CareFirst
Family of health care plans

CareFirst Formulary 2

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 three drug tiers which determines the price you pay.

Using Your Formulary

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

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

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

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

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

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

Tier 0: $0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, 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.

CareFirst Formulary 2 (non-ACA), 3T (self-insured) Effective 12/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
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)
lisdexamfetamine dimesylate cap 10 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 20 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 30 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 40 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 50 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 60 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 70 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (1 tab every 1 day)
methamphetamine hcl tab 5 mg	1	QL (6 tabs every 1 day)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
QSYMIA CAP 3.75-23	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
QSYMIA CAP 15-92MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
orlistat cap 120 mg	1	PA, QL (90 caps per 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package per 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	
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	
KAPVAY TAB 0.1 MG	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)

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAP 25MG	3	QL (4 caps every 1 day)
STRATTERA CAP 40MG	3	QL (2 caps every 1 day)
STRATTERA CAP 60MG	3	QL (1 cap every 1 day)
STRATTERA CAP 80MG	3	QL (1 cap every 1 day)
STRATTERA CAP 100MG	3	QL (1 cap every 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	2	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	2	PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
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)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl tab 2.5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 10 mg	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 10MG	3	QL (2 tabs every 1 day)
METHYLIN SOL 5MG/5ML	3	QL (60 mL every 1 day)
METHYLIN SOL 10MG/5ML	3	QL (30 mL every 1 day)
methylphenidate hcl cap er 10 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 20 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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) 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er osmotic release (osm) 72 mg	1	QL (1 tab every 1 day)
methylphenidate td patch 10 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 15 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 20 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 30 mg/9hr	1	QL (1 ea every 1 day)
modafinil tab 100 mg	1	PA, QL (2 tabs every 1 day)
modafinil tab 200 mg	1	PA, QL (2 tabs 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)

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

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.4ML	2	PA, QL (4 pens every 28 days)
HYRIMOZ INJ 40/0.4ML	2	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	2	PA, QL (5 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ SENS INJ 80/0.8ML	2	PA, QL (2 pens every 28 days)
HYRIMOZ-PLAQ INJ PSORIASI	2	PA, QL (3 auto-injectors every 28 days)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	2	PA, QL (12 mL 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 15MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 30MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	2	PA, QL (84 tablets every 84 days); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
XELJANZ SOL 1MG/ML	2	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	2	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.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG	2	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	2	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	2	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	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 20MG	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	2	PA, QL (4 pens every 28 days)
RASUVO INJ 7.5MG	2	PA, QL (4 injections per 28 days)

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 10MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 12.5MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 15MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 17.5MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 20MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 22.5MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 25MG	2	PA, QL (4 injections per 28 days)
RASUVO INJ 30MG	2	PA, QL (4 injections per 28 days)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 150/1.14	2	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	2	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	2	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ibuprofen-famotidine tab 800-26.6 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin suppos 50 mg	1	
indomethacin susp 25 mg/5ml	1	
ketorolac tromethamine tab 10 mg	1	
LURBIPR TAB 100MG	3	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin cap 300 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 10/20/30	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 20MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 30MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA XR TAB 75MG	2	PA, QL (1 tab every 1 day)
OTEZLA/XR TAB 28 DAY	2	PA, QL (1 pack every 28 days)
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	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50/0.4ML	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
ORENCIA INJ 87.5/0.7	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
ORENCIA INJ 125MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	2	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	2	PA, QL (4 catridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	2	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
BUT/APAP/CAF SOL	3	
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
ESGIC TAB	3	
SALICYLATES		
aspirin chew tab 81 mg	0	OTC
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	OTC
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 30 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 30 days)
codeine sulfate tab 30 mg	1	PA, QL (42 tabs every 30 days)
CONZIP CAP 100MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 200MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 300MG	3	PA, QL (1 cap every 1 day)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every 1 day)
DILAUDID TAB 2MG	3	PA, QL (6 tabs every 1 day)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every 1 day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs every 1 day)
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches every 25 days)

Drug Name	Drug Tier	Requirements/Limits
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 (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supp every 1 day)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (16 mL every 1 day)
hydromorphone hcl tab 2 mg	1	PA, QL (6 tabs every 1 day)
hydromorphone hcl tab 4 mg	1	PA, QL (4 tabs every 1 day)
hydromorphone hcl tab 8 mg	1	PA, QL (2 tabs every 1 day)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl tab er 24hr 32 mg	1	PA
HYSINGLA ER TAB 20 MG	2	PA
HYSINGLA ER TAB 30 MG	2	PA
HYSINGLA ER TAB 40 MG	2	PA
HYSINGLA ER TAB 60 MG	2	PA
HYSINGLA ER TAB 80 MG	2	PA
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone hcl conc 10 mg/ml	1	PA, QL (2 mL every 1 day)
methadone hcl soln 5 mg/5ml	1	PA, QL (15 mL every 1 day)
methadone hcl soln 10 mg/5ml	1	PA, QL (10 mL every 1 day)
methadone hcl tab 5 mg	1	PA, QL (3 tabs every 1 day)
methadone hcl tab 10 mg	1	PA
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	PA, QL (2 mL every 1 day)
METHADOSE SF CON 10MG/ML	3	PA, QL (2 mL every 1 day)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA, QL (2 caps every 1 day)
morphine sulfate cap er 24hr 20 mg	1	PA, QL (2 caps every 1 day)
morphine sulfate cap er 24hr 30 mg	1	PA, QL (2 caps every 1 day)
morphine sulfate cap er 24hr 50 mg	1	PA, QL (2 caps every 30 days)
morphine sulfate cap er 24hr 60 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate cap er 24hr 80 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (30 mL every 1 day)
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (22.5 mL every 1 day)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (135 mL every 30 days)
morphine sulfate suppos 5 mg	1	PA, QL (6 supp every 1 day)
morphine sulfate suppos 10 mg	1	PA, QL (6 supp every 1 day)
morphine sulfate suppos 20 mg	1	PA, QL (4 supp every 1 day)
morphine sulfate suppos 30 mg	1	PA, QL (3 supp every 1 day)
morphine sulfate tab 15 mg	1	PA, QL (6 tabs every 1 day)
morphine sulfate tab 30 mg	1	PA, QL (3 tabs every 1 day)
morphine sulfate tab er 15 mg	1	PA, QL (3 ea every 1 day)
morphine sulfate tab er 30 mg	1	PA, QL (3 ea every 1 day)
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 (3 tabs every 1 day)
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs every 1 day)
MS CONTIN TAB 60MG ER	3	PA

Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
oxycodone hcl cap 5 mg	1	PA, QL (6 caps every 1 day)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA
oxycodone hcl soln 5 mg/5ml	1	PA
oxycodone hcl tab 5 mg	1	PA, QL (6 tabs every 1 day)
oxycodone hcl tab 10 mg	1	PA, QL (6 tabs every 1 day)
oxycodone hcl tab 15 mg	1	PA, QL (4 tabs every 1 day)
oxycodone hcl tab 20 mg	1	PA, QL (3 tabs every 1 day)
oxycodone hcl tab 30 mg	1	PA, QL (2 tabs every 1 day)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (2 tabs every 1 day)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (2 tabs every 1 day)
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)
oxymorphone hcl tab 5 mg	1	PA, QL (6 tabs every 1 day)
oxymorphone hcl tab 10 mg	1	PA, QL (3 tabs every 1 day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs every 1 day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs every 1 day)
tramadol hcl oral soln 5 mg/ml	1	PA
tramadol hcl tab 50 mg	1	PA
tramadol hcl tab er 24hr 100 mg	1	PA, QL (1 tab every 1 day)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (1 tab every 1 day)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (1 tab every 1 day)
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
XTAMPZA ER CAP 9MG	2	PA
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA
XTAMPZA ER CAP 27MG	2	PA
XTAMPZA ER CAP 36MG	2	PA
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 bottles every 1 day)
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL every 1 day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (13.334 tabs every 1 day)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs every 1 day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs every 1 day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 150MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 300MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 450MCG	2	PA, QL (2 films every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches every 30 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches every 30 days)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches every 30 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)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
methyltestosterone cap 10 mg	1	
methyltestosterone oral tab 10 mg	1	
NATESTO GEL 5.5MG	2	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
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	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL 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	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	1	
methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg	1	
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
UROGESIC- TAB BLUE	3	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
atovaquone susp 750 mg/5ml	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	QL (450 mL every 10 days)

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
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	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	

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 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.		
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	

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

Drug Name	Drug Tier	Requirements/Limits
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
quinidine gluconate tab er 324 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	
dofetilide cap 250 mcg (0.25 mg)	1	
dofetilide cap 500 mcg (0.5 mg)	1	
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 pens every 28 days)
NUCALA INJ 40MG/0.4	2	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	2	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
ipratropium bromide inhal soln 0.02%	1	QL (120 vials every 30 days)
SPIRIVA CAP HANDIHLR	1	PA, QL (1 cap every 1 day); Brand preferred over generic
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL 175/3ML	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (12.5 mL every 1 day)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (12.5 mL every 1 day)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (12.5 mL every 1 day)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPT AER 62.5-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
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 (3 packages every 25 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (2 inhalations every 1 day)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (4 mL every 1 day)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (18 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)

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (3 ea every 1 day)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
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)
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XANTHINES		
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 100 mg	3	
theophylline tab er 12hr 200 mg	3	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CAP 0.15MG	2	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 0.5MG	2	
ELIQUIS TAB 1.5MG	2	

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 2MG	2	
ELIQUIS TAB 5MG	2	
rivaroxaban for susp 1 mg/ml	1	
rivaroxaban tab 2.5 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
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	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
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, QL (4 injections per 28 days)
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	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	
perampanel tab 12 mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
VALTOCO SPR 5MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 cartons every 25 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BRIVIACT SOL 10MG/ML	2	
BRIVIACT TAB 10MG	2	
BRIVIACT TAB 25MG	2	
BRIVIACT TAB 50MG	2	
BRIVIACT TAB 75MG	2	
BRIVIACT TAB 100MG	2	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine chew tab 200 mg	1	
carbamazepine susp 100 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	3	PA, QL (26.667 mL every 1 day)
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
gabapentin cap 100 mg	1	QL (6 caps every 1 day)
gabapentin cap 300 mg	1	QL (6 caps every 1 day)
gabapentin cap 400 mg	1	QL (6 caps every 1 day)
gabapentin oral soln 250 mg/5ml	1	QL (72 mL every 1 day)
gabapentin tab 600 mg	1	QL (6 tabs every 1 day)
gabapentin tab 800 mg	1	QL (4 tabs every 1 day)
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)
NEURONTIN TAB 600MG	3	QL (6 tabs every 1 day)
NEURONTIN TAB 800MG	3	QL (4 tabs every 1 day)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
oxcarbazepine tab er 24hr 150 mg	1	
oxcarbazepine tab er 24hr 300 mg	1	
oxcarbazepine tab er 24hr 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
pregabalin cap 25 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 50 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 75 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 100 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 150 mg	1	PA, QL (4 caps every 1 day)
pregabalin cap 200 mg	1	PA, QL (3 caps every 1 day)
pregabalin cap 225 mg	1	PA, QL (2 caps every 1 day)
pregabalin cap 300 mg	1	PA, QL (2 caps every 1 day)
pregabalin soln 20 mg/ml	1	QL (30 mL every 1 day)
primidone tab 50 mg	1	
primidone tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr 25 mg	1	
topiramate cap er 24hr 50 mg	1	
topiramate cap er 24hr 100 mg	1	
topiramate cap er 24hr 200 mg	1	
topiramate oral soln 25 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate sprinkle cap 50 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (6 packets every 1 day)
vigabatrin tab 500 mg	1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
methsuximide cap 300 mg	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
sertraline hcl cap 150 mg	1	
sertraline hcl cap 200 mg	1	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
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	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	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	

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
linagliptin-metformin hcl tab 2.5-500 mg	1	ST
linagliptin-metformin hcl tab 2.5-850 mg	1	ST
linagliptin-metformin hcl tab 2.5-1000 mg	1	ST
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	ST

Drug Name	Drug Tier	Requirements/Limits
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	ST
SOLIQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST, PA; Brand preferred over generic
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST, PA; Brand preferred over generic
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		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	PA
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
glucagon for inj 1 mg	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 0.5/.1ML	2	
GVOKE PFS INJ 1/0.2ML	2	
mifepristone tab 300 mg	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab 2.5 mg (base equiv)	1	ST
saxagliptin hcl tab 5 mg (base equiv)	1	ST
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST
ZITUVIO TAB 100MG	2	ST
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
INSULIN		
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN INJ 100U/ML	3	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST, PA; Brand preferred over generic
FARXIGA TAB 10MG	2	ST, PA; Brand preferred over generic
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
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	
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

Drug Name	Drug Tier	Requirements/Limits
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA
deferiprone tab 1000 mg	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	QL (2 cartons every 30 days)
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	QL (2 cartons every 30 days)
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	
NARCAN SPR 4MG	3	QL (2 cartons every 30 days)
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	
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	QL (2 vials every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 21 days)
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 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	3	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	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 165 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 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	

Drug Name	Drug Tier	Requirements/Limits
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
posaconazole susp 40 mg/ml	1	PA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	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 - ETHANOLAMINES		
carbinoxamine maleate extended release susp 4 mg/5ml	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
carbinoxamine maleate tab 6 mg	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	ST
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	1	PA; Brand preferred over generic
VASCEPA CAP 1GM	1	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	
atorvastatin calcium tab 20 mg (base equivalent)	0	
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
pitavastatin calcium tab 1 mg	0	
pitavastatin calcium tab 2 mg	0	
pitavastatin calcium tab 4 mg	0	
pravastatin sodium tab 10 mg	0	

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium tab 20 mg	0	
pravastatin sodium tab 40 mg	0	
pravastatin sodium tab 80 mg	0	
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 cartridges 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	

Drug Name	Drug Tier	Requirements/Limits
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	PA, QL (16 caps every 1 day)
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan oral soln 4 mg/ml	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine tab er 24hr 0.17 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	

Drug Name	Drug Tier	Requirements/Limits
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR TAB	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
hydralazine hcl tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
hydroxychloroquine sulfate tab 300 mg	1	
hydroxychloroquine sulfate tab 400 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
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	
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	0	PA
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	$0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	$0 copay based on your plan/benefit

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium tab 2.5 mg (base equiv)	0	$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	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (4 tabs every 1 day)
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	0	PA, QL (84 caps every 21 days)
FRUZAQLA CAP 5MG	0	PA, QL (21 caps every 21 days)
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	3	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
gefitinib tab 250 mg	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (4 tabs every 1 day)
abiraterone acetate tab 500 mg	0	PA, QL (2 tabs every 1 day)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
ORGOVYX TAB 120MG	0	PA, QL (1 tab every 1 day)
SOLTAMOX SOL 10MG/5ML	0	

Drug Name	Drug Tier	Requirements/Limits
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)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 tabs every 28 days)
XPOVIO PAK 40MG	0	PA, QL (4 tabs every 28 days)
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); Twice Weekly
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 tabs every 21 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 30 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
AUGTYRO CAP 160MG	0	PA, QL (2 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
BRUKINSA TAB 160MG	0	PA
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
dasatinib tab 20 mg	0	PA, QL (3 tabs every 1 day)
dasatinib tab 50 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 70 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 80 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 100 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 140 mg	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
everolimus tab 2.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 7.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 10 mg	0	PA, QL (1 tab every 1 day)
everolimus tab for oral susp 2 mg	0	PA, QL (2 tabs every 1 day)
everolimus tab for oral susp 3 mg	0	PA, QL (3 tabs every 1 day)
everolimus tab for oral susp 5 mg	0	PA, QL (2 tabs every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
GOMEKLI CAP 1MG	0	PA, QL (42 caps every 21 days)
GOMEKLI CAP 2MG	0	PA, QL (84 caps every 21 days)
GOMEKLI TAB 1MG	0	PA, QL (168 tabs every 21 days)
IBRANCE CAP 75MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps every 21 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs every 21 days)
IBTROZI CAP 200MG	0	PA, QL (3 caps every 1 day)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG	0	PA, QL (6 tabs every 1 day)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (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)
nilotinib hcl cap 50 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 150 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 200 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 4MG	0	PA, QL (3 ea every 21 days)
OJJAARA TAB 100MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 150MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 200MG	0	PA, QL (1 tab every 1 day)
pazopanib hcl tab 200 mg (base equiv)	0	PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (3 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA, QL (3 tabs every 1 day)
RETEVMO TAB 80MG	0	PA, QL (4 tabs every 1 day)
RETEVMO TAB 120MG	0	PA, QL (2 tabs every 1 day)
RETEVMO TAB 160MG	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
sorafenib tosylate tab 200 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TRUQAP PAK 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	0	PA, QL (64 tablets every 28 days)
TRUQAP TAB 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	0	PA, QL (64 tablets every 28 days)
TURALIO CAP 125MG	0	PA, QL (4 caps every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (56 tabs every 21 days)
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
VORANIGO TAB 10MG	0	PA, QL (2 tabs every 1 day)
VORANIGO TAB 40MG	0	PA, QL (1 tab every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYDELIG TAB 100MG	0	PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	0	PA, QL (2 tabs every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA
BESREMI SOL 500MCG	2	PA, QL (2 syringes every 28 days)
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
MATULANE CAP 50MG	0	
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
mesna tab 400 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
apomorphine hcl soln cartridge 30 mg/3ml	1	PA, QL (20 catridges every 28 days)
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
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	
INBRIJA CAP 42MG	2	PA, QL (10 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ZELAPAR ODT TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID TAB 300MG	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
NUPLAZID CAP 34MG	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
etravirine tab 100 mg	1	QL (4 tabs every 1 day)
etravirine tab 200 mg	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	3	QL (1 tab every 1 day)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
KALETRA SOL	3	QL (16 mL every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 bottles every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 mL every 1 day)
lamivudine tab 150 mg	1	QL (2 tabs every 1 day)
lamivudine tab 300 mg	1	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	1	QL (2 tabs every 1 day)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (16 mL every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	QL (4 tabs every 1 day)
maraviroc tab 150 mg	1	QL (2 tabs every 1 day)
maraviroc tab 300 mg	1	QL (4 tabs every 1 day)
nevirapine susp 50 mg/5ml	1	QL (40 mL every 1 day)
nevirapine tab 200 mg	1	QL (2 tabs every 1 day)
nevirapine tab er 24hr 400 mg	1	QL (1 tab every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
entecavir tab 0.5 mg	1	QL (1 tab every 1 day)
entecavir tab 1 mg	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	2	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
lamivudine tab 100 mg (hbv)	1	
ribavirin cap 200 mg	1	
ribavirin tab 200 mg	1	
SOVALDI PAK 150MG	3	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	3	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	3	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	3	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	2	QL (1 tab every 1 day)
VOSEVI TAB	2	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
COREG TAB 25MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
labetalol hcl tab 400 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
LOPRESSOR SOL 10MG/ML	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOL 4.28/ML	3	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.0625MG	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	3	PA, QL (1 cap every 1 day)

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

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

Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 2.5 mg	1	QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (1 tab every 1 day)
tadalafil tab 10 mg	1	QL (6 tabs every 30 days)
tadalafil tab 20 mg	1	QL (6 tabs every 30 days)
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 2.5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
TYVASO DPI POW 16-32-48	2	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	2	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	2	PA, QL (4 ea every 1 day)
TYVASO RF KT SOL 0.6MG/ML	2	PA, QL (2.9 mL every 1 day)
TYVASO SOL 0.6MG/ML	2	PA, QL (2.9 mL every 1 day)
TYVASO ST KT SOL 0.6MG/ML	2	PA, QL (2.9 mL every 1 day)
VENTAVIS SOL 10MCG/ML	3	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	3	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	2	PA, QL (5 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA CAP 106MCG	2	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	1	PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab 125 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab for oral susp 32 mg	1	PA, QL (4 tabs every 1 day)
OPSUMIT TAB 10MG	2	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (26.134 mL every 1 day)
sildenafil citrate tab 20 mg	1	PA, QL (12 tabs every 1 day)
tadalafil tab 20 mg (pah)	1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML	2	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	2	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	3	PA
CORLANOR TAB 7.5MG	3	PA
ivabradine hcl tab 5 mg (base equiv)	1	PA
ivabradine hcl tab 7.5 mg (base equiv)	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
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	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
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)

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
OPILL TAB 0.075MG	0	OTC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
deflazacort susp 22.75 mg/ml	1	PA, QL (1.8 mL every 1 day)
deflazacort tab 6 mg	1	PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	QL (4 injections per 28 days)
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hydrocortisone sodium succinate pf for inj 100 mg	1	PA
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone tab therapy pack 4 mg (21)	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	
PREDNISOLONE TAB 10MG ODT	3	
PREDNISOLONE TAB 15MG ODT	3	
PREDNISOLONE TAB 30MG ODT	3	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	1	PA; Brand preferred over generic
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	
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
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	
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	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-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
ATRALIN GEL 0.05%	3	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (1.567 gm every 1 day)
BENZEPRO LIQ CREAMY	3	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide gel 8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (1.567 gm every 1 day)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
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 phosphate foam 1%	1	
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 (1.667 gm every 1 day)
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
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
erythromycin gel 2%	1	QL (2 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (2 mL every 1 day)
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	3	QL (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
SOD SUL/SULF EMU 10-5%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur foam 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA

Drug Name	Drug Tier	Requirements/Limits
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	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (2 gm every 1 day)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	QL (70 gm every 25 days)
econazole nitrate cream 1%	1	QL (60 gm every 25 days)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
KERYDIN SOL 5%	3	PA, QL (4 mL every 21 days)
ketoconazole cream 2%	1	QL (120 gm every 25 days)
ketoconazole shampoo 2%	1	QL (120 mL every 25 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
OXISTAT CRE 1%	3	QL (60 gm every 25 days)
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
sulconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate solution 1%	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)
VYTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	1	PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	3	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45/0.5ML	2	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
tazarotene cream 0.1%	1	
tazarotene cream 0.05%	1	
tazarotene gel 0.1%	1	
tazarotene gel 0.05%	1	
TREMFYA INJ 100MG/ML	2	PA, QL (1 pen every 42 days)
TREMFYA INJ 100MG/ML	2	PA, QL (1 syringe every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VTAMA CRE 1%	2	PA
YESINTEK INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 45/0.5ML	2	PA, QL (4 vials every 56 days); Preferred 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	2	PA, QL (1 syringe every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.3%	1	
selenium sulfide shampoo 2.25%	1	
sulfacetamide sodium cleansing gel 10%	1	
sulfacetamide sodium liquid 10%	1	
sulfacetamide sodium shampoo 9.8%	1	
sulfacetamide sodium shampoo 10%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
penciclovir cream 1%	1	
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	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
alclometasone dipropionate oint 0.05%	1	QL (4 gm every 1 day)
amcinonide lotion 0.1%	1	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented gel 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone dipropionate augmented oint 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone valerate aerosol foam 0.12%	1	QL (4 gm every 1 day)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (4 gm every 1 day)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (4 mL every 1 day)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
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 foam 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate gel 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate lotion 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate shampoo 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate soln 0.05%	1	QL (4 mL every 1 day)
CLOBEX LOT 0.05%	3	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	3	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
desonide cream 0.05%	1	QL (4 gm every 1 day)
desonide lotion 0.05%	1	QL (4 mL every 1 day)
desonide oint 0.05%	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
desoximetasone cream 0.05%	1	QL (4 gm every 1 day)
desoximetasone cream 0.25%	1	QL (4 gm every 1 day)
desoximetasone gel 0.05%	1	QL (4 gm every 1 day)
desoximetasone oint 0.25%	1	QL (4 gm every 1 day)
desoximetasone spray 0.25%	1	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (4 gm every 1 day)
fluocinolone acetonide cream 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oint 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide soln 0.01%	1	QL (4 mL every 1 day)
fluocinonide cream 0.05%	1	QL (4 gm every 1 day)
fluocinonide emulsified base cream 0.05%	1	QL (4 gm every 1 day)
fluocinonide gel 0.05%	1	QL (4 gm every 1 day)
fluocinonide oint 0.05%	1	QL (4 gm every 1 day)
fluocinonide soln 0.05%	1	QL (4 mL every 1 day)
fluticasone propionate cream 0.05%	1	QL (4 gm every 1 day)
fluticasone propionate lotion 0.05%	1	QL (4 mL every 1 day)
fluticasone propionate oint 0.005%	1	QL (4 gm every 1 day)
halcinonide soln 0.1%	1	QL (4 mL every 1 day)
halobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
halobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
hydrocortisone acetate cream 2.5%	1	
hydrocortisone butyrate cream 0.1%	1	QL (4 gm every 1 day)
hydrocortisone butyrate oint 0.1%	1	QL (4 gm every 1 day)
hydrocortisone butyrate soln 0.1%	1	QL (4 mL every 1 day)
hydrocortisone cream 2.5%	1	QL (4 gm every 1 day)
hydrocortisone lotion 2.5%	1	QL (4 mL every 1 day)
hydrocortisone oint 2.5%	1	QL (4 gm every 1 day)
hydrocortisone soln 2.5%	1	QL (4 mL every 1 day)
hydrocortisone valerate cream 0.2%	1	QL (4 gm every 1 day)
hydrocortisone valerate oint 0.2%	1	QL (4 gm every 1 day)
KENALOG AER SPRAY	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 cream 0.1%	1	QL (4 gm every 1 day)
triamcinolone acetonide cream 0.5%	1	QL (4 gm every 1 day)
triamcinolone acetonide cream 0.025%	1	QL (4 gm every 1 day)
triamcinolone acetonide lotion 0.1%	1	QL (4 mL every 1 day)
triamcinolone acetonide lotion 0.025%	1	QL (4 mL every 1 day)
triamcinolone acetonide oint 0.1%	1	QL (4 gm every 1 day)
triamcinolone acetonide oint 0.5%	1	QL (4 gm every 1 day)
triamcinolone acetonide oint 0.025%	1	QL (4 gm every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	2	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	2	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
urea cream 39%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (3 gm every 1 day)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	2	PA, QL (2 pens every 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	3	PA
ZYCLARA PUMP CRE 2.5%	3	PA
ZYCLARA PUMP CRE 3.75%	3	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
salicylic acid er film-forming soln 28.5%	1	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	1	
salicylic acid gel 6%	1	
salicylic acid shampoo 6%	1	
salicylic acid soln 26%	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	

Drug Name	Drug Tier	Requirements/Limits
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
ethyl chloride aerosol spray	1	
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (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)
ZTLIDO PAD 1.8%	3	QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
SOFDRA GEL 12.45%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.05%	2	
ZORYVE CRE 0.15%	2	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
brimonidine tartrate gel 0.33% (base equivalent)	1	PA
FINACEA AER 15%	2	PA
ivermectin cream 1%	1	PA
METROCREAM CRE 0.75%	3	

Drug Name	Drug Tier	Requirements/Limits
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
ORACEA CAP 40MG	1	PA; Brand preferred over generic
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (2 gm every 1 day)
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 SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
hemoglobin a1c (hba1c) test kit	0	
KETONE TES	0	OTC

Drug Name	Drug Tier	Requirements/Limits
KETONE TEST TES	0	OTC
MULTISTIX 10 TES SG	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	OTC
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
KEVEYIS TAB 50MG	3	PA, QL (4 tabs every 1 day)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 560/2.24	3	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
teriparatide soln pen-inj 560 mcg/2.24ml	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	2	PA, QL (1 pen every 28 days)

Drug Name	Drug Tier	Requirements/Limits
CORTICOTROPIN		
ACTHAR INJ 80UNIT	3	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	3	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	3	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	3	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	3	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	2	PA, QL (5.4 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (7.2 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (7.56 mL every 21 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	2	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	1	PA
GANIRELIX AC INJ 250/0.5	1	PA; Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (1 vial every 1 day)
EGRIFTA WR KIT 11.6MG	3	PA, QL (4 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
SOGROYA INJ 5MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	2	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	3	
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	3	
METABOLIC MODIFIERS		
betaine powder for oral solution	1	PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	1	PA
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (4 tabs every 1 day)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	2	PA
glycerol phenylbutyrate liquid 1.1 gm/ml	1	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MYALEPT INJ 11.3MG	3	PA, QL (1 vial every 1 day)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
nitisinone cap 20 mg	1	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM	2	PA, QL (46.4 gm every 1 day)
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (26.6 gm every 1 day)
sodium phenylbutyrate tab 500 mg	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	3	PA, QL (1 vial every 1 day)
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	
mifepristone tab 200 mg	1	$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (45 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (9 vials every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	1	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	1	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	1	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	3	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	3	PA, QL (2 ampules every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR INJ 0.6MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	3	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	3	PA, QL (2 tabs every 1 day)
SAMSCA TAB 30MG	3	PA, QL (1 tab every 1 day)
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	
COMBIPATCH DIS	2	
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	

Drug Name	Drug Tier	Requirements/Limits
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	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
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	PA
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
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	
PREMARIN INJ 25MG	3	
VIVELLE-DOT DIS 0.05MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	3	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	3	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
CIMZIA INJ 200MG/ML	2	PA
CIMZIA PREFL KIT 200MG/ML	2	PA, QL (2 kits every 28 days)
CIMZIA START KIT 200MG/ML	2	PA, QL (2 kits every 28 days)
DIPENTUM CAP 250MG	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	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180/1.2	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	2	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	2	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	2	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	2	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	2	PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
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	2	PA
CYSTAGON CAP 150MG	2	PA
IGA NEPHROPATHY (IGAN) AGENTS		
VANRAFIA TAB 0.75MG	2	PA, QL (1 tab every 1 day)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
tiopronin tab 100 mg	1	PA
tiopronin tab delayed release 100 mg	1	PA
tiopronin tab delayed release 100 mg	1	PA
tiopronin tab delayed release 300 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	

Drug Name	Drug Tier	Requirements/Limits
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	QL (4 tabs every 1 day)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	1	PA, QL (2 caps every 1 day); Brand preferred over generic
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
HEMLIBRA INJ 300/2ML	3	PA
HEMLIBRA SOL 12/0.4ML	3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	3	PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	2	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	3	PA, QL (6 caps every 1 day)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	3	PA, QL (1 syringe per 30 days)
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	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	3	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	2	PA, QL (6 packets every 1 day)
glutamine (sickle cell) powd pack 5 gm	1	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	PA
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	OTC; $0 copay for women younger than 55

Drug Name	Drug Tier	Requirements/Limits
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC; $0 copay for women younger than 55
folic acid tab 800 mcg	0	OTC; $0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	2	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	2	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET SPR CAP 10MG	2	PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG	2	PA
DOPTELET TAB 20MG	2	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	2	PA, QL (3 tabs every 1 day)
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	1	PA, QL (4 packets every 1 day)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	1	PA, QL (6 packets every 1 day)
eltrombopag olamine tab 12.5 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
eltrombopag olamine tab 25 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 50 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 75 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	2	PA, QL (2 syringes every 28 days)
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	2	PA
PROCRIT INJ 3000/ML	2	PA
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 10000/ML	2	PA
PROCRIT INJ 20000/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 40000/ML	2	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid tab 650 mg	1	
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (5.267 mL every 1 day)
ramelteon tab 8 mg	1	
tasimelteon capsule 20 mg	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	$0 copay for members age 45 through 75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	
LAXATIVES - MISCELLANEOUS		
lactulose oral crystal packet 10 gm	1	
lactulose oral crystal packet 20 gm	1	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
KIMONO MICRO MIS THIN	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN +	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN PLS	0	QL (12 condoms every 25 days), OTC
KIMONO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO MIS SENSATIO	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SENSA MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SPEC MIS	0	QL (12 condoms every 25 days), OTC
MAXX MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
MAXX PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
NATURAL COND MIS + LUBE	0	QL (12 condoms every 25 days), OTC
OMNIFLEX DPR	0	QL (1 each every 300 days)
REALITY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS TEXTURED	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN MAGN MIS	0	QL (12 condoms every 25 days), OTC
TROJAN MIS BARESKIN	3	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

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

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

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	0	OTC
AQUALANCE MIS 30G	0	OTC
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	0	OTC
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTOUR HIGH LIQ CONTROL	0	OTC
CONTOUR LOW LIQ CONTROL	0	OTC
CONTOUR NEXT SOL LEVEL 1	0	OTC
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HI/MID/L	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC
DEXCOM G6 MIS RECEIVER	0	PA

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS 15 DAY	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DIASCREEN 3 MIS	0	OTC
DIASCREEN 5 MIS	0	OTC
DIASCREEN 6 MIS	0	OTC
DIASCREEN 7 MIS	0	OTC
DIASCREEN 8 MIS	0	OTC
DIASCREEN 9 MIS	0	OTC
DIASCREEN 10 MIS	0	OTC
DIASCREEN MIS 1B	0	OTC
DIASCREEN MIS 1G	0	OTC
DIASCREEN MIS 1K	0	OTC
DIASCREEN MIS 2GK	0	OTC
DIASCREEN MIS 2GP	0	OTC
DIASCREEN MIS 4NL	0	OTC
DIASCREEN MIS 4OBL	0	OTC
DIASCREEN MIS 4PH	0	OTC
DIASCREEN MIS CONTROL	0	OTC
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS P-AC/21G	0	OTC
EASY TOUCH MIS P-AC/23G	0	OTC
EASY TOUCH MIS P-AC/26G	0	OTC
EASY TOUCH MIS P-AC/28G	0	OTC
EASY TOUCH MIS P-AC/30G	0	OTC
EASY TOUCH MIS TWST/28G	0	OTC
EASY TOUCH MIS TWST/30G	0	OTC
EASY TOUCH MIS TWST/32G	0	OTC
EASY TOUCH MIS TWST/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASYSTEP HGH SOL CONTROL	0	OTC
EASYSTEP LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINE 30 MIS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FORTISCARE SOL CNTL HI	0	OTC
FORTISCARE SOL CNTL LOW	0	OTC
FORTISCARE SOL CNTL NML	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA
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 MIS CLASSIC	0	PA
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
SAFE-T-LANCE MIS LOW FLOW	0	OTC
SAFE-T-LANCE MIS NOR FLOW	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SMART SENSE MIS LANC 21G	0	OTC
SMART SENSE MIS LANC 26G	0	OTC
SMART SENSE MIS LANC 30G	0	OTC
SMART SENSE MIS LANC 33G	0	OTC
SMARTEST MIS LANCETS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 MIS LANC 28G	0	OTC
SOLUS V2 MIS LANC 30G	0	OTC
SOLUS V2 MIS LANC DEV	0	OTC
SOLUS V2 SOL HIGH	0	OTC
SOLUS V2 SOL LOW	0	OTC
STERILANCE MIS TL 28G	0	OTC
STERILANCE MIS TL 30G	0	OTC
STERILANCE MIS TL 32G	0	OTC
SUPER THIN MIS LANC 28G	0	OTC
SUPER THIN MIS LANCETS	0	OTC
SUPREME II LIQ HIGH/LOW	0	OTC
SURE COMFORT MIS LANC 18G	0	OTC
SURE COMFORT MIS LANC 21G	0	OTC
SURE COMFORT MIS LANC 23G	0	OTC
SURE COMFORT MIS LANC 30G	0	OTC
SURE COMFORT MIS LANC PEN	0	OTC
SURE COMFORT MIS LANCETS	0	OTC
SUREFLEX MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS 33G	0	OTC
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVRX STERIL PAD ALCHOL	0	OTC
PARENTERAL THERAPY SUPPLIES		
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	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	

Drug Name	Drug Tier	Requirements/Limits
BLUNT CANNUL MIS 21GX1"	3	
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	
CEQUR SIMPL KIT PATCH 2U	0	
CEQUR SIMPL MIS INSERTER	0	
DROPSAFE SIC MIS 25GX1"	3	
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
EMBECTA AUTO MIS DUO	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA UF MIS 29GX12.7	0	OTC
EMBECTA UF MIS 31GX5MM	0	OTC
EMBECTA UF MIS 31GX8MM	0	OTC
EMBECTA UF MIS 32GX6MM	0	OTC
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
HYPO NEEDLE MIS 14GX1"	3	
HYPO NEEDLE MIS 14GX1.5"	3	
HYPO NEEDLE MIS 14GX2"	3	
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	
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 SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
MAGELLAN SYR MIS 23GX1"	3	
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	
NOVOPEN ECHO MIS	0	
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
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	
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	
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE BARR MIS LUER 1ML	3	OTC

Drug Name	Drug Tier	Requirements/Limits
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	
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
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
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	

Drug Name	Drug Tier	Requirements/Limits
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
TOOMEY SYRIN MIS 70ML	3	
VENT NEEDLE MIS 18GX1"	3	OTC
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
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	

Drug Name	Drug Tier	Requirements/Limits
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS 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	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	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

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)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)

Drug Name	Drug Tier	Requirements/Limits
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8.01 mL every 30 days)
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 ea every 30 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX 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)
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 (30 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (30 ea every 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (30 ea every 30 days)
sumatriptan nasal spray 5 mg/act	1	QL (30 inhalers every 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (36 injections every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (24 injections every 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
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 30 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	

Drug Name	Drug Tier	Requirements/Limits
K-TAB TAB 20MEQ	3	
KLOR-CON 8 TAB 8MEQ ER	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	3	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
trientine hcl cap 250 mg	1	
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
REGIOCIT SOL	3	
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)

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

Drug Name	Drug Tier	Requirements/Limits
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	
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
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	

Drug Name	Drug Tier	Requirements/Limits
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	3	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	PA, QL (4 pens every 28 days)
BENLYSTA INJ 200MG/ML	3	PA, QL (4 syringes every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (3 ea every 1 day)
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NA FL/K NITR GEL 1.1-5%	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	3	OTC
EQL PRENATAL TAB FORMULA	3	OTC
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC

Drug Name	Drug Tier	Requirements/Limits
MASONATAL TAB	3	OTC
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	1	
PRENATAL TAB	3	OTC
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB IRON	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	1	
PX PRENATAL TAB MULTIVIT	3	OTC
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen oral soln 5 mg/5ml	1	
baclofen oral soln 10 mg/5ml	1	
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 15 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	QL (84 tabs every 25 days)
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 1000 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX CAP 8MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 packages every 25 days)
olopatadine hcl nasal soln 0.6%	1	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 packages every 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 package every 25 days)
XHANCE MIS 93MCG	2	PA, QL (1.067 mL every 1 day)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	2	PA, QL (2.5 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS SUS STARTER	2	PA, QL (2.5 mL every 1 day)
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (6.667 mL every 1 day)
EVRYSDI TAB 5MG	3	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
timolol maleate preservative free ophth soln 0.25%	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
atropine sulfate ophth oint 1%	1	
atropine sulfate ophth soln 1%	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	

Drug Name	Drug Tier	Requirements/Limits
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 1%	1	
homatropine hbr ophth soln 5%	1	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% OP	2	
ALPHAGAN P SOL 0.15% OP	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.1%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
ERYTHROMYCIN OIN 5MG/GM	3	QL (4 injections per 28 days)
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
MITOSOL KIT 0.2MG	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	3	
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	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
XDEMVY DRO 0.25%	2	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
TETRACAINE SOL 0.5% OP	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
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
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	1	
loteprednol etabonate ophth susp 0.5%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	3	PA, QL (2.143 mL every 1 day)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2% OP	3	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
PROLENSA DRO 0.07% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
lofexidine hcl tab 0.18 mg (base equivalent)	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	PA, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	

Drug Name	Drug Tier	Requirements/Limits
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	2	PA, QL (12 syringes every 28 days)
dalfampridine tab er 12hr 10 mg	1	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (2 caps every 1 day)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (2 ea every 1 day)
fingolimod hcl cap 0.5 mg (base equiv)	1	PA, QL (1 cap every 1 day)
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	2	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	2	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	2	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	3	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	3	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	3	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	3	PA, QL (1 pack every 28 days)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY PEN INJ STARTER	3	PA, QL (1 pack every 28 days)
PONVORY TAB 20MG	3	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	3	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	2	PA, QL (12 syringes every 28 days)
teriflunomide tab 7 mg	1	PA, QL (1 tab every 1 day)
teriflunomide tab 14 mg	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	2	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	1	QL (5 tabs every 1 day)
gabapentin (once-daily) tab 450 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 600 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 750 mg	1	QL (2 tabs every 1 day)
gabapentin (once-daily) tab 900 mg	1	QL (2 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
pregabalin tab er 24hr 82.5 mg	1	QL (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)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	0	OTC

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex gum 4 mg	0	OTC
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC
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
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC
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	
varenicline tartrate tab 0.5 mg (base equiv)	0	
varenicline tartrate tab 1 mg (base equiv)	0	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	2	PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	3	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	3	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	3	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	3	PA, QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	3	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	3	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	3	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	3	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	3	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	3	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	2	PA, QL (2 caps every 1 day)
pirfenidone cap 267 mg	1	PA, QL (9 caps every 1 day)
pirfenidone tab 267 mg	1	PA, QL (9 tabs every 1 day)
pirfenidone tab 801 mg	1	PA, QL (3 tabs every 1 day)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	

Drug Name	Drug Tier	Requirements/Limits
SOLODYN TAB 105MG	3	
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)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	

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

Drug Name	Drug Tier	Requirements/Limits
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
PANTOPRAZOLE INJ SOD 40MG	3	QL (90 vials every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every year)
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC TAB 200MCG	3	
misoprostol tab 100 mcg	1	$0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
GELNIQUE GEL 10%	3	ST
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL	3	
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.01%	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	PA; Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
progesterone vaginal insert 100 mg	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
epinephrine inj 1 mg/ml (1:1000)	1	QL (6 injections every 300 days)
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	QL (6 injections every 300 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (6 pens every 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 200 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 300 mg	1	PA, QL (6 caps every 1 day)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione tab 5 mg	1	

Index

1

12ML SYRINGE MIS 20GX1.5 156
12ML SYRINGE MIS 21GX1.....156
12ML SYRINGE MIS 21GX1.5 156
12ML SYRINGE MIS 22GX1.5.....156
12ML SYRINGE MIS LUER-LOC 156
140ML SYRING MIS CATH TIP.....155
140ML SYRING MIS LUER-LOC.....155
140ML SYRING MIS REG TIP.....155
1ML ALLR SYR MIS 27GX1/2.....151
1ML SYRINGE MIS 25GX1 156
1ML SYRINGE MIS 25GX5/8 156
1ML SYRINGE MIS 28GX1/2 156
1ML SYRINGE MIS LUER SLI 156
1ML SYRINGE MIS LUER SLP.....156
1ML SYRINGE MIS SLIP TIP.....157
1ML TB SYRNG MIS 25GX5/8 157
1ML TB SYRNG MIS 26GX3/8 157
1ML TB SYRNG MIS 27GX1/2 157
1ML TB SYRNG MIS 28GX1/2.....157
1ML TB SYRNG MIS LUER LOK.....157
1ML TB SYRNG MIS REG LUER.....157

2

20ML SYRINGE MIS ECC LUER.....156
20ML SYRINGE MIS SLIP 156

3

30ML SYRINGE MIS LUER LOC.....156
3ML LL SYRNG MIS 18GX1.5 153
3ML LL SYRNG MIS 20GX1 154
3ML LL SYRNG MIS 20GX1.5 154
3ML LL SYRNG MIS 20GX3/4 154
3ML LL SYRNG MIS 21GX1 154
3ML LL SYRNG MIS 21GX1.5 154
3ML LL SYRNG MIS 22GX1.....154
3ML LL SYRNG MIS 22GX1.5 154
3ML LL SYRNG MIS 23GX1 154
3ML LL SYRNG MIS 23GX1.5 154
3ML LL SYRNG MIS 25GX1 154
3ML LL SYRNG MIS 25GX5/8.....154
3ML LL SYRNG MIS 27GX1.25 154
3ML LUER LOC MIS 21GX1.5 154
3ML LUER LOC MIS 22GX1 154
3ML LUER LOC MIS 22GX1.5 154
3ML LUER LOC MIS 23GX1.5 154
3ML LUER LOC MIS 25GX1 154
3ML LUER LOC MIS 25GX5/8.....154
3ML SYRINGE MIS 18GX1.5.....156
3ML SYRINGE MIS 20GX1 156
3ML SYRINGE MIS 21GX1.5.....156
3ML SYRINGE MIS 22GX1 156
3ML SYRINGE MIS 22G X 1.....156
3ML SYRINGE MIS 22GX1.5 156
3 ML SYRINGE MIS 22X1-1/2 156
3ML SYRINGE MIS 23GX1 156
3ML SYRINGE MIS 23GX1.5 156
3ML SYRINGE MIS 25GX1 156
3ML SYRINGE MIS 25GX1.25 156
3ML SYRINGE MIS 25GX1.5 156
3ML SYRINGE MIS 25GX5/8.....156
3ML SYRINGE MIS 27GX1.25 156
3ML SYRINGE MIS CANNULA 156
3ML SYRINGE MIS LUER LOC 156
3ML SYRINGE MIS LUER LOK.....156
3ML SYRINGE MIS LUER-LOK.....156
3ML SYRINGE MIS REG TIP 156

6

60ML SYRINGE MIS CATH TIP.....156
60ML SYRINGE MIS ECC TIP.....156
60ML SYRINGE MIS LUER LOK.....156
60ML SYRINGE MIS TOOMEY.....157
6ML SYRINGE MIS 156
6ML SYRINGE MIS 18GX1.....156
6ML SYRINGE MIS REG LUER 156

A

abacavir sulfate-lamivudine tab 600-300 mg 79
abacavir sulfate soln 20 mg/ml (base equiv) 79
abacavir sulfate tab 300 mg (base equiv) 79
ABILIFY ASIM INJ 720MG.....78
ABILIFY ASIM INJ 960MG 78
ABILIFY MAIN INJ 300MG.....78
ABILIFY MAIN INJ 400MG.....78
abiraterone acetate tab 250 mg 64
abiraterone acetate tab 500 mg 64
ABSORICA CAP 10MG.....97

ABSORICA CAP 20MG 97
ABSORICA CAP 25MG 97
ABSORICA CAP 30MG 97
ABSORICA CAP 35MG 98
ABSORICA CAP 40MG 98
acamprosate calcium tab delayed release 333 mg 173
acarbose tab 100 mg 44
acarbose tab 25 mg 44
acarbose tab 50 mg 44
ACCOLATE TAB 10MG 29
ACCOLATE TAB 20MG 29
ACCU-CHEK KIT FASTCLIX 136
ACCU-CHEK KIT SOFTCLIX 136
ACCU-CHEK LIQ GUIDE 136
ACCU-CHEK LIQ SMART 136
ACCU-CHEK SOL 136
ACCU-CHEK TES AVIVA PL 112
ACCU-CHEK TES GUIDE 112
ACCU-CHEK TES SMART 112
ACCUPRIL TAB 10MG 54
ACCUPRIL TAB 20MG 54
ACCUPRIL TAB 40MG 54
ACCUPRIL TAB 5MG 54
ACCURETIC TAB 10-12.5 57
ACCURETIC TAB 20-12.5 57
ACCUTREND SOL GLUCOSE 136
acebutolol hcl cap 200 mg 84
acebutolol hcl cap 400 mg 84
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 21
acetaminophen w/ codeine soln 120-12 mg/5ml 20
acetaminophen w/ codeine tab 300-15 mg 20
acetaminophen w/ codeine tab 300-30 mg 20
acetaminophen w/ codeine tab 300-60 mg 20
acetazolamide cap er 12hr 500 mg 113
acetazolamide tab 125 mg 113
acetazolamide tab 250 mg 113
acetic acid otic soln 2% 171
acetylcysteine inhal soln 10% 97
acetylcysteine inhal soln 20% 97
acitretin cap 10 mg 101
acitretin cap 17.5 mg 101
acitretin cap 25 mg 101
ACTHAR INJ 80UNIT 116
ACTHAR INJ GEL 116
ACTI-LANCE MIS 28G 136
ACTI-LANCE MIS LITE 28G 136
ACTI-LANCE MIS SPEC 17G 136
ACTI-LANCE MIS UNIV 23G 136
ACTIMMUNE INJ 2MU/0.5 70
ACTIVELLA TAB 1-0.5MG 120
ACTONEL TAB 150MG 115
ACTONEL TAB 35MG 115
ACTOPLUS MET TAB 15-850MG 44
ACULAR LS SOL 0.4% OP 170
ACULAR SOL 0.5% OP 170
acyclovir cap 200 mg 82
acyclovir oint 5% 106
acyclovir susp 200 mg/5ml 82
acyclovir tab 400 mg 82
acyclovir tab 800 mg 82
ADALIMU-ADAZ INJ 10/0.1ML 6
ADALIMU-ADAZ INJ 20/0.2ML 6
ADALIMU-ADAZ INJ 40/0.4ML 6, 7
ADALIMU-ADAZ INJ 80/0.8ML 7
ADALIMU-FKJP KIT 20/0.4ML 7
ADALIMU-FKJP KIT 40/0.8ML 7
adapalene-benzoyl peroxide gel 0.1-2.5% 98
adapalene-benzoyl peroxide gel 0.3-2.5% 98
adapalene cream 0.1% 98
adapalene gel 0.1% 98
adapalene gel 0.3% 98
ADASUVE INH 10MG 75
ADBRY INJ 150MG/ML 109
ADBRY INJ 300/2ML 109
adefovir dipivoxil tab 10 mg 81
ADEMPAS TAB 0.5MG 91
ADEMPAS TAB 1.5MG 91
ADEMPAS TAB 1MG 91
ADEMPAS TAB 2.5MG 91
ADEMPAS TAB 2MG 91

ADJ LANCING MIS DEVICE....136
ADMIX NEEDLE MIS 18GX1.5....151
ADRENALIN SOL 1:1000....166
ADVANCE LIQ CONTROL....136
ADVANCE LIQ INTUITIO....136
ADVANCE NORM LIQ CONTROL....136
ADVCATE SAFE MIS LANC 26G....136
ADV LANCING MIS DEVICE....136
ADVOCATE+ SOL REDI-COD....136
ADVOCATE LIQ HIGH....136
ADVOCATE LIQ LOW....136
ADVOCATE MIS LANC 30G....136
ADVOCATE MIS LANC DEV....136
ADVOCATE MIS LANCETS....136
AEMCOLO TAB 194MG....24
AERCHMBR PLS MIS FLOW-VU....157
AERCHMBR PLS MIS INTERMED....157
AERCHMBR PLS MIS LRG MASK....157
AERCHMBR PLS MIS MED MASK....157
AERCHMBR PLS MIS SM MASK....157
AERCHMBR Z- MIS STAT PLS....157
AEROCHAMBER KIT ACTION....157
AEROCHAMBER MIS 2GO....157
AEROCHAMBER MIS CHAMBER....157
AEROCHAMBER MIS FLOSIGNA....157
AEROCHAMBER MIS HOLDING....157
AEROCHAMBER MIS MTHPIECE....157
AEROCHAMBER MIS MV....157
AEROCHAMBER MIS PLUS....157
AEROVENT MIS PLUS....157
AGAMATRIX MIS 33G....136
AGAMATRIX SOL HIGH....136
AGAMATRIX SOL LEVEL 2....136
AGAMATRIX SOL LEVEL 4....136
AGAMATRIX SOL NORM/HGH....136
AGAMATRIX SOL NORMAL....137
AGRYLIN CAP 0.5MG....128
AIMSCO MIS LUBRICAT....133
AIMSCO TWIST MIS 32G....137
AIMSCO TWIST MIS 33G....137
AIRSUPRA AER 90-80MCG....30
AJOVY INJ 225/1.5....158
AKLIEF CRE 0.005%....98
AKTEN GEL 3.5% OP....169
AKYNZEO CAP 300-0.5....49
albendazole tab 200 mg....23
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)....30
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)....31
albuterol sulfate soln nebu 0.5% (5 mg/ml)....30
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)....31
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)....31
albuterol sulfate syrup 2 mg/5ml....31
albuterol sulfate tab 2 mg....31
albuterol sulfate tab 4 mg....31
ALCAINE SOL 0.5% OP....169
alclometasone dipropionate cream 0.05%....106
alclometasone dipropionate oint 0.05%....106
ALCOHOL PAD....150
ALCOHOL PAD 70%....150
ALCOHOL PAD PREP....150
ALCOHOL PADS PAD 70%....150
ALCOHOL PREP PAD....150
ALCOHOL PREP PAD 70%....150
ALCOHOL PREP PAD MED 70%....150
ALCOHOL PREP PAD PADS 70%....150
ALCOHOL SWAB PAD....150
ALCOHOL SWAB PAD 70%....150
ALCOHOL SWAB PAD EX-THICK....150
ALCOH-WIPE MIS 12....150
ALDACTONE TAB 100MG....114
ALDACTONE TAB 25MG....114
ALDACTONE TAB 50MG....114
ALECENSA CAP 150MG....66
alendronate sodium oral soln 70 mg/75ml....115
alendronate sodium tab 10 mg....115
alendronate sodium tab 35 mg....115
alendronate sodium tab 70 mg....115
alfuzosin hcl tab er 24hr 10 mg....126
ALINIA SUS 100/5ML....24
ALINIA TAB 500MG....24

aliskiren fumarate tab 150 mg (base equivalent) 60
aliskiren fumarate tab 300 mg (base equivalent) 60
ALLERGIST KIT 0.5/28G 151
ALLERGIST KIT 1MLX27G 151
ALLERGIST KIT 1MLX28G 151
allopurinol tab 100 mg....126
allopurinol tab 200 mg 126
allopurinol tab 300 mg 127
almotriptan malate tab 12.5 mg 159
almotriptan malate tab 6.25 mg 159
ALOCRIL SOL 2% 170
ALOMIDE SOL 0.1% OP 170
ALORA DIS 0.025MG....121
ALORA DIS 0.075MG....121
ALORA DIS 0.1MG 120
alosetron hcl tab 0.5 mg (base equiv) 124
alosetron hcl tab 1 mg (base equiv)....124
ALPHAGAN P SOL 0.1% OP....168
ALPHAGAN P SOL 0.15% OP....168
ALPRAZOLAM CON 1 MG/ML....27
alprazolam orally disintegrating tab 0.25 mg....27
alprazolam orally disintegrating tab 0.5 mg 27
alprazolam orally disintegrating tab 1 mg .27
alprazolam orally disintegrating tab 2 mg.27
alprazolam tab 0.25 mg....27
alprazolam tab 0.5 mg....27
alprazolam tab 1 mg 27
alprazolam tab 2 mg 27
alprazolam tab er 24hr 0.5 mg 27
alprazolam tab er 24hr 1 mg....27
alprazolam tab er 24hr 2 mg 27
alprazolam tab er 24hr 3 mg....27
ALTABAX OIN 1% 100
ALTACE CAP 10MG 54
ALTACE CAP 2.5MG....54
ALUNBRIG PAK 66
ALUNBRIG TAB 180MG....66
ALUNBRIG TAB 30MG 66
ALUNBRIG TAB 90MG 66
ALVAIZ TAB 18MG....129
ALVAIZ TAB 36MG 129
ALVAIZ TAB 54MG 129
ALVAIZ TAB 9MG 129
alvimopan cap 12 mg....125
amantadine hcl cap 100 mg 71
amantadine hcl soln 50 mg/5ml....71
amantadine hcl tab 100 mg 71
AMBIEN CR TAB 12.5MG....130
AMBIEN CR TAB 6.25MG....130
AMBIEN TAB 10MG....131
AMBIEN TAB 5MG....130
ambrisentan tab 10 mg....91
ambrisentan tab 5 mg 91
amcinonide lotion 0.1% 106
amiloride & hydrochlorothiazide tab 5-50 mg....114
amiloride hcl tab 5 mg 114
aminocaproic acid oral soln 0.25 gm/ml.130
aminocaproic acid tab 1000 mg 130
aminocaproic acid tab 500 mg....130
amiodarone hcl tab 100 mg 28
amiodarone hcl tab 200 mg....28
amiodarone hcl tab 400 mg 28
amitriptyline hcl tab 100 mg 43
amitriptyline hcl tab 10 mg....43
amitriptyline hcl tab 150 mg 43
amitriptyline hcl tab 25 mg 43
amitriptyline hcl tab 50 mg 43
amitriptyline hcl tab 75 mg 43
amlodipine besylate-atorvastatin calcium tab 10-10 mg....88
amlodipine besylate-atorvastatin calcium tab 10-20 mg....88
amlodipine besylate-atorvastatin calcium tab 10-40 mg....88
amlodipine besylate-atorvastatin calcium tab 10-80 mg....88
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 88
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 88
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 88

amlodipine besylate-atorvastatin calcium tab 5-10 mg 88
amlodipine besylate-atorvastatin calcium tab 5-20 mg....88
amlodipine besylate-atorvastatin calcium tab 5-40 mg 88
amlodipine besylate-atorvastatin calcium tab 5-80 mg 88
amlodipine besylate-benazepril hcl cap 10-20 mg 57
amlodipine besylate-benazepril hcl cap 10-40 mg 57
amlodipine besylate-benazepril hcl cap 2.5-10 mg....57
amlodipine besylate-benazepril hcl cap 5-10 mg....57
amlodipine besylate-benazepril hcl cap 5-20 mg 57
amlodipine besylate-benazepril hcl cap 5-40 mg 57
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 58
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 58
amlodipine besylate-olmesartan medoxomil tab 5-20 mg....58
amlodipine besylate-olmesartan medoxomil tab 5-40 mg....58
amlodipine besylate tab 10 mg (base equivalent)....85
amlodipine besylate tab 2.5 mg (base equivalent)....85
amlodipine besylate tab 5 mg (base equivalent)....85
amlodipine besylate-valsartan tab 10-160 mg 58
amlodipine besylate-valsartan tab 10-320 mg 58
amlodipine besylate-valsartan tab 5-160 mg 58
amlodipine besylate-valsartan tab 5-320 mg 58
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg....58
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 58
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg....58
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 58
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg....58
amoxapine tab 100 mg 43
amoxapine tab 150 mg 43
amoxapine tab 25 mg 43
amoxapine tab 50 mg....43
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 183
amoxicillin (trihydrate) cap 250 mg 171
amoxicillin (trihydrate) cap 500 mg....171
amoxicillin (trihydrate) chew tab 125 mg .171
amoxicillin (trihydrate) chew tab 250 mg 171
amoxicillin (trihydrate) for susp 125 mg/5ml 171
amoxicillin (trihydrate) for susp 200 mg/5ml 171
amoxicillin (trihydrate) for susp 250 mg/5ml 171
amoxicillin (trihydrate) for susp 400 mg/5ml 171
amoxicillin (trihydrate) tab 500 mg....171
amoxicillin (trihydrate) tab 875 mg 171
amoxicillin & k clavulanate chew tab 200-28.5 mg....172
amoxicillin & k clavulanate chew tab 400-57 mg 172
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 172
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 172
amoxicillin & k clavulanate for susp 400-57 mg/5ml....172
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 172
amoxicillin & k clavulanate tab 250-125 mg 172
amoxicillin & k clavulanate tab 500-125 mg 172

amoxicillin & k clavulanate tab 875-125 mg 172
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 172
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg 1
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg 1
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg 1
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg 1
amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 1
amphetamine-dextroamphetamine tab 12.5 mg 1
amphetamine-dextroamphetamine tab 15 mg 1
amphetamine-dextroamphetamine tab 20 mg 1
amphetamine-dextroamphetamine tab 30 mg 2
amphetamine-dextroamphetamine tab 5 mg 1
amphetamine-dextroamphetamine tab 7.5 mg 1
amphetamine sulfate tab 10 mg 1
amphetamine sulfate tab 5 mg 1
amphetamine tab extended release disintegrating 12.5 mg 1
amphetamine tab extended release disintegrating 15.7 mg 1
amphetamine tab extended release disintegrating 18.8 mg 1
amphetamine tab extended release disintegrating 3.1 mg 1
amphetamine tab extended release disintegrating 6.3 mg 1
amphetamine tab extended release disintegrating 9.4 mg 1
ampicillin cap 500 mg 172
AMPYRA TAB 10MG 175
ANAFRANIL CAP 25MG 43
ANAFRANIL CAP 50MG 43
ANAFRANIL CAP 75MG 43
anagrelide hcl cap 0.5 mg 128
anagrelide hcl cap 1 mg 128
ANALPRAM HC CRE 1-1% 23
ANALPRAM-HC CRE 1-1% 23
ANALPRAM HC CRE 2.5-1% 23
ANALPRAM HC LOT 2.5% 23
ANALPRAM-HC LOT 2.5% 23
ANALPRM SNGL CRE HC 2.5-1 23
ANAPROX DS TAB 550MG 12
ANASPAZ TAB 0.125MG 181
anastrozole tab 1 mg 64
ANCOBON CAP 250MG 50
ANCOBON CAP 500MG 50
ANDEMBRY INJ 200/1.2 127
ANGELIQ TAB 0.25-0.5 120
ANGELIQ TAB 0.5-1MG 120
ANNOVERA MIS 94
ANORO ELLIPT AER 62.5-25 31
ANUSOL-HC CRE 2.5% 23
ANZEMET TAB 50MG 49
apomorphine hcl soln cartridge 30 mg/3ml 71
apraclonidine hcl ophth soln 0.5% (base equivalent) 168
aprepitant capsule 125 mg 50
aprepitant capsule 40 mg 50
aprepitant capsule 80 mg 50
aprepitant capsule therapy pack 80 & 125 mg 50
APRISO CAP 0.375GM 123
APTIOM TAB 200MG 35

APTIOM TAB 400MG 35
APTIOM TAB 600MG 35
APTIOM TAB 800MG 35
AQUALANCE MIS 30G 137
ARANESP INJ 100MCG 129
ARANESP INJ 10MCG 129
ARANESP INJ 150MCG 129
ARANESP INJ 200MCG 129
ARANESP INJ 25MCG 129
ARANESP INJ 300MCG 129
ARANESP INJ 40MCG 129
ARANESP INJ 500MCG 129
ARANESP INJ 60MCG 129
ARAVA TAB 10MG 14
ARAVA TAB 20MG 14
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) 31
ARICEPT TAB 10MG 173
ARICEPT TAB 23MG 173
ARICEPT TAB 5MG 173
ARIKAYCE SUS 6
ARIMIDEX TAB 1MG 64
aripiprazole orally disintegrating tab 10 mg 78
aripiprazole orally disintegrating tab 15 mg 78
aripiprazole oral solution 1 mg/ml 78
aripiprazole tab 10 mg 78
aripiprazole tab 15 mg 78
aripiprazole tab 20 mg 78
aripiprazole tab 2 mg 78
aripiprazole tab 30 mg 78
aripiprazole tab 5 mg 78
ARISTADA INJ 1064MG 78
ARISTADA INJ 441MG/1 78
ARISTADA INJ 662MG/2 78
ARISTADA INJ 882MG/3 78
ARISTADA INJ INITIO 78
ARIXTRA INJ 10/0.8ML 33
ARIXTRA INJ 2.5/0.5 33
ARIXTRA INJ 5/0.4ML 33
ARIXTRA INJ 7.5/0.6 33
armodafinil tab 150 mg 4
armodafinil tab 200 mg 4
armodafinil tab 250 mg 4
armodafinil tab 50 mg 4
ARMOUR THYRO TAB 120MG 180
ARMOUR THYRO TAB 15MG 180
ARMOUR THYRO TAB 180MG 180
ARMOUR THYRO TAB 240MG 180
ARMOUR THYRO TAB 300MG 180
ARMOUR THYRO TAB 30MG 180
ARMOUR THYRO TAB 60MG 180
ARMOUR THYRO TAB 90MG 180
ARNICA TIN FLOWER 111
AROMASIN TAB 25MG 64
ARTISS SOL 10ML 130
ARTISS SOL 2ML 130
ARTISS SOL 4ML 130
ARZOL SILVER MIS NITR APP 106
asenapine maleate sl tab 10 mg (base equiv) 75
asenapine maleate sl tab 2.5 mg (base equiv) 75
asenapine maleate sl tab 5 mg (base equiv) 75
ASMANEX HFA AER 100 MCG 30
ASMANEX HFA AER 200 MCG 30
ASMANEX HFA AER 50MCG 30
aspirin chew tab 81 mg 16
aspirin-dipyridamole cap er 12hr 25-200 mg 128
aspirin tab delayed release 81 mg 16
ASSURE 3 LIQ CONTROL 137
ASSURE 4 LIQ LEVEL1/2 137
ASSURE CMFRT MIS 28G 137
ASSURE DOSE SOL NORM/HGH 137
ASSURE DOSE SOL NORMAL 137
ASSURE II LIQ LEVEL 1 137
ASSURE II LIQ LEVEL1/2 137
ASSURE LANCE MIS 21G 137
ASSURE LANCE MIS 28G 137
ASSURE LANCE MIS LOW FLOW 137
ASSURE LANCE MIS MICRO 137
ASSURE LANCE MIS SAFE 25G 137
ASSURE LANCE MIS SAFE 30G 137
ASSURE PRISM SOL LEVEL1/2 137
ASSURE PRO LIQ LEVEL1/2 137

ASTAGRAF XL CAP 0.5MG 162
ASTAGRAF XL CAP 1MG 162
ASTAGRAF XL CAP 5MG.....162
atazanavir sulfate cap 150 mg (base equiv) 79
atazanavir sulfate cap 200 mg (base equiv) 79
atazanavir sulfate cap 300 mg (base equiv) 79
ATELVIA TAB 115
atenolol & chlorthalidone tab 100-25 mg .58
atenolol & chlorthalidone tab 50-25 mg ...58
atenolol tab 100 mg 84
atenolol tab 25 mg 84
atenolol tab 50 mg 84
atomoxetine hcl cap 100 mg (base equiv) ..3
atomoxetine hcl cap 10 mg (base equiv).....3
atomoxetine hcl cap 18 mg (base equiv).....3
atomoxetine hcl cap 25 mg (base equiv) 3
atomoxetine hcl cap 40 mg (base equiv)....3
atomoxetine hcl cap 60 mg (base equiv)....3
atomoxetine hcl cap 80 mg (base equiv)....3
atorvastatin calcium tab 10 mg (base equivalent).....53
atorvastatin calcium tab 20 mg (base equivalent).....53
atorvastatin calcium tab 40 mg (base equivalent).....53
atorvastatin calcium tab 80 mg (base equivalent).....53
atovaquone-proguanil hcl tab 250-100 mg 61
*atovaquone-proguanil hcl tab 62.5-25 mg*61
atovaquone susp 750 mg/5ml 24
ATRALIN GEL 0.05%.....98
atropine sulfate ophth oint 1% 167
atropine sulfate ophth soln 1%.....167
ATROPINE SUL SOL 1% OP.....167
ATROVENT HFA AER 17MCG 29
AUGMENTIN SUS 125/5ML.....172
AUGMENTIN SUS ES-600 172
AUGTYRO CAP 160MG 66
AUGTYRO CAP 40MG.....66
AUM ALCOHOL PAD PREP 70%.....150
AURORA LANCE MIS 30G.....137
AURORA LANCE MIS THIN 23G 137
AURYXIA TAB 210MG 125
AUSTEDO TAB 12MG 175
AUSTEDO TAB 6MG.....175
AUSTEDO TAB 9MG.....175
AUSTEDO XR TAB 12MG.....175
AUSTEDO XR TAB 18MG 175
AUSTEDO XR TAB 24MG.....175
AUSTEDO XR TAB 30MG ER.....175
AUSTEDO XR TAB 36MG ER.....175
AUSTEDO XR TAB 42MG ER.....175
AUSTEDO XR TAB 48MG ER.....175
AUSTEDO XR TAB 6MG.....175
AUSTEDO XR TAB TITR KIT 175
AUTO LANCET MIS 137
AUTO-LANCET MIS.....137
AUTO-LANCET MIS MINI 137
AUTOLET II KIT CLINISAF.....137
AUTOLET LANC MIS DEVICE.....137
AUTOLET LITE KIT.....137
AUTOLET LITE KIT CLINISAF.....137
AUTOLET LITE KIT STARTER.....137
AUTOLET MINI MIS 137
AUTOLET PLAT MIS 1.8MM 137
AUTOLET PLAT MIS 2.4MM.....137
AUTOLET PLAT MIS 3.0MM.....137
AUTOLET PLUS MIS 137
AUTOPEN MIS 1-21UNIT.....151
AUTOPEN MIS 1 UNIT 151
AUTOPEN MIS 2-42UNIT 151
AUTOPEN MIS 2 UNIT.....151
AUTOSHIELD MIS 30GX5MM 151
AUVELITY TAB 45-105MG.....40
AUVI-Q INJ 0.15MG.....185
AUVI-Q INJ 0.1MG.....185
AUVI-Q INJ 0.3MG 185
AVALIDE TAB 150-12.5.....58
AVALIDE TAB 300-12.5.....58
avanafil tab 100 mg.....89
avanafil tab 200 mg 89
avanafil tab 50 mg 89
AVAPRO TAB 150MG 56
AVAPRO TAB 300MG.....56

AVAPRO TAB 75MG 56
AVAR-E LS CRE 10-2%....98
AVAR LS LIQ 10-2%....98
AVODART CAP 0.5MG....126
AVONEX PEN KIT 30MCG....175
AVONEX PREFL KIT 30MCG....175
azathioprine tab 100 mg 162
azathioprine tab 50 mg 162
azathioprine tab 75 mg 162
azelaic acid gel 15%....111
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act....166
azelastine hcl nasal spray 0.1% (137 mcg/spray) 166
azelastine hcl ophth soln 0.05% 170
AZILECT TAB 0.5MG 73
AZILECT TAB 1MG....73
azithromycin for susp 100 mg/5ml....132
azithromycin for susp 200 mg/5ml....132
azithromycin powd pack for susp 1 gm ...132
azithromycin tab 250 mg....132
azithromycin tab 500 mg....132
azithromycin tab 600 mg....132
AZOPT SUS 1% OP 170
AZSTARYS CAP 26.1-5.2 4
AZSTARYS CAP 39.2-7.8 4
AZSTARYS CAP 52.3-10. 4
AZULFIDINE TAB 500MG 123
AZULFIDINE TAB 500MG EN 123

B

bacitracin ophth oint 500 unit/gm 168
bacitracin-polymyxin b ophth oint 168
bacitracin-polymyxin-neomycin-hc ophth oint 1%....169
baclofen oral soln 10 mg/5ml....165
baclofen oral soln 5 mg/5ml 165
baclofen tab 10 mg 165
baclofen tab 15 mg 165
baclofen tab 20 mg 165
baclofen tab 5 mg....165
BACTRIM DS TAB 800-160 24
BACTRIM TAB 400-80MG....24
BAFIERTAM CAP 95MG 175
balsalazide disodium cap 750 mg....123
BALVERSA TAB 3MG....66
BALVERSA TAB 4MG 66
BALVERSA TAB 5MG 66
BAQSIMI ONE POW 3MG/DOSE 45
BAQSIMI TWO POW 3MG/DOSE 45
BARACLUDE SOL....81
BAXDELA TAB 450MG....122
BD 5ML SYRG MIS LUER-LOK....151
BD BLNT FILL MIS 18GX1.5 151
BD ECLIPSE MIS 18GX1.5 151
BD ECLIPSE MIS 23GX1....151
BD HYPO NEED MIS 18GX1....151
BD HYPO NEED MIS 18GX1.5....151
BD HYPO NEED MIS 22GX1.5 151
BD INTEGRA MIS 25GX1....151
BD MICROTAIN MIS LANCETS....137
BD NEEDLES MIS 18GX1.5....151
BD NEEDLES MIS 22GX1.5 151
BD PEN MINI MIS 151
BD PEN MIS....151
BD PLASTIPAK MIS 3ML....151
BD PRECISION MIS 23GX1.5....151
BD SAFETY MIS 23GX1.5....151
BD SWAB REG PAD SNGL USE 150
BD ULTRAFINE INSULIN SYRINGES/NEEDLES....151
BD ULTRAFINE PEN NEEDLES 151
BELBUCA MIS 150MCG 21
BELBUCA MIS 300MCG....21
BELBUCA MIS 450MCG....21
BELBUCA MIS 600MCG 21
BELBUCA MIS 750MCG....21
BELBUCA MIS 75MCG 21
BELBUCA MIS 900MCG 21
BELLA/OPIUM SUP 16.2-30....181
BELLA/OPIUM SUP 16.2-60....181
BELSOMRA TAB 10MG....131
BELSOMRA TAB 15MG 131
BELSOMRA TAB 20MG 131
BELSOMRA TAB 5MG....131
benazepril & hydrochlorothiazide tab 10-12.5 mg....58
benazepril & hydrochlorothiazide tab 20-12.5 mg....58

benazepril & hydrochlorothiazide tab 20-25 mg 58
benazepril & hydrochlorothiazide tab 5-6.25 mg 58
benazepril hcl tab 10 mg 55
benazepril hcl tab 20 mg 55
benazepril hcl tab 40 mg 55
benazepril hcl tab 5 mg 54
BENLYSTA INJ 200MG/ML 164
BENZALKONIUM SOL NF 79
BENZAMYCIN GEL 5-3% 98
BENZEPRO LIQ CREAMY 98
BENZNIDAZOLE TAB 100MG 23
BENZNIDAZOLE TAB 12.5MG 23
benzonatate cap 100 mg 97
benzonatate cap 150 mg 97
benzonatate cap 200 mg 97
benzoyl peroxide-erythromycin gel 5-3% 98
benzoyl peroxide foam 9.8% 98
benzoyl peroxide gel 8% 98
benzoyl peroxide-hydrocortisone lotion 5-0.5% 98
benztropine mesylate tab 0.5 mg 70
benztropine mesylate tab 1 mg 70
benztropine mesylate tab 2 mg 70
bepotastine besilate ophth soln 1.5% 170
BESIVANCE SUS 0.6% 168
BESREMI SOL 500MCG 70
BETADINE SOL 5% OP 168
betaine powder for oral solution 117
betamethasone dipropionate augmented cream 0.05% 107
betamethasone dipropionate augmented gel 0.05% 107
betamethasone dipropionate augmented lotion 0.05% 107
betamethasone dipropionate augmented oint 0.05% 107
betamethasone dipropionate cream 0.05% 107
betamethasone dipropionate lotion 0.05% 107
betamethasone valerate aerosol foam 0.12% 107
betamethasone valerate cream 0.1% (base equivalent) 107
betamethasone valerate lotion 0.1% (base equivalent) 107
betamethasone valerate oint 0.1% (base equivalent) 107
BETASERON INJ 0.3MG 175
betaxolol hcl ophth soln 0.5% 167
betaxolol hcl tab 10 mg 84
betaxolol hcl tab 20 mg 84
bethanechol chloride tab 10 mg 184
bethanechol chloride tab 25 mg 184
bethanechol chloride tab 50 mg 184
bethanechol chloride tab 5 mg 184
BETOPTIC-S SUS 0.25% OP 167
bexarotene cap 75 mg 70
bexarotene gel 1% 101
bicalutamide tab 50 mg 64
BIDIL TAB 88
BIJUVA CAP 0.5-100 120
BIJUVA CAP 1-100MG 120
BIKTARVY TAB 79
BILTRICIDE TAB 600MG 23
bimatoprost ophth soln 0.03% 170
BINOSTO TAB 70MG 115
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 183
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 58
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 58
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 58
bisoprolol fumarate tab 10 mg 84
bisoprolol fumarate tab 5 mg 84
BLUJEPA TAB 750MG 25
BLULINK LIQ HIGH/LOW 137
BLUNT CANNUL MIS 20GX1.5 151
BLUNT CANNUL MIS 21GX1 152
BONJESTA TAB 20-20MG 49
bosentan tab 125 mg 91
bosentan tab 62.5 mg 91
bosentan tab for oral susp 32 mg 91
BOSULIF CAP 100MG 66

BOSULIF CAP 50MG 66
BOSULIF TAB 100MG 66
BOSULIF TAB 400MG 66
BOSULIF TAB 500MG 66
BRAFTOVI CAP 75MG.....66
BREATHE EASE MIS LG MASK 157
BREATHE EASE MIS MED MASK.....157
BREATHE EASE MIS SM MASK 157
BREATHERITE MIS MDI CHMB.....157
BREO ELLIPTA INH 100-25.....31
BREO ELLIPTA INH 200-25 31
BREO ELLIPTA INH 50-25MCG 31
BREXAFEMME TAB 150MG.....50
BREZTRI AERO AER SPHERE 31
BRILINTA TAB 60MG 128
BRILINTA TAB 90MG 128
brimonidine tartrate gel 0.33% (base equivalent).....111
brimonidine tartrate ophth soln 0.1% 168
brimonidine tartrate ophth soln 0.15% 168
brimonidine tartrate ophth soln 0.2%.....168
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 167
brinzolamide ophth susp 1% 170
BRIVIACT SOL 10MG/ML.....35
BRIVIACT TAB 100MG.....35
BRIVIACT TAB 10MG 35
BRIVIACT TAB 25MG.....35
BRIVIACT TAB 50MG 35
BRIVIACT TAB 75MG.....35
bromfenac sodium ophth soln 0.07% (base equivalent).....170
bromfenac sodium ophth soln 0.075% (base equivalent) 170
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....170
bromocriptine mesylate cap 5 mg (base equivalent) 71
bromocriptine mesylate tab 2.5 mg (base equivalent) 71
BROVANA NEB 15MCG.....31
BRUKINSA CAP 80MG 66
BRUKINSA TAB 160MG.....66
BRYHALI LOT 0.01% 107
budesonide delayed release particles cap 3 mg 95
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....31
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 31
budesonide inhalation susp 0.25 mg/2ml 30
budesonide inhalation susp 0.5 mg/2ml ..30
budesonide inhalation susp 1 mg/2ml 30
budesonide rectal foam 2 mg/act 23
bumetanide tab 0.5 mg 114
bumetanide tab 1 mg 114
bumetanide tab 2 mg.....114
BUMEX TAB 0.5MG.....114
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 22
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 21
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 22
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 22
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 22
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 22
buprenorphine hcl sl tab 2 mg (base equiv) 21
buprenorphine hcl sl tab 8 mg (base equiv) 21
buprenorphine td patch weekly 10 mcg/hr 22
buprenorphine td patch weekly 15 mcg/hr 22
buprenorphine td patch weekly 20 mcg/hr 22
buprenorphine td patch weekly 5 mcg/hr 22
buprenorphine td patch weekly 7.5 mcg/hr 22
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....177
bupropion hcl tab 100 mg.....40
bupropion hcl tab 75 mg.....40
bupropion hcl tab er 12hr 100 mg 40

bupropion hcl tab er 12hr 150 mg 40
bupropion hcl tab er 12hr 200 mg.....40
bupropion hcl tab er 24hr 150 mg.....40
bupropion hcl tab er 24hr 300 mg.....40
buspirone hcl tab 10 mg 26
buspirone hcl tab 15 mg 26
buspirone hcl tab 30 mg.....27
buspirone hcl tab 5 mg.....26
buspirone hcl tab 7.5 mg.....26
BUT/APAP/CAF SOL.....16
butalbital-acetaminophen-caffeine tab 50-325-40 mg 16
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg.....21
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg 21
butalbital-acetaminophen tab 50-325 mg 16
butalbital-aspirin-caffeine cap 50-325-40 mg 16
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg 21
butorphanol tartrate nasal soln 10 mg/ml.22

C

cabergoline tab 0.5 mg 119
CABOMETYX TAB 20MG.....66
CABOMETYX TAB 40MG.....66
CABOMETYX TAB 60MG.....66
CADUET TAB 10-10MG.....88
CADUET TAB 10-20MG.....88
CADUET TAB 10-40MG.....88
CADUET TAB 10-80MG.....88
CADUET TAB 5-10MG 88
CADUET TAB 5-20MG.....88
CADUET TAB 5-40MG 88
CADUET TAB 5-80MG 88
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2
calcipotriene oint 0.005% 101
calcipotriene soln 0.005% (50 mcg/ml)..101
calcitonin (salmon) inj 200 unit/ml 115
calcitonin (salmon) nasal soln 200 unit/act 115
calcitriol cap 0.25 mcg 117
calcitriol cap 0.5 mcg.....117
calcitriol oral soln 1 mcg/ml 117
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....125
CALQUENCE TAB 100MG.....66
CAMZYOS CAP 10MG 87
CAMZYOS CAP 15MG.....87
CAMZYOS CAP 2.5MG.....87
CAMZYOS CAP 5MG.....87
CANASA SUP 1000MG 123
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....58
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 58
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....58
candesartan cilexetil tab 16 mg.....56
candesartan cilexetil tab 32 mg 56
candesartan cilexetil tab 4 mg 56
candesartan cilexetil tab 8 mg 56
capecitabine tab 150 mg 62
capecitabine tab 500 mg 62
CAPEX SHA 0.01% 107
CAPLYTA CAP 10.5MG.....73
CAPLYTA CAP 21MG.....73
CAPLYTA CAP 42MG 73
CAPRELSA TAB 100MG 66
CAPRELSA TAB 300MG 66
captopril & hydrochlorothiazide tab 25-15 mg 58
captopril & hydrochlorothiazide tab 25-25 mg 59
captopril & hydrochlorothiazide tab 50-15 mg 59
captopril & hydrochlorothiazide tab 50-25 mg 59
captopril tab 100 mg.....55
captopril tab 12.5 mg 55
captopril tab 25 mg.....55
captopril tab 50 mg 55
carbamazepine cap er 12hr 100 mg.....35
carbamazepine cap er 12hr 200 mg 35
carbamazepine cap er 12hr 300 mg 35
carbamazepine chew tab 100 mg.....35
carbamazepine chew tab 200 mg 35

carbamazepine susp 100 mg/5ml 35
carbamazepine tab 200 mg.....36
carbamazepine tab er 12hr 100 mg.....36
carbamazepine tab er 12hr 200 mg.....36
carbamazepine tab er 12hr 400 mg.....36
CARBATROL CAP 100MG.....36
CARBATROL CAP 200MG.....36
CARBATROL CAP 300MG.....36
carbidopa & levodopa cap er 23.75-95 mg 71
carbidopa & levodopa cap er 36.25-145 mg 71
carbidopa & levodopa cap er 48.75-195 mg 71
carbidopa & levodopa cap er 61.25-245 mg 71
carbidopa & levodopa orally disintegrating tab 10-100 mg 71
carbidopa & levodopa orally disintegrating tab 25-100 mg 71
carbidopa & levodopa orally disintegrating tab 25-250 mg 71
carbidopa & levodopa tab 10-100 mg 71
carbidopa & levodopa tab 25-100 mg.....71
carbidopa & levodopa tab 25-250 mg 71
carbidopa & levodopa tab er 25-100 mg ...71
carbidopa & levodopa tab er 50-200 mg ..71
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 71
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....71
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....71
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 71
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....71
carbidopa-levodopa-entacapone tabs 50-200-200 mg 71
carbidopa tab 25 mg 70
carbinoxamine maleate extended release susp 4 mg/5ml 51
carbinoxamine maleate soln 4 mg/5ml 51
carbinoxamine maleate tab 4 mg 51
carbinoxamine maleate tab 6 mg 51
CARDIOCOM MIS LANCING.....137
CARDURA TAB 1MG 56
CARDURA TAB 2MG.....56
CARDURA TAB 4MG.....56
CARDURA TAB 8MG.....57
CARDURA XL TAB 4MG.....126
CARDURA XL TAB 8MG.....126
CAREONE ADV MIS LANCING.....137
CAREONE LANC MIS 30G.....137
CAREONE LANC MIS THIN 23G 137
CAREPOINT SA MIS 23GX1.....152
CAREPOINT SA MIS 23GX11/2.....152
CAREPOINT SA MIS 25GX1.....152
CAREPOINT SA MIS 25GX11/2 152
CAREPOINT SA MIS 25GX5/8 152
CAREPOINT SY MIS 20GX1.....152
CAREPOINT SY MIS 20GX1.5.....152
CAREPOINT SY MIS 22G X 1 152
CAREPOINT SY MIS 22GX1.5.....152
CAREPOINT SY MIS 23GX1 152
CAREPOINT SY MIS 23GX1.5.....152
CAREPOINT SY MIS 25GX1.....152
CAREPOINT SY MIS 60ML 152
CARESENS 30G MIS LANCETS 137
CARESENS SOL CONTROL.....137
CARETOUCH MIS EJECTOR 137
CARETOUCH MIS LANC 26G.....138
CARETOUCH MIS LANC 28G.....138
CARETOUCH MIS LANC 30G 138
CARETOUCH MIS TWIST 28 138
CARETOUCH MIS TWIST 30.....138
CARETOUCH MIS TWIST 33 138
CARETOUCH PAD ALCOHOL.....150
carglumic acid soluble tab 200 mg.....117
carisoprodol tab 350 mg 165
carteolol hcl ophth soln 1% 167
carvedilol phosphate cap er 24hr 10 mg...83
carvedilol phosphate cap er 24hr 20 mg ..83
carvedilol phosphate cap er 24hr 40 mg ..83
carvedilol phosphate cap er 24hr 80 mg ..83
carvedilol tab 12.5 mg.....83
carvedilol tab 25 mg 83
carvedilol tab 3.125 mg.....83

carvedilol tab 6.25 mg 83
CASODEX TAB 50MG 64
CATAPRES-TTS DIS 0.1/24HR 57
CATAPRES-TTS DIS 0.2/24HR 57
CATAPRES-TTS DIS 0.3/24HR 57
CAVERJECT IM KIT 10MCG....89
CAVERJECT IM KIT 20MCG....89
CAVERJECT INJ 20MCG 89
CAVERJECT INJ 40MCG 89
CAYA DPR 133
cefaclor cap 250 mg 92
cefaclor cap 500 mg....92
CEFACLOR ER TAB 500MG 92
cefaclor for susp 250 mg/5ml....92
cefadroxil cap 500 mg 92
cefadroxil for susp 250 mg/5ml....92
cefadroxil for susp 500 mg/5ml 92
cefadroxil tab 1 gm 92
cefdinir cap 300 mg....92
cefdinir for susp 125 mg/5ml....92
cefdinir for susp 250 mg/5ml....92
cefixime cap 400 mg 92
cefixime for susp 100 mg/5ml....92
cefixime for susp 200 mg/5ml 92
cefpodoxime proxetil for susp 100 mg/5ml 92
cefpodoxime proxetil for susp 50 mg/5ml 92
cefpodoxime proxetil tab 100 mg 92
cefpodoxime proxetil tab 200 mg 92
cefprozil for susp 125 mg/5ml....92
cefprozil for susp 250 mg/5ml....92
cefprozil tab 250 mg....92
cefprozil tab 500 mg....92
cefuroxime axetil tab 250 mg....92
cefuroxime axetil tab 500 mg 92
celecoxib cap 100 mg....12
celecoxib cap 200 mg....12
celecoxib cap 400 mg....12
celecoxib cap 50 mg 12
CELEXA TAB 10MG....40
CELEXA TAB 20MG....40
CELEXA TAB 40MG....40
CELLCEPT CAP 250MG....162
CELLCEPT SUS 200MG/ML....162
CELLCEPT TAB 500MG....162
CELONTIN CAP 300MG....39
CEM-UREA SOL 45%....110
cephalexin cap 250 mg 92
cephalexin cap 500 mg....92
cephalexin cap 750 mg 92
cephalexin for susp 125 mg/5ml 92
cephalexin for susp 250 mg/5ml 92
cephalexin tab 250 mg....92
cephalexin tab 500 mg....92
CEQUR SIMPL KIT PATCH 2U....152
CEQUR SIMPL MIS INSERTER 152
CERDELGA CAP 84MG....128
CERVIDIL VAG MIS 10MG INS 171
CETACAINE AER 111
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 51
CETRAXAL SOL 0.2% 171
cetrorelix acetate for inj kit 0.25 mg 116
cevimeline hcl cap 30 mg....164
CHEMET CAP 100MG....48
CHEMSTRIP 10 TES MD....112
CHEMSTRIP 2 TES GP 112
CHEMSTRIP 5 TES OB 112
CHEMSTRIP 7 TES 112
CHEMSTRIP 9 TES STRIPS 112
CHEMSTRIP K TES 112
CHEMSTRIP TES -10 SG 112
CHEMSTRIP TES UGK....112
chenodiol tab 250 mg 122
chlordiazepoxide-amitriptyline tab 10-25 mg 174
chlordiazepoxide-amitriptyline tab 5-12.5 mg 174
chlordiazepoxide hcl cap 10 mg....27
chlordiazepoxide hcl cap 25 mg 27
chlordiazepoxide hcl cap 5 mg 27
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 181
CHLORHEX GLU SOL 20% 79
chlorhexidine gluconate soln 0.12% 164
chloroquine phosphate tab 250 mg 61
chloroquine phosphate tab 500 mg....61

chlorpromazine hcl inj 25 mg/ml 77
chlorpromazine hcl inj 50 mg/2ml 77
chlorpromazine hcl tab 100 mg 77
chlorpromazine hcl tab 10 mg 77
chlorpromazine hcl tab 200 mg 77
chlorpromazine hcl tab 25 mg 77
chlorpromazine hcl tab 50 mg 77
chlorthalidone tab 25 mg 115
chlorthalidone tab 50 mg 115
chlorzoxazone tab 500 mg 165
CHOLBAM CAP 250MG 122
CHOLBAM CAP 50MG 122
cholestyramine light powder 4 gm/dose ..52
cholestyramine light powder packets 4 gm 52
cholestyramine powder 4 gm/dose 52
cholestyramine powder packets 4 gm 52
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 52
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 52
CIBINQO TAB 100MG 109
CIBINQO TAB 200MG 109
CIBINQO TAB 50MG 109
ciclopirox gel 0.77% 100
ciclopirox olamine cream 0.77% (base equiv) 100
ciclopirox olamine susp 0.77% (base equiv) 100
ciclopirox shampoo 1% 100
ciclopirox solution 8% 100
cilostazol tab 100 mg 128
cilostazol tab 50 mg 128
CIMDUO TAB 300-300 79
cimetidine hcl soln 300 mg/5ml 182
cimetidine tab 300 mg 182
cimetidine tab 400 mg 182
cimetidine tab 800 mg 182
CIMZIA INJ 200MG/ML 123
CIMZIA PREFL KIT 200MG/ML 123
CIMZIA START KIT 200MG/ML 123
cinacalcet hcl tab 30 mg (base equiv) 117
cinacalcet hcl tab 60 mg (base equiv) 117
cinacalcet hcl tab 90 mg (base equiv) 117
CIPRO (10%) SUS 500MG/5 122
CIPRO (5%) SUS 250MG/5 122
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 171
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 168
ciprofloxacin hcl otic soln 0.2% (base equivalent) 171
ciprofloxacin hcl tab 100 mg (base equiv) 122
ciprofloxacin hcl tab 250 mg (base equiv) 122
ciprofloxacin hcl tab 500 mg (base equiv) 122
ciprofloxacin hcl tab 750 mg (base equiv) 122
CIPRO TAB 250MG 122
CIPRO TAB 500MG 122
citalopram hydrobromide oral soln 10 mg/5ml 40
citalopram hydrobromide tab 10 mg (base equiv) 41
citalopram hydrobromide tab 20 mg (base equiv) 41
citalopram hydrobromide tab 40 mg (base equiv) 41
CLARINEX-D TAB 2.5-120 97
CLARINEX TAB 5MG 51
clarithromycin for susp 125 mg/5ml 132
clarithromycin for susp 250 mg/5ml 132
clarithromycin tab 250 mg 132
clarithromycin tab 500 mg 132
clarithromycin tab er 24hr 500 mg 132
CLEANLET 28G MIS LANCETS 138
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) 51
clemastine fumarate tab 2.68 mg 51
CLENPIQ SOL 131
CLEOCIN CAP 150MG 25
CLEOCIN CAP 300MG 25
CLEOCIN CAP 75MG 25
CLEOCIN CRE 2% VAG 184
CLEOCIN PED SOL 75MG/5ML 25
CLEOCIN SUP 100MG 184

CLEOCIN-T LOT 1% 98
CLEVER CHECK MIS 138
CLEVER CHECK MIS 30G 138
CLEVR CHOICE LIQ HIGH 138
CLEVR CHOICE LIQ LOW 138
CLINDAGEL GEL 1% 98
clindamycin hcl cap 150 mg 25
clindamycin hcl cap 300 mg 25
clindamycin hcl cap 75 mg 25
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 25
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 98
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% 98
clindamycin phosphate-benzoyl peroxide gel 1-5% 98
clindamycin phosphate foam 1% 98
clindamycin phosphate gel 1% (twice-daily) 98
clindamycin phosphate lotion 1% 98
clindamycin phosphate soln 1% 98
clindamycin phosphate swab 1% 98
clindamycin phosphate-tretinoin gel 1.2-0.025% 98
clindamycin phosphate vaginal cream 2% 184
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 98
CLINDESSE CRE 2% 184
clobazam suspension 2.5 mg/ml 34
clobazam tab 10 mg 34
clobazam tab 20 mg 34
clobetasol propionate cream 0.025% 107
clobetasol propionate cream 0.05% 107
clobetasol propionate emollient base cream 0.05% 107
clobetasol propionate foam 0.05% 107
clobetasol propionate gel 0.05% 107
clobetasol propionate lotion 0.05% 107
clobetasol propionate oint 0.05% 107
clobetasol propionate shampoo 0.05% 107
clobetasol propionate soln 0.05% 107
CLOBETASOL SUS 0.05% 169
CLOBEX LOT 0.05% 107
CLOBEX SHA 0.05% 107
CLODERM CRE 0.1% 107
clomiphene citrate tab 50 mg 116
clomipramine hcl cap 25 mg 43
clomipramine hcl cap 50 mg 43
clomipramine hcl cap 75 mg 43
clonazepam orally disintegrating tab 0.125 mg 35
clonazepam orally disintegrating tab 0.25 mg 35
clonazepam orally disintegrating tab 0.5 mg 35
clonazepam orally disintegrating tab 1 mg 35
clonazepam orally disintegrating tab 2 mg 35
clonazepam tab 0.5 mg 35
clonazepam tab 1 mg 35
clonazepam tab 2 mg 35
clonidine hcl tab 0.1 mg 57
clonidine hcl tab 0.2 mg 57
clonidine hcl tab 0.3 mg 57
clonidine hcl tab er 12hr 0.1 mg 3
clonidine tab er 24hr 0.17 mg 57
clonidine td patch weekly 0.1 mg/24hr 57
clonidine td patch weekly 0.2 mg/24hr 57
clonidine td patch weekly 0.3 mg/24hr 57
clopidogrel bisulfate tab 300 mg (base equiv) 128
clopidogrel bisulfate tab 75 mg (base equiv) 128
clorazepate dipotassium tab 15 mg 27
clorazepate dipotassium tab 3.75 mg 27
clorazepate dipotassium tab 7.5 mg 27
clotrimazole troche 10 mg 164
clotrimazole w/ betamethasone cream 1-0.05% 100
clotrimazole w/ betamethasone lotion 1-0.05% 100
clozapine orally disintegrating tab 100 mg 76
clozapine orally disintegrating tab 12.5 mg 75

clozapine orally disintegrating tab 150 mg 76
clozapine orally disintegrating tab 200 mg 76
clozapine orally disintegrating tab 25 mg .75
clozapine tab 100 mg 76
clozapine tab 200 mg 76
clozapine tab 25 mg 76
clozapine tab 50 mg 76
CLOZARIL TAB 100MG 76
CLOZARIL TAB 200MG 76
CLOZARIL TAB 25MG 76
CLOZARIL TAB 50MG 76
CL PRENATAL TAB 28-0.8MG 164
COAGUCHEK MIS LANCETS 138
coal tar soln 20% 112
COARTEM TAB 20-120MG 61
COBENFY CAP 100-20MG 77
COBENFY CAP 125-30MG 77
COBENFY CAP 50-20MG 77
COBENFY STRT CAP PACK 77
codeine sulfate tab 30 mg 17
CODEINE SULF TAB 15MG 17
CODEINE SULF TAB 60MG 17
colchicine tab 0.6 mg 127
colchicine w/ probenecid tab 0.5-500 mg 126
colesevelam hcl packet for susp 3.75 gm .52
colesevelam hcl tab 625 mg 52
COLESTID FLA GRA 5/7.5GM 52
COLESTID FLA GRA 5GM 52
COLESTID GRA 5GM 52
COLESTID TAB 1GM 52
colestipol hcl granule packets 5 gm 52
colestipol hcl granules 5 gm 52
colestipol hcl tab 1 gm 52
COLOR CONDOM MIS + LUBE 133
COMBIPATCH DIS 120
COMBIVENT AER 20-100 31
COMBIVIR TAB 150-300 79
COMETRIQ KIT 100MG 66
COMETRIQ KIT 140MG 66
COMETRIQ KIT 60MG 66
COMFORT ASSU MIS LANC 28G 138
COMFORT ASSU MIS LANC 33G 138
COMFORT EZ MIS 21G 138
COMFORT EZ MIS 23G 138
COMFORT EZ MIS 28G 138
COMFORTOUCH MIS LANCET 138
COMFORT TCH MIS LANC 28G 138
COMFORT TCH MIS LANC 30G 138
COMFORT TCH MIS LANC 31G 138
COMFRT TOUCH PAD ALC PREP 150
COMPACT SPAC MIS CHAMBER 157
COMPACT SPAC MIS LG MASK 157
COMPACT SPAC MIS MD MASK 157
COMPACT SPAC MIS SM MASK 157
COMTAN TAB 200MG 70
CONDOMS MIS 133
CONDYLOX GEL 0.5% 110
CONTOUR HIGH LIQ CONTROL 138
CONTOUR LOW LIQ CONTROL 138
CONTOUR NEXT SOL LEVEL 1 138
CONTOUR NEXT SOL LEVEL 2 138
CONTOUR NORM LIQ CONTROL 138
CONTROL HIGH SOL UNISTRIP 138
CONTROL LOW SOL UNISTRIP 138
CONTROL NORM SOL EASY STP 138
CONTROL SOL LIQ HI/MID/L 138
CONTROL SOL LIQ HIGH/LOW 138
CONTROL SOL LIQ LEVEL 2 138
CONTROL SOL NORMAL 138
CONZIP CAP 100MG 17
CONZIP CAP 200MG 17
CONZIP CAP 300MG 17
COOL CONTROL SOL A 138
COOL CONTROL SOL B 138
COPAXONE INJ 40MG/ML 176
COPIKTRA CAP 15MG 66
COPIKTRA CAP 25MG 66
COREG TAB 12.5MG 83
COREG TAB 25MG 84
COREG TAB 3.125MG 83
COREG TAB 6.25MG 83
CORLANOR SOL 5MG/5ML 91
CORLANOR TAB 5MG 91
CORLANOR TAB 7.5MG 91
CORN SYP 172

CORTANE-B LOT.....107
CORTEF TAB 10MG.....95
CORTEF TAB 20MG.....95
CORTEF TAB 5MG.....95
CORTENEMA ENE 100MG.....23
CORTIFOAM AER 90MG.....23
CORTISPORIN SUS -TC OTIC.....171
CORTROPHIN INJ 40/0.5ML.....116
CORTROPHIN INJ 80UNT/ML.....116
COSENTYX INJ 150MG/ML.....102
COSENTYX INJ 300DOSE.....102
COSENTYX INJ 75MG/0.5.....102
COSENTYX PEN INJ 150MG/ML.....102
COSENTYX PEN INJ 300DOSE.....103
COSENTYX UNO INJ 300/2ML.....103
COSOPT PF SOL 2%-0.5%.....167
COSOPT SOL 2-0.5%OP.....167
CRENESSITY CAP 100MG.....116
CRENESSITY CAP 25MG.....116
CRENESSITY CAP 50MG.....116
CRENESSITY SOL 50MG/ML.....116
CREON CAP 12000UNT.....113
CREON CAP 24000UNT.....113
CREON CAP 3000UNIT.....113
CREON CAP 36000UNT.....113
CREON CAP 6000UNIT.....113
CREXONT CAP 35-140MG.....71
CREXONT CAP 52.5-210.....71
CREXONT CAP 70-280MG.....71
CREXONT CAP 87.5-350.....71
CRINONE GEL 4% VAG.....185
CRINONE GEL 8% VAG.....185
cromolyn sodium ophth soln 4%.....170
cromolyn sodium oral conc 100 mg/5ml.122
cromolyn sodium soln nebu 20 mg/2ml...29
crotamiton lotion 10%.....112
CURITY PREP PAD ALCOHOL.....150
CUVPOSA SOL 1MG/5ML.....181
CVS KETONE TES CARE.....112
CVS LANCETS MIS 21G.....138
CVS LANCETS MIS 30G.....138
CVS LANCETS MIS 33G.....138
CVS LANCETS MIS ORIGINAL.....138
CVS LANCETS MIS THIN 26G.....138
CVS LANCETS MIS THIN 30G.....138
CVS LANCETS MIS THIN 33G.....138
CVS LANCING MIS DEVICE.....138
cyanocobalamin inj 1000 mcg/ml.....128
cyanocobalamin nasal spray 500 mcg/0.1ml.....128
cyclobenzaprine hcl tab 10 mg.....165
cyclobenzaprine hcl tab 5 mg.....165
CYCLOGYL SOL 0.5% OP.....167
CYCLOGYL SOL 1% OP.....167
CYCLOGYL SOL 2% OP.....167
CYCLOMYDRIL SOL OP.....168
cyclopentolate hcl ophth soln 1%.....168
cyclophosphamide cap 25 mg.....62
cyclophosphamide cap 50 mg.....62
CYCLOPHOSPH TAB 25MG.....62
CYCLOPHOSPH TAB 50MG.....62
cycloserine cap 250 mg.....61
CYCLOSET TAB 0.8MG.....46
cyclosporine cap 100 mg.....162
cyclosporine cap 25 mg.....162
cyclosporine modified cap 100 mg.....162
cyclosporine modified cap 25 mg.....162
cyclosporine modified cap 50 mg.....162
cyclosporine modified oral soln 100 mg/ml.....162
cyproheptadine hcl syrup 2 mg/5ml.....51
cyproheptadine hcl tab 4 mg.....51
CYSTAGON CAP 150MG.....126
CYSTAGON CAP 50MG.....126
CYSTARAN SOL 0.44%.....170
CYTOTEC TAB 100MCG.....182
CYTOTEC TAB 200MCG.....183

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....34
dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....34
dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....34
dalfampridine tab er 12hr 10 mg.....176
danazol cap 100 mg.....22
danazol cap 200 mg.....22
danazol cap 50 mg.....22

DANTRIUM CAP 25MG.....166
dantrolene sodium cap 100 mg.....166
dantrolene sodium cap 25 mg.....166
dantrolene sodium cap 50 mg.....166
dapsone gel 5%.....98
dapsone gel 7.5%.....98
dapsone tab 100 mg.....25
dapsone tab 25 mg.....25
darifenacin hydrobromide tab er 24hr 15 mg (base equiv).....183
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....183
darunavir tab 600 mg.....79
darunavir tab 800 mg.....79
dasatinib tab 100 mg.....66
dasatinib tab 140 mg.....66
dasatinib tab 20 mg.....66
dasatinib tab 50 mg.....66
dasatinib tab 70 mg.....66
dasatinib tab 80 mg.....66
DAYBUE SOL 200MG/ML.....167
DAYPRO TAB 600MG.....12
DDAVP TAB 0.1MG.....119
DDAVP TAB 0.2MG.....119
DEBACTEROL SOL 30-50%.....164
deferasirox granules packet 180 mg.....48
deferasirox granules packet 360 mg.....48
deferasirox granules packet 90 mg.....48
deferasirox tab 180 mg.....48
deferasirox tab 360 mg.....48
deferasirox tab 90 mg.....48
deferasirox tab for oral susp 125 mg.....48
deferasirox tab for oral susp 250 mg.....49
deferasirox tab for oral susp 500 mg.....49
deferiprone tab 1000 mg.....49
deferiprone tab 500 mg.....49
deflazacort susp 22.75 mg/ml.....95
deflazacort tab 18 mg.....95
deflazacort tab 30 mg.....95
deflazacort tab 36 mg.....95
deflazacort tab 6 mg.....95
DELESTROGEN INJ 10MG/ML.....121
DELESTROGEN INJ 20MG/ML.....121
DELESTROGEN INJ 40MG/ML.....121
demeclocycline hcl tab 150 mg.....179
demeclocycline hcl tab 300 mg.....179
DEMSER CAP 250MG.....56
DENAVIR CRE 1%.....106
DEPEN TITRA TAB 250MG.....161
DEPO-ESTRADI INJ 5MG/ML.....121
DEPO-PROVERA INJ 150MG/ML.....94
DEPO-SQ PROV INJ 104.....94
DERMA-SMOOTH OIL /FS BODY.....107
DERMA-SMOOTH OIL /FS SCLP.....107
DERMOTIC OIL 0.01%.....171
DESCOVY TAB 120-15MG.....79
DESCOVY TAB 200/25MG.....79
desipramine hcl tab 100 mg.....43
desipramine hcl tab 10 mg.....43
desipramine hcl tab 150 mg.....43
desipramine hcl tab 25 mg.....43
desipramine hcl tab 50 mg.....43
desipramine hcl tab 75 mg.....43
desloratadine tab 5 mg.....51
desloratadine tab orally disintegrating 2.5 mg.....51
desloratadine tab orally disintegrating 5 mg.....51
desmopressin acetate nasal spray soln 0.01%.....119
desmopressin acetate nasal spray soln 0.01% (refrigerated).....119
desmopressin acetate tab 0.1 mg.....119
desmopressin acetate tab 0.2 mg.....119
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....92
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.....92
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....93
desonide cream 0.05%.....107
desonide lotion 0.05%.....107
desonide oint 0.05%.....107
DESOWEN CRE 0.05%.....107
desoximetasone cream 0.05%.....107
desoximetasone cream 0.25%.....107
desoximetasone gel 0.05%.....107
desoximetasone oint 0.25%.....107

desoximetasone spray 0.25% 107
DESOXYN TAB 5MG 2
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 42
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 42
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 42
DESVENLAFAX TAB 100MG ER 42
DESVENLAFAX TAB 50MG ER 42
DETROL TAB 1MG 183
DETROL TAB 2MG 183
DEXAMETHASON CON 1MG/ML 95
dexamethasone elixir 0.5 mg/5ml 95
dexamethasone sodium phosphate ophth soln 0.1% 169
dexamethasone soln 0.5 mg/5ml 95
dexamethasone tab 0.5 mg 95
dexamethasone tab 0.75 mg 95
dexamethasone tab 1.5 mg 95
dexamethasone tab 1 mg 95
dexamethasone tab 2 mg 95
dexamethasone tab 4 mg 95
dexamethasone tab 6 mg 95
dexamethasone tab therapy pack 1.5 mg (21) 95
dexamethasone tab therapy pack 1.5 mg (35) 95
dexamethasone tab therapy pack 1.5 mg (51) 95
DEXCOM G6 MIS RECEIVER 138
DEXCOM G6 MIS SENSOR 139
DEXCOM G6 MIS TRANSMIT 139
DEXCOM G7 MIS 15 DAY 139
DEXCOM G7 MIS RECEIVER 139
DEXCOM G7 MIS SENSOR 139
DEXEDRINE CAP 10MG CR 2
DEXEDRINE CAP 15MG CR 2
dexmethylphenidate hcl cap er 24 hr 10 mg 4
dexmethylphenidate hcl cap er 24 hr 15 mg 4
dexmethylphenidate hcl cap er 24 hr 20 mg 4
dexmethylphenidate hcl cap er 24 hr 25 mg 4
dexmethylphenidate hcl cap er 24 hr 30 mg 4
dexmethylphenidate hcl cap er 24 hr 35 mg 4
dexmethylphenidate hcl cap er 24 hr 40 mg 4
dexmethylphenidate hcl cap er 24 hr 5 mg 4
dexmethylphenidate hcl tab 10 mg 4
dexmethylphenidate hcl tab 2.5 mg 4
dexmethylphenidate hcl tab 5 mg 4
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 71
DIASCREEN 10 MIS 139
DIASCREEN 3 MIS 139
DIASCREEN 5 MIS 139
DIASCREEN 6 MIS 139
DIASCREEN 7 MIS 139
DIASCREEN 8 MIS 139
DIASCREEN 9 MIS 139
DIASCREEN MIS 1B 139
DIASCREEN MIS 1G 139
DIASCREEN MIS 1K 139
DIASCREEN MIS 2GK 139
DIASCREEN MIS 2GP 139
DIASCREEN MIS 4NL 139
DIASCREEN MIS 4OBL 139
DIASCREEN MIS 4PH 139
DIASCREEN MIS CONTROL 139

DIASTAT ACDL GEL 12.5-20.....35
DIASTAT ACDL GEL 5-10MG.....35
DIASTAT PED GEL 2.5M GEL 35
DIASTIX TES STRIPS.....112
DIATHRIVE LIQ CONTROL 139
DIATHRIVE MIS LANCETS 139
DIATHRIVE MIS LANCING.....139
DIATHRIVE MIS UT 30G.....139
DIATRUE CONT SOL LEVEL 1.....139
DIATRUE CONT SOL LEVEL 2.....139
DIATRUE CONT SOL LEVEL 3.....139
diazepam conc 5 mg/ml 27
diazepam oral soln 1 mg/ml.....27
diazepam rectal gel delivery system 10 mg 35
diazepam rectal gel delivery system 2.5 mg 35
diazepam rectal gel delivery system 20 mg 35
diazepam tab 10 mg.....27
diazepam tab 2 mg.....27
diazepam tab 5 mg 27
diazoxide susp 50 mg/ml 45
DIBENZYLINE CAP 10MG.....56
dichlorphenamide tab 50 mg 113
DICLEGIS TAB 10-10MG.....49
diclofenac epolamine patch 1.3%.....100
diclofenac potassium tab 50 mg 12
diclofenac sodium (actinic keratoses) gel 3% 101
diclofenac sodium ophth soln 0.1% 170
diclofenac sodium soln 1.5% 100
diclofenac sodium tab delayed release 25 mg 12
diclofenac sodium tab delayed release 50 mg 12
diclofenac sodium tab delayed release 75 mg 12
diclofenac sodium tab er 24hr 100 mg 12
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....12
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 12
dicloxacillin sodium cap 250 mg 172
dicloxacillin sodium cap 500 mg 172
dicyclomine hcl cap 10 mg.....181
dicyclomine hcl oral soln 10 mg/5ml.....181
dicyclomine hcl tab 20 mg.....181
DIFFERIN CRE 0.1% 98
DIFFERIN GEL 0.1%.....98
DIFFERIN GEL 0.3% PMP 98
DIFICID SUS.....133
DIFICID TAB 200MG 133
DIFLUCAN SUS 40MG/ML 50
DIFLUCAN TAB 100MG.....50
DIFLUCAN TAB 150MG 50
DIFLUCAN TAB 200MG 50
diflunisal tab 500 mg.....16
difluprednate ophth emulsion 0.05%.....169
digoxin oral soln 0.05 mg/ml.....87
digoxin tab 125 mcg (0.125 mg) 87
digoxin tab 250 mcg (0.25 mg).....87
digoxin tab 62.5 mcg (0.0625 mg) 87
DILAUDID LIQ 1MG/ML.....17
DILAUDID TAB 2MG 17
DILAUDID TAB 4MG 17
DILAUDID TAB 8MG 17
diltiazem hcl cap er 12hr 120 mg 85
diltiazem hcl cap er 12hr 60 mg 85
diltiazem hcl cap er 12hr 90 mg 85
diltiazem hcl cap er 24hr 120 mg 85
diltiazem hcl cap er 24hr 180 mg 85
diltiazem hcl cap er 24hr 240 mg 85
diltiazem hcl coated beads cap er 24hr 120 mg 85
diltiazem hcl coated beads cap er 24hr 180 mg 85
diltiazem hcl coated beads cap er 24hr 240 mg 85
diltiazem hcl coated beads cap er 24hr 300 mg 85
diltiazem hcl coated beads cap er 24hr 360 mg 85
diltiazem hcl extended release beads cap er 24hr 120 mg.....85
diltiazem hcl extended release beads cap er 24hr 180 mg.....86

diltiazem hcl extended release beads cap er 24hr 240 mg 86
diltiazem hcl extended release beads cap er 24hr 300 mg 86
diltiazem hcl extended release beads cap er 24hr 360 mg 86
diltiazem hcl extended release beads cap er 24hr 420 mg 86
diltiazem hcl tab 120 mg 86
diltiazem hcl tab 30 mg 86
diltiazem hcl tab 60 mg 86
diltiazem hcl tab 90 mg 86
dimethyl fumarate capsule delayed release 120 mg 176
dimethyl fumarate capsule delayed release 240 mg 176
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 176
DIPENTUM CAP 250MG 123
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 48
diphenoxylate w/ atropine tab 2.5-0.025 mg 48
DIPROLENE OIN 0.05% 108
dipyridamole tab 25 mg 128
dipyridamole tab 50 mg 128
dipyridamole tab 75 mg 128
disopyramide phosphate cap 100 mg 28
disopyramide phosphate cap 150 mg 28
disulfiram tab 250 mg 173
disulfiram tab 500 mg 173
DIURIL SUS 250/5ML 115
divalproex sodium cap delayed release sprinkle 125 mg 39
divalproex sodium tab delayed release 125 mg 39
divalproex sodium tab delayed release 250 mg 39
divalproex sodium tab delayed release 500 mg 39
divalproex sodium tab er 24 hr 250 mg 39
divalproex sodium tab er 24 hr 500 mg 39
dofetilide cap 125 mcg (0.125 mg) 28
dofetilide cap 250 mcg (0.25 mg) 28
dofetilide cap 500 mcg (0.5 mg) 28
donepezil hydrochloride orally disintegrating tab 10 mg 173
donepezil hydrochloride orally disintegrating tab 5 mg 173
donepezil hydrochloride tab 10 mg 173
donepezil hydrochloride tab 23 mg 173
donepezil hydrochloride tab 5 mg 173
DONNATAL ELX GRAPE 181
DONNATAL ELX MINT 181
DONNATAL TAB 16.2MG 181
DOPTELET SPR CAP 10MG 129
DOPTELET TAB 20MG 129
DORAL TAB 15MG 131
dorzolamide hcl ophth soln 2% 170
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 167
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 167
DORZOLAMIDE SOL 2% OP 170
DOVATO TAB 50-300MG 79
doxazosin mesylate tab 1 mg 57
doxazosin mesylate tab 2 mg 57
doxazosin mesylate tab 4 mg 57
doxazosin mesylate tab 8 mg 57
doxepin hcl (sleep) tab 3 mg (base equiv) 130
doxepin hcl (sleep) tab 6 mg (base equiv) 130
doxepin hcl cap 100 mg 43
doxepin hcl cap 10 mg 43
doxepin hcl cap 150 mg 43
doxepin hcl cap 25 mg 43
doxepin hcl cap 50 mg 43
doxepin hcl cap 75 mg 43
doxepin hcl conc 10 mg/ml 43
doxercalciferol cap 0.5 mcg 117
doxercalciferol cap 1 mcg 117
doxercalciferol cap 2.5 mcg 117
doxycycline hyclate cap 100 mg 179
doxycycline hyclate cap 50 mg 179
doxycycline hyclate tab 100 mg 179
doxycycline hyclate tab 20 mg 179
doxycycline monohydrate cap 100 mg 179

doxycycline monohydrate cap 50 mg 179
doxycycline monohydrate for susp 25 mg/5ml.....179
doxycycline monohydrate tab 100 mg 179
doxycycline monohydrate tab 150 mg 179
doxycycline monohydrate tab 50 mg.....179
doxycycline monohydrate tab 75 mg 179
doxylamine-pyridoxine tab delayed release 10-10 mg.....50
DRISDOL CAP 50000UNT 185
dronabinol cap 10 mg.....50
dronabinol cap 2.5 mg 50
dronabinol cap 5 mg.....50
DROPLET GENT MIS LANCING.....139
DROPLET LANC MIS 30G.....139
DROPLET LANC MIS DEVICE 139
DROPLET PERS MIS LANC 30G.....139
DROPSAFE SIC MIS 25GX1.....152
drospirenone-ethinyl estradiol tab 3-0.02 mg 93
drospirenone-ethinyl estradiol tab 3-0.03 mg 93
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 93
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 93
DROXIA CAP 200MG.....128
DROXIA CAP 300MG.....128
DROXIA CAP 400MG.....128
droxidopa cap 100 mg 185
droxidopa cap 200 mg.....185
droxidopa cap 300 mg 185
DRYSOL SOL 20% 111
DUAVEE TAB 0.45-20.....120
DUETACT TAB 30-2MG 44
DUETACT TAB 30-4MG.....44
DUEXIS TAB 800-26.6.....12
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....42
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....42
duloxetine hcl enteric coated pellets cap 40 mg (base eq).....42
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....42
DUO-CARE LIQ LEVEL1/2.....139
DUPIXENT INJ 200/1.14 109
DUPIXENT INJ 200MG 109
DUPIXENT INJ 300/2ML.....109
DUREX EXTRA MIS SENSITIV 133
DUREX MIS REALFEEL.....133
DUREX MIS TROPICAL 133
DUREZOL EMU 0.05% 169
dutasteride cap 0.5 mg.....126
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 126

E

EASIVENT MIS.....157
EASIVENT MIS MASK LG.....157
EASIVENT MIS MASK MED 157
EASIVENT MIS MASK SM.....158
EASY COMFORT MIS 30G.....139
EASY COMFORT MIS LANC/30G 139
EASY COMFORT MIS TWIST 140
EASY COMFORT PAD ALCOHOL.....150
EASY GLIDE MIS 1ML SYR.....152
EASY GLIDE MIS 3ML SYR 152
EASYMAX 15 LIQ LEVEL2-3.....140
EASYMAX 15 SOL LEVEL 2.....140
EASYMAX LIQ NORM/HIG.....140
EASYMAX SOL NORMAL 140
EASY MINI MIS 140
EASY MINI MIS EJECT.....140
EASY PLUS II SOL HIGH 140
EASY PLUS II SOL LOW 140
EASYPOINT MIS 18GX1.....152
EASYPOINT MIS 18GX1.5.....152
EASYPOINT MIS 22GX1.5 152
EASYPOINT MIS 23GX1 152
EASYPOINT MIS 25GX1 152
EASYPOINT MIS 25GX5/8 152
EASYSTEP HGH SOL CONTROL 140
EASYSTEP LOW SOL CONTROL.....140
EASY TALK PL SOL HIGH.....140
EASY TALK PL SOL LOW 140
EASY TALK SOL HIGH 140
EASY TALK SOL LOW.....140

EASY TALK SOL NORMAL 140
EASY TOUCH LIQ HIGH/LOW 140
EASY TOUCH MIS 140
EASY TOUCH MIS /EJECTOR.....140
EASY TOUCH MIS LANC/21G.....140
EASY TOUCH MIS LANC/23G 140
EASY TOUCH MIS LANC/26G 140
EASY TOUCH MIS LANC/28G 140
EASY TOUCH MIS LANC/30G.....140
EASY TOUCH MIS LANC/32G 140
EASY TOUCH MIS P-AC/21G.....140
EASY TOUCH MIS P-AC/23G 140
EASY TOUCH MIS P-AC/26G 140
EASY TOUCH MIS P-AC/28G 140
EASY TOUCH MIS P-AC/30G.....140
EASY TOUCH MIS TWST/28G.....140
EASY TOUCH MIS TWST/30G 140
EASY TOUCH MIS TWST/32G.....140
EASY TOUCH MIS TWST/33G.....140
EASY TOUCH SOL CONTROL 140
EASY TOUCH SOL HIGH/LOW.....140
EASY TRAK II LIQ NORMAL 140
EASY TRAK SOL HIGH.....140
EASY TRAK SOL LOW 140
EASY TRAK SOL NORMAL.....140
EBGLYSS INJ 250/2ML 109
EC-NAPROSYN TAB 375MG.....12
EC-NAPROSYN TAB 500MG 12
ECONAZOLE AER 1%.....100
econazole nitrate cream 1% 100
ECOZA AER 1% 100
EDECRIN TAB 25MG.....114
EDEX KIT 10MCG 89
EDEX KIT 20MCG.....89
EDEX KIT 40MCG.....89
efavirenz cap 200 mg 79
efavirenz cap 50 mg 79
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 79
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 79
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 79
efavirenz tab 600 mg.....79
EFFER-K TAB 10MEQ 160
EFFER-K TAB 20MEQ 160
EFFIENT TAB 10MG 128
EFFIENT TAB 5MG.....128
EFUDEX CRE 5% 101
EGRIFTA SV INJ 2MG 116
EGRIFTA WR KIT 11.6MG.....116
ELEMENT CONT LIQ NORMAL 140
ELEMENT LIQ HIGH 140
ELEMENT LIQ LOW.....140
ELEMNT COMPA SOL LEVEL 2 140
ELEMNT COMPA SOL LEVEL 3 141
eletriptan hydrobromide tab 20 mg (base equivalent) 159
eletriptan hydrobromide tab 40 mg (base equivalent) 159
ELIQUIS CAP 0.15MG.....32
ELIQUIS ST P TAB 5MG 32
ELIQUIS TAB 0.5MG 32
ELIQUIS TAB 1.5MG 32
ELIQUIS TAB 2.5MG.....33
ELIQUIS TAB 2MG 33
ELIQUIS TAB 5MG.....33
ELLA TAB 30MG 94
eltrombopag olamine powder pack for susp 12.5 mg (base eq).....129
eltrombopag olamine powder pack for susp 25 mg (base equiv) 129
eltrombopag olamine tab 12.5 mg (base equiv).....129
eltrombopag olamine tab 25 mg (base equiv).....129
eltrombopag olamine tab 50 mg (base equiv).....129
eltrombopag olamine tab 75 mg (base equiv).....129
EMBECTA AUTO MIS DUO 152
EMBECTA NANO MIS 32GX4MM 152
EMBECTA UF MIS 29GX12.7 152
EMBECTA UF MIS 31GX5MM.....152
EMBECTA UF MIS 31GX8MM.....152
EMBECTA UF MIS 32GX6MM 152
EMBRACE CNTR LIQ HIGH.....141
EMBRACE EVO LIQ LEVEL 1 141

EMBRACE LANC MIS /EJECTOR.....141
EMBRACE LANC MIS 21G.....141
EMBRACE LANC MIS 28G.....141
EMBRACE LANC MIS THIN 30G.....141
EMBRACE PRO LIQ GLUCOSE.....141
EMBRACE SOL LOW.....141
EMBRACE TALK SOL HIGH/L2.....141
EMBRACE TALK SOL LOW/L1.....141
EMCYT CAP 140MG.....64
EMEND BIPACK PAK 80MG.....50
EMEND SUS 125MG.....50
EMEND TRIPAC PAK 125 & 80.....50
EMGALITY INJ 100MG/ML.....158
EMGALITY INJ 120MG/ML.....158
EMSAM DIS 12MG/24H.....40
EMSAM DIS 6MG/24HR.....40
EMSAM DIS 9MG/24HR.....40
emtricitabine caps 200 mg.....79
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg.....80
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....80
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....80
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....80
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....80
EMTRIVA CAP 200MG.....80
EMTRIVA SOL 10MG/ML.....80
EMVERM CHW 100MG.....23
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....59
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....59
enalapril maleate oral soln 1 mg/ml.....55
enalapril maleate tab 10 mg.....55
enalapril maleate tab 2.5 mg.....55
enalapril maleate tab 20 mg.....55
enalapril maleate tab 5 mg.....55
ENBREL INJ 25/0.5ML.....15
ENBREL INJ 25MG.....15
ENBREL INJ 50MG/ML.....16
ENBREL MINI INJ 50MG/ML.....16
ENBREL SRCLK INJ 50MG/ML.....16
ENCARE SUP 100MG.....184
ENDARI POW 5GM.....128
enoxaparin sodium inj 300 mg/3ml.....33
enoxaparin sodium inj soln pref syr 100 mg/ml.....33
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....33
enoxaparin sodium inj soln pref syr 150 mg/ml.....33
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....33
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....33
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....33
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....33
ENSPRYNG INJ.....162
ENSTILAR AER.....108
entacapone tab 200 mg.....70
entecavir tab 0.5 mg.....82
entecavir tab 1 mg.....82
ENTEREG CAP 12MG.....125
ENTRESTO CAP 15-16MG.....88
ENTRESTO CAP 6-6MG.....88
ENTRESTO TAB 24-26MG.....88
ENTRESTO TAB 49-51MG.....88
ENTRESTO TAB 97-103MG.....88
ENVARSUS XR TAB 0.75MG.....162
ENVARSUS XR TAB 1MG.....162
ENVARSUS XR TAB 4MG.....162
EPCLUSA PAK 150-37.5.....82
EPCLUSA PAK 200-50MG.....82
EPCLUSA TAB 200-50MG.....82
EPCLUSA TAB 400-100.....82
EPIDIOLEX SOL 100MG/ML.....36
EPIDUO FORTE GEL 0.3-2.5%.....98
EPIDUO GEL 0.1-2.5%.....98
EPIFOAM AER 1%.....108
epinastine hcl ophth soln 0.05%.....170
epinephrine hcl nasal soln 0.1%.....166
epinephrine inj 1 mg/ml (1:1000).....185

epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000) 185
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 185
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 185
EPIVIR SOL 10MG/ML 80
EPIVIR TAB 150MG 80
EPIVIR TAB 300MG 80
eplerenone tab 25 mg 60
eplerenone tab 50 mg 60
EPZICOM TAB 600-300 80
EQL LANCETS MIS 21G COLR 141
EQL LANCETS MIS 33G COLR 141
EQL LANCETS MIS THIN 26G 141
EQL LANCETS MIS THIN 30G 141
EQL PRENATAL TAB FORMULA 164
EQUETRO CAP 100MG 73
EQUETRO CAP 200MG 73
EQUETRO CAP 300MG 73
ergocalciferol cap 1.25 mg (50000 unit) 185
ergoloid mesylates tab 1 mg 177
ERGOMAR SUB 2MG 159
ERIVEDGE CAP 150MG 64
ERLEADA TAB 240MG 64
ERLEADA TAB 60MG 64
erlotinib hcl tab 100 mg (base equivalent) 64
erlotinib hcl tab 150 mg (base equivalent) 64
erlotinib hcl tab 25 mg (base equivalent) 64
ERTACZO CRE 2% 100
ERYGEL GEL 2% 98
erythromycin ethylsuccinate for susp 200 mg/5ml 132
erythromycin ethylsuccinate for susp 400 mg/5ml 132
erythromycin ethylsuccinate tab 400 mg 132
erythromycin gel 2% 98
ERYTHROMYCIN OIN 5MG/GM 168
erythromycin ophth oint 5 mg/gm 168
erythromycin pads 2% 99
erythromycin soln 2% 99
erythromycin stearate tab 250 mg 132
erythromycin tab 250 mg 132
erythromycin tab 500 mg 132
erythromycin tab delayed release 250 mg 132
erythromycin tab delayed release 333 mg 132
erythromycin tab delayed release 500 mg 133
erythromycin w/ delayed release particles cap 250 mg 133
escitalopram oxalate soln 5 mg/5ml (base equiv) 41
escitalopram oxalate tab 10 mg (base equiv) 41
escitalopram oxalate tab 20 mg (base equiv) 41
escitalopram oxalate tab 5 mg (base equiv) 41
ESGIC TAB 16
eslicarbazepine acetate tab 200 mg 36
eslicarbazepine acetate tab 400 mg 36
eslicarbazepine acetate tab 600 mg 36
eslicarbazepine acetate tab 800 mg 36
esomeprazole magnesium cap delayed release 20 mg (base eq) 182
esomeprazole magnesium cap delayed release 40 mg (base eq) 182
esomeprazole magnesium for delayed release susp pack 2.5 mg 182
esomeprazole magnesium for delayed release susp packet 10 mg 182
esomeprazole magnesium for delayed release susp packet 20 mg 182
esomeprazole magnesium for delayed release susp packet 40 mg 182
esomeprazole magnesium for delayed release susp packet 5 mg 182
ESSENTRA MIS 9X9 150
estazolam tab 1 mg 131
estazolam tab 2 mg 131
esterified estrogens & methyltestosterone tab 0.625-1.25 mg 120
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 120
ESTRACE TAB 0.5MG 121

ESTRACE TAB 1MG 121
ESTRACE TAB 2MG.....121
ESTRACE VAG CRE 0.01% 184
estradiol & norethindrone acetate tab 0.5-0.1 mg 120
estradiol & norethindrone acetate tab 1-0.5 mg 120
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) 121
estradiol tab 0.5 mg 121
estradiol tab 1 mg 121
estradiol tab 2 mg.....121
estradiol td gel 0.25 mg/0.25gm (0.1%) ..121
estradiol td gel 0.5 mg/0.5gm (0.1%) 121
estradiol td gel 0.75 mg/0.75gm (0.1%) ..121
estradiol td gel 1.25 mg/1.25gm (0.1%) 121
estradiol td gel 1 mg/gm (0.1%) 121
estradiol td patch twice weekly 0.025 mg/24hr 121
estradiol td patch twice weekly 0.0375 mg/24hr 121
estradiol td patch twice weekly 0.05 mg/24hr 121
estradiol td patch twice weekly 0.075 mg/24hr 121
estradiol td patch twice weekly 0.1 mg/24hr 121
*estradiol td patch weekly 0.025 mg/24hr*121
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....121
estradiol td patch weekly 0.05 mg/24hr..121
estradiol td patch weekly 0.06 mg/24hr..121
*estradiol td patch weekly 0.075 mg/24hr*121
estradiol td patch weekly 0.1 mg/24hr 121
estradiol vaginal cream 0.01% 184
estradiol valerate im in oil 10 mg/ml 121
estradiol valerate im in oil 20 mg/ml 121
estradiol valerate im in oil 40 mg/ml 121
ESTROGEL GEL 0.06%.....121
estrogens, conjugated tab 0.3 mg 121
estrogens, conjugated tab 0.45 mg.....121
estrogens, conjugated tab 0.625 mg.....121
estrogens, conjugated tab 0.9 mg 121
estrogens, conjugated tab 1.25 mg.....121
eszopiclone tab 1 mg.....131
eszopiclone tab 2 mg 131
eszopiclone tab 3 mg 131
ethacrynic acid tab 25 mg.....114
ethambutol hcl tab 100 mg.....61
ethambutol hcl tab 400 mg 61
ethosuximide cap 250 mg 39
ethosuximide soln 250 mg/5ml 39
ETHYL CHLOR AER FINE PIN 111
ETHYL CHLOR AER FN STRM 111
ETHYL CHLOR AER MED JET.....111
ETHYL CHLOR AER MED STRM.....111
ETHYL CHLOR AER MIST 111
ethyl chloride aerosol spray.....111
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 93
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 93
etodolac cap 200 mg 12
etodolac cap 300 mg 12
etodolac tab 400 mg 12
etodolac tab 500 mg 12
etodolac tab er 24hr 400 mg.....12
etodolac tab er 24hr 500 mg.....12
etodolac tab er 24hr 600 mg.....12
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 94
etoposide cap 50 mg.....70
etravirine tab 100 mg.....80
etravirine tab 200 mg 80
EUA PATIENT MIS ASSESS 163
EUCRISA OIN 2% 111
everolimus tab 0.25 mg 162
everolimus tab 0.5 mg 162
everolimus tab 0.75 mg 162
everolimus tab 10 mg.....67
everolimus tab 1 mg 162
everolimus tab 2.5 mg 67
everolimus tab 5 mg 67
everolimus tab 7.5 mg 67
everolimus tab for oral susp 2 mg.....67
everolimus tab for oral susp 3 mg.....67
everolimus tab for oral susp 5 mg.....67
EVISTA TAB 60MG.....117

EVOLUTION SOL NORMAL....141
EVOTAZ TAB 300-150....80
EVOXAC CAP 30MG....164
EVRYSDI SOL....167
EVRYSDI TAB 5MG....167
EXELDERM CRE 1%....100
EXELDERM SOL 1%....100
EXELON DIS 13.3/24....173
EXELON DIS 4.6MG/24....173
EXELON DIS 9.5MG/24....173
exemestane tab 25 mg....64
EYSUVIS DRO 0.25%....169
ezetimibe-simvastatin tab 10-10 mg....52
ezetimibe-simvastatin tab 10-20 mg....52
ezetimibe-simvastatin tab 10-40 mg....52
ezetimibe-simvastatin tab 10-80 mg....52
ezetimibe tab 10 mg....54
E-ZJECT LANC MIS 33G....139
E-Z JECT MIS 21G....139
E-Z JECT MIS 21G COLR....139
E-Z JECT MIS 30G....139
E-Z JECT MIS 32G COLR....139
E-Z JECT MIS LANC 21G....139
E-Z JECT MIS THIN 26G....139
EZ-LETS 21G MIS LANCETS....141
EZ-LETS 26G MIS LANCETS....141
EZ-LETS 28G MIS LANCETS....141
EZ-LETS 30G MIS LANCETS....141

F

FABHALTA CAP 200MG....127
famciclovir tab 125 mg....83
famciclovir tab 250 mg....83
famciclovir tab 500 mg....83
famotidine for susp 40 mg/5ml....182
famotidine tab 40 mg....182
FANTASY LUBR MIS....133
FANTASY LUBR MIS COLORS....133
FANTASY LUBR MIS SPERMICI....133
FANTASY MIS LUBRICAT....133
FARESTON TAB 60MG....64
FARXIGA TAB 10MG....48
FARXIGA TAB 5MG....48
FASENRA INJ 10MG/0.5....29
FASENRA PEN INJ 30MG/ML....29
FASTCLIX MIS LANCETS....141
FC2 FEMALE MIS CONDOM....133
febuxostat tab 40 mg....127
febuxostat tab 80 mg....127
felbamate susp 600 mg/5ml....38
felbamate tab 400 mg....38
felbamate tab 600 mg....38
FELBATOL TAB 400MG....38
FELBATOL TAB 600MG....38
felodipine tab er 24hr 10 mg....86
felodipine tab er 24hr 2.5 mg....86
felodipine tab er 24hr 5 mg....86
FEMARA TAB 2.5MG....64
FEMCAP MIS 22MM....133
FEMCAP MIS 26MM....133
FEMCAP MIS 30MM....133
FEM PH GEL....184
fenofibrate cap 150 mg....52
fenofibrate micronized cap 134 mg....53
fenofibrate micronized cap 200 mg....53
fenofibrate micronized cap 43 mg....53
fenofibrate micronized cap 67 mg....53
fenofibrate tab 145 mg....53
fenofibrate tab 160 mg....53
fenofibrate tab 48 mg....53
fenofibrate tab 54 mg....53
fenofibric acid tab 105 mg....53
fenofibric acid tab 35 mg....53
FENOGLIDE TAB 40MG....53
fentanyl citrate buccal tab 100 mcg (base equiv)....17
fentanyl citrate buccal tab 200 mcg (base equiv)....17
fentanyl citrate buccal tab 400 mcg (base equiv)....17
fentanyl citrate buccal tab 600 mcg (base equiv)....17
fentanyl citrate buccal tab 800 mcg (base equiv)....17
fentanyl citrate lozenge on a handle 1200 mcg....17
fentanyl citrate lozenge on a handle 1600 mcg....17

fentanyl citrate lozenge on a handle 200 mcg 17
fentanyl citrate lozenge on a handle 400 mcg 17
fentanyl citrate lozenge on a handle 600 mcg 17
fentanyl citrate lozenge on a handle 800 mcg 17
fentanyl td patch 72hr 100 mcg/hr 18
fentanyl td patch 72hr 12 mcg/hr 17
fentanyl td patch 72hr 25 mcg/hr 17
fentanyl td patch 72hr 37.5 mcg/hr 17
fentanyl td patch 72hr 50 mcg/hr 17
fentanyl td patch 72hr 62.5 mcg/hr 17
fentanyl td patch 72hr 75 mcg/hr 17
fentanyl td patch 72hr 87.5 mcg/hr 17
FENTORA TAB 100MCG 18
FENTORA TAB 200MCG 18
FENTORA TAB 400MCG 18
FENTORA TAB 600MCG 18
FENTORA TAB 800MCG 18
ferric citrate tab 1 gm (210 mg ferric iron) 125
fesoterodine fumarate tab er 24hr 4 mg .183
fesoterodine fumarate tab er 24hr 8 mg .183
FETZIMA CAP 120MG 42
FETZIMA CAP 20MG 42
FETZIMA CAP 40MG 42
FETZIMA CAP 80MG 42
FETZIMA CAP TITRATIO 42
FIASP FLEX INJ TOUCH 47
FIASP INJ 100/ML 47
FIASP PENFIL INJ U-100 47
FIBRICOR TAB 105MG 53
FIBRICOR TAB 35MG 53
fidaxomicin tab 200 mg 133
FIFTY50 PREP PAD PADS 150
FIFTY50 SAFE MIS LANCETS 141
FILL NEEDLE MIS 18GX1.5 152
FILTER NEEDL MIS 18GX1.5 152
FILTER NEEDL MIS 20GX1.5 152
FINACEA AER 15% 111
finasteride tab 5 mg 126
FINE 30 MIS 141
FINGERSTIX MIS LANCETS 141
fingolimod hcl cap 0.5 mg (base equiv) ..176
FIORICET CAP CODEINE 21
FIRDAPSE TAB 10MG 61
FLAGYL CAP 375MG 24
flavoxate hcl tab 100 mg 184
flecainide acetate tab 100 mg 28
flecainide acetate tab 150 mg 28
flecainide acetate tab 50 mg 28
FLECTOR DIS 1.3% 100
FLEXICHAMBER MIS 158
FLEXICHAMBER MIS MASK LRG 158
FLEXICHAMBER MIS MASK SM 158
FLOMAX CAP 0.4MG 126
fluconazole for susp 10 mg/ml 50
fluconazole for susp 40 mg/ml 50
fluconazole tab 100 mg 50
fluconazole tab 150 mg 50
fluconazole tab 200 mg 50
fluconazole tab 50 mg 50
flucytosine cap 250 mg 50
fludrocortisone acetate tab 0.1 mg 96
flunisolide nasal soln 25 mcg/act (0.025%) 166
fluocinolone acetonide (otic) oil 0.01% 171
fluocinolone acetonide cream 0.01% 108
fluocinolone acetonide cream 0.025% 108
fluocinolone acetonide oil 0.01% (body oil) 108
fluocinolone acetonide oil 0.01% (scalp oil) 108
fluocinolone acetonide oint 0.025% 108
fluocinolone acetonide soln 0.01% 108
fluocinonide cream 0.05% 108
fluocinonide emulsified base cream 0.05% 108
fluocinonide gel 0.05% 108
fluocinonide oint 0.05% 108
fluocinonide soln 0.05% 108
fluorometholone ophth susp 0.1% 169
fluorouracil cream 5% 101
fluorouracil soln 2% 101
fluorouracil soln 5% 101
fluoxetine hcl cap 10 mg 41

fluoxetine hcl cap 20 mg.....41
fluoxetine hcl cap 40 mg 41
fluoxetine hcl cap delayed release 90 mg.41
fluoxetine hcl solution 20 mg/5ml.....41
fluoxetine hcl tab 10 mg 41
fluoxetine hcl tab 20 mg 41
fluphenazine decanoate inj 25 mg/ml.....77
fluphenazine hcl elixir 2.5 mg/5ml.....77
fluphenazine hcl inj 2.5 mg/ml 77
fluphenazine hcl oral conc 5 mg/ml 77
fluphenazine hcl tab 10 mg 77
fluphenazine hcl tab 1 mg.....77
fluphenazine hcl tab 2.5 mg.....77
fluphenazine hcl tab 5 mg.....77
flurbiprofen sodium ophth soln 0.03%....170
flurbiprofen tab 100 mg.....13
flurbiprofen tab 50 mg 13
fluticasone furoate aerosol powder breath activ 100 mcg/act 30
fluticasone furoate aerosol powder breath activ 200 mcg/act.....30
fluticasone furoate aerosol powder breath activ 50 mcg/act.....30
fluticasone propionate cream 0.05%.....108
fluticasone propionate lotion 0.05% 108
fluticasone propionate nasal susp 50 mcg/act 166
fluticasone propionate oint 0.005% 108
fluticasone-salmeterol aer powder ba 100-50 mcg/act 31
fluticasone-salmeterol aer powder ba 250-50 mcg/act 31
fluticasone-salmeterol aer powder ba 500-50 mcg/act 31
fluvastatin sodium cap 20 mg (base equivalent).....53
fluvastatin sodium cap 40 mg (base equivalent).....53
fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....53
fluvoxamine maleate cap er 24hr 100 mg .41
fluvoxamine maleate cap er 24hr 150 mg .41
fluvoxamine maleate tab 100 mg 41
fluvoxamine maleate tab 25 mg 41
fluvoxamine maleate tab 50 mg 41
FOCALIN TAB 10MG 4
FOCALIN TAB 2.5MG.....4
FOCALIN TAB 5MG.....4
folic acid cap 0.8 mg 128
folic acid tab 1 mg 129
folic acid tab 400 mcg 129
folic acid tab 800 mcg 129
FOLLISTIM AQ INJ 300UNIT 116
FOLLISTIM AQ INJ 600UNIT 116
FOLLISTIM AQ INJ 900UNIT 116
fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....33
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....33
fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....33
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....33
FORACARE GDH SOL HIGH.....141
FORACARE GDH SOL LOW 141
FORACARE GDH SOL NORMAL.....141
FORA CONTROL SOL HIGH.....141
FORA CONTROL SOL LOW 141
FORA CONTROL SOL NORMAL.....141
FORA GTEL TES KETONE.....112
FORA LANCETS MIS 30G.....141
FORA MIS LANCETS.....141
FORA MIS LANCING 141
FORA TEST GO TES ADV VOIC.....112
FORFIVO XL TAB 450MG 40
formaldehyde solution 10% 79
formoterol fumarate soln nebu 20 mcg/2ml 31
FORTEO INJ 560/2.24.....115
FORTISCARE SOL CNTL HI.....141
FORTISCARE SOL CNTL LOW.....141
FORTISCARE SOL CNTL NML 141
FOSAMAX + D TAB 70-2800.....115
FOSAMAX + D TAB 70-5600.....115
FOSAMAX TAB 70MG 115
fosamprenavir calcium tab 700 mg (base equiv) 80

fosfomycin tromethamine powd pack 3 gm (base equivalent) 25
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 59
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 59
fosinopril sodium tab 10 mg 55
fosinopril sodium tab 20 mg 55
fosinopril sodium tab 40 mg 55
FRAGMIN INJ 10000/ML 33
FRAGMIN INJ 12500UNT 33
FRAGMIN INJ 15000UNT 33
FRAGMIN INJ 18000UNT 34
FRAGMIN INJ 2500/0.2 33
FRAGMIN INJ 2500/ML 33
FRAGMIN INJ 5000/0.2 33
FRAGMIN INJ 7500/0.3 33
FRAGMIN INJ 95000UNT 34
FREESTYLE LIQ CONTROL 141
FREESTYLE MIS LANCETS 141
FROVA TAB 2.5MG 159
frovatriptan succinate tab 2.5 mg (base equivalent) 159
FRUZAQLA CAP 1MG 63
FRUZAQLA CAP 5MG 63
FT PRENATAL TAB 28-0.8MG 164
furosemide oral soln 10 mg/ml 114
furosemide oral soln 8 mg/ml 114
furosemide tab 20 mg 114
furosemide tab 40 mg 114
furosemide tab 80 mg 114
FUZEON INJ 90MG 80
FYCOMPA SUS 0.5MG/ML 34
FYCOMPA TAB 10MG 34
FYCOMPA TAB 12MG 34
FYCOMPA TAB 2MG 34
FYCOMPA TAB 4MG 34
FYCOMPA TAB 6MG 34
FYCOMPA TAB 8MG 34
FYLNETRA INJ 6MG/0.6 129

G

gabapentin (once-daily) tab 300 mg 177
gabapentin (once-daily) tab 450 mg 177
gabapentin (once-daily) tab 600 mg 177
gabapentin (once-daily) tab 750 mg 177
gabapentin (once-daily) tab 900 mg 177
gabapentin cap 100 mg 36
gabapentin cap 300 mg 36
gabapentin cap 400 mg 36
gabapentin oral soln 250 mg/5ml 36
gabapentin tab 600 mg 36
gabapentin tab 800 mg 36
GALAFOLD CAP 123MG 117
galantamine hydrobromide cap er 24hr 16 mg 173
galantamine hydrobromide cap er 24hr 24 mg 173
galantamine hydrobromide cap er 24hr 8 mg 173
galantamine hydrobromide oral soln 4 mg/ml 173
galantamine hydrobromide tab 12 mg 173
galantamine hydrobromide tab 4 mg 173
galantamine hydrobromide tab 8 mg 173
GANIRELIX AC INJ 250/0.5 116
GASTROCROM CON 100/5ML 122
gatifloxacin ophth soln 0.5% 168
GATTEX KIT 5MG 125
GAVRETO CAP 100MG 67
GE100 CONTRL SOL NORMAL 141
gefitinib tab 250 mg 64
GELFILM MIS OP 170
GELNIQUE GEL 10% 183
gemfibrozil tab 600 mg 53
GEMTESA TAB 75MG 183
gentamicin sulfate cream 0.1% 100
gentamicin sulfate oint 0.1% 100
gentamicin sulfate ophth soln 0.3% 168
GENTEEL LANC KIT BLUE 141
GENTEEL MIS LANCETS 141
GENTEEL MIS NOZZLES 141
GENTEEL PLUS MIS BLACK 141
GENTEEL PLUS MIS BLUE 141
GENTEEL PLUS MIS PINK 142
GENTEEL PLUS MIS PURPLE 142
GENTEEL PLUS MIS WHITE 142
GENTEEL TIPS MIS BLUE 142
GENTEEL TIPS MIS CLEAR 142

GENTEEL TIPS MIS GREEN 142
GENTEEL TIPS MIS ORANGE.....142
GENTEEL TIPS MIS RAINBOW 142
GENTEEL TIPS MIS VIOLET.....142
GENTEEL TIPS MIS YELLOW 142
GENTLE-LET MIS 26G.....142
GENTLE-LET MIS 28G.....142
GENTLE-LET MIS LANCETS.....142
GENTLE-LET MIS PLATFORM 142
GENVOYA TAB 80
GEODON CAP 20MG 74
GEODON CAP 40MG.....74
GEODON CAP 60MG.....74
GEODON CAP 80MG.....74
GEODON INJ 20MG.....74
GILOTRIF TAB 20MG.....64
GILOTRIF TAB 30MG.....64
GILOTRIF TAB 40MG.....64
GLARGIN YFGN INJ 100U/ML.....47
GLARGIN YFGN SOL 100U/ML 47
glatiramer acetate soln prefilled syringe 20 mg/ml 176
glatiramer acetate soln prefilled syringe 40 mg/ml 176
GLEOSTINE CAP 100MG.....62
GLEOSTINE CAP 10MG 62
GLEOSTINE CAP 40MG 62
glimepiride tab 1 mg 48
glimepiride tab 2 mg 48
glimepiride tab 4 mg.....48
glipizide-metformin hcl tab 2.5-250 mg ...44
glipizide-metformin hcl tab 2.5-500 mg ...44
glipizide-metformin hcl tab 5-500 mg 44
glipizide tab 10 mg 48
glipizide tab 5 mg.....48
glipizide tab er 24hr 10 mg.....48
glipizide tab er 24hr 2.5 mg 48
glipizide tab er 24hr 5 mg 48
GLOBAL 28G MIS LANCETS 142
GLOBAL 30G MIS LANCETS.....142
GLOBAL LANC MIS DEVICE.....142
GLOBAL PREP PAD PADS.....150
glucagon for inj 1 mg.....45
GLUC CONTROL LIQ NORMAL 142
GLUC CONTROL SOL 142
GLUC CONTROL SOL MID 142
GLUC CONTROL SOL NORMAL.....142
GLUCOCARD 01 LIQ NORM/HGH.....142
GLUCOCARD 01 SOL NORMAL.....142
GLUCOCARD LIQ LEVEL 1.....142
GLUCOCARD SOL NORMAL.....142
GLUCOCARD SOL SHINE.....142
GLUCOCOM MIS 28G 142
GLUCOCOM MIS 30G.....142
GLUCOCOM MIS 33G 142
GLUCOCOM TES HIGH CON 142
GLUCOCOM TES NORM CON 142
GLUCOTROL XL TAB 10MG.....48
GLUCOTROL XL TAB 2.5MG 48
GLUCOTROL XL TAB 5MG 48
glutamine (sickle cell) powd pack 5 gm ..128
GLUTARALDEHY SOL 25%.....79
glyburide-metformin tab 1.25-250 mg.....44
glyburide-metformin tab 2.5-500 mg 44
glyburide-metformin tab 5-500 mg 44
glyburide micronized tab 1.5 mg.....48
glyburide micronized tab 3 mg 48
glyburide micronized tab 6 mg 48
glyburide tab 1.25 mg 48
glyburide tab 2.5 mg.....48
glyburide tab 5 mg.....48
glycerol phenylbutyrate liquid 1.1 gm/ml .117
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml 181
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml) 181
glycopyrrolate oral soln 1 mg/5ml.....181
glycopyrrolate tab 1 mg 181
glycopyrrolate tab 2 mg 181
GLYXAMBI TAB 10-5 MG.....44
GLYXAMBI TAB 25-5 MG 44
GNP ALCOHOL PAD SWABS 150
GNP LANCETS MIS 21G.....142
GNP LANCETS MIS 28G 142
GNP LANCETS MIS 30G.....142
GNP LANCETS MIS 33G 142
GNP LANCETS MIS THIN 26G 142
GNP LANCING MIS DEVICE 142

GNP PRENATAL TAB 28-0.8MG 164
GNP PRENATAL TAB FOLIC AC.....164
GOJJI BLOOD TES KETONE 112
GOJJI CNTRL SOL NORMAL 142
GOJJI LANCET MIS 30G 142
GOJJI MIS LANC DEV.....142
GOMEKLI CAP 1MG 67
GOMEKLI CAP 2MG.....67
GOMEKLI TAB 1MG.....67
GOODSENSE MIS LANC 26G.....142
GOODSENSE MIS LANC 30G.....142
GOODSENSE MIS LANC 33G.....142
GOODSENSE MIS LANC DVC 142
GORDOFILM SOL 110
GRALISE TAB 300MG 177
GRALISE TAB 450MG 177
GRALISE TAB 600MG 177
GRALISE TAB 750MG 177
GRALISE TAB 900MG 177
granisetron hcl tab 1 mg 49
GRASTEK SUB 2800BAU 6
griseofulvin microsize susp 125 mg/5ml ..50
griseofulvin microsize tab 500 mg 50
griseofulvin ultramicrosize tab 125 mg 50
griseofulvin ultramicrosize tab 165 mg 50
griseofulvin ultramicrosize tab 250 mg 50
guaifenesin-codeine soln 100-10 mg/5ml 97
guanfacine hcl tab 1 mg.....57
guanfacine hcl tab 2 mg 57
guanfacine hcl tab er 24hr 1 mg (base equiv).....3
guanfacine hcl tab er 24hr 2 mg (base equiv).....3
guanfacine hcl tab er 24hr 3 mg (base equiv).....3
guanfacine hcl tab er 24hr 4 mg (base equiv).....3
GUARDIAN RT MIS CHARGER.....143
GUARDIAN RT MIS TST PLUG 143
GVOKE HYPO 1 INJ 0.5/.1ML 45
GVOKE HYPO 1 INJ 1/0.2ML 45
GVOKE HYPO 2 INJ 0.5/.1ML.....45
GVOKE HYPO 2 INJ 1/0.2ML.....45
GVOKE KIT SOL 1/0.2ML 46
GVOKE PFS INJ 0.5/.1ML 46
GVOKE PFS INJ 1/0.2ML.....46
GYNAZOLE-1 CRE 2%.....184
GYNOL II GEL 3% 184

H

HAEGARDA INJ 2000UNIT 127
HAEGARDA INJ 3000UNIT 127
HAEMOLANCE MIS HIGH FLO 143
HAEMOLANCE MIS LOW FLOW 143
HAEMOLANCE MIS PLUS 143
HAEMOLANCE MIS PLUS LOW.....143
HAEMOLANCE MIS PLUS MAX.....143
HAEMOLANCE MIS PLUS PED 143
HAEMOLANCE MIS RETRACT.....143
halcinonide soln 0.1% 108
HALCION TAB 0.25MG.....131
HALDOL DECAN INJ 100MG/ML 75
HALDOL DECAN INJ 50MG/ML 75
halobetasol propionate cream 0.05%.....108
halobetasol propionate oint 0.05% 108
haloperidol decanoate im soln 100 mg/ml 75
haloperidol decanoate im soln 50 mg/ml.75
haloperidol lactate inj 5 mg/ml 75
haloperidol lactate oral conc 2 mg/ml 75
haloperidol tab 0.5 mg 75
haloperidol tab 10 mg 75
haloperidol tab 1 mg.....75
haloperidol tab 20 mg.....75
haloperidol tab 2 mg 75
haloperidol tab 5 mg.....75
HARVONI PAK 82
HARVONI PAK 45-200MG.....82
HARVONI TAB 45-200MG.....82
HARVONI TAB 90-400MG.....82
HC LANCING MIS DEVICE 143
HEMANGEOL SOL 4.28/ML 84
HEMLIBRA INJ 105/0.7.....127
HEMLIBRA INJ 150/ML.....127
HEMLIBRA INJ 300/2ML.....127
HEMLIBRA INJ 30MG/ML.....127
HEMLIBRA INJ 60/0.4 127
HEMLIBRA SOL 12/0.4ML 127
hemoglobin a1c (hba1c) test kit 112

heparin sodium (porcine) inj 10000 unit/ml 34
*heparin sodium (porcine) inj 1000 unit/ml*34
heparin sodium (porcine) inj 20000 unit/ml 34
heparin sodium (porcine) inj 5000 unit/ml 34
heparin sodium (porcine) pf inj 1000 unit/ml 34
heparin sodium (porcine) pf inj 5000 unit/0.5ml.....34
HETLIOZ CAP 20MG.....131
HETLIOZ LQ SUS 4MG/ML 131
HIPREX TAB 1GM 25
HOLD CHAMBER MIS ADLT LG 158
HOLD CHAMBER MIS MEDIUM 158
HOLD CHAMBER MIS SMALL 158
homatropine hbr ophth soln 5%.....168
HUMATROPE INJ 12MG 117
HUMATROPE INJ 24MG.....117
HUMATROPE INJ 6MG.....117
HUMULIN R INJ U-500.....47
HYCAMTIN CAP 0.25MG.....70
HYCAMTIN CAP 1MG.....70
hydralazine hcl tab 100 mg.....61
hydralazine hcl tab 10 mg 60
hydralazine hcl tab 25 mg.....61
hydralazine hcl tab 50 mg 61
HYDREA CAP 500MG 70
hydrochlorothiazide cap 12.5 mg 115
hydrochlorothiazide tab 12.5 mg 115
hydrochlorothiazide tab 25 mg 115
hydrochlorothiazide tab 50 mg 115
hydrocodone-acetaminophen soln 10-300 mg/15ml 21
hydrocodone-acetaminophen soln 10-325 mg/15ml 21
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 21
hydrocodone-acetaminophen tab 10-300 mg 21
hydrocodone-acetaminophen tab 10-325 mg 21
hydrocodone-acetaminophen tab 2.5-325 mg 21
hydrocodone-acetaminophen tab 5-300 mg 21
hydrocodone-acetaminophen tab 5-325 mg 21
hydrocodone-acetaminophen tab 7.5-300 mg 21
hydrocodone-acetaminophen tab 7.5-325 mg 21
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....97
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml 97
hydrocodone bitartrate cap er 12hr 10 mg 18
hydrocodone bitartrate cap er 12hr 15 mg 18
*hydrocodone bitartrate cap er 12hr 20 mg*18
*hydrocodone bitartrate cap er 12hr 30 mg*18
*hydrocodone bitartrate cap er 12hr 40 mg*18
*hydrocodone bitartrate cap er 12hr 50 mg*18
hydrocodone bitartrate tab er 24hr deter 100 mg 18
hydrocodone bitartrate tab er 24hr deter 120 mg 18
hydrocodone bitartrate tab er 24hr deter 20 mg 18
hydrocodone bitartrate tab er 24hr deter 30 mg 18
hydrocodone bitartrate tab er 24hr deter 40 mg 18
hydrocodone bitartrate tab er 24hr deter 60 mg 18
hydrocodone bitartrate tab er 24hr deter 80 mg 18
hydrocodone-ibuprofen tab 10-200 mg 21
hydrocodone-ibuprofen tab 5-200 mg.....21
hydrocodone-ibuprofen tab 7.5-200 mg...21
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....97
hydrocortisone acetate cream 2.5% 108
hydrocortisone acetate suppos 25 mg 23
hydrocortisone acetate suppos 30 mg 23
hydrocortisone acetate w/ pramoxine perianal cream 1-1%.....23

hydrocortisone acetate w/ pramoxine perianal cream 2.5-1% 23
hydrocortisone butyrate cream 0.1% 108
hydrocortisone butyrate oint 0.1% 108
hydrocortisone butyrate soln 0.1% 108
hydrocortisone cream 2.5% 108
hydrocortisone enema 100 mg/60ml 23
hydrocortisone lotion 2.5% 108
hydrocortisone oint 2.5% 108
hydrocortisone perianal cream 2.5% 23
hydrocortisone sodium succinate pf for inj 100 mg 95
hydrocortisone soln 2.5% 108
hydrocortisone tab 10 mg 95
hydrocortisone tab 20 mg 95
hydrocortisone tab 5 mg 95
hydrocortisone valerate cream 0.2% 108
hydrocortisone valerate oint 0.2% 108
hydrocortisone w/ acetic acid otic soln 1-2% 171
hydrogen peroxide soln 30% 79
hydromorphone hcl liqd 1 mg/ml 18
hydromorphone hcl tab 2 mg 18
hydromorphone hcl tab 4 mg 18
hydromorphone hcl tab 8 mg 18
hydromorphone hcl tab er 24hr 12 mg 18
hydromorphone hcl tab er 24hr 16 mg 18
hydromorphone hcl tab er 24hr 32 mg 18
hydromorphone hcl tab er 24hr 8 mg 18
HYDROMORPHON SUP 3MG 18
hydroxychloroquine sulfate tab 100 mg 61
hydroxychloroquine sulfate tab 200 mg ...61
hydroxychloroquine sulfate tab 300 mg ...61
hydroxychloroquine sulfate tab 400 mg ...61
hydroxyurea cap 500 mg 70
hydroxyzine hcl syrup 10 mg/5ml 27
hydroxyzine hcl tab 10 mg 27
hydroxyzine hcl tab 25 mg 27
hydroxyzine hcl tab 50 mg 27
hydroxyzine pamoate cap 100 mg 27
hydroxyzine pamoate cap 25 mg 27
hydroxyzine pamoate cap 50 mg 27
hyoscyamine sulfate elixir 0.125 mg/5ml .181
hyoscyamine sulfate sl tab 0.125 mg 181
hyoscyamine sulfate soln 0.125 mg/ml 181
hyoscyamine sulfate tab 0.125 mg 181
hyoscyamine sulfate tab disint 0.125 mg .181
HYPERSAL NEB 3.5% 97
HYPERSAL NEB 7% 97
HYPOLANCE KIT LANCING 143
HYPO NEEDLE MIS 14GX1 152
HYPO NEEDLE MIS 14GX1.5 152
HYPO NEEDLE MIS 14GX2 152
HYPO NEEDLE MIS 16GX1 152
HYPO NEEDLE MIS 16GX1.5 152
HYPO NEEDLE MIS 16GX3/4 152
HYPO NEEDLE MIS 16GX5/8 152
HYPO NEEDLE MIS 18GX1 152
HYPO NEEDLE MIS 18GX1.5 153
HYPO NEEDLE MIS 19GX1 153
HYPO NEEDLE MIS 19GX1.5 153
HYPO NEEDLE MIS 20GX1 153
HYPO NEEDLE MIS 20GX1.5 153
HYPO NEEDLE MIS 21GX1 153
HYPO NEEDLE MIS 21GX1.5 153
HYPO NEEDLE MIS 21GX2 153
HYPO NEEDLE MIS 22GX1 153
HYPO NEEDLE MIS 22GX1.5 153
HYPO NEEDLE MIS 23GX1 153
HYPO NEEDLE MIS 23GX1.5 153
HYPO NEEDLE MIS 23GX3/4 153
HYPO NEEDLE MIS 25GX1 153
HYPO NEEDLE MIS 25GX1.25 153
HYPO NEEDLE MIS 25GX1.5 153
HYPO NEEDLE MIS 25GX2 153
HYPO NEEDLE MIS 25GX5/8 153
HYPO NEEDLE MIS 26GX1/2 153
HYPO NEEDLE MIS 26GX1.5 153
HYPO NEEDLE MIS 27GX1/2 153
HYPO NEEDLE MIS 27GX1.25 153
HYPO NEEDLE MIS 27GX1.5 153
HYPO NEEDLE MIS 30GX3/4 153
HYRIMOZ CD/ INJ UC/HS SP 7
HYRIMOZ INJ 20/0.2ML 7
HYRIMOZ INJ 40/0.4ML 8
HYRIMOZ INJ 40/0.8ML 8
HYRIMOZ-PLAQ INJ PSORIASI 8
HYRIMOZ SENS INJ 80/0.8ML 8

HYSINGLA ER TAB 100 MG 18
HYSINGLA ER TAB 120 MG 18
HYSINGLA ER TAB 20 MG 18
HYSINGLA ER TAB 30 MG 18
HYSINGLA ER TAB 40 MG 18
HYSINGLA ER TAB 60 MG 18
HYSINGLA ER TAB 80 MG 18

I

ibandronate sodium tab 150 mg (base equivalent) 115
IBRANCE CAP 100MG 67
IBRANCE CAP 125MG 67
IBRANCE CAP 75MG 67
IBRANCE TAB 100MG 67
IBRANCE TAB 125MG 67
IBRANCE TAB 75MG 67
IBTROZI CAP 200MG 67
ibuprofen-famotidine tab 800-26.6 mg 13
ibuprofen tab 400 mg 13
ibuprofen tab 600 mg 13
ibuprofen tab 800 mg 13
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 127
IDHIFA TAB 100MG 67
IDHIFA TAB 50MG 67
ILEVRO DRO 0.3% OP 170
imatinib mesylate tab 100 mg (base equivalent) 67
imatinib mesylate tab 400 mg (base equivalent) 67
imipramine hcl tab 10 mg 43
imipramine hcl tab 25 mg 43
imipramine hcl tab 50 mg 43
imipramine pamoate cap 100 mg 43
imipramine pamoate cap 125 mg 43
imipramine pamoate cap 150 mg 43
imipramine pamoate cap 75 mg 43
imiquimod cream 3.75% 110
imiquimod cream 5% 110
IMITREX INJ 4MG/0.5 159
IMITREX INJ 6MG/0.5 159
IMITREX SPR 20MG/ACT 159
IMITREX SPR 5MG/ACT 159
IMITREX TAB 100MG 159
IMITREX TAB 25MG 159
IMITREX TAB 50MG 159
IMPAVIDO CAP 50MG 24
IMURAN TAB 50MG 162
IMVEXXY MAIN SUP 10MCG 184
IMVEXXY MAIN SUP 4MCG 184
IMVEXXY STRT SUP 10MCG 184
IMVEXXY STRT SUP 4MCG 184
INBRIJA CAP 42MG 71
INCONTROL MIS LANC 28G 143
INCONTROL MIS LANC 30G 143
INCONTROL MIS LANC 33G 143
INCONTROL MIS LANC DEV 143
INCONTROL PAD ALCOHOL 150
INCRELEX INJ 40MG/4ML 117
indapamide tab 1.25 mg 115
indapamide tab 2.5 mg 115
indomethacin cap 25 mg 13
indomethacin cap 50 mg 13
indomethacin cap er 75 mg 13
indomethacin suppos 50 mg 13
indomethacin susp 25 mg/5ml 13
INFINITY SOL NORM CON 143
INFNTY VOICE LIQ LEVEL 2 143
INGREZZA CAP 40-80MG 175
INGREZZA CAP 40MG 175
INGREZZA CAP 60MG 175
INGREZZA CAP 80MG 175
INLYTA TAB 1MG 63
INLYTA TAB 5MG 63
INPEN 100EL MIS BLUE-HUM 153
INPEN 100EL MIS GREY-HUM 153
INPEN 100EL MIS PINK HUM 153
INPEN 100NN MIS BLUE NOV 153
INPEN 100NN MIS GREY NOV 153
INPEN 100NN MIS PINK NOV 153
INPEN BLUE MIS HUMALOG 153
INPEN BLUE MIS NOVO/FIA 153
INPEN GREY MIS HUMALOG 153
INPEN GREY MIS NOVO/FIA 153
INPEN PINK MIS HUMALOG 153
INPEN PINK MIS NOVO/FIA 153
INQOVI TAB 35-100MG 65
INSPIREASE MIS DD SYST 158

INSPIREASE MIS RES BAG....158
INSPRA TAB 25MG....60
INSPRA TAB 50MG....60
INS SYR U500 MIS 0.5/31G....153
INS SYR U500 MIS 31GX6MM....153
IN TOUCH LAN MIS 30G....143
IN TOUCH LAN MIS DEVICE....143
IN TOUCH SOL GLUCOSE....143
INVEGA SUST INJ 117/0.75....74
INVEGA SUST INJ 156MG/ML....74
INVEGA SUST INJ 234/1.5....74
INVEGA SUST INJ 39/0.25....74
INVEGA SUST INJ 78/0.5ML....74
INVEGA TAB 3MG....74
INVEGA TAB 6MG....74
INVEGA TAB 9MG....74
iodoquinol-hc cream 1-1%....100
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%....100
IOPIDINE SOL 1% OP....168
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml....31
ipratropium bromide inhal soln 0.02%....29
ipratropium bromide nasal soln 0.03% (21 mcg/spray)....166
ipratropium bromide nasal soln 0.06% (42 mcg/spray)....166
IQIRVO TAB 80MG....125
irbesartan-hydrochlorothiazide tab 150-12.5 mg....59
irbesartan-hydrochlorothiazide tab 300-12.5 mg....59
irbesartan tab 150 mg....56
irbesartan tab 300 mg....56
irbesartan tab 75 mg....56
ISENTRESS CHW 100MG....80
ISENTRESS CHW 25MG....80
ISENTRESS HD TAB 600MG....80
ISENTRESS POW 100MG....80
ISENTRESS TAB 400MG....80
isoniazid syrup 50 mg/5ml....61
isoniazid tab 100 mg....62
isoniazid tab 300 mg....62
ISORDIL TAB 40MG....26
ISORDIL TAB 5MG....26
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg....88
isosorbide dinitrate tab 10 mg....26
isosorbide dinitrate tab 20 mg....26
isosorbide dinitrate tab 30 mg....26
isosorbide dinitrate tab 5 mg....26
isosorbide mononitrate tab 10 mg....26
isosorbide mononitrate tab 20 mg....26
isosorbide mononitrate tab er 24hr 120 mg....26
isosorbide mononitrate tab er 24hr 30 mg....26
isosorbide mononitrate tab er 24hr 60 mg....26
ISOSORB MONO TAB 10MG....26
ISOSORB MONO TAB 20MG....26
isotretinoin cap 10 mg....99
isotretinoin cap 20 mg....99
isotretinoin cap 30 mg....99
isotretinoin cap 40 mg....99
isradipine cap 2.5 mg....86
isradipine cap 5 mg....86
ISTALOL SOL 0.5% OP....167
ITOVEBI TAB 3MG....67
ITOVEBI TAB 9MG....67
itraconazole cap 100 mg....51
itraconazole oral soln 10 mg/ml....51
ivabradine hcl tab 5 mg (base equiv)....91
ivabradine hcl tab 7.5 mg (base equiv)....91
ivermectin cream 1%....111
ivermectin tab 3 mg....23
ivermectin tab 6 mg....23
IWILFIN TAB 192MG....70

J

JAKAFI TAB 10MG....67
JAKAFI TAB 15MG....67
JAKAFI TAB 20MG....67
JAKAFI TAB 25MG....67
JAKAFI TAB 5MG....67
JARDIANCE TAB 10MG....48
JARDIANCE TAB 25MG....48
J-TIP KIT KIT ADAPTERS....153
JUBLIA SOL 10%....100

JULUCA TAB 50-25MG....80
JYLAMVO SOL 2MG/ML....62
K
KALETRA SOL....80
KALYDECO GRA 13.4MG....178
KALYDECO GRA 5.8MG....178
KALYDECO PAK 25MG....178
KALYDECO PAK 50MG....178
KALYDECO PAK 75MG....178
KALYDECO TAB 150MG....178
KAMELEON LUB MIS COLORS....133
KAMELEON MIS TRI-COLR....133
KAPVAY TAB 0.1 MG....3
KARBINAL ER SUS 4MG/5ML....51
KENALOG AER SPRAY....108
KERALYT GEL 6%....110
KERENDIA TAB 10MG....118
KERENDIA TAB 20MG....119
KERENDIA TAB 40MG....119
KERYDIN SOL 5%....100
KESIMPTA INJ 20/.4ML....176
ketoconazole cream 2%....100
ketoconazole shampoo 2%....100
ketoconazole tab 200 mg....51
KETONE TES....112
KETONE TEST TES....113
ketorolac tromethamine ophth soln 0.4%....170
ketorolac tromethamine ophth soln 0.5%....170
ketorolac tromethamine tab 10 mg....13
KEVEYIS TAB 50MG....114
KEVZARA INJ 150/1.14....11
KEVZARA INJ 200/1.14....12
KIMONO COLOR MIS....133
KIMONO MAXX MIS LG FLARE....133
KIMONO MICRO MIS THIN....134
KIMONO MICRO MIS THIN +....134
KIMONO MICRO MIS THIN PLS....134
KIMONO MIS LUBRICAT....134
KIMONO MIS SENSATIO....134
KIMONO PLUS MIS LUBRICAT....134
KIMONO PLUS MIS SPERMICI....134
KIMONO PS MIS LUBRICAT....134
KIMONO PS MIS PLUS....134
KIMONO SENSA MIS PLUS....134
KIMONO SPEC MIS....134
KINNEY MIS LANCETS....143
KINNEY THIN MIS LANCETS....143
KISQALI 200 PAK FEMARA....65
KISQALI 400 PAK FEMARA....65
KISQALI 600 PAK FEMARA....65
KISQALI TAB 200DOSE....67
KISQALI TAB 400DOSE....67
KISQALI TAB 600DOSE....67
KLARON LOT 10%....99
KLONOPIN TAB 0.5MG....35
KLONOPIN TAB 1MG....35
KLONOPIN TAB 2MG....35
KLOR-CON 8 TAB 8MEQ ER....161
KLOXXADO SPR 8MG....49
KOSELUGO CAP 10MG....68
KOSELUGO CAP 25MG....68
K-PHOS TAB NO 2....125
KP PRENATAL TAB MULTIVIT....164
KRAZATI TAB 200MG....68
KROGER LANCE MIS....143
KROGER LANCE MIS 26G....143
KROGER LANCE MIS THIN....143
KROGER LANCE MIS THIN 30G....143
K-TAB TAB 20MEQ....161
L
labetalol hcl tab 100 mg....84
labetalol hcl tab 200 mg....84
labetalol hcl tab 300 mg....84
labetalol hcl tab 400 mg....84
lacosamide oral solution 10 mg/ml....36
lacosamide tab 100 mg....36
lacosamide tab 150 mg....36
lacosamide tab 200 mg....36
lacosamide tab 50 mg....36
LACTIC ACID CRE E....110
lactulose (encephalopathy) solution 10 gm/15ml....124
lactulose oral crystal packet 10 gm....132
lactulose oral crystal packet 20 gm....132
lactulose solution 10 gm/15ml....132
LAGEVRIO CAP 200MG....83

lamivudine oral soln 10 mg/ml 80
lamivudine tab 100 mg (hbv) 82
lamivudine tab 150 mg 80
lamivudine tab 300 mg 80
lamivudine-zidovudine tab 150-300 mg ...80
lamotrigine orally disintegrating tab 100 mg 36
lamotrigine orally disintegrating tab 200 mg 36
lamotrigine orally disintegrating tab 25 mg 36
lamotrigine orally disintegrating tab 50 mg 36
lamotrigine tab 100 mg.....36
lamotrigine tab 150 mg.....36
lamotrigine tab 200 mg.....36
lamotrigine tab 25 mg 36
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 36
lamotrigine tab 35 x 25 mg starter kit 36
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 36
lamotrigine tab chewable dispersible 25 mg 36
lamotrigine tab chewable dispersible 5 mg 36
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....36
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 36
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit 37
lamotrigine tab er 24hr 100 mg 37
lamotrigine tab er 24hr 200 mg.....37
lamotrigine tab er 24hr 250 mg.....37
lamotrigine tab er 24hr 25 mg 37
lamotrigine tab er 24hr 300 mg 37
lamotrigine tab er 24hr 50 mg.....37
LAMPIT TAB 120MG 24
LAMPIT TAB 30MG.....24
LANCET AUTO MIS INJECTOR.....143
LANCET CARRY MIS CASE.....143
LANCET DEVIC MIS 30G.....143
LANCET DEVIC MIS ADJUST.....143
LANCET MICRO MIS THIN 33G.....143
LANCETS MICR MIS THIN 33G 143
LANCETS MIS 143
LANCETS MIS 21G.....143
LANCETS MIS 21G COLR.....143
LANCETS MIS 26G 143
LANCETS MIS 28G 143
LANCETS MIS 28G THIN 143
LANCETS MIS 30G.....143
LANCETS MIS 33G 143
LANCETS MIS ORIGINAL 144
LANCETS MIS THIN 144
LANCETS MIS THIN 26G 144
LANCETS MIS THIN 30G.....144
LANCETS SUPR MIS THIN 28G 144
LANCET STAND MIS 21G 143
LANCETS THIN MIS 144
LANCETS THIN MIS 26G 144
LANCETS ULTR MIS THIN.....144
LANCETS ULTR MIS THIN 31G 144
LANCET SUPER MIS THIN 30G 143
LANCET ULTRA MIS THIN 30G 143
LANCET WITH MIS EJECTOR.....143
LANCING DEVI MIS.....144
LANCING DEVI MIS 25G.....144
LANCING DEVI MIS 30G.....144
LANCING MIS DEVICE.....144
LANOXIN TAB 0.0625MG.....87
lansoprazole cap delayed release 15 mg.182
*lansoprazole cap delayed release 30 mg*182
LANTUS INJ 100/ML 47
LANTUS SOLOS INJ 100/ML.....47
LANZO MIS LANCING.....144
lapatinib ditosylate tab 250 mg (base equiv) 68
LASIX TAB 20MG 114
LASIX TAB 40MG 114
LASIX TAB 80MG 114
latanoprost ophth soln 0.005%.....170
leflunomide tab 10 mg.....14
leflunomide tab 20 mg 14
lenalidomide cap 10 mg.....161
lenalidomide cap 15 mg.....161
lenalidomide cap 20 mg.....161

lenalidomide cap 25 mg 161
lenalidomide cap 5 mg 161
lenalidomide caps 2.5 mg 161
LENVIMA CAP 10 MG 63
LENVIMA CAP 12MG 63
LENVIMA CAP 14 MG 63
LENVIMA CAP 18 MG 63
LENVIMA CAP 20 MG....63
LENVIMA CAP 24 MG....63
LENVIMA CAP 4MG....63
LENVIMA CAP 8 MG....63
letrozole tab 2.5 mg 64
leucovorin calcium tab 10 mg....70
leucovorin calcium tab 15 mg....70
leucovorin calcium tab 25 mg 70
leucovorin calcium tab 5 mg 70
LEUKERAN TAB 2MG 62
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)....64
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 31
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 31
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)....32
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 32
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)....32
levamlodipine maleate tab 2.5 mg 86
levamlodipine maleate tab 5 mg....86
LEVBID TAB 0.375 ER....181
levetiracetam oral soln 100 mg/ml 37
levetiracetam tab 1000 mg 37
levetiracetam tab 250 mg 37
levetiracetam tab 500 mg....37
levetiracetam tab 750 mg 37
levetiracetam tab er 24hr 500 mg 37
levetiracetam tab er 24hr 750 mg 37
levobunolol hcl ophth soln 0.5% 167
levocarnitine oral soln 1 gm/10ml (10%)...117
levocarnitine tab 330 mg....117
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)....51
levocetirizine dihydrochloride tab 5 mg 51
levofloxacin ophth soln 0.5%....168
levofloxacin ophth soln 1.5% 168
levofloxacin oral soln 25 mg/ml....122
levofloxacin tab 250 mg....122
levofloxacin tab 500 mg 122
levofloxacin tab 750 mg....122
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 93
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 93
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 93
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....93
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 93
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg....93
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) 93
levonorgestrel tab 1.5 mg....94
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 93
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 93
levothyroxine sodium tab 100 mcg....180
levothyroxine sodium tab 112 mcg....180
levothyroxine sodium tab 125 mcg 180
levothyroxine sodium tab 137 mcg 180
levothyroxine sodium tab 150 mcg 180
levothyroxine sodium tab 175 mcg 180
levothyroxine sodium tab 200 mcg 180
levothyroxine sodium tab 25 mcg....180
levothyroxine sodium tab 300 mcg 180
levothyroxine sodium tab 50 mcg....180
levothyroxine sodium tab 75 mcg....180
levothyroxine sodium tab 88 mcg....180
LEVSIN/SL SUB 0.125MG....181
LEVSIN TAB 0.125MG....181
LEVULAN KERA SOL 20% 101
lidocaine hcl laryngotracheal soln 4%....164
lidocaine hcl soln 4%....111
lidocaine hcl urethral/mucosal gel 2% 111

lidocaine hcl urethral/mucosal gel prefilled syringe 2% 111
lidocaine hcl viscous soln 2% 164
lidocaine oint 5%.....111
lidocaine patch 5% 111
lidocaine-prilocaine cream 2.5-2.5% 111
LIDODERM DIS 5% PATCH 111
linagliptin-metformin hcl tab 2.5-1000 mg 44
linagliptin-metformin hcl tab 2.5-500 mg.44
linagliptin-metformin hcl tab 2.5-850 mg.44
linezolid for susp 100 mg/5ml 25
linezolid tab 600 mg 25
LINZESS CAP 145MCG 125
LINZESS CAP 290MCG.....125
LINZESS CAP 72MCG 124
liothyronine sodium tab 25 mcg.....180
liothyronine sodium tab 50 mcg.....180
liothyronine sodium tab 5 mcg 180
LIPOFEN CAP 150MG.....53
LIPOFEN CAP 50MG 53
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).....46
lisdexamfetamine dimesylate cap 10 mg....2
lisdexamfetamine dimesylate cap 20 mg ...2
lisdexamfetamine dimesylate cap 30 mg ...2
lisdexamfetamine dimesylate cap 40 mg ...2
lisdexamfetamine dimesylate cap 50 mg ...2
lisdexamfetamine dimesylate cap 60 mg ...2
lisdexamfetamine dimesylate cap 70 mg ...2
lisdexamfetamine dimesylate chew tab 10 mg.....2
lisdexamfetamine dimesylate chew tab 20 mg.....2
lisdexamfetamine dimesylate chew tab 30 mg.....2
lisdexamfetamine dimesylate chew tab 40 mg.....2
lisdexamfetamine dimesylate chew tab 50 mg.....2
lisdexamfetamine dimesylate chew tab 60 mg.....2
lisinopril & hydrochlorothiazide tab 10-12.5 mg 59
lisinopril & hydrochlorothiazide tab 20-12.5 mg 59
lisinopril & hydrochlorothiazide tab 20-25 mg 59
lisinopril tab 10 mg 55
lisinopril tab 2.5 mg.....55
lisinopril tab 20 mg.....55
lisinopril tab 30 mg.....55
lisinopril tab 40 mg 55
lisinopril tab 5 mg.....55
LITETOUCH MIS LANCETS 144
LITE TOUCH MIS LANCETS 144
LITE TOUCH MIS LANC PEN.....144
LITFULO CAP 50MG 110
lithium carbonate cap 150 mg 73
lithium carbonate cap 300 mg 73
lithium carbonate cap 600 mg 73
lithium carbonate tab 300 mg 73
lithium carbonate tab er 300 mg.....73
lithium carbonate tab er 450 mg.....73
lithium oral solution 8 meq/5ml 73
LITHOBID TAB 300MG.....73
LIVMARLI SOL 19MG/ML 123
LIVMARLI SOL 9.5MG/ML 123
LIVTENCITY TAB 200MG 81
LOCOID LIPO CRE 0.1% 108
LOCOID LOT 0.1%.....108
LODOSYN TAB 25MG 70
lofexidine hcl tab 0.18 mg (base equivalent) 173
LO LOESTRIN TAB 1-10-10.....93
LOMOTIL TAB 2.5MG.....48
LONGS LANCET MIS STANDARD.....144
LONGS LANCET MIS THIN.....144
LONGS LANCET MIS ULTRA TH 144
LONSURF TAB 15-6.14.....66
LONSURF TAB 20-8.19.....66
LOPID TAB 600MG.....53
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....80
lopinavir-ritonavir tab 100-25 mg 80
lopinavir-ritonavir tab 200-50 mg 80
LOPRESSOR SOL 10MG/ML.....84
LOPRESSOR TAB 100MG 84

LOPRESSOR TAB 50MG 84
lorazepam conc 2 mg/ml 27
lorazepam tab 0.5 mg.....27
lorazepam tab 1 mg.....27
lorazepam tab 2 mg 27
LORBRENA TAB 100MG.....68
LORBRENA TAB 25MG 68
LOREEV XR CAP 1.5MG.....27
LOREEV XR CAP 1MG 27
LOREEV XR CAP 2MG 27
LOREEV XR CAP 3MG 27
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 59
losartan potassium & hydrochlorothiazide tab 100-25 mg.....59
losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....59
losartan potassium tab 100 mg 56
losartan potassium tab 25 mg 56
losartan potassium tab 50 mg.....56
LOTENSIN HCT TAB 10-12.5.....59
LOTENSIN HCT TAB 20-12.5 59
LOTENSIN HCT TAB 20-25MG 59
LOTENSIN TAB 10MG.....55
LOTENSIN TAB 20MG 55
LOTENSIN TAB 40MG.....55
loteprednol etabonate ophth gel 0.5% ...169
loteprednol etabonate ophth susp 0.2%.169
loteprednol etabonate ophth susp 0.5%.169
LOTREL CAP 10-20MG.....59
LOTREL CAP 10-40MG 59
LOTREL CAP 5-10MG.....59
LOTREL CAP 5-20MG 59
LOTRONEX TAB 0.5MG.....125
LOTRONEX TAB 1MG 125
lovastatin tab 10 mg 53
lovastatin tab 20 mg 53
lovastatin tab 40 mg 53
LOVENOX INJ 100MG/ML.....34
LOVENOX INJ 120/0.8 34
LOVENOX INJ 150MG/ML.....34
LOVENOX INJ 30/0.3ML 34
LOVENOX INJ 300/3ML 34
LOVENOX INJ 40/0.4ML.....34
LOVENOX INJ 60/0.6ML.....34
LOVENOX INJ 80/0.8ML.....34
loxapine succinate cap 10 mg 76
loxapine succinate cap 25 mg.....76
loxapine succinate cap 50 mg.....76
loxapine succinate cap 5 mg 76
lubiprostone cap 24 mcg 122
lubiprostone cap 8 mcg 122
LUER-LOCK MIS SYRG 3ML 154
LUGOLS SOL IODINE.....79
LUMAKRAS TAB 120MG 68
LUMAKRAS TAB 240MG 68
LUMAKRAS TAB 320MG.....68
LUMRYZ PAK 6GM 173
LUMRYZ PAK 7.5GM 173
LUMRYZ PAK 9GM 173
LUMRYZ PAK STARTER.....173
LUMRYZ PKG 4.5GM.....173
lurasidone hcl tab 120 mg 74
lurasidone hcl tab 20 mg.....74
lurasidone hcl tab 40 mg 74
lurasidone hcl tab 60 mg 74
lurasidone hcl tab 80 mg.....74
LURBIPR TAB 100MG 13
LUZU CRE 1% 100
LYBALVI TAB 10-10MG 174
LYBALVI TAB 15-10MG 174
LYBALVI TAB 20-10MG 174
LYBALVI TAB 5-10MG.....174
LYNPARZA TAB 100MG 68
LYNPARZA TAB 150MG 68
LYSODREN TAB 500MG.....64
LYVISPAH GRA 10MG.....165
LYVISPAH GRA 20MG 165
LYVISPAH GRA 5MG.....165

M

MACROBID CAP 100MG 25
mafenide acetate packet for topical soln 5% (50 gm) 106
MAGELLAN SYR MIS 23GX1 154
MALARONE TAB 250-100 61
MALARONE TAB 62.5-25 61
malathion lotion 0.5%.....112
maraviroc tab 150 mg.....80

maraviroc tab 300 mg 80
MAR-COF CG LIQ 225-7.5 97
MARINOL CAP 10MG 50
MARINOL CAP 2.5MG 50
MARINOL CAP 5MG 50
MARPLAN TAB 10MG 40
MASONATAL TAB 165
MATULANE CAP 50MG 70
MAVENCLAD PAK 10MG(10) 176
MAVENCLAD PAK 10MG(4) 176
MAVENCLAD PAK 10MG(5) 176
MAVENCLAD PAK 10MG(6) 176
MAVENCLAD PAK 10MG(7) 176
MAVENCLAD PAK 10MG(8) 176
MAVENCLAD PAK 10MG(9) 176
MAXITROL OIN 0.1% OP 169
MAXITROL SUS 0.1% OP 169
MAXX MIS LUBRICAT 134
MAXX PLUS MIS SPERMICI 134
MAXZIDE-25 TAB 114
MAXZIDE TAB 75-50 114
MAYZENT PAK STARTER 176
MAYZENT TAB 0.25MG 176
MAYZENT TAB 1MG 176
MAYZENT TAB 2MG 176
meclizine hcl tab 50 mg 49
meclofenamate sodium cap 100 mg 13
meclofenamate sodium cap 50 mg 13
MEDICHOICE MIS LANCET 144
MEDISENSE LIQ GLUC-KET 144
MEDLANCE MIS 30G PLUS 144
MEDLANCE MIS EXTR 21G 144
MEDLANCE MIS LITE 25G 144
MEDLANCE MIS PLUS 144
MEDLANCE MIS PLUS 30G 144
MEDLANCE MIS UNV 21G 144
MEDLANCE PLS MIS 0.8MM 144
MEDLANCE PLS MIS EXTR 21G 144
MEDLANCE PLS MIS LITE 25G 144
MEDLANCE PLS MIS UNIV 21G 144
MEDROL TAB 16MG 95
MEDROL TAB 2MG 95
MEDROL TAB 4MG 95
MEDROL TAB 8MG 95
medroxyprogesterone acetate im susp 150 mg/ml 94
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 95
medroxyprogesterone acetate tab 10 mg 172
medroxyprogesterone acetate tab 2.5 mg 172
medroxyprogesterone acetate tab 5 mg 172
mefenamic acid cap 250 mg 13
mefloquine hcl tab 250 mg 61
megestrol acetate susp 40 mg/ml 64
megestrol acetate susp 625 mg/5ml 172
megestrol acetate tab 20 mg 64
megestrol acetate tab 40 mg 64
MEIJER LANCE MIS COLOR 144
MEIJER LANCE MIS UNIV 21G 144
MEIJER LANCE MIS UNIV 30G 144
MEIJER LANCE MIS UNIVERSA 144
MEIJER MIS LANCETS 144
MEKINIST SOL 0.05/ML 68
MEKINIST TAB 0.5MG 68
MEKINIST TAB 2MG 68
MEKTOVI TAB 15MG 68
meloxicam susp 7.5 mg/5ml 13
meloxicam tab 15 mg 13
meloxicam tab 7.5 mg 13
melphalan tab 2 mg 62
memantine hcl cap er 24hr 14 mg 173
memantine hcl cap er 24hr 21 mg 173
memantine hcl cap er 24hr 28 mg 174
memantine hcl cap er 24hr 7 mg 173
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 174
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 174
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 174
memantine hcl oral solution 2 mg/ml 174
memantine hcl tab 10 mg 174
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 174
memantine hcl tab 5 mg 174
MENOPUR INJ 75UNIT 116

meperidine hcl oral soln 50 mg/5ml 19
meperidine hcl tab 50 mg.....19
meprobamate tab 200 mg 27
meprobamate tab 400 mg.....27
MEPRON SUS 24
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 62
mercaptopurine tab 50 mg.....62
mesalamine cap dr 400 mg 123
mesalamine cap er 24hr 0.375 gm.....123
mesalamine cap er 500 mg.....123
mesalamine enema 4 gm 123
mesalamine rectal enema 4 gm & cleanser wipe kit 123
mesalamine suppos 1000 mg 123
mesalamine tab delayed release 1.2 gm..123
mesalamine tab delayed release 800 mg 123
mesna tab 400 mg.....70
MESNEX TAB 400MG 70
MESTINON SOL 60MG/5ML.....61
MESTINON TAB 60MG 61
MESTINON TAB TIMESPAN.....61
metaxalone tab 800 mg 165
metformin hcl oral soln 500 mg/5ml.....45
metformin hcl tab 1000 mg 45
metformin hcl tab 500 mg 45
metformin hcl tab 850 mg 45
metformin hcl tab er 24hr 500 mg.....45
metformin hcl tab er 24hr 750 mg.....45
methadone hcl conc 10 mg/ml 19
methadone hcl soln 10 mg/5ml 19
methadone hcl soln 5 mg/5ml.....19
methadone hcl tab 10 mg 19
methadone hcl tab 5 mg.....19
methadone hcl tab for oral susp 40 mg.....19
METHADOSE CON 10MG/ML.....19
METHADOSE SF CON 10MG/ML 19
methamphetamine hcl tab 5 mg 2
methazolamide tab 25 mg 114
methazolamide tab 50 mg 114
methenamine hippurate tab 1 gm 25
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg 24
methenamine-hyosc-meth blue-sod phosphen sal cap 118 mg 24
methenamine-hyosc-meth blue-sod phosphen sal tab 81 mg 24
methenamine mandelate tab 0.5 gm 25
methenamine mandelate tab 1 gm 25
methimazole tab 10 mg 180
methimazole tab 5 mg 180
methocarbamol tab 1000 mg 165
methocarbamol tab 500 mg 165
methocarbamol tab 750 mg 165
methotrexate sodium for inj 1 gm 62
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 62
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 62
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 63
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 63
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 63
methotrexate sodium tab 2.5 mg (base equiv) 63
methoxsalen rapid cap 10 mg.....103
methscopolamine bromide tab 2.5 mg 181
methscopolamine bromide tab 5 mg 181
methsuximide cap 300 mg.....39
methyldopa tab 250 mg.....57
methyldopa tab 500 mg.....57
methylergonovine maleate tab 0.2 mg 171
METHYLIN SOL 10MG/5ML.....4
METHYLIN SOL 5MG/5ML 4
methylphenidate hcl cap er 10 mg (cd).....4
methylphenidate hcl cap er 20 mg (cd) 4
methylphenidate hcl cap er 24hr 10 mg (la) 4
methylphenidate hcl cap er 24hr 10 mg (xr) 4
methylphenidate hcl cap er 24hr 15 mg (xr) 4
methylphenidate hcl cap er 24hr 20 mg (la) 4

methylphenidate hcl cap er 24hr 20 mg (xr) 4
methylphenidate hcl cap er 24hr 30 mg (la) 4
methylphenidate hcl cap er 24hr 30 mg (xr) 5
methylphenidate hcl cap er 24hr 40 mg (la) 5
methylphenidate hcl cap er 24hr 40 mg (xr) 5
methylphenidate hcl cap er 24hr 50 mg (xr) 5
methylphenidate hcl cap er 24hr 60 mg (la) 5
methylphenidate hcl cap er 24hr 60 mg (xr) 5
methylphenidate hcl cap er 30 mg (cd) 5
methylphenidate hcl cap er 40 mg (cd) 5
methylphenidate hcl cap er 50 mg (cd) 5
methylphenidate hcl cap er 60 mg (cd) 5
methylphenidate hcl chew tab 10 mg 5
methylphenidate hcl chew tab 2.5 mg 5
methylphenidate hcl chew tab 5 mg 5
methylphenidate hcl soln 10 mg/5ml 5
methylphenidate hcl soln 5 mg/5ml 5
methylphenidate hcl tab 10 mg 5
methylphenidate hcl tab 20 mg 5
methylphenidate hcl tab 5 mg 5
methylphenidate hcl tab er 10 mg 5
methylphenidate hcl tab er 20 mg 5
methylphenidate hcl tab er 24hr 18 mg 5
methylphenidate hcl tab er 24hr 27 mg 5
methylphenidate hcl tab er 24hr 36 mg 5
methylphenidate hcl tab er 24hr 54 mg 5
methylphenidate hcl tab er osmotic release (osm) 18 mg 5
methylphenidate hcl tab er osmotic release (osm) 27 mg 5
methylphenidate hcl tab er osmotic release (osm) 36 mg 5
methylphenidate hcl tab er osmotic release (osm) 54 mg 5
methylphenidate hcl tab er osmotic release (osm) 72 mg 5
methylphenidate td patch 10 mg/9hr 5
methylphenidate td patch 15 mg/9hr 5
methylphenidate td patch 20 mg/9hr 5
methylphenidate td patch 30 mg/9hr 5
methylprednisolone tab 16 mg 95
methylprednisolone tab 32 mg 95
methylprednisolone tab 4 mg 95
methylprednisolone tab 8 mg 95
methylprednisolone tab therapy pack 4 mg (21) 96
methyltestosterone cap 10 mg 22
methyltestosterone oral tab 10 mg 22
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 123
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 123
metoclopramide hcl tab 10 mg (base equivalent) 123
metoclopramide hcl tab 5 mg (base equivalent) 123
metolazone tab 10 mg 115
metolazone tab 2.5 mg 115
metolazone tab 5 mg 115
metoprolol & hydrochlorothiazide tab 100-25 mg 59
metoprolol & hydrochlorothiazide tab 100-50 mg 59
metoprolol & hydrochlorothiazide tab 50-25 mg 59
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 84
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 84
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 84
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 84
metoprolol tartrate tab 100 mg 84
metoprolol tartrate tab 25 mg 84
metoprolol tartrate tab 37.5 mg 84
metoprolol tartrate tab 50 mg 84
metoprolol tartrate tab 75 mg 84
METROCREAM CRE 0.75% 111
METROGEL GEL 1% 112

METROLOTION LOT 0.75% 112
metronidazole cap 375 mg 24
metronidazole cream 0.75% 112
metronidazole gel 0.75% 112
metronidazole gel 1% 112
metronidazole lotion 0.75% 112
metronidazole tab 250 mg 24
metronidazole tab 500 mg 24
metronidazole vaginal gel 0.75% 184
metyrosine cap 250 mg 56
mexiletine hcl cap 150 mg 28
mexiletine hcl cap 200 mg 28
mexiletine hcl cap 250 mg 28
miconazole nitrate vaginal suppos 200 mg 184
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% 100
MICROCHAMBER MIS 158
MICRODOT CON SOL HIGH/LOW 144
MICROLET MIS LANCETS 144
MICROLET MIS NEXT 144
MICROSPACER MIS 158
MICRO THIN MIS LANC 33G 144
midodrine hcl tab 10 mg 185
midodrine hcl tab 2.5 mg 185
midodrine hcl tab 5 mg 185
MIFEPREX TAB 200MG 119
mifepristone tab 200 mg 119
mifepristone tab 300 mg 46
miglitol tab 100 mg 44
miglitol tab 25 mg 44
miglitol tab 50 mg 44
miglustat cap 100 mg 128
MIGRANAL SPR 4MG/ML 159
MINI LANCING MIS DEVICE 144
MINIPRESS CAP 1MG 57
MINIPRESS CAP 2MG 57
MINIPRESS CAP 5MG 57
minocycline hcl cap 100 mg 179
minocycline hcl cap 50 mg 179
minocycline hcl cap 75 mg 179
minocycline hcl tab 100 mg 179
minocycline hcl tab 50 mg 179
minocycline hcl tab 75 mg 179
minoxidil tab 10 mg 61
minoxidil tab 2.5 mg 61
mirabegron tab er 24 hr 25 mg 184
mirabegron tab er 24 hr 50 mg 184
MIRAPEX ER TAB 0.375MG 72
MIRAPEX ER TAB 0.75MG 72
MIRAPEX ER TAB 1.5MG 72
MIRAPEX ER TAB 2.25MG 72
MIRAPEX ER TAB 3.75MG 72
MIRAPEX ER TAB 3MG 72
MIRAPEX ER TAB 4.5MG 72
mirtazapine orally disintegrating tab 15 mg 39
mirtazapine orally disintegrating tab 30 mg 39
mirtazapine orally disintegrating tab 45 mg 39
mirtazapine tab 15 mg 40
mirtazapine tab 30 mg 40
mirtazapine tab 45 mg 40
mirtazapine tab 7.5 mg 39
misoprostol tab 100 mcg 183
misoprostol tab 200 mcg 183
MITIGARE CAP 0.6MG 127
MITOSOL KIT 0.2MG 168
MM LANCING MIS DEVICE 144
MM TWIST MIS LANCETS 144
MOBILE LANCE MIS 30G 145
modafinil tab 100 mg 5
modafinil tab 200 mg 5
moexipril hcl tab 15 mg 55
moexipril hcl tab 7.5 mg 55
molindone hcl tab 10 mg 77
molindone hcl tab 25 mg 77
molindone hcl tab 5 mg 77
mometasone furoate cream 0.1% 108
mometasone furoate oint 0.1% 108
mometasone furoate solution 0.1% (lotion) 108
MONOLET MIS LANCETS 145
MONOLET OPD MIS LANCETS 145
MONOLETTOR MIS LANCETS 145
montelukast sodium chew tab 4 mg (base equiv) 30

montelukast sodium chew tab 5 mg (base equiv) 30
montelukast sodium oral granules packet 4 mg (base equiv) 30
montelukast sodium tab 10 mg (base equiv) 30
morphine sulfate beads cap er 24hr 120 mg 19
morphine sulfate beads cap er 24hr 30 mg 19
morphine sulfate beads cap er 24hr 45 mg 19
morphine sulfate beads cap er 24hr 60 mg 19
morphine sulfate beads cap er 24hr 75 mg 19
morphine sulfate beads cap er 24hr 90 mg 19
morphine sulfate cap er 24hr 100 mg 19
morphine sulfate cap er 24hr 10 mg 19
morphine sulfate cap er 24hr 20 mg 19
morphine sulfate cap er 24hr 30 mg 19
morphine sulfate cap er 24hr 50 mg 19
morphine sulfate cap er 24hr 60 mg 19
morphine sulfate cap er 24hr 80 mg 19
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 19
morphine sulfate oral soln 10 mg/5ml 19
morphine sulfate oral soln 20 mg/5ml 19
morphine sulfate suppos 10 mg 19
morphine sulfate suppos 20 mg 19
morphine sulfate suppos 30 mg 19
morphine sulfate suppos 5 mg 19
morphine sulfate tab 15 mg 19
morphine sulfate tab 30 mg 19
morphine sulfate tab er 100 mg 19
morphine sulfate tab er 15 mg 19
morphine sulfate tab er 200 mg 19
morphine sulfate tab er 30 mg 19
morphine sulfate tab er 60 mg 19
MOUNJARO INJ 10MG/0.5 46
MOUNJARO INJ 12.5/0.5 46
MOUNJARO INJ 15MG/0.5 46
MOUNJARO INJ 2.5/0.5 46
MOUNJARO INJ 5MG/0.5 46
MOUNJARO INJ 7.5/0.5 46
MOVANTIK TAB 12.5MG 125
MOVANTIK TAB 25MG 125
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 168
moxifloxacin hcl ophth soln 0.5% (base equiv) 168
moxifloxacin hcl tab 400 mg (base equiv) 122
MPD SFTY LAN MIS 21G 145
MPD SFTY LAN MIS 23G 145
MPD SFTY LAN MIS 28G 145
MPD SFTY LAN MIS 30G 145
MS CONTIN TAB 100MG ER 20
MS CONTIN TAB 15MG ER 19
MS CONTIN TAB 200MG ER 20
MS CONTIN TAB 30MG ER 19
MS CONTIN TAB 60MG ER 19
MULTAQ TAB 400MG 28
MULTI-LANCET KIT DEVICE 145
MULTI-LANCET MIS DEVICE 145
MULTISTIX 10 TES SG 113
mupirocin oint 2% 100
MUSE SUP 1000MCG 89
MUSE SUP 250MCG 89
MUSE SUP 500MCG 89
MYALEPT INJ 11.3MG 118
MYAMBUTOL TAB 400MG 62
MYCOBUTIN CAP 150MG 62
mycophenolate mofetil cap 250 mg 162
mycophenolate mofetil for oral susp 200 mg/ml 162
mycophenolate mofetil tab 500 mg 162
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 163
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 163
MYFEMBREE TAB 120
MYFORTIC TAB 180MG 163
MYFORTIC TAB 360MG 163
MYGLUCOHEALT MIS LANC 30G 145
MYGLUCOHEALT SOL LO/NL/HI 145
MYLERAN TAB 2MG 62

MYSOLINE TAB 250MG 37
MYSOLINE TAB 50MG 37
N
nabumetone tab 500 mg 13
nabumetone tab 750 mg 13
nadolol tab 20 mg 84
nadolol tab 40 mg 84
nadolol tab 80 mg 84
NA FL/K NITR GEL 1.1-5% 164
naftifine hcl cream 1% 101
naftifine hcl cream 2%.....101
naftifine hcl gel 2% 101
NAFTIN GEL 1% 101
NAFTIN GEL 2% 101
NALFON CAP 400MG 13
NALFON TAB 600MG 13
naloxone hcl inj 0.4 mg/ml 49
naloxone hcl inj 4 mg/10ml.....49
naloxone hcl nasal spray 4 mg/0.1ml.....49
naloxone hcl soln cartridge 0.4 mg/ml.....49
naloxone hcl soln prefilled syringe 0.4 mg/ml 49
naloxone hcl soln prefilled syringe 2 mg/2ml 49
naltrexone hcl tab 50 mg 49
NAMENDA TAB 10MG 174
NAMENDA TAB 5-10MG.....174
NAMENDA TAB 5MG 174
NAMENDA XR CAP 14MG 174
NAMENDA XR CAP 21MG 174
NAMENDA XR CAP 28MG.....174
NAMZARIC CAP.....174
NAMZARIC CAP 14-10MG 174
NAMZARIC CAP 21-10MG 174
NAMZARIC CAP 28-10MG 174
NAMZARIC CAP 7-10MG.....174
NAPROSYN SUS 125/5ML 13
NAPROSYN TAB 500MG 13
naproxen sodium tab 275 mg 13
naproxen sodium tab 550 mg 13
naproxen tab 250 mg 13
naproxen tab 375 mg 13
naproxen tab 500 mg.....13
naproxen tab ec 375 mg 13
naproxen tab ec 500 mg.....13
naratriptan hcl tab 1 mg (base equiv).....159
naratriptan hcl tab 2.5 mg (base equiv)...159
NARCAN SPR 4MG.....49
NARDIL TAB 15MG 40
NASCOBAL SPR 500MCG 128
NATACYN SUS 5% OP.....168
NATAZIA TAB 93
nateglinide tab 120 mg 47
nateglinide tab 60 mg.....47
NATESTO GEL 5.5MG.....22
NATROBA SUS 0.9% 112
NATURAL COND MIS + LUBE 134
NAYZILAM SPR 5MG.....35
nebivolol hcl tab 10 mg (base equivalent) 84
nebivolol hcl tab 2.5 mg (base equivalent) 84
*nebivolol hcl tab 20 mg (base equivalent)*84
nebivolol hcl tab 5 mg (base equivalent) ..84
NEBUSAL NEB 6% 97
NEEDLES MIS 18GX1 154
NEEDLES MIS 18GX1.5 154
NEEDLES MIS 22GX1.5 154
NEEDLES MIS 23GX1.5 154
NEEDLES MIS 25GX1.....154
nefazodone hcl tab 100 mg 41
nefazodone hcl tab 150 mg 41
nefazodone hcl tab 200 mg.....41
nefazodone hcl tab 250 mg.....41
nefazodone hcl tab 50 mg.....41
NEMLUVIO INJ 30MG 110
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....168
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 168
neomycin-polymyxin-dexamethasone ophth oint 0.1% 169
neomycin-polymyxin-dexamethasone ophth susp 0.1% 170
neomycin-polymyxin-hc ophth susp 170
neomycin-polymyxin-hc otic soln 1%.....171
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 171
neomycin sulfate tab 500 mg.....6

NEORAL CAP 100MG.....163
NEORAL CAP 25MG.....163
NEORAL SOL 100MG/ML.....163
NERLYNX TAB 40MG.....68
NEUPRO DIS 1MG/24HR.....72
NEUPRO DIS 2MG/24HR.....72
NEUPRO DIS 3MG/24HR.....72
NEUPRO DIS 4MG/24HR.....72
NEUPRO DIS 6MG/24HR.....72
NEUPRO DIS 8MG/24HR.....72
NEURONTIN CAP 100MG.....37
NEURONTIN CAP 300MG.....37
NEURONTIN CAP 400MG.....37
NEURONTIN SOL 250/5ML.....37
NEURONTIN TAB 600MG.....37
NEURONTIN TAB 800MG.....37
NEUTEK 2TEK SOL CONTROL.....145
nevirapine susp 50 mg/5ml.....80
nevirapine tab 200 mg.....80
nevirapine tab er 24hr 400 mg.....80
NEXLETOL TAB 180MG.....52
NEXLIZET TAB 180/10MG.....52
NEXTSTELLIS TAB 3-14.2MG.....93
niacin tab er 1000 mg (antihyperlipidemic).....54
*niacin tab er 500 mg (antihyperlipidemic)*54
*niacin tab er 750 mg (antihyperlipidemic)*54
nicardipine hcl cap 20 mg.....86
nicardipine hcl cap 30 mg.....86
nicotine polacrilex gum 2 mg.....177
nicotine polacrilex gum 4 mg.....178
nicotine polacrilex lozenge 2 mg.....178
nicotine polacrilex lozenge 4 mg.....178
nicotine td patch 24hr 14 mg/24hr.....178
nicotine td patch 24hr 21 mg/24hr.....178
nicotine td patch 24hr 7 mg/24hr.....178
NICOTROL NS SPR 10MG/ML.....178
nifedipine cap 10 mg.....86
nifedipine cap 20 mg.....86
nifedipine tab er 24hr 30 mg.....86
nifedipine tab er 24hr 60 mg.....86
nifedipine tab er 24hr 90 mg.....86
nifedipine tab er 24hr osmotic release 30 mg.....86
nifedipine tab er 24hr osmotic release 60 mg.....86
nifedipine tab er 24hr osmotic release 90 mg.....86
*nilotinib hcl cap 150 mg (base equivalent)*68
nilotinib hcl cap 200 mg (base equivalent).....68
nilotinib hcl cap 50 mg (base equivalent).68
nilutamide tab 150 mg.....64
nimodipine cap 30 mg.....86
nimodipine oral soln 60 mg/20ml (3 mg/ml).....86
NINLARO CAP 2.3MG.....68
NINLARO CAP 3MG.....68
NINLARO CAP 4MG.....68
nisoldipine tab er 24hr 17 mg.....86
nisoldipine tab er 24hr 20 mg.....86
nisoldipine tab er 24hr 25.5 mg.....86
nisoldipine tab er 24hr 30 mg.....86
nisoldipine tab er 24hr 34 mg.....86
nisoldipine tab er 24hr 40 mg.....86
nisoldipine tab er 24hr 8.5 mg.....86
nitazoxanide tab 500 mg.....24
nitisinone cap 10 mg.....118
nitisinone cap 20 mg.....118
nitisinone cap 2 mg.....118
nitisinone cap 5 mg.....118
NITRO-BID OIN 2%.....26
NITRO-DUR DIS 0.1MG/HR.....26
NITRO-DUR DIS 0.2MG/HR.....26
NITRO-DUR DIS 0.3MG/HR.....26
NITRO-DUR DIS 0.4MG/HR.....26
NITRO-DUR DIS 0.6MG/HR.....26
NITRO-DUR DIS 0.8MG/HR.....26
nitrofurantoin macrocrystalline cap 100 mg.....25
nitrofurantoin macrocrystalline cap 25 mg.....25
nitrofurantoin macrocrystalline cap 50 mg.....25
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....25
nitrofurantoin susp 25 mg/5ml.....25
nitroglycerin cap er 2.5 mg.....26

nitroglycerin cap er 6.5 mg 26
nitroglycerin cap er 9 mg 26
nitroglycerin oint 0.4% 23
nitroglycerin sl tab 0.3 mg 26
nitroglycerin sl tab 0.4 mg 26
nitroglycerin sl tab 0.6 mg 26
nitroglycerin td patch 24hr 0.1 mg/hr 26
nitroglycerin td patch 24hr 0.2 mg/hr 26
nitroglycerin td patch 24hr 0.4 mg/hr 26
nitroglycerin td patch 24hr 0.6 mg/hr 26
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 26
NITROLINGUAL SPR 400MCG 26
NITROSTAT SUB 0.3MG 26
NITROSTAT SUB 0.4MG 26
NITROSTAT SUB 0.6MG 26
NIVESTYM INJ 300/0.5 129
NIVESTYM INJ 300MCG 129
NIVESTYM INJ 480/0.8 129
NIVESTYM INJ 480MCG 129
nizatidine cap 150 mg 182
nizatidine cap 300 mg 182
NOCDURNA SUB 27.7MCG 119
NOCDURNA SUB 55.3MCG 119
NORDITROPIN INJ 10/1.5ML 117
NORDITROPIN INJ 15/1.5ML 117
NORDITROPIN INJ 30/3ML 117
NORDITROPIN INJ 5/1.5ML 117
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 94
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 93
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 93
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 93
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg 93
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 93
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 94
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 94
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 94
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 94
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 94
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 94
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) 94
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 120
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 120
norethindrone acetate tab 5 mg 172
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 93
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 94
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 94
norethindrone tab 0.35 mg 95
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 94
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 94
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 94
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 94
NORM-JECT MIS LUER LOK 154
NORPACE CAP 100MG CR 28
NORPACE CAP 150MG CR 28
NORPRAMIN TAB 10MG 43
NORPRAMIN TAB 25MG 43
nortriptyline hcl cap 10 mg 43
nortriptyline hcl cap 25 mg 43
nortriptyline hcl cap 50 mg 43
nortriptyline hcl cap 75 mg 44
nortriptyline hcl soln 10 mg/5ml 44
NOVA MAX GLU LIQ /KET CON 145
NOVA MAX PLS TES KETONE 113
NOVA SAFETY MIS LANC 23G 145
NOVA SAFETY MIS LANC 28G 145

NOVA SUREFLX MIS LANC DEV 145
NOVA SURE MIS LANCETS.....145
NOVOLIN INJ 70/30.....47
NOVOLIN INJ 70/30 FP 47
NOVOLIN N INJ 100 UNIT.....47
NOVOLIN N INJ U-100 47
NOVOLIN R INJ 100 UNIT 47
NOVOLIN R INJ U-100.....47
NOVOLOG INJ 100/ML 47
NOVOLOG INJ FLEXPEN 47
NOVOLOG INJ PENFILL.....47
NOVOLOG MIX INJ 70/30 47
NOVOLOG MIX INJ FLEXPEN 47
NOVOPEN ECHO MIS 154
NOZIN NASAL KIT SANITIZE 166
NOZIN NASAL MIS SANITIZE 166
NP THYROID TAB 120MG 180
NP THYROID TAB 15MG.....180
NP THYROID TAB 30MG.....180
NP THYROID TAB 60MG.....180
NP THYROID TAB 90MG.....180
NUBEQA TAB 300MG 64
NUCALA INJ 100MG/ML 29
NUCALA INJ 40MG/0.4.....29
NUCORT LOT 2% 108
NUPLAZID CAP 34MG.....74
NUPLAZID TAB 10MG.....74
NURTEC TAB 75MG ODT 158
NUZYRA TAB 150MG 179
NYMALIZE SOL 86
nystatin cream 100000 unit/gm 101
nystatin oint 100000 unit/gm 101
nystatin susp 100000 unit/ml 164
nystatin tab 500000 unit 50
nystatin topical powder 100000 unit/gm 101
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....101
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....101
NYVEPRIA INJ 6/0.6ML 129

O

octreotide acetate inj 1000 mcg/ml (1 mg/ml) 119
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 119
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 119
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 119
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 119
octreotide acetate subcutaneous soln pref syr 100 mcg/ml.....119
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 119
octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....119
OCUFLOX DRO 0.3% OP.....168
ODACTRA SUB 6
ODEFSEY TAB 81
ODOMZO CAP 200MG.....64
OFEV CAP 100MG 179
OFEV CAP 150MG.....179
ofloxacin ophth soln 0.3%.....169
ofloxacin otic soln 0.3% 171
ofloxacin tab 300 mg 122
ofloxacin tab 400 mg 122
OJJAARA TAB 100MG 68
OJJAARA TAB 150MG 68
OJJAARA TAB 200MG.....68
olanzapine-fluoxetine hcl cap 12-25 mg..174
olanzapine-fluoxetine hcl cap 12-50 mg..174
olanzapine-fluoxetine hcl cap 3-25 mg ...174
olanzapine-fluoxetine hcl cap 6-25 mg ...174
olanzapine-fluoxetine hcl cap 6-50 mg...174
olanzapine for im inj 10 mg.....76
olanzapine orally disintegrating tab 10 mg 76
olanzapine orally disintegrating tab 15 mg 76
olanzapine orally disintegrating tab 20 mg 76
olanzapine orally disintegrating tab 5 mg.76
olanzapine tab 10 mg.....76
olanzapine tab 15 mg 76
olanzapine tab 2.5 mg 76
olanzapine tab 20 mg 76

olanzapine tab 5 mg.....76
olanzapine tab 7.5 mg 76
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg ..59
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 60
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg ..60
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg..59
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 60
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....59
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....59
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 59
olmesartan medoxomil tab 20 mg.....56
olmesartan medoxomil tab 40 mg 56
olmesartan medoxomil tab 5 mg.....56
olopatadine hcl nasal soln 0.6%.....166
OMECLAMOX- MIS PAK 183
omega-3-acid ethyl esters cap 1 gm 52
omeprazole cap delayed release 10 mg ..182
omeprazole cap delayed release 20 mg .182
omeprazole cap delayed release 40 mg .182
OMNIFLEX DPR 134
OMNIPOD 5 DX KIT INT G7G6.....145
OMNIPOD 5 DX MIS POD G7G6.....145
OMNIPOD 5 G7 KIT INTRO 145
OMNIPOD 5 G7 MIS PODS.....145
OMNIPOD 5 L2 KIT INTRO G6 145
OMNIPOD 5 L2 MIS PODS G6 145
OMNIPOD DASH KIT INTRO 145
OMNIPOD DASH KIT PDM 145
OMNIPOD DASH MIS PODS 145
OMNIPOD MIS CLASSIC 145
ondansetron hcl oral soln 4 mg/5ml 49
ondansetron hcl tab 24 mg.....49
ondansetron hcl tab 4 mg.....49
ondansetron hcl tab 8 mg.....49
ondansetron orally disintegrating tab 4 mg 49
ondansetron orally disintegrating tab 8 mg 49
ONETOUCH LIQ ULT CONT 145
ONETOUCH LIQ ULTRA.....145
ONETOUCH LIQ VERIO.....145
ONETOUCH LIQ VERIO 4 145
ONEXTON GEL 1.2-3.75 99
ON-THE-GO MIS LANC 30G.....145
ONUREG TAB 200MG 63
ONUREG TAB 300MG 63
ONZETRA XSAI MIS 11MG 159
OPILL TAB 0.075MG 95
opium tincture 1% (10 mg/ml) (morphine equiv) 48
OPSUMIT TAB 10MG 91
OPSYNVI TAB 10-20MG.....88
OPSYNVI TAB 10-40MG 88
OPTICHAMBER MIS DIA LG.....158
OPTICHAMBER MIS DIA MD 158
OPTICHAMBER MIS DIAMOND 158
OPTICHAMBER MIS DIA SM.....158
OPZELURA CRE 1.5%.....109
ORACEA CAP 40MG.....112
ORACIT SOL 125
ORALAIR SUB 300 IR.....6
ORAPRED ODT TAB 10MG 96
ORAPRED ODT TAB 15MG.....96
ORAPRED ODT TAB 30MG.....96
ORAVIG TAB 50MG.....164
ORENCIA CLCK INJ 125MG/ML.....14
ORENCIA INJ 125MG/ML 15
ORENCIA INJ 50/0.4ML 15
ORENCIA INJ 87.5/0.7 15
ORENITRAM TAB 0.125MG 90
ORENITRAM TAB 0.25MG.....90
ORENITRAM TAB 1MG 90
ORENITRAM TAB 2.5MG 90
ORENITRAM TAB 5MG 90
ORENITRAM TAB MONTH 1.....90
ORENITRAM TAB MONTH 2 90
ORENITRAM TAB MONTH 3 90
ORFADIN CAP 10MG 118
ORFADIN CAP 20MG.....118
ORFADIN CAP 2MG 118

ORFADIN CAP 5MG 118
ORFADIN SUS 4MG/ML 118
ORGOVYX TAB 120MG....64
ORIAHNN CAP 120
ORILISSA TAB 150MG 116
ORILISSA TAB 200MG....116
ORKAMBI GRA 100-125 178
ORKAMBI GRA 150-188 178
ORKAMBI GRA 75-94MG 178
ORKAMBI TAB 100-125....179
ORKAMBI TAB 200-125 179
ORLADEYO CAP 110MG....127
ORLADEYO CAP 150MG....127
orlistat cap 120 mg 3
ORLYNVAH TAB 500-500 25
orphenadrine citrate tab er 12hr 100 mg .165
oseltamivir phosphate cap 30 mg (base equiv) 83
oseltamivir phosphate cap 45 mg (base equiv) 83
oseltamivir phosphate cap 75 mg (base equiv) 83
oseltamivir phosphate for susp 6 mg/ml (base equiv)....83
OTEZLA/XR TAB 28 DAY 14
OTEZLA TAB 10/20....14
OTEZLA TAB 10/20/30 14
OTEZLA TAB 20MG 14
OTEZLA TAB 30MG 14
OTEZLA XR TAB 75MG 14
OTREXUP INJ 10MG....10
OTREXUP INJ 12.5/0.4....10
OTREXUP INJ 15MG 10
OTREXUP INJ 17.5/0.4....10
OTREXUP INJ 20MG 10
OTREXUP INJ 22.5/0.4 10
OTREXUP INJ 25MG 10
OVACE PLUS CRE 10%....106
OVACE PLUS GEL 10% WASH....106
OVACE PLUS LIQ 10% WASH....106
OVACE PLUS LOT 9.8% 106
OVACE PLUS SHA 10% 106
OVACE WASH LIQ 10% 106
OVIDE LOT 0.5% 112
oxaprozin cap 300 mg 13
oxaprozin tab 600 mg 13
oxazepam cap 10 mg 28
oxazepam cap 15 mg 28
oxazepam cap 30 mg 28
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 37
oxcarbazepine tab 150 mg 37
oxcarbazepine tab 300 mg 37
oxcarbazepine tab 600 mg 37
oxcarbazepine tab er 24hr 150 mg 37
oxcarbazepine tab er 24hr 300 mg 37
oxcarbazepine tab er 24hr 600 mg 37
OXERVATE SOL 20MCG/ML 169
oxiconazole nitrate cream 1% 101
OXISTAT CRE 1%....101
OXISTAT LOT 1%....101
OXTELLAR XR TAB 150MG....37
OXTELLAR XR TAB 300MG....37
OXTELLAR XR TAB 600MG....37
oxybutynin chloride solution 5 mg/5ml...183
oxybutynin chloride tab 5 mg 183
oxybutynin chloride tab er 24hr 10 mg 183
oxybutynin chloride tab er 24hr 15 mg 183
oxybutynin chloride tab er 24hr 5 mg....183
oxycodone hcl cap 5 mg 20
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 20
oxycodone hcl soln 5 mg/5ml....20
oxycodone hcl tab 10 mg 20
oxycodone hcl tab 15 mg 20
oxycodone hcl tab 20 mg 20
oxycodone hcl tab 30 mg 20
oxycodone hcl tab 5 mg....20
oxycodone hcl tab er 12hr deter 10 mg 20
oxycodone hcl tab er 12hr deter 20 mg 20
oxycodone hcl tab er 12hr deter 40 mg 20
oxycodone hcl tab er 12hr deter 80 mg 20
oxycodone w/ acetaminophen tab 10-325 mg 21
oxycodone w/ acetaminophen tab 2.5-325 mg 21
oxycodone w/ acetaminophen tab 5-325 mg 21

oxycodone w/ acetaminophen tab 7.5-325 mg 21
oxymorphone hcl tab 10 mg 20
oxymorphone hcl tab 5 mg....20
OZEMPIC INJ 2MG/3ML....46
OZEMPIC INJ 4MG/3ML....46
OZEMPIC INJ 8MG/3ML....46

P

paliperidone tab er 24hr 1.5 mg....74
paliperidone tab er 24hr 3 mg 74
paliperidone tab er 24hr 6 mg 74
paliperidone tab er 24hr 9 mg 74
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent) 49
PAMELOR CAP 10MG 44
PAMELOR CAP 25MG....44
PAMELOR CAP 50MG....44
PAMELOR CAP 75MG....44
PANCREAZE CAP 10500UNT 113
PANCREAZE CAP 16800UNT 113
PANCREAZE CAP 21000UNT 113
PANCREAZE CAP 2600UNIT....113
PANCREAZE CAP 37000 113
PANCREAZE CAP 4200UNIT....113
PANDEL CRE 0.1% 108
PANRETIN GEL 0.1% 101
PANTOPRAZOLE INJ SOD 40MG 182
pantoprazole sodium ec tab 20 mg (base equiv)....182
pantoprazole sodium ec tab 40 mg (base equiv)....182
pantoprazole sodium for iv soln 40 mg (base equiv) 182
paricalcitol cap 1 mcg 118
paricalcitol cap 2 mcg....118
paricalcitol cap 4 mcg 118
PARLODEL CAP 5MG....72
PARLODEL TAB 2.5MG 72
PARNATE TAB 10MG....40
paroxetine hcl oral susp 10 mg/5ml (base equiv)....41
paroxetine hcl tab 10 mg....41
paroxetine hcl tab 20 mg....41
paroxetine hcl tab 30 mg....41
paroxetine hcl tab 40 mg....41
paroxetine hcl tab er 24hr 12.5 mg 41
paroxetine hcl tab er 24hr 25 mg....41
paroxetine hcl tab er 24hr 37.5 mg 41
PAXLOVID PAK 81
PAXLOVID TAB 150-100 81
PAXLOVID TAB 300-100 81
pazopanib hcl tab 200 mg (base equiv)....68
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml 181
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg 181
PEDIAPRED SOL 5MG/5ML 96
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 131
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 132
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 132
PEG-PREP KIT 132
penciclovir cream 1%....106
penicillamine cap 250 mg 161
penicillamine tab 250 mg....161
penicillin v potassium for soln 125 mg/5ml 172
penicillin v potassium for soln 250 mg/5ml 172
penicillin v potassium tab 250 mg....172
penicillin v potassium tab 500 mg....172
pentazocine w/ naloxone hcl tab 50-0.5 mg 22
pentoxifylline tab er 400 mg 127
PEPCID TAB 40MG 182
perampanel tab 10 mg....34
perampanel tab 12 mg....34
perampanel tab 2 mg 34
perampanel tab 4 mg 34
perampanel tab 6 mg 34
perampanel tab 8 mg 34
PERFECT 28G MIS LANCETS 145
PERFECT 30G MIS LANCETS 145
PERFECT POIN MIS 25GX1....154
PERFOROMIST NEB 20MCG....32
PERIDEX SOL 0.12%....164

perindopril erbumine tab 2 mg.....55
perindopril erbumine tab 4 mg.....55
perindopril erbumine tab 8 mg.....55
permethrin cream 5%.....112
perphenazine-amitriptyline tab 2-10 mg .175
perphenazine-amitriptyline tab 2-25 mg.175
perphenazine-amitriptyline tab 4-10 mg .175
perphenazine-amitriptyline tab 4-25 mg.175
perphenazine-amitriptyline tab 4-50 mg 175
perphenazine tab 16 mg 78
perphenazine tab 2 mg.....78
perphenazine tab 4 mg.....78
perphenazine tab 8 mg.....78
PERSERIS INJ 120MG.....74
PERSERIS INJ 90MG 74
PERTZYE CAP 16000U 113
PERTZYE CAP 24000U.....113
PERTZYE CAP 4000UNIT.....113
PERTZYE CAP 8000UNIT.....113
PHARMACY COU MIS LANCETS 145
PHARM SYRNG MIS TRAY 1ML.....154
PHARM TRAY MIS 12ML/LL 154
PHARM TRAY MIS 1ML/REG 154
PHARM TRAY MIS 20ML/LL.....154
PHARM TRAY MIS 35ML/LL.....154
PHARM TRAY MIS 3ML/LL 154
PHARM TRAY MIS 60ML/LL 154
PHARM TRAY MIS 6ML.....154
PHEBURANE MIS 483/GM.....118
phenazopyridine hcl tab 100 mg 126
phenazopyridine hcl tab 200 mg.....126
phenelzine sulfate tab 15 mg.....40
phenobarbital elixir 20 mg/5ml 130
phenobarbital tab 100 mg 130
phenobarbital tab 15 mg.....130
phenobarbital tab 16.2 mg.....130
phenobarbital tab 30 mg 130
phenobarbital tab 32.4 mg 130
phenobarbital tab 60 mg.....130
phenobarbital tab 64.8 mg.....130
phenobarbital tab 97.2 mg 130
phenoxybenzamine hcl cap 10 mg 56
phenylephrine hcl ophth soln 10% 168
phenylephrine hcl ophth soln 2.5%.....168
phenytoin chew tab 50 mg 39
phenytoin sodium extended cap 100 mg .39
phenytoin sodium extended cap 200 mg.39
phenytoin sodium extended cap 300 mg.39
phenytoin susp 125 mg/5ml 39
PHEXX GEL.....184
PHEXXI GEL.....184
PHOSPHOLINE SOL 0.125%OP.....168
phytonadione tab 5 mg.....185
pilocarpine hcl ophth soln 1% 168
pilocarpine hcl ophth soln 2% 168
pilocarpine hcl ophth soln 4% 168
pilocarpine hcl tab 5 mg 164
pilocarpine hcl tab 7.5 mg 164
pimecrolimus cream 1%.....110
pimozide tab 1 mg.....177
pimozide tab 2 mg 177
pindolol tab 10 mg.....85
pindolol tab 5 mg 84
pioglitazone hcl-glimepiride tab 30-2 mg 44
pioglitazone hcl-glimepiride tab 30-4 mg 44
pioglitazone hcl-metformin hcl tab 15-500 mg 44
pioglitazone hcl-metformin hcl tab 15-850 mg 44
pioglitazone hcl tab 15 mg (base equiv) 47
pioglitazone hcl tab 30 mg (base equiv) ...47
pioglitazone hcl tab 45 mg (base equiv) ...47
PIP CONTROL LIQ 145
PIP LANCETS MIS 28G 145
PIP LANCETS MIS 30G.....145
PIQRAY 200MG TAB DOSE 68
PIQRAY 250MG TAB DOSE 68
PIQRAY 300MG TAB DOSE 68
pirfenidone cap 267 mg.....179
pirfenidone tab 267 mg.....179
pirfenidone tab 801 mg 179
piroxicam cap 10 mg 13
piroxicam cap 20 mg.....13
pitavastatin calcium tab 1 mg 53
pitavastatin calcium tab 2 mg 53
pitavastatin calcium tab 4 mg 53
PLAQUENIL TAB 200MG.....61
PLEGRIDY INJ 176

PLEGRIDY INJ PEN....176
PLEGRIDY INJ STARTER....176
PLEGRIDY PEN INJ STARTER....177
PLEXION CLTH PAD 9.8-4.8%....99
PLEXION CRE 9.8-4.8%....99
PLEXION LIQ 9.8-4.8%....99
PLEXION LOT 9.8-4.8%....99
POCKET CHAMB MIS....158
POCKETCHEM SOL EZ....145
POCKET SPACE MIS....158
PODOCON-25 SOL....110
podofilox gel 0.5%....110
podofilox soln 0.5%....110
POLY HUB MIS 18GX1....154
POLY HUB MIS 18GX1.5....154
POLY HUB MIS 20GX1....155
POLY HUB MIS 21GX1....155
POLY HUB MIS 21GX1.5....155
POLY HUB MIS 22GX1....155
POLY HUB MIS 22GX1.5....155
POLY HUB MIS 23GX1....155
POLY HUB MIS 23GX1.5....155
POLY HUB MIS 25GX1....155
POLY HUB MIS 25GX1.5....155
POLY HUB MIS 25GX5/8....155
POLY HUB MIS 27GX1/2....155
POLY HUB MIS 27GX1.25....155
POLY HUB MIS 30GX1/2....155
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%....169
POMALYST CAP 1MG....65
POMALYST CAP 2MG....65
POMALYST CAP 3MG....65
POMALYST CAP 4MG....65
PONVORY TAB 20MG....177
PONVORY TAB STARTER....177
posaconazole susp 40 mg/ml....51
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml....125
potassium chloride cap er 10 meq....161
potassium chloride cap er 8 meq....161
potassium chloride microencapsulated crys er tab 10 meq....161
potassium chloride microencapsulated crys er tab 15 meq....161
potassium chloride microencapsulated crys er tab 20 meq....161
potassium chloride oral soln 10% (20 meq/15ml)....161
potassium chloride oral soln 20% (40 meq/15ml)....161
potassium chloride powder packet 20 meq....161
potassium chloride tab er 10 meq....161
potassium chloride tab er 15 meq....161
potassium chloride tab er 20 meq (1500 mg)....161
potassium chloride tab er 8 meq (600 mg)....161
potassium citrate & citric acid powder pack 3300-1002 mg....125
potassium citrate & citric acid soln 1100-334 mg/5ml....125
potassium citrate tab er 10 meq (1080 mg)....126
potassium citrate tab er 15 meq (1620 mg)....126
*potassium citrate tab er 5 meq (540 mg)*126
POVIDONE IOD SOL 5%....169
pramipexole dihydrochloride tab 0.125 mg....72
*pramipexole dihydrochloride tab 0.25 mg*72
pramipexole dihydrochloride tab 0.5 mg..72
*pramipexole dihydrochloride tab 0.75 mg*72
pramipexole dihydrochloride tab 1.5 mg..72
pramipexole dihydrochloride tab 1 mg....72
pramipexole dihydrochloride tab er 24hr 0.375 mg....72
pramipexole dihydrochloride tab er 24hr 0.75 mg....72
pramipexole dihydrochloride tab er 24hr 1.5 mg....72
pramipexole dihydrochloride tab er 24hr 2.25 mg....72
pramipexole dihydrochloride tab er 24hr 3.75 mg....72

pramipexole dihydrochloride tab er 24hr 3 mg....72
pramipexole dihydrochloride tab er 24hr 4.5 mg....72
PRAMOSONE CRE 1-1%....108
PRAMOSONE CRE 1-2.5%....108
PRAMOSONE LOT 1%....108
PRAMOSONE LOT 1-1%....108
PRAMOSONE LOT 2.5%....108
PRAMOSONE OIN 1%....108
PRAMOSONE OIN 2.5%....109
pramoxine-hc cream 1-2.5%....109
prasugrel hcl tab 10 mg (base equiv)....128
prasugrel hcl tab 5 mg (base equiv)....128
pravastatin sodium tab 10 mg....53
pravastatin sodium tab 20 mg....54
pravastatin sodium tab 40 mg....54
pravastatin sodium tab 80 mg....54
praziquantel tab 600 mg....23
prazosin hcl cap 1 mg....57
prazosin hcl cap 2 mg....57
prazosin hcl cap 5 mg....57
PR BENZOYL LIQ 7% WASH....99
PRECISION LIQ GLUC/KET....145
PRECISN XTRA TES KETONE....113
prednisolone acetate ophth susp 1%....170
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)....96
prednisolone sod phos orally disintegr tab 10 mg (base eq)....96
prednisolone sod phos orally disintegr tab 15 mg (base eq)....96
prednisolone sod phos orally disintegr tab 30 mg (base eq)....96
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)....96
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)....96
prednisolone soln 15 mg/5ml....96
PREDNISOLONE SUS 1%....170
PREDNISOLONE TAB 10MG ODT....96
PREDNISOLONE TAB 15MG ODT....96
PREDNISOLONE TAB 30MG ODT....96
prednisolone tab 5 mg....96
PREDNISONE CON 5MG/ML....96
prednisone oral soln 5 mg/5ml....96
prednisone tab 10 mg....96
prednisone tab 1 mg....96
prednisone tab 2.5 mg....96
prednisone tab 20 mg....96
prednisone tab 50 mg....96
prednisone tab 5 mg....96
prednisone tab therapy pack 10 mg (21)....96
prednisone tab therapy pack 10 mg (48)....96
prednisone tab therapy pack 5 mg (21)....96
prednisone tab therapy pack 5 mg (48)....96
PRED SOD PHO SOL 1% OP....170
pregabalin cap 100 mg....37
pregabalin cap 150 mg....37
pregabalin cap 200 mg....37
pregabalin cap 225 mg....37
pregabalin cap 25 mg....37
pregabalin cap 300 mg....37
pregabalin cap 50 mg....37
pregabalin cap 75 mg....37
pregabalin soln 20 mg/ml....37
pregabalin tab er 24hr 165 mg....177
pregabalin tab er 24hr 330 mg....177
pregabalin tab er 24hr 82.5 mg....177
PREGNYL INJ 10000UNT....116
PREMARIN INJ 25MG....121
PREMPHASE TAB....120
PREMPRO TAB....120
PREMPRO TAB 0.3-1.5....120
PREMPRO TAB 0.45-1.5....120
PREMPRO TAB 0.625-5....120
PRENATAL TAB....165
PRENATAL TAB 28-0.8MG....165
PRENATAL TAB IRON....165
PRENATAL TAB MULTIVIT....165
PRENATAL VIT TAB 28-0.8MG....165
PRENATAL VIT TAB MINERALS....165
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg....165
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg....165
prenatal vit w/ fe fumarate-fa tab 28-1 mg....165

prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg 165
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg 165
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg 165
PREPIDIL GEL 0.5MG/3G 171
PREP PADS PAD 150
PRETOMANID TAB 200MG 62
PREVYMIS PAK 120MG 81
PREVYMIS PAK 20MG 81
PREVYMIS TAB 240MG 81
PREVYMIS TAB 480MG 81
PREZCOBIX TAB 675/150 81
PREZCOBIX TAB 800-150 81
PRIFTIN TAB 150MG 62
primaquine phosphate tab 26.3 mg (15 mg base) 61
PRIMAQUINE TAB 26.3MG 61
primidone tab 250 mg 37
primidone tab 50 mg 37
PRISMASOL SOL 0/0/1.2 161
PRISMASOL SOL 0/2.5 161
PRISMASOL SOL 2/0 161
PRISMASOL SOL 2/3.5 161
PRISMASOL SOL 4/0/1.2 161
PRISMASOL SOL 4/2.5 161
PRISMASOL SOL B22GK4/0 161
probenecid tab 500 mg 127
PROCARDIA XL TAB 30MG 86
PROCARDIA XL TAB 60MG 86
PROCARDIA XL TAB 90MG 86
prochlorperazine edisylate inj 10 mg/2ml .78
prochlorperazine maleate tab 10 mg (base equivalent) 78
prochlorperazine maleate tab 5 mg (base equivalent) 78
prochlorperazine suppos 25 mg 78
PRO COMFORT MIS 31G 145
PRO COMFORT MIS LANC 30G 145
PRO COMFORT MIS LANCETS 145
PRO COMFORT PAD ALCOHOL 150
PROCORT CRE 23
PROCRIT INJ 10000/ML 129
PROCRIT INJ 2000/ML 129
PROCRIT INJ 20000/ML 129
PROCRIT INJ 3000/ML 129
PROCRIT INJ 4000/ML 129
PROCRIT INJ 40000/ML 130
PROCTOCORT SUP 30MG 23
PROCTOFOAM AER HC 1% 23
PRODIGY MIS 26G 146
PRODIGY MIS 28G 146
PRODIGY MIS LANC DEV 146
PRODIGY SOL HIGH 146
PRODIGY SOL LOW 146
progesterone cap 100 mg 172
progesterone cap 200 mg 172
progesterone im in oil 50 mg/ml 172
progesterone vaginal insert 100 mg 185
PROGLYCEM SUS 50MG/ML 46
PROGRAF CAP 0.5MG 163
PROGRAF CAP 1MG 163
PROGRAF CAP 5MG 163
PROGRAF GRA 0.2MG 163
PROGRAF GRA 1MG 163
PROLENSA DRO 0.07% OP 170
promethazine & phenylephrine syrup 6.25-5 mg/5ml 97
promethazine-dm syrup 6.25-15 mg/5ml .97
promethazine hcl oral soln 6.25 mg/5ml ...51
promethazine hcl suppos 12.5 mg 51
promethazine hcl suppos 25 mg 51
promethazine hcl suppos 50 mg 51
promethazine hcl tab 12.5 mg 51
promethazine hcl tab 25 mg 51
promethazine hcl tab 50 mg 51
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml 97
promethazine w/ codeine syrup 6.25-10 mg/5ml 97
propafenone hcl cap er 12hr 225 mg 28
propafenone hcl cap er 12hr 325 mg 28
propafenone hcl cap er 12hr 425 mg 28
propafenone hcl tab 150 mg 28
propafenone hcl tab 225 mg 28
propafenone hcl tab 300 mg 28
proparacaine hcl ophth soln 0.5% 169

propranolol hcl cap er 24hr 120 mg 85
propranolol hcl cap er 24hr 160 mg 85
propranolol hcl cap er 24hr 60 mg 85
propranolol hcl cap er 24hr 80 mg 85
propranolol hcl oral soln 20 mg/5ml 85
propranolol hcl oral soln 40 mg/5ml 85
propranolol hcl tab 10 mg 85
propranolol hcl tab 20 mg 85
propranolol hcl tab 40 mg 85
propranolol hcl tab 60 mg 85
propranolol hcl tab 80 mg 85
propylthiouracil tab 50 mg 180
PROSCAR TAB 5MG 126
PROTONIX INJ 40MG 182
protriptyline hcl tab 10 mg 44
protriptyline hcl tab 5 mg 44
PROVERA TAB 10MG 173
PROVERA TAB 2.5MG 172
PROVERA TAB 5MG 172
prucalopride succinate tab 1 mg (base equivalent) 122
prucalopride succinate tab 2 mg (base equivalent) 122
PRUDOXIN CRE 5% 101
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 97
PSS SAFE LAN MIS 146
PSS SEL LANC MIS 146
PSS SEL PLAT MIS 146
PULMICORT INH 180MCG 30
PULMICORT INH 90MCG 30
PULMICORT SUS 0.25MG/2 30
PULMICORT SUS 0.5MG/2 30
PULMICORT SUS 1MG/2ML 30
PULMOZYME SOL 1MG/ML 179
PURE COMFORT MIS 30G LAN 146
PURE COMFORT PAD 151
PURIXAN SUS 20MG/ML 63
PX LANCETS MIS 28G 146
PX LANCETS MIS 33G 146
PX PRENATAL TAB MULTIVIT 165
PYLERA CAP 183
pyrazinamide tab 500 mg 62
PYRIDIUM TAB 100MG 126
PYRIDIUM TAB 200MG 126
pyridostigmine bromide oral soln 60 mg/5ml 61
pyridostigmine bromide tab 60 mg 61
pyridostigmine bromide tab er 180 mg 61
pyrimethamine tab 25 mg 61
PYROGALL ACD OIN 110
PYZCHIVA INJ 45/0.5ML 103
PYZCHIVA INJ 90MG/ML 104

Q

QBRELIS SOL 1MG/ML 55
QBREXZA PAD 2.4% 111
QC ALCOHOL PAD SWABS 151
QC LANCETS MIS 28G 146
QC LANCETS MIS 30G 146
QC LANCING MIS DEVICE 146
QC PRENATAL TAB 28-0.8MG 165
QELBREE CAP 100MG ER 3
QELBREE CAP 150MG ER 3
QELBREE CAP 200MG ER 3
QSYMIA CAP 11.25-69 2
QSYMIA CAP 15-92MG 3
QSYMIA CAP 3.75-23 2
QSYMIA CAP 7.5-46MG 2
QUALAQUIN CAP 324MG 61
QUDEXY XR CAP 100/24HR 38
QUDEXY XR CAP 150/24HR 38
QUDEXY XR CAP 200/24HR 38
QUDEXY XR CAP 25/24HR 38
QUDEXY XR CAP 50/24HR 38
QUESTRAN POW 4GM 52
QUESTRAN POW 4GM LITE 52
quetiapine fumarate tab 100 mg 76
quetiapine fumarate tab 150 mg 76
quetiapine fumarate tab 200 mg 76
quetiapine fumarate tab 25 mg 76
quetiapine fumarate tab 300 mg 76
quetiapine fumarate tab 400 mg 76
quetiapine fumarate tab 50 mg 76
quetiapine fumarate tab er 24hr 150 mg 76
quetiapine fumarate tab er 24hr 200 mg 76
quetiapine fumarate tab er 24hr 300 mg 76
quetiapine fumarate tab er 24hr 400 mg 76
quetiapine fumarate tab er 24hr 50 mg 76

QUICKTEK LIQ SOLUTION 146
quinapril hcl tab 10 mg 55
quinapril hcl tab 20 mg.....55
quinapril hcl tab 40 mg.....55
quinapril hcl tab 5 mg 55
quinapril-hydrochlorothiazide tab 10-12.5 mg 60
quinapril-hydrochlorothiazide tab 20-12.5 mg 60
quinapril-hydrochlorothiazide tab 20-25 mg 60
quinidine gluconate tab er 324 mg 28
quinine sulfate cap 324 mg 61
QUINTET CONT SOL HGH/NORM 146
QULIPTA TAB 10MG.....158
QULIPTA TAB 30MG 158
QULIPTA TAB 60MG.....158
QUVIVIQ TAB 25MG.....131
QUVIVIQ TAB 50MG 131
R
RA ALCOHOL PAD SWABS 151
RABEPRAZOLE CAP 10MG DR 182
rabeprazole sodium ec tab 20 mg.....182
RADICAVA ORS SUS 105/5ML 166
RADICAVA ORS SUS STARTER 167
RADIOGARDASE CAP 0.5GM 49
RA E-ZJECT MIS 28G.....146
RA E-ZJECT MIS THIN 26G.....146
RA E-ZJECT MIS THIN 28G.....146
RA E-ZJECT MIS ULT THIN 146
RAGWITEK SUB.....6
raloxifene hcl tab 60 mg.....117
ramelteon tab 8 mg.....131
ramipril cap 1.25 mg.....55
ramipril cap 10 mg.....55
ramipril cap 2.5 mg 55
ramipril cap 5 mg 55
ranolazine tab er 12hr 1000 mg 25
ranolazine tab er 12hr 500 mg 25
RAPAMUNE SOL 1MG/ML.....163
RAPAMUNE TAB 0.5MG.....163
RAPAMUNE TAB 1MG.....163
RAPAMUNE TAB 2MG 163
RAPID-SAFE MIS LANCING 146
RA PRENATAL TAB 28-0.8MG 165
RA PRENATAL TAB FORMULA.....165
rasagiline mesylate tab 0.5 mg (base equiv) 73
rasagiline mesylate tab 1 mg (base equiv) 73
RASUVO INJ 10MG.....11
RASUVO INJ 12.5MG.....11
RASUVO INJ 15MG 11
RASUVO INJ 17.5MG.....11
RASUVO INJ 20MG 11
RASUVO INJ 22.5MG 11
RASUVO INJ 25MG 11
RASUVO INJ 30MG 11
RASUVO INJ 7.5MG 10
READYLANCE MIS 21G.....146
READYLANCE MIS 23G 146
READYLANCE MIS 26G 146
READYLANCE MIS 28G 146
READYLANCE MIS 30G.....146
REALITY MIS LANCETS.....146
REALITY MIS LUBRICAT.....134
REALITY SWAB PAD.....151
REALITY TRIG MIS LANCETS 146
REALITY ULTR MIS TEXTURED 134
REALITY ULTR MIS THIN.....134
REBIF INJ 22/0.5 177
REBIF INJ 44/0.5 177
REBIF REBIDO INJ 22/0.5.....177
REBIF REBIDO INJ 44/0.5 177
REBIF REBIDO INJ TITRATN 177
REBIF TITRTN INJ PACK.....177
RECTIV OIN 0.4%.....23
REFUAH PLUS SOL CONTROL 146
REGIOCIT SOL 161
REGLAN TAB 10MG.....123
REGLAN TAB 5MG.....123
REGRANEX GEL 0.01%.....112
RELENZA MIS DISKHALE.....83
RELION KIT LANCING.....146
RELION LANCE MIS THIN 26G.....146
RELION LANCE MIS THIN 30G.....146
RELION LANCI MIS DEVICE.....146
RELION MICRO MIS THIN 33G.....146
RELION TES KETONE.....113

RELION TRUE TES METRIX 113
RELION ULTRA MIS THIN 30G 146
RELION ULTRA MIS THIN PLS.....146
RELPAX TAB 20MG.....159
RELPAX TAB 40MG.....159
REMERON SLTB TAB 15MG 40
REMERON SLTB TAB 30MG 40
REMERON SLTB TAB 45MG 40
REMERON TAB 15MG.....40
REMERON TAB 30MG.....40
repaglinide tab 0.5 mg 47
repaglinide tab 1 mg.....47
repaglinide tab 2 mg.....47
REPATHA INJ 140MG/ML 54
REPATHA PUSH INJ 420/3.5.....54
REPATHA SURE INJ 140MG/ML.....54
RESTASIS EMU 0.05% OP 169
RESTASIS MUL EMU 0.05% OP 169
RESTORA RX CAP 60-1.25 48
RESTORIL CAP 15MG 131
RESTORIL CAP 22.5MG.....131
RESTORIL CAP 30MG.....131
RESTORIL CAP 7.5MG.....131
RETACRIT INJ 10000UNT 130
RETACRIT INJ 20000UNI.....130
RETACRIT INJ 2000UNIT.....130
RETACRIT INJ 3000UNIT.....130
RETACRIT INJ 40000UNT 130
RETACRIT INJ 4000UNIT.....130
RETEVMO CAP 40MG.....68
RETEVMO CAP 80MG.....68
RETEVMO TAB 120MG.....68
RETEVMO TAB 160MG.....68
RETEVMO TAB 40MG 68
RETEVMO TAB 80MG 68
RETIN-A CRE 0.025% 99
RETIN-A CRE 0.05%.....99
RETIN-A CRE 0.1%.....99
RETIN-A GEL 0.01%.....99
RETIN-A GEL 0.025%.....99
RETROVIR CAP 100MG.....81
RETROVIR SYP 50MG/5ML 81
REVLIMID CAP 10MG.....162
REVLIMID CAP 15MG.....162
REVLIMID CAP 2.5MG 162
REVLIMID CAP 20MG.....162
REVLIMID CAP 25MG 162
REVLIMID CAP 5MG 162
REXULTI TAB 0.25MG 78
REXULTI TAB 0.5MG 78
REXULTI TAB 1MG.....78
REXULTI TAB 2MG.....78
REXULTI TAB 3MG.....78
REXULTI TAB 4MG.....78
REYVOW TAB 100MG.....159
REYVOW TAB 50MG.....159
ribavirin cap 200 mg 82
ribavirin tab 200 mg.....82
RIDAURA CAP 3MG.....11
rifabutin cap 150 mg 62
rifampin cap 150 mg 62
rifampin cap 300 mg 62
RIGHTEST ALT MIS ADAPTOR.....146
RIGHTEST LIQ HIGH CON 146
RIGHTEST LIQ NORM CON.....146
RIGHTEST MIS GD500 146
RIGHTEST MIS GL300 146
RILUTEK TAB 50MG.....167
riluzole tab 50 mg 167
rimantadine hydrochloride tab 100 mg.....83
RINVOQ LQ SOL 1MG/ML.....8
RINVOQ TAB 15MG ER 8
RINVOQ TAB 30MG ER 9
RINVOQ TAB 45MG ER.....9
risedronate sodium tab 150 mg.....115
risedronate sodium tab 30 mg 115
risedronate sodium tab 35 mg 115
risedronate sodium tab 5 mg.....115
risedronate sodium tab delayed release 35 mg.....115
RISPERDAL INJ 12.5MG 74
RISPERDAL INJ 25MG.....74
RISPERDAL INJ 37.5MG 74
RISPERDAL INJ 50MG 74
RISPERDAL SOL 1MG/ML.....74
RISPERDAL TAB 0.5MG.....74
RISPERDAL TAB 1MG 74
RISPERDAL TAB 2MG.....75

RISPERDAL TAB 3MG....75
RISPERDAL TAB 4MG....75
risperidone microspheres for im extended rel susp 12.5 mg....75
risperidone microspheres for im extended rel susp 25 mg....75
risperidone microspheres for im extended rel susp 37.5 mg....75
risperidone microspheres for im extended rel susp 50 mg....75
risperidone orally disintegrating tab 0.25 mg....75
risperidone orally disintegrating tab 0.5 mg....75
risperidone orally disintegrating tab 1 mg....75
risperidone orally disintegrating tab 2 mg....75
risperidone orally disintegrating tab 3 mg....75
risperidone orally disintegrating tab 4 mg....75
risperidone soln 1 mg/ml....75
risperidone tab 0.25 mg....75
risperidone tab 0.5 mg....75
risperidone tab 1 mg....75
risperidone tab 2 mg....75
risperidone tab 3 mg....75
risperidone tab 4 mg....75
RITALIN LA CAP 10MG....5
RITALIN LA CAP 20MG....5
RITALIN LA CAP 30MG....5
RITALIN LA CAP 40MG....5
RITALIN TAB 10MG....6
RITALIN TAB 20MG....6
RITALIN TAB 5MG....6
RITEFLO MIS....158
ritonavir tab 100 mg....81
rivaroxaban for susp 1 mg/ml....33
rivaroxaban tab 2.5 mg....33
rivastigmine tartrate cap 1.5 mg (base equivalent)....174
rivastigmine tartrate cap 3 mg (base equivalent)....174
rivastigmine tartrate cap 4.5 mg (base equivalent)....174
rivastigmine tartrate cap 6 mg (base equivalent)....174
rivastigmine td patch 24hr 13.3 mg/24hr....174
rivastigmine td patch 24hr 4.6 mg/24hr....174
rivastigmine td patch 24hr 9.5 mg/24hr....174
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)....159
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)....159
rizatriptan benzoate tab 10 mg (base equivalent)....160
rizatriptan benzoate tab 5 mg (base equivalent)....160
ROCALTROL CAP 0.25MCG....118
ROCALTROL CAP 0.5MCG....118
ROCALTROL SOL 1MCG/ML....118
roflumilast tab 250 mcg....30
roflumilast tab 500 mcg....30
ropinirole hydrochloride tab 0.25 mg....72
ropinirole hydrochloride tab 0.5 mg....72
ropinirole hydrochloride tab 1 mg....72
ropinirole hydrochloride tab 2 mg....72
ropinirole hydrochloride tab 3 mg....72
ropinirole hydrochloride tab 4 mg....72
ropinirole hydrochloride tab 5 mg....72
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)....73
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)....72
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)....72
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)....73
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)....73
rosuvastatin calcium tab 10 mg....54
rosuvastatin calcium tab 20 mg....54
rosuvastatin calcium tab 40 mg....54
rosuvastatin calcium tab 5 mg....54
ROWASA KIT 4GM....123
ROXICODONE TAB 15MG....20
ROXICODONE TAB 30MG....20
ROZLYTREK CAP 100MG....68
ROZLYTREK CAP 200MG....68
ROZLYTREK PAK 50MG....68
RUCONEST INJ 2100UNIT....127

rufinamide susp 40 mg/ml 38
rufinamide tab 200 mg.....38
rufinamide tab 400 mg.....38
RUKOBIA TAB 600MG ER 81
RYBELSUS TAB 1.5MG 46
RYBELSUS TAB 14MG 46
RYBELSUS TAB 3MG.....46
RYBELSUS TAB 4MG.....46
RYBELSUS TAB 7MG.....46
RYBELSUS TAB 9MG.....46
RYDAPT CAP 25MG 68
RYTARY CAP 145MG 73
RYTARY CAP 195MG 73
RYTARY CAP 245MG 73
RYTARY CAP 95MG.....73
RYTHMOL SR CAP 225MG.....28
RYTHMOL SR CAP 325MG.....28
RYTHMOL SR CAP 425MG.....28

S

sacubitril-valsartan tab 24-26 mg.....88
sacubitril-valsartan tab 49-51 mg 88
sacubitril-valsartan tab 97-103 mg 88
SAFE-T-LANCE MIS 21G.....146
SAFE-T-LANCE MIS 25G.....146
SAFE-T-LANCE MIS HI FLOW 146
SAFE-T-LANCE MIS LOW FLOW 147
SAFE-T-LANCE MIS NOR FLOW 147
SAFE-T-PRO MIS LANCETS.....147
SAFE-T-PRO MIS PLUS 147
SAFETY 21G MIS LANCETS.....147
SAFETY 23G MIS LANCETS 147
SAFETY 28G MIS LANCETS 147
SAFETY 30G MIS LANCETS.....147
SAFETYGLIDE MIS 21GX1.5.....155
SAFETY MIS LANCETS 147
SAFETY NEEDL MIS 22GX1.5.....155
SAFTY NEEDLE MIS 18GX1.....155
SAFTY NEEDLE MIS 18GX1.5.....155
SAFTY NEEDLE MIS 19GX1.....155
SAFTY NEEDLE MIS 19GX1.5.....155
SAFTY NEEDLE MIS 20GX1.....155
SAFTY NEEDLE MIS 20GX1.5.....155
SAFTY NEEDLE MIS 21GX1.....155
SAFTY NEEDLE MIS 21GX1.5.....155
SAFTY NEEDLE MIS 21GX5/8 155
SAFTY NEEDLE MIS 22GX1 155
SAFTY NEEDLE MIS 22GX1.5 155
SAFTY NEEDLE MIS 23GX1 155
SAFTY NEEDLE MIS 23GX5/8 155
SAFTY NEEDLE MIS 25GX1 155
SAFTY NEEDLE MIS 25GX5/8 155
SAFYRAL TAB.....94
SALAGEN TAB 5MG.....164
SALAGEN TAB 7.5MG.....164
salicylic acid er film-forming soln 28.5% .110
salicylic acid film forming liquid 27.5%....110
salicylic acid foam 6%.....110
salicylic acid gel 6% 110
salicylic acid shampoo 6% 110
salicylic acid soln 26% 110
SALIMEZ FORT CRE 10% 110
salsalate tab 500 mg 16
salsalate tab 750 mg 16
SALVAX AER 6% 110
SAMSCA TAB 15MG.....120
SAMSCA TAB 30MG.....120
SANCUSO DIS 3.1MG 49
SANDIMMUNE CAP 100MG.....163
SANDIMMUNE CAP 25MG.....163
SANDIMMUNE SOL 100MG/ML.....163
SANDOSTATIN INJ 100MCG.....119
SANDOSTATIN INJ 500MCG.....119
SANDOSTATIN INJ 50MCG/ML 119
SANTYL OIN 250/GM.....110
SAPHRIS SUB 10MG 76
SAPHRIS SUB 2.5MG.....76
SAPHRIS SUB 5MG.....76
sapropterin dihydrochloride powder packet 100 mg 118
sapropterin dihydrochloride powder packet 500 mg.....118
sapropterin dihydrochloride tab 100 mg..118
SAPSCARE MIS TWIST 147
SAPS CARE PAD ALCOHOL 151
SAPS HEALTH MIS TWIST 147
SAPS HEALTH PAD ALCOHOL 151
SAPS TWIST MIS 30G.....147
SAVELLA MIS TITR PAK 175

SAVELLA TAB 100MG....175
SAVELLA TAB 12.5MG....175
SAVELLA TAB 25MG....175
SAVELLA TAB 50MG....175
saxagliptin hcl tab 2.5 mg (base equiv)....46
saxagliptin hcl tab 5 mg (base equiv)....46
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg....44
saxagliptin-metformin hcl tab er 24hr 5-1000 mg....45
saxagliptin-metformin hcl tab er 24hr 5-500 mg....45
SAXENDA INJ 18MG/3ML....3
SB ALCOHOL PAD PREP....151
SB LANCETS MIS THIN....147
SB LANCETS MIS ULTR THN....147
SCEMBLIX TAB 100MG....69
SCEMBLIX TAB 20MG....68
SCEMBLIX TAB 40MG....69
scopolamine td patch 72hr 1 mg/3days....49
SELECT-LITE KIT DEV/LANC....147
SELECT-LITE MIS LANC DEV....147
selegiline hcl cap 5 mg....73
selegiline hcl tab 5 mg....73
selenium sulfide lotion 2.5%....106
selenium sulfide shampoo 2.25%....106
selenium sulfide shampoo 2.3%....106
SENSIPAR TAB 30MG....118
SENSIPAR TAB 60MG....118
SENSIPAR TAB 90MG....118
SEREVENT DIS AER 50MCG....32
SERNIVO SPR 0.05%....109
SEROQUEL TAB 100MG....76
SEROQUEL TAB 200MG....77
SEROQUEL TAB 25MG....76
SEROQUEL TAB 300MG....77
SEROQUEL TAB 400MG....77
SEROQUEL TAB 50MG....76
SEROSTIM INJ 4MG....117
SEROSTIM INJ 5MG....117
SEROSTIM INJ 6MG....117
sertraline hcl cap 150 mg....41
sertraline hcl cap 200 mg....41
sertraline hcl oral concentrate for solution 20 mg/ml....41
sertraline hcl tab 100 mg....41
sertraline hcl tab 25 mg....41
sertraline hcl tab 50 mg....41
sevelamer carbonate packet 0.8 gm....125
sevelamer carbonate packet 2.4 gm....125
sevelamer carbonate tab 800 mg....125
sevelamer hcl tab 400 mg....125
sevelamer hcl tab 800 mg....125
SFROWASA ENE 4GM....123
SHARP CONTAI MIS....155
SHARPS CONT MIS 14QT....155
SIGNIFOR INJ 0.3MG/ML....119
SIGNIFOR INJ 0.6MG/ML....120
SIGNIFOR INJ 0.9MG/ML....120
SIKLOS TAB 1000MG....128
SIKLOS TAB 100MG....128
sildenafil citrate for suspension 10 mg/ml.91
sildenafil citrate tab 100 mg....89
sildenafil citrate tab 20 mg....91
sildenafil citrate tab 25 mg....89
sildenafil citrate tab 50 mg....89
silodosin cap 4 mg....126
silodosin cap 8 mg....126
SILVADENE CRE 1%....106
SILVER NITRA SOL 0.5%....106
silver nitrate soln 0.5%....106
silver sulfadiazine cream 1%....106
SIMBRINZA SUS 1-0.2%....168
SIMPLE DIAG MIS LANCING....147
simvastatin tab 10 mg....54
simvastatin tab 20 mg....54
simvastatin tab 40 mg....54
simvastatin tab 5 mg....54
simvastatin tab 80 mg....54
SINEMET TAB 10-100MG....73
SINEMET TAB 25-100MG....73
SINGLE-LET MIS 23G....147
sirolimus oral soln 1 mg/ml....163
sirolimus tab 0.5 mg....163
sirolimus tab 1 mg....163
sirolimus tab 2 mg....163
SIRTURO TAB 100MG....62

SIRTURO TAB 20MG....62
SITAVIG TAB 50MG....83
SIVEXTRO TAB 200MG....25
SKYCLARYS CAP 50MG....167
SKYRIZI INJ 150MG/ML....104
SKYRIZI INJ 180/1.2....124
SKYRIZI INJ 360/2.4....124
SKYRIZI PEN INJ 150MG/ML....104
SLIP TIP 1ML MIS....155
SLIP TIP 3ML MIS....155
SMARTEST MIS LANCETS....147
SMARTEST SOL CONTROL....147
SMART SENSE MIS LANC 21G....147
SMART SENSE MIS LANC 26G....147
SMART SENSE MIS LANC 30G....147
SMART SENSE MIS LANC 33G....147
SM LANCETS MIS 33G....147
sodium chloride soln nebu 0.9%....97
sodium chloride soln nebu 10%....97
sodium chloride soln nebu 3%....97
sodium chloride soln nebu 7%....97
sodium citrate & citric acid soln 500-334 mg/5ml....126
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)....160
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)....160
sodium fluoride cream 1.1%....164
sodium fluoride gel 1.1% (0.5% f)....164
sodium fluoride paste 1.1%....164
sodium fluoride rinse 0.2%....164
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)....160
sodium phenylbutyrate oral powder 3 gm/teaspoonful....118
sodium phenylbutyrate tab 500 mg....118
sodium polystyrene sulfonate powder....163
sodium polystyrene sulfonate rectal susp 30 gm/120ml....163
sodium polystyrene sulfonate susp 15 gm/60ml....163
SOD SUL/SULF EMU 10-5%....99
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml....132
SOFDRA GEL 12.45%....111
SOFTCLIX MIS LANCETS....147
SOGROYA INJ 10MG/1.5....117
SOGROYA INJ 15MG/1.5....117
SOGROYA INJ 5MG/1.5....117
solifenacin succinate tab 10 mg....183
solifenacin succinate tab 5 mg....183
SOLIQUA INJ 100/33....45
SOLODYN TAB 105MG....180
SOLODYN TAB 115MG....180
SOLODYN TAB 55MG....179
SOLODYN TAB 65MG....179
SOLODYN TAB 80MG....179
SOLTAMOX SOL 10MG/5ML....64
SOLU-CORTEF INJ 1000MG....96
SOLU-CORTEF INJ 100MG....96
SOLU-CORTEF INJ 250MG....96
SOLU-CORTEF INJ 500MG....96
SOLUS V2 MIS LANC 28G....147
SOLUS V2 MIS LANC 30G....147
SOLUS V2 MIS LANC DEV....147
SOLUS V2 SOL HIGH....147
SOLUS V2 SOL LOW....147
SOMA TAB 250MG....165
SOMA TAB 350MG....165
sorafenib tosylate tab 200 mg (base equivalent)....69
sotalol hcl (afib/afl) tab 120 mg....85
sotalol hcl (afib/afl) tab 160 mg....85
sotalol hcl (afib/afl) tab 80 mg....85
sotalol hcl tab 120 mg....85
sotalol hcl tab 160 mg....85
sotalol hcl tab 240 mg....85
sotalol hcl tab 80 mg....85
SOTYKTU TAB 6MG....104
SOTYLIZE SOL 5MG/ML....85
SOVALDI PAK 150MG....82
SOVALDI PAK 200MG....82
SOVALDI TAB 200MG....82
SOVALDI TAB 400MG....82
SPACE CHAMBR MIS ANTI-STA....158
SPACE CHAMBR MIS LARGE....158
SPACE CHAMBR MIS MEDIUM....158
SPACE CHAMBR MIS SMALL....158

SPEVIGO INJ 150/1ML.....104
SPEVIGO INJ 300/2ML.....104
spinosad susp 0.9%.....112
SPIRIVA CAP HANDIHLR.....29
SPIRIVA RESP AER 1.25MCG.....29
SPIRIVA RESP AER 2.5MCG.....29
spironolactone & hydrochlorothiazide tab 25-25 mg.....114
spironolactone susp 25 mg/5ml.....114
spironolactone tab 100 mg.....114
spironolactone tab 25 mg.....114
spironolactone tab 50 mg.....114
SPORANOX CAP 100MG.....51
SPORANOX SOL 10MG/ML.....51
SPRAVATO SOL 56MG DOS.....40
SPRAVATO SOL 84MG DOS.....40
STALEVO 100 TAB.....73
STALEVO 125 TAB.....73
STALEVO 150 TAB.....73
STALEVO 200 TAB.....73
STALEVO 50 TAB.....73
STALEVO 75 TAB.....73
STELARA INJ 45/0.5ML.....104, 105
STELARA INJ 90MG/ML.....105
STERILANCE MIS TL 28G.....147
STERILANCE MIS TL 30G.....147
STERILANCE MIS TL 32G.....147
STIOLTO AER 2.5-2.5.....32
STIVARGA TAB 40MG.....69
STRATTERA CAP 100MG.....4
STRATTERA CAP 10MG.....3
STRATTERA CAP 18MG.....3
STRATTERA CAP 25MG.....4
STRATTERA CAP 40MG.....4
STRATTERA CAP 60MG.....4
STRATTERA CAP 80MG.....4
STRENSIQ INJ 18/0.45.....118
STRENSIQ INJ 28/0.7ML.....118
STRENSIQ INJ 40MG/ML.....118
STRENSIQ INJ 80/0.8ML.....118
STRIVERDI AER 2.5MCG.....32
STROMECTOL TAB 3MG.....23
SUCRAID SOL 8500/ML.....113
sucralfate tab 1 gm.....182
SULAR TAB 17MG ER.....87
SULAR TAB 34MG ER.....87
SULAR TAB 8.5MG ER.....87
sulconazole nitrate cream 1%.....101
sulconazole nitrate solution 1%.....101
sulfacetamide sodium cleansing gel 10%.....106
sulfacetamide sodium liquid 10%.....106
sulfacetamide sodium lotion 10% (acne).99
sulfacetamide sodium ophth oint 10%....169
sulfacetamide sodium ophth soln 10%...169
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....170
sulfacetamide sodium shampoo 10%.....106
sulfacetamide sodium shampoo 9.8%....106
sulfacetamide sodium w/ sulfur cleanser 10-2%.....99
sulfacetamide sodium w/ sulfur cleanser 10-5%.....99
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%.....99
sulfacetamide sodium w/ sulfur cleanser 9-4.5%.....99
sulfacetamide sodium w/ sulfur cleanser 9-4%.....99
sulfacetamide sodium w/ sulfur cream 10-2%.....99
sulfacetamide sodium w/ sulfur cream 10-5%.....99
sulfacetamide sodium w/ sulfur cream 9.8-4.8%.....99
sulfacetamide sodium w/ sulfur emulsion 10-1%.....99
sulfacetamide sodium w/ sulfur foam 10-5%.....99
sulfacetamide sodium w/ sulfur lotion 10-5%.....99
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%.....99
sulfacetamide sodium w/ sulfur susp 10-5%.....99
sulfacetamide sodium w/ sulfur susp 8-4%.....99
sulfadiazine tab 500 mg.....179

sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 24
sulfamethoxazole-trimethoprim tab 400-80 mg 24
sulfamethoxazole-trimethoprim tab 800-160 mg 24
SULFAMYLON CRE 85MG/GM 106
sulfasalazine tab 500 mg....124
sulfasalazine tab delayed release 500 mg 124
SULF LIME SOL 112
sulindac tab 150 mg....13
sulindac tab 200 mg 13
SUMADAN WASH LIQ 9-4.5% 99
sumatriptan nasal spray 20 mg/act 160
sumatriptan nasal spray 5 mg/act 160
sumatriptan succinate inj 6 mg/0.5ml 160
sumatriptan succinate solution auto-injector 4 mg/0.5ml....160
sumatriptan succinate solution auto-injector 6 mg/0.5ml....160
sumatriptan succinate solution cartridge 4 mg/0.5ml 160
sumatriptan succinate solution cartridge 6 mg/0.5ml 160
sumatriptan succinate tab 100 mg....160
sumatriptan succinate tab 25 mg 160
sumatriptan succinate tab 50 mg 160
SUMAXIN PAD 10-4% 99
sunitinib malate cap 12.5 mg (base equivalent) 69
sunitinib malate cap 25 mg (base equivalent) 69
sunitinib malate cap 37.5 mg (base equivalent) 69
sunitinib malate cap 50 mg (base equivalent) 69
SUNOSI TAB 150MG 4
SUNOSI TAB 75MG 4
SUPER THIN MIS LANC 28G 147
SUPER THIN MIS LANCETS 147
SUPREME II LIQ HIGH/LOW 147
SURE COMFORT MIS LANC 18G 147
SURE COMFORT MIS LANC 21G 147
SURE COMFORT MIS LANC 23G....147
SURE COMFORT MIS LANC 30G 147
SURE COMFORT MIS LANCETS....147
SURE COMFORT MIS LANC PEN 147
SUREFLEX MIS LANCETS....147
SURELITE MIS LANCETS....148
SYMBYAX CAP 3-25MG....175
SYMBYAX CAP 6-25MG....175
SYMDEKO TAB 100-150 179
SYMDEKO TAB 50-75MG 179
SYMFI LO TAB 81
SYMFI TAB 81
SYMLINPEN 60 INJ 1000MCG 44
SYMLNPEN 120 INJ 1000MCG 44
SYMPROIC TAB 0.2MG 125
SYMTUZA TAB 81
SYNALAR CRE 0.025% 109
SYNALAR OIN 0.025% 109
SYNALAR SOL 0.01% 109
SYNAREL SOL 2MG/ML 117
SYNJARDY TAB 45
SYNJARDY TAB 12.5-500....45
SYNJARDY TAB 5-1000MG 45
SYNJARDY TAB 5-500MG 45
SYNJARDY XR TAB 45
SYNJARDY XR TAB 10-1000 45
SYNJARDY XR TAB 25-1000....45
SYNJARDY XR TAB 5-1000MG 45
SYNTHROID TAB 100MCG 181
SYNTHROID TAB 112MCG....181
SYNTHROID TAB 125MCG....181
SYNTHROID TAB 137MCG....181
SYNTHROID TAB 150MCG....181
SYNTHROID TAB 175MCG....181
SYNTHROID TAB 200MCG....181
SYNTHROID TAB 25MCG 180
SYNTHROID TAB 300MCG....181
SYNTHROID TAB 50MCG 180
SYNTHROID TAB 75MCG 180
SYNTHROID TAB 88MCG 181
SYRG/NDL 3ML MIS 22G X 1 155
SYRG/NDL 3ML MIS 25GX5/8 155
SYRINGE BARR MIS LUER 1ML....155
SYRINGE BARR MIS LUER 3ML 156

SYRINGE BARR MIS UNI 3ML.....156
SYRINGE LUER MIS -LOK 1ML.....156
T
TABLOID TAB 40MG.....63
TACHOSIL PAD 4.8X4.8.....130
TACHOSIL PAD 9.5X4.8.....130
TACLONEX OIN.....109
TACLONEX SUS.....109
tacrolimus cap 0.5 mg.....163
tacrolimus cap 1 mg.....163
tacrolimus cap 5 mg.....163
tacrolimus oint 0.03%.....110
tacrolimus oint 0.1%.....110
tadalafil tab 10 mg.....90
tadalafil tab 2.5 mg.....90
tadalafil tab 20 mg.....90
tadalafil tab 20 mg (pah).....91
tadalafil tab 5 mg.....90
TADLIQ SUS 20MG/5ML.....91
TAFINLAR CAP 50MG.....69
TAFINLAR CAP 75MG.....69
TAFINLAR TAB 10MG.....69
tafluprost preservative free (pf) ophth soln 0.0015%.....171
TAGRISSO TAB 40MG.....64
TAGRISSO TAB 80MG.....64
TAI DOC SOL NORM CON.....148
TAKHZYRO INJ 150MG/ML.....127
TAKHZYRO INJ 300/2ML.....127
TALICIA CAP.....183
TAMIFLU CAP 30MG.....83
TAMIFLU CAP 45MG.....83
TAMIFLU CAP 75MG.....83
TAMIFLU SUS 6MG/ML.....83
tamoxifen citrate tab 10 mg (base equivalent).....65
tamoxifen citrate tab 20 mg (base equivalent).....65
tamsulosin hcl cap 0.4 mg.....126
TARCEVA TAB 100MG.....64
tasimelteon capsule 20 mg.....131
TASMAR TAB 100MG.....70
TAVNEOS CAP 10MG.....127
tazarotene cream 0.05%.....105
tazarotene cream 0.1%.....105
tazarotene gel 0.05%.....105
tazarotene gel 0.1%.....105
TB SYRINGE MIS 0.5/28G.....157
TECHLITE AST MIS LANCETS.....148
TECHLITE MIS LANC 26G.....148
TECHLITE MIS LANCETS.....148
TEGSEDI INJ 284/1.5.....178
TEKTURNA TAB 150MG.....60
TEKTURNA TAB 300MG.....60
telmisartan-amlodipine tab 40-10 mg.....60
telmisartan-amlodipine tab 40-5 mg.....60
telmisartan-amlodipine tab 80-10 mg.....60
telmisartan-amlodipine tab 80-5 mg.....60
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....60
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....60
telmisartan-hydrochlorothiazide tab 80-25 mg.....60
telmisartan tab 20 mg.....56
telmisartan tab 40 mg.....56
telmisartan tab 80 mg.....56
temazepam cap 15 mg.....131
temazepam cap 22.5 mg.....131
temazepam cap 30 mg.....131
temazepam cap 7.5 mg.....131
TEMBEXA SUS 10MG/ML.....83
TEMBEXA TAB 100MG.....83
temozolomide cap 100 mg.....62
temozolomide cap 140 mg.....62
temozolomide cap 180 mg.....62
temozolomide cap 20 mg.....62
temozolomide cap 250 mg.....62
temozolomide cap 5 mg.....62
tenofovir disoproxil fumarate tab 300 mg.81
TENORETIC TAB 100.....60
TENORETIC TAB 50.....60
TENORMIN TAB 100MG.....84
TENORMIN TAB 25MG.....84
TENORMIN TAB 50MG.....84
*terazosin hcl cap 10 mg (base equivalent)*57
terazosin hcl cap 1 mg (base equivalent)..57
terazosin hcl cap 2 mg (base equivalent).57

terazosin hcl cap 5 mg (base equivalent) .57
terbinafine hcl tab 250 mg.....50
terbutaline sulfate tab 2.5 mg.....32
terbutaline sulfate tab 5 mg.....32
terconazole vaginal cream 0.4%.....184
terconazole vaginal cream 0.8%.....184
terconazole vaginal suppos 80 mg 184
teriflunomide tab 14 mg 177
teriflunomide tab 7 mg.....177
teriparatide soln pen-inj 560 mcg/2.24ml 115
testosterone cypionate im inj in oil 100 mg/ml.....22
testosterone cypionate im inj in oil 200 mg/ml.....22
testosterone enanthate im inj in oil 200 mg/ml.....22
testosterone td gel 10mg/act (2%).....22
testosterone td gel 12.5 mg/act (1%) 22
testosterone td gel 20.25 mg/1.25gm (1.62%).....22
*testosterone td gel 20.25 mg/act (1.62%)*22
testosterone td gel 25 mg/2.5gm (1%) 22
testosterone td gel 40.5 mg/2.5gm (1.62%) 22
testosterone td gel 50 mg/5gm (1%) 23
testosterone td soln 30 mg/act.....23
tetrabenazine tab 12.5 mg 175
tetrabenazine tab 25 mg.....175
tetracaine hcl ophth soln 0.5%.....169
TETRACAINE SOL 0.5% OP 169
tetracycline hcl cap 250 mg.....180
tetracycline hcl cap 500 mg 180
TEZSPIRE INJ 210MG 29
TGT LANCET MIS 26G 148
TGT LANCET MIS 30G.....148
TGT LANCET MIS 33G 148
TGT LANCING MIS DEVICE.....148
THALOMID CAP 100MG 162
THALOMID CAP 150MG 162
THALOMID CAP 200MG 162
THALOMID CAP 50MG.....162
theophylline elixir 80 mg/15ml 32
theophylline soln 80 mg/15ml 32
theophylline tab er 12hr 100 mg 32
theophylline tab er 12hr 200 mg.....32
theophylline tab er 12hr 300 mg.....32
theophylline tab er 12hr 450 mg.....32
theophylline tab er 24hr 400 mg.....32
theophylline tab er 24hr 600 mg.....32
THIN LANCETS MIS 26G 148
THIN LANCETS MIS 30G.....148
THINLETS GP MIS 26G 148
thioridazine hcl tab 100 mg.....78
thioridazine hcl tab 10 mg 78
thioridazine hcl tab 25 mg.....78
thioridazine hcl tab 50 mg 78
thiothixene cap 10 mg 79
thiothixene cap 1 mg.....79
thiothixene cap 2 mg 79
thiothixene cap 5 mg 79
tiagabine hcl tab 12 mg.....39
tiagabine hcl tab 16 mg.....39
tiagabine hcl tab 2 mg 39
tiagabine hcl tab 4 mg 39
TIAZAC CAP 120MG/24 87
TIAZAC CAP 180MG/24 87
TIAZAC CAP 240MG/24 87
TIAZAC CAP 300MG/24 87
TIAZAC CAP 360MG/24 87
TIAZAC CAP 420MG/24 87
TIBSOVO TAB 250MG.....69
ticagrelor tab 60 mg.....128
ticagrelor tab 90 mg.....128
TIKOSYN CAP 125MCG.....28
TIKOSYN CAP 250MCG.....28
TIKOSYN CAP 500MCG.....28
timolol maleate ophth gel forming soln 0.25% 167
timolol maleate ophth gel forming soln 0.5% 167
timolol maleate ophth soln 0.25% 167
timolol maleate ophth soln 0.5%.....167
timolol maleate ophth soln 0.5% (once-daily) 167
timolol maleate preservative free ophth soln 0.25% 167

timolol maleate preservative free ophth soln 0.5% 167
timolol maleate tab 10 mg.....85
timolol maleate tab 20 mg 85
timolol maleate tab 5 mg 85
tinidazole tab 250 mg 24
tinidazole tab 500 mg.....24
tiopronin tab 100 mg 126
tiopronin tab delayed release 100 mg.....126
tiopronin tab delayed release 300 mg.....126
TISSEEL KIT 10ML 130
TISSEEL KIT 2ML 130
TISSEEL KIT 4ML.....130
TISSEEL SOL 10ML.....130
TISSEEL SOL 2ML.....130
TISSEEL SOL 4ML 130
TIVICAY PD TAB 5MG.....81
TIVICAY TAB 10MG 81
TIVICAY TAB 25MG.....81
TIVICAY TAB 50MG.....81
tizanidine hcl cap 2 mg (base equivalent) 165
tizanidine hcl cap 4 mg (base equivalent) 165
tizanidine hcl cap 6 mg (base equivalent) 166
*tizanidine hcl tab 2 mg (base equivalent)*166
*tizanidine hcl tab 4 mg (base equivalent)*166
TOBRADEX OIN 0.3-0.1%.....170
tobramycin-dexamethasone ophth susp 0.3-0.1%.....170
tobramycin nebu soln 300 mg/4ml 6
tobramycin nebu soln 300 mg/5ml 6
tobramycin ophth soln 0.3%.....169
TOBREX OIN 0.3% OP 169
TODAY SPONGE MIS.....184
tolcapone tab 100 mg.....70
tolmetin sodium cap 400 mg 13
tolmetin sodium tab 600 mg 13
tolterodine tartrate cap er 24hr 2 mg.....183
tolterodine tartrate cap er 24hr 4 mg 183
tolterodine tartrate tab 1 mg.....183
tolterodine tartrate tab 2 mg 183
tolvaptan tab 15 mg 120
tolvaptan tab 30 mg 120
tolvaptan tab therapy pack 15 mg 120
tolvaptan tab therapy pack 30 & 15 mg...120
tolvaptan tab therapy pack 45 & 15 mg...120
tolvaptan tab therapy pack 60 & 30 mg..120
tolvaptan tab therapy pack 90 & 30 mg..120
TOOMEY SYRIN MIS 70ML 157
TOPAMAX SPR CAP 15MG.....38
TOPAMAX SPR CAP 25MG 38
TOPAMAX TAB 100MG.....38
TOPAMAX TAB 200MG 38
TOPAMAX TAB 25MG.....38
TOPAMAX TAB 50MG.....38
TOPCARE MIS LANC 33G 148
TOPICORT CRE 0.05%.....109
TOPICORT CRE 0.25% 109
TOPICORT GEL 0.05% 109
TOPICORT OIN 0.05%.....109
TOPICORT OIN 0.25%.....109
TOPICORT SPR 0.25% 109
topiramate cap er 24hr 100 mg.....38
topiramate cap er 24hr 200 mg 38
topiramate cap er 24hr 25 mg.....38
topiramate cap er 24hr 50 mg.....38
topiramate oral soln 25 mg/ml.....38
topiramate sprinkle cap 15 mg 38
topiramate sprinkle cap 25 mg 38
topiramate sprinkle cap 50 mg 38
topiramate tab 100 mg 38
topiramate tab 200 mg.....38
topiramate tab 25 mg 38
topiramate tab 50 mg.....38
toremifene citrate tab 60 mg (base equivalent) 65
torsemide tab 100 mg.....114
torsemide tab 10 mg 114
torsemide tab 20 mg.....114
torsemide tab 5 mg.....114
TOUJEO MAX INJ 300/ML.....47
TOUJEO SOLO INJ 300/ML 47
TPOXX CAP 200MG 83
tramadol-acetaminophen tab 37.5-325 mg 21
tramadol hcl oral soln 5 mg/ml 20

tramadol hcl tab 50 mg 20
tramadol hcl tab er 24hr 100 mg 20
tramadol hcl tab er 24hr 200 mg 20
tramadol hcl tab er 24hr 300 mg 20
tramadol hcl tab er 24hr biphasic release 100 mg 20
tramadol hcl tab er 24hr biphasic release 200 mg 20
tramadol hcl tab er 24hr biphasic release 300 mg 20
trandolapril tab 1 mg 55
trandolapril tab 2 mg 55
trandolapril tab 4 mg 55
trandolapril-verapamil hcl tab er 1-240 mg 60
trandolapril-verapamil hcl tab er 2-180 mg 60
trandolapril-verapamil hcl tab er 2-240 mg 60
trandolapril-verapamil hcl tab er 4-240 mg 60
tranexamic acid tab 650 mg 130
tranylcypromine sulfate tab 10 mg 40
TRAVEL LANCE MIS ADV 28G.....148
travoprost ophth soln 0.004% (benzalkonium free) (bak free) 171
trazodone hcl tab 100 mg 42
trazodone hcl tab 150 mg.....42
trazodone hcl tab 300 mg.....42
trazodone hcl tab 50 mg 42
TRECATOR TAB 250MG 62
TRELEGY AER 100MCG.....32
TRELEGY AER 200MCG 32
TREMFYA INJ 100MG/ML 105
TREMFYA INJ 200/2ML 124
TRESIBA FLEX INJ 100UNIT 47
TRESIBA FLEX INJ 200UNIT.....47
TRESIBA INJ 100UNIT 47
tretinoin cap 10 mg 70
tretinoin cream 0.025% 99
tretinoin cream 0.05% 99
tretinoin cream 0.1% 99
tretinoin gel 0.01% 99
tretinoin gel 0.025% 100
tretinoin gel 0.05% 99
tretinoin microsphere gel 0.04% 100
tretinoin microsphere gel 0.08% 100
tretinoin microsphere gel 0.1% 100
TREXALL TAB 10MG.....63
TREXALL TAB 15MG.....63
TREXALL TAB 5MG.....63
TREXALL TAB 7.5MG 63
triamcinolone acetonide cream 0.025% 109
triamcinolone acetonide cream 0.1%.....109
triamcinolone acetonide cream 0.5% 109
triamcinolone acetonide dental paste 0.1% 164
triamcinolone acetonide lotion 0.025% ..109
triamcinolone acetonide lotion 0.1% 109
triamcinolone acetonide oint 0.025% 109
triamcinolone acetonide oint 0.1% 109
triamcinolone acetonide oint 0.5%.....109
triamterene & hydrochlorothiazide cap 37.5-25 mg 114
triamterene & hydrochlorothiazide tab 37.5-25 mg 114
triamterene & hydrochlorothiazide tab 75-50 mg 114
triamterene cap 100 mg 115
triamterene cap 50 mg.....115
triazolam tab 0.125 mg 131
triazolam tab 0.25 mg 131
TRIBENZOR TAB 60
trientine hcl cap 250 mg.....161
trifluoperazine hcl tab 10 mg (base equivalent).....78
trifluoperazine hcl tab 1 mg (base equivalent).....78
trifluoperazine hcl tab 2 mg (base equivalent).....78
trifluoperazine hcl tab 5 mg (base equivalent).....78
trifluridine ophth soln 1%.....169
trihexyphenidyl hcl oral soln 0.4 mg/ml ...70
trihexyphenidyl hcl tab 2 mg 70
trihexyphenidyl hcl tab 5 mg 70
TRIJARDY XR TAB 45
TRIKAFTA PAK 59.5MG.....179

TRIKAFTA PAK 75MG 179
TRIKAFTA TAB 179
TRILIPIX CAP 135MG 53
TRILIPIX CAP 45MG 53
trimethobenzamide hcl cap 300 mg 49
trimethoprim tab 100 mg 24
trimipramine maleate cap 100 mg 44
trimipramine maleate cap 25 mg 44
trimipramine maleate cap 50 mg 44
TRINTELLIX TAB 10MG 42
TRINTELLIX TAB 20MG 42
TRINTELLIX TAB 5MG 42
TRIUMEQ PD TAB 81
TRIUMEQ TAB 81
TROJAN-ENZ MIS LUBRICAT 135
TROJAN-ENZ MIS W/SPERMI 135
TROJAN MAGN MIS 134
TROJAN MIS BARESKIN 134
TROJAN MIS ENZ 134
TROJAN ULTRA MIS RIBBED 134
TROJAN ULTRA MIS THIN 134
TROKENDI XR CAP 100MG 38
TROKENDI XR CAP 200MG 38
TROKENDI XR CAP 25MG 38
TROKENDI XR CAP 50MG 38
trospium chloride cap er 24hr 60 mg 183
trospium chloride tab 20 mg 183
TRUE COMFORT MIS LANC 30G 148
TRUE COMFORT PAD PRO 151
TRUE COVER MIS CONDOM 135
TRUEDRAW MIS LANC DEV 148
TRUE METRIX SOL LEVEL 1 148
TRUE METRIX SOL LEVEL 2 148
TRUE METRIX SOL LEVEL 3 148
TRUE METRIX TES GLUCOSE 113
TRULANCE TAB 3MG 122
TRULICITY INJ 0.75/0.5 46
TRULICITY INJ 1.5/0.5 47
TRULICITY INJ 3/0.5 47
TRULICITY INJ 4.5/0.5 47
TRUPLUS LANC MIS 26G 148
TRUPLUS LANC MIS 28G 148
TRUPLUS LANC MIS 30G 148
TRUPLUS LANC MIS 33G 148
TRUQAP PAK 160MG 69
TRUQAP PAK 200MG 69
TRUQAP TAB 160MG 69
TRUQAP TAB 200MG 69
TRUSTEX/RIA MIS LUBRICAT 136
TRUSTEX/RIA MIS NON-LUB 136
TRUSTEX/RIA MIS SPERMICI 136
TRUSTEX LUBR MIS ASSORTED 135
TRUSTEX LUBR MIS BANANA 135
TRUSTEX LUBR MIS CHOC 135
TRUSTEX LUBR MIS COLA 135
TRUSTEX LUBR MIS COLORS 135
TRUSTEX LUBR MIS EX LARGE 135
TRUSTEX LUBR MIS EX STR 135
TRUSTEX LUBR MIS GRAPE 135
TRUSTEX LUBR MIS MINT 135
TRUSTEX LUBR MIS RIB/STUD 135
TRUSTEX LUBR MIS SPERMICI 135
TRUSTEX LUBR MIS STRWBRY 135
TRUSTEX LUBR MIS VANILLA 135
TRUSTEX MIS BANANA 135
TRUSTEX MIS CHOCOLAT 135
TRUSTEX MIS FLAVORS 135
TRUSTEX MIS MINT 135
TRUSTEX MIS STRWBRY 135
TRUSTEX MIS VANILLA 135
TRUSTX NON-9 MIS RIB/STUD 136
TRUZONE PEAK MIS FLOW MTR 158
TUKYSA TAB 150MG 63
TUKYSA TAB 50MG 63
TURALIO CAP 125MG 69
TURPENTINE SOL SPIRITS 111
TWIIST KIT REFILL 148
TWIIST KIT STARTER 148
TWIIST REFIL KIT INFUSION 148
TWIST LANCET MIS 30G 148
TWIST LANCET MIS 30G MULT 148
TWYNEO CRE 0.1-3% 100
TYBOST TAB 150MG 81
TYKERB TAB 250MG 69
TYMLOS INJ 115
TYVASO DPI POW 16-32-48 90
TYVASO DPI POW 16-32MCG 90
TYVASO DPI POW 16MCG 90

TYVASO DPI POW 32MCG.....90
TYVASO DPI POW 48MCG.....90
TYVASO DPI POW 64MCG.....90
TYVASO RF KT SOL 0.6MG/ML.....90
TYVASO SOL 0.6MG/ML.....90
TYVASO ST KT SOL 0.6MG/ML.....90

U

UBRELVY TAB 100MG 159
UBRELVY TAB 50MG 158
UCERIS AER 2MG/ACT 23
UCERIS TAB 9MG.....96
ULTICARE PAD ALCOHOL.....151
ULTI-LANCE MIS CLR TIP 148
ULTILET MIS 26G.....148
ULTILET MIS 28G.....148
ULTILET MIS 30G 148
ULTILET MIS 33G.....148
ULTILET MIS LANCETS.....148
ULTILET MIS SAFETY.....148
ULTILET PAD ALCOHOL 151
ULTILET SAFE MIS 21G 148
ULTRASAL-ER SOL 28.5%.....110
ULTRA THIN MIS 28G 148
ULTRA THIN MIS 30G 148
ULTRA THIN MIS 31G.....148
ULTRA THIN MIS 33G 148
ULTRA THIN MIS LAN 31G 148
ULTRA THIN MIS LANC 28G.....148
ULTRA THIN MIS LANC 30G.....148
ULTRA THIN MIS LANCETS 148
UNILET EXCEL MIS 23G 149
UNILET EX II MIS 28G 149
UNILET G.P. MIS 21G.....149
UNILET G.P MIS SUPR 23G 149
UNILET GP 28 MIS ULT THIN.....149
UNILET LANCE MIS 21G 149
UNILET LANCE MIS 28G.....149
UNILET LANCE MIS 33G.....149
UNILET LANC MIS 33G.....149
UNILET LANCT MIS 28G 149
UNILET LANCT MIS 30G 149
UNILET LANCT MIS 33G.....149
UNILET MICRO MIS 33G.....149
UNILET MIS 21G.....149
UNILET SUPER MIS 23G 149
UNILET SUPER MIS G.P. 23G.....149
UNISTIK 1 MIS 2.4MM 149
UNISTIK 1 MIS 3.0MM 149
UNISTIK 23G MIS NORMAL 149
UNISTIK 2 MIS.....149
UNISTIK 2 MIS 1.8MM 149
UNISTIK 2 MIS 2.4MM 149
UNISTIK 2 MIS COMFORT.....149
UNISTIK 2 MIS EXTRA.....149
UNISTIK 2 MIS NEONATAL 149
UNISTIK 2 MIS NORMAL 149
UNISTIK 2 MIS SUPER.....149
UNISTIK 3 MIS 1.8MM 149
UNISTIK 3 MIS COMFORT.....149
UNISTIK 3 MIS EXTRA.....149
UNISTIK 3 MIS GENT 30G 149
UNISTIK 3 MIS NEONATAL 149
UNISTIK 3 MIS NORMAL 149
UNISTIK CZT MIS COMFORT.....149
UNISTIK CZT MIS NORMAL 149
UNISTIK PRO MIS LANC 21G 149
UNISTIK PRO MIS LANC 28G 149
UNISTIK SAFE MIS LANC 28G.....149
UNISTIK SAFE MIS LANC 30G.....149
UNISTIK TOUC MIS LANC 21G.....149
UNISTIK TOUC MIS LANC 23G.....149
UNISTIK TOUC MIS LANC 28G.....149
UNISTIK TOUC MIS LANC 30G.....149
UNITSTIK PRO MIS LANC 25G 149
UNIVERSAL 1 MIS 33G.....150
UNIVERSAL 1 MIS LANC 26G.....150
UNIVERSAL 1 MIS LANC 30G 150
UPTRAVI PACK TAB 200/800 91
UPTRAVI TAB 1000MCG 91
UPTRAVI TAB 1200MCG.....91
UPTRAVI TAB 1400MCG.....91
UPTRAVI TAB 1600MCG.....91
UPTRAVI TAB 200MCG 91
UPTRAVI TAB 400MCG 91
UPTRAVI TAB 600MCG 91
UPTRAVI TAB 800MCG 91
urea cream 39%.....110
urea cream 41% 110

urea cream 45%.....110
urea cream 47%.....110
UROCIT-K 10 TAB.....126
UROCIT-K 15 TAB.....126
UROCIT-K 5 TAB.....126
UROGESIC- TAB BLUE.....24
URSO 250 TAB 250MG.....122
ursodiol cap 300 mg.....122
ursodiol tab 250 mg.....122
ursodiol tab 500 mg.....122
URSO FORTE TAB 500MG.....122
V
VAGIFEM TAB 10MCG.....184
valacyclovir hcl tab 1 gm.....83
valacyclovir hcl tab 500 mg.....83
VALCHLOR GEL 0.016%.....101
valganciclovir hcl for soln 50 mg/ml (base equiv).....81
valganciclovir hcl tab 450 mg (base equivalent).....81
VALIUM TAB 10MG.....28
VALIUM TAB 2MG.....28
VALIUM TAB 5MG.....28
valproate sodium oral soln 250 mg/5ml (base equiv).....39
valproic acid cap 250 mg.....39
valsartan-hydrochlorothiazide tab 160-12.5 mg.....60
valsartan-hydrochlorothiazide tab 160-25 mg.....60
valsartan-hydrochlorothiazide tab 320-12.5 mg.....60
valsartan-hydrochlorothiazide tab 320-25 mg.....60
valsartan-hydrochlorothiazide tab 80-12.5 mg.....60
valsartan oral soln 4 mg/ml.....56
valsartan tab 160 mg.....56
valsartan tab 320 mg.....56
valsartan tab 40 mg.....56
valsartan tab 80 mg.....56
VALTOCO SPR 10MG.....35
VALTOCO SPR 15MG.....35
VALTOCO SPR 20MG.....35
VALTOCO SPR 5MG.....35
VANCOCIN CAP 125MG.....24
VANCOCIN CAP 250MG.....24
vancomycin hcl cap 125 mg (base equivalent).....24
vancomycin hcl cap 250 mg (base equivalent).....24
vancomycin hcl for oral soln 25 mg/ml (base equivalent).....24
vancomycin hcl for oral soln 50 mg/ml (base equivalent).....25
VANFLYTA TAB 17.7MG.....69
VANFLYTA TAB 26.5MG.....69
VANOS CRE 0.1%.....109
VANRAFIA TAB 0.75MG.....126
VANTAGE LANC MIS DEVICE.....150
vardenafil hcl orally disintegrating tab 10 mg.....90
vardenafil hcl tab 10 mg.....90
vardenafil hcl tab 2.5 mg.....90
vardenafil hcl tab 20 mg.....90
vardenafil hcl tab 5 mg.....90
varenicline tartrate tab 0.5 mg (base equiv).....178
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....178
varenicline tartrate tab 1 mg (base equiv).....178
VARUBI TAB 90MG.....50
VASCEPA CAP 0.5GM.....52
VASCEPA CAP 1GM.....52
VASERETIC TAB 10-25MG.....60
VASOTEC TAB 10MG.....55
VASOTEC TAB 2.5MG.....55
VASOTEC TAB 20MG.....56
VASOTEC TAB 5MG.....55
VCF VAGINAL GEL CONTRACE.....184
VCF VAGINAL MIS CONTRACP.....184
VECAMYL TAB 2.5MG.....60
VELSIPITY TAB 2MG.....124
VELTASSA POW 16.8GM.....163
VELTASSA POW 1GM.....163
VELTASSA POW 25.2GM.....163
VELTASSA POW 8.4GM.....163

VEMLIDY TAB 25MG 82
VENCLEXTA TAB 100MG.....64
VENCLEXTA TAB 10MG 63
VENCLEXTA TAB 50MG 64
VENCLEXTA TAB START PK 64
venlafaxine hcl cap er 24hr 150 mg (base equivalent).....42
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....42
venlafaxine hcl cap er 24hr 75 mg (base equivalent).....42
venlafaxine hcl tab 100 mg (base equivalent).....42
venlafaxine hcl tab 25 mg (base equivalent) 42
venlafaxine hcl tab 37.5 mg (base equivalent).....42
venlafaxine hcl tab 50 mg (base equivalent) 42
venlafaxine hcl tab 75 mg (base equivalent) 42
venlafaxine hcl tab er 24hr 225 mg (base equivalent).....43
VENTAVIS SOL 10MCG/ML.....90
VENTAVIS SOL 20MCG/ML.....90
VENT NEEDLE MIS 18GX1.....157
VEOZAH TAB 45MG.....117
verapamil hcl cap er 24hr 100 mg.....87
verapamil hcl cap er 24hr 120 mg.....87
verapamil hcl cap er 24hr 180 mg.....87
verapamil hcl cap er 24hr 200 mg.....87
verapamil hcl cap er 24hr 240 mg.....87
verapamil hcl cap er 24hr 300 mg.....87
verapamil hcl cap er 24hr 360 mg.....87
verapamil hcl tab 120 mg 87
verapamil hcl tab 40 mg.....87
verapamil hcl tab 80 mg.....87
verapamil hcl tab er 120 mg.....87
verapamil hcl tab er 180 mg.....87
verapamil hcl tab er 240 mg.....87
VERASENS LIQ LEVEL 1.....150
VERELAN CAP 120MG SR.....87
VERELAN CAP 180MG SR.....87
VERELAN CAP 240MG SR 87
VERELAN CAP 360MG SR 87
VERELAN PM CAP 100MG ER.....87
VERELAN PM CAP 200MG ER 87
VERELAN PM CAP 300MG ER 87
VERIFINE LAN MIS MINI 21G 150
VERIFINE LAN MIS MINI 23G.....150
VERIFINE LAN MIS MINI 28G.....150
VERIFINE LAN MIS MINI 30G 150
VERIFINE MIS UNIV 28G.....150
VERIFINE MIS UNIV 30G 150
VERIFINE MIS UNIV 33G.....150
VERISAFE MIS 23GX1.5.....157
VERISAFE MIS 25GX1.....157
VERQUVO TAB 10MG 92
VERQUVO TAB 2.5MG 91
VERQUVO TAB 5MG.....91
VERSACLOZ SUS 50MG/ML 77
VERZENIO TAB 100MG 69
VERZENIO TAB 150MG 69
VERZENIO TAB 200MG.....69
VERZENIO TAB 50MG.....69
VESICARE LS SUS 5MG/5ML 183
VESICARE TAB 10MG.....183
VESICARE TAB 5MG 183
VFEND SUS 40MG/ML.....51
VFEND TAB 50MG.....51
VIBERZI TAB 100MG 125
VIBERZI TAB 75MG 125
VIBRAMYCIN CAP 100MG.....180
VIBRAMYCIN SUS 25MG/5ML.....180
vigabatrin powd pack 500 mg 39
vigabatrin tab 500 mg 39
VIGAMOX DRO 0.5% 169
vilazodone hcl tab 10 mg.....42
vilazodone hcl tab 20 mg 42
vilazodone hcl tab 40 mg.....42
VIMOVO TAB 375-20MG.....13
VIMOVO TAB 500-20MG 13
VIOKACE TAB 10440 113
VIOKACE TAB 20880.....113
VIRASAL LIQ 27.5% 110
VIREAD POW 40MG/GM.....81
VIREAD TAB 150MG 81
VIREAD TAB 200MG 81

VIREAD TAB 250MG....81
VIREAD TAB 300MG....81
VISTOGARD PAK 10GM....49
VITRAKVI CAP 100MG....69
VITRAKVI CAP 25MG....69
VITRAKVI SOL 20MG/ML....69
VIVAGUARD LIQ CONTROL....150
VIVAGUARD MIS 28G....150
VIVAGUARD MIS 30G....150
VIVAGUARD MIS LANCING....150
VIVELLE-DOT DIS 0.05MG....121
VIVJOA CAP 150MG....51
VONJO CAP 100MG....69
VOQUEZNA PAK DUAL PAK....183
VOQUEZNA PAK TRIP PK....183
VOQUEZNA TAB 10MG....182
VOQUEZNA TAB 20MG....182
VORANIGO TAB 10MG....69
VORANIGO TAB 40MG....69
voriconazole for susp 40 mg/ml....51
voriconazole tab 200 mg....51
voriconazole tab 50 mg....51
VORTEX/MASK MIS CHILDS....158
VORTEX/MASK MIS TODDLER....158
VORTEX CHAMB MIS PEDI MAS....158
VORTEX VALVD MIS CHAMBER....158
VORTEX VALVE MIS CHAMBER....158
VOSEVI TAB....82
VOWST CAP....125
VOXZOGO INJ 0.4MG....119
VOXZOGO INJ 0.56MG....119
VOXZOGO INJ 1.2MG....119
VRAYLAR CAP 1.5MG....74
VRAYLAR CAP 3MG....74
VRAYLAR CAP 4.5MG....74
VRAYLAR CAP 6MG....74
VTAMA CRE 1%....105
VUMERITY CAP 231MG....177
VUSION OIN....101
VYNDAMAX CAP 61MG....91
VYTONE CRE 1-1.9%....101
VYTORIN TAB 10-10MG....52
VYTORIN TAB 10-20MG....52
VYTORIN TAB 10-40MG....52
VYTORIN TAB 10-80MG....52
VYVGART INJ HYTRULO....162

W

WAKIX TAB 17.8MG....4
WAKIX TAB 4.45MG....4
warfarin sodium tab 10 mg....32
warfarin sodium tab 1 mg....32
warfarin sodium tab 2.5 mg....32
warfarin sodium tab 2 mg....32
warfarin sodium tab 3 mg....32
warfarin sodium tab 4 mg....32
warfarin sodium tab 5 mg....32
warfarin sodium tab 6 mg....32
warfarin sodium tab 7.5 mg....32
WEBCOL PREP PAD LARGE....151
WEBCOL PREP PAD MEDIUM....151
WEGOVY INJ 0.25MG....3
WEGOVY INJ 0.5MG....3
WEGOVY INJ 1.7MG....3
WEGOVY INJ 1MG....3
WEGOVY INJ 2.4MG....3
WELCHOL PAK 3.75GM....52
WELCHOL TAB 625MG....52
WELLBUTRIN TAB 100MG SR....40
WELLBUTRIN TAB 150MG SR....40
WELLBUTRIN TAB 200MG SR....40
WIDE-SEAL DPR KIT 60....136
WIDE-SEAL DPR KIT 65....136
WIDE-SEAL DPR KIT 70....136
WIDE-SEAL DPR KIT 75....136
WIDE-SEAL DPR KIT 80....136
WIDE-SEAL DPR KIT 85....136
WIDE-SEAL DPR KIT 90....136
WIDE-SEAL DPR KIT 95....136
WINLEVI CRE 1%....100

X

XACIATO GEL 2%....184
XALATAN SOL 0.005%....171
XALKORI CAP 150MG....69
XALKORI CAP 20MG....69
XALKORI CAP 50MG....69
XARELTO STAR TAB 15/20MG....33
XARELTO SUS 1MG/ML....33
XARELTO TAB 10MG....33

XARELTO TAB 15MG 33
XARELTO TAB 2.5MG.....33
XARELTO TAB 20MG.....33
XATMEP SOL 2.5MG/ML.....63
XCOPRI PAK 100-150 38
XCOPRI PAK 12.5-25 38
XCOPRI PAK 150-200 38
XCOPRI PAK 50-100MG 38
XCOPRI TAB 100MG.....39
XCOPRI TAB 150MG.....39
XCOPRI TAB 200MG 39
XCOPRI TAB 25MG.....39
XCOPRI TAB 50MG 39
XDEMVY DRO 0.25%.....169
XELJANZ SOL 1MG/ML.....9
XELJANZ TAB 10MG 10
XELJANZ TAB 5MG.....9
XELJANZ XR TAB 11MG 10
XELJANZ XR TAB 22MG.....10
XELODA TAB 150MG.....63
XELODA TAB 500MG.....63
XEPI CRE 1% 100
XERAC-AC SOL 6.25%.....111
XERMELO TAB 250MG.....125
XHANCE MIS 93MCG 166
XIFAXAN TAB 200MG.....24
XIFAXAN TAB 550MG.....24
XIGDUO XR TAB 10-1000.....45
XIGDUO XR TAB 10-500MG.....45
XIGDUO XR TAB 2.5-1000 45
XIGDUO XR TAB 5-1000MG.....45
XIGDUO XR TAB 5-500MG.....45
XIIDRA DRO 5%.....169
XOLAIR INJ 150MG/ML 29
XOLAIR INJ 300/2ML.....29
XOLAIR INJ 75/0.5 29
XOSPATA TAB 40MG.....69
XPOVIO PAK 40MG.....65
XPOVIO PAK 50MG.....65
XPOVIO PAK 60MG.....65
XPOVIO PAK 80MG.....65
XTAMPZA ER CAP 13.5MG.....20
XTAMPZA ER CAP 18MG 20
XTAMPZA ER CAP 27MG.....20
XTAMPZA ER CAP 36MG 20
XTAMPZA ER CAP 9MG.....20
XTANDI CAP 40MG.....65
XTANDI TAB 40MG 65
XTANDI TAB 80MG 65
XULTOPHY INJ 100/3.6 45
XURIDEN POW 2GM 118
XYWAV SOL 0.5GM/ML 173

Y

YESINTEK INJ 45/0.5ML.....105
YESINTEK INJ 90MG/ML.....106
YONSA TAB 125MG 65
YUPELRI SOL 175/3ML.....29
YUTREPIA CAP 106MCG 91
YUTREPIA CAP 26.5MCG.....90
YUTREPIA CAP 53MCG 90
YUTREPIA CAP 79.5MCG.....90

Z

ZACLIR LOT 8%.....100
zafirlukast tab 10 mg.....30
zafirlukast tab 20 mg 30
zaleplon cap 10 mg.....131
zaleplon cap 5 mg 131
ZANAFLEX CAP 2MG.....166
ZANAFLEX CAP 4MG.....166
ZANAFLEX CAP 6MG.....166
ZANAFLEX CAP 8MG.....166
ZANAFLEX TAB 4MG 166
ZARONTIN CAP 250MG.....39
ZARONTIN SOL 250/5ML.....39
ZAVESCA CAP 100MG.....128
ZEGALOGUE INJ 0.6/0.6 46
ZEJULA TAB 100MG.....69
ZEJULA TAB 200MG 69
ZEJULA TAB 300MG 69
ZELAPAR ODT TAB 1.25MG.....73
ZEMBRACE SYM INJ 3/0.5ML 160
ZEMPLAR CAP 1MCG 118
ZEMPLAR CAP 2MCG.....118
ZENPEP CAP 10000UNT 113
ZENPEP CAP 15000UNT 113
ZENPEP CAP 20000UNT 113
ZENPEP CAP 25000UNT 113
ZENPEP CAP 3000UNIT.....113

ZENPEP CAP 40000UNT 113
ZENPEP CAP 5000UNIT.....113
ZENPEP CAP 60000UNT 113
ZEPOSIA 7DAY CAP STR PACK.....177
ZEPOSIA CAP 0.92MG.....177
ZEPOSIA CAP STR KIT 177
ZESTRIL TAB 10MG.....56
ZESTRIL TAB 2.5MG 56
ZESTRIL TAB 20MG.....56
ZESTRIL TAB 30MG.....56
ZESTRIL TAB 40MG.....56
ZESTRIL TAB 5MG 56
ZEVALIN KIT Y-90.....63
ZEVRX STERIL PAD ALCHOL 151
ZEVRX TWIST MIS LANC 30G.....150
ZIAGEN SOL 20MG/ML 81
zidovudine cap 100 mg 81
zidovudine syrup 10 mg/ml 81
zidovudine tab 300 mg 81
ZIOPTAN DRO 0.0015% 171
ziprasidone hcl cap 20 mg.....74
ziprasidone hcl cap 40 mg.....74
ziprasidone hcl cap 60 mg.....74
ziprasidone hcl cap 80 mg.....74
ziprasidone mesylate for inj 20 mg (base equivalent).....74
ZIPSOR CAP 25MG.....13
ZITHRANOL SHA 1%.....106
ZITHROMAX POW 1GM PAK.....132
ZITHROMAX SUS 100/5ML.....132
ZITHROMAX SUS 200/5ML 132
ZITHROMAX TAB 250MG.....132
ZITHROMAX TAB 500MG 132
ZITHROMAX TAB TRI-PAK.....132
ZITHROMAX TAB Z-PAK 132
ZITUVIMET TAB 50-1000.....45
ZITUVIMET TAB 50-500MG.....45
ZITUVIMET XR TAB 100-1000 45
ZITUVIMET XR TAB 50-1000.....45
ZITUVIMET XR TAB 50-500MG.....45
ZITUVIO TAB 100MG 46
ZITUVIO TAB 25MG 46
ZITUVIO TAB 50MG.....46
ZOCOR TAB 10MG 54
ZOCOR TAB 20MG 54
ZOCOR TAB 40MG 54
ZOKINVY CAP 50MG.....164
ZOKINVY CAP 75MG 164
ZOLINZA CAP 100MG 70
zolmitriptan nasal spray 2.5 mg/spray unit 160
*zolmitriptan nasal spray 5 mg/spray unit*160
zolmitriptan orally disintegrating tab 2.5 mg 160
zolmitriptan orally disintegrating tab 5 mg 160
zolmitriptan tab 2.5 mg.....160
zolmitriptan tab 5 mg.....160
zolpidem tartrate tab 10 mg.....131
zolpidem tartrate tab 5 mg.....131
zolpidem tartrate tab er 12.5 mg 131
zolpidem tartrate tab er 6.25 mg.....131
ZOMIG SPR 2.5MG.....160
ZOMIG SPR 5MG.....160
ZONALON CRE 5% 101
zonisamide cap 100 mg.....38
zonisamide cap 25 mg.....38
zonisamide cap 50 mg 38
ZORBTIVE INJ 8.8MG 117
ZORTRESS TAB 0.25MG.....163
ZORTRESS TAB 0.5MG.....163
ZORTRESS TAB 0.75MG.....163
ZORTRESS TAB 1MG 163
ZORYVE CRE 0.05% 111
ZORYVE CRE 0.15% 111
ZORYVE CRE 0.3%.....111
ZORYVE MIS 0.3% 111
ZOVIRAX CRE 5%.....106
ZOVIRAX OIN 5% 106
ZTLIDO PAD 1.8%.....111
ZUBSOLV SUB 0.7-0.18 22
ZUBSOLV SUB 1.4-0.36 22
ZUBSOLV SUB 11.4-2.9 22
ZUBSOLV SUB 2.9-0.71 22
ZUBSOLV SUB 5.7-1.4.....22
ZUBSOLV SUB 8.6-2.1.....22
ZURZUVAE CAP 20MG.....40
ZURZUVAE CAP 25MG.....40

ZURZUVAE CAP 30MG 40
ZYCLARA CRE 3.75% 110
ZYCLARA PUMP CRE 2.5% 110
ZYCLARA PUMP CRE 3.75% 110
ZYDELIG TAB 100MG 70
ZYDELIG TAB 150MG 70
ZYFLO TAB 600MG 30
ZYKADIA TAB 150MG.....70
ZYPREXA INJ 10MG.....77
ZYPREXA RELP INJ 210MG 77
ZYPREXA RELP INJ 300MG 77
ZYPREXA RELP INJ 405MG.....77
ZYPREXA TAB 10MG.....77
ZYPREXA TAB 15MG.....77
ZYPREXA TAB 2.5MG 77
ZYPREXA TAB 20MG.....77
ZYPREXA TAB 5MG 77
ZYPREXA TAB 7.5MG 77
ZYPREXA ZYDI TAB 10MG 77
ZYPREXA ZYDI TAB 15MG 77
ZYPREXA ZYDI TAB 20MG 77
ZYPREXA ZYDI TAB 5MG.....77
ZYVOX SUS 100MG/5M 25
ZYVOX TAB 600MG.....25

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(UPDATED 4/15/2025)

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200 Independence Avenue, SW
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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.