
ZOMACTON INJ 10MG	5	PA
ZORBTIVE INJ 8.8MG	5	
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	5	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAP 60MG	3	
VEOZAH TAB 45MG	3	PA
METABOLIC MODIFIERS		
betaine powder for oral solution	1	PA
BUPHENYL POW	5	PA, QL (26.6 gm every 1 day)
BUPHENYL TAB 500MG	5	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	

Drug Name	Drug Tier	Requirements/Limits
CARBAGLU TAB 200MG	5	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	5	PA
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
FORZINITY INJ 280/3.5	5	PA
GALAFOLD CAP 123MG	4	PA
glycerol phenylbutyrate liquid 1.1 gm/ml	1	PA
HARLIKU TAB 2MG	5	PA
IMCIVREE INJ 10MG/ML	5	PA, QL (10 vials every 30 days); Coverage is subject to your plan/benefits
KUVAN POW 100MG	5	PA
KUVAN POW 500MG	5	PA
KUVAN TAB 100MG	5	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	5	PA, QL (1 vial every 1 day)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
nitisinone cap 20 mg	1	PA
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
OLPRUVA PAK 2GM	5	PA, QL (6 ea every 1 day)
OLPRUVA PAK 3GM	5	PA, QL (6 ea every 1 day)
OLPRUVA PAK 4 GM	5	PA, QL (9 ea every 1 day)
OLPRUVA PAK 5GM	5	PA, QL (9 ea every 1 day)
OLPRUVA PAK 6.67GM	5	PA, QL (9 ea every 1 day)
OLPRUVA PAK 6GM	5	PA, QL (9 ea every 1 day)
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ INJ 2.5/0.5	0	PA, QL (8 pens every 28 days)
PALYNZIQ INJ 10/0.5ML	5	PA, QL (1 syringe every 1 day)
PALYNZIQ INJ 20MG/ML	5	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	4	PA, QL (46.4 gm every 1 day)
RAVICTI LIQ 1.1GM/ML	5	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	5	PA, QL (4 tabs every 1 day)
SEPHIENCE POW 250MG	5	PA
SEPHIENCE POW 1000MG	5	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	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
TRYNGOLZA INJ 80MG/0.8	5	PA, QL (1 pen every 28 days)
VYKAT XR TAB 25MG	5	PA, QL (4 tabs every 1 day)
VYKAT XR TAB 75MG	5	PA, QL (7 tabs every 1 day)
VYKAT XR TAB 150MG	5	PA, QL (3 tabs every 1 day)
XPHOZAH TAB 20MG	3	PA
XPHOZAH TAB 30MG	3	PA
XURIDEN POW 2GM	5	QL (4 packets every 1 day)
YORVIPATH INJ 168/0.56	5	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
YORVIPATH INJ 294/0.98	5	PA, QL (2 pens every 28 days)
YORVIPATH INJ 420/1.4	5	PA, QL (2 pens every 28 days)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	5	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	PA
mifepristone tab 200 mg	1	PA; $0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
BYNFEZIA PEN INJ 2500MCG	3	PA, QL (0.234 pens every 1 day)
MYCAPSSA CAP 20MG	5	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	5	PA
PALSONIFY TAB 30MG	5	PA
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	5	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 30-15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 45-15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 60-30MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 90-30MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 30MG	5	PA, QL (1 tab every 1 day)
SAMSCA TAB 15MG	5	PA
SAMSCA TAB 30MG	5	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)
tolvaptan tab therapy pack 90 & 30 mg	1	PA, QL (2 tabs every 1 day)
ESTROGENS		
ESTROGEN COMBINATIONS		
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	

Drug Name	Drug Tier	Requirements/Limits
DUAVEE TAB 0.45-20	2	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
MYFEMBREE TAB	2	PA
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	
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	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
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	
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	

Drug Name	Drug Tier	Requirements/Limits
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	PA
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
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	5	PA
CHOLBAM CAP 250MG	5	PA
CTEXLI TAB 250MG	5	PA, QL (3 tabs every 1 day)
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	PA, QL (1 tab every 1 day)
OCALIVA TAB 10MG	5	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
chenodiol tab 250 mg	1	PA, QL (7 tabs every 1 day)
RELTONE CAP 200MG	3	
RELTONE CAP 400MG	3	
URSO 250 TAB 250MG	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	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
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 orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
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	5	PA, QL (12 caps every 1 day)
BYLVAY CAP 400MCG	5	PA, QL (18 caps every 1 day)
BYLVAY CAP 600MCG	5	PA, QL (4 caps every 1 day)
BYLVAY CAP 1200MCG	5	PA, QL (6 caps every 1 day)
LIVMARLI SOL 9.5MG/ML	5	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	5	PA, QL (2 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LIVMARLI TAB 10MG	5	PA, QL (2 tabs every 1 day)
LIVMARLI TAB 15MG	5	PA, QL (2 tabs every 1 day)
LIVMARLI TAB 20MG	5	PA, QL (2 tabs every 1 day)
LIVMARLI TAB 30MG	5	PA, QL (1 tab 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	
CIMZIA INJ 200MG/ML	5	PA; Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
CIMZIA KIT 200MG	5	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 PREFL KIT 200MG/ML	5	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 START KIT 200MG/ML	5	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	

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM CAP 250MG	3	
ENTYVIO PEN INJ 108/0.68	5	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 500 mg	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
OMVOH INJ 100/200	5	PA, QL (2 pens every 28 days)
OMVOH INJ 100/200	5	PA, QL (2 syringes every 28 days)
OMVOH INJ 100MG/ML	5	PA, QL (2 pens every 28 days)
OMVOH INJ 100MG/ML	5	PA, QL (2 syringes 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	4	PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days)
STARJEMZA INJ 130/26ML	5	PA
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 200/2ML	4	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	4	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	4	PA, QL (1 tab every 1 day)
ZYMFENTRA INJ 120MG/ML	5	PA, QL (2 pens every 28 days)
ZYMFENTRA INJ 120MG/ML	5	PA, QL (2 syringes every 28 days)
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
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	5	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
RELISTOR INJ 8/0.4ML	3	
RELISTOR INJ 12/0.6ML	3	

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TAB 150MG	3	PA
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	4	PA, QL (1 tab every 1 day)
LIVDELZI CAP 10MG	5	PA, QL (1 cap every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
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	5	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
ORAL CITRATE SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
PROCYSBI CAP 25MG	5	PA, QL (8 caps every 1 day)
PROCYSBI CAP 75MG	5	PA, QL (25 caps every 1 day)
PROCYSBI GRA 75MG	5	PA, QL (6 packets every 1 day)
PROCYSBI GRA 300MG	5	PA, QL (6 packets every 1 day)
HYPEROXALURIA AGENTS		
RIVFLOZA INJ 80/0.5ML	5	PA, QL (2 vials every 28 days)
RIVFLOZA INJ 128/0.8	5	PA, QL (1 syringe every 28 days)
RIVFLOZA INJ 160MG/ML	5	PA, QL (1 syringe every 28 days)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	4	PA, QL (2 tabs every 1 day)
FILSPARI TAB 400MG	4	PA, QL (1 tab every 1 day)
VANRAFIA TAB 0.75MG	4	PA, QL (1 tab every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
ENTADFI CAP 5-5MG	3	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	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		
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	5	PA
THIOLA EC TAB 300MG	5	PA
THIOLA TAB 100MG	5	PA
tiopronin tab 100 mg	1	PA
tiopronin tab delayed release 100 mg	1	PA
tiopronin tab delayed release 300 mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 200 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	QL (2 caps every 1 day)
colchicine tab 0.6 mg	1	QL (4 tabs every 1 day)
COLCRYS TAB 0.6MG	3	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	2	QL (2 caps every 1 day)
ULORIC TAB 40MG	3	
ULORIC TAB 80MG	3	

Drug Name	Drug Tier	Requirements/Limits
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	5	PA, QL (45 syringes every 90 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	5	PA, QL (60 kits every 90 days)
CINRYZE SOL 500 UNIT	5	PA, QL (20 vials every 28 days)
FABHALTA CAP 200MG	5	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	5	PA, QL (6 caps every 1 day)
VOYDEYA TAB 50-100MG	5	PA, QL (6 tabs every 1 day)
VOYDEYA TAB 100MG	5	PA, QL (6 tabs every 1 day)
ZILBRYSQ INJ 16.6MG	5	PA, QL (1 syringe every 1 day)
ZILBRYSQ INJ 23MG	5	PA, QL (1 syringe every 1 day)
ZILBRYSQ INJ 32.4MG	5	PA, QL (1 syringe every 1 day)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	4	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG	4	PA, QL (2 tabs every 1 day)
WAYRILZ TAB 400MG	5	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	5	PA, QL (1 pen every 30 days)
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB 300MG	5	PA, QL (60 tabs every 68 days)
ORLADEYO CAP 110MG	4	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	4	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
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	5	PA
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB 5MG	5	PA, QL (2 tabs every 1 day)
PYRUKYND TAB 5MG TP	5	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAB 20MG	5	PA, QL (2 tabs every 1 day)
PYRUKYND TAB 20MGX5MG	5	PA, QL (1 tab every 1 day)
PYRUKYND TAB 50MG	5	PA, QL (2 tabs every 1 day)
PYRUKYND TAB 50MGX20M	5	PA, QL (1 tab every 1 day)
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (2 caps every 1 day)
miglustat cap 100 mg	1	PA, QL (3 caps every 1 day)
miglustat cap 100 mg	1	PA, QL (3 ea every 1 day)
ZAVESCA CAP 100MG	5	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	4	PA, QL (6 packets every 1 day)
glutamine (sickle cell) powd pack 5 gm	1	PA, QL (6 packets every 1 day)
OXBRYTA TAB 300MG	3	PA, QL (5 tabs every 1 day)
OXBRYTA TAB 500MG	3	PA, QL (3 tabs every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
XROMI SOL 100MG/ML	3	
COBALAMINS		
CYANOCOBALAM SOL 2000MCG	3	PA
cyanocobalamin inj 1000 mcg/ml	1	PA
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	OTC; $0 copay for women younger than 55
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC; $0 copay for women younger than 55
folic acid tab 800 mcg	0	OTC; $0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	4	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	4	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET SPR CAP 10MG	4	PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG	4	PA
DOPTELET TAB 20MG	4	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	4	PA, QL (3 tabs every 1 day)
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	1	PA, QL (4 packets every 1 day)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	1	PA, QL (6 packets every 1 day)
eltrombopag olamine tab 12.5 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
eltrombopag olamine tab 25 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 50 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 75 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
EPOGEN INJ 2000/ML	5	PA
EPOGEN INJ 3000/ML	5	PA
EPOGEN INJ 4000/ML	5	PA
EPOGEN INJ 10000/ML	5	PA
EPOGEN INJ 20000/ML	5	PA
FULPHILA INJ 6/0.6ML	5	PA, QL (2 syringes per 28 days)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syringes per 28 days)
GRANIX INJ 300/0.5	4	PA
GRANIX INJ 300/1ML	4	PA
GRANIX INJ 480/0.8	4	PA
GRANIX INJ 480/1.6	4	PA
LEUKINE INJ 250MCG	5	PA
MIRCERA INJ 30MCG	5	PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 120MCG	5	PA
MIRCERA INJ 150MCG	5	PA
MIRCERA INJ 200MCG	5	PA
MULPLETA TAB 3MG	5	PA, QL (7 tabs every 14 days)
NEULASTA INJ 6MG/0.6M	4	PA, QL (2 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
NEULASTA INJ 6MG/0.6M	4	PA, QL (3.333 syringes every 28 days)
NEUPOGEN INJ 300/0.5	4	PA
NEUPOGEN INJ 300MCG	4	PA
NEUPOGEN INJ 480/0.8	4	PA
NEUPOGEN INJ 480MCG	4	PA
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYPOZI INJ 300/0.5	5	PA
NYPOZI INJ 480/0.8	5	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
PROMACTA POW 12.5MG	4	PA, QL (4 packets every 1 day)
PROMACTA POW 25MG	4	PA, QL (6 packets every 1 day)
PROMACTA TAB 12.5MG	4	PA, QL (2 tabs every 1 day)
PROMACTA TAB 25MG	4	PA, QL (3 tabs every 1 day)
PROMACTA TAB 50MG	4	PA, QL (3 tabs every 1 day)
PROMACTA TAB 75MG	4	PA, QL (2 tabs every 1 day)
RELEUKO INJ 300MCG	5	PA
RELEUKO INJ 480MCG	5	PA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
UDENYCA INJ 6MG/0.6	5	PA
UDENYCA INJ 6MG/.6ML	5	PA, QL (3.333 syringes every 28 days)
UDENYCA ONBO INJ 6/0.6ML	5	PA
UDENYCA ONBO INJ 6MG/.6ML	5	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	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJ 480/0.8	4	PA
ZIEXTENZO INJ 6/0.6ML	5	PA, QL (3.333 syringes every 28 days)
IRON		
ACCRUFER CAP 30MG	3	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	5	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	
GOLYTELY SOL	3	
MOVIPREP SOL	0	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	0	PA; $0 copay for members age 45 through 75;MNPA
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75
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		
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	

Drug Name	Drug Tier	Requirements/Limits
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
E.E.S. GRAN SUS 200/5ML	3	PA; MNPA
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 stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
fidaxomicin tab 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
CAYA DPR	0	QL (1 each every 300 days)
COLOR CONDOM MIS + LUBE	0	QL (12 condoms every 25 days), OTC
CONDOMS MIS	0	QL (12 condoms every 25 days), OTC
DUREX EXTRA MIS SENSITIV	0	QL (12 condoms every 25 days), OTC
DUREX MIS REALFEEL	0	QL (12 condoms every 25 days), OTC
DUREX MIS TROPICAL	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
FANTASY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
KAMELEON LUB MIS COLORS	0	QL (12 condoms every 25 days), OTC
KAMELEON MIS TRI-COLR	0	QL (12 condoms every 25 days), OTC
KIMONO COLOR MIS	0	QL (12 condoms every 25 days), OTC
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

Drug Name	Drug Tier	Requirements/Limits
KIMONO MIS SENSATIO	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SENSA MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SPEC MIS	0	QL (12 condoms every 25 days), OTC
MAXX MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
MAXX PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
NATURAL COND MIS + LUBE	0	QL (12 condoms every 25 days), OTC
OMNIFLEX DPR	0	QL (1 each every 300 days)
REALITY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS TEXTURED	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN MAGN MIS	0	QL (12 condoms every 25 days), OTC
TROJAN MIS BARESKIN	0	QL (12 condoms every 25 days), OTC
TROJAN MIS ENZ	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS RIBBED	0	QL (12 condoms every 25 days), OTC
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

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBR MIS BANANA	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS CHOC	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX LARGE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX STR	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS GRAPE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS BANANA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS CHOCOLAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS FLAVORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
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)

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
ACCUTREND SOL GLUCOSE	0	OTC
ACTI-LANCE MIS 28G	0	OTC
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC
ADJ LANCING MIS DEVICE	0	OTC
ADV LANCING MIS DEVICE	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVCATE SAFE MIS LANC 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

Drug Name	Drug Tier	Requirements/Limits
ASSURE 4 LIQ LEVEL1/2	0	OTC
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET 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

Drug Name	Drug Tier	Requirements/Limits
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
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 NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HI/MID/L	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
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 15 DAY	0	ST
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 25 days)
DIASCREEN 3 MIS	0	OTC
DIASCREEN 5 MIS	0	OTC
DIASCREEN 6 MIS	0	OTC
DIASCREEN 7 MIS	0	OTC
DIASCREEN 8 MIS	0	OTC
DIASCREEN 9 MIS	0	OTC
DIASCREEN 10 MIS	0	OTC
DIASCREEN MIS 1B	0	OTC
DIASCREEN MIS 1G	0	OTC
DIASCREEN MIS 1K	0	OTC
DIASCREEN MIS 2GK	0	OTC
DIASCREEN MIS 2GP	0	OTC
DIASCREEN MIS 4NL	0	OTC
DIASCREEN MIS 4OBL	0	OTC
DIASCREEN MIS 4PH	0	OTC
DIASCREEN MIS CONTROL	0	OTC
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DROPSAFE MIS LANC 23G	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

Drug Name	Drug Tier	Requirements/Limits
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ 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
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

Drug Name	Drug Tier	Requirements/Limits
EASYSTEP LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
ENLITE GLUCO MIS SENSOR	0	QL (5 sensors every 25 days)
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
FINE 30 MIS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FORTISCARE SOL CNTL HI	0	OTC
FORTISCARE SOL CNTL LOW	0	OTC
FORTISCARE SOL CNTL NML	0	OTC
FREE LIBRE2 KIT PLUS/SEN	0	
FREE LIBRE2 KIT PLUS/SEN	0	PA
FREE LIBRE3 KIT PLUS/SEN	0	
FREE LIBRE3 KIT PLUS/SEN	0	PA
FREESTY LIBR KIT 2 SENSOR	0	PA, QL (2 sensors every 21 days)
FREESTY LIBR KIT 3 SENSOR	0	PA, QL (2 sensors every 21 days)
FREESTY LIBR KIT SENSOR	0	PA, QL (2 sensors every 21 days)
FREESTY LIBR MIS 2 READER	0	PA
FREESTY LIBR MIS 3 READER	0	PA
FREESTY LIBR MIS READER	0	PA
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
FREESTYLE MIS READER	0	PA
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN 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

Drug Name	Drug Tier	Requirements/Limits
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
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 AUTO MIS INJECTOR	0	OTC
LANCET CARRY MIS CASE	0	OTC
LANCET DEVIC MIS 30G	0	OTC
LANCET DEVIC MIS ADJUST	0	OTC
LANCET MICRO MIS THIN 33G	0	OTC
LANCET STAND MIS 21G	0	OTC
LANCET SUPER MIS THIN 30G	0	OTC
LANCET ULTRA MIS THIN 30G	0	OTC
LANCET WITH MIS EJECTOR	0	OTC
LANCETS MICR MIS THIN 33G	0	OTC
LANCETS MIS	0	OTC
LANCETS MIS 21G	0	OTC
LANCETS MIS 21G COLR	0	OTC
LANCETS MIS 26G	0	OTC
LANCETS MIS 28G	0	OTC
LANCETS MIS 28G THIN	0	OTC
LANCETS MIS 30G	0	OTC
LANCETS MIS 33G	0	OTC
LANCETS MIS ORIGINAL	0	OTC
LANCETS MIS THIN	0	OTC
LANCETS MIS THIN 26G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS THIN 30G	0	OTC
LANCETS SUPR MIS THIN 28G	0	OTC
LANCETS THIN MIS	0	OTC
LANCETS THIN MIS 26G	0	OTC
LANCETS ULTR MIS THIN	0	OTC
LANCETS ULTR MIS THIN 31G	0	OTC
LANCING DEVI MIS	0	OTC
LANCING DEVI MIS 25G	0	OTC
LANCING DEVI MIS 30G	0	OTC
LANCING MIS DEVICE	0	OTC
LANZO MIS LANCING	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS EXTR 21G	0	OTC
MEDLANCE MIS LITE 25G	0	OTC
MEDLANCE MIS PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MINILINK RT MIS TRANSMIT	0	PA
MINIMED 630G MIS TRANSMIT	0	
MINIMED INST MIS SENSOR	0	ST
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA
OMNIPOD 5 L2 KIT INTRO G6	0	PA
OMNIPOD 5 L2 MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
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
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

Drug Name	Drug Tier	Requirements/Limits
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
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PSS SAFE LAN MIS	0	OTC
PSS SEL LANC MIS	0	OTC
PSS SEL PLAT MIS	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC
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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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		
ABOUTTIME MIS 30GX5/16	0	OTC
ABOUTTIME MIS 31GX3/16	0	OTC
ABOUTTIME MIS 31GX5/16	0	OTC
ABOUTTIME MIS 32GX5/32	0	OTC
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	

Drug Name	Drug Tier	Requirements/Limits
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
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 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
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREFINE MIS 31GX8MM	0	OTC
CAREFINE MIS 32GX4MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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 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
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

Drug Name	Drug Tier	Requirements/Limits
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 31GX5MM	0	OTC
DROPSAFE SIC MIS 25GX1"	3	
EASY COMFORT MIS 0.3/31G	0	OTC
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
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INS 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

Drug Name	Drug Tier	Requirements/Limits
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
INSUPEN MIS 33GX4MM	0	OTC
INSUPEN SENS MIS 32GX6MM	0	OTC
INSUPEN SENS MIS 32GX8MM	0	OTC
INSUPEN ULTR MIS 30GX8MM	0	OTC
INSUPEN ULTR MIS 31GX6MM	0	OTC
INSUPEN ULTR MIS 31GX8MM	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

Drug Name	Drug Tier	Requirements/Limits
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
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 AUT MIS 30GX8MM	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 30GX5/16	0	OTC
PEN NEEDLES MIS 30GX5MM	0	
PEN NEEDLES MIS 30GX5MM	0	OTC
PEN NEEDLES MIS 30GX8MM	0	OTC
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	

Drug Name	Drug Tier	Requirements/Limits
PHARM TRAY MIS 60ML/LL	3	
PIP PEN NEED MIS 32GX4MM	0	OTC
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	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

Drug Name	Drug Tier	Requirements/Limits
QUICK TOUCH MIS 31GX8MM	0	OTC
QUICK TOUCH MIS 32GX4MM	0	OTC
QUICK TOUCH MIS 32GX5MM	0	OTC
QUICK TOUCH MIS 32GX6MM	0	OTC
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	

Drug Name	Drug Tier	Requirements/Limits
SHARPS CONT MIS 14QT	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SURE COMFORT MIS 0.5/31G	0	OTC
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
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
3ML 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

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 25GX1.5"	3	
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
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	
3ML 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
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	
TRUE COMFORT MIS 32GX4MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ULTICARE MIC MIS 32GX4MM	0	OTC
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 31GX5MM	0	OTC
UNIFINE ULTR MIS 31GX6MM	0	OTC
UNIFINE ULTR MIS 31GX8MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTR MIS 32GX4MM	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 FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
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	
FLEXICHAMBER MIS MASK LRG	3	

Drug Name	Drug Tier	Requirements/Limits
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)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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		
ergotamine w/ caffeine suppos 2-100 mg	1	PA; MNPA
ergotamine w/ caffeine tab 1-100 mg	1	PA
ergotamine w/ caffeine tab 1-100 mg	1	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	PA, 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 SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
TOSYMRA SOL 10MG	3	
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)
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	
POKONZA POW 10MEQ	3	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	5	
CUVRIOR TAB 300MG	5	
DEPEN TITRA TAB 250MG	5	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
SYPRINE CAP 250MG	5	
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		
lenalidomide cap 5 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 10 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 15 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 20 mg	0	PA, QL (21 caps every 21 days)
lenalidomide cap 25 mg	0	PA, QL (21 caps every 21 days)
lenalidomide caps 2.5 mg	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG	0	PA, QL (21 caps every 21 days)
REVLIMID CAP 25MG	0	PA, QL (21 caps every 21 days)
REZUROCK TAB 200MG	5	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RHAPSIDO TAB 25MG	3	
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
VYVGART INJ HYTRULO	4	PA, QL (4 syringes per 28 days)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	4	PA, QL (1 syringe every 28 days)
ENVARSUS XR TAB 0.75MG	3	
ENVARSUS XR TAB 1MG	3	
ENVARSUS XR TAB 4MG	3	
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
everolimus tab 1 mg	1	
IMURAN TAB 50MG	3	
LUPKYNIS CAP 7.9MG	5	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	

Drug Name	Drug Tier	Requirements/Limits
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 SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRA 50MG	5	PA, QL (1 packet every 1 day)
VIJOICE TAB 50MG	5	PA, QL (1 tab every 1 day)
VIJOICE TAB 125MG	5	PA, QL (1 tab every 1 day)
VIJOICE TAB 250MG	5	PA, QL (2 tabs every 1 day)
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	

Drug Name	Drug Tier	Requirements/Limits
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	5	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 injections every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (3 ea every 1 day)
NYSTATIN 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	
DENTAL PRODUCTS		
DENTA 5000 GEL PLUS SEN	3	
FLUORID SENS GEL 1.1-5%	3	
FLUORMX 5000 GEL SENSITIV	3	
FRAICHE 5000 GEL PREVI	3	
FRAICHE 5000 GEL SENSITIV	3	
NA FL/K NITR GEL 1.1-5%	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	
SOD FLUORIDE GEL 1.1-5%	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
VANISH LIQ 5%	3	

Drug Name	Drug Tier	Requirements/Limits
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
ALTRIXA OB TAB	3	
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
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	
DUET DHA 400 MIS 25-1-400	3	
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
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
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	
NATACHEW CHW	3	
NATAL PNV TAB	3	
NEEVO DHA CAP 27-1.13	3	
NEO-VITAL RX TAB	3	
NEOMATERNA TAB	3	
NEONATAL 19 TAB	3	
NEONATAL FE TAB	3	
NEONATAL PLS TAB 27-1MG	3	
NEONATAL TAB COMPLETE	3	
NEONATAL TAB COMPLTE	3	
NEONATAL TAB PLUS	3	
NEONATAL/DHA MIS	3	
NESTABS DHA PAK	3	
NESTABS ONE CAP	3	
NESTABS TAB	3	
NIVA-PLUS 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 TAB 20-1 TAB	3	
PNV-DHA CAP DOCUSATE	3	
PNV-OMEGA CAP	3	
PREGEN DHA CAP	3	
PREGENNA TAB	3	
PREMESISRX TAB	3	
PRENA1 CHW	3	
PRENA1 PEARL CAP	3	
PRENA 1 TRUE MIS	3	
PRENAISSANCE CAP	3	
PRENAISSANCE CAP PLUS	3	
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	1	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL PLS MIS MV + DHA	3	
PRENATAL TAB	3	OTC
PRENATAL TAB 27-1MG	3	
PRENATAL TAB 28-0.8MG	3	OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TAB IRON	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	1	
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	
PRENATVITE TAB COMPLETE	3	
PRENATVITE TAB PLUS	3	
PRENATVITE TAB RX	3	
PRIMACARE CAP	3	
PROVIDA OB CAP	3	
PX PRENATAL TAB MULTIVIT	3	OTC
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
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	
TRISTART DHA CAP	3	

Drug Name	Drug Tier	Requirements/Limits
VINATE DHA CAP 27-1.13	3	
VITAFOL CAP ULTRA	3	
VITAFOL CHW GUMMIES	3	
VITAFOL FE+ CAP	3	
VITAFOL STRP MIS 1MG	3	
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	
VIVA DHA CAP	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
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

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	1	PA; MNPA
cyclobenzaprine hcl tab 10 mg	1	
FLEQSUVY SUS 25MG/5ML	3	
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	
orphenadrine citrate tab er 12hr 100 mg	1	
OZOBAX DS SOL 10MG/5ML	3	
OZOBAX SOL 5MG/5ML	3	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX CAP 8MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG	5	PA, QL (2 caps every 1 day)
SOHONOS CAP 1MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 2.5MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 5MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 10MG	5	PA, QL (2 caps every 1 day)
MUSCLE RELAXANT COMBINATIONS		
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1	PA
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	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)
ZETONNA AER 37MCG	3	QL (1 package every 25 days)

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EXSERVAN MIS 50MG	3	
RADICAVA ORS SUS 105/5ML	4	PA, QL (2.5 mL every 1 day)
RADICAVA ORS SUS STARTER	4	PA, QL (2.5 mL every 1 day)
RELYVRIO PAK 3-1GM	5	PA, QL (2 packets every 1 day)
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
TEGLUTIK SUS 50/10ML	3	
TIGLUTIK SUS 50/10ML	3	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	5	PA, QL (3 caps every 1 day)
MUSCULAR DYSTROPHY AGENTS		
DUVYZAT SUS 8.86MG	5	PA, QL (14 mL every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	5	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (6.667 mL every 1 day)
EVRYSDI TAB 5MG	5	PA, QL (1 tab every 1 day)
NUTRIENTS		
LIPIDS		
DOJOLVI LIQ 100%	5	PA
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5% OP	2	
BETIMOL SOL 0.25% OP	2	
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	
homatropine hbr ophth soln 5%	1	
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
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	
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	
KLARITY-A DRO 1%	3	
levofloxacin ophth soln 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
NATACYN SUS 5% OP	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
TOBRA/VANCO DRO 1.5-5%	3	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
XDEMVY DRO 0.25%	2	
ZIRGAN GEL 0.15%	3	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	PA
cyclosporine (ophth) emulsion 0.05%	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%	3	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
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	
IHEEZO GEL 3%	3	
proparacaine hcl ophth soln 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
tetracaine hcl ophth soln 0.5%	1	
TETRACAINE SOL 0.5% OP	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
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	
MAXIDEX SUS 0.1% OP	2	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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%	5	PA, QL (4 bottles every 28 days)
CYSTARAN SOL 0.44%	5	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	

Drug Name	Drug Tier	Requirements/Limits
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	3	PA
NEVANAC SUS 0.1% OP	2	
PROLENSA DRO 0.07% OP	3	
TRYPTYR SOL 0.003%	3	PA
ZERVIATE DRO 0.24%	2	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
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	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1	PA; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
OTOVEL DRO	3	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
CORN SYP	3	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
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	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	4	PA, QL (1 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LUMRYZ PKG 4.5GM	4	PA, QL (1 packet every 1 day)
SOD OXYBATE SOL 500MG/ML	5	PA, QL (18 mL every 1 day)
XYREM SOL 500MG/ML	5	PA, QL (18 mL every 1 day)
XYWAV SOL 0.5GM/ML	4	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	
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 IQLK INJ 360/1.8	5	PA
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
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	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
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	

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA AGENTS		
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	4	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG	4	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (1 ea every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	4	PA, QL (1 cap every 1 day)
tetrabenazine tab 12.5 mg	1	PA, QL (4 tabs every 1 day)
tetrabenazine tab 25 mg	1	PA, QL (2 tabs every 1 day)
XENAZINE TAB 12.5MG	5	PA, QL (4 tabs every 1 day)
XENAZINE TAB 25MG	5	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA, QL (2 tabs every 1 day)
AUBAGIO TAB 7MG	5	PA, QL (1 tab every 1 day)
AUBAGIO TAB 14MG	5	PA, QL (1 tab every 1 day)
AVONEX PEN KIT 30MCG	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 SYRINGES every 28 DAYS)
BAFIERTAM CAP 95MG	4	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days)
COPAXONE INJ 20MG/ML	5	PA, QL (1 injection every 1 day)

Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	4	PA, QL (12 injections every 28 days)
dalfampridine tab er 12hr 10 mg	1	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (2 caps every 1 day)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (2 ea every 1 day)
EXTAVIA INJ 0.3MG	5	PA, QL (14 kits every 28 days)
fingolimod hcl cap 0.5 mg (base equiv)	1	PA, QL (1 cap every 1 day)
GILENYA CAP 0.5MG	5	PA, QL (1 cap every 1 day)
GILENYA CAP 0.25MG	5	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)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	4	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	4	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	4	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	4	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	4	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	5	PA, QL (1 kit every 28 days)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INJ PEN	5	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	5	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
PONVORY TAB 20MG	5	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	5	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 injections every 28 days)
TASCENSO ODT TAB 0.5MG	5	PA, QL (1 ea every 1 day)
TASCENSO ODT TAB 0.25MG	5	PA, QL (1 ea every 1 day)
TECFIDERA CAP 120MG	5	PA, QL (14 caps every 28 days)
TECFIDERA CAP 240MG	5	PA, QL (2 caps every 1 day)
TECFIDERA CAP STARTER	5	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	4	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	4	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	4	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	1	QL (5 tabs every 1 day)
gabapentin (once-daily) tab 450 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 600 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 750 mg	1	QL (2 tabs every 1 day)
gabapentin (once-daily) tab 900 mg	1	QL (2 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
LYRICA CR TAB 82.5MG	3	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA POW 1GM	5	PA, QL (4 packets every 1 day)
ergoloid mesylates tab 1 mg	1	
MIPLYFFA CAP 47MG	5	PA, QL (3 caps every 1 day)
MIPLYFFA CAP 62MG	5	PA, QL (3 caps every 1 day)
MIPLYFFA CAP 93MG	5	PA, QL (3 caps every 1 day)
MIPLYFFA CAP 124MG	5	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		
APO-VARENICL TAB 0.5MG	0	
APO-VARENICL TAB 1MG	0	
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
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
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		
TEGSEDI INJ 284/1.5	4	PA, QL (4 syringes every 28 days)
WAINUA INJ 45/0.8ML	5	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	5	PA, QL (2 tabs every 1 day)
ALYFTREK TAB 4-20-50	5	PA, QL (3 tabs every 1 day)
BRONCHITOL CAP 40MG	5	
BRONCHITOL CAP 40MG	5	PA, QL (20 caps every 1 day)
BRONCHITOL CAP TOL TEST	5	
BRONCHITOL CAP TOL TEST	5	PA, QL (2.858 caps every 1 day)
KALYDECO GRA 5.8MG	5	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	5	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	5	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	5	PA, QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	5	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	5	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	5	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	5	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	5	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	5	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	5	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	5	PA, QL (9 caps every 1 day)
ESBRIET TAB 267MG	5	PA, QL (9 tabs every 1 day)
ESBRIET TAB 801MG	5	PA, QL (3 tabs every 1 day)
JASCAYD TAB 9MG	5	PA
JASCAYD TAB 18MG	5	PA
OFEV CAP 100MG	4	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	4	PA, QL (2 caps every 1 day)
pirfenidone cap 267 mg	1	PA, QL (9 caps every 1 day)
pirfenidone tab 267 mg	1	PA, QL (9 tabs every 1 day)
pirfenidone tab 534 mg	1	PA, QL (3 tabs every 1 day)
pirfenidone tab 801 mg	1	PA, QL (3 tabs every 1 day)
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB 10MG	3	
BRINSUPRI TAB 25MG	3	
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
DORYX MPC TAB 60MG	3	
DORYX MPC TAB 120MG	3	
DORYX TAB 50MG	3	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 50 mg	1	PA; MNPA
doxycycline hyclate tab 75 mg	1	PA; MNPA
doxycycline hyclate tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 cap er 24hr 45 mg (base equivalent)	1	PA; MNPA
minocycline hcl cap er 24hr 90 mg (base equivalent)	1	PA; MNPA
minocycline hcl cap er 24hr 135 mg (base equivalent)	1	PA; MNPA
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
SEYSARA TAB 60MG	3	
SEYSARA TAB 100MG	3	
SEYSARA TAB 150MG	3	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	

Drug Name	Drug Tier	Requirements/Limits
SOLODYN TAB 115MG	3	
tetracycline hcl cap 250 mg	1	QL (4 caps every 1 day)
tetracycline hcl cap 500 mg	1	QL (4 caps every 1 day)
TETRACYCLINE TAB 250MG	3	
TETRACYCLINE TAB 500MG	3	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
XIMINO CAP 45MG ER	3	
XIMINO CAP 90MG ER	3	
XIMINO CAP 135MG ER	3	
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	
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	
EVEXITHROID TAB 15MG	3	
EVEXITHROID TAB 30MG	3	
EVEXITHROID TAB 45MG	3	
EVEXITHROID TAB 60MG	3	

Drug Name	Drug Tier	Requirements/Limits
EVEXITHROID TAB 75MG	3	
EVEXITHROID TAB 90MG	3	
EVEXITHROID TAB 120MG	3	
EVEXITHROID TAB 180MG	3	
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	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
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 60MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
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
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	3	
CARAFATE TAB 1GM	3	
sucralfate susp 1 gm/10ml	1	PA
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
ACIPHEX TAB 20MG	3	QL (90 tabs every year)
DEXILANT CAP 30MG DR	3	QL (90 caps every year)
DEXILANT CAP 60MG DR	3	QL (90 caps every year)
dexlansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
dexlansoprazole cap delayed release 60 mg	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
lansoprazole tab delayed release orally disintegrating 15 mg	1	PA, QL (90 ea every year)
lansoprazole tab delayed release orally disintegrating 30 mg	1	PA, QL (90 ea every year); MNPA
NEXIUM CAP 20MG	3	QL (90 caps every year)
NEXIUM CAP 40MG	3	QL (90 caps every year)
NEXIUM GRA 2.5MG DR	3	QL (90 packets every year)
NEXIUM GRA 5MG DR	3	QL (90 packets every year)
NEXIUM GRA 10MG DR	3	QL (90 packets every year)
NEXIUM GRA 20MG DR	3	QL (90 packets every year)
NEXIUM GRA 40MG DR	3	QL (90 packets every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
PANTOPRAZOLE INJ SOD 40MG	3	QL (90 vials every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium for delayed release susp packet 40 mg	1	PA, QL (90 packets every year)
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
PREVACID CAP 30MG DR	3	QL (90 caps every year)
PREVACID TAB 15MG STB	3	QL (90 ea every year)
PREVACID TAB 30MG STB	3	QL (90 ea every year)
PRILOSEC POW 2.5MG	3	PA, QL (90 packets every year); MNPA
PRILOSEC POW 10MG	3	PA, QL (90 packets every year); MNPA
PROTONIX INJ 40MG	3	QL (90 vials every year)
PROTONIX PAK 40MG	3	QL (90 packets every year)
PROTONIX TAB 20MG	3	QL (90 tabs every year)
PROTONIX TAB 40MG	3	QL (90 tabs every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every year)
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	PA
CYTOTEC TAB 200MCG	3	PA

Drug Name	Drug Tier	Requirements/Limits
misoprostol tab 100 mcg	1	PA; $0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	PA
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
OMECLAMOX- MIS PAK	3	
omeprazole-sodium bicarbonate cap 20-1100 mg	1	PA, QL (90 caps every year); MNPA
omeprazole-sodium bicarbonate cap 40-1100 mg	1	PA, QL (90 caps every year)
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	1	PA, QL (90 packets every year); MNPA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	1	PA, QL (90 packets every year); MNPA
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
ZEGERID CAP 20-1100	3	PA, QL (90 caps every year); MNPA
ZEGERID CAP 40-1100	3	PA, QL (90 caps every year); MNPA
ZEGERID POW 20-1680	3	PA, QL (90 packets every year); MNPA
ZEGERID POW 40-1680	3	PA, QL (90 packets every year); 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	
GELNIQUE GEL 10%	3	ST

Drug Name	Drug Tier	Requirements/Limits
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	3	ST
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
MYRBETRIQ SUS 8MG/ML	2	ST
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
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	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
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	3	
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	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
progesterone vaginal insert 100 mg	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	QL (6 injections every 300 days)
ADRENALIN INJ 30/30ML	3	QL (6 injections every 300 days)

Drug Name	Drug Tier	Requirements/Limits
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 inj 1 mg/ml (1:1000)	1	QL (6 injections every 300 days)
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	QL (6 injections 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)
SYMJEPI INJ 0.3MG	3	QL (3 syringes every 300 days)
SYMJEPI INJ 0.15MG	3	QL (3 syringes 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	5	PA, QL (6 caps every 1 day)
NORTHERA CAP 200MG	5	PA, QL (6 caps every 1 day)
NORTHERA CAP 300MG	5	PA, QL (6 caps every 1 day)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 20GX1.5 229
12ML SYRINGE MIS 21GX1 229
12ML SYRINGE MIS 21GX1.5 229
12ML SYRINGE MIS 22GX1.5 229
12ML SYRINGE MIS LUER-LOC 230
140ML SYRING MIS CATH TIP 229
140ML SYRING MIS LUER-LOC 229
140ML SYRING MIS REG TIP 229
1ML ALLR SYR MIS 27GX1/2 219
1ML SYRINGE MIS 25GX1 229
1ML SYRINGE MIS 25GX5/8 230
1ML SYRINGE MIS 28GX1/2 230
1ML SYRINGE MIS 29G 230
1ML SYRINGE MIS 30G 230
1ML SYRINGE MIS LUER SLI 230
1ML SYRINGE MIS LUER SLP 230
1ML SYRINGE MIS SLIP TIP 230
1ML TB SYRNG MIS 25GX5/8 230
1ML TB SYRNG MIS 26GX3/8 230
1ML TB SYRNG MIS 27GX1/2 230
1ML TB SYRNG MIS 28GX1/2 230
1ML TB SYRNG MIS LUER LOK 230
1ML TB SYRNG MIS REG LUER 230
1ST TIER UNI MIS 29GX12MM 230
1ST TIER UNI MIS 31GX5MM 230
1ST TIER UNI MIS 31GX6MM 230
1ST TIER UNI MIS 31GX8MM 230
1ST TIER UNI MIS 32GX4MM 230

2

20ML SYRINGE MIS ECC LUER 230
20ML SYRINGE MIS SLIP 230

3

30ML SYRINGE MIS LUER LOC 230
3ML LL SYRNG MIS 18GX1.5 224
3ML LL SYRNG MIS 20GX1 224
3ML LL SYRNG MIS 20GX1.5 224
3ML LL SYRNG MIS 20GX3/4 224
3ML LL SYRNG MIS 21GX1 224
3ML LL SYRNG MIS 21GX1.5 224
3ML LL SYRNG MIS 22GX1 224
3ML LL SYRNG MIS 22GX1.5 224
3ML LL SYRNG MIS 23GX1 224
3ML LL SYRNG MIS 23GX1.5 224
3ML LL SYRNG MIS 25GX1 224
3ML LL SYRNG MIS 25GX5/8 224
3ML LL SYRNG MIS 27GX1.25 224
3ML LUER LOC MIS 21GX1.5 224
3ML LUER LOC MIS 22GX1 224
3ML LUER LOC MIS 22GX1.5 224
3ML LUER LOC MIS 23GX1.5 224
3ML LUER LOC MIS 25GX1 225
3ML LUER LOC MIS 25GX5/8 225
3ML SYRINGE MIS 18GX1.5 229
3ML SYRINGE MIS 20GX1 229
3ML SYRINGE MIS 21GX1.5 229
3ML SYRINGE MIS 22GX1 229
3ML SYRINGE MIS 22G X 1 229
3ML SYRINGE MIS 22GX1.5 229
3 ML SYRINGE MIS 22X1-1/2 229
3ML SYRINGE MIS 23GX1 229
3ML SYRINGE MIS 23GX1.5 229
3ML SYRINGE MIS 25GX1 229
3ML SYRINGE MIS 25GX1.25 230
3ML SYRINGE MIS 25GX1.5 230
3ML SYRINGE MIS 25GX5/8 230
3ML SYRINGE MIS 27GX1.25 230
3ML SYRINGE MIS CANNULA 230
3ML SYRINGE MIS LUER LOC 230
3ML SYRINGE MIS LUER LOK 230
3ML SYRINGE MIS LUER-LOK 230
3ML SYRINGE MIS REG TIP 230

6

60ML SYRINGE MIS CATH TIP 230
60ML SYRINGE MIS ECC TIP 230
60ML SYRINGE MIS LUER LOK 230
60ML SYRINGE MIS TOOMEY 230
6ML SYRINGE MIS 229
6ML SYRINGE MIS 18GX1 229
6ML SYRINGE MIS REG LUER 230

A

abacavir sulfate-lamivudine tab 600-300 mg 117
abacavir sulfate soln 20 mg/ml (base equiv) 116
abacavir sulfate tab 300 mg (base equiv) 117

ABILIFY ASIM INJ 720MG....115
ABILIFY ASIM INJ 960MG....115
ABILIFY MAIN INJ 300MG....115
ABILIFY MAIN INJ 400MG....115
ABILIFY MYCI TAB 10MG MNT....115
ABILIFY MYCI TAB 10MG STR....115
ABILIFY MYCI TAB 15MG MNT....115
ABILIFY MYCI TAB 15MG STR....115
ABILIFY MYCI TAB 20MG MNT....115
ABILIFY MYCI TAB 20MG STR....115
ABILIFY MYCI TAB 2MG MANT....115
ABILIFY MYCI TAB 2MG STRT....115
ABILIFY MYCI TAB 30MG MNT....115
ABILIFY MYCI TAB 30MG STR....115
ABILIFY MYCI TAB 5MG MANT....115
ABILIFY MYCI TAB 5MG STRT....115
ABILIFY TAB 10MG....115
ABILIFY TAB 15MG....115
ABILIFY TAB 20MG....116
ABILIFY TAB 2MG....115
ABILIFY TAB 30MG....116
ABILIFY TAB 5MG....115
abiraterone acetate tab 250 mg....97
abiraterone acetate tab 500 mg....97
ABOUTTIME MIS 30GX5/16....218
ABOUTTIME MIS 31GX3/16....218
ABOUTTIME MIS 31GX5/16....218
ABOUTTIME MIS 32GX5/32....218
ABRILADA 1PN INJ 40/0.8ML....10
ABRILADA 2PN INJ 40/0.8ML....10
ABRILADA INJ 20/0.4ML....10
ABRILADA INJ 40/0.8ML....10
ABSORICA CAP 10MG....140
ABSORICA CAP 20MG....140
ABSORICA CAP 25MG....140
ABSORICA CAP 30MG....140
ABSORICA CAP 35MG....140
ABSORICA CAP 40MG....140
ABSORICA LD CAP 16MG....140
ABSORICA LD CAP 24MG....140
ABSORICA LD CAP 32MG....140
ABSORICA LD CAP 8MG....140
acamprosate calcium tab delayed release 333 mg....255
ACANYA GEL 1.2-2.5%....140
acarbose tab 100 mg....69
acarbose tab 25 mg....69
acarbose tab 50 mg....69
ACCOLATE TAB 10MG....47
ACCOLATE TAB 20MG....47
ACCRUFER CAP 30MG....195
ACCU-CHEK KIT FASTCLIX....202
ACCU-CHEK KIT SOFTCLIX....202
ACCU-CHEK LIQ GUIDE....202
ACCU-CHEK LIQ SMART....202
ACCU-CHEK SOL....202
ACCU-CHEK TES AVIVA PL....160
ACCU-CHEK TES GUIDE....160
ACCU-CHEK TES SMART....160
ACCUPRIL TAB 10MG....85
ACCUPRIL TAB 20MG....85
ACCUPRIL TAB 40MG....85
ACCUPRIL TAB 5MG....85
ACCURETIC TAB 10-12.5....89
ACCURETIC TAB 20-12.5....89
ACCUTREND SOL GLUCOSE....202
ACCUTREND TES GLUCOSE....160
acebutolol hcl cap 200 mg....123
acebutolol hcl cap 400 mg....123
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....169
acetazolamide tab 125 mg....169
acetazolamide tab 250 mg....169
acetic acid otic soln 2%....253
acetylcysteine inhal soln 10%....139
acetylcysteine inhal soln 20%....139
ACIPHEX TAB 20MG....269
acitretin cap 10 mg....145
acitretin cap 17.5 mg....145

acitretin cap 25 mg.....145
ACTEMRA INJ 162/0.9.....21
ACTEMRA INJ ACTPEN.....21
ACTHAR INJ 80UNIT.....172
ACTHAR INJ GEL.....172
ACTI-LANCE MIS 28G.....202
ACTI-LANCE MIS LITE 28G.....202
ACTI-LANCE MIS SPEC 17G.....202
ACTI-LANCE MIS UNIV 23G.....202
ACTIMMUNE INJ 2MU/0.5.....105
ACTIVELLA TAB 1-0.5MG.....179
ACTONEL TAB 150MG.....171
ACTONEL TAB 35MG.....171
ACTOPLUS MET TAB 15-850MG.....69
ACTOS TAB 15MG.....76
ACTOS TAB 30MG.....76
ACTOS TAB 45MG.....76
ACULAR LS SOL 0.4% OP.....252
ACULAR SOL 0.5% OP.....252
ACUVAIL SOL 0.45% OP.....252
acyclovir cap 200 mg.....121
acyclovir cream 5%.....152
acyclovir oint 5%.....152
acyclovir susp 200 mg/5ml.....121
acyclovir tab 400 mg.....121
acyclovir tab 800 mg.....121
ACZONE GEL 5%.....140
ACZONE GEL 7.5%.....140
ADALIM-AATY KIT 40/0.4ML.....10
ADALIMU-AACF INJ 40/0.8ML.....10
ADALIMU-AACF KIT 40/0.8ML.....10
ADALIMU-AATY KIT 20/0.2ML.....10
ADALIMU-AATY KIT 40/0.4ML.....11
ADALIMU-AATY KIT 80/0.8ML.....11
ADALIMU-ADAZ INJ 10/0.1ML.....11
ADALIMU-ADAZ INJ 20/0.2ML.....11
ADALIMU-ADAZ INJ 40/0.4ML.....11
ADALIMU-ADAZ INJ 80/0.8ML.....11
ADALIMU-ADBM KIT 10/0.2ML.....11
ADALIMU-ADBM KIT 20/0.4ML.....11
ADALIMU-ADBM KIT 40/0.4ML.....11, 12
ADALIMU-ADBM KIT 40/0.8ML.....12
ADALIMU-FKJP KIT 20/0.4ML.....12
ADALIMU-FKJP KIT 40/0.8ML.....12
ADALIMU-RYVK INJ 40/0.4ML.....12
ADALIMU-RYVK INJ 80/0.8ML.....12
ADAPAL/BEN P PAD 0.1-2.5%.....140
adapalene-benzoyl peroxide gel 0.1-2.5%.....140
adapalene-benzoyl peroxide gel 0.3-2.5%.....140
adapalene cream 0.1%.....140
adapalene gel 0.1%.....140
adapalene gel 0.3%.....140
adapalene pads 0.1%.....140
ADAPALENE SOL 0.1%.....140
ADASUVE INH 10MG.....112
ADBRY INJ 150MG/ML.....156
ADBRY INJ 300/2ML.....156
ADCIRCA TAB 20MG.....132
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.....120
ADEMPAS TAB 0.5MG.....132
ADEMPAS TAB 1.5MG.....132
ADEMPAS TAB 1MG.....132
ADEMPAS TAB 2.5MG.....132
ADEMPAS TAB 2MG.....132
ADIPEX-P TAB 37.5MG.....3
ADJ LANCING MIS DEVICE.....202
ADLARITY DIS 10MG/DAY.....256
ADLARITY DIS 5MG/DAY.....256
ADMELOG INJ 100U/ML.....74
ADMELOG SOLO INJ 100U/ML.....74
ADMIX NEEDLE MIS 18GX1.5.....218
ADRENALIN INJ 1MG/ML.....273
ADRENALIN INJ 30/30ML.....273

ADRENALIN SOL 1:1000 247
ADTHYZA TAB 120MG 265
ADTHYZA TAB 130MG 265
ADTHYZA TAB 15MG.....265
ADTHYZA TAB 16.25MG 265
ADTHYZA TAB 30MG.....265
ADTHYZA TAB 32.5MG.....265
ADTHYZA TAB 60MG.....265
ADTHYZA TAB 65MG.....265
ADTHYZA TAB 90MG.....265
ADTHYZA TAB 97.5MG.....265
ADVAIR DISKU AER 100/50 49
ADVAIR DISKU AER 250/50 49
ADVAIR DISKU AER 500/50.....49
ADVAIR HFA AER 115/21 49
ADVAIR HFA AER 230/21.....50
ADVAIR HFA AER 45/21.....49
ADVANCE LIQ CONTROL.....202
ADVANCE LIQ INTUITIO 202
ADVANCE NORM LIQ CONTROL 202
ADVANCE TES INTUITIO.....160
ADVANCE TES MICRO-DW 160
ADVCATE SAFE MIS LANC 21G.....202
ADVCATE SAFE MIS LANC 23G 202
ADVCATE SAFE MIS LANC 26G 202
ADVCATE SAFE MIS LANC 28G 202
ADV LANCING MIS DEVICE 202
ADVOCATE+ SOL REDI-COD.....202
ADVOCATE LIQ HIGH 202
ADVOCATE LIQ LOW 202
ADVOCATE MIS LANC 30G 202
ADVOCATE MIS LANC DEV 202
ADVOCATE MIS LANCETS.....202
ADVOCATE TES.....160
ADVOCATE TES REDI-COD 160
ADVOCATE TES REDICODE 160
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.....40
AERCHMBR PLS MIS FLOW-VU 232
AERCHMBR PLS MIS INTERMED 232
AERCHMBR PLS MIS LRG MASK 232
AERCHMBR PLS MIS MED MASK 232
AERCHMBR PLS MIS SM MASK 232
AERCHMBR Z- MIS STAT PLS.....232
AEROCHAMBER KIT ACTION 232
AEROCHAMBER MIS 2GO 232
AEROCHAMBER MIS CHAMBER.....232
AEROCHAMBER MIS FLOSIGNA.....232
AEROCHAMBER MIS HOLDING 232
AEROCHAMBER MIS MTHPIECE 232
AEROCHAMBER MIS MV.....232
AEROCHAMBER MIS PLUS 232
AEROVENT MIS PLUS 232
AFINITOR DIS TAB 2MG.....99
AFINITOR DIS TAB 3MG.....99
AFINITOR DIS TAB 5MG 99
AFINITOR TAB 10MG.....99
AFINITOR TAB 2.5MG 99
AFINITOR TAB 5MG.....99
AFINITOR TAB 7.5MG 99
AFREZZA POW 12 UNIT.....74
AFREZZA POW 4-8-12.....74
AFREZZA POW 4-8 UNIT 74
AFREZZA POW 4UNIT 74
AFREZZA POW 8-12UNIT.....74
AFREZZA POW 8 UNIT 74
AGAMATRIX MIS 33G 202
AGAMATRIX SOL HIGH 202
AGAMATRIX SOL LEVEL 2 202
AGAMATRIX SOL LEVEL 4 202
AGAMATRIX SOL NORM/HGH.....202
AGAMATRIX SOL NORMAL 202
AGAMATRIX TES AMP 161
AGAMATRIX TES JAZZ.....161
AGAMATRIX TES PRESTO 161
AGAMREE SUS 40MG/ML 136
AGRYLIN CAP 0.5MG 191
AIMOVIG INJ 140MG/ML.....233
AIMOVIG INJ 70MG/ML 233
AIMSCO MIS LUBRICAT 199
AIMSCO TWIST MIS 32G.....202
AIMSCO TWIST MIS 33G.....202
AIRDUO DGHLR INH 113-14 50

AIRDUO DGHLR INH 232-14.....50
AIRDUO DGHLR INH 55-14.....50
AIRDUO RESPI INH 113-14.....50
AIRDUO RESPI INH 232-14.....50
AIRDUO RESPI INH 55-14.....50
AIRSUPRA AER 90-80MCG.....50
AJOVY INJ 225/1.5.....233
AKEEGA TAB 100/500.....97
AKEEGA TAB 50/500MG.....97
AKLIEF CRE 0.005%.....140
AKTEN GEL 3.5% OP.....250
AKYNZEO CAP 300-0.5.....79
albendazole tab 200 mg.....40
ALBUTEROL NEB 0.5%.....50
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....50
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....50
albuterol sulfate soln nebu 0.5% (5 mg/ml).....50
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....50
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....50
albuterol sulfate syrup 2 mg/5ml.....50
albuterol sulfate tab 2 mg.....50
albuterol sulfate tab 4 mg.....50
ALCAINE SOL 0.5% OP.....250
alclometasone dipropionate cream 0.05%.....153
alclometasone dipropionate oint 0.05%.153
ALCOHOL PAD.....217
ALCOHOL PAD 70%.....217
ALCOHOL PAD PREP.....218
ALCOHOL PADS PAD 70%.....218
ALCOHOL PREP PAD.....218
ALCOHOL PREP PAD 70%.....218
ALCOHOL PREP PAD MED 70%.....218
ALCOHOL PREP PAD PADS 70%.....218
ALCOHOL SWAB PAD.....218
ALCOHOL SWAB PAD 70%.....218
ALCOHOL SWAB PAD EX-THICK.....218
ALCOH-WIPE MIS 12.....217
ALDACTONE TAB 100MG.....170
ALDACTONE TAB 25MG.....170
ALDACTONE TAB 50MG.....170
ALECENSA CAP 150MG.....99
alendronate sodium oral soln 70 mg/75ml.....171
alendronate sodium tab 10 mg.....171
alendronate sodium tab 35 mg.....171
alendronate sodium tab 70 mg.....171
alfuzosin hcl tab er 24hr 10 mg.....188
ALINIA SUS 100/5ML.....41
ALINIA TAB 500MG.....41
aliskiren fumarate tab 150 mg (base equivalent).....93
aliskiren fumarate tab 300 mg (base equivalent).....93
ALKINDI SPRI CAP 0.5MG.....136
ALKINDI SPRI CAP 1MG.....136
ALKINDI SPRI CAP 2MG.....136
ALKINDI SPRI CAP 5MG.....136
ALLERGIST KIT 0.5/28G.....218
ALLERGIST KIT 1MLX27G.....218
ALLERGIST KIT 1MLX28G.....219
allopurinol tab 100 mg.....189
allopurinol tab 200 mg.....189
allopurinol tab 300 mg.....189
ALLZITAL TAB 25-325MG.....28
almotriptan malate tab 12.5 mg.....234
almotriptan malate tab 6.25 mg.....234
ALOCRIL SOL 2%.....252
alogliptin benzoate tab 12.5 mg (base equiv).....72
alogliptin benzoate tab 25 mg (base equiv).....72
alogliptin benzoate tab 6.25 mg (base equiv).....72
alogliptin-metformin hcl tab 12.5-1000 mg.....69
*alogliptin-metformin hcl tab 12.5-500 mg*69
alogliptin-pioglitazone tab 12.5-30 mg.....69
alogliptin-pioglitazone tab 25-15 mg.....69
alogliptin-pioglitazone tab 25-30 mg.....69
alogliptin-pioglitazone tab 25-45 mg.....69
ALOMIDE SOL 0.1% OP.....252
ALORA DIS 0.025MG.....180

ALORA DIS 0.075MG.....180
ALORA DIS 0.1MG.....180
alosetron hcl tab 0.5 mg (base equiv).....186
alosetron hcl tab 1 mg (base equiv).....186
ALPHAGAN P SOL 0.1% OP.....249
ALPHAGAN P SOL 0.15% OP.....249
ALPRAZOLAM CON 1 MG/ML.....44
alprazolam orally disintegrating tab 0.25 mg.....44
alprazolam orally disintegrating tab 0.5 mg.....44
alprazolam orally disintegrating tab 1 mg.44
alprazolam orally disintegrating tab 2 mg 44
alprazolam tab 0.25 mg.....44
alprazolam tab 0.5 mg.....44
alprazolam tab 1 mg.....44
alprazolam tab 2 mg.....44
alprazolam tab er 24hr 0.5 mg.....44
alprazolam tab er 24hr 1 mg.....44
alprazolam tab er 24hr 2 mg.....44
alprazolam tab er 24hr 3 mg.....44
ALREX SUS 0.2%.....251
ALTABAX OIN 1%.....143
ALTACE CAP 10MG.....85
ALTACE CAP 2.5MG.....85
ALTOPREV TAB 20MG ER.....83
ALTOPREV TAB 40MG ER.....83
ALTOPREV TAB 60MG ER.....83
ALTRENO LOT 0.05%.....140
ALTRIXA OB TAB.....241
ALUNBRIG PAK.....99
ALUNBRIG TAB 180MG.....99
ALUNBRIG TAB 30MG.....99
ALUNBRIG TAB 90MG.....99
ALVAIZ TAB 18MG.....192
ALVAIZ TAB 36MG.....192
ALVAIZ TAB 54MG.....192
ALVAIZ TAB 9MG.....192
ALVESCO AER 160MCG.....48
ALVESCO AER 80MCG.....48
alvimopan cap 12 mg.....186
ALYFTREK TAB.....262
ALYFTREK TAB 4-20-50.....262
amantadine hcl cap 100 mg.....106
amantadine hcl soln 50 mg/5ml.....106
amantadine hcl tab 100 mg.....106
AMBIEN CR TAB 12.5MG.....196
AMBIEN CR TAB 6.25MG.....196
AMBIEN TAB 10MG.....196
AMBIEN TAB 5MG.....196
ambrisentan tab 10 mg.....131
ambrisentan tab 5 mg.....131
amcinonide cream 0.1%.....153
amcinonide lotion 0.1%.....153
amcinonide oint 0.1%.....153
AMELUZ GEL 10%.....145
amiloride & hydrochlorothiazide tab 5-50 mg.....170
amiloride hcl tab 5 mg.....170
aminocaproic acid oral soln 0.25 gm/ml.195
aminocaproic acid tab 1000 mg.....195
aminocaproic acid tab 500 mg.....195
amiodarone hcl tab 100 mg.....46
amiodarone hcl tab 200 mg.....46
amiodarone hcl tab 400 mg.....46
AMITIZA CAP 24MCG.....183
AMITIZA CAP 8MCG.....183
amitriptyline hcl tab 100 mg.....68
amitriptyline hcl tab 10 mg.....67
amitriptyline hcl tab 150 mg.....68
amitriptyline hcl tab 25 mg.....67
amitriptyline hcl tab 50 mg.....67
amitriptyline hcl tab 75 mg.....67
AMJEVITA INJ 10/0.2ML.....12
AMJEVITA INJ 20/0.2ML.....12
AMJEVITA INJ 20/0.4ML.....12
AMJEVITA INJ 40/0.4ML.....12
AMJEVITA INJ 40/0.8ML.....12
AMJEVITA INJ 80/0.8ML.....12
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....128
amlodipine besylate-atorvastatin calcium tab 10-20 mg.....128
amlodipine besylate-atorvastatin calcium tab 10-40 mg.....128
amlodipine besylate-atorvastatin calcium tab 10-80 mg.....128

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg....128
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg....128
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg....128
amlodipine besylate-atorvastatin calcium tab 5-10 mg....128
amlodipine besylate-atorvastatin calcium tab 5-20 mg....128
amlodipine besylate-atorvastatin calcium tab 5-40 mg....128
amlodipine besylate-atorvastatin calcium tab 5-80 mg....128
amlodipine besylate-benazepril hcl cap 10-20 mg....89
amlodipine besylate-benazepril hcl cap 10-40 mg....89
amlodipine besylate-benazepril hcl cap 2.5-10 mg....89
amlodipine besylate-benazepril hcl cap 5-10 mg....89
amlodipine besylate-benazepril hcl cap 5-20 mg....89
amlodipine besylate-benazepril hcl cap 5-40 mg....89
amlodipine besylate-olmesartan medoxomil tab 10-20 mg....89
amlodipine besylate-olmesartan medoxomil tab 10-40 mg....89
amlodipine besylate-olmesartan medoxomil tab 5-20 mg....89
amlodipine besylate-olmesartan medoxomil tab 5-40 mg....89
amlodipine besylate tab 10 mg (base equivalent)....125
amlodipine besylate tab 2.5 mg (base equivalent)....125
amlodipine besylate tab 5 mg (base equivalent)....125
amlodipine besylate-valsartan tab 10-160 mg....89
amlodipine besylate-valsartan tab 10-320 mg....89
amlodipine besylate-valsartan tab 5-160 mg....89
amlodipine besylate-valsartan tab 5-320 mg....89
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg....89
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg....89
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg....89
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg....89
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg....89
amoxapine tab 100 mg....68
amoxapine tab 150 mg....68
amoxapine tab 25 mg....68
amoxapine tab 50 mg....68
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg....271
amoxicillin (trihydrate) cap 250 mg....254
amoxicillin (trihydrate) cap 500 mg....254
*amoxicillin (trihydrate) chew tab 125 mg*254
amoxicillin (trihydrate) chew tab 250 mg....254
amoxicillin (trihydrate) for susp 125 mg/5ml....254
amoxicillin (trihydrate) for susp 200 mg/5ml....254
amoxicillin (trihydrate) for susp 250 mg/5ml....254
amoxicillin (trihydrate) for susp 400 mg/5ml....254
amoxicillin (trihydrate) tab 500 mg....254
amoxicillin (trihydrate) tab 875 mg....254
amoxicillin & k clavulanate chew tab 200-28.5 mg....254
amoxicillin & k clavulanate chew tab 400-57 mg....254
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml....254
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml....254

amoxicillin & k clavulanate for susp 400-57 mg/5ml....254
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml....254
amoxicillin & k clavulanate tab 250-125 mg....254
amoxicillin & k clavulanate tab 500-125 mg....254
amoxicillin & k clavulanate tab 875-125 mg....255
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg....255
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....254
AMPYRA TAB 10MG....258
AMRIX CAP 15MG....244
AMRIX CAP 30MG....244
AMZEEQ AER 4%....140
ANAFRANIL CAP 25MG....68
ANAFRANIL CAP 50MG....68
ANAFRANIL CAP 75MG....68
anagrelide hcl cap 0.5 mg....191
anagrelide hcl cap 1 mg....191
ANALPRAM HC CRE 1-1%....39
ANALPRAM-HC CRE 1-1%....39
ANALPRAM HC CRE 2.5-1%....39
ANALPRAM HC LOT 2.5%....39
ANALPRAM-HC LOT 2.5%....39
ANALPRM SNGL CRE HC 2.5-1....39
ANAPROX DS TAB 550MG....22
ANASPAZ TAB 0.125MG....268
anastrozole tab 1 mg....97
ANCOBON CAP 250MG....79
ANCOBON CAP 500MG....79
ANDEMBRY INJ 200/1.2....191
ANDROGEL GEL 1.62%....38
ANGELIQ TAB 0.25-0.5....179
ANGELIQ TAB 0.5-1MG....179
ANNOVERA MIS....136
ANORO ELLIPT AER 62.5-25....50
ANTIVERT TAB 50MG....79

ANUSOL-HC CRE 2.5%.....40
ANZEMET TAB 50MG.....78
ANZUPGO CRE 2%.....156
APEXICON E CRE 0.05%.....153
APIDRA INJ SOLOSTAR.....74
APIDRA INJ U-100 74
APLENZIN TAB 174MG.....63
APLENZIN TAB 348MG.....63
APLENZIN TAB 522MG 63
APOKYN INJ 10MG/ML.....106
apomorphine hcl soln cartridge 30 mg/3ml 106
APO-VARENICL TAB 0.5MG.....261
APO-VARENICL TAB 1MG 261
apraclonidine hcl ophth soln 0.5% (base equivalent) 249
aprepitant capsule 125 mg.....79
aprepitant capsule 40 mg.....79
aprepitant capsule 80 mg.....79
aprepitant capsule therapy pack 80 & 125 mg 79
APRISO CAP 0.375GM 184
APTENSIO XR CAP 10MG 6
APTENSIO XR CAP 15MG.....6
APTENSIO XR CAP 20MG.....6
APTENSIO XR CAP 30MG.....6
APTENSIO XR CAP 40MG.....6
APTENSIO XR CAP 50MG.....6
APTENSIO XR CAP 60MG.....6
APTIOM TAB 200MG 56
APTIOM TAB 400MG 56
APTIOM TAB 600MG 56
APTIOM TAB 800MG 56
APTIVUS CAP 250MG.....117
AQINJECT PEN MIS 31GX3/16.....219
AQINJECT PEN MIS 32GX5/32 219
AQNEURSA POW 1GM.....261
AQUALANCE MIS 30G 202
ARAKODA TAB 100MG 93
ARANESP INJ 100MCG 193
ARANESP INJ 10MCG.....192
ARANESP INJ 150MCG.....193
ARANESP INJ 200MCG.....193
ARANESP INJ 25MCG 192
ARANESP INJ 300MCG.....193
ARANESP INJ 40MCG 193
ARANESP INJ 500MCG.....193
ARANESP INJ 60MCG 193
ARAVA TAB 10MG.....26
ARAVA TAB 20MG.....26
ARAZLO LOT 0.045%.....140
ARBLI SUS 10MG/ML 87
ARCALYST INJ 220MG 21
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) 50
ARICEPT TAB 10MG 256
ARICEPT TAB 23MG.....256
ARICEPT TAB 5MG.....256
ARIKAYCE SUS.....10
ARIMIDEX TAB 1MG.....97
aripiprazole orally disintegrating tab 10 mg 116
aripiprazole orally disintegrating tab 15 mg 116
aripiprazole oral solution 1 mg/ml.....116
aripiprazole tab 10 mg 116
aripiprazole tab 15 mg.....116
aripiprazole tab 20 mg.....116
aripiprazole tab 2 mg 116
aripiprazole tab 30 mg.....116
aripiprazole tab 5 mg 116
ARISTADA INJ 1064MG.....116
ARISTADA INJ 441MG/1.....116
ARISTADA INJ 662MG/2 116
ARISTADA INJ 882MG/3 116
ARISTADA INJ INITIO 116
ARIXTRA INJ 10/0.8ML.....53
ARIXTRA INJ 2.5/0.5 53
ARIXTRA INJ 5/0.4ML 53
ARIXTRA INJ 7.5/0.6 53
armodafinil tab 150 mg 6
armodafinil tab 200 mg 6
armodafinil tab 250 mg 6
armodafinil tab 50 mg 6
ARMONAIR DIG AER 113MCG 48
ARMONAIR DIG AER 232MCG.....48
ARMONAIR DIG AER 55MCG.....48
ARMOUR THYRO TAB 120MG 265

ARMOUR THYRO TAB 15MG.....265
ARMOUR THYRO TAB 180MG.....265
ARMOUR THYRO TAB 240MG.....265
ARMOUR THYRO TAB 300MG.....265
ARMOUR THYRO TAB 30MG.....265
ARMOUR THYRO TAB 60MG.....265
ARMOUR THYRO TAB 90MG.....265
ARNICA TIN FLOWER.....159
ARNUITY ELPT INH 100MCG.....48
ARNUITY ELPT INH 200MCG.....48
ARNUITY ELPT INH 50MCG.....48
AROMASIN TAB 25MG.....97
ARTHROTEC 50 TAB.....22
ARTHROTEC 75 TAB.....22
ARTISS KIT 10ML.....195
ARTISS KIT 2ML.....195
ARTISS KIT 4ML.....195
ARTISS SOL 10ML.....195
ARTISS SOL 2ML.....195
ARTISS SOL 4ML.....195
ARZOL SILVER MIS NITR APP.....152
asenapine maleate sl tab 10 mg (base equiv).....112
asenapine maleate sl tab 2.5 mg (base equiv).....112
asenapine maleate sl tab 5 mg (base equiv).....112
ASMANEX 120 AER 220MCG.....48
ASMANEX 14 AER 220MCG.....48
ASMANEX 30 AER 110MCG.....48
ASMANEX 30 AER 220MCG.....48
ASMANEX 60 AER 220MCG.....48
ASMANEX HFA AER 100 MCG.....48
ASMANEX HFA AER 200 MCG.....48
ASMANEX HFA AER 50MCG.....48
aspirin chew tab 81 mg.....29
aspirin-dipyridamole cap er 12hr 25-200 mg.....191
aspirin tab delayed release 81 mg.....29
ASPRUZYO SPR GRA 1000MG.....42
ASPRUZYO SPR GRA 500MG.....42
ASSURE 3 LIQ CONTROL.....202
ASSURE 3 TES.....161
ASSURE 4 LIQ LEVEL1/2.....203
ASSURE 4 TES.....161
ASSURE CMFRT MIS 28G.....203
ASSURE DOSE SOL NORM/HGH.....203
ASSURE DOSE SOL NORMAL.....203
ASSURE ID MIS 30GX5/16.....219
ASSURE ID MIS 30GX5MM.....219
ASSURE ID MIS 31GX5MM.....219
ASSURE II LIQ LEVEL 1.....203
ASSURE II LIQ LEVEL1/2.....203
ASSURE II TES.....161
ASSURE II TES CHECK.....161
ASSURE LANCE MIS 21G.....203
ASSURE LANCE MIS 28G.....203
ASSURE LANCE MIS LOW FLOW.....203
ASSURE LANCE MIS MICRO.....203
ASSURE LANCE MIS SAFE 25G.....203
ASSURE LANCE MIS SAFE 30G.....203
ASSURE PRISM SOL LEVEL1/2.....203
ASSURE PRISM TES MULTI.....161
ASSURE PRO LIQ LEVEL1/2.....203
ASSURE PRO TES.....161
ASSURE TES PLATINUM.....161
ASTAGRAF XL CAP 0.5MG.....238
ASTAGRAF XL CAP 1MG.....238
ASTAGRAF XL CAP 5MG.....238
ATABEX EC TAB 29-1MG.....241
ATABEX OB TAB 29-1MG.....241
ATACAND HCT TAB 16-12.5.....89
ATACAND HCT TAB 32-12.5.....89
ATACAND HCT TAB 32-25MG.....89
ATACAND TAB 16MG.....87
ATACAND TAB 32MG.....87
ATACAND TAB 4MG.....87
ATACAND TAB 8MG.....87
atazanavir sulfate cap 150 mg (base equiv).....117
atazanavir sulfate cap 200 mg (base equiv).....117
atazanavir sulfate cap 300 mg (base equiv).....117
ATELVIA TAB.....171
atenolol & chlorthalidone tab 100-25 mg.90
atenolol & chlorthalidone tab 50-25 mg...89
atenolol tab 100 mg.....123

atenolol tab 25 mg 123
atenolol tab 50 mg 123
ATIVAN TAB 0.5MG 44
ATIVAN TAB 1MG 44
ATIVAN TAB 2MG 44
atomoxetine hcl cap 100 mg (base equiv) ..5
atomoxetine hcl cap 10 mg (base equiv) 5
atomoxetine hcl cap 18 mg (base equiv) 5
atomoxetine hcl cap 25 mg (base equiv) 5
atomoxetine hcl cap 40 mg (base equiv) 5
atomoxetine hcl cap 60 mg (base equiv) 5
atomoxetine hcl cap 80 mg (base equiv) 5
ATORVALIQ SUS 20MG/5ML 83
atorvastatin calcium tab 10 mg (base equivalent) 83
atorvastatin calcium tab 20 mg (base equivalent) 83
atorvastatin calcium tab 40 mg (base equivalent) 83
atorvastatin calcium tab 80 mg (base equivalent) 83
atovaquone-proguanil hcl tab 250-100 mg 93
atovaquone-proguanil hcl tab 62.5-25 mg 93
atovaquone susp 750 mg/5ml 41
ATRALIN GEL 0.05% 140
ATROPINE SUL DRO 0.025% 248
ATROPINE SUL DRO 0.05% 248
atropine sulfate ophth oint 1% 248
atropine sulfate ophth soln 1% 248
ATROPINE SUL INJ 0.4MG/ML 268
ATROPINE SUL SOL 0.01% 248
ATROPINE SUL SOL 0.025% 248
ATROPINE SUL SOL 0.05% 248
ATROPINE SUL SOL 1% OP 248
ATROVENT HFA AER 17MCG 47
ATTRUBY PAK 356MG 133
AUBAGIO TAB 14MG 258
AUBAGIO TAB 7MG 258
AUGMENTIN SUS 125/5ML 255
AUGMENTIN SUS ES-600 255
AUGTYRO CAP 160MG 99
AUGTYRO CAP 40MG 99
AUM ALCOHOL PAD PREP 70% 218
AUM MINI PEN MIS 32GX4MM 219
AUM MINI PEN MIS 32GX5MM 219
AUM MINI PEN MIS 32GX6MM 219
AUM MINI PEN MIS 32GX8MM 219
AUM MINI PEN MIS 33GX4MM 219
AUM MINI PEN MIS 33GX5MM 219
AUM MINI PEN MIS 33GX6MM 219
AUM READYGRD MIS 32GX4MM 219
AUM SAFETY MIS 31GX4MM 219
AUM SAFETY MIS 31GX5MM 219
AURANOFIN CAP 3MG 21
AURORA LANCE MIS 30G 203
AURORA LANCE MIS THIN 23G 203
AURYXIA TAB 210MG 187
AUSTEDO TAB 12MG 258
AUSTEDO TAB 6MG 258
AUSTEDO TAB 9MG 258
AUSTEDO XR TAB 12MG 258
AUSTEDO XR TAB 18MG 258
AUSTEDO XR TAB 24MG 258
AUSTEDO XR TAB 30MG ER 258
AUSTEDO XR TAB 36MG ER 258
AUSTEDO XR TAB 42MG ER 258
AUSTEDO XR TAB 48MG ER 258
AUSTEDO XR TAB 6MG 258
AUSTEDO XR TAB TITR KIT 258
AUTOCODE TES BLD GLUC 161
AUTO LANCET MIS 203
AUTO-LANCET MIS 203
AUTO-LANCET MIS MINI 203
AUTOLET II KIT CLINISAF 203
AUTOLET LANC MIS DEVICE 203
AUTOLET LITE KIT 203
AUTOLET LITE KIT CLINISAF 203
AUTOLET LITE KIT STARTER 203
AUTOLET LITE MIS LANCING 203
AUTOLET MINI MIS 203
AUTOLET PLAT MIS 1.8MM 203
AUTOLET PLAT MIS 2.4MM 203
AUTOLET PLAT MIS 3.0MM 203
AUTOLET PLUS MIS 203
AUTOPEN MIS 1-21UNIT 219
AUTOPEN MIS 1 UNIT 219

AUTOPEN MIS 2-42UNIT....219
AUTOPEN MIS 2 UNIT....219
AUTOSHIELD MIS 30GX5MM....219
AUVELITY TAB 45-105MG....63
AUVI-Q INJ 0.15MG....274
AUVI-Q INJ 0.1MG....274
AUVI-Q INJ 0.3MG....274
AVALIDE TAB 150-12.5....90
AVALIDE TAB 300-12.5....90
avanafil tab 100 mg....129
avanafil tab 200 mg....129
avanafil tab 50 mg....129
AVAPRO TAB 150MG....87
AVAPRO TAB 300MG....87
AVAPRO TAB 75MG....87
AVAR-E LS CRE 10-2%....140
AVAR LS LIQ 10-2%....140
AVERI TAB....134
AVMAPKI PAK FAKZYNJA....99
AVODART CAP 0.5MG....188
AVONEX PEN KIT 30MCG....258
AVONEX PREFL KIT 30MCG....258
AYVAKIT TAB 100MG....98
AYVAKIT TAB 200MG....98
AYVAKIT TAB 25MG....98
AYVAKIT TAB 300MG....98
AYVAKIT TAB 50MG....98
AZASITE SOL 1%....249
azathioprine tab 100 mg....238
azathioprine tab 50 mg....238
azathioprine tab 75 mg....238
azelaic acid gel 15%....159
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act....246
azelastine hcl nasal spray 0.1% (137 mcg/spray)....246
azelastine hcl ophth soln 0.05%....252
AZELEX CRE 20%....140
AZESCO TAB 13-1MG....241
AZILECT TAB 0.5MG....109
AZILECT TAB 1MG....109
azithromycin for susp 100 mg/5ml....198
azithromycin for susp 200 mg/5ml....198
azithromycin powd pack for susp 1 gm....198
azithromycin tab 250 mg....198
azithromycin tab 500 mg....198
azithromycin tab 600 mg....198
AZMIRO INJ 200MG/ML....38
AZOPT SUS 1% OP....252
AZOR TAB 10-20MG....90
AZOR TAB 10-40MG....90
AZOR TAB 5-20MG....90
AZOR TAB 5-40MG....90
AZSTARYS CAP 26.1-5.2....6
AZSTARYS CAP 39.2-7.8....6
AZSTARYS CAP 52.3-10.....6
AZULFIDINE TAB 500MG....184
AZULFIDINE TAB 500MG EN....184

B

bacitracin ophth oint 500 unit/gm....249
bacitracin-polymyxin b ophth oint....249
bacitracin-polymyxin-neomycin-hc ophth oint 1%....251
baclofen oral soln 10 mg/5ml....244
baclofen oral soln 5 mg/5ml....244
baclofen susp 25 mg/5ml....244
baclofen tab 10 mg....244
baclofen tab 15 mg....244
baclofen tab 20 mg....244
baclofen tab 5 mg....244
BACTRIM DS TAB 800-160....40
BACTRIM TAB 400-80MG....41
BAFIERTAM CAP 95MG....258
BALCOLTRA TAB 0.1-20....134
balsalazide disodium cap 750 mg....184
BALVERSA TAB 3MG....99
BALVERSA TAB 4MG....99
BALVERSA TAB 5MG....99
BANZEL SUS 40MG/ML....56
BANZEL TAB 200MG....56
BANZEL TAB 400MG....56
BAQSIMI ONE POW 3MG/DOSE....71
BAQSIMI TWO POW 3MG/DOSE....71
BARACLUDE SOL....120
BARACLUDE TAB 0.5MG....120
BARACLUDE TAB 1MG....120
BARRIGEL INJ 20MG/ML....40
BASAGLAR INJ 100UNIT....74

BASAGLAR INJ TEMPO PN 74
BAXDELA TAB 450MG 182
BD 5ML SYRG MIS LUER-LOK.....219
BD BLNT FILL MIS 18GX1.5.....219
BD ECLIPSE MIS 18GX1.5.....219
BD ECLIPSE MIS 23GX1 219
BD HYPO NEED MIS 18GX1 219
BD HYPO NEED MIS 18GX1.5 219
BD HYPO NEED MIS 22GX1.5 219
BD INTEGRA MIS 25GX1.....219
BD MICROTAIN MIS LANCETS.....203
BD NEEDLES MIS 18GX1.5.....219
BD NEEDLES MIS 22GX1.5 219
BD PEN MINI MIS.....219
BD PEN MIS.....219
BD PLASTIPAK MIS 3ML 219
BD PRECISION MIS 23GX1.5.....219
BD SAFETY MIS 23GX1.5 219
BD SWAB REG PAD SNGL USE.....218
BD ULTRAFINE INSULIN SYRINGES/NEEDLES 219
BD ULTRAFINE PEN NEEDLES 219
BELBUCA MIS 150MCG.....37
BELBUCA MIS 300MCG.....37
BELBUCA MIS 450MCG.....37
BELBUCA MIS 600MCG.....37
BELBUCA MIS 750MCG.....37
BELBUCA MIS 75MCG.....37
BELBUCA MIS 900MCG.....37
BELLA/OPIUM SUP 16.2-30 268
BELLA/OPIUM SUP 16.2-60 268
BELSOMRA TAB 10MG 197
BELSOMRA TAB 15MG 197
BELSOMRA TAB 20MG.....197
BELSOMRA TAB 5MG.....196
benazepril & hydrochlorothiazide tab 10-12.5 mg 90
benazepril & hydrochlorothiazide tab 20-12.5 mg 90
benazepril & hydrochlorothiazide tab 20-25 mg 90
benazepril & hydrochlorothiazide tab 5-6.25 mg.....90
benazepril hcl tab 10 mg 85
benazepril hcl tab 20 mg.....85
benazepril hcl tab 40 mg 85
benazepril hcl tab 5 mg 85
BENICAR HCT TAB 20-12.5.....90
BENICAR HCT TAB 40-12.5.....90
BENICAR HCT TAB 40-25MG.....90
BENICAR TAB 20MG 87
BENICAR TAB 40MG 87
BENICAR TAB 5MG.....87
BENLYSTA INJ 200MG/ML 240
BENZALKONIUM SOL NF.....116
BENZAMYCIN GEL 5-3% 140
BENZEPRO AER 5.2%.....140
BENZEPRO AER 9.7%.....140
BENZEPRO LIQ 6.8% 140
BENZEPRO LIQ CREAMY 140
BENZEPRO MIS 5.8% 140
BENZNIDAZOLE TAB 100MG.....40
BENZNIDAZOLE TAB 12.5MG 40
benzonatate cap 100 mg 139
benzonatate cap 150 mg 139
benzonatate cap 200 mg.....139
benzoyl peroxide-erythromycin gel 5-3% 140
benzoyl peroxide foam 9.8%.....140
benzoyl peroxide gel 8%.....140
benzoyl peroxide-hydrocortisone lotion 5-0.5% 141
BENZOYL PERX LIQ 6.9%.....141
BENZ PER FOR LOT HC 7.5-1 140
BENZ PEROXID GEL 6.5%.....140
benzphetamine hcl tab 50 mg.....3
benztropine mesylate tab 0.5 mg 106
benztropine mesylate tab 1 mg.....106
benztropine mesylate tab 2 mg.....106
bepotastine besilate ophth soln 1.5% 252
BEPREVE DRO 1.5% OP 252
BERINERT INJ 500UNIT 190
BESIVANCE SUS 0.6% 249
BESREMI SOL 500MCG 105
BETADINE SOL 5% OP.....249
betaine powder for oral solution.....175
betamethasone dipropionate augmented cream 0.05%.....153

betamethasone dipropionate augmented gel 0.05% 153
betamethasone dipropionate augmented lotion 0.05% 153
betamethasone dipropionate augmented oint 0.05% 153
betamethasone dipropionate cream 0.05% 153
betamethasone dipropionate lotion 0.05% 153
betamethasone dipropionate oint 0.05% 153
betamethasone valerate aerosol foam 0.12% 153
betamethasone valerate cream 0.1% (base equivalent) 153
betamethasone valerate lotion 0.1% (base equivalent) 153
betamethasone valerate oint 0.1% (base equivalent) 153
BETAPACE AF TAB 120MG 124
BETAPACE AF TAB 160MG 124
BETAPACE AF TAB 80MG.....124
BETAPACE TAB 120MG 124
BETAPACE TAB 160MG.....124
BETAPACE TAB 80MG 124
BETASERON INJ 0.3MG 258
betaxolol hcl ophth soln 0.5%.....247
betaxolol hcl tab 10 mg 123
betaxolol hcl tab 20 mg 123
bethanechol chloride tab 10 mg.....272
bethanechol chloride tab 25 mg 272
bethanechol chloride tab 50 mg.....272
bethanechol chloride tab 5 mg 272
BETHKIS NEB 300/4ML 10
BETIMOL SOL 0.25% OP 247
BETIMOL SOL 0.5% OP 247
BETOPTIC-S SUS 0.25% OP 247
BEVESPI AER 9-4.8MCG.....50
BEXAGLIFLOZN TAB 20MG.....76
bexarotene cap 75 mg.....105
bexarotene gel 1%.....145
BEYAZ TAB 134
bicalutamide tab 50 mg 97
BIDIL TAB.....128
BIGFOOT UNIT MIS PEN CAP 203
BIJUVA CAP 0.5-100.....179
BIJUVA CAP 1-100MG.....179
BIKTARVY TAB 117
BILTRICIDE TAB 600MG.....40
BIMATO/BRIMO SOL DORZOLAM.....249
bimatoprost ophth soln 0.03% 253
BIMZELX INJ 160MG/ML 145
BIMZELX INJ 320MG/2 146
BINOSTO TAB 70MG 171
BIOTEL CARE TES STRIPS 161
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg.....271
bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....90
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....90
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 90
bisoprolol fumarate tab 10 mg 123
bisoprolol fumarate tab 2.5 mg.....123
bisoprolol fumarate tab 5 mg.....123
BLENREP INJ 70MG 96
BLOOD GLUCOS TES.....161
BLOOD GLUCOS TES 333 161
BLOOD GLUCOS TES LE1.....161
BLOOD GLUCOS TES PREMIUM.....161
BLOOD GLUCOS TES STRIPS.....161
BLUJEPA TAB 750MG.....42
BLULINK LIQ HIGH/LOW.....203
BLULINK TES STRIPS.....161
BLUNT CANNUL MIS 20GX1.5.....219
BLUNT CANNUL MIS 21GX1 219
BONJESTA TAB 20-20MG.....79
BONSITY INJ 560/2.24.....171
bosentan tab 125 mg 132
bosentan tab 62.5 mg 131
bosentan tab for oral susp 32 mg 132
BOSULIF CAP 100MG 100
BOSULIF CAP 50MG 99
BOSULIF TAB 100MG 100
BOSULIF TAB 400MG.....100
BOSULIF TAB 500MG.....100

BRAFTOVI CAP 75MG 100
BREATHE EASE MIS LG MASK.....232
BREATHE EASE MIS MED MASK 232
BREATHE EASE MIS SM MASK.....232
BREATHERITE MIS MDI CHMB 232
BREKIYA INJ 1MG/ML.....234
BRENZAVVY TAB 20MG 76
BREO ELLIPTA INH 100-25.....50
BREO ELLIPTA INH 200-25 50
BREO ELLIPTA INH 50-25MCG 50
BREXAFEMME TAB 150MG 79
BREZTRI AERO AER SPHERE 50
BRILINTA TAB 60MG.....191
BRILINTA TAB 90MG.....191
BRIMO/DORZO SOL 0.15-2% 249
BRIMON/DORZO SOL 0.1-2%OP 249
brimonidine tartrate gel 0.33% (base equivalent) 159
brimonidine tartrate ophth soln 0.1%.....249
brimonidine tartrate ophth soln 0.15% ...249
brimonidine tartrate ophth soln 0.2% 249
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 247
BRINSUPRI TAB 10MG 263
BRINSUPRI TAB 25MG.....263
brinzolamide ophth susp 1% 252
BRIVIACT SOL 10MG/ML.....56
BRIVIACT TAB 100MG.....56
BRIVIACT TAB 10MG 56
BRIVIACT TAB 25MG.....56
BRIVIACT TAB 50MG 56
BRIVIACT TAB 75MG.....56
bromfenac sodium ophth soln 0.07% (base equivalent) 252
bromfenac sodium ophth soln 0.075% (base equivalent).....252
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 252
bromocriptine mesylate cap 5 mg (base equivalent).....106
bromocriptine mesylate tab 2.5 mg (base equivalent).....107
BROMSITE DRO 0.075%OP 252
BRONCHITOL CAP 40MG 262
BRONCHITOL CAP TOL TEST.....262
BROVANA NEB 15MCG.....50
BRUKINSA CAP 80MG 100
BRUKINSA TAB 160MG 100
BRYHALI LOT 0.01% 153
BRYNOVIN SOL 25MG/ML.....72
BUCAPSOL CAP 10MG.....43
BUCAPSOL CAP 15MG.....43
BUCAPSOL CAP 7.5MG 43
budesonide delayed release particles cap 3 mg 136
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....51
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 50
budesonide inhalation susp 0.25 mg/2ml 48
budesonide inhalation susp 0.5 mg/2ml ..48
budesonide inhalation susp 1 mg/2ml.....48
budesonide rectal foam 2 mg/act 39
budesonide tab er 24hr 9 mg.....136
bumetanide tab 0.5 mg 170
bumetanide tab 1 mg.....170
bumetanide tab 2 mg.....170
BUMEX TAB 0.5MG.....170
BUPHENYL POW 175
BUPHENYL TAB 500MG.....175
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 37
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 37
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 37
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 37
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) 37
buprenorphine hcl sl tab 8 mg (base equiv) 37
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.....261
bupropion hcl tab 100 mg 63
bupropion hcl tab 75 mg 63
bupropion hcl tab er 12hr 100 mg 63
bupropion hcl tab er 12hr 150 mg.....63
bupropion hcl tab er 12hr 200 mg.....63
bupropion hcl tab er 24hr 150 mg.....63
bupropion hcl tab er 24hr 300 mg.....63
bupropion hcl tab er 24hr 450 mg.....63
buspirone hcl tab 10 mg.....44
buspirone hcl tab 15 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.....28
butalbital-acetaminophen-caffeine cap 50-300-40 mg 28
butalbital-acetaminophen-caffeine cap 50-325-40 mg.....28
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....28
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 28
butalbital-acetaminophen tab 50-300 mg 28
*butalbital-acetaminophen tab 50-325 mg*28
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 38
BUTRANS DIS 15MCG/HR 38
BUTRANS DIS 20MCG/HR 38
BUTRANS DIS 5MCG/HR.....38
BUTRANS DIS 7.5/HR.....38
BYDUREON BC INJ 2/0.85ML.....72
BYETTA INJ 10MCG.....73
BYETTA INJ 5MCG 73
BYLVAY CAP 1200MCG 183
BYLVAY CAP 200MCG.....183
BYLVAY CAP 400MCG.....183
BYLVAY CAP 600MCG.....183
BYNFEZIA PEN INJ 2500MCG.....178
BYSTOLIC TAB 10MG.....123
BYSTOLIC TAB 2.5MG 123
BYSTOLIC TAB 20MG.....123
BYSTOLIC TAB 5MG 123

C

cabergoline tab 0.5 mg.....178
CABOMETYX TAB 20MG 100
CABOMETYX TAB 40MG.....100
CABOMETYX TAB 60MG.....100
CABTREO GEL 141
CADUET TAB 10-10MG 128
CADUET TAB 10-20MG.....128
CADUET TAB 10-40MG 128
CADUET TAB 10-80MG 128
CADUET TAB 5-10MG.....128
CADUET TAB 5-20MG 128
CADUET TAB 5-40MG 128
CADUET TAB 5-80MG 128
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 3
CALCIPOTRIEN AER 0.005% 146
calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....153
calcipotriene-betamethasone dipropionate susp 0.005-0.064% 153
calcipotriene cream 0.005% 146
calcipotriene oint 0.005%.....146
calcipotriene soln 0.005% (50 mcg/ml) .146
calcitonin (salmon) inj 200 unit/ml 171
calcitonin (salmon) nasal soln 200 unit/act 171
calcitriol cap 0.25 mcg.....175

calcitriol cap 0.5 mcg.....175
calcitriol oint 3 mcg/gm.....146
calcitriol oral soln 1 mcg/ml.....175
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....187
CALQUENCE TAB 100MG.....100
CAMBIA POW 50MG.....234
CAMZYOS CAP 10MG.....128
CAMZYOS CAP 15MG.....128
CAMZYOS CAP 2.5MG.....128
CAMZYOS CAP 5MG.....128
CANASA SUP 1000MG.....184
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....90
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg.....90
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....90
candesartan cilexetil tab 16 mg.....87
candesartan cilexetil tab 32 mg.....87
candesartan cilexetil tab 4 mg.....87
candesartan cilexetil tab 8 mg.....87
CANTHARIDIN SOL 0.7%.....158
capecitabine tab 150 mg.....95
capecitabine tab 500 mg.....95
CAPEX SHA 0.01%.....153
CAPLYTA CAP 10.5MG.....109
CAPLYTA CAP 21MG.....109
CAPLYTA CAP 42MG.....109
CAPRELSA TAB 100MG.....100
CAPRELSA TAB 300MG.....100
captopril & hydrochlorothiazide tab 25-15 mg.....90
captopril & hydrochlorothiazide tab 25-25 mg.....90
captopril & hydrochlorothiazide tab 50-15 mg.....90
captopril & hydrochlorothiazide tab 50-25 mg.....90
captopril tab 100 mg.....86
captopril tab 12.5 mg.....85
captopril tab 25 mg.....85
captopril tab 50 mg.....86
CARAC CRE 0.5%.....145
CARAFATE SUS 1GM/10ML.....269
CARAFATE TAB 1GM.....269
CARBAGLU TAB 200MG.....176
carbamazepine cap er 12hr 100 mg.....57
carbamazepine cap er 12hr 200 mg.....57
carbamazepine cap er 12hr 300 mg.....57
carbamazepine chew tab 100 mg.....57
carbamazepine chew tab 200 mg.....57
carbamazepine susp 100 mg/5ml.....57
carbamazepine tab 200 mg.....57
carbamazepine tab er 12hr 100 mg.....57
carbamazepine tab er 12hr 200 mg.....57
carbamazepine tab er 12hr 400 mg.....57
CARBATROL CAP 100MG.....57
CARBATROL CAP 200MG.....57
CARBATROL CAP 300MG.....57
carbidopa & levodopa cap er 23.75-95 mg.....107
carbidopa & levodopa cap er 36.25-145 mg.....107
carbidopa & levodopa cap er 48.75-195 mg.....107
carbidopa & levodopa cap er 61.25-245 mg.....107
carbidopa & levodopa orally disintegrating tab 10-100 mg.....107
carbidopa & levodopa orally disintegrating tab 25-100 mg.....107
carbidopa & levodopa orally disintegrating tab 25-250 mg.....107
carbidopa & levodopa tab 10-100 mg.....107
carbidopa & levodopa tab 25-100 mg.....107
carbidopa & levodopa tab 25-250 mg.....107
carbidopa & levodopa tab er 25-100 mg.107
*carbidopa & levodopa tab er 50-200 mg*107
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....107
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....107
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....107
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....107

carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 107
carbidopa-levodopa-entacapone tabs 50-200-200 mg 107
carbidopa tab 25 mg 106
carbinoxamine maleate extended release susp 4 mg/5ml 80
carbinoxamine maleate soln 4 mg/5ml 80
carbinoxamine maleate tab 4 mg 81
carbinoxamine maleate tab 6 mg 81
CARBINOXAMIN TAB 6MG 80
CARDIOCOM MIS LANCING 203
CARDIZEM CD CAP 120MG/24 125
CARDIZEM CD CAP 180MG/24 125
CARDIZEM CD CAP 240MG/24 125
CARDIZEM CD CAP 300MG/24 125
CARDIZEM CD CAP 360MG/24 125
CARDIZEM LA TAB 120MG 125
CARDIZEM LA TAB 180MG 125
CARDIZEM LA TAB 240MG.....125
CARDIZEM LA TAB 300MG/24 125
CARDIZEM LA TAB 360MG.....125
CARDIZEM LA TAB 420MG/24 125
CARDIZEM TAB 120MG 125
CARDIZEM TAB 30MG.....125
CARDIZEM TAB 60MG.....125
CARDURA TAB 1MG 88
CARDURA TAB 2MG.....88
CARDURA TAB 4MG.....88
CARDURA TAB 8MG.....88
CARDURA XL TAB 4MG 188
CARDURA XL TAB 8MG.....188
CAREFINE MIS 31GX8MM 219
CAREFINE MIS 32GX4MM 219
CAREFINE MIS 32GX5MM.....220
CAREFINE MIS 32GX6MM.....220
CAREONE ADV MIS LANCING.....203
CAREONE LANC MIS 30G 203
CAREONE LANC MIS THIN 23G 203
CAREPOINT SA MIS 23GX1 220
CAREPOINT SA MIS 23GX11/2.....220
CAREPOINT SA MIS 25GX1 220
CAREPOINT SA MIS 25GX11/2.....220
CAREPOINT SA MIS 25GX5/8 220
CAREPOINT SY MIS 20GX1 220
CAREPOINT SY MIS 20GX1.5.....220
CAREPOINT SY MIS 22G X 1.....220
CAREPOINT SY MIS 22GX1.5 220
CAREPOINT SY MIS 23GX1 220
CAREPOINT SY MIS 23GX1.5 220
CAREPOINT SY MIS 25GX1 220
CAREPOINT SY MIS 60ML 220
CARESENS 30G MIS LANCETS 203
CARESENS N TES.....161
CARESENS N TES GLUCOSE.....161
CARESENS S LIQ CON A/B 203
CARESENS SOL CONTROL 203
CARESENS S TES BLD GLUC.....161
CARETOUCH MIS 31GX5MM 220
CARETOUCH MIS 31GX6MM 220
CARETOUCH MIS 31GX8MM 220
CARETOUCH MIS 32GX4MM 220
CARETOUCH MIS 32GX5MM 220
CARETOUCH MIS EJECTOR 203
CARETOUCH MIS LANC 26G.....203
CARETOUCH MIS LANC 28G.....203
CARETOUCH MIS LANC 30G 204
CARETOUCH MIS TST STRP 161
CARETOUCH MIS TWIST 28 204
CARETOUCH MIS TWIST 30 204
CARETOUCH MIS TWIST 33 204
CARETOUCH PAD ALCOHOL.....218
carglumic acid soluble tab 200 mg.....176
carisoprodol tab 250 mg.....244
carisoprodol tab 350 mg 244
CARNITOR SF SOL 1GM/10ML 176
CARNITOR SOL 1GM/10ML.....176
CARNITOR TAB 330MG 176
CAROSPIR SUS 25MG/5ML.....171
carteolol hcl ophth soln 1%.....247
carvedilol phosphate cap er 24hr 10 mg .122
carvedilol phosphate cap er 24hr 20 mg.122
carvedilol phosphate cap er 24hr 40 mg.122
carvedilol phosphate cap er 24hr 80 mg.122
carvedilol tab 12.5 mg 122
carvedilol tab 25 mg.....122
carvedilol tab 3.125 mg 122
carvedilol tab 6.25 mg.....122

CASODEX TAB 50MG....97
CATAPRES-TTS DIS 0.1/24HR....88
CATAPRES-TTS DIS 0.2/24HR....88
CATAPRES-TTS DIS 0.3/24HR....88
CAVERJECT IM KIT 10MCG....129
CAVERJECT IM KIT 20MCG....129
CAVERJECT INJ 20MCG....129
CAVERJECT INJ 40MCG....129
CAYA DPR....199
CAYSTON INH 75MG....42
cefaclor cap 250 mg....133
cefaclor cap 500 mg....133
CEFACLOR ER TAB 500MG....133
cefaclor for susp 250 mg/5ml....133
cefadroxil cap 500 mg....133
cefadroxil for susp 250 mg/5ml....133
cefadroxil for susp 500 mg/5ml....133
cefadroxil tab 1 gm....133
cefdinir cap 300 mg....133
cefdinir for susp 125 mg/5ml....133
cefdinir for susp 250 mg/5ml....133
cefixime cap 400 mg....133
cefixime for susp 100 mg/5ml....133
cefixime for susp 200 mg/5ml....133
cefpodoxime proxetil for susp 100 mg/5ml....133
cefpodoxime proxetil for susp 50 mg/5ml....133
cefpodoxime proxetil tab 100 mg....134
cefpodoxime proxetil tab 200 mg....134
cefprozil for susp 125 mg/5ml....133
cefprozil for susp 250 mg/5ml....133
cefprozil tab 250 mg....133
cefprozil tab 500 mg....133
cefuroxime axetil tab 250 mg....133
cefuroxime axetil tab 500 mg....133
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....64
CELEXA TAB 20MG....64
CELEXA TAB 40MG....64
CELLCEPT CAP 250MG....238
CELLCEPT SUS 200MG/ML....238
CELLCEPT TAB 500MG....238
CELONTIN CAP 300MG....62
CEM-UREA SOL 45%....157
cephalexin cap 250 mg....133
cephalexin cap 500 mg....133
cephalexin cap 750 mg....133
cephalexin for susp 125 mg/5ml....133
cephalexin for susp 250 mg/5ml....133
cephalexin tab 250 mg....133
cephalexin tab 500 mg....133
CEQUA SOL 0.09%....250
CEQUR SIMPL KIT PATCH 2U....220
CEQUR SIMPL MIS INSERTER....220
CERDELGA CAP 84MG....192
CERVIDIL VAG MIS 10MG INS....254
CETACAINE AER....158
CETACAINE GEL 2-2-14%....158
CETACAINE LIQ 2-2-14%....158
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)....81
CETRAXAL SOL 0.2%....253
cetrorelix acetate for inj kit 0.25 mg....173
CETROTIDE KIT 0.25MG....173
cevimeline hcl cap 30 mg....241
CHANTIX PAK 1MG....261
CHANTIX TAB 0.5& 1MG....261
CHANTIX TAB 0.5MG....261
CHANTIX TAB 1MG....261
CHEMET CAP 100MG....77
CHEMSTRIP 10 TES MD....162
CHEMSTRIP 2 TES GP....161
CHEMSTRIP 5 TES OB....162
CHEMSTRIP 7 TES....162
CHEMSTRIP 9 TES STRIPS....162
CHEMSTRIP K TES....162
CHEMSTRIP TES -10 SG....162
CHEMSTRIP TES UGK....162
chenodiol tab 250 mg....183

chlordiazepoxide-amitriptyline tab 10-25 mg 257
chlordiazepoxide-amitriptyline tab 5-12.5 mg 257
chlordiazepoxide hcl cap 10 mg 44
chlordiazepoxide hcl cap 25 mg 44
chlordiazepoxide hcl cap 5 mg 44
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 268
CHLORHEX GLU SOL 20% 116
chlorhexidine gluconate soln 0.12% 240
chloroquine phosphate tab 250 mg 93
chloroquine phosphate tab 500 mg 93
chlorpromazine hcl conc 100 mg/ml 114
chlorpromazine hcl conc 30 mg/ml 114
chlorpromazine hcl inj 25 mg/ml 114
chlorpromazine hcl inj 50 mg/2ml 114
chlorpromazine hcl tab 100 mg 114
chlorpromazine hcl tab 10 mg 114
chlorpromazine hcl tab 200 mg 114
chlorpromazine hcl tab 25 mg 114
chlorpromazine hcl tab 50 mg 114
chlorthalidone tab 25 mg 171
chlorthalidone tab 50 mg 171
chlorzoxazone tab 250 mg 244
chlorzoxazone tab 375 mg 244
chlorzoxazone tab 500 mg 244
chlorzoxazone tab 750 mg 244
CHOLBAM CAP 250MG 182
CHOLBAM CAP 50MG 182
cholestyramine light powder 4 gm/dose ..82
cholestyramine light powder packets 4 gm 82
cholestyramine powder 4 gm/dose 82
cholestyramine powder packets 4 gm 82
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 82
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 82
CHONDROITIN SOL 252
CHOR GONADOT INJ 10000UNT 172
CHOSEN MIS 30G 204
CHOSEN MIS LANCING 204
CHOSEN MIS SAFE 28G 204
CIALIS TAB 10MG 129
CIALIS TAB 20MG 129
CIALIS TAB 5MG 129
CIBINQO TAB 100MG 156
CIBINQO TAB 200MG 156
CIBINQO TAB 50MG 156
ciclopirox gel 0.77% 143
ciclopirox olamine cream 0.77% (base equiv) 143
ciclopirox olamine susp 0.77% (base equiv) 143
ciclopirox shampoo 1% 143
ciclopirox solution 8% 143
cilostazol tab 100 mg 191
cilostazol tab 50 mg 191
CILOXAN OIN 0.3% OP 249
CIMDUO TAB 300-300 117
cimetidine hcl soln 300 mg/5ml 269
cimetidine tab 300 mg 269
cimetidine tab 400 mg 269
cimetidine tab 800 mg 269
CIMZIA INJ 200MG/ML 184
CIMZIA KIT 200MG 184
CIMZIA PREFL KIT 200MG/ML 184
CIMZIA START KIT 200MG/ML 184
cinacalcet hcl tab 30 mg (base equiv) 176
cinacalcet hcl tab 60 mg (base equiv) 176
cinacalcet hcl tab 90 mg (base equiv) 176
CINRYZE SOL 500 UNIT 190
CIPRO (10%) SUS 500MG/5 182
CIPRO (5%) SUS 250MG/5 182
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 253
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025% 253
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 249
ciprofloxacin hcl otic soln 0.2% (base equivalent) 253
ciprofloxacin hcl tab 100 mg (base equiv) 182
ciprofloxacin hcl tab 250 mg (base equiv) 182

ciprofloxacin hcl tab 500 mg (base equiv) 182
ciprofloxacin hcl tab 750 mg (base equiv) 182
CIPRO HC SUS OTIC.....253
CIPRO TAB 250MG 182
CIPRO TAB 500MG 182
CITALOPRAM CAP 30MG 64
citalopram hydrobromide oral soln 10 mg/5ml 64
citalopram hydrobromide tab 10 mg (base equiv) 64
citalopram hydrobromide tab 20 mg (base equiv) 64
citalopram hydrobromide tab 40 mg (base equiv) 64
CITRANATAL CAP HARMONY 241
CITRANATAL CAP MEDLEY.....241
CITRANATAL MIS 90 DHA 241
CITRANATAL MIS B-CALM.....241
CITRANATAL PAK ASSURE 241
CLARINEX-D TAB 2.5-120 139
CLARINEX TAB 5MG 81
clarithromycin for susp 125 mg/5ml 198
clarithromycin for susp 250 mg/5ml 198
clarithromycin tab 250 mg 198
clarithromycin tab 500 mg.....198
clarithromycin tab er 24hr 500 mg 198
CLEANLET 28G MIS LANCETS.....204
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....81
clemastine fumarate tab 2.68 mg.....81
CLEMASZ TAB 2.68MG.....81
CLEMSZA TAB 2.68MG.....81
CLENIA PLUS SUS 9-4.25%.....141
CLENPIQ SOL.....197
CLEOCIN CAP 150MG.....41
CLEOCIN CAP 300MG 42
CLEOCIN CAP 75MG.....41
CLEOCIN CRE 2% VAG 273
CLEOCIN PED SOL 75MG/5ML 42
CLEOCIN SUP 100MG 273
CLEOCIN-T LOT 1% 141
CLEVER CHECK MIS 204
CLEVER CHECK MIS 30G.....204
CLEVER CHEK TES.....162
CLEVER CHEK TES AUTO CD 162
CLEVER CHEK TES TALK 162
CLEVER CHEK TES VOICE.....162
CLEVER CHOIC TES MICRO 162
CLEVR CHOICE LIQ HIGH 204
CLEVR CHOICE LIQ LOW 204
CLEVR CHOICE TES AUTO-CD.....162
CLEVR CHOICE TES NOCODE.....162
CLICKFINE MIS 31GX1/4.....220
CLICKFINE MIS 31GX3/16.....220
CLICKFINE MIS 31GX5/16.....220
CLICKFINE MIS 31GX8MM 220
CLICKFINE MIS 32GX5/32 220
CLIMARA DIS 0.025MG 180
CLIMARA DIS 0.0375MG 180
CLIMARA DIS 0.05MG.....180
CLIMARA DIS 0.06MG.....180
CLIMARA DIS 0.075MG 180
CLIMARA DIS 0.1MG.....180
CLIMARA PRO DIS WEEKLY 179
CLINDAGEL GEL 1%.....141
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%.....141
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% 141
clindamycin phosphate-benzoyl peroxide gel 1-5% 141
clindamycin phosphate foam 1% 141
clindamycin phosphate gel 1% (once-daily) 141
clindamycin phosphate gel 1% (twice-daily) 141
clindamycin phosphate lotion 1% 141
clindamycin phosphate soln 1%.....141
clindamycin phosphate swab 1%.....141
clindamycin phosphate-tretinoin gel 1.2-0.025% 141

clindamycin phosphate vaginal cream 2% 273
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....141
CLINDESSE CRE 2% 273
clobazam suspension 2.5 mg/ml.....55
clobazam tab 10 mg.....55
clobazam tab 20 mg 55
clobetasol propionate cream 0.025% 153
clobetasol propionate cream 0.05% 153
clobetasol propionate emollient base cream 0.05%.....153
clobetasol propionate emulsion foam 0.05%.....153
clobetasol propionate foam 0.05% 153
clobetasol propionate gel 0.05% 153
clobetasol propionate lotion 0.05%.....153
clobetasol propionate oint 0.05%.....153
clobetasol propionate shampoo 0.05% ..153
clobetasol propionate soln 0.05% 153
clobetasol propionate spray 0.05%.....154
CLOBETASOL SUS 0.05%.....251
CLOBEX LOT 0.05% 154
CLOBEX SHA 0.05%.....154
CLOBEX SPR 0.05% 154
clocortolone pivalate cream 0.1%.....154
CLODERM CRE 0.1%.....154
clomiphene citrate tab 50 mg.....172
clomipramine hcl cap 25 mg 68
clomipramine hcl cap 50 mg.....68
clomipramine hcl cap 75 mg 68
clonazepam orally disintegrating tab 0.125 mg 55
clonazepam orally disintegrating tab 0.25 mg 55
clonazepam orally disintegrating tab 0.5 mg 55
clonazepam orally disintegrating tab 1 mg 55
clonazepam orally disintegrating tab 2 mg 55
clonazepam tab 0.5 mg.....55
clonazepam tab 1 mg.....55
clonazepam tab 2 mg 55
clonidine hcl tab 0.1 mg.....88
clonidine hcl tab 0.2 mg 88
clonidine hcl tab 0.3 mg 88
clonidine hcl tab er 12hr 0.1 mg 5
clonidine tab er 24hr 0.17 mg 88
clonidine td patch weekly 0.1 mg/24hr.....88
clonidine td patch weekly 0.2 mg/24hr 88
clonidine td patch weekly 0.3 mg/24hr 88
clopidogrel bisulfate tab 300 mg (base equiv).....191
clopidogrel bisulfate tab 75 mg (base equiv) 191
clorazepate dipotassium tab 15 mg.....44
clorazepate dipotassium tab 3.75 mg.....44
clorazepate dipotassium tab 7.5 mg 44
clotrimazole troche 10 mg 240
clotrimazole w/ betamethasone cream 1-0.05%.....143
clotrimazole w/ betamethasone lotion 1-0.05%.....143
clozapine orally disintegrating tab 100 mg 112
clozapine orally disintegrating tab 12.5 mg 112
clozapine orally disintegrating tab 150 mg 112
clozapine orally disintegrating tab 200 mg 112
clozapine orally disintegrating tab 25 mg 112
clozapine tab 100 mg 113
clozapine tab 200 mg 113
clozapine tab 25 mg.....112
clozapine tab 50 mg.....112
CLOZARIL TAB 100MG.....113
CLOZARIL TAB 200MG 113
CLOZARIL TAB 25MG.....113
CLOZARIL TAB 50MG.....113
CL PRENATAL TAB 28-0.8MG 241
C-NATE DHA CAP 28-1-200 241
COAGUCHEK MIS LANCETS 204
coal tar soln 20%.....160
COARTEM TAB 20-120MG 93
COBENFY CAP 100-20MG.....114
COBENFY CAP 125-30MG 114

COBENFY CAP 50-20MG 114
COBENFY STRT CAP PACK.....114
COCAINE HCL SOL 40MG/ML 246
codeine sulfate tab 30 mg 29
CODEINE SULF TAB 15MG.....29
CODEINE SULF TAB 60MG.....29
COLAZAL CAP 750MG 184
colchicine cap 0.6 mg.....189
colchicine tab 0.6 mg.....189
colchicine w/ probenecid tab 0.5-500 mg 189
COLCRYS TAB 0.6MG 189
colesevelam hcl packet for susp 3.75 gm 82
colesevelam hcl tab 625 mg.....82
COLESTID FLA GRA 5/7.5GM 82
COLESTID FLA GRA 5GM 82
COLESTID GRA 5GM 82
COLESTID TAB 1GM 82
colestipol hcl granule packets 5 gm.....82
colestipol hcl granules 5 gm.....82
colestipol hcl tab 1 gm 82
COLOR CONDOM MIS + LUBE 199
COMBIGAN SOL 0.2/0.5%.....247
COMBIPATCH DIS.....179
COMBIVENT AER 20-100 51
COMBIVIR TAB 150-300 117
COMBOGESIC TAB 325/97.5.....23
COMETRIQ KIT 100MG 100
COMETRIQ KIT 140MG.....100
COMETRIQ KIT 60MG 100
COMFORT ASSU MIS LANC 28G 204
COMFORT ASSU MIS LANC 33G 204
COMFORT EZ MIS 21G.....204
COMFORT EZ MIS 23G 204
COMFORT EZ MIS 28G 204
COMFORT EZ MIS 29GX12MM 220
COMFORT EZ MIS 30GX8MM 220
COMFORT EZ MIS 31GX4MM 220
COMFORT EZ MIS 31GX5/16.....220
COMFORT EZ MIS 31GX5MM 220
COMFORT EZ MIS 31GX6MM 220
COMFORT EZ MIS 31GX8MM 220
COMFORT EZ MIS 32GX4MM.....220
COMFORT EZ MIS 32GX5MM.....220
COMFORT EZ MIS 32GX6MM.....220
COMFORT EZ MIS 32GX8MM.....220
COMFORT EZ MIS 33GX4MM.....220
COMFORT EZ MIS 33GX5MM.....220
COMFORT EZ MIS 33GX6MM.....220
COMFORT EZ MIS 33GX8MM.....220
COMFORTOUCH MIS LANCET.....204
COMFORT TCH MIS LANC 28G 204
COMFORT TCH MIS LANC 30G 204
COMFORT TCH MIS LANC 31G 204
COMFORT TOUC MIS 31GX4MM 220
COMFORT TOUC MIS 31GX5MM 220
COMFORT TOUC MIS 31GX6MM 221
COMFORT TOUC MIS 31GX8MM 221
COMFORT TOUC MIS 32GX4MM 221
COMFORT TOUC MIS 32GX5MM 221
COMFORT TOUC MIS 32GX6MM 221
COMFORT TOUC MIS 32GX8MM 221
COMFORT TOUC MIS 33GX1/4 221
COMFORT TOUC MIS 33GX3/16.....221
COMFORT TOUC MIS 33GX5/32 221
COMFRT TOUCH PAD ALC PREP 218
COMPACT SPAC MIS CHAMBER.....232
COMPACT SPAC MIS LG MASK.....232
COMPACT SPAC MIS MD MASK.....232
COMPACT SPAC MIS SM MASK 232
COMPLERA TAB.....117
COMPLETENATE CHW 241
COMPLETE NAT PAK DHA 241
COMTAN TAB 200MG.....106
CO-NATAL FA TAB 29-1MG.....241
CONCEPT DHA CAP 241
CONCEPT OB CAP 241
CONCERTA TAB 18MG.....6
CONCERTA TAB 27MG 6
CONCERTA TAB 36MG 7
CONCERTA TAB 54MG 7
CONDOMS MIS.....199
CONDYLOX GEL 0.5%.....158
CONFIRM/MICR TES GLUCOSE.....162
CONJUPRI TAB 2.5MG 125
CONJUPRI TAB 5MG 125
CONTOUR HIGH LIQ CONTROL.....204
CONTOUR LOW LIQ CONTROL 204

CONTOUR NEXT SOL LEVEL 1.....204
CONTOUR NEXT SOL LEVEL 2.....204
CONTOUR NORM LIQ CONTROL 204
CONTOUR PLUS LIQ LEVEL 1 204
CONTOUR PLUS LIQ LEVEL 2.....204
CONTOUR PLUS TES BLD GLUC.....162
CONTOUR TES BLD GLUC 162
CONTOUR TES NEXT.....162
CONTRAVE TAB 8-90MG 4
CONTROL HIGH SOL UNISTRIP 204
CONTROL LOW SOL UNISTRIP.....204
CONTROL NORM SOL EASY STP 204
CONTROL SOL LIQ HI/MID/L.....204
CONTROL SOL LIQ HIGH/LOW.....204
CONTROL SOL LIQ LEVEL 2 204
CONTROL SOL NORMAL 204
CONZIP CAP 100MG 29
CONZIP CAP 200MG.....29
CONZIP CAP 300MG.....29
COOL BLOOD TES GLUCOSE 162
COOL CONTROL SOL A.....204
COOL CONTROL SOL B.....204
COPAXONE INJ 20MG/ML 258
COPAXONE INJ 40MG/ML 259
COPIKTRA CAP 15MG 100
COPIKTRA CAP 25MG 100
CORDRAN 80X3 TAP 4MCG/CM 154
COREG CR CAP 10MG 122
COREG CR CAP 20MG.....122
COREG CR CAP 40MG 122
COREG CR CAP 80MG.....122
COREG TAB 12.5MG.....122
COREG TAB 25MG 122
COREG TAB 3.125MG.....122
COREG TAB 6.25MG 122
CORLANOR SOL 5MG/5ML.....132
CORLANOR TAB 5MG 132
CORLANOR TAB 7.5MG 132
CORN SYP.....255
CORTANE-B LOT.....154
CORTEF TAB 10MG 136
CORTEF TAB 20MG 136
CORTEF TAB 5MG.....136
CORTENEMA ENE 100MG 39
CORTIFOAM AER 90MG 39
CORTISONE TAB 25MG.....136
CORTISPORIN SUS -TC OTIC 253
CORTROPHIN INJ 40/0.5ML.....172
CORTROPHIN INJ 80UNT/ML.....172
COSENTYX INJ 150MG/ML 146
COSENTYX INJ 300DOSE.....146
COSENTYX INJ 75MG/0.5.....146
COSENTYX PEN INJ 150MG/ML.....147
COSENTYX PEN INJ 300DOSE 147
COSENTYX UNO INJ 300/2ML 147
COSOPT PF SOL 2%-0.5%.....247
COSOPT SOL 2-0.5%OP 247
COTELLIC TAB 20MG.....100
COTEMPLA XR TAB 17.3MG.....7
COTEMPLA XR TAB 25.9MG 7
COTEMPLA XR TAB 8.6MG 7
COXANTO CAP 300MG 23
COZAAR TAB 100MG 87
COZAAR TAB 25MG 87
COZAAR TAB 50MG 87
CRENESSITY CAP 100MG 172
CRENESSITY CAP 25MG 172
CRENESSITY CAP 50MG.....172
CRENESSITY SOL 50MG/ML.....172
CREON CAP 12000UNT.....169
CREON CAP 24000UNT.....169
CREON CAP 3000UNIT 169
CREON CAP 36000UNT.....169
CREON CAP 6000UNIT 169
CRESEMBA CAP 186MG.....80
CRESEMBA CAP 74.5MG 80
CRESTOR TAB 10MG.....83
CRESTOR TAB 20MG 83
CRESTOR TAB 40MG 83
CRESTOR TAB 5MG.....83
CREXONT CAP 35-140MG.....107
CREXONT CAP 52.5-210 107
CREXONT CAP 70-280MG 107
CREXONT CAP 87.5-350 107
CRINONE GEL 4% VAG.....273
CRINONE GEL 8% VAG.....273
cromolyn sodium ophth soln 4% 252
cromolyn sodium oral conc 100 mg/5ml 183

cromolyn sodium soln nebu 20 mg/2ml ...46
crotamiton lotion 10% 160
CTEXLI TAB 250MG 182
CUPRIMINE CAP 250MG 237
CURITY PREP PAD ALCOHOL 218
CUVPOSA SOL 1MG/5ML 268
CUVRIOR TAB 300MG 237
CVS ADVANCED TES GLUCOSE 162
CVS GLUCOSE TES STRIPS 162
CVS GLUCOSE TES TEST STR 162
CVS KETONE TES CARE 162
CVS LANCETS MIS 21G 204
CVS LANCETS MIS 30G 204
CVS LANCETS MIS 33G 204
CVS LANCETS MIS ORIGINAL 204
CVS LANCETS MIS THIN 26G 204
CVS LANCETS MIS THIN 30G 204
CVS LANCETS MIS THIN 33G 205
CVS LANCING MIS DEVICE 205
CVS TRUE MET TES GLUCOSE 162
cyanocobalamin inj 1000 mcg/ml 192
cyanocobalamin nasal spray 500 mcg/0.1ml 192
CYANOCOBALAM SOL 2000MCG 192
cyclobenzaprine hcl cap er 24hr 15 mg ..244
cyclobenzaprine hcl cap er 24hr 30 mg .244
cyclobenzaprine hcl tab 10 mg 245
cyclobenzaprine hcl tab 5 mg 245
cyclobenzaprine hcl tab 7.5 mg 245
CYCLOGYL SOL 0.5% OP 248
CYCLOGYL SOL 1% OP 248
CYCLOGYL SOL 2% OP 248
CYCLOMYDRIL SOL OP 248
cyclopentolate hcl ophth soln 1% 248
cyclophosphamide cap 25 mg 95
cyclophosphamide cap 50 mg 95
CYCLOPHOSPH TAB 25MG 94
CYCLOPHOSPH TAB 50MG 95
cycloserine cap 250 mg 94
CYCLOSET TAB 0.8MG 72
cyclosporine (ophth) emulsion 0.05% ...250
cyclosporine cap 100 mg 238
cyclosporine cap 25 mg 238
cyclosporine modified cap 100 mg 238
cyclosporine modified cap 25 mg 238
cyclosporine modified cap 50 mg 238
cyclosporine modified oral soln 100 mg/ml 238
CYLTEZO INJ 10/0.2ML 12
CYLTEZO INJ 20/0.4ML 12
CYLTEZO INJ 40/0.8ML 12
CYLTEZO INJ CROHNS 12
CYLTEZO INJ PSORIASI 12
CYLTEZO KIT 40/0.4ML 13
CYLTEZO KIT CROHNS 13
CYLTEZO PSOR KIT 40/0.4ML 13
CYMBALTA CAP 20MG 66
CYMBALTA CAP 30MG 66
CYMBALTA CAP 60MG 66
cyproheptadine hcl syrup 2 mg/5ml 81
cyproheptadine hcl tab 4 mg 81
CYSTADANE POW 176
CYSTADROPS SOL 0.37% 252
CYSTAGON CAP 150MG 188
CYSTAGON CAP 50MG 188
CYSTARAN SOL 0.44% 252
CYTOMEL TAB 25MCG 265
CYTOMEL TAB 50MCG 265
CYTOMEL TAB 5MCG 265
CYTOTEC TAB 100MCG 270
CYTOTEC TAB 200MCG 270

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq) 55
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) 55
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) 55
dalfampridine tab er 12hr 10 mg 259
DALIRESP TAB 250MCG 47
DALIRESP TAB 500MCG 47
danazol cap 100 mg 38
danazol cap 200 mg 38
danazol cap 50 mg 38
DANTRIUM CAP 25MG 245
dantrolene sodium cap 100 mg 245
dantrolene sodium cap 25 mg 245
dantrolene sodium cap 50 mg 245

DANZITEN TAB 71MG....100
DANZITEN TAB 95MG....100
dapagliflozin propanediol tab 10 mg (base equivalent)....76
dapagliflozin propanediol tab 5 mg (base equivalent)....76
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg....69
dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg....69
dapsone gel 5%....141
dapsone gel 7.5%....141
dapsone tab 100 mg....41
dapsone tab 25 mg....41
DARAPRIM TAB 25MG....93
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)....271
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)....271
darunavir tab 600 mg....117
darunavir tab 800 mg....117
dasatinib tab 100 mg....100
dasatinib tab 140 mg....100
dasatinib tab 20 mg....100
dasatinib tab 50 mg....100
dasatinib tab 70 mg....100
dasatinib tab 80 mg....100
DAURISMO TAB 100MG....97
DAURISMO TAB 25MG....97
DAWNZERA INJ 80/0.8ML....191
DAYBUE SOL 200MG/ML....247
DAYPRO TAB 600MG....23
DAYTRANA DIS 10MG/9HR....7
DAYTRANA DIS 15MG/9HR....7
DAYTRANA DIS 20MG/9HR....7
DAYTRANA DIS 30MG/9HR....7
DAYVIGO TAB 10MG....197
DAYVIGO TAB 5MG....197
D-CARE BLOOD TES GLUCOSE....162
DDAVP TAB 0.1MG....178
DDAVP TAB 0.2MG....178
DEBACTEROL SOL 30-50%....240
deferasirox granules packet 180 mg....77
deferasirox granules packet 360 mg....77
deferasirox granules packet 90 mg....77
deferasirox tab 180 mg....77
deferasirox tab 360 mg....77
deferasirox tab 90 mg....77
deferasirox tab for oral susp 125 mg....77
deferasirox tab for oral susp 250 mg....77
deferasirox tab for oral susp 500 mg....77
deferiprone tab 1000 mg....77
deferiprone tab 500 mg....77
deflazacort susp 22.75 mg/ml....136
deflazacort tab 18 mg....136
deflazacort tab 30 mg....136
deflazacort tab 36 mg....136
deflazacort tab 6 mg....136
DELESTROGEN INJ 10MG/ML....180
DELESTROGEN INJ 20MG/ML....180
DELESTROGEN INJ 40MG/ML....180
DELSTRIGO TAB....117
DELZICOL CAP 400MG....184
demeclocycline hcl tab 150 mg....263
demeclocycline hcl tab 300 mg....263
DEMSER CAP 250MG....87
DENAVIR CRE 1%....152
DENTA 5000 GEL PLUS SEN....240
DEPAKOTE ER TAB 250MG....62
DEPAKOTE ER TAB 500MG....62
DEPAKOTE SPR CAP 125MG....62
DEPAKOTE TAB 125MG DR....62
DEPAKOTE TAB 250MG DR....62
DEPAKOTE TAB 500MG DR....62
DEPEN TITRA TAB 250MG....237
DEPO-ESTRADI INJ 5MG/ML....180
DEPO-PROVERA INJ 150MG/ML....136
DEPO-SQ PROV INJ 104....136
DERMACINRX TAB PRETRATE....241
DERMA-SMOOTH OIL /FS BODY....154
DERMA-SMOOTH OIL /FS SCLP....154
DERMOTIC OIL 0.01%....254
DESCOVY TAB 120-15MG....117
DESCOVY TAB 200/25MG....117
desipramine hcl tab 100 mg....68
desipramine hcl tab 10 mg....68
desipramine hcl tab 150 mg....68
desipramine hcl tab 25 mg....68

desipramine hcl tab 50 mg 68
desipramine hcl tab 75 mg 68
desloratadine tab 5 mg 81
desloratadine tab orally disintegrating 2.5 mg 81
desloratadine tab orally disintegrating 5 mg 81
desmopressin acetate nasal spray soln 0.01% 178
desmopressin acetate nasal spray soln 0.01% (refrigerated) 178
desmopressin acetate tab 0.1 mg 178
desmopressin acetate tab 0.2 mg 178
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 134
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg 134
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 134
desonide cream 0.05% 154
desonide gel 0.05% 154
desonide lotion 0.05% 154
desonide oint 0.05% 154
DESOWEN CRE 0.05% 154
desoximetasone cream 0.05% 154
desoximetasone cream 0.25% 154
desoximetasone gel 0.05% 154
desoximetasone oint 0.05% 154
desoximetasone oint 0.25% 154
desoximetasone spray 0.25% 154
DESOXYN TAB 5MG 2
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 66
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 66
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 66
DESVENLAFAX TAB 100MG ER 66
DESVENLAFAX TAB 50MG ER 66
DETROL LA CAP 2MG 271
DETROL LA CAP 4MG 271
DETROL TAB 1MG 271
DETROL TAB 2MG 271
DEXABLISS TAB 1.5MG 137
DEXAMETHASON CON 1MG/ML 137
dexamethasone elixir 0.5 mg/5ml 137
dexamethasone sodium phosphate ophth soln 0.1% 251
dexamethasone soln 0.5 mg/5ml 137
dexamethasone tab 0.5 mg 137
dexamethasone tab 0.75 mg 137
dexamethasone tab 1.5 mg 137
dexamethasone tab 1 mg 137
dexamethasone tab 2 mg 137
dexamethasone tab 4 mg 137
dexamethasone tab 6 mg 137
dexamethasone tab therapy pack 1.5 mg (21) 137
dexamethasone tab therapy pack 1.5 mg (27) 137
dexamethasone tab therapy pack 1.5 mg (35) 137
dexamethasone tab therapy pack 1.5 mg (49) 137
dexamethasone tab therapy pack 1.5 mg (51) 137
dexchlorpheniramine maleate oral soln 2 mg/5ml 80
DEXCOM G6 MIS RECEIVER 205
DEXCOM G6 MIS SENSOR 205
DEXCOM G6 MIS TRANSMIT 205
DEXCOM G7 MIS 15 DAY 205
DEXCOM G7 MIS RECEIVER 205
DEXCOM G7 MIS SENSOR 205
DEXEDRINE CAP 10MG CR 2
DEXEDRINE CAP 15MG CR 2
DEXILANT CAP 30MG DR 269
DEXILANT CAP 60MG DR 269
dexlansoprazole cap delayed release 30 mg 269
dexlansoprazole cap delayed release 60 mg 269
dexmethylphenidate hcl cap er 24 hr 10 mg 7
dexmethylphenidate hcl cap er 24 hr 15 mg 7
dexmethylphenidate hcl cap er 24 hr 20 mg 7

dexmethylphenidate hcl cap er 24 hr 25 mg 7
dexmethylphenidate hcl cap er 24 hr 30 mg 7
dexmethylphenidate hcl cap er 24 hr 35 mg 7
dexmethylphenidate hcl cap er 24 hr 40 mg 7
dexmethylphenidate hcl cap er 24 hr 5 mg 7
dexmethylphenidate hcl tab 10 mg.....7
dexmethylphenidate hcl tab 2.5 mg 7
dexmethylphenidate hcl tab 5 mg 7
dextroamphetamine sulfate cap er 24hr 10 mg.....2
dextroamphetamine sulfate cap er 24hr 15 mg.....2
dextroamphetamine sulfate cap er 24hr 5 mg.....2
dextroamphetamine sulfate oral solution 5 mg/5ml 2
dextroamphetamine sulfate tab 10 mg.....2
dextroamphetamine sulfate tab 15 mg.....2
dextroamphetamine sulfate tab 2.5 mg 2
dextroamphetamine sulfate tab 20 mg.....2
dextroamphetamine sulfate tab 30 mg.....2
dextroamphetamine sulfate tab 5 mg 2
dextroamphetamine sulfate tab 7.5 mg 2
DHIVY TAB 25-100MG.....107
DIACOMIT CAP 250MG 57
DIACOMIT CAP 500MG.....57
DIACOMIT PAK 250MG 57
DIACOMIT PAK 500MG 57
DIASCREEN 10 MIS.....205
DIASCREEN 3 MIS 205
DIASCREEN 5 MIS 205
DIASCREEN 6 MIS 205
DIASCREEN 7 MIS 205
DIASCREEN 8 MIS 205
DIASCREEN 9 MIS 205
DIASCREEN MIS 1B 205
DIASCREEN MIS 1G 205
DIASCREEN MIS 1K 205
DIASCREEN MIS 2GK.....205
DIASCREEN MIS 2GP 205
DIASCREEN MIS 4NL 205
DIASCREEN MIS 4OBL.....205
DIASCREEN MIS 4PH.....205
DIASCREEN MIS CONTROL 205
DIASTAT ACDL GEL 12.5-20 56
DIASTAT ACDL GEL 5-10MG.....56
DIASTAT PED GEL 2.5M GEL 56
DIASTIX TES REAGENT 162
DIASTIX TES STRIPS 162
DIATHRIVE+ MIS TEST STR 163
DIATHRIVE LIQ CONTROL 205
DIATHRIVE MIS 31GX5MM.....221
DIATHRIVE MIS 31GX6MM.....221
DIATHRIVE MIS 31GX8MM.....221
DIATHRIVE MIS 32GX4MM 221
DIATHRIVE MIS LANCETS.....205
DIATHRIVE MIS LANCING.....205
DIATHRIVE MIS TEST STR.....163
DIATHRIVE MIS UT 30G.....205
DIATRUE CONT SOL LEVEL 1.....205
DIATRUE CONT SOL LEVEL 2 205
DIATRUE CONT SOL LEVEL 3 205
DIATRUE PLUS TES STRIPS 163
diazepam conc 5 mg/ml 44
diazepam oral soln 1 mg/ml.....44
diazepam rectal gel delivery system 10 mg 56
diazepam rectal gel delivery system 2.5 mg 56
diazepam rectal gel delivery system 20 mg 56
diazepam tab 10 mg 44
diazepam tab 2 mg 44
diazepam tab 5 mg 44
diazoxide susp 50 mg/ml.....72
DIBENZYLINE CAP 10MG.....87
dichlorphenamide tab 50 mg 169
DICLEGIS TAB 10-10MG.....79
diclofenac epolamine patch 1.3% 143
diclofenac potassium (migraine) packet 50 mg 234
diclofenac potassium cap 25 mg 23
diclofenac potassium tab 25 mg.....23
diclofenac potassium tab 50 mg.....23

diclofenac sodium (actinic keratoses) gel 3%.....145
diclofenac sodium ophth soln 0.1%.....252
diclofenac sodium soln 1.5% 143
diclofenac sodium soln 2% 143
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 255
dicloxacillin sodium cap 500 mg 255
dicyclomine hcl cap 10 mg 268
dicyclomine hcl oral soln 10 mg/5ml.....268
dicyclomine hcl tab 20 mg 268
dicyclomine hcl tab 40 mg 268
diethylpropion hcl tab 25 mg 3
diethylpropion hcl tab er 24hr 75 mg 4
DIFFERIN CRE 0.1% 141
DIFFERIN GEL 0.1%.....141
DIFFERIN GEL 0.3% PMP.....141
DIFFERIN LOT 0.1%.....141
DIFICID SUS.....198
DIFICID TAB 200MG 198
diflorasone diacetate cream 0.05% 154
diflorasone diacetate oint 0.05% 154
DIFLUCAN SUS 40MG/ML 80
DIFLUCAN TAB 100MG.....80
DIFLUCAN TAB 150MG 80
DIFLUCAN TAB 200MG 80
diflunisal tab 500 mg 29
difluprednate ophth emulsion 0.05% 251
digoxin oral soln 0.05 mg/ml 127
digoxin tab 125 mcg (0.125 mg) 127
digoxin tab 250 mcg (0.25 mg).....127
digoxin tab 62.5 mcg (0.0625 mg) 127
dihydroergotamine mesylate nasal spray 4 mg/ml 234
DILANTIN-125 SUS 125/5ML 62
DILANTIN CAP 100MG.....62
DILANTIN CAP 30MG.....62
DILANTIN CHW 50MG 62
DILAUDID LIQ 1MG/ML 29
DILAUDID TAB 2MG 29
DILAUDID TAB 4MG 29
DILAUDID TAB 8MG 29
diltiazem hcl cap er 12hr 120 mg.....125
diltiazem hcl cap er 12hr 60 mg 125
diltiazem hcl cap er 12hr 90 mg 125
diltiazem hcl cap er 24hr 120 mg 125
diltiazem hcl cap er 24hr 180 mg.....125
diltiazem hcl cap er 24hr 240 mg 125
diltiazem hcl coated beads cap er 24hr 120 mg 125
diltiazem hcl coated beads cap er 24hr 180 mg 125
diltiazem hcl coated beads cap er 24hr 240 mg 125
diltiazem hcl coated beads cap er 24hr 300 mg 125
diltiazem hcl coated beads cap er 24hr 360 mg 125
diltiazem hcl extended release beads cap er 24hr 120 mg.....125
diltiazem hcl extended release beads cap er 24hr 180 mg 125
diltiazem hcl extended release beads cap er 24hr 240 mg.....125
diltiazem hcl extended release beads cap er 24hr 300 mg.....125
diltiazem hcl extended release beads cap er 24hr 360 mg.....126
diltiazem hcl extended release beads cap er 24hr 420 mg.....126
diltiazem hcl tab 120 mg 126
diltiazem hcl tab 30 mg.....126
diltiazem hcl tab 60 mg 126
diltiazem hcl tab 90 mg 126
diltiazem hcl tab er 24hr 120 mg.....126
diltiazem hcl tab er 24hr 180 mg 126
diltiazem hcl tab er 24hr 240 mg.....126
diltiazem hcl tab er 24hr 300 mg.....126

diltiazem hcl tab er 24hr 360 mg.....126
diltiazem hcl tab er 24hr 420 mg.....126
dimethyl fumarate capsule delayed release 120 mg 259
dimethyl fumarate capsule delayed release 240 mg 259
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 259
DIOVAN HCT TAB 160-12.5 90
DIOVAN HCT TAB 160-25MG 90
DIOVAN HCT TAB 320-12.5.....90
DIOVAN HCT TAB 320-25MG.....90
DIOVAN HCT TAB 80-12.5.....90
DIOVAN TAB 160MG 87
DIOVAN TAB 320MG.....87
DIOVAN TAB 40MG.....87
DIOVAN TAB 80MG.....87
DIPENTUM CAP 250MG.....185
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 77
diphenoxylate w/ atropine tab 2.5-0.025 mg.....77
DIPROLENE OIN 0.05%.....154
dipyridamole tab 25 mg 191
dipyridamole tab 50 mg 191
dipyridamole tab 75 mg 191
disopyramide phosphate cap 100 mg.....45
disopyramide phosphate cap 150 mg.....45
disulfiram tab 250 mg 255
disulfiram tab 500 mg 255
DIURIL SUS 250/5ML 171
divalproex sodium cap delayed release sprinkle 125 mg.....63
divalproex sodium tab delayed release 125 mg 63
divalproex sodium tab delayed release 250 mg 63
divalproex sodium tab delayed release 500 mg 63
divalproex sodium tab er 24 hr 250 mg 63
divalproex sodium tab er 24 hr 500 mg 63
DIVIGEL GEL 0.25MG 180
DIVIGEL GEL 0.5MG.....180
DIVIGEL GEL 0.75MG 180
DIVIGEL GEL 1.25MG 180
DIVIGEL GEL 1MG/GM.....180
dofetilide cap 125 mcg (0.125 mg).....46
dofetilide cap 250 mcg (0.25 mg) 46
dofetilide cap 500 mcg (0.5 mg) 46
DOJOLVI LIQ 100% 247
DOLOBID TAB 250MG 29
DOLOBID TAB 375MG.....29
donepezil hydrochloride orally disintegrating tab 10 mg.....256
donepezil hydrochloride orally disintegrating tab 5 mg 256
donepezil hydrochloride tab 10 mg 256
donepezil hydrochloride tab 23 mg.....256
donepezil hydrochloride tab 5 mg.....256
DONNATAL ELX GRAPE 268
DONNATAL ELX MINT 268
DONNATAL TAB 16.2MG.....268
DOPTELET SPR CAP 10MG.....193
DOPTELET TAB 20MG.....193
DORAL TAB 15MG 196
DORYX MPC TAB 120MG 263
DORYX MPC TAB 60MG.....263
DORYX TAB 50MG 263
DORZOL/TIMOL SOL 2-0.5%OP.....247
dorzolamide hcl ophth soln 2% 252
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....248
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....248
DORZOLAMIDE SOL 2% OP.....252
DOVATO TAB 50-300MG 117
doxazosin mesylate tab 1 mg 88
doxazosin mesylate tab 2 mg.....88
doxazosin mesylate tab 4 mg.....88
doxazosin mesylate tab 8 mg.....88
doxepin hcl (sleep) tab 3 mg (base equiv) 195
doxepin hcl (sleep) tab 6 mg (base equiv) 195
doxepin hcl cap 100 mg 68
doxepin hcl cap 10 mg.....68
doxepin hcl cap 150 mg 68
doxepin hcl cap 25 mg 68

doxepin hcl cap 50 mg 68
doxepin hcl cap 75 mg 68
doxepin hcl conc 10 mg/ml 68
doxepin hcl cream 5% 145
doxercalciferol cap 0.5 mcg 176
doxercalciferol cap 1 mcg 176
doxercalciferol cap 2.5 mcg 176
doxycycline (rosacea) cap delayed release 40 mg 159
doxycycline hyclate cap 100 mg 263
doxycycline hyclate cap 50 mg 263
doxycycline hyclate tab 100 mg 263
doxycycline hyclate tab 150 mg 264
doxycycline hyclate tab 20 mg 263
doxycycline hyclate tab 50 mg 263
doxycycline hyclate tab 75 mg 263
doxycycline hyclate tab delayed release 100 mg 264
doxycycline hyclate tab delayed release 150 mg 264
doxycycline hyclate tab delayed release 200 mg 264
doxycycline hyclate tab delayed release 50 mg 264
doxycycline hyclate tab delayed release 75 mg 264
doxycycline hyclate tab delayed release 80 mg 264
doxycycline monohydrate cap 100 mg ...264
doxycycline monohydrate cap 150 mg ...264
doxycycline monohydrate cap 50 mg 264
doxycycline monohydrate cap 75 mg 264
doxycycline monohydrate for susp 25 mg/5ml 264
doxycycline monohydrate tab 100 mg ...264
doxycycline monohydrate tab 150 mg 264
doxycycline monohydrate tab 50 mg 264
doxycycline monohydrate tab 75 mg 264
doxylamine-pyridoxine tab delayed release 10-10 mg 79
DRISDOL CAP 50000UNT 275
DRIZALMA CAP 20MG DR 66
DRIZALMA CAP 30MG DR 66
DRIZALMA CAP 40MG DR 66
DRIZALMA CAP 60MG DR 66
dronabinol cap 10 mg 79
dronabinol cap 2.5 mg 79
dronabinol cap 5 mg 79
DROPLET GENT MIS LANCING 205
DROPLET LANC MIS 30G 205
DROPLET LANC MIS DEVICE 205
DROPLET MICR MIS 34GX9/64 221
DROPLET PERS MIS LANC 30G 205
DROPSAFE MIS 31GX5MM 221
DROPSAFE MIS LANC 23G 205
DROPSAFE SIC MIS 25GX1 221
drospirenone-ethinyl estradiol tab 3-0.02 mg 134
drospirenone-ethinyl estradiol tab 3-0.03 mg 134
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 134
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 134
DROXIA CAP 200MG 192
DROXIA CAP 300MG 192
DROXIA CAP 400MG 192
droxidopa cap 100 mg 274
droxidopa cap 200 mg 274
droxidopa cap 300 mg 274
DRYSOL SOL 20% 159
DUAKLIR AER 400/12 51
DUAVEE TAB 0.45-20 180
DUETACT TAB 30-2MG 69
DUETACT TAB 30-4MG 69
DUET DHA 400 MIS 25-1-400 241
DUEXIS TAB 800-26.6 23
DULERA AER 100-5MCG 51
DULERA AER 200-5MCG 51
DULERA AER 50-5MCG 51
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 66
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 66
duloxetine hcl enteric coated pellets cap 40 mg (base eq) 66
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 67

DUOBRII LOT....154
DUO-CARE LIQ LEVEL1/2....205
DUO-CARE TES....163
DUPIXENT INJ 200/1.14....157
DUPIXENT INJ 200MG....157
DUPIXENT INJ 300/2ML....157
DUREX EXTRA MIS SENSITIV....199
DUREX MIS REALFEEL....199
DUREX MIS TROPICAL....199
DUREZOL EMU 0.05%....251
dutasteride cap 0.5 mg....189
dutasteride-tamsulosin hcl cap 0.5-0.4 mg....189
DUVYZAT SUS 8.86MG....247
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%....158
DYMISTA SPR 137-50....246
DYRENIUM CAP 100MG....171
DYRENIUM CAP 50MG....171

E

E.E.S. GRAN SUS 200/5ML....198
EASIVENT MIS....232
EASIVENT MIS MASK LG....232
EASIVENT MIS MASK MED....232
EASIVENT MIS MASK SM....232
EASY COMFORT MIS 0.3/31G....221
EASY COMFORT MIS 29GX5MM....221
EASY COMFORT MIS 30G....206
EASY COMFORT MIS 31GX1/4....221
EASY COMFORT MIS 31GX3/16....221
EASY COMFORT MIS 31GX5/16....221
EASY COMFORT MIS 31GX5MM....221
EASY COMFORT MIS 31GX6MM....221
EASY COMFORT MIS 32GX4MM....221
EASY COMFORT MIS 32GX5/32....221
EASY COMFORT MIS LANC/30G....206
EASY COMFORT MIS TWIST....206
EASY COMFORT PAD ALCOHOL....218
EASY GLIDE MIS 1ML SYR....221
EASY GLIDE MIS 3ML SYR....221
EASYGLUCO TES....163
EASYMAX 15 LIQ LEVEL2-3....206
EASYMAX 15 SOL LEVEL 2....206
EASYMAX 15 TES....163
EASY MAX GLC TES STRIP....163
EASYMAX LIQ NORM/HIG....206
EASYMAX SOL NORMAL....206
EASYMAX TES....163
EASY MINI MIS....206
EASY MINI MIS EJECT....206
EASY PLUS II SOL HIGH....206
EASY PLUS II SOL LOW....206
EASY PLUS II TES BLD GLUC....163
EASYPOINT MIS 18GX1....221
EASYPOINT MIS 18GX1.5....221
EASYPOINT MIS 22GX1.5....221
EASYPOINT MIS 23GX1....221
EASYPOINT MIS 25GX1....221, 222
EASYPOINT MIS 25GX5/8....222
EASYPRO PLUS TES....163
EASYPRO TES BLD GLUC....163
EASYSTEP HGH SOL CONTROL....206
EASYSTEP LOW SOL CONTROL....207
EASY STEP TES....163
EASY TALK PL SOL HIGH....206
EASY TALK PL SOL LOW....206
EASY TALK SOL HIGH....206
EASY TALK SOL LOW....206
EASY TALK SOL NORMAL....206
EASY TALK TES BLD GLUC....163
EASY TALK TES PLUS II....163
EASY TOUCH LIQ HEALTHPR....206
EASY TOUCH LIQ HIGH/LOW....206
EASY TOUCH MIS....206
EASY TOUCH MIS /EJECTOR....206
EASY TOUCH MIS 29GX1/2....221
EASY TOUCH MIS 29GX5MM....221
EASY TOUCH MIS 29GX8MM....221
EASY TOUCH MIS 30G....221
EASY TOUCH MIS 31GX1/4....221
EASY TOUCH MIS 31GX3/16....221
EASY TOUCH MIS 31GX5/16....221
EASY TOUCH MIS 32GX1/4....221
EASY TOUCH MIS 32GX3/16....221

EASY TOUCH MIS 32GX5/32.....221
EASY TOUCH MIS 32GX5MM.....221
EASY TOUCH MIS 32GX6MM.....221
EASY TOUCH MIS LANC/21G.....206
EASY TOUCH MIS LANC/23G.....206
EASY TOUCH MIS LANC/26G.....206
EASY TOUCH MIS LANC/28G.....206
EASY TOUCH MIS LANC/30G.....206
EASY TOUCH MIS LANC/32G.....206
EASY TOUCH MIS P-AC/21G.....206
EASY TOUCH MIS P-AC/23G.....206
EASY TOUCH MIS P-AC/26G.....206
EASY TOUCH MIS P-AC/28G.....206
EASY TOUCH MIS P-AC/30G.....206
EASY TOUCH MIS TWST/28G.....206
EASY TOUCH MIS TWST/30G.....206
EASY TOUCH MIS TWST/32G.....206
EASY TOUCH MIS TWST/33G.....206
EASY TOUCH SOL CONTROL.....206
EASY TOUCH SOL HIGH/LOW.....206
EASY TOUCH TES GLUCOSE.....163
EASY TOUCH TES HEALTHPR.....163
EASY TOUCH TES STRIPS.....163
EASY TRAK II LIQ NORMAL.....206
EASY TRAK II TES BLD GLUC.....163
EASY TRAK SOL HIGH.....206
EASY TRAK SOL LOW.....206
EASY TRAK SOL NORMAL.....206
EASY TRAK TES BLD GLUC.....163
EBGLYSS INJ 250/2ML.....157
EC-NAPROSYN TAB 375MG.....23
EC-NAPROSYN TAB 500MG.....23
ECONAZOLE AER 1%.....143
econazole nitrate cream 1%.....143
ECOZA AER 1%.....144
EDARBI TAB 40MG.....87
EDARBI TAB 80MG.....87
EDARBYCLOR TAB 40-12.5.....90
EDARBYCLOR TAB 40-25MG.....90
EDECRIN TAB 25MG.....170
EDEX KIT 10MCG.....129
EDEX KIT 20MCG.....130
EDEX KIT 40MCG.....130
EDLUAR SUB 10MG.....196
EDLUAR SUB 5MG.....196
EDURANT PED TAB 2.5MG.....117
EDURANT TAB 25MG.....117
efavirenz cap 200 mg.....117
efavirenz cap 50 mg.....117
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....117
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....117
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....117
efavirenz tab 600 mg.....117
EFFER-K TAB 10MEQ.....236
EFFER-K TAB 20MEQ.....236
EFFEXOR XR CAP 150MG.....67
EFFEXOR XR CAP 37.5MG.....67
EFFEXOR XR CAP 75MG.....67
EFFIENT TAB 10MG.....191
EFFIENT TAB 5MG.....191
EFUDEX CRE 5%.....145
EGRIFTA SV INJ 2MG.....174
EGRIFTA WR KIT 11.6MG.....174
EKTERLY TAB 300MG.....191
ELEMENT CONT LIQ NORMAL.....207
ELEMENT LIQ HIGH.....207
ELEMENT LIQ LOW.....207
ELEMENT TES.....163
ELEMNT COMPA SOL LEVEL 2.....207
ELEMNT COMPA SOL LEVEL 3.....207
ELEMNT COMPA TES STRIPS.....163
ELEPSIA XR TAB 1000MG.....57
ELEPSIA XR TAB 1500MG.....57
ELESTRIN GEL 0.06%.....180
eletriptan hydrobromide tab 20 mg (base equivalent).....234
eletriptan hydrobromide tab 40 mg (base equivalent).....234
ELIDEL CRE 1%.....157
ELIMITE CRE 5%.....160
ELIQUIS CAP 0.15MG.....53
ELIQUIS ST P TAB 5MG.....53
ELIQUIS TAB 0.5MG.....53
ELIQUIS TAB 1.5MG.....53
ELIQUIS TAB 2.5MG.....53

ELIQUIS TAB 2MG....53
ELIQUIS TAB 5MG....53
ELLA TAB 30MG....136
ELMIRON CAP 100MG....188
eltrombopag olamine powder pack for susp 12.5 mg (base eq)....193
eltrombopag olamine powder pack for susp 25 mg (base equiv)....193
eltrombopag olamine tab 12.5 mg (base equiv)....193
eltrombopag olamine tab 25 mg (base equiv)....193
eltrombopag olamine tab 50 mg (base equiv)....193
eltrombopag olamine tab 75 mg (base equiv)....193
ELYXYB SOL 120/4.8....234
EMBECTA AUTO MIS DUO....222
EMBECTA NANO MIS 32GX4MM....222
EMBECTA UF MIS 29GX12.7....222
EMBECTA UF MIS 31GX5MM....222
EMBECTA UF MIS 31GX8MM....222
EMBECTA UF MIS 32GX6MM....222
EMBRACE CNTR LIQ HIGH....207
EMBRACE EVO LIQ LEVEL 1....207
EMBRACE EVO TES....163
EMBRACE LANC MIS /EJECTOR....207
EMBRACE LANC MIS 21G....207
EMBRACE LANC MIS 28G....207
EMBRACE LANC MIS THIN 30G....207
EMBRACE PRO LIQ GLUCOSE....207
EMBRACE PRO TES....164
EMBRACE SOL LOW....207
EMBRACE TALK SOL HIGH/L2....207
EMBRACE TALK SOL LOW/L1....207
EMBRACE TALK TES STRIPS....164
EMBRACE TES BLD GLUC....164
EMBRACE WAVE TES STRIPS....164
EMBRIVA TAB....241
EMCYT CAP 140MG....97
EMEND BIPACK PAK 80MG....79
EMEND SUS 125MG....79
EMEND TRIPAC PAK 125 & 80....79
EMFLAZA SUS 22.75/ML....137
EMFLAZA TAB 18MG....137
EMFLAZA TAB 30MG....137
EMFLAZA TAB 36MG....137
EMFLAZA TAB 6MG....137
EMGALITY INJ 100MG/ML....233
EMGALITY INJ 120MG/ML....233
EMROSI CAP 40MG....159
EMSAM DIS 12MG/24H....64
EMSAM DIS 6MG/24HR....64
EMSAM DIS 9MG/24HR....64
emtricitabine caps 200 mg....117
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg....117
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg....117
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg....117
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg....117
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg....117
EMTRIVA CAP 200MG....117
EMTRIVA SOL 10MG/ML....117
EMVERM CHW 100MG....40
enalapril maleate & hydrochlorothiazide tab 10-25 mg....90
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg....90
enalapril maleate oral soln 1 mg/ml....86
enalapril maleate tab 10 mg....86
enalapril maleate tab 2.5 mg....86
enalapril maleate tab 20 mg....86
enalapril maleate tab 5 mg....86
ENBRACE HR CAP....241
ENBREL INJ 25/0.5ML....27
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....170
ENCARE SUP 100MG....272
ENDARI POW 5GM....192
ENDOMETRIN SUP 100MG....273
ENLITE GLUCO MIS SENSOR....207

enoxaparin sodium inj 300 mg/3ml 53
enoxaparin sodium inj soln pref syr 100 mg/ml 54
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....54
enoxaparin sodium inj soln pref syr 150 mg/ml 54
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....53
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....53
enoxaparin sodium inj soln pref syr 60 mg/0.6ml 54
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....54
ENOXILUV KIT INJ 40/0.4ML 54
ENSACOVE CAP 100MG 100
ENSACOVE CAP 25MG 100
ENSPRYNG INJ 238
ENSTILAR AER.....154
entacapone tab 200 mg 106
ENTADFI CAP 5-5MG 189
entecavir tab 0.5 mg 120
entecavir tab 1 mg 120
ENTEREG CAP 12MG 186
ENTRESTO CAP 15-16MG.....128
ENTRESTO CAP 6-6MG.....128
ENTRESTO TAB 24-26MG.....128
ENTRESTO TAB 49-51MG 128
ENTRESTO TAB 97-103MG 128
ENTYVIO PEN INJ 108/0.68.....185
ENVARSUS XR TAB 0.75MG 238
ENVARSUS XR TAB 1MG.....238
ENVARSUS XR TAB 4MG.....238
EOHILIA SUS 2MG/10ML.....137
EPANED SOL 1MG/ML 86
EPCLUSA PAK 150-37.5 120
EPCLUSA PAK 200-50MG 120
EPCLUSA TAB 200-50MG 120
EPCLUSA TAB 400-100.....120
EPICYN SPR 159
EPIDIOLEX SOL 100MG/ML 57
EPIDUO FORTE GEL 0.3-2.5%.....141
EPIDUO GEL 0.1-2.5% 141
EPIFOAM AER 1% 154
epinastine hcl ophth soln 0.05% 253
epinephrine hcl nasal soln 0.1%.....247
EPINEPHRINE INJ 0.3MG.....274
epinephrine inj 1 mg/ml (1:1000) 274
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000) 274
EPINEPHRINE KIT SNAP-EMS 274
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 274
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 274
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....274
EPINEPHR PRO KIT 1MG/ML 274
EPINPHEPHRIN KIT SNAP.....274
EPINPHEPHRIN KIT SNAP-V.....274
EPIPEN 2-PAK INJ 0.3MG 274
EPIPEN-JR INJ 0.15MG.....274
EPIVIR SOL 10MG/ML.....117
EPIVIR TAB 150MG.....118
EPIVIR TAB 300MG.....118
eplerenone tab 25 mg 93
eplerenone tab 50 mg 93
EPOGEN INJ 10000/ML 193
EPOGEN INJ 2000/ML 193
EPOGEN INJ 20000/ML.....193
EPOGEN INJ 3000/ML 193
EPOGEN INJ 4000/ML 193
EPRONTIA SOL 25MG/ML.....57
EPSOLAY CRE 5%.....141
EPZICOM TAB 600-300 118
EQL LANCETS MIS 21G COLR.....207
EQL LANCETS MIS 33G COLR 207
EQL LANCETS MIS THIN 26G 207
EQL LANCETS MIS THIN 30G 207
EQL PRENATAL TAB FORMULA.....241
EQUETRO CAP 100MG 109
EQUETRO CAP 200MG 109
EQUETRO CAP 300MG 110
ergocalciferol cap 1.25 mg (50000 unit).275
ergoloid mesylates tab 1 mg 261
ERGOMAR SUB 2MG.....234

ergotamine w/ caffeine suppos 2-100 mg 234
ergotamine w/ caffeine tab 1-100 mg 234
ERIVEDGE CAP 150MG 97
ERLEADA TAB 240MG 97
ERLEADA TAB 60MG 97
*erlotinib hcl tab 100 mg (base equivalent)*96
*erlotinib hcl tab 150 mg (base equivalent)*96
erlotinib hcl tab 25 mg (base equivalent) .96
ERMEZA SOL 150/5ML 265
ERTACZO CRE 2%.....144
ERYGEL GEL 2%.....141
ERYPED SUS 200/5ML.....198
ERYPED SUS 400/5ML.....198
erythromycin ethylsuccinate for susp 200 mg/5ml.....198
erythromycin ethylsuccinate for susp 400 mg/5ml.....198
erythromycin ethylsuccinate tab 400 mg 198
erythromycin gel 2% 141
ERYTHROMYCIN OIN 5MG/GM.....249
erythromycin ophth oint 5 mg/gm 249
erythromycin pads 2% 141
erythromycin soln 2%.....141
erythromycin stearate tab 250 mg.....198
erythromycin tab 250 mg.....198
erythromycin tab 500 mg.....198
erythromycin tab delayed release 250 mg 198
erythromycin tab delayed release 333 mg 198
erythromycin tab delayed release 500 mg 198
erythromycin w/ delayed release particles cap 250 mg.....198
ERZOFRI INJ 117/0.75.....110
ERZOFRI INJ 156MG/ML.....110
ERZOFRI INJ 234/1.5 110
ERZOFRI INJ 351/2.25 110
ERZOFRI INJ 39/0.25 110
ERZOFRI INJ 78/0.5ML.....110
ESBRIET CAP 267MG.....263
ESBRIET TAB 267MG 263
ESBRIET TAB 801MG.....263
ESCITALOPRAM CAP 15MG.....64
escitalopram oxalate soln 5 mg/5ml (base equiv) 64
escitalopram oxalate tab 10 mg (base equiv) 64
escitalopram oxalate tab 20 mg (base equiv) 64
escitalopram oxalate tab 5 mg (base equiv) 64
ESGIC TAB.....29
ESKATA SOL 40% 152
eslicarbazepine acetate tab 200 mg 57
eslicarbazepine acetate tab 400 mg 57
eslicarbazepine acetate tab 600 mg 57
eslicarbazepine acetate tab 800 mg 57
esomeprazole magnesium cap delayed release 20 mg (base eq) 269
esomeprazole magnesium cap delayed release 40 mg (base eq) 269
esomeprazole magnesium for delayed release susp pack 2.5 mg 269
esomeprazole magnesium for delayed release susp packet 10 mg 269
esomeprazole magnesium for delayed release susp packet 20 mg.....269
esomeprazole magnesium for delayed release susp packet 40 mg.....270
esomeprazole magnesium for delayed release susp packet 5 mg 269
ESSENTRA MIS 9X9 218
estazolam tab 1 mg.....196
estazolam tab 2 mg 196
esterified estrogens & methyltestosterone tab 0.625-1.25 mg.....180
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 180
ESTRACE TAB 0.5MG.....180
ESTRACE TAB 1MG 180
ESTRACE TAB 2MG 180
ESTRACE VAG CRE 0.01%.....273
estradiol & norethindrone acetate tab 0.5-0.1 mg.....180

estradiol & norethindrone acetate tab 1-0.5 mg.....180
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....180
estradiol tab 0.5 mg.....181
estradiol tab 1 mg.....181
estradiol tab 2 mg.....181
estradiol td gel 0.25 mg/0.25gm (0.1%)..181
estradiol td gel 0.5 mg/0.5gm (0.1%).....181
estradiol td gel 0.75 mg/0.75gm (0.1%)..181
estradiol td gel 1.25 mg/1.25gm (0.1%)....181
estradiol td gel 1 mg/gm (0.1%).....181
estradiol td patch twice weekly 0.025 mg/24hr.....181
estradiol td patch twice weekly 0.0375 mg/24hr.....181
estradiol td patch twice weekly 0.05 mg/24hr.....181
estradiol td patch twice weekly 0.075 mg/24hr.....181
estradiol td patch twice weekly 0.1 mg/24hr.....181
*estradiol td patch weekly 0.025 mg/24hr*181
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....181
estradiol td patch weekly 0.05 mg/24hr..181
estradiol td patch weekly 0.06 mg/24hr..181
*estradiol td patch weekly 0.075 mg/24hr*181
estradiol td patch weekly 0.1 mg/24hr.....181
estradiol vaginal cream 0.01%.....273
estradiol vaginal tab 10 mcg.....273
estradiol valerate im in oil 10 mg/ml.....181
estradiol valerate im in oil 20 mg/ml.....181
estradiol valerate im in oil 40 mg/ml.....181
ESTRING MIS 7.5/24HR.....273
ESTROGEL GEL 0.06%.....181
estrogens, conjugated tab 0.3 mg.....181
estrogens, conjugated tab 0.45 mg.....181
estrogens, conjugated tab 0.625 mg.....181
estrogens, conjugated tab 0.9 mg.....181
estrogens, conjugated tab 1.25 mg.....181
eszopiclone tab 1 mg.....196
eszopiclone tab 2 mg.....196
eszopiclone tab 3 mg.....196
ethacrynic acid tab 25 mg.....170
ethambutol hcl tab 100 mg.....94
ethambutol hcl tab 400 mg.....94
ethosuximide cap 250 mg.....62
ethosuximide soln 250 mg/5ml.....62
ETHYL CHLOR AER FINE PIN.....158
ETHYL CHLOR AER FN STRM.....158
ETHYL CHLOR AER MED JET.....158
ETHYL CHLOR AER MED STRM.....158
ETHYL CHLOR AER MIST.....158
ethyl chloride aerosol spray.....158
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....134
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....134
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.....136
etoposide cap 50 mg.....106
etravirine tab 100 mg.....118
etravirine tab 200 mg.....118
EUA PATIENT MIS ASSESS.....239
EUCRISA OIN 2%.....159
EULEXIN CAP 125MG.....97
EVAMIST SPR 1.53MG.....181
EVEKEO TAB 10MG.....2
EVEKEO TAB 5MG.....2
everolimus tab 0.25 mg.....238
everolimus tab 0.5 mg.....238
everolimus tab 0.75 mg.....238
everolimus tab 10 mg.....100
everolimus tab 1 mg.....238
everolimus tab 2.5 mg.....100
everolimus tab 5 mg.....100
everolimus tab 7.5 mg.....100
everolimus tab for oral susp 2 mg.....100
everolimus tab for oral susp 3 mg.....100
everolimus tab for oral susp 5 mg.....100

EVERSENSE365 MIS SENSOR 207
EVERSENSE365 MIS TRANSMTR.....207
EVERSENSE E3 MIS SENSOR.....207
EVERSENSE E3 MIS TRANSMTR.....207
EVERSENSE MIS SENSOR 207
EVERSENSE MIS TRANSMTR 207
EVEXITHROID TAB 120MG.....266
EVEXITHROID TAB 15MG 265
EVEXITHROID TAB 180MG.....266
EVEXITHROID TAB 30MG 265
EVEXITHROID TAB 45MG.....265
EVEXITHROID TAB 60MG 265
EVEXITHROID TAB 75MG.....266
EVEXITHROID TAB 90MG 266
EVISTA TAB 60MG 175
EVOLUTION SOL NORMAL 207
EVOLUTION TES AUTOCODE.....164
EVOTAZ TAB 300-150 118
EVOXAC CAP 30MG 241
EVRYSDI SOL.....247
EVRYSDI TAB 5MG 247
EXELDERM CRE 1%.....144
EXELDERM SOL 1%.....144
EXELON DIS 13.3/24.....256
EXELON DIS 4.6MG/24.....256
EXELON DIS 9.5MG/24.....256
exemestane tab 25 mg.....97
exenatide soln pen-injector 10 mcg/0.04ml 73
exenatide soln pen-injector 5 mcg/0.02ml 73
EXFORGE HCT TAB 10-160-12.5.....91
EXFORGE HCT TAB 10-160-25 91
EXFORGE HCT TAB 10-320-25.....91
EXFORGE HCT TAB 5-160-12.5.....90
EXFORGE HCT TAB 5-160-25 90
EXFORGE TAB 10-160MG.....91
EXFORGE TAB 10-320MG 91
EXFORGE TAB 5-160MG.....91
EXFORGE TAB 5-320MG 91
EXJADE TAB 125MG 77
EXJADE TAB 250MG 77
EXJADE TAB 500MG.....77
EXKIVITY CAP 40MG 96
EXODERM LOT 25-1% 144
EXSERVAN MIS 50MG 247
EXTAVIA INJ 0.3MG.....259
EXXUA TAB 18.2MG.....65
EXXUA TAB 36.3MG 65
EXXUA TAB 54.5MG.....66
EXXUA TAB 72.6MG 66
EXXUA TITRAT TAB 18.2MG.....66
EYSUVIS DRO 0.25% 251
EZALLOR SPR CAP 10MG.....83
EZALLOR SPR CAP 20MG 83
EZALLOR SPR CAP 40MG 83
EZALLOR SPR CAP 5MG.....83
ezetimibe-simvastatin tab 10-10 mg 81
ezetimibe-simvastatin tab 10-20 mg.....81
ezetimibe-simvastatin tab 10-40 mg.....81
ezetimibe-simvastatin tab 10-80 mg.....81
ezetimibe tab 10 mg.....85
E-ZJECT LANC MIS 33G.....206
E-Z JECT MIS 21G 205
E-Z JECT MIS 21G COLR.....205
E-Z JECT MIS 30G 205
E-Z JECT MIS 32G COLR 205
E-Z JECT MIS LANC 21G.....205
E-Z JECT MIS THIN 26G 206
EZ-LETS 21G MIS LANCETS 207
EZ-LETS 26G MIS LANCETS 207
EZ-LETS 28G MIS LANCETS 207
EZ-LETS 30G MIS LANCETS 207

F

FABHALTA CAP 200MG 190
FABIOR AER 0.1%.....141
famciclovir tab 125 mg.....121
famciclovir tab 250 mg.....121
famciclovir tab 500 mg.....121
famotidine for susp 40 mg/5ml 269
famotidine tab 40 mg 269
FANAPT PAK PACK A.....110
FANAPT PAK PACK B.....110
FANAPT PAK PACK C 110
FANAPT TAB 10MG 110
FANAPT TAB 12MG.....111
FANAPT TAB 1MG.....110
FANAPT TAB 2MG 110

FANAPT TAB 4MG 110
FANAPT TAB 6MG 110
FANAPT TAB 8MG 110
FANTASY LUBR MIS.....199
FANTASY LUBR MIS COLORS.....199
FANTASY LUBR MIS SPERMICI.....199
FANTASY MIS LUBRICAT.....199
FARESTON TAB 60MG.....97
FARXIGA TAB 10MG 76
FARXIGA TAB 5MG.....76
FASENRA INJ 10MG/0.5.....46
FASENRA PEN INJ 30MG/ML.....46
FASTCLIX MIS LANCETS.....207
FC2 FEMALE MIS CONDOM 199
febuxostat tab 40 mg.....189
febuxostat tab 80 mg.....189
felbamate susp 600 mg/5ml.....61
felbamate tab 400 mg.....61
felbamate tab 600 mg.....61
FELBATOL TAB 400MG.....61
FELBATOL TAB 600MG.....61
felodipine tab er 24hr 10 mg.....126
felodipine tab er 24hr 2.5 mg 126
felodipine tab er 24hr 5 mg 126
FEMARA TAB 2.5MG 97
FEMCAP MIS 22MM.....199
FEMCAP MIS 26MM.....199
FEMCAP MIS 30MM 199
FEMLYV TAB 1/0.02MG.....134
FEM PH GEL.....272
FEMRING MIS 0.05/24H.....273
FEMRING MIS 0.1MG/24.....273
fenofibrate cap 150 mg.....82
fenofibrate cap 50 mg 82
fenofibrate micronized cap 130 mg 82
fenofibrate micronized cap 134 mg 83
fenofibrate micronized cap 200 mg 83
fenofibrate micronized cap 43 mg.....82
fenofibrate micronized cap 67 mg.....82
fenofibrate tab 120 mg 83
fenofibrate tab 145 mg 83
fenofibrate tab 160 mg 83
fenofibrate tab 40 mg.....83
fenofibrate tab 48 mg.....83
fenofibrate tab 54 mg.....83
fenofibric acid tab 105 mg.....83
fenofibric acid tab 35 mg 83
FENOGLIDE TAB 120MG 83
FENOGLIDE TAB 40MG 83
fenoprofen calcium cap 400 mg.....23
fenoprofen calcium tab 600 mg.....23
FENOPROFEN CAP 200MG.....23
FENOPRON CAP 300MG 23
fentanyl citrate buccal tab 100 mcg (base equiv) 29
fentanyl citrate buccal tab 200 mcg (base equiv) 29
fentanyl citrate buccal tab 400 mcg (base equiv) 29
fentanyl citrate buccal tab 600 mcg (base equiv) 29
fentanyl citrate buccal tab 800 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
FENTORA TAB 100MCG 30
FENTORA TAB 200MCG.....30
FENTORA TAB 400MCG.....30
FENTORA TAB 600MCG.....30
FENTORA TAB 800MCG.....30

FERPRX 2-DAY TAB 1000MG.....77
ferric citrate tab 1 gm (210 mg ferric iron) 187
FERRIPROX SOL 100MG/ML.....77
FERRIPROX TAB 1000MG.....77
FERRIPROX TAB 500MG 77
fesoterodine fumarate tab er 24hr 4 mg .271
fesoterodine fumarate tab er 24hr 8 mg .271
FETZIMA CAP 120MG.....67
FETZIMA CAP 20MG 67
FETZIMA CAP 40MG 67
FETZIMA CAP 80MG 67
FETZIMA CAP TITRATIO 67
FIASP FLEX INJ TOUCH 74
FIASP INJ 100/ML.....74
FIASP PENFIL INJ U-100 74
FIASP PMPCRT INJ U-100 74
FIBRICOR TAB 105MG.....83
FIBRICOR TAB 35MG 83
fidaxomicin tab 200 mg.....198
FIFTY50 GLUC TES 2.0 164
FIFTY50 MIS 31GX3/16.....222
FIFTY50 MIS 31GX5/16.....222
FIFTY50 MIS 31GX5MM 222
FIFTY50 PEN MIS 31GX8MM.....222
FIFTY50 PEN MIS 32GX4MM 222
FIFTY50 PEN MIS 32GX6MM 222
FIFTY50 PREP PAD PADS 218
FIFTY50 SAFE MIS LANCETS.....207
FILL NEEDLE MIS 18GX1.5 222
FILSPARI TAB 200MG 188
FILSPARI TAB 400MG 188
FILTER NEEDL MIS 18GX1.5.....222
FILTER NEEDL MIS 20GX1.5.....222
FINACEA AER 15% 159
FINACEA GEL 15%.....159
finasteride tab 5 mg 189
FINE 30 MIS 207
FINGERSTIX MIS LANCETS.....207
fingolimod hcl cap 0.5 mg (base equiv)..259
FINTEPLA SOL 2.2MG/ML.....57
FIORICET CAP 29
FIORICET CAP CODEINE 36
FIRAZYR INJ 30MG/3ML 190
FIRDAPSE TAB 10MG 94
FIRVANQ SOL 25MG/ML.....41
FIRVANQ SOL 50MG/ML 41
FLAGYL CAP 375MG.....40
FLAREX SUS 0.1% OP 251
flavoxate hcl tab 100 mg 272
flecainide acetate tab 100 mg 45
flecainide acetate tab 150 mg 45
flecainide acetate tab 50 mg.....45
FLECTOR DIS 1.3% 143
FLEQSUVY SUS 25MG/5ML.....245
FLEXICHAMBER MIS 232
FLEXICHAMBER MIS MASK LRG.....232
FLEXICHAMBER MIS MASK SM 233
FLOLIPID SUS 20MG/5ML.....83
FLOLIPID SUS 40MG/5ML 84
FLOMAX CAP 0.4MG.....189
FLOVENT DISK AER 100MCG 48
FLOVENT DISK AER 250MCG.....48
FLOVENT DISK AER 50MCG 48
FLOVENT HFA AER 110MCG 49
FLOVENT HFA AER 220MCG 49
FLOVENT HFA AER 44MCG 48
fluconazole for susp 10 mg/ml.....80
fluconazole for susp 40 mg/ml.....80
fluconazole tab 100 mg 80
fluconazole tab 150 mg 80
fluconazole tab 200 mg 80
fluconazole tab 50 mg.....80
flucytosine cap 250 mg 79
flucytosine cap 500 mg.....79
fludrocortisone acetate tab 0.1 mg 138
flunisolide nasal soln 25 mcg/act (0.025%) 246
fluocinolone acetonide (otic) oil 0.01% ..254
fluocinolone acetonide cream 0.01% 154
fluocinolone acetonide cream 0.025% ...154
fluocinolone acetonide oil 0.01% (body oil) 154
fluocinolone acetonide oil 0.01% (scalp oil) 154
fluocinolone acetonide oint 0.025%.....154
fluocinolone acetonide soln 0.01% 154
fluocinonide cream 0.05%.....154

fluocinonide cream 0.1% 154
fluocinonide emulsified base cream 0.05% 154
fluocinonide gel 0.05% 154
fluocinonide oint 0.05% 154
fluocinonide soln 0.05% 154
FLUORID SENS GEL 1.1-5% 240
FLUORMX 5000 GEL SENSITIV 240
fluorometholone ophth susp 0.1% 251
fluorouracil cream 0.5% 145
fluorouracil cream 5% 145
fluorouracil soln 2% 145
fluorouracil soln 5% 145
fluoxetine hcl (pmdd) tab 10 mg 261
fluoxetine hcl (pmdd) tab 20 mg 261
fluoxetine hcl cap 10 mg 64
fluoxetine hcl cap 20 mg 64
fluoxetine hcl cap 40 mg 64
fluoxetine hcl cap delayed release 90 mg 64
fluoxetine hcl solution 20 mg/5ml 64
fluoxetine hcl tab 10 mg 64
fluoxetine hcl tab 20 mg 64
fluoxetine hcl tab 60 mg 64
FLUOXETINE TAB 60MG 65
fluphenazine decanoate inj 25 mg/ml 114
fluphenazine hcl elixir 2.5 mg/5ml 114
fluphenazine hcl inj 2.5 mg/ml 114
fluphenazine hcl oral conc 5 mg/ml 115
fluphenazine hcl tab 10 mg 115
fluphenazine hcl tab 1 mg 115
fluphenazine hcl tab 2.5 mg 115
fluphenazine hcl tab 5 mg 115
flurandrenolide cream 0.05% 155
flurandrenolide lotion 0.05% 155
flurazepam hcl cap 15 mg 196
flurazepam hcl cap 30 mg 196
flurbiprofen sodium ophth soln 0.03% ...253
flurbiprofen tab 100 mg 23
flurbiprofen tab 50 mg 23
fluticasone furoate aerosol powder breath activ 100 mcg/act 49
fluticasone furoate aerosol powder breath activ 200 mcg/act 49
fluticasone furoate aerosol powder breath activ 50 mcg/act 49
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act 51
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act 51
fluticasone propionate aer pow ba 100 mcg/act 49
fluticasone propionate aer pow ba 250 mcg/act 49
fluticasone propionate aer pow ba 50 mcg/act 49
fluticasone propionate cream 0.05% 155
fluticasone propionate hfa inhal aer 110 mcg/act 49
fluticasone propionate hfa inhal aer 220 mcg/act 49
fluticasone propionate hfa inhal aero 44 mcg/act 49
fluticasone propionate lotion 0.05% 155
fluticasone propionate nasal susp 50 mcg/act 246
fluticasone propionate oint 0.005% 155
fluticasone-salmeterol aer powder ba 100-50 mcg/act 51
fluticasone-salmeterol aer powder ba 113-14 mcg/act 51
fluticasone-salmeterol aer powder ba 232-14 mcg/act 51
fluticasone-salmeterol aer powder ba 250-50 mcg/act 51
fluticasone-salmeterol aer powder ba 500-50 mcg/act 51
fluticasone-salmeterol aer powder ba 55-14 mcg/act 51
fluticasone-salmeterol inhal aerosol 115-21 mcg/act 51
fluticasone-salmeterol inhal aerosol 230-21 mcg/act 51
fluticasone-salmeterol inhal aerosol 45-21 mcg/act 51
fluvastatin sodium cap 20 mg (base equivalent) 84

fluvastatin sodium cap 40 mg (base equivalent) 84
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 84
fluvoxamine maleate cap er 24hr 100 mg 65
fluvoxamine maleate cap er 24hr 150 mg.65
fluvoxamine maleate tab 100 mg....65
fluvoxamine maleate tab 25 mg....65
fluvoxamine maleate tab 50 mg 65
FML FORTE SUS 0.25% OP....251
FML LIQUIFLM SUS 0.1% OP 251
FOCALIN TAB 10MG 7
FOCALIN TAB 2.5MG....7
FOCALIN TAB 5MG....7
FOCALIN XR CAP 10MG....7
FOCALIN XR CAP 15MG 7
FOCALIN XR CAP 20MG 7
FOCALIN XR CAP 25MG 7
FOCALIN XR CAP 30MG 7
FOCALIN XR CAP 35MG 7
FOCALIN XR CAP 40MG 7
FOCALIN XR CAP 5MG....7
FOLATEXCEL TAB 241
folic acid cap 0.8 mg 192
folic acid tab 1 mg 192
folic acid tab 400 mcg 192
folic acid tab 800 mcg 192
FOLIVANE-OB CAP 241
FOLLISTIM AQ INJ 300UNIT....173
FOLLISTIM AQ INJ 600UNIT....173
FOLLISTIM AQ INJ 900UNIT....173
fondaparinux sodium subcutaneous inj 10 mg/0.8ml....54
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml....54
fondaparinux sodium subcutaneous inj 5 mg/0.4ml....54
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 54
FORA 6CON TES GTEL 164
FORA 6 MIS CONNECT....164
FORA ADVANCE TES PRO 164
FORA BLOOD TES GLUCOSE 164
FORACARE GDH SOL HIGH 208
FORACARE GDH SOL LOW....208
FORACARE GDH SOL NORMAL....208
FORACARE TES GD40 165
FORACARE TES PREM V10 165
FORACARE TES TST N GO 165
FORA CONTROL SOL HIGH 207
FORA CONTROL SOL LOW 207
FORA CONTROL SOL NORMAL 207
FORA D15G TES BLD GLUC....164
FORA D20 TES BLD GLUC 164
FORA D40/G31 TES GLUCOSE....164
FORA G20 TES BLD GLUC 164
FORA G30/V10 TES BLD GLUC 164
FORA GD20 TES BLD GLUC....164
FORA GD50 TES 164
FORA GTEL TES BLD GLUC 164
FORA GTEL TES KETONE....164
FORA LANCETS MIS 30G 207
FORA MIS LANCETS 207
FORA MIS LANCING....208
FORA TEST GO TES ADV VOIC....164
FORA TN'G TES TN'G VOI....164
FORA V10 TES BLD GLUC 164
FORA V12 TES BLD GLUC....164
FORA V20 TES BLD GLUC....165
FORA V30A TES BLD GLUC 165
FORFIVO XL TAB 450MG....63
formaldehyde solution 10% 116
formoterol fumarate soln nebu 20 mcg/2ml 51
FORTEO INJ 560/2.24 172
FORTESTA GEL 10MG/ACT....38
FORTISCARE SOL CNTL HI 208
FORTISCARE SOL CNTL LOW 208
FORTISCARE SOL CNTL NML 208
FORTISCARE TES BLD GLUC....165
FORTISCARE TES G1 BLOOD....165
FORZINITY INJ 280/3.5 176
FOSAMAX + D TAB 70-2800 172
FOSAMAX + D TAB 70-5600 172
FOSAMAX TAB 70MG....172
fosamprenavir calcium tab 700 mg (base equiv)....118

fosfomycin tromethamine powd pack 3 gm (base equivalent) 42
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 91
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 91
fosinopril sodium tab 10 mg 86
fosinopril sodium tab 20 mg 86
fosinopril sodium tab 40 mg 86
FOSRENOL CHW 1000MG 187
FOSRENOL CHW 500MG 187
FOSRENOL CHW 750MG 187
FOSRENOL POW 1000MG 187
FOSRENOL POW 750MG 187
FOTIVDA CAP 0.89MG 100
FOTIVDA CAP 1.34MG 100
FRAGMIN INJ 10000/ML 54
FRAGMIN INJ 12500UNT 54
FRAGMIN INJ 15000UNT 54
FRAGMIN INJ 18000UNT 54
FRAGMIN INJ 2500/0.2 54
FRAGMIN INJ 2500/ML 54
FRAGMIN INJ 5000/0.2 54
FRAGMIN INJ 7500/0.3 54
FRAGMIN INJ 95000UNT 54
FRAICHE 5000 GEL PREVI 240
FRAICHE 5000 GEL SENSITIV 240
FREE LIBRE2 KIT PLUS/SEN 208
FREE LIBRE3 KIT PLUS/SEN 208
FREESTYLE LIQ CONTROL 208
FREESTYLE MIS LANCETS 208
FREESTYLE MIS READER 208
FREESTYLE TES 165
FREESTYLE TES INSULINX 165
FREESTYLE TES LITE 165
FREESTYLE TES PREC NEO 165
FREESTY LIBR KIT 2 SENSOR 208
FREESTY LIBR KIT 3 SENSOR 208
FREESTY LIBR KIT SENSOR 208
FREESTY LIBR MIS 2 READER 208
FREESTY LIBR MIS 3 READER 208
FREESTY LIBR MIS READER 208
FROVA TAB 2.5MG 234
frovatriptan succinate tab 2.5 mg (base equivalent) 234
FRUZAQLA CAP 1MG 96
FRUZAQLA CAP 5MG 96
FT PRENATAL TAB 28-0.8MG 241
FULPHILA INJ 6/0.6ML 193
FUNGIZYL AC CRE 2-2% 144
FUNGIZYL AL LIQ 2%-2% 144
FUROSCIX KIT 80/10ML 170
furosemide oral soln 10 mg/ml 170
furosemide oral soln 8 mg/ml 170
furosemide tab 20 mg 170
furosemide tab 40 mg 170
furosemide tab 80 mg 170
FUZEON INJ 90MG 118
FYCOMPA SUS 0.5MG/ML 55
FYCOMPA TAB 10MG 55
FYCOMPA TAB 12MG 55
FYCOMPA TAB 2MG 55
FYCOMPA TAB 4MG 55
FYCOMPA TAB 6MG 55
FYCOMPA TAB 8MG 55
FYLNETRA INJ 6MG/0.6 193

G

gabapentin (once-daily) tab 300 mg 260
gabapentin (once-daily) tab 450 mg 260
gabapentin (once-daily) tab 600 mg 260
gabapentin (once-daily) tab 750 mg 260
gabapentin (once-daily) tab 900 mg 260
gabapentin cap 100 mg 57
gabapentin cap 300 mg 57
gabapentin cap 400 mg 57
gabapentin oral soln 250 mg/5ml 57
gabapentin tab 600 mg 57
gabapentin tab 800 mg 57
GABARONE TAB 100MG 57
GABARONE TAB 400MG 57
GABA TINYTAB TAB 25MG 57
GABA TINYTAB TAB 50MG 57
GALAFOLD CAP 123MG 176
galantamine hydrobromide cap er 24hr 16 mg 256
galantamine hydrobromide cap er 24hr 24 mg 256

galantamine hydrobromide cap er 24hr 8 mg 256
galantamine hydrobromide oral soln 4 mg/ml 256
galantamine hydrobromide tab 12 mg 256
galantamine hydrobromide tab 4 mg 256
galantamine hydrobromide tab 8 mg 256
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml 173
GANIRELIX AC INJ 250/0.5 173
GASTROCROM CON 100/5ML....183
gatifloxacin ophth soln 0.5%....249
GATTEX KIT 5MG 187
GAVRETO CAP 100MG....100
GE100 BLOOD TES GLUCOSE 165
GE100 CONTRL SOL NORMAL....208
gefitinib tab 250 mg....96
GELFILM MIS OP....252
GELNIQUE GEL 10% 271
gemfibrozil tab 600 mg 83
GEMTESA TAB 75MG....272
GENOTROPIN INJ 0.2MG....174
GENOTROPIN INJ 0.4MG 174
GENOTROPIN INJ 0.6MG....174
GENOTROPIN INJ 0.8MG....174
GENOTROPIN INJ 1.2MG....174
GENOTROPIN INJ 1.4MG 174
GENOTROPIN INJ 1.6MG 174
GENOTROPIN INJ 1.8MG 174
GENOTROPIN INJ 12MG....174
GENOTROPIN INJ 1MG....174
GENOTROPIN INJ 2MG 174
GENOTROPIN INJ 5MG 174
gentamicin sulfate cream 0.1% 143
gentamicin sulfate oint 0.1%....143
gentamicin sulfate ophth soln 0.3% 249
GENTEEL LANC KIT BLUE 208
GENTEEL MIS LANCETS....208
GENTEEL MIS NOZZLES 208
GENTEEL PLUS MIS BLACK....208
GENTEEL PLUS MIS BLUE....208
GENTEEL PLUS MIS PINK....208
GENTEEL PLUS MIS PURPLE....208
GENTEEL PLUS MIS WHITE 208
GENTEEL TIPS MIS BLUE 208
GENTEEL TIPS MIS CLEAR....208
GENTEEL TIPS MIS GREEN 208
GENTEEL TIPS MIS ORANGE....208
GENTEEL TIPS MIS RAINBOW....208
GENTEEL TIPS MIS VIOLET....208
GENTEEL TIPS MIS YELLOW 208
GENTLE-LET MIS 26G....208
GENTLE-LET MIS 28G....208
GENTLE-LET MIS LANCETS....208
GENTLE-LET MIS PLATFORM 208
GENULTIMATE TES....165
GENVOYA TAB 118
GEODON CAP 20MG....110
GEODON CAP 40MG....110
GEODON CAP 60MG....110
GEODON CAP 80MG....110
GEODON INJ 20MG....110
GHT TEST TES STRIPS....165
GILENYA CAP 0.25MG....259
GILENYA CAP 0.5MG....259
GILOTRIF TAB 20MG....96
GILOTRIF TAB 30MG....96
GILOTRIF TAB 40MG....96
GIMOTI SPR 15MG....183
GLARGIN YFGN INJ 100U/ML....74
GLARGIN YFGN SOL 100U/ML 74
glatiramer acetate soln prefilled syringe 20 mg/ml 259
glatiramer acetate soln prefilled syringe 40 mg/ml 259
GLEEVEC TAB 100MG 101
GLEEVEC TAB 400MG 101
GLEOSTINE CAP 100MG....95
GLEOSTINE CAP 10MG 95
GLEOSTINE CAP 40MG 95
glimepiride tab 1 mg....76
glimepiride tab 2 mg 76
glimepiride tab 3 mg....76
glimepiride tab 4 mg....76
glipizide-metformin hcl tab 2.5-250 mg ...69
glipizide-metformin hcl tab 2.5-500 mg ...69
glipizide-metformin hcl tab 5-500 mg 69
glipizide tab 10 mg 76

glipizide tab 2.5 mg 76
glipizide tab 5 mg 76
glipizide tab er 24hr 10 mg 76
glipizide tab er 24hr 2.5 mg 76
glipizide tab er 24hr 5 mg 76
GLOBAL 28G MIS LANCETS 208
GLOBAL 30G MIS LANCETS 209
GLOBAL LANC MIS DEVICE 209
GLOBAL PREP PAD PADS 218
GLOPERBA SOL 0.6/5ML 189
GLUCAGEN INJ HYPOKIT 72
GLUCAGON EMR SOL 1MG 72
glucagon for inj 1 mg 72
GLUCAGON INJ 1MG 72
GLUC CONTROL LIQ NORMAL 209
GLUC CONTROL SOL 209
GLUC CONTROL SOL MID 209
GLUC CONTROL SOL NORMAL 209
GLUCOCARD 01 LIQ NORM/HGH 209
GLUCOCARD 01 SOL NORMAL 209
GLUCOCARD 01 TES PLUS 165
GLUCOCARD 01 TES SENSOR 165
GLUCOCARD LIQ LEVEL 1 209
GLUCOCARD SOL NORMAL 209
GLUCOCARD SOL SHINE 209
GLUCOCARD TES EXPRESSI 165
GLUCOCARD TES SHINE 165
GLUCOCARD TES VITAL 165
GLUCOCARD TES X-SENSOR 165
GLUCOCOM MIS 28G 209
GLUCOCOM MIS 30G 209
GLUCOCOM MIS 33G 209
GLUCOCOM TES 165
GLUCOCOM TES HIGH CON 209
GLUCOCOM TES NORM CON 209
GLUCONAVII TES STRIPS 166
GLUCO PERFEC TES 3 165
GLUCOTROL XL TAB 10MG 76
GLUCOTROL XL TAB 2.5MG 76
GLUCOTROL XL TAB 5MG 76
GLUMETZA TAB 1000MG 71
GLUMETZA TAB 500MG 71
glutamine (sickle cell) powd pack 5 gm ..192
GLUTARALDEHY SOL 25% 116
glyburide-metformin tab 1.25-250 mg 69
glyburide-metformin tab 2.5-500 mg 69
glyburide-metformin tab 5-500 mg 69
glyburide micronized tab 1.5 mg 76
glyburide micronized tab 3 mg 77
glyburide micronized tab 6 mg 77
glyburide tab 1.25 mg 77
glyburide tab 2.5 mg 77
glyburide tab 5 mg 77
GLYCATE TAB 1.5MG 268
glycerol phenylbutyrate liquid 1.1 gm/ml .176
GLYCOPYRROLA TAB 1.5MG 268
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml 268
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml) 268
glycopyrrolate oral soln 1 mg/5ml 268
glycopyrrolate tab 1 mg 268
glycopyrrolate tab 2 mg 268
GLYCOPYRROL INJ 0.2MG/ML 268
GLYCOPYRROL INJ 0.4/2ML 268
GLYXAMBI TAB 10-5 MG 69
GLYXAMBI TAB 25-5 MG 69
GNP ALCOHOL PAD SWABS 218
GNP LANCETS MIS 21G 209
GNP LANCETS MIS 28G 209
GNP LANCETS MIS 30G 209
GNP LANCETS MIS 33G 209
GNP LANCETS MIS THIN 26G 209
GNP LANCING MIS DEVICE 209
GNP PEN NEED MIS 31GX5MM 222
GNP PEN NEED MIS 31GX8MM 222
GNP PEN NEED MIS 32GX4MM 222
GNP PEN NEED MIS 32GX6MM 222
GNP PRENATAL TAB 28-0.8MG 241
GNP PRENATAL TAB FOLIC AC 241
GNP TRUETRAC TES SMRT SYS 166
GNP TRU METR TES STRIPS 166
GNP ULTICARE MIS 31GX5/16 222
GNP ULTICARE MIS 31GX5MM 222
GNP ULTICARE MIS 32GX1/4 222
GNP ULTICARE MIS 32GX5/32 222
GOCOVRI CAP 137MG 107
GOCOVRI CAP 68.5MG 107

GOJJI BLOOD TES GLUCOSE.....166
GOJJI BLOOD TES KETONE 166
GOJJI CNTRL SOL NORMAL 209
GOJJI LANCET MIS 30G 209
GOJJI MIS LANC DEV 209
GOJJI STRIPS MIS W/LANCET 166
GOLYTELY SOL.....197
GOMEKLI CAP 1MG 101
GOMEKLI CAP 2MG.....101
GOMEKLI TAB 1MG.....101
GONAL-F INJ 1050UNIT 173
GONAL-F INJ 450UNIT.....173
GONAL-F RFF INJ 300/0.48 173
GONAL-F RFF INJ 450/0.72 173
GONAL-F RFF INJ 75UNIT.....173
GONAL-F RFF INJ 900/1.44.....173
GOODSENSE MIS LANC 26G.....209
GOODSENSE MIS LANC 30G.....209
GOODSENSE MIS LANC 33G.....209
GOODSENSE MIS LANC DVC 209
GOPRELTO SOL 40MG/ML.....246
GORDOFILM SOL 158
GRALISE TAB 300MG 260
GRALISE TAB 450MG 260
GRALISE TAB 600MG 260
GRALISE TAB 750MG 260
GRALISE TAB 900MG 260
granisetron hcl tab 1 mg 78
GRANIX INJ 300/0.5.....193
GRANIX INJ 300/1ML 193
GRANIX INJ 480/0.8.....193
GRANIX INJ 480/1.6.....193
GRASTEK SUB 2800BAU 9
griseofulvin microsize susp 125 mg/5ml...79
griseofulvin microsize tab 500 mg 79
griseofulvin ultramicrosize tab 125 mg.....79
griseofulvin ultramicrosize tab 165 mg 80
griseofulvin ultramicrosize tab 250 mg 80
guaifenesin-codeine soln 100-10 mg/5ml 139
guanfacine hcl tab 1 mg 88
guanfacine hcl tab 2 mg.....88
guanfacine hcl tab er 24hr 1 mg (base equiv).....6
guanfacine hcl tab er 24hr 2 mg (base equiv).....6
guanfacine hcl tab er 24hr 3 mg (base equiv).....6
guanfacine hcl tab er 24hr 4 mg (base equiv).....6
GUARDIAN 4 MIS SENSOR 209
GUARDIAN 4 MIS TRANSMIT 209
GUARDIAN CON MIS TRANSMIT 209
GUARDIAN MIS LINK 3 209
GUARDIAN MIS SENSOR 3.....209
GUARDIAN RT MIS CHARGER.....209
GUARDIAN RT MIS REPL PED 209
GUARDIAN RT MIS TST PLUG 209
GVOKE HYPO 1 INJ 0.5/.1ML.....72
GVOKE HYPO 1 INJ 1/0.2ML.....72
GVOKE HYPO 2 INJ 0.5/.1ML.....72
GVOKE HYPO 2 INJ 1/0.2ML.....72
GVOKE KIT SOL 1/0.2ML 72
GVOKE PFS INJ 0.5/.1ML.....72
GVOKE PFS INJ 1/0.2ML.....72
GYNAZOLE-1 CRE 2% 273
GYNOL II GEL 3%.....272

H

HADLIMA INJ 40/0.4ML 13
HADLIMA INJ 40/0.8ML 13
HADLIMA PUSH INJ 40/0.4ML 13
HADLIMA PUSH INJ 40/0.8ML 13
HAEGARDA INJ 2000UNIT.....190
HAEGARDA INJ 3000UNIT.....190
HAEMOLANCE MIS HIGH FLO 209
HAEMOLANCE MIS LOW FLOW 209
HAEMOLANCE MIS PLUS 209
HAEMOLANCE MIS PLUS LOW.....209
HAEMOLANCE MIS PLUS MAX.....209
HAEMOLANCE MIS PLUS PED 209
HAEMOLANCE MIS RETRACT.....210
halcinonide cream 0.1% 155
halcinonide soln 0.1% 155
HALCION TAB 0.25MG.....196
HALDOL DECAN INJ 100MG/ML.....112
HALDOL DECAN INJ 50MG/ML 112
halobetasol propionate cream 0.05% 155
halobetasol propionate foam 0.05% 155

halobetasol propionate oint 0.05%.....155
HALOG CRE 0.1% 155
HALOG OIN 0.1%.....155
HALOG SOL 0.1% 155
haloperidol decanoate im soln 100 mg/ml 112
haloperidol decanoate im soln 50 mg/ml 112
haloperidol lactate inj 5 mg/ml.....112
haloperidol lactate oral conc 2 mg/ml.....112
haloperidol tab 0.5 mg.....112
haloperidol tab 10 mg 112
haloperidol tab 1 mg.....112
haloperidol tab 20 mg.....112
haloperidol tab 2 mg 112
haloperidol tab 5 mg 112
HARLIKU TAB 2MG 176
HARVONI PAK 120
HARVONI PAK 45-200MG.....120
HARVONI TAB 45-200MG 120
HARVONI TAB 90-400MG.....120
HC LANCING MIS DEVICE 210
HELIDAC MIS THERAPY 271
HEMADY TAB 20MG.....137
HEMANGEOL SOL 4.28/ML.....124
HEMICLOR TAB 12.5MG.....171
HEMLIBRA INJ 105/0.7 190
HEMLIBRA INJ 150/ML 190
HEMLIBRA INJ 300/2ML 190
HEMLIBRA INJ 30MG/ML 190
HEMLIBRA INJ 60/0.4.....190
HEMLIBRA SOL 12/0.4ML.....190
hemoglobin a1c (hba1c) test kit 166
HEPARIN SOD INJ 5000/0.5 54
HEPARIN SOD INJ 5000/ML 54
heparin sodium (porcine) inj 10000 unit/ml 54
*heparin sodium (porcine) inj 1000 unit/ml*54
heparin sodium (porcine) inj 20000 unit/ml 54
heparin sodium (porcine) inj 5000 unit/ml 54
heparin sodium (porcine) pf inj 1000 unit/ml 54
heparin sodium (porcine) pf inj 5000 unit/0.5ml.....54
HERNEXEOS TAB 60MG.....96
HETLIOZ CAP 20MG 197
HETLIOZ LQ SUS 4MG/ML.....197
HIPREX TAB 1GM 42
HM INSULIN S MIS 0.3/31G.....222
HM INSULIN S MIS 1ML/30G 222
HM ULTICARE MIS 31GX8MM 222
HOLD CHAMBER MIS ADLT LG.....233
HOLD CHAMBER MIS MEDIUM.....233
HOLD CHAMBER MIS SMALL.....233
homatropine hbr ophth soln 5% 248
HORIZANT TAB 300MG ER.....261
HORIZANT TAB 600MG ER.....261
HULIO INJ 40/0.8ML 13
HULIO KIT 20/0.4ML.....13
HUMALOG INJ 100/ML.....74
HUMALOG JR INJ 100/ML 74
HUMALOG KWIK INJ 100/ML.....74
HUMALOG KWIK INJ 200/ML 74
HUMALOG MIX INJ 50/50 74
HUMALOG MIX INJ 50/50KWP.....74
HUMALOG MIX INJ 75/25KWP 74
HUMALOG MIX SUS 75/25.....74
HUMALOG TMPO INJ 100/ML.....74
HUMATIN CAP 250MG.....10
HUMATROPE INJ 12MG.....174
HUMATROPE INJ 24MG.....174
HUMATROPE INJ 6MG.....174
HUMIRA INJ 10/0.1ML 13
HUMIRA INJ 20/0.2ML 13
HUMIRA INJ 40/0.4ML.....14
HUMIRA KIT 40MG/0.8 14
HUMIRA PEDIA INJ CROHNS 14
HUMIRA PEN INJ 40/0.4ML 14
HUMIRA PEN INJ 40MG/0.8.....15
HUMIRA PEN INJ 80/0.8ML 15
HUMIRA PEN INJ CD/UC/HS.....15
HUMIRA PEN KIT 80/0.8ML 15
HUMIRA PEN KIT CD/UC/HS.....15
HUMIRA PEN KIT PED UC.....16
HUMIRA PEN KIT PS/UV.....16
HUMULIN INJ 70/30 74

HUMULIN INJ 70/30KWP.....74
HUMULIN N INJ U-100.....74
HUMULIN N INJ U-100KWP.....74
HUMULIN R INJ U-100.....74
HUMULIN R INJ U-500.....74
HURRI-FREEZE AER MED STRE.....158
HURRI-FREEZE AER MIST SPR.....158
HW EMBRACE TES PRO.....166
HW EMBRACE TES STRIPS.....166
HYCAMTIN CAP 0.25MG.....106
HYCAMTIN CAP 1MG.....106
HYCODAN SYP 5-1.5/5.....139
HYCODAN TAB 5-1.5MG.....139
hydralazine hcl tab 100 mg.....93
hydralazine hcl tab 10 mg.....93
hydralazine hcl tab 25 mg.....93
hydralazine hcl tab 50 mg.....93
HYDREA CAP 500MG.....105
HYDROC/PRAM SUP 25-18MG.....39
hydrochlorothiazide cap 12.5 mg.....171
hydrochlorothiazide tab 12.5 mg.....171
hydrochlorothiazide tab 25 mg.....171
hydrochlorothiazide tab 50 mg.....171
hydrocodone-acetaminophen soln 10-300 mg/15ml.....36
hydrocodone-acetaminophen soln 10-325 mg/15ml.....36
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....36
hydrocodone-acetaminophen tab 10-300 mg.....36
hydrocodone-acetaminophen tab 10-325 mg.....36
hydrocodone-acetaminophen tab 2.5-325 mg.....36
hydrocodone-acetaminophen tab 5-300 mg.....36
hydrocodone-acetaminophen tab 5-325 mg.....36
hydrocodone-acetaminophen tab 7.5-300 mg.....36
hydrocodone-acetaminophen tab 7.5-325 mg.....36
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....139
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....139
*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.....30
hydrocodone bitartrate cap er 12hr 50 mg.....30
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.....30
hydrocodone bitartrate tab er 24hr deter 30 mg.....30
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...36
hydrocodone-ibuprofen tab 5-200 mg.....36
hydrocodone-ibuprofen tab 7.5-200 mg..36
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....139
hydrocortisone acetate cream 2.5%.....155
hydrocortisone acetate suppos 25 mg.....40
hydrocortisone acetate suppos 30 mg.....40
hydrocortisone acetate w/ pramoxine perianal cream 1-1%.....39
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%.....40
hydrocortisone butyrate cream 0.1%.....155
hydrocortisone butyrate hydrophilic lipo base cream 0.1%.....155
hydrocortisone butyrate lotion 0.1%.....155

hydrocortisone butyrate oint 0.1% 155
hydrocortisone butyrate soln 0.1% 155
hydrocortisone cream 2.5% 155
hydrocortisone enema 100 mg/60ml.....39
hydrocortisone lotion 2.5% 155
hydrocortisone lotion 2% 155
hydrocortisone oint 2.5% 155
hydrocortisone perianal cream 2.5%.....40
hydrocortisone sodium succinate pf for inj 100 mg.....137
hydrocortisone soln 2.5% 155
hydrocortisone tab 10 mg.....137
hydrocortisone tab 20 mg 137
hydrocortisone tab 5 mg 137
hydrocortisone valerate cream 0.2% 155
hydrocortisone valerate oint 0.2%.....155
hydrocortisone w/ acetic acid otic soln 1-2%.....254
hydrogen peroxide soln 30% 116
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% 155
hydroxychloroquine sulfate tab 100 mg ...93
hydroxychloroquine sulfate tab 200 mg...93
hydroxychloroquine sulfate tab 300 mg...93
hydroxychloroquine sulfate tab 400 mg...93
HYDROXYM CRE 2% 155
HYDROXYM GEL 2%.....155
hydroxyurea cap 500 mg 105
hydroxyzine hcl syrup 10 mg/5ml.....44
hydroxyzine hcl tab 10 mg 44
hydroxyzine hcl tab 25 mg.....44
hydroxyzine hcl tab 50 mg 44
hydroxyzine pamoate cap 100 mg 44
hydroxyzine pamoate cap 25 mg 44
hydroxyzine pamoate cap 50 mg 44
HYFTOR GEL 0.2% 157
hyoscyamine sulfate elixir 0.125 mg/5ml 268
hyoscyamine sulfate sl tab 0.125 mg 268
hyoscyamine sulfate soln 0.125 mg/ml ..268
hyoscyamine sulfate tab 0.125 mg 268
*hyoscyamine sulfate tab disint 0.125 mg*268
hyoscyamine sulfate tab er 12hr 0.375 mg 268
HYPERSAL NEB 3.5% 139
HYPERSAL NEB 7%.....139
HYPOCYN GEL ANTIPRUR.....159
HYPOLANCE KIT LANCING 210
HYPO NEEDLE MIS 14GX1 222
HYPO NEEDLE MIS 14GX1.5 222
HYPO NEEDLE MIS 14GX2.....222
HYPO NEEDLE MIS 16GX1.....222
HYPO NEEDLE MIS 16GX1.5 222
HYPO NEEDLE MIS 16GX3/4.....222
HYPO NEEDLE MIS 16GX5/8.....222
HYPO NEEDLE MIS 18GX1.....222
HYPO NEEDLE MIS 18GX1.5 222
HYPO NEEDLE MIS 19GX1.....222
HYPO NEEDLE MIS 19GX1.5 222
HYPO NEEDLE MIS 20GX1.....222
HYPO NEEDLE MIS 20GX1.5 222
HYPO NEEDLE MIS 21GX1.....222
HYPO NEEDLE MIS 21GX1.5 223
HYPO NEEDLE MIS 21GX2.....223
HYPO NEEDLE MIS 22GX1.....223
HYPO NEEDLE MIS 22GX1.5.....223
HYPO NEEDLE MIS 23GX1.....223
HYPO NEEDLE MIS 23GX1.5.....223
HYPO NEEDLE MIS 23GX3/4 223
HYPO NEEDLE MIS 25GX1.....223
HYPO NEEDLE MIS 25GX1.25 223
HYPO NEEDLE MIS 25GX1.5.....223
HYPO NEEDLE MIS 25GX2 223
HYPO NEEDLE MIS 25GX5/8 223
HYPO NEEDLE MIS 26GX1/2 223
HYPO NEEDLE MIS 26GX1.5.....223
HYPO NEEDLE MIS 27GX1/2 223
HYPO NEEDLE MIS 27GX1.25 223
HYPO NEEDLE MIS 27GX1.5.....223
HYPO NEEDLE MIS 30GX3/4.....223

HYRIMOZ CD/ INJ UC/HS SP 16
HYRIMOZ INJ 10/0.1ML 16
HYRIMOZ INJ 20/0.2ML 16
HYRIMOZ INJ 40/0.4ML 16, 17
HYRIMOZ INJ 40/0.8ML 17
HYRIMOZ-PED INJ CROHNS 17
HYRIMOZ-PLAQ INJ PSOR/UVE 17
HYRIMOZ-PLAQ INJ PSORIASI 18
HYRIMOZ SENS INJ 80/0.8ML 17
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 91
HYZAAR TAB 100-25 91
HYZAAR TAB 50-12.5 91

I

ibandronate sodium tab 150 mg (base equivalent) 172
IBRANCE CAP 100MG 101
IBRANCE CAP 125MG 101
IBRANCE CAP 75MG 101
IBRANCE TAB 100MG 101
IBRANCE TAB 125MG 101
IBRANCE TAB 75MG 101
IBSRELA TAB 50MG 186
IBTROZI CAP 200MG 101
ibuprofen-famotidine tab 800-26.6 mg 23
ibuprofen tab 300 mg 23
ibuprofen tab 400 mg 23
ibuprofen tab 600 mg 23
ibuprofen tab 800 mg 23
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 190
ICLUSIG TAB 10MG 101
ICLUSIG TAB 15MG 101
ICLUSIG TAB 30MG 101
ICLUSIG TAB 45MG 101
icosapent ethyl cap 0.5 gm 82
icosapent ethyl cap 1 gm 82
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 101
IDHIFA TAB 50MG 101
IGALMI MIS 120MCG 196
IGALMI MIS 180MCG 196
IGLUCOSE TES 166
IHEALTH BLOO TES GLUCOSE 166
IHEALTH LANC MIS DEVICE 210
IHEALTH LIQ CONTROL 210
IHEEZO GEL 3% 250
ILEVRO DRO 0.3% OP 253
imatinib mesylate tab 100 mg (base equivalent) 101
imatinib mesylate tab 400 mg (base equivalent) 101
IMBRUVICA CAP 140MG 101
IMBRUVICA CAP 70MG 101
IMBRUVICA SUS 70MG/ML 101
IMBRUVICA TAB 140MG 101
IMBRUVICA TAB 280MG 101
IMBRUVICA TAB 420MG 101
IMCIVREE INJ 10MG/ML 176
imipramine hcl tab 10 mg 68
imipramine hcl tab 25 mg 68
imipramine hcl tab 50 mg 68
imipramine pamoate cap 100 mg 68
imipramine pamoate cap 125 mg 68
imipramine pamoate cap 150 mg 68
imipramine pamoate cap 75 mg 68
imiquimod cream 3.75% 157
imiquimod cream 5% 157
IMITREX INJ 4MG/0.5 234
IMITREX INJ 6MG/0.5 .....234, 235
IMITREX SPR 20MG/ACT 235
IMITREX SPR 5MG/ACT 235
IMITREX TAB 100MG 235
IMITREX TAB 25MG 235
IMITREX TAB 50MG 235
IMKELDI SOL 80MG/ML 101
IMPAVIDO CAP 50MG 40
IMPOYZ CRE 0.025% 155
IMULDOSA INJ 45/0.5ML 147

IMULDOSA INJ 90MG/ML 147
IMURAN TAB 50MG 238
IMVEXXY MAIN SUP 10MCG.....273
IMVEXXY MAIN SUP 4MCG.....273
IMVEXXY STRT SUP 10MCG.....273
IMVEXXY STRT SUP 4MCG 273
INBRIJA CAP 42MG 107
INCONTROL MIS 29GX12MM 223
IN CONTROL MIS 31GX3/16 223
IN CONTROL MIS 31GX5MM.....223
INCONTROL MIS 31GX6MM.....223
IN CONTROL MIS 31GX6MM.....223
INCONTROL MIS 31GX8MM.....223
IN CONTROL MIS 31GX8MM.....223
INCONTROL MIS 32GX4MM.....223
INCONTROL MIS LANC 28G.....210
INCONTROL MIS LANC 30G 210
INCONTROL MIS LANC 33G.....210
INCONTROL MIS LANC DEV 210
INCONTROL PAD ALCOHOL 218
INCRELEX INJ 40MG/4ML 175
INCRUSE ELPT INH 62.5MCG 47
indapamide tab 1.25 mg 171
indapamide tab 2.5 mg.....171
INDERAL LA CAP 120MG 124
INDERAL LA CAP 160MG 124
INDERAL LA CAP 60MG.....124
INDERAL LA CAP 80MG.....124
INDERAL XL CAP 120MG.....124
INDERAL XL CAP 80MG.....124
INDOCIN SUS 25MG/5ML 23
indomethacin cap 25 mg.....23
indomethacin cap 50 mg 23
indomethacin cap er 75 mg 23
INDOMETHACIN SUP 100MG 23
indomethacin suppos 50 mg.....23, 24
indomethacin susp 25 mg/5ml 24
INFINITY SOL HIGH CON 210
INFINITY SOL LOW CON 210
INFINITY SOL NORM CON 210
INFINITY TES BLD GLUC 166
INFINITY TES VOICE 166
INFNTY VOICE LIQ LEVEL 2 210
INGREZZA CAP 40-80MG 258
INGREZZA CAP 40MG 258
INGREZZA CAP 60MG 258
INGREZZA CAP 80MG 258
INLURIYO TAB 200MG.....97
INLYTA TAB 1MG 96
INLYTA TAB 5MG.....96
INNOPRAN XL CAP 120MG.....124
INNOPRAN XL CAP 80MG.....124
INPEFA TAB 200MG 129
INPEFA TAB 400MG 129
INPEN 100EL MIS BLUE-HUM 223
INPEN 100EL MIS GREY-HUM 223
INPEN 100EL MIS PINK HUM 223
INPEN 100NN MIS BLUE NOV 223
INPEN 100NN MIS GREY NOV 223
INPEN 100NN MIS PINK NOV 223
INPEN BLUE MIS HUMALOG.....223
INPEN BLUE MIS NOVO/FIA 223
INPEN GREY MIS HUMALOG 223
INPEN GREY MIS NOVO/FIA.....223
INPEN PINK MIS HUMALOG 223
INPEN PINK MIS NOVO/FIA 223
INQOVI TAB 35-100MG.....99
INREBIC CAP 100MG.....101
INS ASP PROT INJ FLEXPEN.....74
INS DEGL FLX INJ 100UNIT 74
INS DEGL FLX INJ 200UNIT 74
INSPIREASE MIS DD SYST.....233
INSPIREASE MIS RES BAG 233
INSPRA TAB 25MG 93
INSPRA TAB 50MG.....93
INS SY 0.3ML MIS 31GX5/16 223
INS SY 0.5ML MIS 30GX1/2.....223
INS SY 0.5ML MIS 30GX5/16 223
INS SY 1/2ML MIS 30GX1/2.....224
INS SYR 1ML MIS 30GX1/2 224
INS SYR 1ML MIS 30GX5/16.....224
INS SYR 1ML MIS 31GX5/16.....224
INS SYR U500 MIS 0.5/31G.....224
INS SYR U500 MIS 31GX6MM.....224
INSULIN ASPA INJ 100/ML 74
INSULIN ASPA INJ 70/30 74
INSULIN ASPA INJ FLEXPEN 74
INSULIN ASPA INJ PENFILL 74

INSULIN DEGL INJ 100UNIT 74
INSULIN GLAR INJ 100U/ML.....74
INSULIN GLAR INJ 300/ML.....74
INSULIN GLAR SOL 100U/ML 75
INSULIN LISP INJ 100/ML 75
INSULIN LISP INJ JUNIOR 75
INSULIN LISP INJ PROTAMIN.....75
INSULIN SRYG MIS 1ML/32G.....224
INSULIN SYRI MIS 0.3/31G.....224
INSULIN SYR MIS BARR 1ML.....224
INSUPEN32G MIS 32GX6MM 224
INSUPEN MIS 29GX12MM 224
INSUPEN MIS 31GX5MM 224
INSUPEN MIS 31GX8MM 224
INSUPEN MIS 32GX4MM.....224
INSUPEN MIS 33GX4MM.....224
INSUPEN SENS MIS 32GX6MM.....224
INSUPEN SENS MIS 32GX8MM.....224
INSUPEN ULTR MIS 30GX8MM.....224
INSUPEN ULTR MIS 31GX6MM.....224
INSUPEN ULTR MIS 31GX8MM.....224
INTELENCE TAB 100MG 118
INTELENCE TAB 200MG.....118
INTELENCE TAB 25MG 118
IN TOUCH LAN MIS 30G 210
IN TOUCH LAN MIS DEVICE 210
IN TOUCH SOL GLUCOSE 210
IN TOUCH TES BLOOD 166
INTRAROSA SUP 6.5MG 272
INTUNIV TAB 1MG.....6
INTUNIV TAB 2MG 6
INTUNIV TAB 3MG 6
INTUNIV TAB 4MG 6
INVEGA HAFYE INJ 1092MG 111
INVEGA HAFYE INJ 1560MG.....111
INVEGA SUST INJ 117/0.75.....111
INVEGA SUST INJ 156MG/ML.....111
INVEGA SUST INJ 234/1.5 111
INVEGA SUST INJ 39/0.25 111
INVEGA SUST INJ 78/0.5ML.....111
INVEGA TAB 3MG 111
INVEGA TAB 6MG.....111
INVEGA TAB 9MG.....111
INVEGA TRINZ INJ 273MG 111
INVEGA TRINZ INJ 410MG 111
INVEGA TRINZ INJ 546MG.....111
INVEGA TRINZ INJ 819MG.....111
INVELTYS SUS 1% 251
INVOKAMET TAB 150-1000 69
INVOKAMET TAB 150-500 69
INVOKAMET TAB 50-1000.....69
INVOKAMET TAB 50-500MG 69
INVOKAMET XR TAB 150-1000 70
INVOKAMET XR TAB 150-500 70
INVOKAMET XR TAB 50-1000.....69
INVOKAMET XR TAB 50-500MG 69
INVOKANA TAB 100MG.....76
INVOKANA TAB 300MG 76
INZIRQO SUS 10MG/ML 171
iodoquinol-hc cream 1-1%.....144
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%.....144
IOPIDINE SOL 1% OP.....249
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....51
ipratropium bromide inhal soln 0.02% 47
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 246
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 246
IQIRVO TAB 80MG 187
irbesartan-hydrochlorothiazide tab 150-12.5 mg 91
irbesartan-hydrochlorothiazide tab 300-12.5 mg 91
irbesartan tab 150 mg.....87
irbesartan tab 300 mg.....87
irbesartan tab 75 mg.....87
IRESSA TAB 250MG 97
ISENTRESS CHW 100MG.....118
ISENTRESS CHW 25MG.....118
ISENTRESS HD TAB 600MG.....118
ISENTRESS POW 100MG 118
ISENTRESS TAB 400MG 118
isoniazid syrup 50 mg/5ml 94
isoniazid tab 100 mg.....94
isoniazid tab 300 mg 94
ISORDIL TAB 40MG.....43

ISORDIL TAB 5MG 43
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg 129
isosorbide dinitrate tab 10 mg 43
isosorbide dinitrate tab 20 mg 43
isosorbide dinitrate tab 30 mg 43
isosorbide dinitrate tab 40 mg 43
isosorbide dinitrate tab 5 mg 43
isosorbide mononitrate tab 10 mg 43
isosorbide mononitrate tab 20 mg 43
isosorbide mononitrate tab er 24hr 120 mg 43
isosorbide mononitrate tab er 24hr 30 mg 43
isosorbide mononitrate tab er 24hr 60 mg 43
ISOSORB MONO TAB 10MG 43
ISOSORB MONO TAB 20MG 43
isotretinoin cap 10 mg 141
isotretinoin cap 20 mg 141
isotretinoin cap 25 mg 141
isotretinoin cap 30 mg 141
isotretinoin cap 35 mg 142
isotretinoin cap 40 mg 142
isradipine cap 2.5 mg 126
isradipine cap 5 mg 126
ISTALOL SOL 0.5% OP 248
ISTURISA TAB 1MG 171
ISTURISA TAB 5MG 171
ITOVEBI TAB 3MG 101
ITOVEBI TAB 9MG 101
itraconazole cap 100 mg 80
itraconazole oral soln 10 mg/ml 80
ivabradine hcl tab 5 mg (base equiv) 133
ivabradine hcl tab 7.5 mg (base equiv) 133
ivermectin cream 1% 159
ivermectin tab 3 mg 40
ivermectin tab 6 mg 40
IWILFIN TAB 192MG 106
IYUZEH DRO 0.005% 253

J

JADENU SPRKL GRA 180MG 77
JADENU SPRKL GRA 360MG 77
JADENU SPRKL GRA 90MG 77
JADENU TAB 180MG 78
JADENU TAB 360MG 78
JADENU TAB 90MG 77
JAKAFI TAB 10MG 101
JAKAFI TAB 15MG 101
JAKAFI TAB 20MG 101
JAKAFI TAB 25MG 101
JAKAFI TAB 5MG 101
JALYN CAP 189
JALYN CAP 0.5-0.4 189
JANUMET TAB 50-1000 70
JANUMET TAB 50-500MG 70
JANUMET XR TAB 100-1000 70
JANUMET XR TAB 50-1000 70
JANUMET XR TAB 50-500MG 70
JANUVIA TAB 100MG 72
JANUVIA TAB 25MG 72
JANUVIA TAB 50MG 72
JARDIANCE TAB 10MG 76
JARDIANCE TAB 25MG 76
JASCAYD TAB 18MG 263
JASCAYD TAB 9MG 263
JATENZO CAP 158MG 38
JATENZO CAP 198MG 38
JATENZO CAP 237MG 38
JAYPIRCA TAB 100MG 102
JAYPIRCA TAB 50MG 102
JENLIVA CAP 241
JENTADUETO TAB 2.5-1000 70
JENTADUETO TAB 2.5-500 70
JENTADUETO TAB 2.5-850 70
JENTADUETO TAB XR 70
JORNAY PM CAP 100MG ER 7
JORNAY PM CAP 20MG ER 7
JORNAY PM CAP 40MG ER 7
JORNAY PM CAP 60MG ER 7
JORNAY PM CAP 80MG ER 7
JOURNAVX TAB 50MG 29
J-TIP KIT KIT ADAPTERS 224
JUBLIA SOL 10% 144
JULUCA TAB 50-25MG 118
JUXTAPID CAP 10MG 85
JUXTAPID CAP 20MG 85
JUXTAPID CAP 30MG 85

JUXTAPID CAP 5MG 85
JYLAMVO SOL 2MG/ML 95
JYNARQUE PAK 15MG.....179
JYNARQUE PAK 30-15MG 179
JYNARQUE PAK 45-15MG 179
JYNARQUE PAK 60-30MG 179
JYNARQUE PAK 90-30MG 179
JYNARQUE TAB 15MG.....179
JYNARQUE TAB 30MG.....179

K

KALETRA SOL.....118
KALETRA TAB 100-25MG 118
KALETRA TAB 200-50MG 118
KALYDECO GRA 13.4MG 262
KALYDECO GRA 5.8MG.....262
KALYDECO PAK 25MG 262
KALYDECO PAK 50MG.....262
KALYDECO PAK 75MG 262
KALYDECO TAB 150MG.....262
KAMELEON LUB MIS COLORS.....199
KAMELEON MIS TRI-COLR.....199
KAPSPARGO CAP 100MG.....123
KAPSPARGO CAP 200MG 123
KAPSPARGO CAP 25MG.....123
KAPSPARGO CAP 50MG.....123
KAPVAY TAB 0.1 MG.....6
KARBINAL ER SUS 4MG/5ML.....81
KATERZIA SUS 1MG/ML 126
KAZANO 12.5- TAB 1000MG 70
KAZANO 12.5- TAB 500MG.....70
KENALOG AER SPRAY.....155
KEPPRA SOL 100MG/ML.....57
KEPPRA TAB 1000MG.....58
KEPPRA TAB 250MG.....57
KEPPRA TAB 500MG 57
KEPPRA TAB 750MG.....57
KEPPRA XR TAB 500MG 58
KEPPRA XR TAB 750MG.....58
KERALYT GEL 6%.....158
KERENDIA TAB 10MG 178
KERENDIA TAB 20MG 178
KERENDIA TAB 40MG 178
KERYDIN SOL 5%.....144
KESIMPTA INJ 20/.4ML 259
ketoconazole cream 2%.....144
ketoconazole foam 2%.....144
ketoconazole shampoo 2% 144
ketoconazole tab 200 mg 80
KETO-DIASTIX TES 166
KETONE TES 166
KETONE TEST TES 166
ketoprofen cap 25 mg 24
ketoprofen cap 50 mg 24
ketoprofen cap er 24hr 200 mg 24
ketorolac tromethamine ophth soln 0.4% 253
ketorolac tromethamine ophth soln 0.5% 253
ketorolac tromethamine tab 10 mg 24
KETOSTIX TES STRIP.....166
KEVEYIS TAB 50MG.....169
KEVZARA INJ 150/1.14.....22
KEVZARA INJ 200/1.14.....22
KHINDIVI SOL 1MG/ML 137
KIMONO COLOR MIS.....199
KIMONO MAXX MIS LG FLARE 199
KIMONO MICRO MIS THIN 199
KIMONO MICRO MIS THIN +.....199
KIMONO MICRO MIS THIN PLS 199
KIMONO MIS LUBRICAT 199
KIMONO MIS SENSATIO 200
KIMONO PLUS MIS LUBRICAT.....200
KIMONO PLUS MIS SPERMICI 200
KIMONO PS MIS LUBRICAT.....200
KIMONO PS MIS PLUS.....200
KIMONO SENSA MIS PLUS.....200
KIMONO SPEC MIS 200
KINERET INJ 21
KINNEY MIS LANCETS 210
KINNEY THIN MIS LANCETS 210
KIRSTY INJ 100U/ML.....75
KISQALI 200 PAK FEMARA 99
KISQALI 400 PAK FEMARA.....99
KISQALI 600 PAK FEMARA.....99
KISQALI TAB 200DOSE 102
KISQALI TAB 400DOSE.....102
KISQALI TAB 600DOSE.....102
KITABIS PAK NEB 300/5ML 10

KLARITY-A DRO 1%.....249
KLARITY-C EMU 0.1% OP.....250
KLARITY-L DRO 0.2%.....251
KLARITY-L DRO 0.5%.....251
KLARON LOT 10%.....142
KLISYRI OIN 1% (250).....145
KLISYRI OIN 1% (350).....145
KLONOPIN TAB 0.5MG.....56
KLONOPIN TAB 1MG.....56
KLONOPIN TAB 2MG.....56
KLOR-CON 8 TAB 8MEQ ER.....236
KLOXXADO SPR 8MG.....78
KOMBIGLYZ XR TAB 2.5-1000.....70
KOMBIGLYZ XR TAB 5-1000MG.....70
KOMBIGLYZ XR TAB 5-500MG.....70
KONVOMEP SUS 2-84/ML.....271
KORLYM TAB 300MG.....72
KOSELUGO CAP 10MG.....102
KOSELUGO CAP 25MG.....102
KOSELUGO CAP 5MG.....102
KOSELUGO CAP 7.5MG.....102
KOSHR PRENAT TAB 30-1MG.....241
K-PHOS TAB NO 2.....187
KP PRENATAL TAB MULTIVIT.....241
KRAZATI TAB 200MG.....102
KRINTAFEL TAB 150MG.....93
KROGER BLOOD TES GLUCOSE.....166
KROGER LANCE MIS.....210
KROGER LANCE MIS 26G.....210
KROGER LANCE MIS THIN.....210
KROGER LANCE MIS THIN 30G.....210
K-TAB TAB 20MEQ.....236
KT TAPE MIS CGM PTCH.....210
KUVAN POW 100MG.....176
KUVAN POW 500MG.....176
KUVAN TAB 100MG.....176
KYZATREX CAP 100MG.....39
KYZATREX CAP 150MG.....39
KYZATREX CAP 200MG.....39

L

labetalol hcl tab 100 mg.....122
labetalol hcl tab 200 mg.....122
labetalol hcl tab 300 mg.....122
labetalol hcl tab 400 mg.....122
lacosamide oral solution 10 mg/ml.....58
lacosamide tab 100 mg.....58
lacosamide tab 150 mg.....58
lacosamide tab 200 mg.....58
lacosamide tab 50 mg.....58
LACRISERT MIS 5MG OP.....247
LACTIC ACID CRE E.....157
lactulose (encephalopathy) solution 10 gm/15ml.....186
lactulose oral crystal packet 10 gm.....197
lactulose oral crystal packet 20 gm.....197
lactulose solution 10 gm/15ml.....197
LAGEVRIO CAP 200MG.....122
LAMICTAL CHW 25MG.....58
LAMICTAL CHW 5MG.....58
LAMICTAL KIT START 35.....58
LAMICTAL KIT START 49.....58
LAMICTAL KIT START 98.....58
LAMICTAL ODT KIT.....58
LAMICTAL ODT TAB 100MG.....58
LAMICTAL ODT TAB 200MG.....58
LAMICTAL ODT TAB 25MG.....58
LAMICTAL ODT TAB 50MG.....58
LAMICTAL TAB 100MG.....58
LAMICTAL TAB 150MG.....58
LAMICTAL TAB 200MG.....58
LAMICTAL TAB 25MG.....58
LAMICTAL XR KIT.....58
LAMICTAL XR TAB 100MG.....58
LAMICTAL XR TAB 200MG.....58
LAMICTAL XR TAB 250MG.....58
LAMICTAL XR TAB 25MG.....58
LAMICTAL XR TAB 300MG.....58
LAMICTAL XR TAB 50MG.....58
lamivudine oral soln 10 mg/ml.....118
lamivudine tab 100 mg (hbv).....121
lamivudine tab 150 mg.....118
lamivudine tab 300 mg.....118
lamivudine-zidovudine tab 150-300 mg.....118
lamotrigine orally disintegrating tab 100 mg.....58
lamotrigine orally disintegrating tab 200 mg.....58

lamotrigine orally disintegrating tab 25 mg 58
lamotrigine orally disintegrating tab 50 mg 58
lamotrigine tab 100 mg 58
lamotrigine tab 150 mg.....58
lamotrigine tab 200 mg.....58
lamotrigine tab 25 mg 58
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 58
lamotrigine tab 35 x 25 mg starter kit 58
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 58
lamotrigine tab chewable dispersible 25 mg 58
lamotrigine tab chewable dispersible 5 mg 58
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....59
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 59
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit 59
lamotrigine tab er 24hr 100 mg 59
lamotrigine tab er 24hr 200 mg 59
lamotrigine tab er 24hr 250 mg 59
lamotrigine tab er 24hr 25 mg.....59
lamotrigine tab er 24hr 300 mg 59
lamotrigine tab er 24hr 50 mg.....59
LAMPIT TAB 120MG.....41
LAMPIT TAB 30MG 41
LANCET AUTO MIS INJECTOR 210
LANCET CARRY MIS CASE.....210
LANCET DEVIC MIS 30G.....210
LANCET DEVIC MIS ADJUST.....210
LANCET MICRO MIS THIN 33G.....210
LANCETS MICR MIS THIN 33G 210
LANCETS MIS 210
LANCETS MIS 21G.....210
LANCETS MIS 21G COLR.....210
LANCETS MIS 26G 210
LANCETS MIS 28G 210
LANCETS MIS 28G THIN 210
LANCETS MIS 30G.....210
LANCETS MIS 33G 210
LANCETS MIS ORIGINAL 210
LANCETS MIS THIN 210
LANCETS MIS THIN 26G 210
LANCETS MIS THIN 30G.....211
LANCETS SUPR MIS THIN 28G 211
LANCET STAND MIS 21G 210
LANCETS THIN MIS 211
LANCETS THIN MIS 26G 211
LANCETS ULTR MIS THIN.....211
LANCETS ULTR MIS THIN 31G 211
LANCET SUPER MIS THIN 30G 210
LANCET ULTRA MIS THIN 30G 210
LANCET WITH MIS EJECTOR.....210
LANCING DEVI MIS.....211
LANCING DEVI MIS 25G.....211
LANCING DEVI MIS 30G.....211
LANCING MIS DEVICE.....211
LANOXIN TAB 0.0625MG 128
LANOXIN TAB 0.125MG.....127
LANOXIN TAB 0.25MG 127
*lansoprazole cap delayed release 15 mg*270
lansoprazole cap delayed release 30 mg 270
lansoprazole tab delayed release orally disintegrating 15 mg 270
lansoprazole tab delayed release orally disintegrating 30 mg 270
lanthanum carbonate chew tab 1000 mg (elemental).....187
lanthanum carbonate chew tab 500 mg (elemental).....187
lanthanum carbonate chew tab 750 mg (elemental).....187
LANTUS INJ 100/ML 75
LANTUS SOLOS INJ 100/ML.....75
LANZO MIS LANCING.....211
lapatinib ditosylate tab 250 mg (base equiv) 102
LASIX TAB 20MG.....170
LASIX TAB 40MG 170
LASIX TAB 80MG 170
latanoprost ophth soln 0.005% 253
LATANOPROST SOL 0.005% 253

LATUDA TAB 120MG 110
LATUDA TAB 20MG.....110
LATUDA TAB 40MG.....110
LATUDA TAB 60MG.....110
LATUDA TAB 80MG.....110
LAZCLUZE TAB 240MG 97
LAZCLUZE TAB 80MG.....97
leflunomide tab 10 mg 26
leflunomide tab 20 mg 26
lenalidomide cap 10 mg 237
lenalidomide cap 15 mg 237
lenalidomide cap 20 mg.....237
lenalidomide cap 25 mg.....237
lenalidomide cap 5 mg.....237
lenalidomide caps 2.5 mg.....237
LENVIMA CAP 10 MG 96
LENVIMA CAP 12MG 96
LENVIMA CAP 14 MG 96
LENVIMA CAP 18 MG 96
LENVIMA CAP 20 MG 96
LENVIMA CAP 24 MG.....96
LENVIMA CAP 4MG.....96
LENVIMA CAP 8 MG.....96
LEQEMBI IQLK INJ 360/1.8 256
LEQSELVI TAB 8MG 157
LESCOL XL TAB 80MG 84
LETAIRIS TAB 10MG.....132
LETAIRIS TAB 5MG 132
letrozole tab 2.5 mg 97
leucovorin calcium tab 10 mg.....106
leucovorin calcium tab 15 mg 106
leucovorin calcium tab 25 mg 106
leucovorin calcium tab 5 mg.....106
LEUKERAN TAB 2MG 95
LEUKINE INJ 250MCG.....193
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 97
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 51
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 51
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 51
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....51
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....52
levamlodipine maleate tab 2.5 mg 126
levamlodipine maleate tab 5 mg 126
LEVBID TAB 0.375 ER 268
LEVEMIR INJ.....75
LEVEMIR INJ FLEXPEN 75
levetiracetam oral soln 100 mg/ml.....59
levetiracetam tab 1000 mg.....59
levetiracetam tab 250 mg.....59
levetiracetam tab 500 mg 59
levetiracetam tab 750 mg.....59
levetiracetam tab er 24hr 500 mg.....59
levetiracetam tab er 24hr 750 mg 59
LEVETIRACETA TAB 250MG.....59
levobunolol hcl ophth soln 0.5% 248
levocarnitine oral soln 1 gm/10ml (10%)..176
levocarnitine tab 330 mg.....176
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....81
levocetirizine dihydrochloride tab 5 mg 81
levofloxacin ophth soln 0.5%.....249
levofloxacin ophth soln 1.5%.....250
levofloxacin oral soln 25 mg/ml.....182
levofloxacin tab 250 mg 182
levofloxacin tab 500 mg 182
levofloxacin tab 750 mg 182
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 134
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....134
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....134
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....134
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 134
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 134
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21).....134
levonorgestrel tab 1.5 mg 136

levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 134
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 134
levorphanol tartrate tab 2 mg 31
levorphanol tartrate tab 3 mg 31
levothyroxine sodium cap 100 mcg 266
levothyroxine sodium cap 112 mcg 266
levothyroxine sodium cap 125 mcg 266
levothyroxine sodium cap 137 mcg 266
levothyroxine sodium cap 13 mcg 266
levothyroxine sodium cap 150 mcg 266
levothyroxine sodium cap 175 mcg 266
levothyroxine sodium cap 200 mcg 266
levothyroxine sodium cap 25 mcg 266
levothyroxine sodium cap 50 mcg 266
levothyroxine sodium cap 75 mcg 266
levothyroxine sodium cap 88 mcg 266
levothyroxine sodium tab 100 mcg 266
levothyroxine sodium tab 112 mcg 266
levothyroxine sodium tab 125 mcg 266
levothyroxine sodium tab 137 mcg 266
levothyroxine sodium tab 150 mcg 266
levothyroxine sodium tab 175 mcg 266
levothyroxine sodium tab 200 mcg 266
levothyroxine sodium tab 25 mcg 266
levothyroxine sodium tab 300 mcg 266
levothyroxine sodium tab 50 mcg 266
levothyroxine sodium tab 75 mcg 266
levothyroxine sodium tab 88 mcg 266
LEVSIN/SL SUB 0.125MG 269
LEVSIN TAB 0.125MG 268
LEVULAN KERA SOL 20% 145
LEXAPRO TAB 10MG 65
LEXAPRO TAB 20MG 65
LEXAPRO TAB 5MG 65
LEXETTE AER 0.05% 155
LEXIVA SUS 50MG/ML 118
LEXIVA TAB 700MG 118
LIALDA TAB 1.2GM 185
LIBERTY TES 166
LIBERVANT MIS 10MG 56
LIBERVANT MIS 12.5MG 56
LIBERVANT MIS 15MG 56
LIBERVANT MIS 5MG 56
LIBERVANT MIS 7.5MG 56
LIBRAX CAP 5-2.5MG 269
LICART DIS 1.3% 143
lidocaine hcl laryngotracheal soln 4% 240
lidocaine hcl soln 4% 158
lidocaine hcl urethral/mucosal gel 2% 159
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 159
lidocaine hcl viscous soln 2% 240
lidocaine oint 5% 159
lidocaine patch 5% 159
lidocaine-prilocaine cream 2.5-2.5% 159
LIDODERM DIS 5% PATCH 159
LIKMEZ SUS 500/5ML 40
linagliptin-metformin hcl tab 2.5-1000 mg 70
linagliptin-metformin hcl tab 2.5-500 mg 70
linagliptin-metformin hcl tab 2.5-850 mg 70
linezolid for susp 100 mg/5ml 42
linezolid tab 600 mg 42
LINZESS CAP 145MCG 186
LINZESS CAP 290MCG 186
LINZESS CAP 72MCG 186
liothyronine sodium tab 25 mcg 266
liothyronine sodium tab 50 mcg 266
liothyronine sodium tab 5 mcg 266
LIPITOR TAB 10MG 84
LIPITOR TAB 20MG 84
LIPITOR TAB 40MG 84
LIPITOR TAB 80MG 84
LIPOFEN CAP 150MG 83
LIPOFEN CAP 50MG 83
LIQREV SUS 10MG/ML 132
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) 4
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) 73
lisdexamfetamine dimesylate cap 10 mg 2
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 ...91
lisinopril & hydrochlorothiazide tab 20-12.5 mg ...91
lisinopril & hydrochlorothiazide tab 20-25 mg ...91
lisinopril tab 10 mg ...86
lisinopril tab 2.5 mg ...86
lisinopril tab 20 mg ...86
lisinopril tab 30 mg ...86
lisinopril tab 40 mg ...86
lisinopril tab 5 mg ...86
LITETOUCH MIS 29GX12.7 ...224
LITETOUCH MIS 31GX8MM ...224
LITETOUCH MIS LANCETS ...211
LITE TOUCH MIS LANCETS ...211
LITE TOUCH MIS LANC PEN ...211
LITFULO CAP 50MG ...157
lithium carbonate cap 150 mg ...109
lithium carbonate cap 300 mg ...109
lithium carbonate cap 600 mg ...109
lithium carbonate tab 300 mg ...109
lithium carbonate tab er 300 mg ...109
lithium carbonate tab er 450 mg ...109
lithium oral solution 8 meq/5ml ...109
LITHOBID TAB 300MG ...109
LITHOSTAT TAB 250MG ...189
LIVALO TAB 1MG ...84
LIVALO TAB 2MG ...84
LIVALO TAB 4MG ...84
LIVDELZI CAP 10MG ...187
LIVMARLI SOL 19MG/ML ...183
LIVMARLI SOL 9.5MG/ML ...183
LIVMARLI TAB 10MG ...184
LIVMARLI TAB 15MG ...184
LIVMARLI TAB 20MG ...184
LIVMARLI TAB 30MG ...184
LIVTENCITY TAB 200MG ...120
LOCOID LIPO CRE 0.1% ...155
LOCOID LOT 0.1% ...155
LODINE TAB 400MG ...24
LODOCO TAB 0.5MG ...129
LODOSYN TAB 25MG ...106
lofexidine hcl tab 0.18 mg (base equivalent) ...255
LOKELMA PAK 10GM ...239
LOKELMA PAK 5GM ...239
LO LOESTRIN TAB 1-10-10 ...134
LOMOTIL TAB 2.5MG ...77
LONGS LANCET MIS STANDARD ...211
LONGS LANCET MIS THIN ...211
LONGS LANCET MIS ULTRA TH ...211
LONSURF TAB 15-6.14 ...99
LONSURF TAB 20-8.19 ...99
LOPID TAB 600MG ...83
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) ...118
lopinavir-ritonavir tab 100-25 mg ...118
lopinavir-ritonavir tab 200-50 mg ...118
LOPRESSOR SOL 10MG/ML ...123
LOPRESSOR TAB 100MG ...123
LOPRESSOR TAB 50MG ...123
lorazepam conc 2 mg/ml ...44
lorazepam tab 0.5 mg ...45
lorazepam tab 1 mg ...45
lorazepam tab 2 mg ...45
LORBRENA TAB 100MG ...102
LORBRENA TAB 25MG ...102
LOREEV XR CAP 1.5MG ...45
LOREEV XR CAP 1MG ...45
LOREEV XR CAP 2MG ...45
LOREEV XR CAP 3MG ...45
losartan potassium & hydrochlorothiazide tab 100-12.5 mg ...91

losartan potassium & hydrochlorothiazide tab 100-25 mg 91
losartan potassium & hydrochlorothiazide tab 50-12.5 mg....91
losartan potassium tab 100 mg 87
losartan potassium tab 25 mg 87
losartan potassium tab 50 mg....87
LOTEMAX GEL 0.5%....251
LOTEMAX OIN 0.5% 251
LOTEMAX SM GEL 0.38%....251
LOTEMAX SUS 0.5%....251
LOTENSIN HCT TAB 10-12.5 91
LOTENSIN HCT TAB 20-12.5....91
LOTENSIN HCT TAB 20-25MG....91
LOTENSIN TAB 10MG....86
LOTENSIN TAB 20MG....86
LOTENSIN TAB 40MG....86
loteprednol etabonate ophth gel 0.5%....251
loteprednol etabonate ophth susp 0.2%.251
loteprednol etabonate ophth susp 0.5%.251
LOTREL CAP 10-20MG 91
LOTREL CAP 10-40MG 91
LOTREL CAP 5-10MG....91
LOTREL CAP 5-20MG....91
LOTRONEX TAB 0.5MG....186
LOTRONEX TAB 1MG....186
lovastatin tab 10 mg....84
lovastatin tab 20 mg 84
lovastatin tab 40 mg 84
LOVAZA CAP 1GM 82
LOVENOX INJ 100MG/ML....54
LOVENOX INJ 120/0.8 54
LOVENOX INJ 150MG/ML....54
LOVENOX INJ 30/0.3ML 54
LOVENOX INJ 300/3ML 54
LOVENOX INJ 40/0.4ML....54
LOVENOX INJ 60/0.6ML....54
LOVENOX INJ 80/0.8ML....54
loxapine succinate cap 10 mg....113
loxapine succinate cap 25 mg 113
loxapine succinate cap 50 mg....113
loxapine succinate cap 5 mg 113
lubiprostone cap 24 mcg....183
lubiprostone cap 8 mcg 183
LUCEMYRA TAB 0.18MG 255
LUER-LOCK MIS SYRG 3ML....225
LUGOLS SOL IODINE 116
luliconazole cream 1% 144
LUMAKRAS TAB 120MG....102
LUMAKRAS TAB 240MG....102
LUMAKRAS TAB 320MG 102
LUMIGAN SOL 0.01% OP....253
LUMRYZ PAK 6GM 255
LUMRYZ PAK 7.5GM 255
LUMRYZ PAK 9GM 255
LUMRYZ PAK STARTER....255
LUMRYZ PKG 4.5GM....256
LUNESTA TAB 1MG 196
LUNESTA TAB 2MG 196
LUNESTA TAB 3MG 196
LUPKYNIS CAP 7.9MG....238
lurasidone hcl tab 120 mg 110
lurasidone hcl tab 20 mg....110
lurasidone hcl tab 40 mg....110
lurasidone hcl tab 60 mg....110
lurasidone hcl tab 80 mg....110
LURBIPR TAB 100MG 24
LURBIRO TAB 100MG....24
LUZU CRE 1% 144
LYBALVI TAB 10-10MG 257
LYBALVI TAB 15-10MG....257
LYBALVI TAB 20-10MG....257
LYBALVI TAB 5-10MG 257
LYNKUET CAP 60MG....175
LYNPARZA TAB 100MG 102
LYNPARZA TAB 150MG....102
LYRICA CAP 100MG 59
LYRICA CAP 150MG 59
LYRICA CAP 200MG 59
LYRICA CAP 225MG....59
LYRICA CAP 25MG....59
LYRICA CAP 300MG 59
LYRICA CAP 50MG....59
LYRICA CAP 75MG....59
LYRICA CR TAB 165MG 261
LYRICA CR TAB 330MG 261
LYRICA CR TAB 82.5MG....260
LYRICA SOL 20MG/ML....59

LYSODREN TAB 500MG 97
LYTGOBI TAB 4MG 102
LYUMJEV INJ 100UT/ML 75
LYUMJEV KWPN INJ 100UT/ML 75
LYUMJEV KWPN INJ 200UT/ML 75
LYUMJEV TMPO INJ 100UT/ML 75
LYVISPAH GRA 10MG 245
LYVISPAH GRA 20MG 245
LYVISPAH GRA 5MG 245

M

MACROBID CAP 100MG 42
MACRODANTIN CAP 100MG 42
MACRODANTIN CAP 25MG 42
MACRODANTIN CAP 50MG 42
mafenide acetate packet for topical soln 5% (50 gm) 152
MAGELLAN SYR MIS 23GX1 225
MALARONE TAB 250-100 93
MALARONE TAB 62.5-25 93
malathion lotion 0.5% 160
maraviroc tab 150 mg 118
maraviroc tab 300 mg 118
MAR-COF CG LIQ 225-7.5 139
MARINOL CAP 10MG 79
MARINOL CAP 2.5MG 79
MARINOL CAP 5MG 79
MARPLAN TAB 10MG 64
MASONATAL TAB 241
MATERNACEL TAB 241
MATERVIA CAP 242
MATULANE CAP 50MG 105
MAVENCLAD PAK 10MG(10) 259
MAVENCLAD PAK 10MG(4) 259
MAVENCLAD PAK 10MG(5) 259
MAVENCLAD PAK 10MG(6) 259
MAVENCLAD PAK 10MG(7) 259
MAVENCLAD PAK 10MG(8) 259
MAVENCLAD PAK 10MG(9) 259
MAVYRET PAK 50-20MG 121
MAVYRET TAB 100-40MG 121
MAXALT-MLT TAB 10MG 235
MAXALT TAB 10MG 235
MAXICOMFORT MIS 27GX1/2 225
MAXICOMFORT MIS 31GX1/4 225
MAXIDEX SUS 0.1% OP 251
MAXITROL OIN 0.1% OP 251
MAXITROL SUS 0.1% OP 251
MAXX MIS LUBRICAT 200
MAXX PLUS MIS SPERMICI 200
MAXZIDE-25 TAB 170
MAXZIDE TAB 75-50 170
MAYZENT PAK STARTER 259
MAYZENT TAB 0.25MG 259
MAYZENT TAB 1MG 259
MAYZENT TAB 2MG 259
meclizine hcl tab 50 mg 79
meclofenamate sodium cap 100 mg 24
meclofenamate sodium cap 50 mg 24
MEDICHOICE MIS LANCET 211
MEDISENSE LIQ GLUC-KET 211
MEDLANCE MIS 30G PLUS 211
MEDLANCE MIS EXTR 21G 211
MEDLANCE MIS LITE 25G 211
MEDLANCE MIS PLUS 211
MEDLANCE MIS PLUS 30G 211
MEDLANCE MIS UNV 21G 211
MEDLANCE PLS MIS 0.8MM 211
MEDLANCE PLS MIS EXTR 21G 211
MEDLANCE PLS MIS LITE 25G 211
MEDLANCE PLS MIS UNIV 21G 211
MEDROL TAB 16MG 137
MEDROL TAB 2MG 137
MEDROL TAB 4MG 137
MEDROL TAB 8MG 137
medroxyprogesterone acetate im susp 150 mg/ml 136
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 136
medroxyprogesterone acetate tab 10 mg 255
medroxyprogesterone acetate tab 2.5 mg 255
medroxyprogesterone acetate tab 5 mg 255
mefenamic acid cap 250 mg 24
mefloquine hcl tab 250 mg 94
megestrol acetate susp 40 mg/ml 97
megestrol acetate susp 625 mg/5ml 255
megestrol acetate tab 20 mg 97

megestrol acetate tab 40 mg 97
MEIJER BLOOD TES GLUCOSE.....166
MEIJER LANCE MIS COLOR.....211
MEIJER LANCE MIS UNIV 21G.....211
MEIJER LANCE MIS UNIV 30G.....211
MEIJER LANCE MIS UNIVERSA 211
MEIJER MIS LANCETS.....211
MEIJER TES TRUETEST 166
MEIJER TES TRUETRAC 166
MEKINIST SOL 0.05/ML.....102
MEKINIST TAB 0.5MG 102
MEKINIST TAB 2MG.....102
MEKTOVI TAB 15MG.....102
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
melphalan tab 2 mg 95
memantine hcl cap er 24hr 14 mg 256
memantine hcl cap er 24hr 21 mg 256
memantine hcl cap er 24hr 28 mg.....256
memantine hcl cap er 24hr 7 mg.....256
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 256
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 256
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 256
memantine hcl oral solution 2 mg/ml 256
memantine hcl tab 10 mg 256
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....256
memantine hcl tab 5 mg 256
MENEST TAB 0.3MG 181
MENEST TAB 0.625MG.....181
MENEST TAB 1.25MG 181
MENEST TAB 2.5MG.....181
MENOPUR INJ 75UNIT 173
MENOSTAR DIS 14MCG.....181
meperidine hcl oral soln 50 mg/5ml 31
meperidine hcl tab 50 mg.....31
meprobamate tab 200 mg.....44
meprobamate tab 400 mg 44
MEPRON SUS.....41
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 95
mercaptopurine tab 50 mg.....95
MERILOG INJ 100/ML 75
MERILOG SOLO INJ 100/ML.....75
mesalamine cap dr 400 mg 185
mesalamine cap er 24hr 0.375 gm 185
mesalamine cap er 500 mg 185
mesalamine enema 4 gm 185
mesalamine rectal enema 4 gm & cleanser wipe kit 185
mesalamine suppos 1000 mg 185
mesalamine tab delayed release 1.2 gm .185
mesalamine tab delayed release 800 mg 185
mesna tab 400 mg 106
MESNEX TAB 400MG.....106
MESTINON SOL 60MG/5ML.....94
MESTINON TAB 60MG 94
MESTINON TAB TIMESPAN 94
METADATE CD CAP 10MG 7
METADATE CD CAP 20MG.....7
METADATE CD CAP 30MG.....7
METADATE CD CAP 40MG.....7
METADATE CD CAP 50MG.....7
METADATE CD CAP 60MG.....7
metaxalone tab 400 mg.....245
METAXALONE TAB 640MG.....245
metaxalone tab 800 mg.....245
metformin hcl oral soln 500 mg/5ml 71
metformin hcl tab 1000 mg 71
metformin hcl tab 500 mg 71
metformin hcl tab 625 mg 71
metformin hcl tab 750 mg 71
metformin hcl tab 850 mg 71
metformin hcl tab er 24hr 500 mg 71
metformin hcl tab er 24hr 750 mg.....71
metformin hcl tab er 24hr modified release 1000 mg.....71
metformin hcl tab er 24hr modified release 500 mg 71

metformin hcl tab er 24hr osmotic 1000 mg 71
metformin hcl tab er 24hr osmotic 500 mg 71
methadone hcl conc 10 mg/ml 31
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
methamphetamine hcl tab 5 mg 3
methazolamide tab 25 mg.....170
methazolamide tab 50 mg 170
methenamine hippurate tab 1 gm 42
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg.....41
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg.....41
methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg 41
methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg 41
methenamine mandelate tab 0.5 gm 42
methenamine mandelate tab 1 gm 42
methimazole tab 10 mg.....265
methimazole tab 5 mg 265
methocarbamol tab 1000 mg.....245
methocarbamol tab 500 mg 245
methocarbamol tab 750 mg.....245
methotrexate sodium for inj 1 gm 95
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....95
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....95
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 95
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 95
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....95
methotrexate sodium tab 2.5 mg (base equiv) 95
methoxsalen rapid cap 10 mg 147
methscopolamine bromide tab 2.5 mg...269
methscopolamine bromide tab 5 mg.....269
methsuximide cap 300 mg.....62
methyldopa tab 250 mg.....88
methyldopa tab 500 mg.....88
methylergonovine maleate tab 0.2 mg...254
METHYLIN SOL 10MG/5ML.....7
METHYLIN SOL 5MG/5ML 7
methylphenidate hcl cap er 10 mg (cd).....8
methylphenidate hcl cap er 20 mg (cd) 8
methylphenidate hcl cap er 24hr 10 mg (la) 8
methylphenidate hcl cap er 24hr 10 mg (xr) 8
methylphenidate hcl cap er 24hr 15 mg (xr) 8
methylphenidate hcl cap er 24hr 20 mg (la) 8
methylphenidate hcl cap er 24hr 20 mg (xr) 8
methylphenidate hcl cap er 24hr 30 mg (la) 8
methylphenidate hcl cap er 24hr 30 mg (xr) 8
methylphenidate hcl cap er 24hr 40 mg (la) 8
methylphenidate hcl cap er 24hr 40 mg (xr) 8
methylphenidate hcl cap er 24hr 50 mg (xr) 8
methylphenidate hcl cap er 24hr 60 mg (la) 8
methylphenidate hcl cap er 24hr 60 mg (xr) 8
methylphenidate hcl cap er 30 mg (cd) 8
methylphenidate hcl cap er 40 mg (cd) 8
methylphenidate hcl cap er 50 mg (cd) 8
methylphenidate hcl cap er 60 mg (cd) 8
methylphenidate hcl chew tab 10 mg.....8
methylphenidate hcl chew tab 2.5 mg 8
methylphenidate hcl chew tab 5 mg 8
methylphenidate hcl soln 10 mg/5ml 8
methylphenidate hcl soln 5 mg/5ml.....8

methylphenidate hcl tab 10 mg 8
methylphenidate hcl tab 20 mg 8
methylphenidate hcl tab 5 mg 8
methylphenidate hcl tab er 10 mg 8
methylphenidate hcl tab er 20 mg 8
methylphenidate hcl tab er 24hr 18 mg 8
methylphenidate hcl tab er 24hr 27 mg 8
methylphenidate hcl tab er 24hr 36 mg 8
methylphenidate hcl tab er 24hr 54 mg 8
methylphenidate hcl tab er osmotic release (osm) 18 mg 8
methylphenidate hcl tab er osmotic release (osm) 27 mg 8
methylphenidate hcl tab er osmotic release (osm) 36 mg 8
methylphenidate hcl tab er osmotic release (osm) 45 mg 8
methylphenidate hcl tab er osmotic release (osm) 54 mg 8
methylphenidate hcl tab er osmotic release (osm) 63 mg 8
methylphenidate hcl tab er osmotic release (osm) 72 mg 9
methylphenidate td patch 10 mg/9hr 9
methylphenidate td patch 15 mg/9hr 9
methylphenidate td patch 20 mg/9hr 9
methylphenidate td patch 30 mg/9hr 9
methylprednisolone tab 16 mg 137
methylprednisolone tab 32 mg 137
methylprednisolone tab 4 mg 137
methylprednisolone tab 8 mg 137
methylprednisolone tab therapy pack 4 mg (21) 137
methyltestosterone cap 10 mg 39
methyltestosterone oral tab 10 mg 39
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 183
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 183
metoclopramide hcl tab 10 mg (base equivalent) 183
metoclopramide hcl tab 5 mg (base equivalent) 183
metolazone tab 10 mg 171
metolazone tab 2.5 mg 171
metolazone tab 5 mg 171
metoprolol & hydrochlorothiazide tab 100-25 mg 91
metoprolol & hydrochlorothiazide tab 100-50 mg 91
metoprolol & hydrochlorothiazide tab 50-25 mg 91
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 123
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 123
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 123
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 123
metoprolol tartrate tab 100 mg 123
metoprolol tartrate tab 25 mg 123
metoprolol tartrate tab 37.5 mg 123
metoprolol tartrate tab 50 mg 123
metoprolol tartrate tab 75 mg 123
METROCREAM CRE 0.75% 159
METROGEL GEL 1% 159
METROLOTION LOT 0.75% 159
metronidazole cap 375 mg 40
metronidazole cream 0.75% 159
metronidazole gel 0.75% 159
metronidazole gel 1% 160
metronidazole lotion 0.75% 160
metronidazole tab 125 mg 40
metronidazole tab 250 mg 40
metronidazole tab 500 mg 40
metronidazole vaginal gel 0.75% 273
metyrosine cap 250 mg 87
mexiletine hcl cap 150 mg 45
mexiletine hcl cap 200 mg 45
mexiletine hcl cap 250 mg 45
MIACALCIN INJ 200/ML 172
MIACALCIN INJ 400/2ML 172
MICARDIS HCT TAB 40/12.5 91
MICARDIS HCT TAB 80/12.5 91
MICARDIS HCT TAB 80-25MG 91
MICARDIS TAB 20MG 87
MICARDIS TAB 40MG 87

MICARDIS TAB 80MG 88
miconazole nitrate vaginal suppos 200 mg 273
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% 144
MICROCHAMBER MIS 233
MICRODOT CON SOL HIGH/LOW 211
MICRODOT TES 166
MICRODOT TES XTRA 166
MICROLET MIS LANCETS 211
MICROLET MIS NEXT 211
MICROSPACER MIS 233
MICRO THIN MIS LANC 33G 211
midodrine hcl tab 10 mg 275
midodrine hcl tab 2.5 mg 274
midodrine hcl tab 5 mg 274
MIEBO DRO 1.3GM/ML 253
MIFEPREX TAB 200MG 178
mifepristone tab 200 mg 178
mifepristone tab 300 mg 72
miglitol tab 100 mg 69
miglitol tab 25 mg 69
miglitol tab 50 mg 69
miglustat cap 100 mg 192
MIGRANAL SPR 4MG/ML 234
MINASTRIN 24 CHW FE 134
MINI LANCING MIS DEVICE 211
MINILINK RT MIS TRANSMIT 211
MINIMED 630G MIS TRANSMIT 211
MINIMED INST MIS SENSOR 211
MINIPRESS CAP 1MG 88
MINIPRESS CAP 2MG 88
MINIPRESS CAP 5MG 88
MINIVELLE DIS 0.025MG 181
MINIVELLE DIS 0.0375MG 181
MINIVELLE DIS 0.05MG 181
MINIVELLE DIS 0.075MG 181
MINIVELLE DIS 0.1MG 181
minocycline hcl cap 100 mg 264
minocycline hcl cap 50 mg 264
minocycline hcl cap 75 mg 264
minocycline hcl cap er 24hr 135 mg (base equivalent) 264
minocycline hcl cap er 24hr 45 mg (base equivalent) 264
minocycline hcl cap er 24hr 90 mg (base equivalent) 264
minocycline hcl tab 100 mg 264
minocycline hcl tab 50 mg 264
minocycline hcl tab 75 mg 264
minocycline hcl tab er 24hr 105 mg 264
minocycline hcl tab er 24hr 115 mg 264
minocycline hcl tab er 24hr 135 mg 264
minocycline hcl tab er 24hr 45 mg 264
minocycline hcl tab er 24hr 55 mg 264
minocycline hcl tab er 24hr 65 mg 264
minocycline hcl tab er 24hr 80 mg 264
minocycline hcl tab er 24hr 90 mg 264
minoxidil tab 10 mg 93
minoxidil tab 2.5 mg 93
MIPLYFFA CAP 124MG 261
MIPLYFFA CAP 47MG 261
MIPLYFFA CAP 62MG 261
MIPLYFFA CAP 93MG 261
mirabegron tab er 24 hr 25 mg 272
mirabegron tab er 24 hr 50 mg 272
MIRAPEX ER TAB 0.375MG 107
MIRAPEX ER TAB 0.75MG 107
MIRAPEX ER TAB 1.5MG 107
MIRAPEX ER TAB 2.25MG 107
MIRAPEX ER TAB 3.75MG 107
MIRAPEX ER TAB 3MG 107
MIRAPEX ER TAB 4.5MG 108
MIRCERA INJ 100MCG 193
MIRCERA INJ 120MCG 193
MIRCERA INJ 150MCG 193
MIRCERA INJ 200MCG 193
MIRCERA INJ 30MCG 193
MIRCERA INJ 50MCG 193
MIRCERA INJ 75MCG 193
mirtazapine orally disintegrating tab 15 mg 63
mirtazapine orally disintegrating tab 30 mg 63
mirtazapine orally disintegrating tab 45 mg 63
mirtazapine tab 15 mg 63

mirtazapine tab 30 mg 63
mirtazapine tab 45 mg 63
mirtazapine tab 7.5 mg.....63
MIRVASO GEL 0.33% 160
misoprostol tab 100 mcg 271
misoprostol tab 200 mcg.....271
MITIGARE CAP 0.6MG.....189
MITOSOL KIT 0.2MG.....250
MM BLULINK TES STRIPS.....167
MM LANCING MIS DEVICE.....211
MM PENTIPS MIS 29GX12MM 225
MM PENTIPS MIS 31GX5MM 225
MM PENTIPS MIS 31GX8MM 225
MM PENTIPS MIS 32GX4MM 225
MM TWIST MIS LANCETS.....211
M-NATAL PLUS TAB 241
MOBILE LANCE MIS 30G.....212
modafinil tab 100 mg 9
modafinil tab 200 mg.....9
MODD1 PATIEN KIT WELCOME 212
MODD1 SUPPLY KIT KIT 212
MODEYSO CAP 125MG.....98
moexipril hcl tab 15 mg 86
moexipril hcl tab 7.5 mg.....86
molindone hcl tab 10 mg 114
molindone hcl tab 25 mg.....114
molindone hcl tab 5 mg.....114
mometasone furoate cream 0.1%.....155
mometasone furoate oint 0.1% 155
mometasone furoate solution 0.1% (lotion) 155
MONOLET MIS LANCETS.....212
MONOLET OPD MIS LANCETS.....212
MONOLETTOR MIS LANCETS.....212
montelukast sodium chew tab 4 mg (base equiv) 47
montelukast sodium chew tab 5 mg (base equiv) 47
montelukast sodium oral granules packet 4 mg (base equiv).....47
montelukast sodium tab 10 mg (base equiv) 47
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) 32
morphine sulfate oral soln 10 mg/5ml.....32
morphine sulfate oral soln 20 mg/5ml 32
morphine sulfate suppos 10 mg 32
morphine sulfate suppos 20 mg.....32
morphine sulfate suppos 30 mg 33
morphine sulfate suppos 5 mg.....32
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 182
MOTEGRITY TAB 2MG.....182
MOTOFEN TAB 1-0.025.....77
MOTPOLY XR CAP 100MG.....59
MOTPOLY XR CAP 150MG.....59
MOTPOLY XR CAP 200MG 59
MOUNJARO INJ 10MG/0.5 73
MOUNJARO INJ 12.5/0.5.....73
MOUNJARO INJ 15MG/0.5.....73
MOUNJARO INJ 2.5/0.5 73
MOUNJARO INJ 5MG/0.5 73
MOUNJARO INJ 7.5/0.5 73

MOVANTIK TAB 12.5MG....186
MOVANTIK TAB 25MG....186
MOVIPREP SOL....197
MOXIFL/BROMF SOL....250
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 250
moxifloxacin hcl ophth soln 0.5% (base equiv) 250
moxifloxacin hcl tab 400 mg (base equiv) 182
MPD SFTY LAN MIS 21G 212
MPD SFTY LAN MIS 23G 212
MPD SFTY LAN MIS 28G 212
MPD SFTY LAN MIS 30G 212
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....193
MULTAQ TAB 400MG....46
MULTI-LANCET KIT DEVICE 212
MULTI-LANCET MIS DEVICE 212
MULTISTIX 10 TES SG....167
mupirocin calcium cream 2%....143
mupirocin oint 2% 143
MUSE SUP 1000MCG....130
MUSE SUP 250MCG 130
MUSE SUP 500MCG 130
MYALEPT INJ 11.3MG 176
MYAMBUTOL TAB 400MG 94
MYCAPSSA CAP 20MG....178
MYCOBUTIN CAP 150MG....94
mycophenolate mofetil cap 250 mg 238
mycophenolate mofetil for oral susp 200 mg/ml 238
mycophenolate mofetil tab 500 mg....238
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)....238
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)....238
MYDAYIS CAP 12.5MG 3
MYDAYIS CAP 25MG....3
MYDAYIS CAP 37.5MG 3
MYDAYIS CAP 50MG 3
MYDCOMBI SOL 1%-2.5% 248
MYFEMBREE TAB....180
MYFORTIC TAB 180MG 238
MYFORTIC TAB 360MG....238
MYGLUCOHEALT MIS LANC 30G....212
MYGLUCOHEALT SOL LO/NL/HI 212
MYGLUCOHEALT TES BLD GLUC....167
MYHIBBIN SUS 200MG/ML 238
MYLERAN TAB 2MG....95
MYRBETRIQ SUS 8MG/ML....272
MYRBETRIQ TAB 25MG....272
MYRBETRIQ TAB 50MG....272
MYSOLINE TAB 250MG....59
MYSOLINE TAB 50MG 59
MYTESI TAB 125MG....77
MYXREDLIN SOL 1UNIT/ML....75

N

nabumetone tab 500 mg 24
nabumetone tab 750 mg....24
nadolol tab 20 mg....124
nadolol tab 40 mg....124
nadolol tab 80 mg....124
NA FL/K NITR GEL 1.1-5% 240
naftifine hcl cream 1% 144
naftifine hcl cream 2%....144
naftifine hcl gel 2%....144
NAFTIN GEL 1% 144
NAFTIN GEL 2%....144
NALFON CAP 400MG 24
NALFON TAB 600MG....24
NALOCET TAB 2.5-300....36
naloxone hcl inj 0.4 mg/ml 78
naloxone hcl inj 4 mg/10ml....78
naloxone hcl nasal spray 4 mg/0.1ml....78
naloxone hcl soln cartridge 0.4 mg/ml 78
naloxone hcl soln prefilled syringe 0.4 mg/ml 78
naloxone hcl soln prefilled syringe 2 mg/2ml 78
naltrexone hcl tab 50 mg 78
NAMENDA TAB 10MG....257
NAMENDA TAB 5-10MG....257
NAMENDA TAB 5MG 257

NAMENDA XR CAP 14MG.....257
NAMENDA XR CAP 21MG.....257
NAMENDA XR CAP 28MG.....257
NAMZARIC CAP.....257
NAMZARIC CAP 14-10MG.....257
NAMZARIC CAP 21-10MG.....257
NAMZARIC CAP 28-10MG.....257
NAMZARIC CAP 7-10MG.....257
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).....24
naproxen sodium tab er 24hr 750 mg (base equiv).....24
naproxen susp 125 mg/5ml.....24
naproxen tab 250 mg.....24
naproxen tab 375 mg.....24
naproxen tab 500 mg.....25
naproxen tab ec 375 mg.....25
naproxen tab ec 500 mg.....25
naratriptan hcl tab 1 mg (base equiv).....235
naratriptan hcl tab 2.5 mg (base equiv)..235
NARCAN SPR 4MG.....78
NARDIL TAB 15MG.....64
NASCOBAL SPR 500MCG.....192
NATACHEW CHW.....242
NATACYN SUS 5% OP.....250
NATAL PNV TAB.....242
NATAZIA TAB.....135
nateglinide tab 120 mg.....76
nateglinide tab 60 mg.....76
NATESTO GEL 5.5MG.....39
NATROBA SUS 0.9%.....160
NATURAL COND MIS + LUBE.....200
NAYZILAM SPR 5MG.....56
nebivolol hcl tab 10 mg (base equivalent).....123
nebivolol hcl tab 2.5 mg (base equivalent).....123
nebivolol hcl tab 20 mg (base equivalent).....123
nebivolol hcl tab 5 mg (base equivalent).123
NEBUSAL NEB 6%.....139
NEEDLES MIS 18GX1.....225
NEEDLES MIS 18GX1.5.....225
NEEDLES MIS 22GX1.5.....225
NEEDLES MIS 23GX1.5.....225
NEEDLES MIS 25GX1.....225
NEEVO DHA CAP 27-1.13.....242
nefazodone hcl tab 100 mg.....66
nefazodone hcl tab 150 mg.....66
nefazodone hcl tab 200 mg.....66
nefazodone hcl tab 250 mg.....66
nefazodone hcl tab 50 mg.....66
NEFFY SPR 1MG.....274
NEFFY SPR 2MG.....274
NEMLUVIO INJ 30MG.....157
NEOMATERNA TAB.....242
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....250
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.....250
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....251
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....251
neomycin-polymyxin-hc ophth susp.....251
neomycin-polymyxin-hc otic soln 1%.....253
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....253
neomycin sulfate tab 500 mg.....10
NEONATAL/DHA MIS.....242
NEONATAL 19 TAB.....242
NEONATAL FE TAB.....242
NEONATAL PLS TAB 27-1MG.....242
NEONATAL TAB COMPLETE.....242
NEONATAL TAB COMPLTE.....242

NEONATAL TAB PLUS 242
NEORAL CAP 100MG 239
NEORAL CAP 25MG 239
NEORAL SOL 100MG/ML 239
NEO-SYNALAR CRE 143
NEOTUSS PLUS LIQ 139
NEO-VITAL RX TAB 242
NERLYNX TAB 40MG 102
NESINA TAB 12.5MG 72
NESINA TAB 25MG 72
NESINA TAB 6.25MG 72
NESTABS DHA PAK 242
NESTABS ONE CAP 242
NESTABS TAB 242
NEULASTA INJ 6MG/0.6M 193, 194
NEUPOGEN INJ 300/0.5 194
NEUPOGEN INJ 300MCG 194
NEUPOGEN INJ 480/0.8 194
NEUPOGEN INJ 480MCG 194
NEUPRO DIS 1MG/24HR 108
NEUPRO DIS 2MG/24HR 108
NEUPRO DIS 3MG/24HR 108
NEUPRO DIS 4MG/24HR 108
NEUPRO DIS 6MG/24HR 108
NEUPRO DIS 8MG/24HR 108
NEURONTIN CAP 100MG 59
NEURONTIN CAP 300MG 59
NEURONTIN CAP 400MG 59
NEURONTIN SOL 250/5ML 59
NEURONTIN TAB 600MG 59
NEURONTIN TAB 800MG 59
NEUTEK 2TEK SOL CONTROL 212
NEUTEK 2TEK TES STRIPS 167
NEVANAC SUS 0.1% OP 253
nevirapine susp 50 mg/5ml 118
nevirapine tab 200 mg 118
nevirapine tab er 24hr 400 mg 118
NEXAVAR TAB 200MG 102
NEXICLON XR TAB 0.17MG 88
NEXIUM CAP 20MG 270
NEXIUM CAP 40MG 270
NEXIUM GRA 10MG DR 270
NEXIUM GRA 2.5MG DR 270
NEXIUM GRA 20MG DR 270
NEXIUM GRA 40MG DR 270
NEXIUM GRA 5MG DR 270
NEXLETOL TAB 180MG 81
NEXLIZET TAB 180/10MG 81
NEXOBRID GEL 8.8% 157
NEXTSTELLIS TAB 3-14.2MG 135
NGENLA INJ 24/1.2ML 174
NGENLA INJ 60/1.2ML 174
niacin (antihyperlipidemic) tab 500 mg 85
niacin tab er 1000 mg (antihyperlipidemic) 85
*niacin tab er 500 mg (antihyperlipidemic)*85
*niacin tab er 750 mg (antihyperlipidemic)*85
nicardipine hcl cap 20 mg 126
nicardipine hcl cap 30 mg 126
nicotine polacrilex gum 2 mg 261
nicotine polacrilex gum 4 mg 261
nicotine polacrilex lozenge 2 mg 261
nicotine polacrilex lozenge 4 mg 261
nicotine td patch 24hr 14 mg/24hr 262
nicotine td patch 24hr 21 mg/24hr 262
nicotine td patch 24hr 7 mg/24hr 261
NICOTROL NS SPR 10MG/ML 262
nifedipine cap 10 mg 126
nifedipine cap 20 mg 126
nifedipine tab er 24hr 30 mg 126
nifedipine tab er 24hr 60 mg 126
nifedipine tab er 24hr 90 mg 126
nifedipine tab er 24hr osmotic release 30 mg 126
nifedipine tab er 24hr osmotic release 60 mg 126
nifedipine tab er 24hr osmotic release 90 mg 126
NILANDRON TAB 150MG 97
NILOTINB TAR CAP 150MG 102
NILOTINB TAR CAP 200MG 102
NILOTINB TAR CAP 50MG 102
nilotinib hcl cap 150 mg (base equivalent) 102
nilotinib hcl cap 200 mg (base equivalent) 102
*nilotinib hcl cap 50 mg (base equivalent)*102
nilutamide tab 150 mg 97

nimodipine cap 30 mg 126
nimodipine oral soln 60 mg/20ml (3 mg/ml) 126
NINLARO CAP 2.3MG 102
NINLARO CAP 3MG 102
NINLARO CAP 4MG 102
nisoldipine tab er 24hr 17 mg 126
nisoldipine tab er 24hr 20 mg 126
nisoldipine tab er 24hr 25.5 mg 126
nisoldipine tab er 24hr 30 mg 126
nisoldipine tab er 24hr 34 mg 126
nisoldipine tab er 24hr 40 mg 126
nisoldipine tab er 24hr 8.5 mg 126
nitazoxanide tab 500 mg 41
nitisinone cap 10 mg 176
nitisinone cap 20 mg 176
nitisinone cap 2 mg 176
nitisinone cap 5 mg 176
NITRO-BID OIN 2% 43
NITRO-DUR DIS 0.1MG/HR 43
NITRO-DUR DIS 0.2MG/HR 43
NITRO-DUR DIS 0.3MG/HR 43
NITRO-DUR DIS 0.4MG/HR 43
NITRO-DUR DIS 0.6MG/HR 43
NITRO-DUR DIS 0.8MG/HR 43
NITROFURANTN SUS 50MG/5ML 42
nitrofurantoin macrocrystalline cap 100 mg 42
nitrofurantoin macrocrystalline cap 25 mg 42
nitrofurantoin macrocrystalline cap 50 mg 42
nitrofurantoin monohydrate macrocrystalline cap 100 mg 42
nitrofurantoin susp 25 mg/5ml 42
nitroglycerin cap er 2.5 mg 43
nitroglycerin cap er 6.5 mg 43
nitroglycerin cap er 9 mg 43
nitroglycerin oint 0.4% 40
nitroglycerin sl tab 0.3 mg 43
nitroglycerin sl tab 0.4 mg 43
nitroglycerin sl tab 0.6 mg 43
nitroglycerin td patch 24hr 0.1 mg/hr 43
nitroglycerin td patch 24hr 0.2 mg/hr 43
nitroglycerin td patch 24hr 0.4 mg/hr 43
nitroglycerin td patch 24hr 0.6 mg/hr 43
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 43
NITROLINGUAL SPR 400MCG 43
NITROSTAT SUB 0.3MG 43
NITROSTAT SUB 0.4MG 43
NITROSTAT SUB 0.6MG 43
NITYR TAB 10MG 176
NITYR TAB 2MG 176
NITYR TAB 5MG 176
NIVA-PLUS TAB 242
NIVA THYROID TAB 120MG 266
NIVA THYROID TAB 15MG 266
NIVA THYROID TAB 30MG 266
NIVA THYROID TAB 60MG 266
NIVA THYROID TAB 90MG 266
NIVESTYM INJ 300/0.5 194
NIVESTYM INJ 300MCG 194
NIVESTYM INJ 480/0.8 194
NIVESTYM INJ 480MCG 194
nizatidine cap 150 mg 269
nizatidine cap 300 mg 269
NOCDURNA SUB 27.7MCG 178
NOCDURNA SUB 55.3MCG 178
NO CODING TES BLD GLUC 167
NORDITROPIN INJ 10/1.5ML 174
NORDITROPIN INJ 15/1.5ML 174
NORDITROPIN INJ 30/3ML 174
NORDITROPIN INJ 5/1.5ML 174
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 136
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 135
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 135
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 135
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg 135
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 135
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 135

norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....135
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....135
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....135
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....135
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....135
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....135
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....180
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....180
norethindrone acetate tab 5 mg.....255
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....135
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....135
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....135
norethindrone tab 0.35 mg.....136
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....135
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....135
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....135
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....135
NORITATE CRE 1%.....160
NORLIQVA SOL 1MG/ML.....126
NORM-JECT MIS LUER LOK.....225
NORPACE CAP 100MG.....45
NORPACE CAP 100MG CR.....45
NORPACE CAP 150MG.....45
NORPACE CAP 150MG CR.....45
NORPRAMIN TAB 10MG.....68
NORPRAMIN TAB 25MG.....68
NORTHERA CAP 100MG.....274
NORTHERA CAP 200MG.....274
NORTHERA CAP 300MG.....274
nortriptyline hcl cap 10 mg.....68
nortriptyline hcl cap 25 mg.....68
nortriptyline hcl cap 50 mg.....68
nortriptyline hcl cap 75 mg.....68
nortriptyline hcl soln 10 mg/5ml.....68
NORVASC TAB 10MG.....127
NORVASC TAB 2.5MG.....126
NORVASC TAB 5MG.....126
NORVIR CAP 100MG.....118
NORVIR POW 100MG.....118
NORVIR TAB 100MG.....118
NOURIANZ TAB 20MG.....106
NOURIANZ TAB 40MG.....106
NOVA MAX GLU LIQ /KET CON.....212
NOVA MAX PLS TES KETONE.....167
NOVA MAX TES GLUCOSE.....167
NOVAREL INJ 5000UNIT.....173
NOVA SAFETY MIS LANC 23G.....212
NOVA SAFETY MIS LANC 28G.....212
NOVA SUREFLX MIS LANC DEV.....212
NOVA SURE MIS LANCETS.....212
NOVOFINE AUT MIS 30GX8MM.....225
NOVOFINE MIS 32GX6MM.....225
NOVOFINE PLS MIS 32GX4MM.....225
NOVOLIN70/30 INJ RELION.....75
NOVOLIN INJ 70/30.....75
NOVOLIN INJ 70/30 FP.....75
NOVOLIN N INJ 100 UNIT.....75
NOVOLIN N INJ RELION.....75
NOVOLIN N INJ U-100.....75
NOVOLIN R INJ 100 UNIT.....75
NOVOLIN R INJ RELION.....75
NOVOLIN R INJ U-100.....75
NOVOLOG INJ 100/ML.....75
NOVOLOG INJ FLEXPEN.....75
NOVOLOG INJ FLEX REL.....75
NOVOLOG INJ PENFILL.....75
NOVOLOG INJ RELION.....75
NOVOLOG MIX INJ 70/30.....75
NOVOLOG MIX INJ FLEXPEN.....75
NOVOLOG MIX INJ FLEX REL.....75
NOVOLOG RELI INJ 70/30.....75
NOVOPEN ECHO MIS.....225
NOXAFIL PAK 300MG.....80

NOXAFIL SUS 40MG/ML....80
NOXAFIL TAB 100MG....80
NOZIN NASAL KIT SANITIZE....246
NOZIN NASAL MIS SANITIZE....246
NP THYROID TAB 120MG....266
NP THYROID TAB 15MG....266
NP THYROID TAB 30MG....266
NP THYROID TAB 60MG....266
NP THYROID TAB 90MG....266
NUBEQA TAB 300MG....97
NUCALA INJ 100MG....46
NUCALA INJ 100MG/ML....46
NUCALA INJ 40MG/0.4....46
NUCORT LOT 2%....155
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....261
NUJU CRE 0.1%....157
NUMBRINO SOL 40MG/ML....246
NUPLAZID CAP 34MG....110
NUPLAZID TAB 10MG....110
NURTEC TAB 75MG ODT....233
NUTROPIN AQ INJ 10MG/2ML....174
NUTROPIN AQ INJ 20MG/2ML....174
NUTROPIN AQ INJ NUSPIN 5....174
NUVARING MIS....136
NUVESSA GEL 1.3%....273
NUVIGIL TAB 150MG....9
NUVIGIL TAB 200MG....9
NUVIGIL TAB 250MG....9
NUVIGIL TAB 50MG....9
NUZYRA TAB 150MG....263
NYMALIZE SOL....127
NYPOZI INJ 300/0.5....194
NYPOZI INJ 480/0.8....194
nystatin cream 100000 unit/gm....144
nystatin oint 100000 unit/gm....144
NYSTATIN SUS 100000....240
nystatin susp 100000 unit/ml....240
nystatin tab 500000 unit....80
*nystatin topical powder 100000 unit/gm*144
nystatin-triamcinolone cream 100000-0.1 unit/gm-%....144
nystatin-triamcinolone oint 100000-0.1 unit/gm-%....144
NYVEPRIA INJ 6/0.6ML....194

O

OB COMPLETE/ CAP DHA....242
OB COMPLETE CAP ONE....242
OB COMPLETE CAP PETITE....242
OB COMPLETE TAB....242
OB COMPLETE TAB PREMIER....242
OCALIVA TAB 10MG....182
OCALIVA TAB 5MG....182
octreotide acetate inj 1000 mcg/ml (1 mg/ml)....178
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)....178
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)....178
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)....178
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)....178
octreotide acetate subcutaneous soln pref syr 100 mcg/ml....179
octreotide acetate subcutaneous soln pref syr 500 mcg/ml....179
octreotide acetate subcutaneous soln pref syr 50 mcg/ml....178
OCUFLOX DRO 0.3% OP....250
ODACTRA SUB....9
ODEFSEY TAB....118
ODOMZO CAP 200MG....97
OFEV CAP 100MG....263
OFEV CAP 150MG....263
ofloxacin ophth soln 0.3%....250
ofloxacin otic soln 0.3%....253
ofloxacin tab 300 mg....182
ofloxacin tab 400 mg....182
OGSIVEO TAB 100MG....102
OGSIVEO TAB 150MG....103

OGSIVEO TAB 50MG 102
OHTUVAYRE SUS 3/2.5ML.....47
OJEMDA SUS 25MG/ML.....103
OJEMDA TAB 100MG 103
OJJAARA TAB 100MG.....103
OJJAARA TAB 150MG.....103
OJJAARA TAB 200MG 103
olanzapine-fluoxetine hcl cap 12-25 mg .257
olanzapine-fluoxetine hcl cap 12-50 mg .257
olanzapine-fluoxetine hcl cap 3-25 mg...257
olanzapine-fluoxetine hcl cap 6-25 mg ..257
olanzapine-fluoxetine hcl cap 6-50 mg ..257
olanzapine for im inj 10 mg.....113
olanzapine orally disintegrating tab 10 mg 113
olanzapine orally disintegrating tab 15 mg 113
olanzapine orally disintegrating tab 20 mg 113
olanzapine orally disintegrating tab 5 mg 113
olanzapine tab 10 mg 113
olanzapine tab 15 mg 113
olanzapine tab 2.5 mg.....113
olanzapine tab 20 mg.....113
olanzapine tab 5 mg.....113
olanzapine tab 7.5 mg.....113
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg ..92
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 92
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg...92
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg ..92
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 92
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 91
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 91
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 92
olmesartan medoxomil tab 20 mg.....88
olmesartan medoxomil tab 40 mg 88
olmesartan medoxomil tab 5 mg 88
olopatadine hcl nasal soln 0.6% 246
OLPRUVA PAK 2GM.....176
OLPRUVA PAK 3GM.....176
OLPRUVA PAK 4 GM.....176
OLPRUVA PAK 5GM.....176
OLPRUVA PAK 6.67GM 176
OLPRUVA PAK 6GM.....176
OLUMIANT TAB 1MG.....19
OLUMIANT TAB 2MG.....19
OLUMIANT TAB 4MG.....19
OLUX-E AER 0.05% 155
OMECLAMOX- MIS PAK.....271
omega-3-acid ethyl esters cap 1 gm 82
omeprazole cap delayed release 10 mg .270
omeprazole cap delayed release 20 mg 270
omeprazole cap delayed release 40 mg 270
omeprazole-sodium bicarbonate cap 20-1100 mg 271
omeprazole-sodium bicarbonate cap 40-1100 mg 271
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg 271
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg 271
OMNARIS SPR.....246
OMNIFLEX DPR 200
OMNIPOD 5 DX KIT INT G7G6.....212
OMNIPOD 5 DX MIS POD G7G6.....212
OMNIPOD 5 G7 KIT INTRO.....212
OMNIPOD 5 G7 MIS PODS.....212
OMNIPOD 5 L2 KIT INTRO G6 212
OMNIPOD 5 L2 MIS PODS G6.....212
OMNIPOD DASH KIT INTRO 212
OMNIPOD DASH KIT PDM 212
OMNIPOD DASH MIS PODS 212
OMNIPOD GO KIT 10UNT/DY 212
OMNIPOD GO KIT 15UNT/DY 212
OMNIPOD GO KIT 20UNT/DY 212
OMNIPOD GO KIT 25UNT/DY.....212
OMNIPOD GO KIT 30UNT/DY 212
OMNIPOD GO KIT 35UNT/DY 212
OMNIPOD GO KIT 40UNT/DY 212
OMNIPOD MIS CLASSIC 212

OMNITROPE INJ 10/1.5ML.....174
OMNITROPE INJ 5/1.5ML 174
OMNITROPE INJ 5.8MG.....174
OMVOH INJ 100/200.....185
OMVOH INJ 100MG/ML.....185
ONAPGO INJ 98/20ML 108
ON CALL TES EXPRESS.....167
ondansetron hcl oral soln 4 mg/5ml.....78
ondansetron hcl tab 24 mg.....78
ondansetron hcl tab 4 mg.....78
ondansetron hcl tab 8 mg.....78
ondansetron orally disintegrating tab 16 mg
.....78
ondansetron orally disintegrating tab 4 mg
.....78
ondansetron orally disintegrating tab 8 mg
.....78
ONE DROP TES BLD GLUC.....167
ONENATAL RX TAB.....242
ONETOUCH DEL MIS LANC DEV 212
ONETOUCH DEL MIS PLUS 30G 212
ONETOUCH DEL MIS PLUS 33G.....212
ONETOUCH LIQ ULT CONT 212
ONETOUCH LIQ ULTRA.....212
ONETOUCH LIQ VERIO.....212
ONETOUCH LIQ VERIO 4.....213
ONETOUCH TES ULT BLUE.....167
ONETOUCH TES ULTRA 167
ONETOUCH TES VERIO 167
ONETOUCH US MIS 2 30G 213
ONE VITE TAB 1MG PLUS 242
ONEXTON GEL 1.2-3.75 142
ONFI SUS 2.5MG/ML.....56
ONFI TAB 10MG 56
ONFI TAB 20MG.....56
ONGENTYS CAP 25MG 106
ONGENTYS CAP 50MG.....106
ONGLYZA TAB 2.5MG 72
ONGLYZA TAB 5MG 72
ON-THE-GO MIS LANC 30G 212
ONUREG TAB 200MG 95
ONUREG TAB 300MG 95
ONYDA XR SUS 0.1MG/ML.....6
ONZETRA XSAI MIS 11MG.....235
OPILL TAB 0.075MG.....136
OPIPZA MIS 10MG.....116
OPIPZA MIS 2MG 116
OPIPZA MIS 5MG 116
opium tincture 1% (10 mg/ml) (morphine equiv) 77
OPSUMIT TAB 10MG.....132
OPSYNVI TAB 10-20MG 129
OPSYNVI TAB 10-40MG 129
OPTICHAMBER MIS DIA LG 233
OPTICHAMBER MIS DIA MD.....233
OPTICHAMBER MIS DIAMOND.....233
OPTICHAMBER MIS DIA SM 233
OPTIUMEZ TES 167
OPVEE SPR 2.7/0.1 78
OPZELURA CRE 1.5% 157
ORACEA CAP 40MG.....160
ORACIT SOL 187
ORALAIR SUB 300 IR 9
ORAL CITRATE SOL 187
ORAPRED ODT TAB 10MG 137
ORAPRED ODT TAB 15MG 137
ORAPRED ODT TAB 30MG 137
ORAVIG TAB 50MG.....240
ORENCIA CLCK INJ 125MG/ML 26
ORENCIA INJ 125MG/ML.....27
ORENCIA INJ 50/0.4ML 27
ORENCIA INJ 87.5/0.7 27
ORENITRAM TAB 0.125MG.....131
ORENITRAM TAB 0.25MG 131
ORENITRAM TAB 1MG.....131
ORENITRAM TAB 2.5MG.....131
ORENITRAM TAB 5MG.....131
ORENITRAM TAB MONTH 1.....131
ORENITRAM TAB MONTH 2.....131
ORENITRAM TAB MONTH 3.....131
ORFADIN CAP 10MG.....176
ORFADIN CAP 20MG.....176
ORFADIN CAP 2MG 176
ORFADIN CAP 5MG 176
ORFADIN SUS 4MG/ML 176
ORGOVYX TAB 120MG.....97
ORIAHNN CAP.....180
ORILISSA TAB 150MG.....173

ORILISSA TAB 200MG 173
ORKAMBI GRA 100-125 262
ORKAMBI GRA 150-188 263
ORKAMBI GRA 75-94MG 262
ORKAMBI TAB 100-125 263
ORKAMBI TAB 200-125 263
ORLADEYO CAP 110MG 191
ORLADEYO CAP 150MG 191
orlistat cap 120 mg 4
ORLYNVAH TAB 500-500 42
orphenadrine citrate tab er 12hr 100 mg 245
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg 245, 246
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg 246
ORSERDU TAB 345MG 98
ORSERDU TAB 86MG 97
oseltamivir phosphate cap 30 mg (base equiv) 121
oseltamivir phosphate cap 45 mg (base equiv) 121
oseltamivir phosphate cap 75 mg (base equiv) 122
oseltamivir phosphate for susp 6 mg/ml (base equiv) 122
OSENI TAB 12.5-30 70
OSENI TAB 25-15MG 70
OSENI TAB 25-30MG 70
OSENI TAB 25-45MG 70
OSMOLEX ER TAB 129MG 108
OSMOLEX ER TAB 193MG 108
OSPHENA TAB 60MG 175
OTEZLA/XR TAB 28 DAY 26
OTEZLA TAB 10/20 25
OTEZLA TAB 10/20/30 25
OTEZLA TAB 20MG 26
OTEZLA TAB 30MG 26
OTEZLA XR TAB 75MG 26
OTOVEL DRO 254
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 21
OTREXUP INJ 22.5/0.4 21
OTREXUP INJ 25MG 21
OTULFI INJ 45/0.5ML 147
OTULFI INJ 45MG 147
OTULFI INJ 90MG/ML 147
OVACE PLUS AER 9.8% 152
OVACE PLUS CRE 10% 152
OVACE PLUS GEL 10% WASH 152
OVACE PLUS LIQ 10% WASH 152
OVACE PLUS LOT 9.8% 152
OVACE PLUS SHA 10% 152
OVACE WASH LIQ 10% 152
OVIDE LOT 0.5% 160
OVIDREL INJ 173
oxaprozin cap 300 mg 25
oxaprozin tab 600 mg 25
OXAYDO TAB 5MG 33
OXAYDO TAB 7.5MG 33
oxazepam cap 10 mg 45
oxazepam cap 15 mg 45
oxazepam cap 30 mg 45
OXBRYTA TAB 300MG 192
OXBRYTA TAB 500MG 192
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 59
oxcarbazepine tab 150 mg 59
oxcarbazepine tab 300 mg 59
oxcarbazepine tab 600 mg 59
oxcarbazepine tab er 24hr 150 mg 60
oxcarbazepine tab er 24hr 300 mg 60
oxcarbazepine tab er 24hr 600 mg 60
OXERVATE SOL 20MCG/ML 251
oxiconazole nitrate cream 1% 144
OXISTAT CRE 1% 144
OXISTAT LOT 1% 144
OXTELLAR XR TAB 150MG 60
OXTELLAR XR TAB 300MG 60
OXTELLAR XR TAB 600MG 60
OXY-ACETAMIN TAB 7.5-300 36
oxybutynin chloride solution 5 mg/5ml 272
oxybutynin chloride tab 2.5 mg 272
oxybutynin chloride tab 5 mg 272
oxybutynin chloride tab er 24hr 10 mg 272
oxybutynin chloride tab er 24hr 15 mg 272

oxybutynin chloride tab er 24hr 5 mg 272
OXYCOD/ACETA SOL 10/300MG.....36
OXYCOD/APAP TAB 10-300MG 36
OXYCOD/APAP TAB 5-300MG.....36
OXYCOD-APAP TAB 2.5-300 36
oxycodone hcl cap 5 mg 33
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 33
oxycodone hcl soln 5 mg/5ml.....33
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.....33
oxycodone hcl tab er 12hr deter 10 mg 34
oxycodone hcl tab er 12hr deter 20 mg 34
oxycodone hcl tab er 12hr deter 40 mg 34
oxycodone hcl tab er 12hr deter 80 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
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.....34
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/24 272
OZEMPIC INJ 2MG/3ML.....73
OZEMPIC INJ 4MG/3ML.....73
OZEMPIC INJ 8MG/3ML.....73
OZOBAX DS SOL 10MG/5ML.....245
OZOBAX SOL 5MG/5ML 245

P

PALFORZIA CAP 1-3YRS 9
PALFORZIA CAP 4-17YRS.....9
PALFORZIA CAP ESCALAT.....9
PALFORZIA CAP LEVEL 0 9
PALFORZIA CAP LEVEL 1 9
PALFORZIA CAP LEVEL 10 10
PALFORZIA CAP LEVEL 2 9
PALFORZIA CAP LEVEL 3.....10
PALFORZIA CAP LEVEL 4.....10
PALFORZIA CAP LEVEL 5.....10
PALFORZIA CAP LEVEL 6.....10
PALFORZIA CAP LEVEL 7.....10
PALFORZIA CAP LEVEL 8.....10
PALFORZIA CAP LEVEL 9.....10
PALFORZIA POW LEVEL 11.....10
paliperidone tab er 24hr 1.5 mg.....111
paliperidone tab er 24hr 3 mg 111
paliperidone tab er 24hr 6 mg 111
paliperidone tab er 24hr 9 mg 111
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent).....78
PALSONIFY TAB 20MG 179
PALSONIFY TAB 30MG 179
PALYNZIQ INJ 10/0.5ML.....177
PALYNZIQ INJ 2.5/0.5 177
PALYNZIQ INJ 20MG/ML.....177
PAMELOR CAP 10MG.....68
PAMELOR CAP 25MG 68
PAMELOR CAP 50MG.....68
PAMELOR CAP 75MG 68
PANCREAZE CAP 10500UNT 169
PANCREAZE CAP 16800UNT 169
PANCREAZE CAP 21000UNT 169

PANCREAZE CAP 2600UNIT.....169
PANCREAZE CAP 37000.....169
PANCREAZE CAP 4200UNIT.....169
PANDEL CRE 0.1%.....156
PANRETIN GEL 0.1%.....145
PANTOPRAZOLE INJ SOD 40MG.....270
pantoprazole sodium ec tab 20 mg (base equiv).....270
pantoprazole sodium ec tab 40 mg (base equiv).....270
pantoprazole sodium for delayed release susp packet 40 mg.....270
pantoprazole sodium for iv soln 40 mg (base equiv).....270
PARADIGM REA MIS TRANSMIT.....213
paricalcitol cap 1 mcg.....177
paricalcitol cap 2 mcg.....177
paricalcitol cap 4 mcg.....177
PARLODEL CAP 5MG.....108
PARLODEL TAB 2.5MG.....108
PARNATE TAB 10MG.....64
paroxetine hcl oral susp 10 mg/5ml (base equiv).....65
paroxetine hcl tab 10 mg.....65
paroxetine hcl tab 20 mg.....65
paroxetine hcl tab 30 mg.....65
paroxetine hcl tab 40 mg.....65
paroxetine hcl tab er 24hr 12.5 mg.....65
paroxetine hcl tab er 24hr 25 mg.....65
paroxetine hcl tab er 24hr 37.5 mg.....65
paroxetine mesylate cap 7.5 mg (base equiv).....262
PAXIL CR TAB 12.5MG.....65
PAXIL CR TAB 25MG.....65
PAXIL CR TAB 37.5MG.....65
PAXIL SUS 10MG/5ML.....65
PAXIL TAB 10MG.....65
PAXIL TAB 20MG.....65
PAXIL TAB 30MG.....65
PAXIL TAB 40MG.....65
PAXLOVID PAK.....120
PAXLOVID TAB 150-100.....120
PAXLOVID TAB 300-100.....120
pazopanib hcl tab 200 mg (base equiv)..103
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml.....269
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg.....269
PEDIAPRED SOL 5MG/5ML.....137
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....197
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....197
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....197
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....197
PEGASYS INJ.....121
PEGASYS INJ 180MCG/M.....121
PEG-PREP KIT.....197
PEMAZYRE TAB 13.5MG.....103
PEMAZYRE TAB 4.5MG.....103
PEMAZYRE TAB 9MG.....103
penciclovir cream 1%.....152
penicillamine cap 250 mg.....237
penicillamine tab 250 mg.....237
penicillin v potassium for soln 125 mg/5ml.....254
penicillin v potassium for soln 250 mg/5ml.....254
penicillin v potassium tab 250 mg.....254
penicillin v potassium tab 500 mg.....254
PEN NEEDLE MIS 29GX1/2.....225
PEN NEEDLE MIS 29GX3/16.....225
PEN NEEDLE MIS 29GX5/16.....225
PEN NEEDLE MIS 31GX3/16.....225
PEN NEEDLE MIS 31GX4MM.....225
PEN NEEDLE MIS 31GX5/16.....225
PEN NEEDLE MIS 31GX5MM.....225
PEN NEEDLE MIS 31GX6MM.....225
PEN NEEDLE MIS 31GX8MM.....225
PEN NEEDLE MIS 32GX1/4.....225
PEN NEEDLE MIS 32GX4MM.....225
PEN NEEDLE MIS 32GX5/32.....225
PEN NEEDLE MIS 32GX5MM.....225
PEN NEEDLE MIS 32GX6MM.....225
PEN NEEDLE MIS 33GX4MM.....225
PEN NEEDLE MIS 33GX5/32.....225

PEN NEEDLE MIS 33GX5MM 225
PEN NEEDLE MIS 33GX6MM 225
PEN NEEDLES MIS 29GX1/2.....225
PEN NEEDLES MIS 29GX10MM 225
PEN NEEDLES MIS 29GX12.7 225
PEN NEEDLES MIS 29GX12MM 225
PEN NEEDLES MIS 30GX3/16 225
PEN NEEDLES MIS 30GX5/16 226
PEN NEEDLES MIS 30GX5MM.....226
PEN NEEDLES MIS 30GX8MM 226
PEN NEEDLES MIS 31GX1/4 226
PEN NEEDLES MIS 31GX3/16 226
PEN NEEDLES MIS 31GX5/16 226
PEN NEEDLES MIS 31GX5MM 226
PEN NEEDLES MIS 31GX6MM 226
PEN NEEDLES MIS 31GX8MM 226
PEN NEEDLES MIS 32GX1/4 226
PEN NEEDLES MIS 32GX3/16 226
PEN NEEDLES MIS 32GX4MM.....226
PEN NEEDLES MIS 32GX5/16 226
PEN NEEDLES MIS 32GX5/32.....226
PEN NEEDLES MIS 32GX5MM.....226
PEN NEEDLES MIS 32GX6MM.....226
PEN NEEDLES MIS 32GX8MM.....226
PEN NEEDLES MIS 33GX4MM.....226
PEN NEEDLES MIS 33GX5/32.....226
PEN NEEDLES MIS 33GX5MM.....226
PEN NEEDLES MIS 33GX6MM.....226
PENNSAID SOL 2% 143
PENTASA CAP 250MG CR.....185
PENTASA CAP 500MG CR.....185
pentazocine w/ naloxone hcl tab 50-0.5 mg 38
PENTETATE CA SOL 200MG/ML 78
PENTETATE ZI SOL 200MG/ML 78
PENTIPS MIS 29GX12MM 226
PENTIPS MIS 31GX5MM 226
PENTIPS MIS 31GX6MM 226
PENTIPS MIS 31GX8MM 226
PENTIPS MIS 32GX4MM 226
PENTIPS MIS 32GX6MM 226
PENTOSAN CAP 150MG.....188
PENTOSAN CAP 200MG.....188
pentoxifylline tab er 400 mg.....190
PEPCID TAB 40MG.....269
perampanel tab 10 mg.....55
perampanel tab 12 mg.....55
perampanel tab 2 mg 55
perampanel tab 4 mg 55
perampanel tab 6 mg 55
perampanel tab 8 mg 55
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.....213
PERFECT 30G MIS LANCETS.....213
PERFECT POIN MIS 25GX1.....226
PERFECT POIN MIS LANC 28G 213
PERFECT POIN MIS LANC 30G 213
PERFOROMIST NEB 20MCG 52
PERIDEX SOL 0.12%.....240
perindopril erbumine tab 2 mg.....86
perindopril erbumine tab 4 mg 86
perindopril erbumine tab 8 mg.....86
permethrin cream 5% 160
perphenazine-amitriptyline tab 2-10 mg.257
perphenazine-amitriptyline tab 2-25 mg 257
perphenazine-amitriptyline tab 4-10 mg 257
perphenazine-amitriptyline tab 4-25 mg 257
*perphenazine-amitriptyline tab 4-50 mg*257
perphenazine tab 16 mg 115
perphenazine tab 2 mg.....115
perphenazine tab 4 mg.....115
perphenazine tab 8 mg.....115
PERSERIS INJ 120MG.....111
PERSERIS INJ 90MG 111
PERTZYE CAP 16000U.....169
PERTZYE CAP 24000U.....169
PERTZYE CAP 4000UNIT.....169
PERTZYE CAP 8000UNIT.....169
PHARMACY COU MIS LANCETS.....213
PHARM SYRNG MIS TRAY 1ML 226
PHARM TRAY MIS 12ML/LL.....226
PHARM TRAY MIS 1ML/REG.....226
PHARM TRAY MIS 20ML/LL.....226
PHARM TRAY MIS 35ML/LL 226
PHARM TRAY MIS 3ML/LL 226

PHARM TRAY MIS 60ML/LL.....227
PHARM TRAY MIS 6ML.....226
PHEBURANE MIS 483/GM.....177
phenazopyridine hcl tab 100 mg.....189
phenazopyridine hcl tab 200 mg.....189
PHENDIMETRAZ CAP 105MG ER.....4
phendimetrazine tartrate tab 35 mg.....4
phenelzine sulfate tab 15 mg.....64
phenobarbital elixir 20 mg/5ml.....195
phenobarbital tab 100 mg.....195
phenobarbital tab 15 mg.....195
phenobarbital tab 16.2 mg.....195
phenobarbital tab 30 mg.....195
phenobarbital tab 32.4 mg.....195
phenobarbital tab 60 mg.....195
phenobarbital tab 64.8 mg.....195
phenobarbital tab 97.2 mg.....195
phenoxybenzamine hcl cap 10 mg.....87
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%.....249
phenylephrine hcl ophth soln 2.5%.....249
PHENYLEPHRIN SOL 2.5% OP.....249
phenytoin chew tab 50 mg.....62
phenytoin sodium extended cap 100 mg.62
phenytoin sodium extended cap 200 mg.62
phenytoin sodium extended cap 300 mg.62
phenytoin susp 125 mg/5ml.....62
PHEXX GEL.....273
PHEXXI GEL.....273
PHOSPHOLINE SOL 0.125%OP.....249
PHOXILLUM SOL B22K/40.....237
PHOXILLUM SOL BK4/2.5.....237
PHYRAGO TAB 100MG.....103
PHYRAGO TAB 140MG.....103
PHYRAGO TAB 20MG.....103
PHYRAGO TAB 50MG.....103
PHYRAGO TAB 70MG.....103
PHYRAGO TAB 80MG.....103
phytonadione tab 5 mg.....275
PIFELTRO TAB 100MG.....118
pilocarpine hcl ophth soln 1%.....249
pilocarpine hcl ophth soln 2%.....249
pilocarpine hcl ophth soln 4%.....249
pilocarpine hcl tab 5 mg.....241
pilocarpine hcl tab 7.5 mg.....241
pimecrolimus cream 1%.....157
pimozide tab 1 mg.....261
pimozide tab 2 mg.....261
pindolol tab 10 mg.....124
pindolol tab 5 mg.....124
pioglitazone hcl-glimepiride tab 30-2 mg 70
pioglitazone hcl-glimepiride tab 30-4 mg 70
pioglitazone hcl-metformin hcl tab 15-500 mg.....70
pioglitazone hcl-metformin hcl tab 15-850 mg.....70
pioglitazone hcl tab 15 mg (base equiv)....76
pioglitazone hcl tab 30 mg (base equiv)...76
pioglitazone hcl tab 45 mg (base equiv)...76
PIP BLOOD TES.....167
PIP CONTROL LIQ.....213
PIP LANCETS MIS 28G.....213
PIP LANCETS MIS 30G.....213
PIP PEN NEED MIS 32GX4MM.....227
PIQRAY 200MG TAB DOSE.....103
PIQRAY 250MG TAB DOSE.....103
PIQRAY 300MG TAB DOSE.....103
pirfenidone cap 267 mg.....263
pirfenidone tab 267 mg.....263
pirfenidone tab 534 mg.....263
pirfenidone tab 801 mg.....263
piroxicam cap 10 mg.....25
piroxicam cap 20 mg.....25
pitavastatin calcium tab 1 mg.....84
pitavastatin calcium tab 2 mg.....84
pitavastatin calcium tab 4 mg.....84

PLAQUENIL TAB 200MG 94
PLAVIX TAB 75MG 191
PLEGRIDY INJ 259
PLEGRIDY INJ PEN 260
PLEGRIDY INJ STARTER 260
PLEGRIDY PEN INJ STARTER 260
PLENVU SOL 197
PLEXION CLTH PAD 9.8-4.8% 142
PLEXION CRE 9.8-4.8% 142
PLEXION LIQ 9.8-4.8% 142
PLEXION LOT 9.8-4.8% 142
PLIAGLIS CRE 7-7% 159
PNV 27-CA/FE TAB /FA 242
PNV-DHA CAP DOCUSATE 242
PNV-OMEGA CAP 242
PNV TAB 20-1 TAB 242
POCKET CHAMB MIS 233
POCKETCHEM SOL EZ 213
POCKETCHEM TES EZ 167
POCKET SPACE MIS 233
PODOCON-25 SOL 158
podofilox gel 0.5% 158
podofilox soln 0.5% 158
POKONZA POW 10MEQ 236
POLY HUB MIS 18GX1 227
POLY HUB MIS 18GX1.5 227
POLY HUB MIS 20GX1 227
POLY HUB MIS 21GX1 227
POLY HUB MIS 21GX1.5 227
POLY HUB MIS 22GX1 227
POLY HUB MIS 22GX1.5 227
POLY HUB MIS 23GX1 227
POLY HUB MIS 23GX1.5 227
POLY HUB MIS 25GX1 227
POLY HUB MIS 25GX1.5 227
POLY HUB MIS 25GX5/8 227
POLY HUB MIS 27GX1/2 227
POLY HUB MIS 27GX1.25 227
POLY HUB MIS 30GX1/2 227
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 250
POMALYST CAP 1MG 98
POMALYST CAP 2MG 98
POMALYST CAP 3MG 98
POMALYST CAP 4MG 98
PONVORY TAB 20MG 260
PONVORY TAB STARTER 260
posaconazole susp 40 mg/ml 80
posaconazole tab delayed release 100 mg 80
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml 187
potassium chloride cap er 10 meq 236
potassium chloride cap er 8 meq 236
potassium chloride microencapsulated crys er tab 10 meq 236
potassium chloride microencapsulated crys er tab 15 meq 236
potassium chloride microencapsulated crys er tab 20 meq 236
potassium chloride oral soln 10% (20 meq/15ml) 236
potassium chloride oral soln 20% (40 meq/15ml) 236
potassium chloride powder packet 20 meq 236
potassium chloride tab er 10 meq 236
potassium chloride tab er 15 meq 237
potassium chloride tab er 20 meq (1500 mg) 237
potassium chloride tab er 8 meq (600 mg) 236
potassium citrate & citric acid powder pack 3300-1002 mg 188
potassium citrate & citric acid soln 1100-334 mg/5ml 188
potassium citrate tab er 10 meq (1080 mg) 188
potassium citrate tab er 15 meq (1620 mg) 188
potassium citrate tab er 5 meq (540 mg) 188
POVIDONE IOD SOL 5% 250
PRADAXA CAP 110MG 55
PRADAXA CAP 150MG 55
PRADAXA CAP 75MG 55
PRADAXA PAK 110MG 55
PRADAXA PAK 150MG 55
PRADAXA PAK 20MG 55

PRADAXA PAK 30MG 55
PRADAXA PAK 40MG 55
PRADAXA PAK 50MG 55
PRALUENT INJ 150MG/ML 85
PRALUENT INJ 75MG/ML 85
pramipexole dihydrochloride tab 0.125 mg 108
pramipexole dihydrochloride tab 0.25 mg 108
*pramipexole dihydrochloride tab 0.5 mg*108
pramipexole dihydrochloride tab 0.75 mg 108
pramipexole dihydrochloride tab 1.5 mg.108
pramipexole dihydrochloride tab 1 mg....108
pramipexole dihydrochloride tab er 24hr 0.375 mg.....108
pramipexole dihydrochloride tab er 24hr 0.75 mg 108
pramipexole dihydrochloride tab er 24hr 1.5 mg.....108
pramipexole dihydrochloride tab er 24hr 2.25 mg 108
pramipexole dihydrochloride tab er 24hr 3.75 mg 108
pramipexole dihydrochloride tab er 24hr 3 mg.....108
pramipexole dihydrochloride tab er 24hr 4.5 mg 108
PRAMOSONE CRE 1-1% 156
PRAMOSONE CRE 1-2.5%.....156
PRAMOSONE LOT 1%.....156
PRAMOSONE LOT 1-1%.....156
PRAMOSONE LOT 2.5%.....156
PRAMOSONE OIN 1% 156
PRAMOSONE OIN 2.5% 156
pramoxine-hc cream 1-2.5% 156
prasugrel hcl tab 10 mg (base equiv).....191
prasugrel hcl tab 5 mg (base equiv) 191
pravastatin sodium tab 10 mg 84
pravastatin sodium tab 20 mg.....84
pravastatin sodium tab 40 mg 84
pravastatin sodium tab 80 mg 84
praziquantel tab 600 mg.....40
prazosin hcl cap 1 mg 88
prazosin hcl cap 2 mg.....88
prazosin hcl cap 5 mg.....88
PR BENZOYL LIQ 7% WASH.....142
PRECISION LIQ GLUC/KET 213
PRECISION TES XTRA.....167
PRECISN XTRA TES KETONE 167
PRED/NEPAFEN DRO 1-0.1%.....251
PRED FORTE SUS 1% OP 251
PRED-GATIFL- SUS BROMFENA.....251
PRED-GATI SUS 1-0.5%.....251
PRED MILD SUS 0.12% OP 251
PRED MOXIFLO SOL 1-0.5%.....251
PRED MOXIFLO SUS BROMFEN.....251
PREDNI/MOXI/ DRO NEPAFENA 252
PREDNI/MOXI/ SOL KETOROLA.....252
PREDNI/MOXIF DRO 1-0.5%.....252
PREDNIS/BROM SUS 1-0.075% 252
prednisolone acetate ophth susp 1% 252
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....138
prednisolone sod phos orally disintegr tab 10 mg (base eq).....137
prednisolone sod phos orally disintegr tab 15 mg (base eq).....138
prednisolone sod phos orally disintegr tab 30 mg (base eq).....138
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv).....138
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....138
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv).....138
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....138
PREDNISOLONE SOL MOX-BROM 252
PREDNISOLONE SOL MOXIFLOX.....252
prednisolone soln 15 mg/5ml.....138
PREDNISOLONE SUS 1% 252
PREDNISOLONE TAB 10MG ODT.....138
PREDNISOLONE TAB 15MG ODT.....138
PREDNISOLONE TAB 30MG ODT 138
prednisolone tab 5 mg 138
PREDNISONE CON 5MG/ML.....138
prednisone oral soln 5 mg/5ml.....138

prednisone tab 10 mg.....138
prednisone tab 1 mg.....138
prednisone tab 2.5 mg.....138
prednisone tab 20 mg.....138
prednisone tab 50 mg.....138
prednisone tab 5 mg.....138
prednisone tab therapy pack 10 mg (21) .138
prednisone tab therapy pack 10 mg (48) 138
prednisone tab therapy pack 5 mg (21) ...138
prednisone tab therapy pack 5 mg (48) ..138
PRED SOD PHO SOL 1% OP.....251
pregabalin cap 100 mg.....60
pregabalin cap 150 mg.....60
pregabalin cap 200 mg.....60
pregabalin cap 225 mg.....60
pregabalin cap 25 mg.....60
pregabalin cap 300 mg.....60
pregabalin cap 50 mg.....60
pregabalin cap 75 mg.....60
pregabalin soln 20 mg/ml.....60
pregabalin tab er 24hr 165 mg.....261
pregabalin tab er 24hr 330 mg.....261
pregabalin tab er 24hr 82.5 mg.....261
PREGEN DHA CAP.....242
PREGENNA TAB.....242
PREGNYL INJ 10000UNT.....173
PREMARIN INJ 25MG.....181
PREMARIN TAB 0.3MG.....181
PREMARIN TAB 0.45MG.....181
PREMARIN TAB 0.625MG.....182
PREMARIN TAB 0.9MG.....181
PREMARIN TAB 1.25MG.....182
PREMARIN VAG CRE 0.625MG.....273
PREMESISRX TAB.....242
PREMIUM BLOO MIS GLUCOSE.....167
PREMPHASE TAB.....180
PREMPRO TAB.....180
PREMPRO TAB 0.3-1.5.....180
PREMPRO TAB 0.45-1.5.....180
PREMPRO TAB 0.625-5.....180
PRENA1 CHW.....242
PRENA1 PEARL CAP.....242
PRENA 1 TRUE MIS.....242
PRENAISSANCE CAP.....242
PRENAISSANCE CAP PLUS.....242
PRENATAL 19 CHW 29-1MG.....242
PRENATAL 19 TAB 29-1MG.....242
PRENATAL PLS MIS MV + DHA.....242
PRENATAL TAB.....242
PRENATAL TAB 27-1MG.....242
PRENATAL TAB 28-0.8MG.....242
PRENATAL TAB IRON.....243
PRENATAL TAB MULTIVIT.....243
PRENATAL TAB PLUS.....243
PRENATAL-U CAP 106.5-1.....243
PRENATAL VIT TAB 28-0.8MG.....243
PRENATAL VIT TAB MINERALS.....243
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg.....243
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....243
prenatal vit w/ fe fumarate-fa tab 28-1 mg.....243
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg.....243
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg.....243
PRENATE AM TAB 1MG.....243
PRENATE CAP ENHANCE.....243
PRENATE CAP ESSENT.....243
PRENATE CAP PIXIE.....243
PRENATE CAP RESTORE.....243
PRENATE CHW 0.6-0.4.....243
PRENATE DHA CAP.....243
PRENATE MAX TAB.....243
PRENATE MINI CAP.....243
PRENATE TAB ELITE.....243
PRENATOL-M TAB 27-1.2MG.....243
PRENATRIX TAB.....243
PRENATRYL TAB.....243
PRENATVITE TAB COMPLETE.....243
PRENATVITE TAB PLUS.....243
PRENATVITE TAB RX.....243
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg.....242
PREPIDIL GEL 0.5MG/3G.....254
PREP PADS PAD.....218
PRESTALIA TAB 14-10MG.....92

PRESTALIA TAB 3.5-2.5 92
PRESTALIA TAB 7-5MG 92
PRETOMANID TAB 200MG 94
PREVACID CAP 30MG DR 270
PREVACID TAB 15MG STB 270
PREVACID TAB 30MG STB 270
PREVDNT 5000 CRE 1.1% PLS 240
PREVDNT 5000 GEL 1.1% DRY 240
PREVDNT 5000 GEL 1.1-5% 240
PREVDNT 5000 PST 1.1% 240
PREVDNT 5000 PST 1.1% KID 240
PREVENT DROP MIS 31GX1/4 227
PREVENT DROP MIS 31GX5/16 227
PREVENT SAFE MIS 31GX1/4 227
PREVENT SAFE MIS 31GX5/16 227
PREVIDENT GEL 1.1% BER 240
PREVIDENT GEL 1.1% MIN 240
PREVIDENT SOL 0.2% 240
PREVYMIS PAK 120MG 120
PREVYMIS PAK 20MG 120
PREVYMIS TAB 240MG 120
PREVYMIS TAB 480MG 120
PREZCOBIX TAB 675/150 118
PREZCOBIX TAB 800-150 118
PREZISTA SUS 100MG/ML 119
PREZISTA TAB 150MG 119
PREZISTA TAB 600MG 119
PREZISTA TAB 75MG 119
PREZISTA TAB 800MG 119
PRIFTIN TAB 150MG 94
PRILOSEC POW 10MG 270
PRILOSEC POW 2.5MG 270
PRIMACARE CAP 243
primaquine phosphate tab 26.3 mg (15 mg base) 94
PRIMAQUINE TAB 26.3MG 94
primidone tab 125 mg 60
primidone tab 250 mg 60
primidone tab 50 mg 60
PRISMASOL SOL 0/0/1.2 237
PRISMASOL SOL 0/2.5 237
PRISMASOL SOL 2/0 237
PRISMASOL SOL 2/3.5 237
PRISMASOL SOL 4/0/1.2 237
PRISMASOL SOL 4/2.5 237
PRISMASOL SOL B22GK4/0 237
PRISTIQ TAB 100MG 67
PRISTIQ TAB 25MG 67
PRISTIQ TAB 50MG 67
PROAIR DIGIH AER 52
PROAIR RESPI AER 52
probenecid tab 500 mg 190
PROCARDIA XL TAB 30MG 127
PROCARDIA XL TAB 60MG 127
PROCARDIA XL TAB 90MG 127
PROCHAMBER MIS VHC 233
prochlorperazine edisylate inj 10 mg/2ml 115
prochlorperazine maleate tab 10 mg (base equivalent) 115
prochlorperazine maleate tab 5 mg (base equivalent) 115
prochlorperazine suppos 25 mg 115
PRO COMFORT MIS 0.5/30G 227
PRO COMFORT MIS 0.5/31G 227
PRO COMFORT MIS 1ML/30G 227
PRO COMFORT MIS 1ML/31G 227
PRO COMFORT MIS 31G 213
PRO COMFORT MIS 32GX4MM 227
PRO COMFORT MIS 32GX5MM 227
PRO COMFORT MIS 32GX6MM 227
PRO COMFORT MIS 32GX8MM 227
PRO COMFORT MIS LANC 30G 213
PRO COMFORT MIS LANCETS 213
PRO COMFORT PAD ALCOHOL 218
PROCORT CRE 40
PROCRIT INJ 10000/ML 194
PROCRIT INJ 2000/ML 194
PROCRIT INJ 20000/ML 194
PROCRIT INJ 3000/ML 194
PROCRIT INJ 4000/ML 194
PROCRIT INJ 40000/ML 194
PROCTOCORT SUP 30MG 40
PROCTOFOAM AER HC 1% 40
PROCYSBI CAP 25MG 188
PROCYSBI CAP 75MG 188
PROCYSBI GRA 300MG 188
PROCYSBI GRA 75MG 188
PRODIGY MIS 26G 213

PRODIGY MIS 28G.....213
PRODIGY MIS LANC DEV.....213
PRODIGY NO TES CODING.....167
PRODIGY SOL HIGH.....213
PRODIGY SOL LOW.....213
progesterone cap 100 mg.....255
progesterone cap 200 mg.....255
progesterone im in oil 50 mg/ml.....255
progesterone vaginal insert 100 mg.....273
PROGLYCEM SUS 50MG/ML.....72
PROGRAF CAP 0.5MG.....239
PROGRAF CAP 1MG.....239
PROGRAF CAP 5MG.....239
PROGRAF GRA 0.2MG.....239
PROGRAF GRA 1MG.....239
PROLATE SOL 10/300MG.....37
PROLATE TAB 10-300MG.....37
PROLATE TAB 5-300MG.....37
PROLATE TAB 7.5-300.....37
PROLENSA DRO 0.07% OP.....253
PROMACTA POW 12.5MG.....194
PROMACTA POW 25MG.....194
PROMACTA TAB 12.5MG.....194
PROMACTA TAB 25MG.....194
PROMACTA TAB 50MG.....194
PROMACTA TAB 75MG.....194
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....139
promethazine-dm syrup 6.25-15 mg/5ml.....139
promethazine hcl oral soln 6.25 mg/5ml...81
promethazine hcl suppos 12.5 mg.....81
promethazine hcl suppos 25 mg.....81
promethazine hcl suppos 50 mg.....81
promethazine hcl tab 12.5 mg.....81
promethazine hcl tab 25 mg.....81
promethazine hcl tab 50 mg.....81
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml.....139
promethazine w/ codeine syrup 6.25-10 mg/5ml.....139
PROMETRIUM CAP 100MG.....255
PROMETRIUM CAP 200MG.....255
propafenone hcl cap er 12hr 225 mg.....45
propafenone hcl cap er 12hr 325 mg.....45
propafenone hcl cap er 12hr 425 mg.....45
propafenone hcl tab 150 mg.....46
propafenone hcl tab 225 mg.....46
propafenone hcl tab 300 mg.....46
proparacaine hcl ophth soln 0.5%.....250
propranolol hcl cap er 24hr 120 mg.....124
propranolol hcl cap er 24hr 160 mg.....124
propranolol hcl cap er 24hr 60 mg.....124
propranolol hcl cap er 24hr 80 mg.....124
propranolol hcl oral soln 20 mg/5ml.....124
propranolol hcl oral soln 40 mg/5ml.....124
propranolol hcl tab 10 mg.....124
propranolol hcl tab 20 mg.....124
propranolol hcl tab 40 mg.....124
propranolol hcl tab 60 mg.....124
propranolol hcl tab 80 mg.....124
propylthiouracil tab 50 mg.....265
PROSCAR TAB 5MG.....189
PROTONIX INJ 40MG.....270
PROTONIX PAK 40MG.....270
PROTONIX TAB 20MG.....270
PROTONIX TAB 40MG.....270
protriptyline hcl tab 10 mg.....69
protriptyline hcl tab 5 mg.....68
PROVENTIL AER HFA.....52
PROVERA TAB 10MG.....255
PROVERA TAB 2.5MG.....255
PROVERA TAB 5MG.....255
PROVIDA OB CAP.....243
PROVIGIL TAB 100MG.....9
PROVIGIL TAB 200MG.....9
PRO VOICE TES V8/V9.....167
PROZAC CAP 10MG.....65
PROZAC CAP 20MG.....65
PROZAC CAP 40MG.....65
prucalopride succinate tab 1 mg (base equivalent).....182
prucalopride succinate tab 2 mg (base equivalent).....182
PRUDOXIN CRE 5%.....145
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....139
PSS SAFE LAN MIS.....213

PSS SEL LANC MIS....213
PSS SEL PLAT MIS....213
PTS PANELS TES EGLU....167
PULMICORT INH 180MCG....49
PULMICORT INH 90MCG....49
PULMICORT SUS 0.25MG/2....49
PULMICORT SUS 0.5MG/2....49
PULMICORT SUS 1MG/2ML....49
PULMOZYME SOL 1MG/ML....263
PURE COMFORT MIS 30G LAN....213
PURE COMFORT MIS 31GX5MM....227
PURE COMFORT MIS 31GX6MM....227
PURE COMFORT MIS 32GX4MM....227
PURE COMFORT MIS 32GX5MM....227
PURE COMFORT MIS 32GX6MM....227
PURE COMFORT MIS 32GX8MM....227
PURE COMFORT PAD....218
PURIXAN SUS 20MG/ML....95
PX LANCETS MIS 28G....213
PX LANCETS MIS 33G....213
PX PRENATAL TAB MULTIVIT....243
PYLERA CAP....271
pyrazinamide tab 500 mg....94
PYRIDIUM TAB 100MG....189
PYRIDIUM TAB 200MG....189
pyridostigmine bromide oral soln 60 mg/5ml....94
pyridostigmine bromide tab 30 mg....94
pyridostigmine bromide tab 60 mg....94
pyridostigmine bromide tab er 180 mg....94
PYRIDOSTIGMI TAB ER 105MG....78
PYRIME/LEUCO CAP 12.5/2.5....93
PYRIME/LEUCO CAP 25/10MG....93
PYRIME/LEUCO CAP 25/5MG....93
PYRIME/LEUCO CAP 50/10MG....93
PYRIME/LEUCO CAP 50/20MG....93
PYRIME/LEUCO CAP 50/25MG....93
PYRIME/LEUCO CAP 75/25MG....93
pyrimethamine tab 25 mg....94
PYROGALL ACD OIN....158
PYRUKYND TAB 20MG....192
PYRUKYND TAB 20MGX5MG....192
PYRUKYND TAB 50MG....192
PYRUKYND TAB 50MGX20M....192
PYRUKYND TAB 5MG....191
PYRUKYND TAB 5MG TP....191
PYZCHIVA INJ 45/0.5ML....147, 148
PYZCHIVA INJ 90MG/ML....148

Q

QBRELIS SOL 1MG/ML....86
QBREXZA PAD 2.4%....159
QC ALCOHOL PAD SWABS....218
QC LANCETS MIS 28G....213
QC LANCETS MIS 30G....213
QC LANCING MIS DEVICE....213
QC PRENATAL TAB 28-0.8MG....243
QDOLO SOL 5MG/ML....35
QELBREE CAP 100MG ER....6
QELBREE CAP 150MG ER....6
QELBREE CAP 200MG ER....6
QINLOCK TAB 50MG....103
QLOSI SOL 0.4%....249
QNASL AER 80MCG....246
QNASL CHILD SPR 40MCG....246
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....70
QTERN TAB 5-5MG....70
QUALAQUIN CAP 324MG....94
quazepam tab 15 mg....196
QUDEXY XR CAP 100/24HR....60
QUDEXY XR CAP 150/24HR....60
QUDEXY XR CAP 200/24HR....60
QUDEXY XR CAP 25/24HR....60
QUDEXY XR CAP 50/24HR....60
QUESTRAN POW 4GM....82
QUESTRAN POW 4GM LITE....82
quetiapine fumarate tab 100 mg....113
quetiapine fumarate tab 150 mg....113
quetiapine fumarate tab 200 mg....113
quetiapine fumarate tab 25 mg....113
quetiapine fumarate tab 300 mg....113
quetiapine fumarate tab 400 mg....113
quetiapine fumarate tab 50 mg....113
quetiapine fumarate tab er 24hr 150 mg..113
quetiapine fumarate tab er 24hr 200 mg.113

quetiapine fumarate tab er 24hr 300 mg .113
quetiapine fumarate tab er 24hr 400 mg .113
quetiapine fumarate tab er 24hr 50 mg ...113
QUICKTEK LIQ SOLUTION 213
QUICKTEK TES.....167
QUICK TOUCH MIS 29GX12.7 227
QUICK TOUCH MIS 31GX4MM.....227
QUICK TOUCH MIS 31GX5MM.....227
QUICK TOUCH MIS 31GX6MM.....227
QUICK TOUCH MIS 31GX8MM.....228
QUICK TOUCH MIS 32GX4MM.....228
QUICK TOUCH MIS 32GX5MM.....228
QUICK TOUCH MIS 32GX6MM.....228
QUICK TOUCH MIS 32GX8MM.....228
QUICK TOUCH MIS 33GX4MM.....228
QUICK TOUCH MIS 33GX5MM.....228
QUICK TOUCH MIS 33GX6MM.....228
QUICK TOUCH MIS 33GX8MM.....228
QUICK TOUCH TES BLD GLUC.....167
QUILLICHEW CHW 20MG ER.....9
QUILLICHEW CHW 30MG ER.....9
QUILLICHEW CHW 40MG ER.....9
QUILLIVANT SUS 25MG/5ML 9
quinapril hcl tab 10 mg 86
quinapril hcl tab 20 mg.....86
quinapril hcl tab 40 mg.....86
quinapril hcl tab 5 mg 86
quinapril-hydrochlorothiazide tab 10-12.5 mg 92
quinapril-hydrochlorothiazide tab 20-12.5 mg 92
quinapril-hydrochlorothiazide tab 20-25 mg 92
quinidine gluconate tab er 324 mg.....45
quinidine sulfate tab 200 mg.....45
quinidine sulfate tab 300 mg.....45
quinine sulfate cap 324 mg 94
QUINTET AC TES BLD GLUC.....167
QUINTET CONT SOL HGH/NORM 213
QUINTET TES BLD GLUC.....168
QULIPTA TAB 10MG 233
QULIPTA TAB 30MG.....233
QULIPTA TAB 60MG 234
QUVIVIQ TAB 25MG.....197
QUVIVIQ TAB 50MG.....197
QVAR REDIHA AER 80MCG 49
QVAR REDIHAL AER 40MCG 49

R

RA ALCOHOL PAD SWABS.....218
RABEPRAZOLE CAP 10MG DR 270
rabeprazole sodium ec tab 20 mg.....270
RADICAVA ORS SUS 105/5ML.....247
RADICAVA ORS SUS STARTER.....247
RADIOGARDASE CAP 0.5GM 78
RA E-ZJECT MIS 28G 213
RA E-ZJECT MIS THIN 26G 213
RA E-ZJECT MIS THIN 28G 213
RA E-ZJECT MIS ULT THIN 213
RAGWITEK SUB 10
RALDESY SOL 10MG/ML.....66
raloxifene hcl tab 60 mg 175
ramelteon tab 8 mg 197
ramipril cap 1.25 mg.....86
ramipril cap 10 mg.....86
ramipril cap 2.5 mg 86
ramipril cap 5 mg 86
ranolazine tab er 12hr 1000 mg 42
ranolazine tab er 12hr 500 mg.....42
RAPAFLO CAP 4MG.....189
RAPAFLO CAP 8MG.....189
RAPAMUNE SOL 1MG/ML.....239
RAPAMUNE TAB 0.5MG 239
RAPAMUNE TAB 1MG 239
RAPAMUNE TAB 2MG.....239
RA PEN NEEDL MIS 31GX3/16 228
RAPID-SAFE MIS LANCING 213
RA PRENATAL TAB 28-0.8MG 243
RA PRENATAL TAB FORMULA 243
rasagiline mesylate tab 0.5 mg (base equiv) 109
rasagiline mesylate tab 1 mg (base equiv) 109
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.....177
RAYASAL CRE 5.9%.....158
RAYA SURE MIS 29GX12MM.....228
RAYA SURE MIS 31GX4MM.....228
RAYA SURE MIS 31GX5MM.....228
RAYA SURE MIS 31GX6MM.....228
RAYA SURE MIS 31GX8MM.....228
RAYOS TAB 1MG.....138
RAYOS TAB 2MG.....138
RAYOS TAB 5MG.....138
READYLANCE MIS 21G.....213
READYLANCE MIS 23G.....213
READYLANCE MIS 26G.....213
READYLANCE MIS 28G.....213
READYLANCE MIS 30G.....213
REALITY MIS LANCETS.....213
REALITY MIS LUBRICAT.....200
REALITY SWAB PAD.....218
REALITY TRIG MIS LANCETS.....213
REALITY ULTR MIS TEXTURED.....200
REALITY ULTR MIS THIN.....200
REBIF INJ 22/0.5.....260
REBIF INJ 44/0.5.....260
REBIF REBIDO INJ 22/0.5.....260
REBIF REBIDO INJ 44/0.5.....260
REBIF REBIDO INJ TITRATN.....260
REBIF TITRTN INJ PACK.....260
RECORLEV TAB 150MG.....171
RECTIV OIN 0.4%.....40
RECURA CRE.....144
REFUAH PLUS SOL CONTROL.....214
REFUAH PLUS TES BLD GLUC.....168
REGIOCIT SOL.....237
REGLAN TAB 10MG.....183
REGLAN TAB 5MG.....183
REGRANEX GEL 0.01%.....160
RELAFEN DS TAB 1000MG.....25
RELENZA MIS DISKHALE.....122
RELEUKO INJ 300MCG.....194
RELEUKO INJ 480MCG.....194
RELEXXII TAB 18MG ER.....9
RELEXXII TAB 27MG ER.....9
RELEXXII TAB 36MG ER.....9
RELEXXII TAB 45MG ER.....9
RELEXXII TAB 54MG ER.....9
RELEXXII TAB 63MG ER.....9
RELEXXII TAB 72MG ER.....9
RELION KIT LANCING.....214
RELION LANCE MIS THIN 26G.....214
RELION LANCE MIS THIN 30G.....214
RELION LANCI MIS DEVICE.....214
RELION MICRO MIS THIN 33G.....214
RELION PEN MIS 29GX12MM.....228
RELION PEN MIS 31GX1/4.....228
RELION PEN MIS 31GX5/16.....228
RELION PEN MIS 31GX6MM.....228
RELION PEN MIS 31GX8MM.....228
RELION PEN MIS 32GX4MM.....228
RELION PEN MIS 32GX5/32.....228
RELION PLATN TES GLUCOSE.....168
RELION PREMI TES GLUCOSE.....168
RELION PRIME TES.....168
RELION PRIME TES GLUCOSE.....168
RELION TES KETONE.....168
RELION TES ULTIMA.....168
RELION TRUE TES METRIX.....168
RELION ULTRA MIS THIN 30G.....214
RELION ULTRA MIS THIN PLS.....214
RELISTOR INJ 12/0.6ML.....186
RELISTOR INJ 8/0.4ML.....186
RELISTOR TAB 150MG.....187
RELNATE DHA CAP.....243
RELPAX TAB 20MG.....235
RELPAX TAB 40MG.....235
RELTONE CAP 200MG.....183
RELTONE CAP 400MG.....183
RELYVRIO PAK 3-1GM.....247
REMERON SLTB TAB 15MG.....63
REMERON SLTB TAB 30MG.....63
REMERON SLTB TAB 45MG.....63
REMERON TAB 15MG.....63
REMERON TAB 30MG.....63
RENTHYROID TAB 120MG.....267
RENTHYROID TAB 15MG.....266
RENTHYROID TAB 30MG.....266

RENTHYROID TAB 60MG....266
RENTHYROID TAB 90MG....267
RENVELA POW 0.8GM....187
RENVELA POW 2.4GM....187
RENVELA TAB 800MG....187
repaglinide tab 0.5 mg....76
repaglinide tab 1 mg....76
repaglinide tab 2 mg....76
REPATHA INJ 140MG/ML....85
REPATHA PUSH INJ 420/3.5....85
REPATHA SURE INJ 140MG/ML....85
RESTASIS EMU 0.05% OP....250
RESTASIS MUL EMU 0.05% OP....250
RESTORA RX CAP 60-1.25....77
RESTORIL CAP 15MG....196
RESTORIL CAP 22.5MG....196
RESTORIL CAP 30MG....196
RESTORIL CAP 7.5MG....196
RETACRIT INJ 10000UNT....194
RETACRIT INJ 20000UNI....194
RETACRIT INJ 2000UNIT....194
RETACRIT INJ 3000UNIT....194
RETACRIT INJ 40000UNT....194
RETACRIT INJ 4000UNIT....194
RETEVMO CAP 40MG....103
RETEVMO CAP 80MG....103
RETEVMO TAB 120MG....103
RETEVMO TAB 160MG....103
RETEVMO TAB 40MG....103
RETEVMO TAB 80MG....103
RETIN-A CRE 0.025%....142
RETIN-A CRE 0.05%....142
RETIN-A CRE 0.1%....142
RETIN-A GEL 0.01%....142
RETIN-A GEL 0.025%....142
RETIN-A MICR GEL 0.04%....142
RETIN-A MICR GEL 0.04%PMP....142
RETIN-A MICR GEL 0.06%PMP....142
RETIN-A MICR GEL 0.08%PMP....142
RETIN-A MICR GEL 0.1%....142
RETIN-A MICR GEL 0.1%PUMP....142
RETROVIR CAP 100MG....119
RETROVIR SYP 50MG/5ML....119
REVATIO SUS 10MG/ML....132
REVATIO TAB 20MG....132
REVLIMID CAP 10MG....237
REVLIMID CAP 15MG....237
REVLIMID CAP 2.5MG....237
REVLIMID CAP 20MG....237
REVLIMID CAP 25MG....237
REVLIMID CAP 5MG....237
REVUFORJ TAB 110MG....98
REVUFORJ TAB 160MG....98
REVUFORJ TAB 25MG....98
REXTOVY SPR 4/0.25ML....78
REXULTI TAB 0.25MG....116
REXULTI TAB 0.5MG....116
REXULTI TAB 1MG....116
REXULTI TAB 2MG....116
REXULTI TAB 3MG....116
REXULTI TAB 4MG....116
REYATAZ CAP 200MG....119
REYATAZ CAP 300MG....119
REYATAZ POW 50MG....119
REYVOW TAB 100MG....235
REYVOW TAB 50MG....235
REZDIFFRA TAB 100MG....183
REZDIFFRA TAB 60MG....183
REZDIFFRA TAB 80MG....183
REZLIDHIA CAP 150MG....103
REZUROCK TAB 200MG....237
REZVOGLAR INJ 100UT/ML....75
RHAPSIDO TAB 25MG....238
RHOFADE CRE 1%....160
RHOPRESSA SOL 0.02%....250
ribavirin cap 200 mg....121
ribavirin tab 200 mg....121
RIDAURA CAP 3MG....21
rifabutin cap 150 mg....94
rifampin cap 150 mg....94
rifampin cap 300 mg....94
RIGHTEST ALT MIS ADAPTOR....214
RIGHTEST LIQ HIGH CON....214
RIGHTEST LIQ NORM CON....214
RIGHTEST MIS GD500....214
RIGHTEST MIS GL300....214
RIGHTEST TES GS100....168
RIGHTEST TES GS300....168

RIGHTEST TES GS550 168
RIGHTEST TES GT333 168
RILUTEK TAB 50MG 247
riluzole tab 50 mg 247
rimantadine hydrochloride tab 100 mg....122
RIMSO-50 SOL 50% 188
RINVOQ LQ SOL 1MG/ML 19
RINVOQ TAB 15MG ER.....19
RINVOQ TAB 30MG ER.....19
RINVOQ TAB 45MG ER.....19
RIOMET SOL 500/5ML 71
risedronate sodium tab 150 mg 172
risedronate sodium tab 30 mg.....172
risedronate sodium tab 35 mg.....172
risedronate sodium tab 5 mg 172
risedronate sodium tab delayed release 35 mg 172
RISPERDAL INJ 12.5MG 111
RISPERDAL INJ 25MG.....111
RISPERDAL INJ 37.5MG 111
RISPERDAL INJ 50MG 111
RISPERDAL SOL 1MG/ML.....111
RISPERDAL TAB 0.5MG.....111
RISPERDAL TAB 1MG 111
RISPERDAL TAB 2MG.....111
RISPERDAL TAB 3MG.....111
RISPERDAL TAB 4MG 111
risperidone microspheres for im extended rel susp 12.5 mg 111
risperidone microspheres for im extended rel susp 25 mg 111
risperidone microspheres for im extended rel susp 37.5 mg 111
risperidone microspheres for im extended rel susp 50 mg 111
risperidone orally disintegrating tab 0.25 mg 111
risperidone orally disintegrating tab 0.5 mg 111
risperidone orally disintegrating tab 1 mg.111
*risperidone orally disintegrating tab 2 mg*111
*risperidone orally disintegrating tab 3 mg*111
risperidone orally disintegrating tab 4 mg 112
risperidone soln 1 mg/ml 112
risperidone tab 0.25 mg 112
risperidone tab 0.5 mg.....112
risperidone tab 1 mg.....112
risperidone tab 2 mg 112
risperidone tab 3 mg 112
risperidone tab 4 mg 112
RITALIN LA CAP 10MG 9
RITALIN LA CAP 20MG 9
RITALIN LA CAP 30MG 9
RITALIN LA CAP 40MG 9
RITALIN TAB 10MG 9
RITALIN TAB 20MG 9
RITALIN TAB 5MG.....9
RITEFLO MIS.....233
ritonavir tab 100 mg 119
rivaroxaban for susp 1 mg/ml 53
rivaroxaban tab 2.5 mg.....53
rivastigmine tartrate cap 1.5 mg (base equivalent) 257
rivastigmine tartrate cap 3 mg (base equivalent) 257
rivastigmine tartrate cap 4.5 mg (base equivalent) 257
rivastigmine tartrate cap 6 mg (base equivalent) 257
*rivastigmine td patch 24hr 13.3 mg/24hr*257
rivastigmine td patch 24hr 4.6 mg/24hr.257
rivastigmine td patch 24hr 9.5 mg/24hr.257
RIVFLOZA INJ 128/0.8.....188
RIVFLOZA INJ 160MG/ML 188
RIVFLOZA INJ 80/0.5ML 188
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 235
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....235
rizatriptan benzoate tab 10 mg (base equivalent) 235
rizatriptan benzoate tab 5 mg (base equivalent) 235
ROBINUL FORT TAB 2MG.....269
ROBINUL TAB 1MG.....269
ROCALTROL CAP 0.25MCG 177
ROCALTROL CAP 0.5MCG 177

ROCALTROL SOL 1MCG/ML.....177
ROCKLATAN DRO 250
roflumilast tab 250 mcg 47
roflumilast tab 500 mcg.....48
ROMVIMZA CAP 14MG.....103
ROMVIMZA CAP 20MG.....103
ROMVIMZA CAP 30MG.....103
ropinirole hydrochloride tab 0.25 mg 108
ropinirole hydrochloride tab 0.5 mg 108
ropinirole hydrochloride tab 1 mg 108
ropinirole hydrochloride tab 2 mg.....108
ropinirole hydrochloride tab 3 mg.....108
ropinirole hydrochloride tab 4 mg.....108
ropinirole hydrochloride tab 5 mg.....108
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) 109
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) 108
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) 108
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) 108
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) 109
ROSUV/EZETIM TAB 10-10MG 81
ROSUV/EZETIM TAB 20-10MG.....81
ROSUV/EZETIM TAB 40-10MG.....81
ROSUV/EZETIM TAB 5-10MG 81
rosuvastatin calcium tab 10 mg 84
rosuvastatin calcium tab 20 mg.....84
rosuvastatin calcium tab 40 mg.....84
rosuvastatin calcium tab 5 mg 84
ROSZET TAB 10-10MG 82
ROSZET TAB 20-10MG.....82
ROSZET TAB 40-10MG.....82
ROSZET TAB 5-10MG 82
ROWASA KIT 4GM 185
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 197
ROZLYTREK CAP 100MG 103
ROZLYTREK CAP 200MG 103
ROZLYTREK PAK 50MG.....103
RUBRACA TAB 200MG.....103
RUBRACA TAB 250MG.....103
RUBRACA TAB 300MG 103
RUCONEST INJ 2100UNIT 190
rufinamide susp 40 mg/ml 60
rufinamide tab 200 mg.....60
rufinamide tab 400 mg 60
RUKOBIA TAB 600MG ER.....119
RYALTRIS SPR 665-25.....246
RYBELSUS TAB 1.5MG.....73
RYBELSUS TAB 14MG.....73
RYBELSUS TAB 3MG 73
RYBELSUS TAB 4MG 73
RYBELSUS TAB 7MG 73
RYBELSUS TAB 9MG 73
RYDAPT CAP 25MG.....103
RYKINDO INJ 25MG.....112
RYKINDO INJ 37.5MG 112
RYKINDO INJ 50MG 112
RYTARY CAP 145MG 109
RYTARY CAP 195MG 109
RYTARY CAP 245MG.....109
RYTARY CAP 95MG.....109
RYTHMOL SR CAP 225MG.....46
RYTHMOL SR CAP 325MG.....46
RYTHMOL SR CAP 425MG.....46

S

SABRIL POW 500MG 62
SABRIL TAB 500MG 62
sacubitril-valsartan tab 24-26 mg 129
sacubitril-valsartan tab 49-51 mg.....129
sacubitril-valsartan tab 97-103 mg.....129
SAFE-T-LANCE MIS 21G.....214
SAFE-T-LANCE MIS 25G 214
SAFE-T-LANCE MIS HI FLOW 214
SAFE-T-LANCE MIS LOW FLOW 214
SAFE-T-LANCE MIS NOR FLOW 214
SAFE-T-PRO MIS LANCETS.....214
SAFE-T-PRO MIS PLUS 214
SAFETY 21G MIS LANCETS 214
SAFETY 23G MIS LANCETS 214

SAFETY 28G MIS LANCETS 214
SAFETY 30G MIS LANCETS 214
SAFETYGLIDE MIS 21GX1.5 228
SAFETY MIS LANCETS 214
SAFETY NEEDL MIS 22GX1.5 228
SAFTY NEEDLE MIS 18GX1 228
SAFTY NEEDLE MIS 18GX1.5 228
SAFTY NEEDLE MIS 19GX1 228
SAFTY NEEDLE MIS 19GX1.5 228
SAFTY NEEDLE MIS 20GX1 228
SAFTY NEEDLE MIS 20GX1.5 228
SAFTY NEEDLE MIS 21GX1 228
SAFTY NEEDLE MIS 21GX1.5 228
SAFTY NEEDLE MIS 21GX5/8 228
SAFTY NEEDLE MIS 22GX1.....228
SAFTY NEEDLE MIS 22GX1.5 228
SAFTY NEEDLE MIS 23GX1.....228
SAFTY NEEDLE MIS 23GX5/8.....228
SAFTY NEEDLE MIS 25GX1.....228
SAFTY NEEDLE MIS 25GX5/8.....228
SAFYRAL TAB 135
SAIZEN INJ 5MG.....174
SAIZEN INJ 8.8MG 174
SALAGEN TAB 5MG 241
SALAGEN TAB 7.5MG.....241
SALICATE LIQ 10%.....158
salicylic acid er film-forming soln 28.5% 158
salicylic acid film forming liquid 27.5% ...158
salicylic acid foam 6% 158
salicylic acid gel 6%.....158
salicylic acid shampoo 6%.....158
salicylic acid soln 26%.....158
SALIMEZ CRE 6% 158
SALIMEZ FORT CRE 10%.....158
salsalate tab 500 mg 29
salsalate tab 750 mg.....29
SALVAX AER 6% 158
SALYCIM CRE 6% 158
SAMSCA TAB 15MG 179
SAMSCA TAB 30MG 179
SANCUSO DIS 3.1MG.....78
SANDIMMUNE CAP 100MG 239
SANDIMMUNE CAP 25MG 239
SANDIMMUNE SOL 100MG/ML 239
SANDOSTATIN INJ 100MCG 179
SANDOSTATIN INJ 500MCG 179
SANDOSTATIN INJ 50MCG/ML 179
SANTYL OIN 250/GM 157
SAPHRIS SUB 10MG.....113
SAPHRIS SUB 2.5MG 113
SAPHRIS SUB 5MG 113
sapropterin dihydrochloride powder packet 100 mg 177
sapropterin dihydrochloride powder packet 500 mg 177
sapropterin dihydrochloride tab 100 mg .177
SAPSCARE MIS TWIST 214
SAPS CARE PAD ALCOHOL.....218
SAPS HEALTH MIS TWIST 214
SAPS HEALTH PAD ALCOHOL.....218
SAPS TWIST MIS 30G.....214
SAVAYSA TAB 15MG 53
SAVAYSA TAB 30MG 53
SAVAYSA TAB 60MG 53
SAVELLA MIS TITR PAK.....258
SAVELLA TAB 100MG 258
SAVELLA TAB 12.5MG.....258
SAVELLA TAB 25MG 258
SAVELLA TAB 50MG.....258
saxagliptin hcl tab 2.5 mg (base equiv) 72
saxagliptin hcl tab 5 mg (base equiv) 72
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....70
saxagliptin-metformin hcl tab er 24hr 5-1000 mg.....70
saxagliptin-metformin hcl tab er 24hr 5-500 mg 70
SAXENDA INJ 18MG/3ML.....4
SB ALCOHOL PAD PREP 218
SB LANCETS MIS THIN.....214
SB LANCETS MIS ULTR THN 214
SCEMBLIX TAB 100MG 104
SCEMBLIX TAB 20MG 103
SCEMBLIX TAB 40MG.....103
scopolamine td patch 72hr 1 mg/3days....79
SECUADO DIS 3.8MG 113
SECUADO DIS 5.7MG 113
SECUADO DIS 7.6MG 113

SECURESAFE MIS 0.5/29G 228
SECURESAFE MIS 29GX1/2.....228
SECURESAFE MIS 30GX5/16 228
SEGLENTIS TAB 56-44MG 37
SEGLUROMET TAB 2.5-1000 70
SEGLUROMET TAB 2.5-500.....70
SEGLUROMET TAB 7.5-1000 70
SEGLUROMET TAB 7.5-500.....70
SELARSDI INJ 45/0.5ML.....148
SELARSDI INJ 90MG/ML 148
SELECT-LITE KIT DEV/LANC.....214
SELECT-LITE MIS LANC DEV.....214
SELECT-OB+ PAK DHA.....243
SELECT-OB CHW 243
selegiline hcl cap 5 mg 109
selegiline hcl tab 5 mg 109
selenium sulfide lotion 2.5% 152
selenium sulfide shampoo 2.25% 152
selenium sulfide shampoo 2.3% 152
SELZENTRY SOL 20MG/ML 119
SELZENTRY TAB 150MG.....119
SELZENTRY TAB 25MG.....119
SELZENTRY TAB 300MG 119
SELZENTRY TAB 75MG.....119
SEMGLEE INJ 100U/ML 75
SE-NATAL 19 CHW 243
SE-NATAL 19 TAB 243
SENSIPAR TAB 30MG.....177
SENSIPAR TAB 60MG.....177
SENSIPAR TAB 90MG.....177
SEPHIENCE POW 1000MG 177
SEPHIENCE POW 250MG 177
SEREVENT DIS AER 50MCG.....52
SERNIVO SPR 0.05% 156
SEROQUEL TAB 100MG 113
SEROQUEL TAB 200MG.....113
SEROQUEL TAB 25MG 113
SEROQUEL TAB 300MG.....113
SEROQUEL TAB 400MG 114
SEROQUEL TAB 50MG 113
SEROQUEL XR TAB 150MG 114
SEROQUEL XR TAB 200MG.....114
SEROQUEL XR TAB 300MG.....114
SEROQUEL XR TAB 400MG 114
SEROQUEL XR TAB 50MG 114
SEROSTIM INJ 4MG.....174
SEROSTIM INJ 5MG.....174
SEROSTIM INJ 6MG.....174
SERTRALINE CAP 150MG.....65
SERTRALINE CAP 200MG.....65
sertraline hcl cap 150 mg 65
sertraline hcl cap 200 mg 65
sertraline hcl oral concentrate for solution 20 mg/ml.....65
sertraline hcl tab 100 mg.....65
sertraline hcl tab 25 mg.....65
sertraline hcl tab 50 mg 65
sevelamer carbonate packet 0.8 gm 187
sevelamer carbonate packet 2.4 gm 187
sevelamer carbonate tab 800 mg 187
sevelamer hcl tab 400 mg.....187
sevelamer hcl tab 800 mg.....187
SEYSARA TAB 100MG.....264
SEYSARA TAB 150MG.....264
SEYSARA TAB 60MG 264
SFROWASA ENE 4GM 185
SHARP CONTAI MIS.....228
SHARPS CONT MIS 14QT 229
SIGNIFOR INJ 0.3MG/ML.....179
SIGNIFOR INJ 0.6MG/ML 179
SIGNIFOR INJ 0.9MG/ML 179
SIKLOS TAB 1000MG.....192
SIKLOS TAB 100MG 192
sildenafil citrate for suspension 10 mg/ml 132
sildenafil citrate tab 100 mg 130
sildenafil citrate tab 20 mg 132
sildenafil citrate tab 25 mg 130
sildenafil citrate tab 50 mg.....130
SILENOR TAB 3MG.....195
SILENOR TAB 6MG 195
SILIQ INJ 210/1.5 148
silodosin cap 4 mg.....189
silodosin cap 8 mg.....189
SILVADENE CRE 1% 152
SILVER NITRA SOL 0.5%.....152
silver nitrate soln 0.5% 152
silver sulfadiazine cream 1% 152

SIMBRINZA SUS 1-0.2%....249
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....18
SIMLANDI KIT 80/0.8ML....18
SIMPLE DIAG MIS LANCING....214
SIMPLERA MIS SENSOR....214
SIMPLERA MIS SYNC SEN....214
SIMPLERA MIS SYSTEM....214
SIMPONI INJ 100MG/ML....18
SIMPONI INJ 50/0.5ML....18
simvastatin tab 10 mg....84
simvastatin tab 20 mg....84
simvastatin tab 40 mg....84
simvastatin tab 5 mg....84
simvastatin tab 80 mg....84
SINEMET TAB 10-100MG....109
SINEMET TAB 25-100MG....109
SINGLE-LET MIS 23G....214
SINGULAIR CHW 4MG....47
SINGULAIR CHW 5MG....47
SINGULAIR GRA 4MG....47
SINGULAIR TAB 10MG....47
sirolimus oral soln 1 mg/ml....239
sirolimus tab 0.5 mg....239
sirolimus tab 1 mg....239
sirolimus tab 2 mg....239
SIRTURO TAB 100MG....94
SIRTURO TAB 20MG....94
SITAG/METFOR TAB 100-1000....70
SITAG/METFOR TAB 50-1000....70
SITAG/METFOR TAB 50-500MG....70
SITAGLIPTIN TAB 100MG....72
SITAGLIPTIN TAB 25MG....72
SITAGLIPTIN TAB 50MG....72
SITAVIG TAB 50MG....121
SIVEXTRO TAB 200MG....42
SKYCLARYS CAP 50MG....247
SKYRIZI INJ 150MG/ML....148
SKYRIZI INJ 180/1.2....185
SKYRIZI INJ 360/2.4....185
SKYRIZI PEN INJ 150MG/ML....149
SKYTROFA INJ 0.7MG....175
SKYTROFA INJ 1.4MG....175
SKYTROFA INJ 1.8MG....175
SKYTROFA INJ 11MG....175
SKYTROFA INJ 13.3MG....175
SKYTROFA INJ 2.1MG....175
SKYTROFA INJ 2.5MG....175
SKYTROFA INJ 3.6MG....175
SKYTROFA INJ 3MG....175
SKYTROFA INJ 4.3MG....175
SKYTROFA INJ 5.2MG....175
SKYTROFA INJ 6.3MG....175
SKYTROFA INJ 7.6MG....175
SKYTROFA INJ 9.1MG....175
SLIP TIP 1ML MIS....229
SLIP TIP 3ML MIS....229
SLYND TAB 4MG....136
SMARTEST MIS LANCETS....214
SMARTEST SOL CONTROL....214
SMARTEST TES BLD GLUC....168
SMART SENSE MIS LANC 21G....214
SMART SENSE MIS LANC 26G....214
SMART SENSE MIS LANC 30G....214
SMART SENSE MIS LANC 33G....214
SMART SENSE TES TEST....168
SM LANCETS MIS 33G....214
SOAANZ TAB 20MG....170
SOAANZ TAB 40MG....170
SOAANZ TAB 60MG....170
SOD FLUORIDE GEL 1.1-5%....240
sodium chloride soln nebu 0.9%....139
sodium chloride soln nebu 10%....139
sodium chloride soln nebu 3%....139
sodium chloride soln nebu 7%....139
sodium citrate & citric acid soln 500-334 mg/5ml....188
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)....236
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)....236
sodium fluoride cream 1.1%....240
sodium fluoride gel 1.1% (0.5% f)....240
sodium fluoride paste 1.1%....240
sodium fluoride rinse 0.2%....240

sodium fluoride tab 0.5 mg f (from 1.1 mg naf) 236
SODIUM IODID SOL I-131 265
sodium phenylbutyrate oral powder 3 gm/teaspoonful....177
sodium phenylbutyrate tab 500 mg....177
sodium polystyrene sulfonate powder....239
sodium polystyrene sulfonate rectal susp 30 gm/120ml....239
sodium polystyrene sulfonate susp 15 gm/60ml 239
SODIUM SULF SUS 9-4.25%....142
SOD OXYBATE SOL 500MG/ML 256
SOD SUL/SULF EMU 10-5%....142
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml....197
SOFDRA GEL 12.45% 159
SOFTCLIX MIS LANCETS 215
SOGROYA INJ 10MG/1.5 175
SOGROYA INJ 15MG/1.5 175
SOGROYA INJ 5MG/1.5....175
SOHONOS CAP 1.5MG....245
SOHONOS CAP 10MG....245
SOHONOS CAP 1MG 245
SOHONOS CAP 2.5MG 245
SOHONOS CAP 5MG 245
solifenacin succinate tab 10 mg 272
solifenacin succinate tab 5 mg....272
SOLIQUA INJ 100/33....70
SOLODYN TAB 105MG 264
SOLODYN TAB 115MG 265
SOLODYN TAB 55MG 264
SOLODYN TAB 65MG 264
SOLODYN TAB 80MG 264
SOLOSEC GRA 2GM....10
SOLTAMOX SOL 10MG/5ML 98
SOLU-CORTEF INJ 1000MG....138
SOLU-CORTEF INJ 100MG 138
SOLU-CORTEF INJ 250MG....138
SOLU-CORTEF INJ 500MG....138
SOLUS V2 MIS LANC 28G 215
SOLUS V2 MIS LANC 30G 215
SOLUS V2 MIS LANC DEV 215
SOLUS V2 SOL HIGH....215
SOLUS V2 SOL LOW 215
SOLUS V2 TES AUDIBLE....168
SOMA TAB 250MG....245
SOMA TAB 350MG....245
SOMAVERT INJ 10MG 174
SOMAVERT INJ 15MG....174
SOMAVERT INJ 20MG....174
SOMAVERT INJ 25MG....174
SOMAVERT INJ 30MG....174
SOOLANTRA CRE 1% 160
sorafenib tosylate tab 200 mg (base equivalent) 104
SORILUX AER 0.005%....149
sotalol hcl (afib/afl) tab 120 mg 124
sotalol hcl (afib/afl) tab 160 mg 124
sotalol hcl (afib/afl) tab 80 mg....124
sotalol hcl tab 120 mg 124
sotalol hcl tab 160 mg 124
sotalol hcl tab 240 mg....124
sotalol hcl tab 80 mg....124
SOTYKTU TAB 6MG....149
SOTYLIZE SOL 5MG/ML....124
SOVALDI PAK 150MG....121
SOVALDI PAK 200MG 121
SOVALDI TAB 200MG 121
SOVALDI TAB 400MG 121
SOVUNA TAB 200MG 94
SOVUNA TAB 300MG 94
SPACE CHAMBR MIS ANTI-STA 233
SPACE CHAMBR MIS LARGE....233
SPACE CHAMBR MIS MEDIUM 233
SPACE CHAMBR MIS SMALL 233
SPEVIGO INJ 150/1ML....149
SPEVIGO INJ 300/2ML 149
spinosad susp 0.9%....160
SPIRIVA CAP HANDIHLR....47
SPIRIVA RESP AER 1.25MCG....47
SPIRIVA RESP AER 2.5MCG 47
spironolactone & hydrochlorothiazide tab 25-25 mg....170
spironolactone susp 25 mg/5ml....171
spironolactone tab 100 mg....171
spironolactone tab 25 mg 171
spironolactone tab 50 mg 171

SPORANOX CAP 100MG 80
SPORANOX SOL 10MG/ML.....80
SPRAVATO SOL 56MG DOS 64
SPRAVATO SOL 84MG DOS 64
SPRITAM TAB 1000MG.....60
SPRITAM TAB 250MG 60
SPRITAM TAB 500MG 60
SPRITAM TAB 750MG 60
SPRIX SPR 15.75MG 25
SPRYCEL TAB 100MG 104
SPRYCEL TAB 140MG 104
SPRYCEL TAB 20MG 104
SPRYCEL TAB 50MG 104
SPRYCEL TAB 70MG 104
SPRYCEL TAB 80MG 104
STALEVO 100 TAB 109
STALEVO 125 TAB 109
STALEVO 150 TAB.....109
STALEVO 200 TAB.....109
STALEVO 50 TAB 109
STALEVO 75 TAB 109
STARJEMZA INJ 130/26ML 185
STARJEMZA INJ 45/0.5ML 149
STARJEMZA INJ 90MG/ML 149
STEGLATRO TAB 15MG 76
STEGLATRO TAB 5MG.....76
STEGLUJAN TAB 15-100MG 71
STEGLUJAN TAB 5-100MG.....70
STELARA INJ 45/0.5ML.....149
STELARA INJ 90MG/ML 149
STENDRA TAB 100MG.....130
STENDRA TAB 200MG 130
STENDRA TAB 50MG 130
STEQEYMA INJ 45/0.5ML 149
STEQEYMA INJ 90MG/ML 149
STERILANCE MIS TL 28G 215
STERILANCE MIS TL 30G.....215
STERILANCE MIS TL 32G 215
STIOLTO AER 2.5-2.5 52
STIVARGA TAB 40MG 104
STRATTERA CAP 100MG.....6
STRATTERA CAP 10MG 6
STRATTERA CAP 18MG.....6
STRATTERA CAP 25MG.....6
STRATTERA CAP 40MG.....6
STRATTERA CAP 60MG.....6
STRATTERA CAP 80MG.....6
STRENSIQ INJ 18/0.45.....177
STRENSIQ INJ 28/0.7ML.....177
STRENSIQ INJ 40MG/ML.....177
STRENSIQ INJ 80/0.8ML 177
STREPTOCOCCI MIS 30C.....237
STRIBILD TAB 119
STRIVE PEAK MIS FLOW MTR 233
STRIVERDI AER 2.5MCG.....52
STROMECTOL TAB 3MG.....40
STRONTIUM INJ SR-89 105
SUBOXONE MIS 12-3MG.....38
SUBOXONE MIS 2-0.5MG.....38
SUBOXONE MIS 4-1MG.....38
SUBOXONE MIS 8-2MG 38
SUCRAID SOL 8500/ML.....169
sucralfate susp 1 gm/10ml 269
sucralfate tab 1 gm.....269
SUFLAVE SOL.....197
SULAR TAB 17MG ER 127
SULAR TAB 34MG ER.....127
SULAR TAB 8.5MG ER.....127
sulconazole nitrate cream 1%.....144
sulconazole nitrate solution 1% 144
sulfacetamide sodium cleansing gel 10% 152
sulfacetamide sodium liquid 10% 152
sulfacetamide sodium lotion 10% (acne) 142
sulfacetamide sodium ophth oint 10% ...250
sulfacetamide sodium ophth soln 10%...250
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 252
sulfacetamide sodium shampoo 10%.....152
sulfacetamide sodium shampoo 9.8% 152
sulfacetamide sodium w/ sulfur cleanser 10-2% 142
sulfacetamide sodium w/ sulfur cleanser 10-5% 142
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% 142
sulfacetamide sodium w/ sulfur cleanser 9-4.5% 142

sulfacetamide sodium w/ sulfur cleanser 9-4%.....142
sulfacetamide sodium w/ sulfur cream 10-2%.....142
sulfacetamide sodium w/ sulfur cream 10-5%.....142
sulfacetamide sodium w/ sulfur cream 9.8-4.8% 142
sulfacetamide sodium w/ sulfur emulsion 10-1% 142
sulfacetamide sodium w/ sulfur foam 10-5%.....142
sulfacetamide sodium w/ sulfur lotion 10-5%.....142
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% 142
sulfacetamide sodium w/ sulfur susp 10-5% 142
sulfacetamide sodium w/ sulfur susp 8-4% 142
SULFAC SULFR PAD 9.8-4.8% 142
sulfadiazine tab 500 mg.....263
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 41
sulfamethoxazole-trimethoprim tab 400-80 mg 41
sulfamethoxazole-trimethoprim tab 800-160 mg 41
SULFAMYLON CRE 85MG/GM 152
sulfasalazine tab 500 mg.....185
sulfasalazine tab delayed release 500 mg 185
SULF LIME SOL.....160
sulindac tab 150 mg 25
sulindac tab 200 mg 25
SUMADAN WASH LIQ 9-4.5%.....142
sumatriptan-naproxen sodium tab 85-500 mg 234
sumatriptan nasal spray 20 mg/act 235
sumatriptan nasal spray 5 mg/act.....235
sumatriptan succinate inj 6 mg/0.5ml 235
sumatriptan succinate solution auto-injector 4 mg/0.5ml 235
sumatriptan succinate solution auto-injector 6 mg/0.5ml 235
sumatriptan succinate solution cartridge 4 mg/0.5ml.....235
sumatriptan succinate solution cartridge 6 mg/0.5ml.....235
sumatriptan succinate tab 100 mg 236
sumatriptan succinate tab 25 mg 235
sumatriptan succinate tab 50 mg.....235
SUMAXIN PAD 10-4%.....142
sunitinib malate cap 12.5 mg (base equivalent) 104
sunitinib malate cap 25 mg (base equivalent) 104
sunitinib malate cap 37.5 mg (base equivalent) 104
sunitinib malate cap 50 mg (base equivalent) 104
SUNLENCA TAB 300MG 119
SUNOSI TAB 150MG 6
SUNOSI TAB 75MG 6
SUPER THIN MIS LANC 28G 215
SUPER THIN MIS LANCETS 215
SUPREME II LIQ HIGH/LOW 215
SUPREME TES.....168
SUPREP BOWEL SOL PREP KIT 197
SURE COMFORT MIS 0.5/31G 229
SURE COMFORT MIS 29GX1/2 229
SURE COMFORT MIS 30GX5/16.....229
SURE COMFORT MIS 31GX1/4.....229
SURE COMFORT MIS 31GX3/16.....229
SURE COMFORT MIS 31GX5/16.....229
SURE COMFORT MIS 31GX6MM 229
SURE COMFORT MIS 32GX5/32 229
SURE COMFORT MIS 32GX6MM 229
SURE COMFORT MIS LANC 18G 215
SURE COMFORT MIS LANC 21G 215
SURE COMFORT MIS LANC 23G.....215
SURE COMFORT MIS LANC 30G 215
SURE COMFORT MIS LANCETS.....215
SURE COMFORT MIS LANC PEN 215
SUREFLEX MIS LANCETS.....215
SURELITE MIS LANCETS 215
SUSTOL INJ 10/0.4ML 79

SUTAB TAB....197
SUTENT CAP 12.5MG....104
SUTENT CAP 25MG....104
SUTENT CAP 37.5MG....104
SUTENT CAP 50MG....104
SYMBICORT AER 160-4.5....52
SYMBICORT AER 80-4.5....52
SYMBRAVO TAB 20-10MG....234
SYMBYAX CAP 3-25MG....257
SYMBYAX CAP 6-25MG....257
SYMDEKO TAB 100-150....263
SYMDEKO TAB 50-75MG....263
SYMFI LO TAB....119
SYMFI TAB....119
SYMJEPI INJ 0.15MG....274
SYMJEPI INJ 0.3MG....274
SYMLINPEN 60 INJ 1000MCG....69
SYMLNPEN 120 INJ 1000MCG....69
SYMPAZAN MIS 10MG....56
SYMPAZAN MIS 20MG....56
SYMPAZAN MIS 5MG....56
SYMPROIC TAB 0.2MG....187
SYMTUZA TAB....119
SYNALAR CRE 0.025%....156
SYNALAR OIN 0.025%....156
SYNALAR SOL 0.01%....156
SYNAREL SOL 2MG/ML....175
SYNDROS SOL 5MG/ML....79
SYNJARDY TAB....71
SYNJARDY TAB 12.5-500....71
SYNJARDY TAB 5-1000MG....71
SYNJARDY TAB 5-500MG....71
SYNJARDY XR TAB....71
SYNJARDY XR TAB 10-1000....71
SYNJARDY XR TAB 25-1000....71
SYNJARDY XR TAB 5-1000MG....71
SYNTHROID TAB 100MCG....267
SYNTHROID TAB 112MCG....267
SYNTHROID TAB 125MCG....267
SYNTHROID TAB 137MCG....267
SYNTHROID TAB 150MCG....267
SYNTHROID TAB 175MCG....267
SYNTHROID TAB 200MCG....267
SYNTHROID TAB 25MCG....267
SYNTHROID TAB 300MCG....267
SYNTHROID TAB 50MCG....267
SYNTHROID TAB 75MCG....267
SYNTHROID TAB 88MCG....267
SYPRINE CAP 250MG....237
SYRG/NDL 3ML MIS 22G X 1....229
SYRG/NDL 3ML MIS 25GX5/8....229
SYRG/NEEDLE MIS 29GX12.5....229
SYRG/NEEDLE MIS 31GX8MM....229
SYRINGE BARR MIS LUER 1ML....229
SYRINGE BARR MIS LUER 3ML....229
SYRINGE BARR MIS UNI 3ML....229
SYRINGE LUER MIS -LOK 1ML....229
SYRINGE MIS 0.5/30G....229

T

TABLOID TAB 40MG....95
TABRECTA TAB 150MG....104
TABRECTA TAB 200MG....104
TACHOSIL PAD 4.8X4.8....195
TACHOSIL PAD 9.5X4.8....195
TACLONEX OIN....156
TACLONEX SUS....156
tacrolimus cap 0.5 mg....239
tacrolimus cap 1 mg....239
tacrolimus cap 5 mg....239
tacrolimus oint 0.03%....157
tacrolimus oint 0.1%....157
tadalafil tab 10 mg....130
tadalafil tab 2.5 mg....130
tadalafil tab 20 mg....130
tadalafil tab 20 mg (pah)....132
tadalafil tab 5 mg....130
TADLIQ SUS 20MG/5ML....132
TAFINLAR CAP 50MG....104
TAFINLAR CAP 75MG....104
TAFINLAR TAB 10MG....104
tafluprost preservative free (pf) ophth soln 0.0015%....253
TAGRISSO TAB 40MG....97
TAGRISSO TAB 80MG....97
TAI DOC SOL NORM CON....215
TAKHZYRO INJ 150MG/ML....191
TAKHZYRO INJ 300/2ML....191
TALICIA CAP....271

TALTZ INJ 20/0.25.....150
TALTZ INJ 40/0.5ML.....150
TALTZ INJ 80MG/ML.....150
TALZENNA CAP 0.1MG.....104
TALZENNA CAP 0.25MG.....104
TALZENNA CAP 0.35MG.....104
TALZENNA CAP 0.5MG.....104
TALZENNA CAP 0.75MG.....104
TALZENNA CAP 1MG.....104
TAMIFLU CAP 30MG.....122
TAMIFLU CAP 45MG.....122
TAMIFLU CAP 75MG.....122
TAMIFLU SUS 6MG/ML.....122
tamoxifen citrate tab 10 mg (base equivalent).....98
tamoxifen citrate tab 20 mg (base equivalent).....98
tamsulosin hcl cap 0.4 mg.....189
TARCEVA TAB 100MG.....97
TARGRETIN CAP 75MG.....105
TARGRETIN GEL 1%.....145
TARON-C DHA CAP.....243
TARPEYO CAP 4MG.....138
TASCENSO ODT TAB 0.25MG.....260
TASCENSO ODT TAB 0.5MG.....260
TASIGNA CAP 150MG.....104
TASIGNA CAP 200MG.....104
TASIGNA CAP 50MG.....104
tasimelteon capsule 20 mg.....197
TASMAR TAB 100MG.....106
tavaborole soln 5%.....144
TAVALISSE TAB 100MG.....190
TAVALISSE TAB 150MG.....190
TAVNEOS CAP 10MG.....190
TAYTULLA CAP 1MG/20MC.....135
TAZAROTENE AER 0.1%.....142
tazarotene cream 0.05%.....150
tazarotene cream 0.1%.....150
tazarotene gel 0.05%.....150
tazarotene gel 0.1%.....150
TAZORAC CRE 0.05%.....150
TAZORAC CRE 0.1%.....150
TAZORAC GEL 0.05%.....150
TAZORAC GEL 0.1%.....150
TAZVERIK TAB 200MG.....104
TB SYRINGE MIS 0.5/28G.....230
TECFIDERA CAP 120MG.....260
TECFIDERA CAP 240MG.....260
TECFIDERA CAP STARTER.....260
TECHLITE AST MIS LANCETS.....215
TECHLITE MIS LANC 26G.....215
TECHLITE MIS LANCETS.....215
TEGLUTIK SUS 50/10ML.....247
TEGRETOL SUS 100/5ML.....60
TEGRETOL TAB 200MG.....60
TEGRETOL-XR TAB 100MG.....60
TEGRETOL-XR TAB 200MG.....60
TEGRETOL-XR TAB 400MG.....60
TEGSEDI INJ 284/1.5.....262
TEKTURNA TAB 150MG.....93
TEKTURNA TAB 300MG.....93
telmisartan-amlodipine tab 40-10 mg.....92
telmisartan-amlodipine tab 40-5 mg.....92
telmisartan-amlodipine tab 80-10 mg.....92
telmisartan-amlodipine tab 80-5 mg.....92
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....92
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....92
telmisartan-hydrochlorothiazide tab 80-25 mg.....92
telmisartan tab 20 mg.....88
telmisartan tab 40 mg.....88
telmisartan tab 80 mg.....88
temazepam cap 15 mg.....196
temazepam cap 22.5 mg.....196
temazepam cap 30 mg.....196
temazepam cap 7.5 mg.....196
TEMBEXA SUS 10MG/ML.....122
TEMBEXA TAB 100MG.....122
temozolomide cap 100 mg.....95
temozolomide cap 140 mg.....95
temozolomide cap 180 mg.....95
temozolomide cap 20 mg.....95
temozolomide cap 250 mg.....95
temozolomide cap 5 mg.....95
tenofovir disoproxil fumarate tab 300 mg.....119

TENORETIC TAB 100 92
TENORETIC TAB 50 92
TENORMIN TAB 100MG 123
TENORMIN TAB 25MG 123
TENORMIN TAB 50MG 123
TEPMETKO TAB 225MG 104
*terazosin hcl cap 10 mg (base equivalent)*89
terazosin hcl cap 1 mg (base equivalent) ..88
terazosin hcl cap 2 mg (base equivalent) .89
terazosin hcl cap 5 mg (base equivalent) .89
terbinafine hcl tab 250 mg.....80
terbutaline sulfate tab 2.5 mg.....52
terbutaline sulfate tab 5 mg.....52
terconazole vaginal cream 0.4% 273
terconazole vaginal cream 0.8% 273
terconazole vaginal suppos 80 mg.....273
teriflunomide tab 14 mg 260
teriflunomide tab 7 mg.....260
TERIPARATIDE INJ 560/2.24 172
teriparatide soln pen-inj 560 mcg/2.24ml 172
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%).....39
*testosterone td gel 20.25 mg/act (1.62%)*39
testosterone td gel 25 mg/2.5gm (1%) 39
testosterone td gel 40.5 mg/2.5gm (1.62%) 39
testosterone td gel 50 mg/5gm (1%) 39
testosterone td soln 30 mg/act.....39
tetrabenazine tab 12.5 mg 258
tetrabenazine tab 25 mg 258
tetracaine hcl ophth soln 0.5%.....251
TETRACAINE SOL 0.5% OP 251
tetracycline hcl cap 250 mg 265
tetracycline hcl cap 500 mg.....265
TETRACYCLINE TAB 250MG.....265
TETRACYCLINE TAB 500MG.....265
TEZRULY SOL 1MG/ML.....89
TEZSPIRE INJ 210MG 46
TGT LANCET MIS 26G 215
TGT LANCET MIS 30G 215
TGT LANCET MIS 33G 215
TGT LANCING MIS DEVICE.....215
THALITONE TAB 15MG.....171
THALOMID CAP 100MG 238
THALOMID CAP 150MG 238
THALOMID CAP 200MG.....238
THALOMID CAP 50MG 238
THEO-24 CAP 100MG CR 52
THEO-24 CAP 200MG CR 52
THEO-24 CAP 300MG CR 52
THEO-24 CAP 400MG ER.....52
theophylline elixir 80 mg/15ml 52
theophylline soln 80 mg/15ml 52
theophylline tab er 12hr 100 mg 52
theophylline tab er 12hr 200 mg.....52
theophylline tab er 12hr 300 mg.....52
theophylline tab er 12hr 450 mg.....52
theophylline tab er 24hr 400 mg.....53
theophylline tab er 24hr 600 mg.....53
THIN LANCETS MIS 26G 215
THIN LANCETS MIS 30G 215
THINLETS GP MIS 26G 215
THIOLA EC TAB 100MG.....189
THIOLA EC TAB 300MG.....189
THIOLA TAB 100MG.....189
thioridazine hcl tab 100 mg 115
thioridazine hcl tab 10 mg 115
thioridazine hcl tab 25 mg.....115
thioridazine hcl tab 50 mg.....115
thiothixene cap 10 mg.....116
thiothixene cap 1 mg 116
thiothixene cap 2 mg 116
thiothixene cap 5 mg 116
THRIVITE RX TAB 29-1MG.....243
THYQUIDITY SOL 100/5ML.....267
THYQUIDITY SOL 100MCG 267
THYROID TAB 120MG 267

THYROID TAB 15MG.....267
THYROID TAB 30MG.....267
THYROID TAB 60MG.....267
THYROID TAB 90MG.....267
tiagabine hcl tab 12 mg.....62
tiagabine hcl tab 16 mg.....62
tiagabine hcl tab 2 mg.....62
tiagabine hcl tab 4 mg.....62
TIAZAC CAP 120MG/24.....127
TIAZAC CAP 180MG/24.....127
TIAZAC CAP 240MG/24.....127
TIAZAC CAP 300MG/24.....127
TIAZAC CAP 360MG/24.....127
TIAZAC CAP 420MG/24.....127
TIBSOVO TAB 250MG.....104
ticagrelor tab 60 mg.....191
ticagrelor tab 90 mg.....191
TIER UNI PLS MIS 31GX8MM.....230
TIGLUTIK SUS 50/10ML.....247
TIKOSYN CAP 125MCG.....46
TIKOSYN CAP 250MCG.....46
TIKOSYN CAP 500MCG.....46
TIM/BRIM/DOR SOL.....248
TIM/BRIM/DOR SOL /BIMATOP.....248
TIM/DORZ/LAT SOL.....248
TIMOL/BRIMO/ SOL DORZOL.....248
TIMOL/BRIM SOL DORZ/LAT.....248
TIMOL/DORZOL SOL /BIMATOP.....248
TIMOL/LATAN SOL.....248
TIMOLOL MAL/ SOL BIMATOPR.....248
timolol maleate ophth gel forming soln 0.25%.....248
timolol maleate ophth gel forming soln 0.5%.....248
timolol maleate ophth soln 0.25%.....248
timolol maleate ophth soln 0.5%.....248
timolol maleate ophth soln 0.5% (once-daily).....248
timolol maleate preservative free ophth soln 0.25%.....248
timolol maleate preservative free ophth soln 0.5%.....248
timolol maleate tab 10 mg.....125
timolol maleate tab 20 mg.....125
timolol maleate tab 5 mg.....124
timolol ophth soln 0.5%.....248
TIMOPTIC OCU SOL 0.25% OP.....248
TIMOPTIC OCU SOL 0.5% OP.....248
tinidazole tab 250 mg.....40
tinidazole tab 500 mg.....40
tiopronin tab 100 mg.....189
tiopronin tab delayed release 100 mg.....189
tiopronin tab delayed release 300 mg.....189
tiotropium bromide inhal cap 18 mcg (base equiv).....47
TIROSINT CAP 100MCG.....267
TIROSINT CAP 112MCG.....267
TIROSINT CAP 125MCG.....267
TIROSINT CAP 137MCG.....267
TIROSINT CAP 13MCG.....267
TIROSINT CAP 150MCG.....267
TIROSINT CAP 175MCG.....267
TIROSINT CAP 200MCG.....267
TIROSINT CAP 25MCG.....267
TIROSINT CAP 37.5MCG.....267
TIROSINT CAP 44MCG.....267
TIROSINT CAP 50MCG.....267
TIROSINT CAP 62.5MCG.....267
TIROSINT CAP 75MCG.....267
TIROSINT CAP 88MCG.....267
TIROSINT-SOL SOL 100MCG.....268
TIROSINT-SOL SOL 112MCG.....268
TIROSINT-SOL SOL 125MCG.....268
TIROSINT-SOL SOL 137MCG.....268
TIROSINT-SOL SOL 13MCG/ML.....267
TIROSINT-SOL SOL 150MCG.....268
TIROSINT-SOL SOL 175MCG.....268
TIROSINT-SOL SOL 200MCG.....268
TIROSINT-SOL SOL 25MCG/ML.....267
TIROSINT-SOL SOL 37.5/ML.....267
TIROSINT-SOL SOL 44MCG/ML.....267
TIROSINT-SOL SOL 50MCG/ML.....267
TIROSINT-SOL SOL 62.5/ML.....267
TIROSINT-SOL SOL 75MCG/ML.....267
TIROSINT-SOL SOL 88MCG/ML.....267
TISSEEL KIT 10ML.....195
TISSEEL KIT 2ML.....195
TISSEEL KIT 4ML.....195

TISSEEL SOL 10ML 195
TISSEEL SOL 2ML 195
TISSEEL SOL 4ML 195
TIVICAY PD TAB 5MG 119
TIVICAY TAB 10MG 119
TIVICAY TAB 25MG 119
TIVICAY TAB 50MG 119
tizanidine hcl cap 2 mg (base equivalent) 245
tizanidine hcl cap 4 mg (base equivalent) 245
tizanidine hcl cap 6 mg (base equivalent) 245
tizanidine hcl tab 2 mg (base equivalent) 245
tizanidine hcl tab 4 mg (base equivalent) 245
TLANDO CAP 112.5 MG 39
TOBI NEB 300/5ML 10
TOBI PODHALR CAP 28MG 10
TOBRA/VANCO DRO 1.5-5% 250
TOBRADEX OIN 0.3-0.1% 252
TOBRADEX ST SUS 0.3-0.05 252
tobramycin-dexamethasone ophth susp 0.3-0.1% 252
tobramycin nebu soln 300 mg/4ml 10
tobramycin nebu soln 300 mg/5ml 10
tobramycin ophth soln 0.3% 250
TOBREX OIN 0.3% OP 250
TODAY SPONGE MIS 272
TOLAK CRE 4% 145
tolcapone tab 100 mg 106
tolmetin sodium cap 400 mg 25
tolmetin sodium tab 600 mg 25
TOLSURA CAP 65MG 80
tolterodine tartrate cap er 24hr 2 mg 272
tolterodine tartrate cap er 24hr 4 mg 272
tolterodine tartrate tab 1 mg 272
tolterodine tartrate tab 2 mg 272
tolvaptan tab 15 mg 179
tolvaptan tab 30 mg 179
tolvaptan tab therapy pack 15 mg 179
tolvaptan tab therapy pack 30 & 15 mg 179
tolvaptan tab therapy pack 45 & 15 mg 179
tolvaptan tab therapy pack 60 & 30 mg 179
tolvaptan tab therapy pack 90 & 30 mg 179
TONMYA SUB 2.8MG 258
TOOMEY SYRIN MIS 70ML 230
TOPAMAX SPR CAP 15MG 60
TOPAMAX SPR CAP 25MG 60
TOPAMAX TAB 100MG 60
TOPAMAX TAB 200MG 60
TOPAMAX TAB 25MG 60
TOPAMAX TAB 50MG 60
TOPCARE MIS LANC 33G 215
TOPICORT CRE 0.05% 156
TOPICORT CRE 0.25% 156
TOPICORT GEL 0.05% 156
TOPICORT OIN 0.05% 156
TOPICORT OIN 0.25% 156
TOPICORT SPR 0.25% 156
topiramate cap er 24hr 100 mg 60
topiramate cap er 24hr 200 mg 61
topiramate cap er 24hr 25 mg 60
topiramate cap er 24hr 50 mg 60
topiramate cap er 24hr sprinkle 100 mg 61
topiramate cap er 24hr sprinkle 150 mg 61
topiramate cap er 24hr sprinkle 200 mg 61
topiramate cap er 24hr sprinkle 25 mg 61
topiramate cap er 24hr sprinkle 50 mg 61
topiramate oral soln 25 mg/ml 61
topiramate sprinkle cap 15 mg 61
topiramate sprinkle cap 25 mg 61
topiramate sprinkle cap 50 mg 61
topiramate tab 100 mg 61
topiramate tab 200 mg 61
topiramate tab 25 mg 61
topiramate tab 50 mg 61
TOPROL XL TAB 100MG 124
TOPROL XL TAB 200MG 124
TOPROL XL TAB 25MG 123
TOPROL XL TAB 50MG 123
toremifene citrate tab 60 mg (base equivalent) 98
torsemide tab 100 mg 170
torsemide tab 10 mg 170
torsemide tab 20 mg 170
torsemide tab 5 mg 170

TOSYMRA SOL 10MG....236
TOUJEO MAX INJ 300/ML....75
TOUJEO SOLO INJ 300/ML....75
TOVIAZ TAB 4MG....272
TOVIAZ TAB 8MG....272
TPOXX CAP 200MG....122
TRACLEER TAB 125MG....132
TRACLEER TAB 32MG....132
TRACLEER TAB 62.5MG....132
TRADJENTA TAB 5MG....72
tramadol-acetaminophen tab 37.5-325 mg....37
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....35
tramadol hcl tab er 24hr biphasic release 100 mg....35
tramadol hcl tab er 24hr biphasic release 200 mg....35
tramadol hcl tab er 24hr biphasic release 300 mg....35
TRAMADOL SOL 5MG/ML....35
trandolapril tab 1 mg....86
trandolapril tab 2 mg....86
trandolapril tab 4 mg....86
trandolapril-verapamil hcl tab er 1-240 mg....92
trandolapril-verapamil hcl tab er 2-180 mg....92
trandolapril-verapamil hcl tab er 2-240 mg....92
trandolapril-verapamil hcl tab er 4-240 mg....92
tranexamic acid tab 650 mg....195
TRANSDERM SC DIS 1MG/3DAY....79
TRANSDERM-SC DIS 1MG/3DAY....79
tranylcypromine sulfate tab 10 mg....64
TRAVATAN Z DRO 0.004%....253
TRAVEL LANCE MIS ADV 28G....215
travoprost ophth soln 0.004% (benzalkonium free) (bak free)....253
trazodone hcl tab 100 mg....66
trazodone hcl tab 150 mg....66
trazodone hcl tab 300 mg....66
trazodone hcl tab 50 mg....66
TRECATOR TAB 250MG....94
TRELEGY AER 100MCG....52
TRELEGY AER 200MCG....52
TREMFYA INJ 100MG/ML....150
TREMFYA INJ 200/2ML....185, 186
TRESIBA FLEX INJ 100UNIT....75
TRESIBA FLEX INJ 200UNIT....75
TRESIBA INJ 100UNIT....75
TRESNI SUP 100MG....25
tretinoin cap 10 mg....105
tretinoin cream 0.025%....143
tretinoin cream 0.05%....143
tretinoin cream 0.1%....143
tretinoin gel 0.01%....143
tretinoin gel 0.025%....143
tretinoin gel 0.05%....143
tretinoin microsphere gel 0.04%....143
tretinoin microsphere gel 0.08%....143
tretinoin microsphere gel 0.1%....143
TREXALL TAB 10MG....96
TREXALL TAB 15MG....96
TREXALL TAB 5MG....95
TREXALL TAB 7.5MG....96
TREXIMET TAB 85-500MG....234
triamcinolone acetonide aerosol soln 0.147 mg/gm....156
triamcinolone acetonide cream 0.025%....156
triamcinolone acetonide cream 0.1%....156
triamcinolone acetonide cream 0.5%....156
triamcinolone acetonide dental paste 0.1%....241
triamcinolone acetonide lotion 0.025%....156

triamcinolone acetonide lotion 0.1% 156
triamcinolone acetonide oint 0.025% 156
triamcinolone acetonide oint 0.05% 156
triamcinolone acetonide oint 0.1%.....156
triamcinolone acetonide oint 0.5%.....156
triamterene & hydrochlorothiazide cap 37.5-25 mg 170
triamterene & hydrochlorothiazide tab 37.5-25 mg.....170
triamterene & hydrochlorothiazide tab 75-50 mg 170
triamterene cap 100 mg 171
triamterene cap 50 mg 171
triazolam tab 0.125 mg.....196
triazolam tab 0.25 mg 196
TRIBENZOR TAB 92
TRICARE TAB PRENATAL.....243
TRICOR TAB 145MG 83
TRICOR TAB 48MG.....83
trientine hcl cap 250 mg 237
trientine hcl cap 500 mg 237
trifluoperazine hcl tab 10 mg (base equivalent).....115
trifluoperazine hcl tab 1 mg (base equivalent).....115
trifluoperazine hcl tab 2 mg (base equivalent).....115
trifluoperazine hcl tab 5 mg (base equivalent).....115
trifluridine ophth soln 1% 250
trihexyphenidyl hcl oral soln 0.4 mg/ml..106
trihexyphenidyl hcl tab 2 mg.....106
trihexyphenidyl hcl tab 5 mg 106
TRIJARDY XR TAB 71
TRIKAFTA PAK 59.5MG.....263
TRIKAFTA PAK 75MG 263
TRIKAFTA TAB 263
TRILEPTAL SUS 300/5ML.....61
TRILEPTAL TAB 150MG.....61
TRILEPTAL TAB 300MG 61
TRILEPTAL TAB 600MG 61
TRILIPIX CAP 135MG.....83
TRILIPIX CAP 45MG 83
trimethobenzamide hcl cap 300 mg 79
trimethoprim tab 100 mg 40
trimipramine maleate cap 100 mg.....69
trimipramine maleate cap 25 mg.....69
trimipramine maleate cap 50 mg 69
TRIMO-SAN GEL 272
TRINATAL RX TAB 1.....243
TRINTELLIX TAB 10MG 66
TRINTELLIX TAB 20MG 66
TRINTELLIX TAB 5MG.....66
TRISTART DHA CAP 243
TRIUMEQ PD TAB.....119
TRIUMEQ TAB.....119
TROJAN-ENZ MIS LUBRICAT 200
TROJAN-ENZ MIS W/SPERMI.....200
TROJAN MAGN MIS.....200
TROJAN MIS BARESKIN.....200
TROJAN MIS ENZ 200
TROJAN ULTRA MIS RIBBED.....200
TROJAN ULTRA MIS THIN 200
TROKENDI XR CAP 100MG 61
TROKENDI XR CAP 200MG 61
TROKENDI XR CAP 25MG 61
TROKENDI XR CAP 50MG.....61
TROP/CYC/PE/ SOL KETO/PRO 249
TROP/CYCL/PE SOL KETOROLA.....249
TROP-CYC-PE DRO 1-1-2.5 249
TROP-CYC-PE DRO 1-1-2.5% 249
TROP-PHENYL SOL 1-2.5% 249
trospium chloride cap er 24hr 60 mg.....272
trospium chloride tab 20 mg 272
TRUDHESA AER 0.725MG.....234
TRUE COMFORT MIS 32GX4MM 230
TRUE COMFORT MIS LANC 30G 215
TRUE COMFORT PAD PRO 218
TRUE COVER MIS CONDOM 200
TRUEDRAW MIS LANC DEV.....215
TRUE FOCUS MIS BLOOD 168
TRUE METRIX SOL LEVEL 1.....215
TRUE METRIX SOL LEVEL 2 215
TRUE METRIX SOL LEVEL 3 215
TRUE METRIX TES GLUCOSE 168
TRUETEST TES.....168
TRUETRACK TES 168
TRUETRACK TES STRIPS 169

TRULANCE TAB 3MG....182
TRULICITY INJ 0.75/0.5....73
TRULICITY INJ 1.5/0.5....73
TRULICITY INJ 3/0.5....73
TRULICITY INJ 4.5/0.5....73
TRU METRIX TES STRIPS....168
TRUPLUS LANC MIS 26G....215
TRUPLUS LANC MIS 28G....215
TRUPLUS LANC MIS 30G....215
TRUPLUS LANC MIS 33G....215
TRUQAP PAK 160MG....104
TRUQAP PAK 200MG....104
TRUQAP TAB 160MG....104
TRUQAP TAB 200MG....104
TRUSTEX/RIA MIS LUBRICAT....201
TRUSTEX/RIA MIS NON-LUB....201
TRUSTEX/RIA MIS SPERMICI....201
TRUSTEX LUBR MIS ASSORTED....200
TRUSTEX LUBR MIS BANANA....201
TRUSTEX LUBR MIS CHOC....201
TRUSTEX LUBR MIS COLA....201
TRUSTEX LUBR MIS COLORS....201
TRUSTEX LUBR MIS EX LARGE....201
TRUSTEX LUBR MIS EX STR....201
TRUSTEX LUBR MIS GRAPE....201
TRUSTEX LUBR MIS MINT....201
TRUSTEX LUBR MIS RIB/STUD....201
TRUSTEX LUBR MIS SPERMICI....201
TRUSTEX LUBR MIS STRWBRY....201
TRUSTEX LUBR MIS VANILLA....201
TRUSTEX MIS BANANA....201
TRUSTEX MIS CHOCOLAT....201
TRUSTEX MIS FLAVORS....201
TRUSTEX MIS MINT....201
TRUSTEX MIS STRWBRY....201
TRUSTEX MIS VANILLA....201
TRUSTX NON-9 MIS RIB/STUD....201
TRUVADA TAB 100-150....119
TRUVADA TAB 133-200....119
TRUVADA TAB 167-250....119
TRUVADA TAB 200-300....119
TRUZONE PEAK MIS FLOW MTR....233
TRYNGOLZA INJ 80MG/0.8....177
TRYPTYR SOL 0.003%....253
TRYVIO TAB 12.5MG....93
TUDORZA PRES AER 400/ACT....47
TUKYSA TAB 150MG....96
TUKYSA TAB 50MG....96
TURALIO CAP 125MG....104
TURPENTINE SOL SPIRITS....158
TUXARIN ER TAB 54.3-8MG....139
TWIIST KIT REFILL....215
TWIIST KIT STARTER....215
TWIIST REFIL KIT INFUSION....216
TWIRLA DIS 120-30....136
TWIST LANCET MIS 30G....216
TWIST LANCET MIS 30G MULT....216
TWYNEO CRE 0.1-3%....143
TYBLUME CHW 0.1-0.02....135
TYBOST TAB 150MG....119
TYENNE INJ 162/0.9....22
TYENNE INJ 162MG....22
TYKERB TAB 250MG....105
TYMLOS INJ....172
TYRVAYA SOL 0.03MG....248
TYVASO DPI POW 16-32-48....131
TYVASO DPI POW 16-32MCG....131
TYVASO DPI POW 16MCG....131
TYVASO DPI POW 32MCG....131
TYVASO DPI POW 48MCG....131
TYVASO DPI POW 64MCG....131
TYVASO RF KT SOL 0.6MG/ML....131
TYVASO SOL 0.6MG/ML....131
TYVASO ST KT SOL 0.6MG/ML....131

U

UBRELVY TAB 100MG....234
UBRELVY TAB 50MG....234
UCERIS AER 2MG/ACT....39
UCERIS TAB 9MG....138
UDENYCA INJ 6MG/.6ML....194
UDENYCA INJ 6MG/0.6....194
UDENYCA ONBO INJ 6/0.6ML....194
UDENYCA ONBO INJ 6MG/.6ML....194
ULORIC TAB 40MG....189
ULORIC TAB 80MG....189
ULTICARE MIC MIS 32GX4MM....231
ULTICARE MIS 30GX3/16....231
ULTICARE MIS 30GX5/16....231

ULTICARE PAD ALCOHOL 218
ULTICARE PEN MIS 31GX5MM.....231
ULTICARE PEN MIS 31GX6MM.....231
ULTICARE PEN MIS 31GX8MM.....231
ULTIGUARD MIS 31GX5MM 231
ULTIGUARD MIS 31GX6MM 231
ULTIGUARD MIS 31GX8MM 231
ULTIGUARD MIS 32GX4MM 231
ULTIGUARD MIS 32GX6MM 231
ULTI-LANCE MIS CLR TIP 216
ULTILET MIS 26G.....216
ULTILET MIS 28G.....216
ULTILET MIS 30G.....216
ULTILET MIS 33G.....216
ULTILET MIS LANCETS.....216
ULTILET MIS SAFETY 216
ULTILET PAD ALCOHOL.....218
ULTILET PEN MIS 29GX12.7 231
ULTILET PEN MIS 31GX5MM 231
ULTILET PEN MIS 31GX8MM 231
ULTILET PEN MIS 32GX4MM.....231
ULTILET SAFE MIS 21G 216
ULTRA FLO MIS 31GX5MM 231
ULTRA FLO MIS 31GX8MM 231
ULTRA FLO MIS PEN NEED 231
ULTRASAL-ER SOL 28.5% 158
ULTRA THIN MIS 28G 216
ULTRA THIN MIS 30G 216
ULTRA THIN MIS 31G 216
ULTRA THIN MIS 33G 216
ULTRA THIN MIS LAN 31G 216
ULTRA THIN MIS LANC 28G 216
ULTRA THIN MIS LANC 30G.....216
ULTRA THIN MIS LANCETS 216
ULTRAVATE LOT 0.05% 156
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act.....52
UNDECATREX CAP 200MG 39
UNIFINE PLUS MIS 31GX1/4.....231
UNIFINE PLUS MIS 31GX3/16.....231
UNIFINE PLUS MIS 31GX5/16.....231
UNIFINE PLUS MIS 32GX5/32 231
UNIFINE PLUS MIS 33GX5/32 231
UNIFINE PNTP MIS 29GX12MM.....231
UNIFINE PNTP MIS 30GX3/16 231
UNIFINE PNTP MIS 31GX3/16 231
UNIFINE PNTP MIS 31GX5/16 231
UNIFINE PNTP MIS 31GX5MM.....231
UNIFINE PNTP MIS 31GX6MM.....231
UNIFINE PNTP MIS 31GX8MM.....231
UNIFINE PNTP MIS 32GX4MM 231
UNIFINE PNTP MIS 32GX5/32.....231
UNIFINE PNTP MIS 32GX6MM 231
UNIFINE PNTP MIS 33GX4MM 231
UNIFINE PROT MIS 30GX5MM.....231
UNIFINE PROT MIS 30GX8MM.....231
UNIFINE PROT MIS 32GX4MM 231
UNIFINE SAFE MIS 31GX5MM 231
UNIFINE SAFE MIS 31GX6MM 231
UNIFINE SAFE MIS 31GX8MM 231
UNIFINE SAFE MIS 32GX4MM.....231
UNIFINE ULTR MIS 31GX5MM 231
UNIFINE ULTR MIS 31GX6MM 231
UNIFINE ULTR MIS 31GX8MM 231
UNIFINE ULTR MIS 32GX4MM 232
UNILET EXCEL MIS 23G.....216
UNILET EX II MIS 28G.....216
UNILET G.P. MIS 21G.....216
UNILET G.P MIS SUPR 23G 216
UNILET GP 28 MIS ULT THIN.....216
UNILET LANCE MIS 21G.....216
UNILET LANCE MIS 28G.....216
UNILET LANCE MIS 33G.....216
UNILET LANC MIS 33G 216
UNILET LANCT MIS 28G.....216
UNILET LANCT MIS 30G 216
UNILET LANCT MIS 33G.....216
UNILET MICRO MIS 33G.....216
UNILET MIS 21G 216
UNILET SUPER MIS 23G 216
UNILET SUPER MIS G.P. 23G 216
UNISTIK 1 MIS 2.4MM 216
UNISTIK 1 MIS 3.0MM 216
UNISTIK 23G MIS NORMAL 217
UNISTIK 2 MIS.....216
UNISTIK 2 MIS 1.8MM 216
UNISTIK 2 MIS 2.4MM 216
UNISTIK 2 MIS COMFORT 216

UNISTIK 2 MIS EXTRA....216
UNISTIK 2 MIS NEONATAL....216
UNISTIK 2 MIS NORMAL....216
UNISTIK 2 MIS SUPER....217
UNISTIK 3 MIS 1.8MM....217
UNISTIK 3 MIS COMFORT....217
UNISTIK 3 MIS EXTRA....217
UNISTIK 3 MIS GENT 30G....217
UNISTIK 3 MIS NEONATAL....217
UNISTIK 3 MIS NORMAL....217
UNISTIK CZT MIS COMFORT....217
UNISTIK CZT MIS NORMAL....217
UNISTIK PRO MIS LANC 21G....217
UNISTIK PRO MIS LANC 28G....217
UNISTIK SAFE MIS LANC 28G....217
UNISTIK SAFE MIS LANC 30G....217
UNISTIK TOUC MIS LANC 21G....217
UNISTIK TOUC MIS LANC 23G....217
UNISTIK TOUC MIS LANC 28G....217
UNISTIK TOUC MIS LANC 30G....217
UNISTRIP1 TES GENERIC....169
UNITSTIK PRO MIS LANC 25G....217
UNIVERSAL 1 MIS 33G....217
UNIVERSAL 1 MIS LANC 26G....217
UNIVERSAL 1 MIS LANC 30G....217
UPTRAVI PACK TAB 200/800....132
UPTRAVI TAB 1000MCG....132
UPTRAVI TAB 1200MCG....132
UPTRAVI TAB 1400MCG....132
UPTRAVI TAB 1600MCG....132
UPTRAVI TAB 200MCG....132
UPTRAVI TAB 400MCG....132
UPTRAVI TAB 600MCG....132
UPTRAVI TAB 800MCG....132
urea cream 39%....157
urea cream 41%....157
urea cream 45%....157
urea cream 47%....157
URETRON D/S TAB....41
URIBEL TAB 81.6MG....41
URIMAR-T TAB....41
UROCIT-K 10 TAB....188
UROCIT-K 15 TAB....188
UROCIT-K 5 TAB....188
UROGESIC- TAB BLUE....41
UROXATRAL TAB 10MG....189
URSO 250 TAB 250MG....183
URSODIOL CAP 200MG....183
ursodiol cap 300 mg....183
URSODIOL CAP 400MG....183
ursodiol tab 250 mg....183
ursodiol tab 500 mg....183
URSO FORTE TAB 500MG....183
USTEKIN-AAUZ INJ 45/0.5ML....151
USTEKIN-AAUZ INJ 90MG/ML....151
USTEKIN-AEKN INJ 45/0.5ML....151
USTEKIN-AEKN INJ 90MG/ML....151
USTEKIN-TTWE INJ 45/0.5ML....151
USTEKIN-TTWE INJ 90MG/ML....151
USTEKINUMAB INJ 45/0.5ML....151
USTEKINUMAB INJ 90MG/ML....151
UZEDY INJ 100MG....112
UZEDY INJ 125MG....112
UZEDY INJ 150MG....112
UZEDY INJ 200MG....112
UZEDY INJ 250MG....112
UZEDY INJ 50MG....112
UZEDY INJ 75MG....112

V

VAFSEO TAB 150MG....194
VAFSEO TAB 300MG....194
VAGIFEM TAB 10MCG....273
valacyclovir hcl tab 1 gm....121
valacyclovir hcl tab 500 mg....121
VALCHLOR GEL 0.016%....145
VALCYTE SOL 50MG/ML....120
VALCYTE TAB 450MG....120
valganciclovir hcl for soln 50 mg/ml (base equiv)....120
valganciclovir hcl tab 450 mg (base equivalent)....120
VALIUM TAB 10MG....45
VALIUM TAB 2MG....45
VALIUM TAB 5MG....45
valproate sodium oral soln 250 mg/5ml (base equiv)....63
valproic acid cap 250 mg....63

valsartan-hydrochlorothiazide tab 160-12.5 mg 92
valsartan-hydrochlorothiazide tab 160-25 mg 92
valsartan-hydrochlorothiazide tab 320-12.5 mg 92
valsartan-hydrochlorothiazide tab 320-25 mg 92
valsartan-hydrochlorothiazide tab 80-12.5 mg 92
valsartan oral soln 4 mg/ml 88
valsartan tab 160 mg 88
valsartan tab 320 mg 88
valsartan tab 40 mg 88
valsartan tab 80 mg 88
VALTOCO SPR 10MG 56
VALTOCO SPR 15MG 56
VALTOCO SPR 20MG 56
VALTOCO SPR 5MG 56
VALTREX TAB 1GM 121
VALTREX TAB 500MG 121
VANCOCIN CAP 125MG 41
VANCOCIN CAP 250MG 41
vancomycin hcl cap 125 mg (base equivalent) 41
vancomycin hcl cap 250 mg (base equivalent) 41
vancomycin hcl for oral soln 25 mg/ml (base equivalent) 41
vancomycin hcl for oral soln 50 mg/ml (base equivalent) 41
VANDAZOLE GEL 0.75% 273
VANFLYTA TAB 17.7MG 105
VANFLYTA TAB 26.5MG 105
VANISH LIQ 5% 240
VANOS CRE 0.1% 156
VANRAFIA TAB 0.75MG 188
VANTAGE LANC MIS DEVICE 217
vardenafil hcl orally disintegrating tab 10 mg 130
vardenafil hcl tab 10 mg 131
vardenafil hcl tab 2.5 mg 130
vardenafil hcl tab 20 mg 131
vardenafil hcl tab 5 mg 130
varenicline tartrate tab 0.5 mg (base equiv) 262
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 262
varenicline tartrate tab 1 mg (base equiv) 262
VARUBI TAB 90MG 79
VASCEPA CAP 0.5GM 82
VASCEPA CAP 1GM 82
VASERETIC TAB 10-25MG 92
VASOTEC TAB 10MG 86
VASOTEC TAB 2.5MG 86
VASOTEC TAB 20MG 86
VASOTEC TAB 5MG 86
VCF VAGINAL GEL CONTRACE 273
VCF VAGINAL MIS CONTRACP 273
VECAMYL TAB 2.5MG 92
VECTICAL OIN 3MCG/GM 151
VELPHORO CHW 500MG 187
VELSIPITY TAB 2MG 186
VELTASSA POW 16.8GM 240
VELTASSA POW 1GM 239
VELTASSA POW 25.2GM 240
VELTASSA POW 8.4GM 239
VEMLIDY TAB 25MG 121
VENCLEXTA TAB 100MG 96
VENCLEXTA TAB 10MG 96
VENCLEXTA TAB 50MG 96
VENCLEXTA TAB START PK 96
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 67
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 67
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 67
venlafaxine hcl tab 100 mg (base equivalent) 67
venlafaxine hcl tab 25 mg (base equivalent) 67
venlafaxine hcl tab 37.5 mg (base equivalent) 67
venlafaxine hcl tab 50 mg (base equivalent) 67

venlafaxine hcl tab 75 mg (base equivalent) 67
venlafaxine hcl tab er 24hr 150 mg (base equivalent).....67
venlafaxine hcl tab er 24hr 225 mg (base equivalent).....67
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent).....67
venlafaxine hcl tab er 24hr 75 mg (base equivalent).....67
VENLAFAXINE TAB 112.5MG 67
VENTAVIS SOL 10MCG/ML 131
VENTAVIS SOL 20MCG/ML 131
VENT NEEDLE MIS 18GX1 232
VENTOLIN HFA AER 52
VEOZAH TAB 45MG.....175
VERAPAMIL CAP 100MG ER.....127
verapamil hcl cap er 24hr 100 mg 127
verapamil hcl cap er 24hr 120 mg.....127
verapamil hcl cap er 24hr 180 mg 127
verapamil hcl cap er 24hr 200 mg.....127
verapamil hcl cap er 24hr 240 mg.....127
verapamil hcl cap er 24hr 300 mg.....127
verapamil hcl cap er 24hr 360 mg.....127
verapamil hcl tab 120 mg.....127
verapamil hcl tab 40 mg 127
verapamil hcl tab 80 mg 127
verapamil hcl tab er 120 mg 127
verapamil hcl tab er 180 mg 127
verapamil hcl tab er 240 mg.....127
VERASENS LIQ LEVEL 1 217
VERASENS TES.....169
VEREGEN OIN 15%.....143
VERELAN CAP 120MG SR.....127
VERELAN CAP 180MG SR 127
VERELAN CAP 240MG SR.....127
VERELAN CAP 360MG SR.....127
VERELAN PM CAP 100MG ER 127
VERELAN PM CAP 200MG ER.....127
VERELAN PM CAP 300MG ER.....127
VERIFINE LAN MIS MINI 21G.....217
VERIFINE LAN MIS MINI 23G 217
VERIFINE LAN MIS MINI 28G 217
VERIFINE LAN MIS MINI 30G.....217
VERIFINE MIS UNIV 28G 217
VERIFINE MIS UNIV 30G.....217
VERIFINE MIS UNIV 33G 217
VERIFINE PEN MIS 29GX12MM.....232
VERIFINE PEN MIS 31GX5MM.....232
VERIFINE PEN MIS 31GX8MM.....232
VERIFINE PEN MIS 32GX4MM 232
VERIFINE PEN MIS 32GX6MM 232
VERISAFE MIS 23GX1.5 232
VERISAFE MIS 25GX1 232
VERKAZIA EMU 0.1% OP 250
VERQUVO TAB 10MG.....133
VERQUVO TAB 2.5MG 133
VERQUVO TAB 5MG 133
VERSACLOZ SUS 50MG/ML 114
VERZENIO TAB 100MG.....105
VERZENIO TAB 150MG.....105
VERZENIO TAB 200MG 105
VERZENIO TAB 50MG 105
VESICARE LS SUS 5MG/5ML.....272
VESICARE TAB 10MG 272
VESICARE TAB 5MG.....272
VEVEN CRE 0.1% 158
VEVYE DRO 0.1% 250
VFEND SUS 40MG/ML.....80
VFEND TAB 50MG.....80
V-GO 20 KIT.....217
V-GO 30 KIT 217
V-GO 40 KIT 217
VIAGRA TAB 100MG 131
VIAGRA TAB 25MG 131
VIAGRA TAB 50MG.....131
VIBERZI TAB 100MG 186
VIBERZI TAB 75MG 186
VIBRAMYCIN CAP 100MG 265
VIBRAMYCIN SUS 25MG/5ML 265
VICTOZA INJ 18MG/3ML 73
vigabatrin powd pack 500 mg.....62
vigabatrin tab 500 mg 62
VIGAFYDE SOL 100MG/ML 62
VIGAMOX DRO 0.5% 250
VIIBRYD TAB 10MG.....66
VIIBRYD TAB 20MG.....66
VIIBRYD TAB 40MG.....66

VIJOICE GRA 50MG 239
VIJOICE TAB 125MG.....239
VIJOICE TAB 250MG.....239
VIJOICE TAB 50MG.....239
vilazodone hcl tab 10 mg.....66
vilazodone hcl tab 20 mg.....66
vilazodone hcl tab 40 mg.....66
VIMOVO TAB 375-20MG 25
VIMOVO TAB 500-20MG.....25
VIMPAT SOL 10MG/ML 61
VIMPAT TAB 100MG 61
VIMPAT TAB 150MG 61
VIMPAT TAB 200MG.....61
VIMPAT TAB 50MG.....61
VINATE DHA CAP 27-1.13 244
VIOKACE TAB 10440 169
VIOKACE TAB 20880.....169
VIRACEPT TAB 250MG 119
VIRACEPT TAB 625MG 119
VIRASAL LIQ 27.5% 158
VIREAD POW 40MG/GM 119
VIREAD TAB 150MG.....119
VIREAD TAB 200MG.....119
VIREAD TAB 250MG.....119
VIREAD TAB 300MG.....119
VISTOGARD PAK 10GM 78
VITAFOL CAP ULTRA 244
VITAFOL CHW GUMMIES.....244
VITAFOL FE+ CAP.....244
VITAFOL-NANO TAB.....244
VITAFOL-OB PAK +DHA.....244
VITAFOL-OB TAB 65-1MG.....244
VITAFOL-ONE CAP.....244
VITAFOL STRP MIS 1MG.....244
VITALARA TAB.....244
VITAMED MD CAP ONE RX.....244
VITAPEARL CAP 244
VITATHELY TAB.....244
VITATRUE MIS.....244
VITRAKVI CAP 100MG.....105
VITRAKVI CAP 25MG.....105
VITRAKVI SOL 20MG/ML 105
VIVA DHA CAP 244
VIVAGUARD LIQ CONTROL 217
VIVAGUARD MIS 28G.....217
VIVAGUARD MIS 30G 217
VIVAGUARD MIS LANCING.....217
VIVAGUARD TES INO.....169
VIVELLE-DOT DIS 0.025MG 182
VIVELLE-DOT DIS 0.0375MG 182
VIVELLE-DOT DIS 0.05MG.....182
VIVELLE-DOT DIS 0.075MG 182
VIVELLE-DOT DIS 0.1MG.....182
VIVJOA CAP 150MG.....80
VIZIMPRO TAB 15MG 97
VIZIMPRO TAB 30MG.....97
VIZIMPRO TAB 45MG.....97
VIZZ SOL 1.44% OP 249
VOGELXO GEL 1%(50MG) 39
VOGELXO GEL PUMP 1%.....39
VONJO CAP 100MG.....105
VOQUEZNA PAK DUAL PAK 271
VOQUEZNA PAK TRIP PK.....271
VOQUEZNA TAB 10MG 270
VOQUEZNA TAB 20MG.....270
VORANIGO TAB 10MG 105
VORANIGO TAB 40MG.....105
voriconazole for susp 40 mg/ml.....80
voriconazole tab 200 mg 80
voriconazole tab 50 mg.....80
VORTEX/MASK MIS CHILDS 233
VORTEX/MASK MIS TODDLER.....233
VORTEX CHAMB MIS PEDI MAS 233
VORTEX VALVD MIS CHAMBER.....233
VORTEX VALVE MIS CHAMBER 233
VOSEVI TAB 121
VOTRIENT TAB 200MG.....105
VOWST CAP.....186
VOXZOGO INJ 0.4MG.....178
VOXZOGO INJ 0.56MG 178
VOXZOGO INJ 1.2MG.....178
VOYDEYA TAB 100MG 190
VOYDEYA TAB 50-100MG 190
VRAYLAR CAP 1.5MG.....110
VRAYLAR CAP 3MG 110
VRAYLAR CAP 4.5MG.....110
VRAYLAR CAP 6MG 110
VTAMA CRE 1% 151

VUMERITY CAP 231MG 260
VUSION OIN 144
VYALEV INJ 12-240MG 109
VYKAT XR TAB 150MG 177
VYKAT XR TAB 25MG 177
VYKAT XR TAB 75MG 177
VYNDAMAX CAP 61MG 133
VYNDAQEL CAP 20MG 133
VYSCOXA SUS 10MG/ML 25
VYTONE CRE 1-1.9% 145
VYTORIN TAB 10-10MG 82
VYTORIN TAB 10-20MG 82
VYTORIN TAB 10-40MG 82
VYTORIN TAB 10-80MG 82
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 238
VYZULTA SOL 0.024% 253

W

WAINUA INJ 45/0.8ML 262
WAKIX TAB 17.8MG 6
WAKIX TAB 4.45MG 6
warfarin sodium tab 10 mg 53
warfarin sodium tab 1 mg 53
warfarin sodium tab 2.5 mg 53
warfarin sodium tab 2 mg 53
warfarin sodium tab 3 mg 53
warfarin sodium tab 4 mg 53
warfarin sodium tab 5 mg 53
warfarin sodium tab 6 mg 53
warfarin sodium tab 7.5 mg 53
WAYRILZ TAB 400MG 190
WEBCOL PREP PAD LARGE 218
WEBCOL PREP PAD MEDIUM 218
WEGOVY INJ 0.25MG 5
WEGOVY INJ 0.5MG 5
WEGOVY INJ 1.7MG 5
WEGOVY INJ 1MG 5
WEGOVY INJ 2.4MG 5
WELCHOL PAK 3.75GM 82
WELCHOL TAB 625MG 82
WELIREG TAB 40MG 98
WELLBUTRIN TAB 100MG SR 63
WELLBUTRIN TAB 150MG SR 63
WELLBUTRIN TAB 200MG SR 63
WELLBUTRIN TAB XL 150MG 63
WELLBUTRIN TAB XL 300MG 64
WESCAP-C DHA CAP 244
WESCAP-PN CAP DHA 244
WESNATAL DHA PAK COMPLETE 244
WESNATE DHA CAP 244
WESTAB PLUS TAB 27-1MG 244
WESTGEL DHA CAP 244
WEZLANA INJ 45/0.5ML 151
WEZLANA INJ 90MG/ML 151
WIDE-SEAL DPR KIT 60 201
WIDE-SEAL DPR KIT 65 202
WIDE-SEAL DPR KIT 70 202
WIDE-SEAL DPR KIT 75 202
WIDE-SEAL DPR KIT 80 202
WIDE-SEAL DPR KIT 85 202
WIDE-SEAL DPR KIT 90 202
WIDE-SEAL DPR KIT 95 202
WINLEVI CRE 1% 143
WYNZORA CRE 156

X

XACIATO GEL 2% 273
XADAGO TAB 100MG 109
XADAGO TAB 50MG 109
XALATAN SOL 0.005% 253
XALIX SOL 28% 158
XALKORI CAP 150MG 105
XALKORI CAP 200MG 105
XALKORI CAP 20MG 105
XALKORI CAP 250MG 105
XALKORI CAP 50MG 105
XANAX TAB 0.25MG 45

XANAX TAB 0.5MG 45
XANAX TAB 1MG.....45
XANAX TAB 2MG.....45
XANAX XR TAB 0.5MG 45
XANAX XR TAB 1MG.....45
XANAX XR TAB 2MG.....45
XANAX XR TAB 3MG.....45
XARELTO STAR TAB 15/20MG 53
XARELTO SUS 1MG/ML 53
XARELTO TAB 10MG 53
XARELTO TAB 15MG 53
XARELTO TAB 2.5MG.....53
XARELTO TAB 20MG.....53
XATMEP SOL 2.5MG/ML.....96
XCOPRI PAK 100-150 62
XCOPRI PAK 12.5-25 61
XCOPRI PAK 150-200 62
XCOPRI PAK 50-100MG 61
XCOPRI TAB 100MG.....62
XCOPRI TAB 150MG 62
XCOPRI TAB 200MG 62
XCOPRI TAB 25MG.....62
XCOPRI TAB 50MG.....62
XDEMVY DRO 0.25% 250
XELJANZ SOL 1MG/ML 19
XELJANZ TAB 10MG.....20
XELJANZ TAB 5MG 20
XELJANZ XR TAB 11MG.....20
XELJANZ XR TAB 22MG 20
XELODA TAB 150MG.....96
XELODA TAB 500MG.....96
XELPROS EMU 0.005% 253
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.....258
XENAZINE TAB 25MG 258
XENICAL CAP 120MG 5
XEPI CRE 1%.....143
XERAC-AC SOL 6.25% 159
XERESE CRE 5-1% 152
XERMELO TAB 250MG 187
XHANCE MIS 93MCG.....246
XIFAXAN TAB 200MG.....40
XIFAXAN TAB 550MG.....40
XIGDUO XR TAB 10-1000.....71
XIGDUO XR TAB 10-500MG.....71
XIGDUO XR TAB 2.5-1000 71
XIGDUO XR TAB 5-1000MG.....71
XIGDUO XR TAB 5-500MG.....71
XIIDRA DRO 5% 250
XIMINO CAP 135MG ER 265
XIMINO CAP 45MG ER.....265
XIMINO CAP 90MG ER 265
XOFLUZA TAB 40MG 122
XOFLUZA TAB 80MG 122
XOLAIR INJ 150MG/ML 46
XOLAIR INJ 300/2ML.....47
XOLAIR INJ 75/0.5 46
XOPENEX HFA AER 52
XOSPATA TAB 40MG 105
XPHOZAH TAB 20MG.....177
XPHOZAH TAB 30MG.....177
XPOVIO PAK 40MG 98, 99
XPOVIO PAK 50MG.....99
XPOVIO PAK 60MG.....99
XPOVIO PAK 80MG.....99
XROMI SOL 100MG/ML.....192
XTAMPZA ER CAP 13.5MG 35
XTAMPZA ER CAP 18MG 35
XTAMPZA ER CAP 27MG.....35
XTAMPZA ER CAP 36MG.....36
XTAMPZA ER CAP 9MG.....35
XTANDI CAP 40MG 98
XTANDI TAB 40MG 98
XTANDI TAB 80MG 98
XULTOPHY INJ 100/3.6 71
XURIDEN POW 2GM.....177
XYOSTED INJ 100/0.5.....39
XYOSTED INJ 50/0.5ML.....39
XYOSTED INJ 75/0.5ML 39
XYREM SOL 500MG/ML 256
XYWAV SOL 0.5GM/ML 256

Y

YASMIN 28 TAB 3-0.03MG.....135
YAZ TAB 3-0.02MG.....135
YCANTH SOL 0.7% 158

YESINTEK INJ 45/0.5ML 151
YESINTEK INJ 90MG/ML 152
YEZTUGO TAB 300MG 119
YONSA TAB 125MG 98
YORVIPATH INJ 168/0.56 177
YORVIPATH INJ 294/0.98 178
YORVIPATH INJ 420/1.4 178
YOSPRALA TAB 325-40MG 191
YOSPRALA TAB 81-40MG 191
YUFLYMA 1PEN KIT 40/0.4ML 18
YUFLYMA 1PEN KIT 80/0.8ML 18
YUFLYMA 2PEN KIT 40/0.4ML 18
YUFLYMA 2SYR KIT 20/0.2ML 18
YUFLYMA 2SYR KIT 40/0.4ML 18
YUFLYMA KIT 80/0.8ML 18
YUPELRI SOL 175/3ML 47
YUSIMRY INJ 40/0.8ML 18
YUTREPIA CAP 106MCG 131
YUTREPIA CAP 26.5MCG 131
YUTREPIA CAP 53MCG 131
YUTREPIA CAP 79.5MCG 131

Z

ZACLIR LOT 8% 143
zafirlukast tab 10 mg 47
zafirlukast tab 20 mg 47
zaleplon cap 10 mg 196
zaleplon cap 5 mg 196
ZALVIT TAB 13-1MG 244
ZANAFLEX CAP 2MG 245
ZANAFLEX CAP 4MG 245
ZANAFLEX CAP 6MG 245
ZANAFLEX CAP 8MG 245
ZANAFLEX TAB 4MG 245
ZARONTIN CAP 250MG 62
ZARONTIN SOL 250/5ML 62
ZARXIO INJ 300/0.5 194
ZARXIO INJ 480/0.8 195
ZAVESCA CAP 100MG 192
ZAVZPRET SPR 10MG 234
ZEGALOGUE INJ 0.6/0.6 72
ZEGERID CAP 20-1100 271
ZEGERID CAP 40-1100 271
ZEGERID POW 20-1680 271
ZEGERID POW 40-1680 271
ZEJULA TAB 100MG 105
ZEJULA TAB 200MG 105
ZEJULA TAB 300MG 105
ZELAC CAP 77
ZELAPAR ODT TAB 1.25MG 109
ZELBORAF TAB 240MG 105
ZELSUVMI GEL 10.3% 152
ZEMBRACE SYM INJ 3/0.5ML 236
ZEMPLAR CAP 1MCG 178
ZEMPLAR CAP 2MCG 178
ZENPEP CAP 10000UNT 169
ZENPEP CAP 15000UNT 169
ZENPEP CAP 20000UNT 169
ZENPEP CAP 25000UNT 169
ZENPEP CAP 3000UNIT 169
ZENPEP CAP 40000UNT 169
ZENPEP CAP 5000UNIT 169
ZENPEP CAP 60000UNT 169
ZEPATIER TAB 50-100MG 121
ZEPBOUND INJ 10/0.5ML 5
ZEPBOUND INJ 12.5/0.5 5
ZEPBOUND INJ 15/0.5ML 5
ZEPBOUND INJ 2.5/0.5 5
ZEPBOUND INJ 5/0.5ML 5
ZEPBOUND INJ 7.5/0.5 5
ZEPOSIA 7DAY CAP STR PACK 260
ZEPOSIA CAP 0.92MG 260
ZEPOSIA CAP STR KIT 260
ZERVIATE DRO 0.24% 253
ZESTORETIC TAB 10-12.5 92
ZESTORETIC TAB 20-12.5 92
ZESTORETIC TAB 20-25MG 92
ZESTRIL TAB 10MG 86
ZESTRIL TAB 2.5MG 86
ZESTRIL TAB 20MG 87
ZESTRIL TAB 30MG 87
ZESTRIL TAB 40MG 87
ZESTRIL TAB 5MG 86
ZETIA TAB 10MG 85
ZETONNA AER 37MCG 246
ZEVALIN KIT Y-90 96
ZEVRX MIS 31GX5MM 232
ZEVRX MIS 31GX6MM 232
ZEVRX MIS 31GX8MM 232

ZEVRX MIS 32GX4MM 232
ZEVRX STERIL PAD ALCHOL.....218
ZEVRX TWIST MIS LANC 30G 217
ZIAGEN SOL 20MG/ML.....119
ZIANA GEL.....143
zidovudine cap 100 mg.....120
zidovudine syrup 10 mg/ml.....120
zidovudine tab 300 mg.....120
ZIEXTENZO INJ 6/0.6ML 195
ZILBRYSQ INJ 16.6MG.....190
ZILBRYSQ INJ 23MG.....190
ZILBRYSQ INJ 32.4MG 190
zileuton tab er 12hr 600 mg 47
ZILXI AER 1.5%.....160
ZIMHI SOL 78
ZIOPTAN DRO 0.0015%.....253
ZIPHEX TAB 13-1MG.....244
ziprasidone hcl cap 20 mg 110
ziprasidone hcl cap 40 mg.....110
ziprasidone hcl cap 60 mg.....110
ziprasidone hcl cap 80 mg.....110
ziprasidone mesylate for inj 20 mg (base equivalent).....110
ZIPSOR CAP 25MG 25
ZIRGAN GEL 0.15%.....250
ZITHRANOL SHA 1% 152
ZITHROMAX POW 1GM PAK 198
ZITHROMAX SUS 100/5ML.....198
ZITHROMAX SUS 200/5ML.....198
ZITHROMAX TAB 250MG 198
ZITHROMAX TAB 500MG 198
ZITHROMAX TAB TRI-PAK 198
ZITHROMAX TAB Z-PAK 198
ZITUVIMET TAB 50-1000.....71
ZITUVIMET TAB 50-500MG.....71
ZITUVIMET XR TAB 100-1000 71
ZITUVIMET XR TAB 50-1000.....71
ZITUVIMET XR TAB 50-500MG 71
ZITUVIO TAB 100MG.....72
ZITUVIO TAB 25MG 72
ZITUVIO TAB 50MG 72
ZMA CLEAR SUS 9-4.5%.....143
ZOCOR TAB 10MG 85
ZOCOR TAB 20MG 85
ZOCOR TAB 40MG 85
ZOKINVY CAP 50MG 240
ZOKINVY CAP 75MG.....240
ZOLINZA CAP 100MG.....105
zolmitriptan nasal spray 2.5 mg/spray unit 236
zolmitriptan nasal spray 5 mg/spray unit 236
zolmitriptan orally disintegrating tab 2.5 mg 236
zolmitriptan orally disintegrating tab 5 mg 236
zolmitriptan tab 2.5 mg 236
zolmitriptan tab 5 mg 236
ZOLOFT CON 20MG/ML.....65
ZOLOFT TAB 100MG 65
ZOLOFT TAB 25MG 65
ZOLOFT TAB 50MG 65
ZOLPIDEM TAR CAP 7.5MG 196
zolpidem tartrate sl tab 1.75 mg 196
zolpidem tartrate sl tab 3.5 mg.....196
zolpidem tartrate tab 10 mg 196
zolpidem tartrate tab 5 mg.....196
zolpidem tartrate tab er 12.5 mg.....196
zolpidem tartrate tab er 6.25 mg.....196
ZOMACTON INJ 10MG 175
ZOMACTON INJ 5MG.....175
ZOMIG SPR 2.5MG 236
ZOMIG SPR 5MG.....236
ZONALON CRE 5%.....145
ZONEGRAN CAP 100MG 61
ZONEGRAN CAP 25MG 61
ZONISADE SUS 100MG/5.....61
zonisamide cap 100 mg 61
zonisamide cap 25 mg 61
zonisamide cap 50 mg.....61
ZONTIVITY TAB 2.08MG.....191
ZORBTIVE INJ 8.8MG 175
ZORTRESS TAB 0.25MG.....239
ZORTRESS TAB 0.5MG 239
ZORTRESS TAB 0.75MG.....239
ZORTRESS TAB 1MG 239
ZORVOLEX CAP 18MG 25
ZORVOLEX CAP 35MG.....25

ZORYVE CRE 0.05% 159
ZORYVE CRE 0.15% 159
ZORYVE CRE 0.3% 159
ZORYVE MIS 0.3% 159
ZOVIRAX CRE 5% 152
ZOVIRAX OIN 5% 152
ZTALMY SUS 50MG/ML 61
ZTLIDO PAD 1.8% 159
ZUBSOLV SUB 0.7-0.18 38
ZUBSOLV SUB 1.4-0.36 38
ZUBSOLV SUB 11.4-2.9 38
ZUBSOLV SUB 2.9-0.71 38
ZUBSOLV SUB 5.7-1.4 38
ZUBSOLV SUB 8.6-2.1 38
ZUNVEYL TAB 10MG 257
ZUNVEYL TAB 15MG 257
ZUNVEYL TAB 5MG 257
ZURNAI INJ 1.5/0.5 78
ZURZUVAE CAP 20MG 64
ZURZUVAE CAP 25MG 64
ZURZUVAE CAP 30MG 64
ZYCLARA CRE 3.75% 157
ZYCLARA PUMP CRE 2.5% 157
ZYCLARA PUMP CRE 3.75% 157
ZYDELIG TAB 100MG 105
ZYDELIG TAB 150MG 105
ZYFLO TAB 600MG 47
ZYKADIA TAB 150MG 105
ZYLET SUS 0.5-0.3% 252
ZYMFENTRA INJ 120MG/ML 186
ZYPITAMAG TAB 2MG 85
ZYPITAMAG TAB 4MG 85
ZYPREXA INJ 10MG 114
ZYPREXA RELP INJ 210MG 114
ZYPREXA RELP INJ 300MG 114
ZYPREXA RELP INJ 405MG 114
ZYPREXA TAB 10MG 114
ZYPREXA TAB 15MG 114
ZYPREXA TAB 2.5MG 114
ZYPREXA TAB 20MG 114
ZYPREXA TAB 5MG 114
ZYPREXA TAB 7.5MG 114
ZYPREXA ZYDI TAB 10MG 114
ZYPREXA ZYDI TAB 15MG 114
ZYPREXA ZYDI TAB 20MG 114
ZYPREXA ZYDI TAB 5MG 114
ZYTIGA TAB 250MG 98
ZYTIGA TAB 500MG 98
ZYVOX SUS 100MG/5M 42
ZYVOX TAB 600MG 42

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



10455 Mill Run Circle
Owings Mills, MD 21117

carefirst.com/rxgroup

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SUM7283-1S (12/25) ■ 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 shíį́ t'áá bich'į'jį' ha'át'íishíį́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzíį'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

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

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

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

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

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

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

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

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

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