CareFirst
Family of health care plans

CareFirst Formulary 2

2026

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

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

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

Last updated 10/01/26—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 four drug tiers which determines the price you pay.

Using Your Formulary

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

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

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

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

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

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

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

CareFirst Formulary 2 (non-ACA), 4T (self-insured) Effective 10/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 30 mg	1	QL (1 tab every 1 day)
DESOXYN TAB 5MG	3	QL (5 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (2 caps every 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (40 mL every 1 day)
dextroamphetamine sulfate tab 2.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 7.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 15 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 20 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 30 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate cap 10 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 20 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 30 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 40 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 50 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 60 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 70 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (1 tab every 1 day)
methamphetamine hcl tab 5 mg	1	QL (5 tabs every 1 day)
procentra sol 5mg/5ml	1	QL (40 mL every 1 day)
zenzedi tab 2.5mg	1	QL (4 tabs every 1 day)
zenzedi tab 5mg	1	QL (4 tabs every 1 day)
zenzedi tab 7.5mg	1	QL (4 tabs every 1 day)
zenzedi tab 10mg	1	QL (4 tabs every 1 day)
zenzedi tab 15mg	1	QL (2 tabs every 1 day)
zenzedi tab 20mg	1	QL (2 tabs every 1 day)
zenzedi tab 30mg	1	QL (1 tab every 1 day)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
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
QSYMIA CAP 15-92MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
FOUNDAYO TAB 0.8MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 2.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 5.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 9MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 14.5MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
FOUNDAYO TAB 17.2MG	2	PA, QL (30 tablets every 25 days); Coverage is subject to your plan/benefits
orlistat cap 120 mg	1	PA, QL (90 caps per 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	4	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY HD INJ 7.2/0.75	4	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	4	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.25MG	4	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	4	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	4	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	4	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY TAB 1.5MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 4MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 9MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 25MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
ZEPBOUND INJ 2.5/0.5	4	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 5/0.5ML	4	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 7.5/0.5	4	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 10/0.5ML	4	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 12.5/0.5	4	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 15/0.5ML	4	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl cap 25 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (2 caps every 1 day)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (1 cap every 1 day)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
QELBREE CAP 100MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 200MG ER	2	QL (3 caps every 1 day)
STRATTERA CAP 10MG	3	QL (4 caps every 1 day)
STRATTERA CAP 18MG	3	QL (4 caps every 1 day)
STRATTERA CAP 25MG	3	QL (4 caps every 1 day)
STRATTERA CAP 40MG	3	QL (2 caps every 1 day)
STRATTERA CAP 60MG	3	QL (1 cap every 1 day)
STRATTERA CAP 80MG	3	QL (1 cap every 1 day)
STRATTERA CAP 100MG	3	QL (1 cap every 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	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
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
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)

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl tab 5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 10 mg	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 10MG	3	QL (2 tabs every 1 day)
METHYLIN SOL 5MG/5ML	3	QL (60 mL every 1 day)
METHYLIN SOL 10MG/5ML	3	QL (30 mL every 1 day)
methylphenidate hcl cap er 10 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 20 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 30 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 40 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 50 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 60 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl chew tab 2.5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl chew tab 5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl chew tab 10 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl soln 5 mg/5ml	1	QL (60 mL every 1 day)
methylphenidate hcl soln 10 mg/5ml	1	QL (30 mL every 1 day)
methylphenidate hcl tab 5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl tab 10 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl tab 20 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 10 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 20 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 24hr 18 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er diffusion 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er diffusion 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er diffusion 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 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
modafinil tab 200 mg	1	PA
RITALIN LA CAP 10MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 20MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 30MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 40MG	3	QL (1 cap every 1 day)
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	
ODACTRA SUB	2	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	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	4	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ CD/ INJ UC/HS SP	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days)
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	4	PA, QL (5 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENS INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (3 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.
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.

Drug Name	Drug Tier	Requirements/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.
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	1	PA, QL (10 mL every 1 day)
tofacitinib citrate tab 5 mg (base equivalent)	1	PA, QL (2 tabs every 1 day)
tofacitinib citrate tab 10 mg (base equivalent)	1	PA, QL (2 tabs every 1 day)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	1	PA, QL (1 tab every 1 day)
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	1	PA, QL (1 tab every 1 day)
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	4	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	4	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	4	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	4	PA, QL (4 pens every 28 days)
OTREXUP INJ 20MG	4	PA, QL (4 injections every 28 days)
OTREXUP INJ 20MG	4	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	4	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 7.5MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 10MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 15MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 injections per 28 days)

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 20MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 25MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 30MG	4	PA, QL (4 injections per 28 days)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
ec-naproxen tab 375mg	1	
ec-naproxen tab 500mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 tab 600 mg	1	
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	4	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	4	PA, QL (4 syringes every 28 days)
ORENCIA INJ 87.5/0.7	4	PA, QL (4 syringes every 28 days)
ORENCIA INJ 125MG/ML	4	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	4	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	4	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI INJ 50MG/ML	4	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	4	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab	1	
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	
tencon tab 50-325mg	1	
SALICYLATES		
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	3	PA
CODEINE SULF TAB 60MG	3	PA
codeine sulfate tab 30 mg	1	PA
CONZIP CAP 100MG	3	PA
CONZIP CAP 200MG	3	PA
CONZIP CAP 300MG	3	PA
DILAUDID LIQ 1MG/ML	3	PA
DILAUDID TAB 2MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
DILAUDID TAB 4MG	3	PA
DILAUDID TAB 8MG	3	PA
DISKETS TAB 40MG	3	
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA
fentanyl td patch 72hr 25 mcg/hr	1	PA
fentanyl td patch 72hr 37.5 mcg/hr	1	PA
fentanyl td patch 72hr 50 mcg/hr	1	PA
fentanyl td patch 72hr 62.5 mcg/hr	1	PA
fentanyl td patch 72hr 75 mcg/hr	1	PA
fentanyl td patch 72hr 87.5 mcg/hr	1	PA
fentanyl td patch 72hr 100 mcg/hr	1	PA
hydrocodone bitartrate cap er 12hr 10 mg	1	PA
hydrocodone bitartrate cap er 12hr 15 mg	1	PA
hydrocodone bitartrate cap er 12hr 20 mg	1	PA
hydrocodone bitartrate cap er 12hr 30 mg	1	PA
hydrocodone bitartrate cap er 12hr 40 mg	1	PA
hydrocodone bitartrate cap er 12hr 50 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA
HYDROMORPHON SUP 3MG	3	PA
hydromorphone hcl liqd 1 mg/ml	1	PA
hydromorphone hcl tab 2 mg	1	PA
hydromorphone hcl tab 4 mg	1	PA
hydromorphone hcl tab 8 mg	1	PA
hydromorphone hcl tab er 24hr 8 mg	1	PA
hydromorphone hcl tab er 24hr 12 mg	1	PA
hydromorphone hcl tab er 24hr 16 mg	1	PA
hydromorphone hcl tab er 24hr 32 mg	1	PA
HYSINGLA ER TAB 20 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
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
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone con 10mg/ml	1	PA
methadone hcl conc 10 mg/ml	1	
methadone hcl soln 5 mg/5ml	1	PA
methadone hcl soln 10 mg/5ml	1	PA
methadone hcl tab 5 mg	1	PA
methadone hcl tab 10 mg	1	PA
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	
METHADOSE SF CON 10MG/ML	3	
methadose tab 40mg	1	
morphine sulfate beads cap er 24hr 30 mg	1	PA
morphine sulfate beads cap er 24hr 45 mg	1	PA
morphine sulfate beads cap er 24hr 60 mg	1	PA
morphine sulfate beads cap er 24hr 75 mg	1	PA
morphine sulfate beads cap er 24hr 90 mg	1	PA
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA
morphine sulfate cap er 24hr 20 mg	1	PA
morphine sulfate cap er 24hr 30 mg	1	PA
morphine sulfate cap er 24hr 50 mg	1	PA
morphine sulfate cap er 24hr 60 mg	1	PA
morphine sulfate cap er 24hr 80 mg	1	PA
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA
morphine sulfate oral soln 20 mg/5ml	1	PA
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA
morphine sulfate suppos 5 mg	1	PA
morphine sulfate suppos 10 mg	1	PA
morphine sulfate suppos 20 mg	1	PA
morphine sulfate suppos 30 mg	1	PA
morphine sulfate tab 15 mg	1	PA
morphine sulfate tab 30 mg	1	PA
morphine sulfate tab er 15 mg	1	PA
morphine sulfate tab er 30 mg	1	PA
morphine sulfate tab er 60 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
MS CONTIN TAB 15MG ER	3	PA
MS CONTIN TAB 30MG ER	3	PA
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
oxycodone hcl cap 5 mg	1	PA
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
oxycodone hcl tab 10 mg	1	PA
oxycodone hcl tab 15 mg	1	PA
oxycodone hcl tab 20 mg	1	PA
oxycodone hcl tab 30 mg	1	PA
oxymorphone hcl tab 5 mg	1	PA
oxymorphone hcl tab 10 mg	1	PA
ROXICODONE TAB 15MG	3	PA
ROXICODONE TAB 30MG	3	PA
tapentadol hcl tab 50 mg	1	PA, QL (120 tabs every 25 days)
tapentadol hcl tab 75 mg	1	PA, QL (90 tabs every 25 days)
tapentadol hcl tab 100 mg	1	PA, QL (60 tabs every 25 days)
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
tramadol hcl tab er 24hr 200 mg	1	PA
tramadol hcl tab er 24hr 300 mg	1	PA
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)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL every 1 day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (13.334 tabs every 1 day)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs every 1 day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs every 1 day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps every 1 day)
ascomp/cod cap 30mg	1	PA
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	PA
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	PA
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	PA
endocet tab 2.5-325	1	PA, QL (12 tabs every 1 day)
endocet tab 5-325mg	1	PA, QL (12 tabs every 1 day)
endocet tab 7.5-325	1	PA, QL (8 tabs every 1 day)
endocet tab 10-325mg	1	PA, QL (6 tabs every 1 day)
FIORICET CAP CODEINE	3	PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen soln 10-300 mg/15ml	1	PA, QL (67.5 mL every 1 day)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen tab 2.5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs every 1 day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs every 1 day)
trezix cap	1	PA, QL (10 caps every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA
BELBUCA MIS 150MCG	2	PA
BELBUCA MIS 300MCG	2	PA
BELBUCA MIS 450MCG	2	PA
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl sl tab 2 mg (base equiv)	0	
buprenorphine hcl sl tab 8 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	
buprenorphine td patch weekly 5 mcg/hr	1	PA
buprenorphine td patch weekly 7.5 mcg/hr	1	PA
buprenorphine td patch weekly 10 mcg/hr	1	PA
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
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
depo-testost inj 100mg/ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
depo-testost inj 200mg/ml	4	PA
methitest tab 10mg	1	
methyltestosterone cap 10 mg	1	
NATESTO GEL 5.5MG	2	PA
testosterone cypionate im inj in oil 100 mg/ml	4	PA
testosterone cypionate im inj in oil 200 mg/ml	4	PA
testosterone enanthate im inj in oil 200 mg/ml	4	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
XYOSTED INJ 50/0.5ML	4	PA
XYOSTED INJ 75/0.5ML	4	PA
XYOSTED INJ 100/0.5	4	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	
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		
ANUCORT-HC SUP 25MG	3	
ANUSOL-HC CRE 2.5%	3	
ANUSOL-HC SUP 25MG	3	
HEMMOREX-HC SUP 25MG	3	
HEMMOREX-HC SUP 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone perianal cream 2.5%	1	
procto-med cre hc 2.5%	1	
PROCTOCORT SUP 30MG	3	
proctosol hc cre 2.5%	1	
proctozone cre -hc 2.5%	1	
VASODILATING AGENTS		
nitroglycerin oint 0.4%	1	
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
ivermectin tab 3 mg	1	
ivermectin tab 6 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
CONTEPO INJ 6GM	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	
me/naphos/mb tab hyo 1	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
URELLE TAB	3	
uro-mp cap 118mg	1	
UROGESIC- TAB BLUE	3	
VILAMIT MB CAP 118MG	3	
VILEVEV MB TAB 81MG	3	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
PENEMS		
ORLYNVAH TAB 500-500	3	
URINARY ANTI-INFECTIVES		
BLUJEPA TAB 750MG	3	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
nitro-bid oin 2%	1	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
NITRO-TIME CAP 2.5MG ER	3	
NITRO-TIME CAP 6.5MG ER	3	
NITRO-TIME CAP 9MG ER	3	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin oint 2%	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.5mg xr	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 1mg xr	1	
alprazolam tab 2 mg	1	
alprazolam tab 2mg xr	1	

Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 3mg xr	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam con 5mg/ml	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
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	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	
dofetilide cap 250 mcg (0.25 mg)	1	
dofetilide cap 500 mcg (0.5 mg)	1	
MULTAQ TAB 400MG	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pens every 28 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	4	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 75/0.5	4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act	1	QL (1 package 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 NEB 175/3ML	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	1	
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)	1	
budesonide inhalation susp 0.5 mg/2ml	1	QL (4 mL every 1 day)
budesonide inhalation susp 0.25 mg/2ml	1	QL (6 mL every 1 day)
budesonide inhalation susp 1 mg/2ml	1	QL (2 mL every 1 day)
fluticasone furoate aerosol powder breath activ 50 mcg/act	1	QL (1 package every 25 days)
fluticasone furoate aerosol powder breath activ 100 mcg/act	1	QL (1 blister every 1 day)
fluticasone furoate aerosol powder breath activ 200 mcg/act	1	QL (1 blister every 1 day)
fluticasone propionate hfa inhal aero 44 mcg/act	1	QL (1 package every 25 days)
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 28 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 packages every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (4 ea every 1 day)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (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

Drug Name	Drug Tier	Requirements/Limits
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (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
breyna aer 80/4.5	1	QL (3 packages every 25 days)
breyna aer 160/4.5	1	QL (3 packages every 25 days)
BREZTRI AERO AER 9MCG	2	QL (1 inhaler every 25 days)
BREZTRI AERO AER 18MCG	2	QL (1 inhaler every 25 days)
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)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (2 inhalations every 1 day)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (4 mL every 1 day)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (18 bottles every 1 day)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (3 ea every 1 day)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
wixela inhub aer 100/50	1	QL (2 inhalations every 1 day)
wixela inhub aer 250/50	1	QL (2 inhalations every 1 day)
wixela inhub aer 500/50	1	QL (2 inhalations every 1 day)
XANTHINES		
elixophyllin elx 80/15ml	1	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CAP 0.15MG	2	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 0.5MG	2	
ELIQUIS TAB 1.5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 2MG	2	
ELIQUIS TAB 5MG	2	
rivaroxaban for susp 1 mg/ml	1	
rivaroxaban tab 2.5 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	4	
ARIXTRA INJ 5/0.4ML	4	
ARIXTRA INJ 7.5/0.6	4	
ARIXTRA INJ 10/0.8ML	4	
enoxaparin sodium inj 300 mg/3ml	4	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	4	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	4	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	4	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	4	
enoxaparin sodium inj soln pref syr 100 mg/ml	4	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	4	
enoxaparin sodium inj soln pref syr 150 mg/ml	4	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	4	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	4	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	4	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
heparin sodium (porcine) inj 1000 unit/ml	4	
heparin sodium (porcine) inj 5000 unit/ml	4	
heparin sodium (porcine) inj 10000 unit/ml	4	
heparin sodium (porcine) inj 20000 unit/ml	4	
heparin sodium (porcine) pf inj 1000 unit/ml	4	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	4	
LOVENOX INJ 30/0.3ML	4	
LOVENOX INJ 40/0.4ML	4	
LOVENOX INJ 60/0.6ML	4	
LOVENOX INJ 80/0.8ML	4	
LOVENOX INJ 100MG/ML	4	
LOVENOX INJ 120/0.8	4	
LOVENOX INJ 150MG/ML	4	
LOVENOX INJ 300/3ML	4	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	3	
FYCOMPA TAB 2MG	3	
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	
FYCOMPA TAB 12MG	3	
perampanel susp 0.5 mg/ml	1	
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
perampanel tab 12 mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
brivaracetam oral soln 10 mg/ml	1	
brivaracetam tab 10 mg	1	
brivaracetam tab 25 mg	1	
brivaracetam tab 50 mg	1	
brivaracetam tab 75 mg	1	
brivaracetam tab 100 mg	1	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab disintegrating soluble 250 mg	1	
levetiracetam tab 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
pregabalin cap 50 mg	1	PA
pregabalin cap 75 mg	1	PA
pregabalin cap 100 mg	1	PA
pregabalin cap 150 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 200 mg	1	PA
pregabalin cap 225 mg	1	PA
pregabalin cap 300 mg	1	PA
pregabalin soln 20 mg/ml	1	QL (30 mL every 1 day)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
roweepra tab 500mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
subvenite kit start 35	1	
subvenite kit start 49	1	
subvenite kit start 98	1	
subvenite tab 25mg	1	
subvenite tab 100mg	1	
subvenite tab 150mg	1	
subvenite tab 200mg	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr 25 mg	1	
topiramate cap er 24hr 50 mg	1	
topiramate cap er 24hr 100 mg	1	
topiramate cap er 24hr 200 mg	1	
topiramate oral soln 25 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate sprinkle cap 50 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (6 packets every 1 day)
vigabatrin tab 500 mg	1	PA, QL (6 tabs every 1 day)
vigadrone pow 500mg	1	PA, QL (6 packets every 1 day)
vigadrone tab 500mg	1	PA, QL (6 tabs every 1 day)
vigpoder pow 500mg	1	PA, QL (6 packets every 1 day)
HYDANTOINS		
phenytek cap 200mg	1	
phenytek cap 300mg	1	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
methsuximide cap 300 mg	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	2	PA, QL (2 tabs every 1 day)
AUVELITY TAB TITRATIO	2	PA, QL (2 tabs every 1 day)
ANTIDEPRESSANTS - MISC.		
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	

Drug Name	Drug Tier	Requirements/Limits
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	2	PA
SPRAVATO SOL 84MG DOS	2	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide cap 30 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	4	ST

Drug Name	Drug Tier	Requirements/Limits
SYMLNPEN 120 INJ 1000MCG	4	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	ST
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	1	ST
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
linagliptin-metformin hcl tab 2.5-500 mg	1	ST
linagliptin-metformin hcl tab 2.5-850 mg	1	ST
linagliptin-metformin hcl tab 2.5-1000 mg	1	ST
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	ST
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	ST
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	ST
SOLIQUA INJ 100/33	4	QL (10 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	3	ST
XIGDUO XR TAB 5-1000MG	3	ST
XIGDUO XR TAB 10-500MG	3	ST
XIGDUO XR TAB 10-1000	3	ST
XULTOPHY INJ 100/3.6	4	QL (5 pens every 30 days)
ZITUVIMET TAB 50-500MG	2	ST, PA; Brand preferred over generic
ZITUVIMET TAB 50-1000	2	ST, PA; Brand preferred over generic
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
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	4	
GVOKE HYPO 1 INJ 0.5/.1ML	4	
GVOKE HYPO 1 INJ 1/0.2ML	4	
GVOKE HYPO 2 INJ 0.5/.1ML	4	
GVOKE HYPO 2 INJ 1/0.2ML	4	
GVOKE KIT SOL 1/0.2ML	4	
GVOKE PFS INJ 1/0.2ML	4	
mifepristone tab 300 mg	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	4	

Drug Name	Drug Tier	Requirements/Limits
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab 2.5 mg (base equiv)	1	ST
saxagliptin hcl tab 5 mg (base equiv)	1	ST
sitagliptin phosphate tab 25 mg (base equiv)	1	ST
sitagliptin phosphate tab 100 mg (base equiv)	1	ST
ZITUVIO TAB 25MG	2	ST, PA; Brand preferred over generic
ZITUVIO TAB 50MG	2	ST, PA; Brand preferred over generic
ZITUVIO TAB 100MG	2	ST, PA; Brand preferred over generic
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	4	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	4	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	4	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	4	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	4	PA, QL (1 pen every 30 days)
OZEMPIC TAB 1.5MG	2	PA, QL (1 tab every 1 day)
OZEMPIC TAB 4MG	2	PA, QL (1 tab every 1 day)
OZEMPIC TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75/0.5	4	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	4	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	4	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	4	PA, QL (4 pens every 30 days)
INSULIN		
AWIQLI FLEX INJ 700UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
HUMULIN R INJ U-500KWP	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin tab 5 mg	1	ST
dapagliflozin tab 10 mg	1	ST
FARXIGA TAB 5MG	3	ST
FARXIGA TAB 10MG	3	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab 15 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glipizide xl tab 2.5mg	1	
glipizide xl tab 5mg	1	
glipizide xl tab 10mg	1	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
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

Drug Name	Drug Tier	Requirements/Limits
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA
deferiprone tab 1000 mg	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	0	QL (2 cartons every 30 days)
naloxone hcl inj 0.4 mg/ml	0	
naloxone hcl inj 4 mg/10ml	0	
naloxone hcl nasal spray 4 mg/0.1ml	0	
naloxone hcl soln cartridge 0.4 mg/ml	0	
naloxone hcl soln prefilled syringe 0.4 mg/ml	0	
naloxone hcl soln prefilled syringe 2 mg/2ml	0	
naltrexone hcl tab 50 mg	0	
NARCAN SPR 4MG	0	
VIVITROL INJ 380MG	3	QL (1 injection every 28 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
granisetron hcl tab 1 mg	1	
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron hcl tab 24 mg	1	
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
SANCUSO DIS 3.1MG	2	
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 21 days)

Drug Name	Drug Tier	Requirements/Limits
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 caps every 21 days)
aprepitant capsule 125 mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps every 21 days)
EMEND BIPACK PAK 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC CAP 125 & 80	3	QL (6 caps every 21 days)
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 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
carbzah sol 4mg/5ml	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
KARBINAL ER SUS 4MG/5ML	3	
ryvent tab 6mg	1	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
promethegan sup 12.5mg	1	
promethegan sup 25mg	1	
promethegan sup 50mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	
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	

Drug Name	Drug Tier	Requirements/Limits
pitavastatin calcium tab 2 mg	0	
pitavastatin calcium tab 4 mg	0	
pravastatin sodium tab 10 mg	0	
pravastatin sodium tab 20 mg	0	
pravastatin sodium tab 40 mg	0	
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	4	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	4	PA, QL (1 cartridges every 28 days)
REPATHA SURE INJ 140MG/ML	4	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ALTACE CAP 2.5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
VASOTEC TAB 20MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
azilsartan medoxomil tab 40 mg	1	
azilsartan medoxomil tab 80 mg	1	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan oral soln 4 mg/ml	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
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	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
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	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifapentine tab 150 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
lomustine cap 10 mg	0	
lomustine cap 40 mg	0	
lomustine cap 100 mg	0	
MYLERAN TAB 2MG	0	
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
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	4	$0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	4	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	4	$0 copay based on your plan/benefit
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	4	$0 copay based on your plan/benefit
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	4	$0 copay based on your plan/benefit

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	4	$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
XELODA TAB 500MG	0	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	0	PA, QL (84 caps every 21 days)
FRUZAQLA CAP 5MG	0	PA, QL (21 caps every 21 days)
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	3	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
abirtega tab 250mg	0	PA, QL (4 tabs every 1 day)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
ORGOVYX TAB 120MG	0	PA, QL (1 tab every 1 day)
SOLTAMOX SOL 10MG/5ML	0	
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer

Drug Name	Drug Tier	Requirements/Limits
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		
pomalidomide cap 1 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 2 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 3 mg	0	PA, QL (21 caps every 21 days)
pomalidomide cap 4 mg	0	PA, QL (21 caps every 21 days)
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB 25MG	0	PA, QL (8 tabs every 1 day)
REVUFORJ TAB 110MG	0	PA, QL (4 tabs every 1 day)
REVUFORJ TAB 160MG	0	PA, QL (2 tabs every 1 day)
ANTINEOPLASTIC - 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

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 tabs every 21 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 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)
bosutinib tab 100 mg	0	PA, QL (3 tabs every 1 day)
bosutinib tab 400 mg	0	PA, QL (1 tab every 1 day)
bosutinib tab 500 mg	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
BRUKINSA TAB 160MG	0	PA, QL (2 tabs every 1 day)
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
dasatinib tab 20 mg	0	PA, QL (3 tabs every 1 day)
dasatinib tab 50 mg	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
dasatinib tab 70 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 80 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 100 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 140 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 2.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 7.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 10 mg	0	PA, QL (1 tab every 1 day)
everolimus tab for oral susp 2 mg	0	PA, QL (2 tabs every 1 day)
everolimus tab for oral susp 3 mg	0	PA, QL (3 tabs every 1 day)
everolimus tab for oral susp 5 mg	0	PA, QL (2 tabs every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
GOMEKLI CAP 1MG	0	PA, QL (42 caps every 21 days)
GOMEKLI CAP 2MG	0	PA, QL (84 caps every 21 days)
GOMEKLI TAB 1MG	0	PA, QL (168 tabs every 21 days)
IBRANCE CAP 75MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps every 21 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs every 21 days)
IBTROZI CAP 200MG	0	PA, QL (3 caps every 1 day)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
JAKAFI XR TAB 11MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 22MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI XR TAB 33MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 44MG	0	PA, QL (1 tab every 1 day)
JAKAFI XR TAB 55MG	0	PA, QL (1 tab every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 days)
KOSELUGO CAP 5MG	0	PA, QL (20 caps every 1 day)
KOSELUGO CAP 7.5MG	0	PA, QL (12 caps every 1 day)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG	0	PA, QL (6 tabs every 1 day)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (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)
pazopanib hcl tab 400 mg (base equiv)	0	PA, QL (2 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (3 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA, QL (3 tabs every 1 day)
RETEVMO TAB 80MG	0	PA, QL (4 tabs every 1 day)
RETEVMO TAB 120MG	0	PA, QL (2 tabs every 1 day)
RETEVMO TAB 160MG	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
sorafenib tosylate tab 200 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
torpenz tab 2.5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 7.5mg	0	PA, QL (1 tab every 1 day)
torpenz tab 10mg	0	PA, QL (1 tab every 1 day)
TRUQAP PAK 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	0	PA, QL (64 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)

Drug Name	Drug Tier	Requirements/Limits
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)
yulithira tab 2.5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 7.5mg	0	PA, QL (1 tab every 1 day)
yulithira tab 10mg	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	4	PA
BESREMI PEN INJ 500MCG	4	PA, QL (2 syringes every 28 days)
BESREMI SOL 500MCG	4	PA, QL (2 syringes every 28 days)
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
MATULANE CAP 50MG	0	
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
leucovorin tab 5mg	0	

Drug Name	Drug Tier	Requirements/Limits
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		
entacapone tab 200 mg	1	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
apomorphine hcl soln cartridge 30 mg/3ml	4	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	

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

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID TAB 300MG	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
NUPLAZID CAP 34MG	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	PA, QL (1 tab every 1 day)
VRAYLAR CAP 0.5MG	2	
VRAYLAR CAP 0.75MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
INVEGA HAFYE INJ 1092MG	2	
INVEGA HAFYE INJ 1560MG	2	
INVEGA SUST INJ 39/0.25	2	
INVEGA SUST INJ 78/0.5ML	2	
INVEGA SUST INJ 117/0.75	2	

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 156MG/ML	2	
INVEGA SUST INJ 234/1.5	2	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
INVEGA TRINZ INJ 273MG	2	
INVEGA TRINZ INJ 410MG	2	
INVEGA TRINZ INJ 546MG	2	
INVEGA TRINZ INJ 819MG	2	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	3	
PERSERIS INJ 120MG	3	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone microspheres for im extended rel susp 12.5 mg	1	
risperidone microspheres for im extended rel susp 25 mg	1	
risperidone microspheres for im extended rel susp 37.5 mg	1	
risperidone microspheres for im extended rel susp 50 mg	1	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
MUSCARINIC AGENTS		
COBENFY CAP 50-20MG	3	
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	
PHENOTHIAZINES		
chlorpromazine hcl conc 30 mg/ml	1	
chlorpromazine hcl conc 100 mg/ml	1	
chlorpromazine hcl inj 25 mg/ml	1	
chlorpromazine hcl inj 50 mg/2ml	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
compro sup 25mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE SOL 10%	3	
GLUTARALDEHY SOL 25%	3	
HYDROGEN PER SOL 30%	3	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (30 mL every 1 day)
abacavir sulfate tab 300 mg (base equiv)	1	QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (1 tab every 1 day)
APRETUDE SUS 600MG ER	0	QL (6 mL every 75 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (2 caps every 1 day)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
CABENUVA SUS 400-600	2	QL (1 kit every 30 days)
CABENUVA SUS 600-900	2	
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
darunavir tab 600 mg	1	QL (2 tabs every 1 day)
darunavir tab 800 mg	1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	0	QL (1 tab every 1 day); $0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
efavirenz cap 50 mg	1	QL (3 caps every 1 day)
efavirenz cap 200 mg	1	QL (4 caps every 1 day)
efavirenz tab 600 mg	1	QL (1 tab every 1 day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (1 tab every 1 day)
emtricitabine caps 200 mg	1	QL (1 cap every 1 day)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	QL (1 tab every 1 day); $0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (24.3 mL every 1 day)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
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	4	QL (60 vials every 30 days)
GENVOYA TAB	2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
KALETRA SOL	3	QL (16 mL every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 bottles every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 mL every 1 day)
lamivudine tab 150 mg	1	QL (2 tabs every 1 day)
lamivudine tab 300 mg	1	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	1	QL (2 tabs every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	QL (4 tabs every 1 day)
maraviroc tab 150 mg	1	QL (2 tabs every 1 day)
maraviroc tab 300 mg	1	QL (4 tabs every 1 day)
nevirapine susp 50 mg/5ml	1	QL (40 mL every 1 day)
nevirapine tab 200 mg	1	QL (2 tabs every 1 day)
nevirapine tab er 24hr 400 mg	1	QL (1 tab every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 675/150	3	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	3	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
rilpivirine hcl tab 25 mg (base equivalent)	1	QL (2 tabs every 1 day)
ritonavir tab 100 mg	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	QL (2 tabs every 1 day)
SYMFI LO TAB	3	QL (1 tab every 1 day)
SYMFI TAB	3	QL (1 tab every 1 day)
SYMTUZA TAB	2	QL (1 tab every 1 day)
tenofovir disoproxil fumarate tab 300 mg	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
TROGARZO INJ 150MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
YEZTUGO INJ 463.5MG	2	QL (4 vials every 126 days)
YEZTUGO TAB 300MG	2	QL (8 tabs every 4 days)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
zidovudine cap 100 mg	1	QL (6 caps every 1 day)
zidovudine syrup 10 mg/ml	1	QL (64 mL every 1 day)
zidovudine tab 300 mg	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	3	QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
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 (38.134 mL every 1 day)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	3	QL (21 mL every 1 day)
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 (2 tabs every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5 ,6

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 45-200MG	2	PA, QL (2 tabs every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
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 (2 tabs every 1 day)
SOVALDI TAB 400MG	3	PA, 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	
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR TAB 12.5MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 12.5 mg	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOL 4.28/ML	3	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
dilt-xr cap 120mg	1	
dilt-xr cap 180mg	1	
dilt-xr cap 240mg	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
tiadylt cap 120mg/24	1	
tiadylt cap 180mg/24	1	
tiadylt cap 240mg/24	1	
tiadylt cap 300mg/24	1	
tiadylt cap 360mg/24	1	

Drug Name	Drug Tier	Requirements/Limits
tiadylt cap 420mg/24	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
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)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
OPSYNVI TAB 10-20MG	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	PA, QL (1 ea every 1 day)
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 mg	1	

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	4	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 20MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	4	QL (6 vials every 28 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	4	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 10MCG	4	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 20MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 40MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 10MCG	4	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 20MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 40MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 tabs every 30 days)
sildenafil citrate tab 50 mg	1	QL (6 tabs every 30 days)
sildenafil citrate tab 100 mg	1	QL (6 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 2.5 mg	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (1 tab every 1 day)
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 (252 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 16MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 32MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 48-80MCG	2	PA
TYVASO DPI POW 48MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 64MCG	2	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 80MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW INST KIT	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW MAIN KIT	2	PA, QL (8 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TYVASO RF KT SOL 0.6MG/ML	2	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	2	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO ST KT SOL 0.6MG/ML	2	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	3	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	3	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	2	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	4	PA, QL (1 kit every 21 days)
WINREVAIR INJ 60MG	4	PA, QL (1 kit every 21 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	1	PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab 125 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab for oral susp 32 mg	1	PA, QL (4 tabs every 1 day)
macitentan tab 10 mg	1	PA, QL (1 tab every 1 day)
OPSUMIT TAB 10MG	2	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tab 20mg	1	PA, QL (2 tabs every 1 day)
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (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 100MCG	2	PA
UPTRAVI TAB 150MCG	2	PA
UPTRAVI TAB 200MCG	2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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 (30 tabs every 30 days)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 250 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
dasetta tab 1/35	0	
dasetta tab 7/7/7	0	
daysee tab	0	
delyla tab 0.1-0.02	0	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
dolishale tab 90-20mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
elinest tab	0	
enpresse-28 tab	0	
enskyce tab	0	
estarylla tab 0.25-35	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
falmina tab	0	
feirza tab 1.5/30	0	
feirza tab 1/20	0	
finzala chw fe 1/20	0	
galbriela chw	0	
gemmily cap 1/20	0	
hailey 24 tab fe	0	
hailey fe tab 1.5/30	0	
hailey fe tab 1/20	0	
hailey tab 1.5/30	0	
iclevia tab	0	
introvale tab	0	
isibloom tab	0	
jaimiess tab	0	
jasmiel tab 3-0.02mg	0	
jolessa tab	0	
joyeaux tab 0.1-20	0	
juleber tab	0	
junel 1.5/30 tab	0	
junel 1/20 tab	0	
junel fe 24 tab 1/20	0	
junel fe tab 1.5/30	0	
junel fe tab 1/20	0	

Drug Name	Drug Tier	Requirements/Limits
kaitlib fe chw	0	
kalliga tab	0	
kariva tab 28 day	0	
kelnor 1/50 tab	0	
kelnor tab 1/35	0	
kurvelo tab 0.15/30	0	
larin 24 tab fe 1/20	0	
larin fe tab 1.5/30	0	
larin fe tab 1/20	0	
larin tab 1.5/30	0	
larin tab 1/20	0	
layolis fe chw	0	
leena tab	0	
lessina tab	0	
levonest tab	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	
levora-28 tab 0.15/30	0	
LO LOESTRIN TAB 1-10-10	0	
lo-zumandimi tab 3-0.02mg	0	
loestrin 21 tab 1.5/30	0	
loestrin fe tab 1.5/30	0	
loestrin fe tab 1/20	0	
loestrin tab 1/20-21	0	
lojaimiess tab	0	
loryna tab 3-0.02mg	0	
low-ogestrel tab	0	
luizza 1/20 tab	0	

Drug Name	Drug Tier	Requirements/Limits
luizza tab 1.5/30	0	
lutera tab	0	
marlissa tab 0.15/30	0	
merzee cap 1/20	0	
mibelas 24 chw fe	0	
microgestin tab 1.5/30	0	
microgestin tab 1/20	0	
microgestin tab fe1.5/30	0	
microgestin tab fe 1/20	0	
mili tab 0.25/35	0	
minzoya tab 0.1-20	0	
mono-linyah tab 0.25-35	0	
NATAZIA TAB	0	
necon tab 0.5/35	0	
NEXTSTELLIS TAB 3-14.2MG	0	
nikki tab 3-0.02mg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
nortrel tab 0.5/35	0	
nortrel tab 1/35	0	
nortrel tab 7/7/7	0	
nylia tab 1/35	0	

Drug Name	Drug Tier	Requirements/Limits
nylia tab 7/7/7	0	
ocella tab 3-0.03mg	0	
philith tab 0.4-35	0	
pimtrea tab	0	
portia-28 tab	0	
reclipsen tab	0	
rivelsa tab	0	
rosyrah tab	0	
SAFYRAL TAB	0	
setlakin tab	0	
simliya tab 28 day	0	
simpesse tab	0	
sprintec 28 tab 28 day	0	
sronyx tab	0	
syeda tab 3-0.03mg	0	
tarina 24 fe tab	0	
tarina fe tab 1/20 eq	0	
taysofy cap 1/20	0	
tilia fe tab	0	
tri-estaryll tab	0	
tri-legest tab fe	0	
tri-linyah tab	0	
tri-lo tab estaryll	0	
tri-lo- tab marzia	0	
tri-lo- tab sprintec	0	
tri-lo-mili tab	0	
tri-mili tab	0	
tri-sprintec tab	0	
tri-vylibra tab	0	
tri-vylibra tab lo	0	
trivora-28 tab	0	
turqoz tab	0	
tydemy tab	0	
valtya 1/35 tab	0	
valtya 1/50 tab	0	
velivet pak	0	
vestura tab 3-0.02mg	0	
vienva tab 0.1-20	0	
viorele tab	0	
volnea tab	0	
vyfemla tab 0.4-35	0	
vylibra tab 0.25-35	0	
wera tab 0.5/35	0	
wymzya fe chw 0.4mg-35	0	

Drug Name	Drug Tier	Requirements/Limits
xarah fe tab	0	
xelria fe chw 0.4mg-35	0	
zovia 1/35 tab	0	
zumandimine tab 3-0.03mg	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO DIS 220-20	0	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
xulane dis 150-35	0	
zafemy dis 150/35	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
eluryng mis	0	QL (13 ea every 300 days)
enilloring mis	0	QL (13 ea every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
haloette mis	0	QL (13 ea every 300 days)
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD	0	
PARAGARD IUD T380A	0	QL (1 every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	0	QL (1 every 300 days)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (6.154 injections every 300 days)
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 injections every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
MIRENA IUD SYSTEM	0	QL (1 every 300 days)
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	0	
deblitane tab 0.35mg	0	
emzahh tab 0.35mg	0	
errin tab 0.35mg	0	

Drug Name	Drug Tier	Requirements/Limits
heather tab 0.35mg	0	
incassia tab 0.35mg	0	
jencycla tab 0.35mg	0	
lyleq tab 0.35mg	0	
lyza tab 0.35mg	0	
meleya tab 0.35mg	0	
nora-be tab 0.35mg	0	
norethindrone tab 0.35 mg	0	
norlyroc tab 0.35mg	0	
OPILL TAB 0.075MG	0	OTC
orquidea tab 0.35mg	0	
sharobel tab 0.35mg	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
deflazacort susp 22.75 mg/ml	1	PA, QL (1.8 mL every 1 day)
deflazacort tab 6 mg	1	PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hidex 6-day pak 1.5mg	1	
hydrocortisone sodium succinate pf for inj 100 mg	4	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
jaythari sus 22.75/ml	1	PA, QL (1.8 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
jaythari tab 6mg	1	PA, QL (2 tabs every 1 day)
jaythari tab 18mg	1	PA, QL (1 tab every 1 day)
jaythari tab 30mg	1	PA, QL (1 tab every 1 day)
jaythari tab 36mg	1	PA, QL (1 tab every 1 day)
kymbee sus 22.75/ml	1	PA, QL (1.8 mL every 1 day)
kymbee tab 6mg	1	PA, QL (2 tabs every 1 day)
kymbee tab 18mg	1	PA, QL (1 tab every 1 day)
kymbee tab 30mg	1	PA, QL (1 tab every 1 day)
kymbee tab 36mg	1	PA, QL (1 tab every 1 day)
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab delayed release 1 mg	1	
prednisone tab delayed release 2 mg	1	
prednisone tab delayed release 5 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
pyquvi sus 22.75mg	1	PA, QL (1.8 mL every 1 day)
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
UCERIS TAB 9MG	1	PA; Brand preferred over generic
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	PA, QL (30 mL every 1 day)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	PA, QL (6 tabs every 1 day)
hydromet syp 5-1.5/5	1	PA, QL (30 mL every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine soln 100-10 mg/5ml	1	PA, QL (60 mL every 1 day), OTC
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	PA, QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	PA, QL (45 mL every 1 day), OTC
prometh vc syp 6.25-5/5	1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	PA, QL (30 mL every 1 day)
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 3%	3	
NEBUSAL NEB 6%	3	
PULMOSAL NEB 7%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
accutane cap 10mg	1	
accutane cap 20mg	1	
accutane cap 30mg	1	
accutane cap 40mg	1	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	OTC
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
AKLIEF CRE 0.005%	2	PA
amnesteem cap 10mg	1	
amnesteem cap 20mg	1	
amnesteem cap 30mg	1	
amnesteem cap 40mg	1	
ATRALIN GEL 0.05%	3	PA
AVAR CLEANSE LIQ 10-5%	3	
AVAR LS LIQ 10-2%	3	
AVAR-E EMOLL CRE 10-5%	3	
BENZAMYCIN GEL 5-3%	3	QL (1.567 gm every 1 day)
BENZEPRO LIQ CREAMY	3	
benzoyl peroxide foam 9.8%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
bp 10-1 emu	1	
claravis cap 10mg	1	
claravis cap 20mg	1	
claravis cap 30mg	1	
claravis cap 40mg	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
clindacin aer 1%	1	
clindacin mis etz 1%	1	
clindacin-p pad 1%	1	
CLINDAGEL GEL 1%	3	QL (2.5 mL every 1 day)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (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 0.3% PMP	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ery pad 2%	1	
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
erythromycin gel 2%	1	QL (2 gm every 1 day)
erythromycin soln 2%	1	QL (2 mL every 1 day)
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
neuac gel 1.2-5%	1	QL (1.5 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
SSS 10-5 AER 10-5%	3	
SSS CRE 10%-5%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
SULFACLEANSE SUS 8-4%	3	
SULFAMEZ EMU 10-1%	3	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.06%	1	PA

Drug Name	Drug Tier	Requirements/Limits
tretinoin microsphere gel 0.08%	1	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
zenatane cap 10mg	1	
zenatane cap 20mg	1	
zenatane cap 30mg	1	
zenatane cap 40mg	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	
ANTIFUNGALS - TOPICAL		
ciclodan sol 8%	1	
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (2 gm every 1 day)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	QL (70 gm every 25 days)
econazole nitrate cream 1%	1	QL (60 gm every 25 days)
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)
IODOQUIMEZ CRE 1-1.9%	3	
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%	3	
JUBLIA SOL 10%	3	PA
ketoconazole cream 2%	1	QL (120 gm every 25 days)
ketoconazole shampoo 2%	1	QL (120 mL every 25 days)
klayesta pow 100000	1	QL (120 gm every 25 days)
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 2%	3	QL (60 gm every 25 days)
nyamyc pow 100000	1	QL (120 gm every 25 days)
nystatin cream 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin oint 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
nystop pow 100000	1	QL (120 gm every 25 days)
oxiconazole nitrate cream 1%	1	QL (60 gm every 25 days)
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	
KLISYRI OIN 1% (250)	3	
KLISYRI OIN 1% (350)	3	
KLISYRI OIN 1% (350)	3	PA
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
calcitrene oin 0.005%	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 300DOSE	4	PA, QL (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	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	4	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	4	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	4	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	4	PA, QL (2 pens every 28 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 pen every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI INJ 55/0.37	4	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOTYKTU TAB 6MG	2	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	4	PA, QL (2 syringes every 28 days)
SPEVIGO INJ 300/2ML	4	PA, QL (1 syringe every 28 days)
tazarotene cream 0.1%	1	
tazarotene cream 0.05%	1	
tazarotene gel 0.1%	1	
tazarotene gel 0.05%	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 42 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VTAMA CRE 1%	2	PA
YESINTEK INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 45/0.5ML	4	PA, QL (4 vials every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred 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	
PLEXION NS SHA 9.8%	3	
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.3%	1	
selenium sulfide shampoo 2.25%	1	
sulfacetamide sodium cleansing gel 10%	1	
sulfacetamide sodium liquid 10%	1	
sulfacetamide sodium shampoo 9.8%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
ssd cre 1%	1	
SULFAMYLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
SILVER NITRA SOL 0.5%	3	
silver nitrate soln 0.5%	1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
alclometasone dipropionate oint 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented gel 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone dipropionate augmented oint 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone valerate aerosol foam 0.12%	1	QL (4 gm every 1 day)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (4 gm every 1 day)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (4 mL every 1 day)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
CLOBETASOL CRE 0.025%	3	QL (4 gm every 1 day)
clobetasol e cre 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate emollient base cream 0.05%	1	QL (4 gm every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
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)
micort hc cre 2.5%	1	
mometasone furoate cream 0.1%	1	QL (4 gm every 1 day)
mometasone furoate oint 0.1%	1	QL (4 gm every 1 day)
mometasone furoate solution 0.1% (lotion)	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 1-1%	3	
PRAMOSONE OIN 2.5%	3	
pramoxine-hc cream 1-2.5%	1	
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
TACLONEX SUS	3	PA
texacort sol 2.5%	1	QL (4 mL every 1 day)
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
triderm cre 0.5%	1	QL (4 gm every 1 day)
TRIVIX KIT	3	
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	4	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	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	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
DERMACURE CRE 41%	3	
urea cream 39%	1	
urea cream 40%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
UREDEB CRE 39%	3	
XUREA CRE 39%	3	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	4	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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	
KERALYT SHA 6%	3	
PODOCON-25 SOL	3	
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
SALICYLIC AC LIQ 27.5%	3	
salicylic acid er film-forming soln 28.5%	1	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	1	
salicylic acid gel 6%	1	
salicylic acid shampoo 6%	1	
salicylic acid soln 26%	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
salyntra gel 6%	1	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
YCANTH SOL 0.7%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
glydo gel 2%	1	QL (10 injections every 25 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (12 injections every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (3 injections every 25 days)
LIDOCAINE OIN 5%	3	QL (50 gm every 25 days)
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 5%	1	QL (3 ea every 1 day)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
lidocan dis 5% patch	1	QL (3 patches every 1 day)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
LIDOGEL GEL 2.8%	3	
LIDOREX GEL 2.8%	3	
tridacaine dis 5% patch	1	QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	ST, QL (1 ea every 1 day)
SOFDRA GEL 12.45%	3	ST, QL (50mL every 25 days)
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.05%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.15%	2	ST, QL (2 gm every 1 day)
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
brimonidine tartrate gel 0.33% (base equivalent)	1	PA
FINACEA AER 15%	2	PA
ivermectin cream 1%	1	PA
METROCREAM CRE 0.75%	3	
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

Drug Name	Drug Tier	Requirements/Limits
oxymetazoline hcl cream 1%	1	PA
SCABICIDES & PEDICULICIDES		
crotan lot 10%	1	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
pruradik lot 10%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
COAL TAR SOL 20%	3	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
A1CNOW+ PROF KIT SYSTEM	0	
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
MOBI CONNECT TES STRIPS	0	QL (5 strips every 1 day), OTC
MULTISTIX 10 TES SG	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
PRECISN XTRA TES KETONE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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)
KEVEYIS TAB 50MG	3	PA, QL (4 tabs every 1 day)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
ormalvi tab 50mg	1	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
BONSITY INJ 560/2.24	4	PA, QL (1 pen every 28 days)
calcitonin (salmon) inj 200 unit/ml	4	
calcitonin (salmon) nasal soln 200 unit/act	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TERIPARATIDE INJ 560/2.24	4	PA, QL (1 pen every 28 days)
teriparatide soln pen-inj 560 mcg/2.24ml	4	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	4	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	4	PA, QL (1 pen every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ACTHAR INJ GEL	4	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	4	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	4	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	4	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		
clomid tab 50mg	1	Coverage is subject to your plan/benefits
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	4	PA, QL (5.4 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	4	PA, QL (7.2 mL every 21 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	4	PA, QL (7.56 mL every 21 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits
milophene tab 50mg	1	Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	4	PA; Coverage is subject to your plan/benefits
GANIRELIX AC INJ 250/0.5	4	PA; Coverage is subject to your plan/benefits, Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	4	PA, QL (1 vial every 1 day)

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA WR KIT 11.6MG	4	PA, QL (4 vials every 28 days)
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAP 60MG	3	PA
VEOZAH TAB 45MG	3	PA
METABOLIC MODIFIERS		
betaine powder for oral solution	1	PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	1	PA
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (4 tabs every 1 day)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	2	PA
glycerol phenylbutyrate liquid 1.1 gm/ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
javygtor pak 100mg	1	PA
javygtor pow 500mg	1	PA
javygtor tab 100mg	1	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	4	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 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)
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	4	PA
STRENSIQ INJ 28/0.7ML	4	PA
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
YORVIPATH INJ 168/0.56	4	PA, QL (2 pens every 28 days)
YORVIPATH INJ 294/0.98	4	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
YORVIPATH INJ 420/1.4	4	PA, QL (2 pens every 28 days)
zelvysia pow 100mg	1	PA
zelvysia pow 500mg	1	PA
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	4	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	4	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	4	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)	4	PA, QL (3 vials every 1 day)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA, QL (3 vials every 1 day)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA, QL (45 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	PA, QL (3 vials every 1 day)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA, QL (9 vials every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA, QL (3 syringes every 1 day)

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	4	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	4	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	4	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	4	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	4	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	4	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
tolvaptan (hyponatremia) tab 15 mg	1	PA
tolvaptan (hyponatremia) tab 30 mg	1	PA
tolvaptan tab 15 mg	1	PA
tolvaptan tab 30 mg	1	PA
tolvaptan tab therapy pack 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 30 & 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 45 & 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 60 & 30 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 90 & 30 mg	1	PA, QL (2 tabs every 1 day)
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale lo tab 0.5-0.1	1	
abigale tab 1-0.5mg	1	
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
COMBIPATCH DIS	2	
COVARYX HS TAB	3	
COVARYX TAB 1.25-2.5	3	
DUAVEE TAB 0.45-20	2	
EEMT HS TAB	3	
EEMT TAB 1.25-2.5	3	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estratest fs tab 1.25-2.5	1	
ESTRATEST HS TAB	3	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
MYFEMBREE TAB	2	PA
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
DELESTROGEN INJ 10MG/ML	4	
DELESTROGEN INJ 20MG/ML	4	
DELESTROGEN INJ 40MG/ML	4	
DEPO-ESTRADI INJ 5MG/ML	4	
dotti dis 0.1mg	1	
dotti dis 0.05mg	1	
dotti dis 0.025mg	1	
dotti dis 0.075mg	1	
dotti dis 0.0375mg	1	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	

Drug Name	Drug Tier	Requirements/Limits
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	4	
estradiol valerate im in oil 20 mg/ml	4	
estradiol valerate im in oil 40 mg/ml	4	
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	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	
PREMARIN INJ 25MG	4	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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		
chenodal tab 250mg	1	PA, QL (7 tabs every 1 day)
URSO FORTE TAB 500MG	3	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
HEPATOTROPICS		
REZDIFFRA TAB 60MG	3	PA
REZDIFFRA TAB 80MG	3	PA
REZDIFFRA TAB 100MG	3	PA
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	3	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	3	PA, QL (2 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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 1-SYR INJ 200MG/ML	4	PA, QL (4 syringes every 28 days)
CIMZIA 2-SYR KIT 200MG/ML	4	PA, QL (2 kits every 28 days)
CIMZIA START KIT 200MG/ML	4	PA, QL (2 kits every 28 days)
DIPENTUM CAP 250MG	3	
ENTYVIO PEN INJ 108/0.68	4	QL (2 pens every 28 days); MNPA
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 250 mg	1	
mesalamine cap er 500 mg	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	4	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	2	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10gm/15	1	
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
SYMPROIC TAB 0.2MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
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	4	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
CYTRA K GRA CRYSTALS	3	
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
TRICITRATES SOL	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	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazo tab 200mg	1	
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
tiopronin tab 100 mg	1	PA
tiopronin tab delayed release 100 mg	1	PA
tiopronin tab delayed release 300 mg	1	PA
venxxiva tab 100mg	1	PA
venxxiva tab 300mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 200 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	QL (2 caps every 1 day)
colchicine tab 0.6 mg	1	QL (4 tabs every 1 day)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
HEMLIBRA INJ 300/2ML	4	PA
HEMLIBRA SOL 12/0.4ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	4	PA, QL (45 syringes every 90 days)
sajazir inj 30mg/3ml	4	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	4	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	4	PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	4	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	4	PA, QL (1 syringe per 30 days)
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB 300MG	2	PA
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
ORLADEYO PAK 72MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 96MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 108MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 132MG	2	PA, QL (1 packet every 1 day)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 ea every 1 day)
yargesa cap 100mg	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	3	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	2	PA, QL (6 packets every 1 day)
glutamine (sickle cell) powd pack 5 gm	1	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	4	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
dodex inj	4	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	OTC; $0 copay for women younger than 55
folic acid oral soln 0.2 mg/ml	1	
folic acid tab 1 mg	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET SPR CAP 10MG	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)
FULPHILA INJ 6/0.6ML	4	PA, QL (3.333 syringes every 28 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC MIXTURES		
K-TAN PLUS CAP	3	
NUFOL TAB	3	
POLY-IRON CAP 150 FORT	3	
POLYSACCHARI CAP IRON	3	
PUREVIT DUAL CAP FE PLUS	3	
TANDEM PLUS CAP	3	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid tab 650 mg	1	
HEMOSTATICS - TOPICAL		
ARTISS 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
gavilyte-c sol	1	
gavilyte-g sol	1	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-n sol flav pk	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 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		
constulose sol 10/15ml	1	
kristalose pak 10gm	1	
kristalose pak 20gm	1	
lactulose oral crystal packet 10 gm	1	
lactulose oral crystal packet 20 gm	1	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
e.e.s. 400 tab 400mg	1	
ery-tab tab 250mg ec	1	
ery-tab tab 333mg ec	1	
ery-tab tab 500mg ec	1	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	3	
DIFICID TAB 200MG	3	
fidaxomicin tab 200 mg	1	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
CAYA DPR	0	QL (1 each every 300 days)
COLOR CONDOM MIS + LUBE	0	QL (12 condoms every 25 days), OTC
CONDOMS MIS	0	QL (12 condoms every 25 days), OTC
DUREX EXTRA MIS SENSITIV	0	QL (12 condoms every 25 days), OTC
DUREX MIS REALFEEL	0	QL (12 condoms every 25 days), OTC
DUREX MIS TROPICAL	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
FANTASY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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	ST
DEXCOM G6 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	ST
DEXCOM G7 MIS RECEIVER	0	ST
DEXCOM G7 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	0	ST
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

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

Drug Name	Drug Tier	Requirements/Limits
EASYSTEP LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
FREESTYLE MIS UNISTICK	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC

Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS TST PLUG	0	

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

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

Drug Name	Drug Tier	Requirements/Limits
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD5 LIB KIT INTRO	0	PA
OMNIPOD5 LIB MIS PODS	0	PA
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA
OMNIPOD 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
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC

Drug Name	Drug Tier	Requirements/Limits
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC
READYLANCE MIS 26G	0	OTC
READYLANCE MIS 28G	0	OTC
READYLANCE MIS 30G	0	OTC
REALITY MIS LANCETS	0	OTC
REALITY TRIG MIS LANCETS	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RELION KIT LANCING	0	OTC
RELION LANCE MIS THIN 26G	0	OTC
RELION LANCE MIS THIN 30G	0	OTC
RELION LANCI MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTEST ALT MIS ADAPTOR	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
RIGHTEST MIS GD500	0	OTC
RIGHTEST MIS GL300	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SMART SENSE MIS LANC 21G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
TRUPLUS LANC MIS 28G	0	OTC
TRUPLUS LANC MIS 30G	0	OTC
TRUPLUS LANC MIS 33G	0	OTC
TWIIST KIT REFILL	0	PA
TWIIST KIT STARTER	0	PA
TWIIST REFIL KIT INFUSION	0	PA
TWIST LANCET MIS 30G	0	OTC
TWIST LANCET MIS 30G MULT	0	OTC
ULTI-LANCE MIS CLR TIP	0	OTC
ULTILET MIS 26G	0	OTC
ULTILET MIS 28G	0	OTC
ULTILET MIS 30G	0	OTC
ULTILET MIS 33G	0	OTC
ULTILET MIS LANCETS	0	OTC
ULTILET MIS SAFETY	0	OTC
ULTILET SAFE MIS 21G	0	OTC
ULTRA THIN MIS 28G	0	OTC
ULTRA THIN MIS 30G	0	OTC
ULTRA THIN MIS 31G	0	OTC
ULTRA THIN MIS 33G	0	OTC
ULTRA THIN MIS LAN 31G	0	OTC
ULTRA THIN MIS LANC 28G	0	OTC
ULTRA THIN MIS LANC 30G	0	OTC
ULTRA THIN MIS LANCETS	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS 2.4MM	0	OTC
UNISTIK 2 MIS COMFORT	0	OTC
UNISTIK 2 MIS EXTRA	0	OTC
UNISTIK 2 MIS NEONATAL	0	OTC
UNISTIK 2 MIS NORMAL	0	OTC
UNISTIK 2 MIS SUPER	0	OTC
UNISTIK 3 MIS 1.8MM	0	OTC
UNISTIK 3 MIS COMFORT	0	OTC
UNISTIK 3 MIS EXTRA	0	OTC
UNISTIK 3 MIS GENT 30G	0	OTC
UNISTIK 3 MIS NEONATAL	0	OTC
UNISTIK 3 MIS NORMAL	0	OTC
UNISTIK 23G MIS NORMAL	0	OTC
UNISTIK CZT MIS COMFORT	0	OTC
UNISTIK CZT MIS NORMAL	0	OTC
UNISTIK PRO MIS LANC 21G	0	OTC
UNISTIK PRO MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 30G	0	OTC
UNISTIK TOUC MIS LANC 21G	0	OTC
UNISTIK TOUC MIS LANC 23G	0	OTC
UNISTIK TOUC MIS LANC 28G	0	OTC
UNISTIK TOUC MIS LANC 30G	0	OTC
UNITSTIK PRO MIS LANC 25G	0	OTC
UNIVERSAL 1 MIS 33G	0	OTC
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	

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

Drug Name	Drug Tier	Requirements/Limits
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD BLUNT FIL MIS 18GX1"	3	
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
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 EXT WR MIS INSERTER	0	
CEQUR SIMPL KIT 1U EXTND	0	
CEQUR SIMPL KIT 2U EXTND	0	
CEQUR SIMPL KIT PATCH 2U	0	
CEQUR SIMPL MIS INSERTER	0	

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE SIC MIS 25GX1"	3	
DROPSAFE SIC MIS 25GX5/8"	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
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	

Drug Name	Drug Tier	Requirements/Limits
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 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
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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
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
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
1ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
1ML SYRINGE MIS 25GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
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	
6ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
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 INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	

Drug Name	Drug Tier	Requirements/Limits
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	4	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	4	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	4	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)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	4	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	4	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	4	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	4	QL (12 injections every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 6MG/0.5	4	QL (24 injections every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs every 30 days)
RELPAX TAB 20MG	3	QL (12 tabs every 30 days)
RELPAX TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (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	4	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 injections every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL (36 injections every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL (24 injections every 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
TOSYMRA SOL 10MG	2	
ZEMBRACE SYM INJ 3/0.5ML	4	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)

Drug Name	Drug Tier	Requirements/Limits
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	
K-TAB TAB 20MEQ	3	
klor-con 8 tab 8meq er	1	
KLOR-CON 8 TAB 8MEQ ER	3	
klor-con 10 tab 10meq er	1	
KLOR-CON 10 TAB 10MEQ ER	3	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	

Drug Name	Drug Tier	Requirements/Limits
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)
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
VYVGART INJ HYTRULO	4	PA, QL (4 syringes per 28 days)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
azasan tab 75 mg	1	
azasan tab 100mg	1	
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	4	PA, QL (1 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	
gengraf cap 25mg	1	
gengraf cap 100mg	1	
gengraf sol 100mg/ml	1	
IMURAN TAB 50MG	3	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tacrolimus cap er 24hr 0.5 mg	1	
tacrolimus cap er 24hr 1 mg	1	
tacrolimus cap er 24hr 5 mg	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	1	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
sps sus 15gm/60	1	
sps sus 30gm/120	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	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	4	PA, QL (4 pens every 28 days)
BENLYSTA INJ 200MG/ML	4	PA, QL (4 syringes every 28 days)
SAPHNELO INJ 120/0.8	4	PA
SAPHNELO PEN INJ 120/0.8	4	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
periogard sol 0.12%	1	

Drug Name	Drug Tier	Requirements/Limits
DENTAL PRODUCTS		
CLINPRO 5000 PST 1.1%	3	
denta 5000 cre plus	1	
denta 5000 cre plus 2pk	1	
dentagel gel 1.1%	1	
FLUORIDEX PST 1.1%	3	
FLUORMX 5000 PST 1.1%	3	
JUST RIGHT PST 5000	3	
SF 5000 PLUS CRE 1.1%	3	
SF GEL 1.1%	3	
sodium fluor cre 5000 ppm	1	
SODIUM FLUOR CRE 5000 PPM	3	
sodium fluor gel 5000 ppm	1	
sodium fluor pst 5000 ppm	1	
SODIUM FLUOR PST 5000 PPM	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride rinse 0.2%	1	
sodium fluoride-potassium nitrate gel 1.1-5%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pst 0.1%	1	
oralone dent pst 0.1%	1	
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	3	OTC
elite-ob tab	1	
EQL PRENATAL TAB FORMULA	3	OTC
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
pnv-dha cap	1	
pnv-select tab	1	
PRENATAL TAB	3	OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen oral soln 5 mg/5ml	1	
baclofen oral soln 10 mg/5ml	1	
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 15 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	QL (84 tabs every 25 days)
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 1000 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
tanlor tab 1000mg	1	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl cap 8 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX CAP 8MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
RADICAVA ORS SUS STARTER	2	PA, QL (2.5 mL every 1 day)
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)
DAYBUE STIX POW 5000MG	3	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 6000MG	3	PA, QL (4 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DAYBUE STIX POW 8000MG	3	PA, QL (2 packets every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (6.667 mL every 1 day)
EVRYSDI TAB 5MG	3	PA, QL (1 tab every 1 day)
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	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 1%	1	
HOMATROPAIRE SOL 5% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	

Drug Name	Drug Tier	Requirements/Limits
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	PA; Brand preferred over generic
BETADINE SOL 5% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
ERYTHROMYCIN OIN 5MG/GM	3	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
MITOSOL KIT 0.2MG	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	3	
neo-polycin oin op	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
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	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
VEVYE DRO 0.1%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
ALTACAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
TETRACAINE SOL 0.5% OP	3	
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	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	1	
loteprednol etabonate ophth susp 0.5%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin oin hc 1%op	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
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 0.01%	1	
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
tafluprost preservative free (pf) ophth soln 0.0015%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
ciprofloxacin-hydrocortisone otic susp 0.2-1%	1	
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
flac oil 0.01% ot	1	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
methergine tab 0.2mg	1	
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TAB 185MG	3	
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
progesterone im in oil 50 mg/ml	4	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
lofexidine hcl tab 0.18 mg (base equivalent)	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	PA, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
sodium oxybate oral solution 500 mg/ml	1	PA, QL (18 mL every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMENDA TAB 5-10MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
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	

Drug Name	Drug Tier	Requirements/Limits
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
milnacipran hcl tab 12.5 mg	1	
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	
milnacipran hcl tab 25 mg	1	
milnacipran hcl tab 50 mg	1	
milnacipran hcl tab 100 mg	1	
SAVELLA MIS TITR PAK	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)
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	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 syringes every 28 days)
BAFIERTAM CAP 95MG	2	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days)
cladribine tab therapy pack 10 mg (4 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (5 tabs)	1	PA, QL (20 tabs every 270 days)

Drug Name	Drug Tier	Requirements/Limits
cladribine tab therapy pack 10 mg (6 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (7 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (8 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (9 tabs)	1	PA, QL (20 tabs every 270 days)
cladribine tab therapy pack 10 mg (10 tabs)	1	PA, QL (20 tabs every 270 days)
COPAXONE INJ 40MG/ML	4	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	4	PA, QL (1 injection every 1 day)
glatiramer acetate soln prefilled syringe 40 mg/ml	4	PA, QL (12 syringes every 28 days)
glatopa inj 20mg/ml	4	PA, QL (1 injection every 1 day)
glatopa inj 40mg/ml	4	PA, QL (12 syringes every 28 days)
KESIMPTA INJ 20/.4ML	4	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)

Drug Name	Drug Tier	Requirements/Limits
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	4	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	4	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	4	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	4	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	4	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	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 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)

Drug Name	Drug Tier	Requirements/Limits
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	
pregabalin tab er 24hr 165 mg	1	
pregabalin tab er 24hr 330 mg	1	QL (2 tabs every 1 day)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	0	OTC
nicotine polacrilex gum 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 SYS KIT TRANSDER	0	OTC
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	PA, 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	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB	3	PA, QL (2 tabs every 1 day)
ALYFTREK TAB 4-20-50	3	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
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		
JASCAYD TAB 9MG	2	PA
JASCAYD TAB 18MG	2	PA
nintedanib esylate cap 100 mg (base equivalent)	1	PA, QL (2 caps every 1 day)
nintedanib esylate cap 150 mg (base equivalent)	1	PA, QL (2 caps every 1 day)
OFEV CAP 100MG	2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	2	PA, QL (2 caps every 1 day)
pirfenidone cap 267 mg	1	PA, QL (9 caps every 1 day)
pirfenidone tab 267 mg	1	PA, QL (9 tabs every 1 day)
pirfenidone tab 534 mg	1	PA, QL (3 tabs every 1 day)
pirfenidone tab 801 mg	1	PA, QL (3 tabs every 1 day)
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB 10MG	3	PA
BRINSUPRI TAB 25MG	3	PA
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
avidoxy tab 100mg	1	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
mondoxyne nl cap 100mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
euthyrox tab 25mcg	1	
euthyrox tab 50mcg	1	
euthyrox tab 75mcg	1	
euthyrox tab 88mcg	1	
euthyrox tab 100mcg	1	
euthyrox tab 112mcg	1	
euthyrox tab 125mcg	1	
euthyrox tab 137mcg	1	
euthyrox tab 150mcg	1	
euthyrox tab 175mcg	1	

Drug Name	Drug Tier	Requirements/Limits
euthyrox tab 200mcg	1	
levo-t tab 25mcg	1	
levo-t tab 50mcg	1	
levo-t tab 75mcg	1	
levo-t tab 88mcg	1	
levo-t tab 100mcg	1	
levo-t tab 112mcg	1	
levo-t tab 125mcg	1	
levo-t tab 137mcg	1	
levo-t tab 150mcg	1	
levo-t tab 175mcg	1	
levo-t tab 200mcg	1	
levo-t tab 300 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liomny tab 5mcg	1	
liomny tab 25mcg	1	
liomny tab 50mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 137mcg	1	
unithroid tab 150mcg	1	
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ANASPAZ TAB 0.125MG	3	
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)	4	
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml	4	
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	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyosyne dro 0.125/ml	1	
hyosyne elx 0.125/5	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
NULEV TAB 0.125MG	3	
OSCIMIN SUB 0.125MG	3	
OSCIMIN TAB 0.125MG	3	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
PHENOHYTRO ELX	3	
PHENOHYTRO TAB	3	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	
esomeprazole magnesium for delayed release susp packet 5 mg	1	
esomeprazole magnesium for delayed release susp packet 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium for delayed release susp packet 20 mg	1	
esomeprazole magnesium for delayed release susp packet 40 mg	1	
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 30 mg	1	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
RABEPRAZOLE CAP 10MG DR	3	
rabeprazole sodium ec tab 20 mg	1	
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
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	
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 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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
mirabegron granules for oral extended release susp 8 mg/ml	1	
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75%	1	
miconazole 3 sup 200mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL	0	
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.01%	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	PA; Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
progesterone vaginal insert 100 mg	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (6 pens every 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 200 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 300 mg	1	PA, QL (6 caps every 1 day)
VASOPRESSORS		
epinephrine inj 1 mg/ml	1	
EPINEPHRINE INJ 1MG/ML	3	
EPINEPHRINE INJ 5MG/5ML	3	
EPINEPHRINE INJ 30/30ML	3	

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE SOL 30/30ML	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	

VITAMINS

OIL SOLUBLE VITAMINS

DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione tab 5 mg	1	

Index

1

12ML SYRINGE MIS 20GX1.5 164
12ML SYRINGE MIS 21GX1.....164
12ML SYRINGE MIS 21GX1.5 164
12ML SYRINGE MIS 22GX1.5.....164
12ML SYRINGE MIS LUER-LOC 165
140ML SYRING MIS CATH TIP 164
140ML SYRING MIS LUER-LOC.....164
140ML SYRING MIS REG TIP 164
1ML ALLR SYR MIS 27GX1/2.....159
1ML SYRINGE MIS 23GX1.....164
1ML SYRINGE MIS 25GX1.....164
1ML SYRINGE MIS 25GX5/8 165
1ML SYRINGE MIS 28GX1/2 165
1ML SYRINGE MIS LUER SLI 165
1ML SYRINGE MIS LUER SLP.....165
1ML SYRINGE MIS SLIP TIP.....165
1ML TB SYRNG MIS 25GX5/8.....165
1ML TB SYRNG MIS 26GX3/8.....165
1ML TB SYRNG MIS 27GX1/2.....165
1ML TB SYRNG MIS 28GX1/2.....165
1ML TB SYRNG MIS LUER LOK.....165
1ML TB SYRNG MIS REG LUER.....165

2

20ML SYRINGE MIS ECC LUER.....165
20ML SYRINGE MIS SLIP 165

3

30ML SYRINGE MIS LUER LOC.....165
3ML LL SYRNG MIS 18GX1.5.....162
3ML LL SYRNG MIS 20GX1 162
3ML LL SYRNG MIS 20GX1.5 162
3ML LL SYRNG MIS 20GX3/4.....162
3ML LL SYRNG MIS 21GX1 162
3ML LL SYRNG MIS 21GX1.5 162
3ML LL SYRNG MIS 22GX1.....162
3ML LL SYRNG MIS 22GX1.5 162
3ML LL SYRNG MIS 23GX1.....162
3ML LL SYRNG MIS 23GX1.5 162
3ML LL SYRNG MIS 25GX1.....162
3ML LL SYRNG MIS 25GX5/8.....162
3ML LL SYRNG MIS 27GX1.25 162
3ML LUER LOC MIS 21GX1.5 162
3ML LUER LOC MIS 22GX1.....162
3ML LUER LOC MIS 22GX1.5 162
3ML LUER LOC MIS 23GX1.5 162
3ML LUER LOC MIS 25GX1.....162
3ML LUER LOC MIS 25GX5/8.....163
3ML SYRINGE MIS 18GX1.5.....164
3ML SYRINGE MIS 20GX1 164
3ML SYRINGE MIS 21GX1.5.....164
3ML SYRINGE MIS 22GX1 164
3ML SYRINGE MIS 22G X 1.....164
3ML SYRINGE MIS 22GX1.5 164
3 ML SYRINGE MIS 22X1-1/2 164
3ML SYRINGE MIS 23GX1.5 164
3ML SYRINGE MIS 25GX1 165
3ML SYRINGE MIS 25GX1.25 165
3ML SYRINGE MIS 25GX1.5 165
3ML SYRINGE MIS 25GX5/8.....165
3ML SYRINGE MIS 27GX1.25 165
3ML SYRINGE MIS CANNULA 165
3ML SYRINGE MIS LUER LOC 165
3ML SYRINGE MIS LUER LOK.....165
3ML SYRINGE MIS REG TIP 165

6

60ML SYRINGE MIS CATH TIP 165
60ML SYRINGE MIS ECC TIP.....165
60ML SYRINGE MIS LUER LOK 165
60ML SYRINGE MIS TOOMEY.....165
6ML SYRINGE MIS 164
6ML SYRINGE MIS 18GX1.....164
6ML SYRINGE MIS LUER-LOK.....165
6ML SYRINGE MIS REG LUER 165

A

A1CNOW+ PROF KIT SYSTEM.....120
abacavir sulfate-lamivudine tab 600-300 mg 82
abacavir sulfate soln 20 mg/ml (base equiv) 82
abacavir sulfate tab 300 mg (base equiv) 82
abigale lo tab 0.5-0.1.....128
abigale tab 1-0.5mg.....128
ABILIFY ASIM INJ 720MG 81
ABILIFY ASIM INJ 960MG.....81
ABILIFY MAIN INJ 300MG 81
ABILIFY MAIN INJ 400MG 81

abiraterone acetate tab 250 mg 66
abiraterone acetate tab 500 mg 66
abirtega tab 250mg 66
ABSORICA CAP 10MG 105
ABSORICA CAP 20MG 105
ABSORICA CAP 25MG.....105
ABSORICA CAP 30MG 105
ABSORICA CAP 35MG 105
ABSORICA CAP 40MG 105
acamprosate calcium tab delayed release 333 mg 182
acarbose tab 100 mg 45
acarbose tab 25 mg 45
acarbose tab 50 mg.....45
ACCOLATE TAB 10MG.....30
ACCOLATE TAB 20MG 30
ACCU-CHEK KIT FASTCLIX 145
ACCU-CHEK KIT SOFTCLIX.....145
ACCU-CHEK LIQ GUIDE 145
ACCU-CHEK LIQ SMART 145
ACCU-CHEK SOL 145
ACCU-CHEK TES AVIVA PL 120
ACCU-CHEK TES GUIDE 120
ACCU-CHEK TES SMART.....120
ACCURETIC TAB 10-12.5.....59
ACCURETIC TAB 20-12.5 59
accutane cap 10mg 105
accutane cap 20mg 105
accutane cap 30mg 105
accutane cap 40mg 105
ACCUTREND SOL GLUCOSE.....145
acebutolol hcl cap 200 mg 86
acebutolol hcl cap 400 mg 86
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 21
acetaminophen w/ codeine soln 120-12 mg/5ml 20, 21
acetaminophen w/ codeine tab 300-15 mg 21
acetaminophen w/ codeine tab 300-30 mg 21
acetaminophen w/ codeine tab 300-60 mg 21
acetazolamide cap er 12hr 500 mg.....121
acetazolamide tab 125 mg 121
acetazolamide tab 250 mg 121
acetic acid otic soln 2%.....180
acetylcysteine inhal soln 10%.....105
acetylcysteine inhal soln 20% 105
acitretin cap 10 mg 109
acitretin cap 17.5 mg 109
acitretin cap 25 mg 109
ACTHAR INJ 80UNIT 123
ACTHAR INJ GEL 123, 124
ACTI-LANCE MIS 28G 145
ACTI-LANCE MIS LITE 28G.....145
ACTI-LANCE MIS SPEC 17G.....145
ACTI-LANCE MIS UNIV 23G.....145
ACTIMMUNE INJ 2MU/0.5 72
ACTIVELLA TAB 1-0.5MG.....128
ACTONEL TAB 150MG 123
ACTONEL TAB 35MG.....123
ACTOPLUS MET TAB 15-850MG.....46
ACULAR LS SOL 0.4% OP 179
ACULAR SOL 0.5% OP 179
acyclovir cap 200 mg 85
acyclovir oint 5%.....114
acyclovir susp 200 mg/5ml 85
acyclovir tab 400 mg.....85
acyclovir tab 800 mg.....85
ADALIMU-ADAZ INJ 10/0.1ML 7
ADALIMU-ADAZ INJ 20/0.2ML 8
ADALIMU-ADAZ INJ 40/0.4ML 8
ADALIMU-ADAZ INJ 80/0.8ML 8
ADALIMU-FKJP KIT 20/0.4ML 8
ADALIMU-FKJP KIT 40/0.8ML 8, 9
adapalene-benzoyl peroxide gel 0.1-2.5% 105
adapalene-benzoyl peroxide gel 0.3-2.5% 105
adapalene cream 0.1% 105
adapalene gel 0.1% 105
adapalene gel 0.3% 105
ADASUVE INH 10MG 78
ADBRY INJ 150MG/ML.....117
ADBRY INJ 300/2ML.....117
adefovir dipivoxil tab 10 mg 84
ADEMPAS TAB 0.5MG 95

ADEMPAS TAB 1.5MG 95
ADEMPAS TAB 1MG 95
ADEMPAS TAB 2.5MG 95
ADEMPAS TAB 2MG 95
ADMIX NEEDLE MIS 18GX1.5 159
ADRENALIN SOL 1:1000 175
ADVANCE LIQ CONTROL 145
ADVANCE LIQ INTUITIO 145
ADVANCE NORM LIQ CONTROL 145
ADVCATE SAFE MIS LANC 26G 145
ADV LANCING MIS DEVICE 145
ADVOCATE+ SOL REDI-COD 145
ADVOCATE LIQ HIGH 145
ADVOCATE LIQ LOW 145
ADVOCATE MIS LANC 30G 145
ADVOCATE MIS LANC DEV 145
ADVOCATE MIS LANCETS 145
AEMCOLO TAB 194MG 24
AERCHMBR PLS MIS INTERMED 165
AERCHMBR PLS MIS LRG MASK 165
AERCHMBR PLS MIS MED MASK 165
AERCHMBR PLS MIS SM MASK 166
AERCHMBR Z- MIS STAT PLS 166
AEROCHAMBER KIT ACTION 166
AEROCHAMBER MIS 2GO 166
AEROCHAMBER MIS CHAMBER 166
AEROCHAMBER MIS FLOSIGNA 166
AEROCHAMBER MIS HOLDING 166
AEROCHAMBER MIS MTHPIECE 166
AEROCHAMBER MIS MV 166
AEROCHAMBER MIS PLUS 166
AEROVENT MIS PLUS 166
afirmelle tab 0.1-0.02 96
AGAMATRIX MIS 33G 146
AGAMATRIX SOL HIGH 146
AGAMATRIX SOL LEVEL 2 146
AGAMATRIX SOL LEVEL 4 146
AGAMATRIX SOL NORM/HGH 146
AGAMATRIX SOL NORMAL 146
AGRYLIN CAP 0.5MG 136
AIMSCO MIS LUBRICAT 142
AIMSCO TWIST MIS 32G 146
AIMSCO TWIST MIS 33G 146
AIRSUPRA AER 90-80MCG 31
AJOVY INJ 225/1.5 167
AKLIEF CRE 0.005% 105
AKTEN GEL 3.5% OP 178
AKYNZEO CAP 300-0.5 51
albendazole tab 200 mg 24
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 31
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 31
albuterol sulfate soln nebu 0.5% (5 mg/ml) 31
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 178
alclometasone dipropionate cream 0.05% 114
alclometasone dipropionate oint 0.05% 114
ALCOHOL PAD 159
ALCOHOL PAD 70% 159
ALCOHOL PAD PREP 159
ALCOHOL PADS PAD 70% 159
ALCOHOL PREP PAD 159
ALCOHOL PREP PAD 70% 159
ALCOHOL PREP PAD MED 70% 159
ALCOHOL PREP PAD PADS 70% 159
ALCOHOL SWAB PAD 159
ALCOHOL SWAB PAD 70% 159
ALCOHOL SWAB PAD EX-THICK 159
ALCOH-WIPE MIS 12 158
ALDACTONE TAB 100MG 122
ALDACTONE TAB 25MG 122
ALDACTONE TAB 50MG 122
ALECENSA CAP 150MG 68
alendronate sodium oral soln 70 mg/75ml 123
alendronate sodium tab 10 mg 123
alendronate sodium tab 35 mg 123
alendronate sodium tab 70 mg 123
alfuzosin hcl tab er 24hr 10 mg 134

aliskiren fumarate tab 150 mg (base equivalent)....62
aliskiren fumarate tab 300 mg (base equivalent)....62
ALLERGIST KIT 0.5/28G....159
ALLERGIST KIT 1MLX27G....159
ALLERGIST KIT 1MLX28G....159
allopurinol tab 100 mg....135
allopurinol tab 200 mg....135
allopurinol tab 300 mg....135
almotriptan malate tab 12.5 mg....167
almotriptan malate tab 6.25 mg....167
ALOCRIL SOL 2%....179
ALOMIDE SOL 0.1% OP....179
ALORA DIS 0.025MG....129
ALORA DIS 0.075MG....129
ALORA DIS 0.1MG....129
alosetron hcl tab 0.5 mg (base equiv)....133
alosetron hcl tab 1 mg (base equiv)....133
ALPHAGAN P SOL 0.1% OP....177
ALPHAGAN P SOL 0.15% OP....177
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 0.5mg xr....27
alprazolam tab 1 mg....27
alprazolam tab 1mg xr....27
alprazolam tab 2 mg....27
alprazolam tab 2mg xr....27
alprazolam tab 3mg xr....28
alprazolam tab er 24hr 0.5 mg....28
alprazolam tab er 24hr 1 mg....28
alprazolam tab er 24hr 2 mg....28
alprazolam tab er 24hr 3 mg....28
ALTACAINE SOL 0.5% OP....178
ALTACE CAP 10MG....56
ALTACE CAP 2.5MG....56
altavera tab....96
ALUNBRIG PAK....68
ALUNBRIG TAB 180MG....68
ALUNBRIG TAB 30MG....68
ALUNBRIG TAB 90MG....68
ALVAIZ TAB 18MG....138
ALVAIZ TAB 36MG....138
ALVAIZ TAB 54MG....138
ALVAIZ TAB 9MG....137
alvimopan cap 12 mg....133
alyacen tab 1/35....96
alyacen tab 7/7/7....96
ALYFTREK TAB....187
ALYFTREK TAB 4-20-50....187
alyq tab 20mg....94
amantadine hcl cap 100 mg....73
amantadine hcl soln 50 mg/5ml....73
amantadine hcl tab 100 mg....73
AMBIEN CR TAB 12.5MG....139
AMBIEN CR TAB 6.25MG....139
AMBIEN TAB 10MG....140
AMBIEN TAB 5MG....139
ambrisentan tab 10 mg....94
ambrisentan tab 5 mg....94
amethyst tab 90-20mcg....96
amiloride & hydrochlorothiazide tab 5-50 mg....122
amiloride hcl tab 5 mg....122
aminocaproic acid oral soln 0.25 gm/ml.139
aminocaproic acid tab 1000 mg....139
aminocaproic acid tab 500 mg....139
amiodarone hcl tab 100 mg....29
amiodarone hcl tab 200 mg....29
amiodarone hcl tab 400 mg....29
amitriptyline hcl tab 100 mg....44
amitriptyline hcl tab 10 mg....44
amitriptyline hcl tab 150 mg....44
amitriptyline hcl tab 25 mg....44
amitriptyline hcl tab 50 mg....44
amitriptyline hcl tab 75 mg....44
amlodipine besylate-atorvastatin calcium tab 10-10 mg....91
amlodipine besylate-atorvastatin calcium tab 10-20 mg....91

amlodipine besylate-atorvastatin calcium tab 10-40 mg 91
amlodipine besylate-atorvastatin calcium tab 10-80 mg 91
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 90
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 91
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 91
amlodipine besylate-atorvastatin calcium tab 5-10 mg 91
amlodipine besylate-atorvastatin calcium tab 5-20 mg 91
amlodipine besylate-atorvastatin calcium tab 5-40 mg 91
amlodipine besylate-atorvastatin calcium tab 5-80 mg 91
amlodipine besylate-benazepril hcl cap 10-20 mg 59
amlodipine besylate-benazepril hcl cap 10-40 mg 59
amlodipine besylate-benazepril hcl cap 2.5-10 mg 59
amlodipine besylate-benazepril hcl cap 5-10 mg 59
amlodipine besylate-benazepril hcl cap 5-20 mg 59
amlodipine besylate-benazepril hcl cap 5-40 mg 59
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 60
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 60
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 59
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 60
amlodipine besylate tab 10 mg (base equivalent) 88
amlodipine besylate tab 2.5 mg (base equivalent) 88
amlodipine besylate tab 5 mg (base equivalent) 88
amlodipine besylate-valsartan tab 10-160 mg 60
amlodipine besylate-valsartan tab 10-320 mg 60
amlodipine besylate-valsartan tab 5-160 mg 60
amlodipine besylate-valsartan tab 5-320 mg 60
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 60
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 60
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 60
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 60
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 60
amnesteem cap 10mg 105
amnesteem cap 20mg 105
amnesteem cap 30mg 105
amnesteem cap 40mg 105
amoxapine tab 100 mg 44
amoxapine tab 150 mg 44
amoxapine tab 25 mg 44
amoxapine tab 50 mg 44
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 193
amoxicillin (trihydrate) cap 250 mg 180
amoxicillin (trihydrate) cap 500 mg 180
amoxicillin (trihydrate) chew tab 125 mg 180
amoxicillin (trihydrate) chew tab 250 mg 180
amoxicillin (trihydrate) for susp 125 mg/5ml 180
amoxicillin (trihydrate) for susp 200 mg/5ml 180
amoxicillin (trihydrate) for susp 250 mg/5ml 180
amoxicillin (trihydrate) for susp 400 mg/5ml 181
amoxicillin (trihydrate) tab 500 mg 181
amoxicillin (trihydrate) tab 875 mg 181

amoxicillin & k clavulanate chew tab 400-57 mg 181
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml....181
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml....181
amoxicillin & k clavulanate for susp 400-57 mg/5ml 181
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml....181
amoxicillin & k clavulanate tab 250-125 mg 181
amoxicillin & k clavulanate tab 500-125 mg 181
amoxicillin & k clavulanate tab 875-125 mg 181
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 181
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 181
AMPYRA TAB 10MG....184
ANAFRANIL CAP 25MG....44
ANAFRANIL CAP 50MG....44
ANAFRANIL CAP 75MG....44
anagrelide hcl cap 0.5 mg 136
anagrelide hcl cap 1 mg 136
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
ANAPROX DS TAB 550MG....13
ANASPAZ TAB 0.125MG 191
anastrozole tab 1 mg....66
ANCOBON CAP 250MG....52
ANCOBON CAP 500MG 52
ANDEMBRY INJ 200/1.2....136
ANGELIQ TAB 0.25-0.5 128
ANGELIQ TAB 0.5-1MG 128
ANNOVERA MIS 101
ANORO ELLIPT AER 62.5-25....31

ANUCORT-HC SUP 25MG 23
ANUSOL-HC CRE 2.5% 23
ANUSOL-HC SUP 25MG 23
ANZEMET TAB 50MG 51
apomorphine hcl soln cartridge 30 mg/3ml 73
apraclonidine hcl ophth soln 0.5% (base equivalent) 177
aprepitant capsule 125 mg 52
aprepitant capsule 40 mg 52
aprepitant capsule 80 mg 52
aprepitant capsule therapy pack 80 & 125 mg 52
APRETUDE SUS 600MG ER 82
APRISO CAP 0.375GM 132
apri tab 96
APTIOM TAB 200MG 36
APTIOM TAB 400MG 36
APTIOM TAB 600MG 36
APTIOM TAB 800MG 36
AQUALANCE MIS 30G 146
aranelle tab 96
ARANESP INJ 100MCG 138
ARANESP INJ 10MCG 138
ARANESP INJ 150MCG 138
ARANESP INJ 200MCG 138
ARANESP INJ 25MCG 138
ARANESP INJ 300MCG 138
ARANESP INJ 40MCG 138
ARANESP INJ 500MCG 138
ARANESP INJ 60MCG 138
ARAVA TAB 10MG 15
ARAVA TAB 20MG 15
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) 32
ARICEPT TAB 10MG 182
ARICEPT TAB 23MG 182
ARICEPT TAB 5MG 182
ARIKAYCE SUS 7
ARIMIDEX TAB 1MG 66
aripiprazole orally disintegrating tab 10 mg 81
aripiprazole orally disintegrating tab 15 mg 81
aripiprazole oral solution 1 mg/ml 81
aripiprazole tab 10 mg 81
aripiprazole tab 15 mg 81
aripiprazole tab 20 mg 81
aripiprazole tab 2 mg 81
aripiprazole tab 30 mg 81
aripiprazole tab 5 mg 81
ARISTADA INJ 1064MG 81
ARISTADA INJ 441MG/1. 81
ARISTADA INJ 662MG/2 81
ARISTADA INJ 882MG/3 81
ARISTADA INJ INITIO 81
ARIXTRA INJ 10/0.8ML 34
ARIXTRA INJ 2.5/0.5 34
ARIXTRA INJ 5/0.4ML 34
ARIXTRA INJ 7.5/0.6 34
armodafinil tab 150 mg 5
armodafinil tab 200 mg 5
armodafinil tab 250 mg 5
armodafinil tab 50 mg 5
ARNICA TIN FLOWER 119
AROMASIN TAB 25MG 66
ARTISS SOL 10ML 139
ARTISS SOL 2ML 139
ARTISS SOL 4ML 139
ARZOL SILVER MIS NITR APP 114
ascomp/cod cap 30mg 21
asenapine maleate sl tab 10 mg (base equiv) 78
asenapine maleate sl tab 2.5 mg (base equiv) 78
asenapine maleate sl tab 5 mg (base equiv) 78
ashlyna tab 96
ASMANEX HFA AER 100 MCG 31
ASMANEX HFA AER 200 MCG 31
ASMANEX HFA AER 50MCG 30
aspirin chew tab 81 mg 17
aspirin-dipyridamole cap er 12hr 25-200 mg 136
aspirin tab delayed release 81 mg 17
ASSURE 3 LIQ CONTROL 146
ASSURE 4 LIQ LEVEL1/2 146
ASSURE CMFRT MIS 28G 146

ASSURE DOSE SOL NORM/HGH 146
ASSURE DOSE SOL NORMAL.....146
ASSURE II LIQ LEVEL 1.....146
ASSURE II LIQ LEVEL1/2.....146
ASSURE LANCE MIS 21G.....146
ASSURE LANCE MIS 28G.....146
ASSURE LANCE MIS LOW FLOW.....146
ASSURE LANCE MIS MICRO.....146
ASSURE LANCE MIS SAFE 25G.....146
ASSURE LANCE MIS SAFE 30G.....146
ASSURE PRISM SOL LEVEL1/2.....146
ASSURE PRO LIQ LEVEL1/2 146
ASTAGRAF XL CAP 0.5MG 170
ASTAGRAF XL CAP 1MG 170
ASTAGRAF XL CAP 5MG.....170
atazanavir sulfate cap 150 mg (base equiv) 82
atazanavir sulfate cap 200 mg (base equiv) 82
atazanavir sulfate cap 300 mg (base equiv) 82
ATELVIA TAB.....123
atenolol & chlorthalidone tab 100-25 mg .60
atenolol & chlorthalidone tab 50-25 mg ...60
atenolol tab 100 mg 86
atenolol tab 25 mg 86
atenolol tab 50 mg 86
atomoxetine hcl cap 100 mg (base equiv) ..5
atomoxetine hcl cap 10 mg (base equiv) 4
atomoxetine hcl cap 18 mg (base equiv).....4
atomoxetine hcl cap 25 mg (base equiv) 5
atomoxetine hcl cap 40 mg (base equiv)....5
atomoxetine hcl cap 60 mg (base equiv)....5
atomoxetine hcl cap 80 mg (base equiv)....5
atorvastatin calcium tab 10 mg (base equivalent).....55
atorvastatin calcium tab 20 mg (base equivalent).....55
atorvastatin calcium tab 40 mg (base equivalent).....55
atorvastatin calcium tab 80 mg (base equivalent).....55
atovaquone-proguanil hcl tab 250-100 mg 63
atovaquone-proguanil hcl tab 62.5-25 mg 63
atovaquone susp 750 mg/5ml 25
ATRALIN GEL 0.05% 105
atropine sulfate ophth oint 1% 176
atropine sulfate ophth soln 1%.....176
ATROPINE SUL SOL 1% OP.....176
ATROVENT HFA AER 17MCG 30
aubra eq tab 0.1-0.02 96
AUGMENTIN SUS 125/5ML.....181
AUGMENTIN SUS ES-600 181
AUGTYRO CAP 160MG 68
AUGTYRO CAP 40MG.....68
AUM ALCOHOL PAD PREP 70%.....159
AURORA LANCE MIS 30G.....146
AURORA LANCE MIS THIN 23G 146
aurovela 24 tab fe 1/20.....96
aurovela fe tab 1/20 96
aurovela fe tab 1.5/30.....96
aurovela tab 1/20 96
aurovela tab 1.5/30 96
AURYXIA TAB 210MG 134
AUSTEDO TAB 12MG 184
AUSTEDO TAB 6MG.....184
AUSTEDO TAB 9MG.....184
AUTO LANCET MIS 146
AUTO-LANCET MIS.....146
AUTO-LANCET MIS MINI 146
AUTOLET II KIT CLINISAF 146
AUTOLET LANC MIS DEVICE.....146
AUTOLET LITE KIT.....146
AUTOLET LITE KIT CLINISAF.....146
AUTOLET LITE KIT STARTER.....146
AUTOLET MINI MIS 146
AUTOLET PLAT MIS 1.8MM 146
AUTOLET PLAT MIS 2.4MM.....146
AUTOLET PLAT MIS 3.0MM 146
AUTOLET PLUS MIS.....146
AUTOPEN MIS 1-21UNIT.....160
AUTOPEN MIS 1 UNIT 160
AUTOPEN MIS 2-42UNIT 160
AUTOPEN MIS 2 UNIT.....160
AUTOSHIELD MIS 30GX5MM 160
AUVELITY TAB 45-105MG.....41

AUVELITY TAB TITRATIO 41
AUVI-Q INJ 0.15MG.....195
AUVI-Q INJ 0.1MG.....195
AUVI-Q INJ 0.3MG 195
AVALIDE TAB 150-12.5.....60
AVALIDE TAB 300-12.5.....60
avanafil tab 100 mg.....92
avanafil tab 200 mg 92
avanafil tab 50 mg.....92
AVAPRO TAB 150MG 58
AVAPRO TAB 300MG.....58
AVAPRO TAB 75MG 58
AVAR CLEANSE LIQ 10-5% 105
AVAR-E EMOLL CRE 10-5% 105
AVAR LS LIQ 10-2% 105
aviane tab.....96
avidoxy tab 100mg 189
AVODART CAP 0.5MG 134
AVONEX PEN KIT 30MCG.....184
AVONEX PREFL KIT 30MCG.....184
AWIQLI FLEX INJ 700UNIT 49
ayuna tab.....96
azasan tab 100mg.....170
azasan tab 75 mg.....170
azathioprine tab 100 mg 170
azathioprine tab 50 mg.....170
azathioprine tab 75 mg 170
azelaic acid gel 15%.....119
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....175
azelastine hcl nasal spray 0.1% (137 mcg/spray) 175
azelastine hcl ophth soln 0.05%.....179
AZILECT TAB 0.5MG 75
AZILECT TAB 1MG.....75
azilsartan medoxomil tab 40 mg.....58
azilsartan medoxomil tab 80 mg.....58
azithromycin for susp 100 mg/5ml 141
azithromycin for susp 200 mg/5ml 141
azithromycin powd pack for susp 1 gm 141
azithromycin tab 250 mg 141
azithromycin tab 500 mg 141
azithromycin tab 600 mg 141
AZOPT SUS 1% OP 179
AZSTARYS CAP 26.1-5.2 5
AZSTARYS CAP 39.2-7.8 5
AZSTARYS CAP 52.3-10. 5
AZULFIDINE TAB 500MG 132
AZULFIDINE TAB 500MG EN 132
azurette tab.....96

B

bacitracin ophth oint 500 unit/gm 177
bacitracin-polymyxin b ophth oint.....177
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....178
baclofen oral soln 10 mg/5ml.....174
baclofen oral soln 5 mg/5ml 174
baclofen tab 10 mg 174
baclofen tab 15 mg 174
baclofen tab 20 mg 174
baclofen tab 5 mg.....174
bac tab.....17
BACTRIM DS TAB 800-160 24
BACTRIM TAB 400-80MG.....24
BAFIERTAM CAP 95MG 184
balsalazide disodium cap 750 mg 132
BALVERSA TAB 3MG.....68
BALVERSA TAB 4MG 68
BALVERSA TAB 5MG 68
balziva tab 96
BAQSIMI ONE POW 3MG/DOSE 47
BAQSIMI TWO POW 3MG/DOSE 47
BARACLUDE SOL.....84
BAXDELA TAB 450MG 130
BD 5ML SYRG MIS LUER-LOK.....160
BD BLNT FILL MIS 18GX1.5 160
BD BLUNT FIL MIS 18GX1.....160
BD ECLIPSE MIS 18GX1.5 160
BD ECLIPSE MIS 23GX1.....160
BD HYPO NEED MIS 18GX1.....160
BD HYPO NEED MIS 18GX1.5.....160
BD HYPO NEED MIS 22GX1.5 160
BD INTEGRA MIS 25GX1.....160
BD MICROTAIN MIS LANCETS.....146
BD NEEDLES MIS 18GX1.5.....160
BD NEEDLES MIS 22GX1.5 160
BD PEN MINI MIS 160
BD PEN MIS.....160

BD PLASTIPAK MIS 3ML....160
BD PRECISION MIS 23GX1.5....160
BD SAFETY MIS 23GX1.5....160
BD SWAB REG PAD SNGL USE....159
BD ULTRAFINE INSULIN SYRINGES/NEEDLES....160
BD ULTRAFINE PEN NEEDLES....160
beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)....31
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)....31
BELBUCA MIS 150MCG....22
BELBUCA MIS 300MCG....22
BELBUCA MIS 450MCG....22
BELBUCA MIS 600MCG....22
BELBUCA MIS 750MCG....22
BELBUCA MIS 75MCG....22
BELBUCA MIS 900MCG....22
BELLA/OPIUM SUP 16.2-30....191
BELLA/OPIUM SUP 16.2-60....191
BELSOMRA TAB 10MG....140
BELSOMRA TAB 15MG....140
BELSOMRA TAB 20MG....140
BELSOMRA TAB 5MG....140
benazepril & hydrochlorothiazide tab 10-12.5 mg....60
benazepril & hydrochlorothiazide tab 20-12.5 mg....60
benazepril & hydrochlorothiazide tab 20-25 mg....60
benazepril & hydrochlorothiazide tab 5-6.25 mg....60
benazepril hcl tab 10 mg....56
benazepril hcl tab 20 mg....57
benazepril hcl tab 40 mg....57
benazepril hcl tab 5 mg....56
BENLYSTA INJ 200MG/ML....172
BENZALKONIUM SOL NF....81
BENZAMYCIN GEL 5-3%....105
BENZEPRO LIQ CREAMY....105
BENZNIDAZOLE TAB 100MG....24
BENZNIDAZOLE TAB 12.5MG....24
benzonatate cap 100 mg....104
benzonatate cap 150 mg....104
benzonatate cap 200 mg....104
benzoyl peroxide-erythromycin gel 5-3%....106
benzoyl peroxide foam 9.8%....105
benzoyl peroxide gel 8%....106
benzoyl peroxide-hydrocortisone lotion 5-0.5%....106
benztropine mesylate tab 0.5 mg....73
benztropine mesylate tab 1 mg....73
benztropine mesylate tab 2 mg....73
bepotastine besilate ophth soln 1.5%....179
BESIVANCE SUS 0.6%....177
BESREMI PEN INJ 500MCG....72
BESREMI SOL 500MCG....72
BETADINE SOL 5% OP....177
betaine powder for oral solution....125
betamethasone dipropionate augmented cream 0.05%....114
betamethasone dipropionate augmented gel 0.05%....114
betamethasone dipropionate augmented lotion 0.05%....114
betamethasone dipropionate augmented oint 0.05%....114
betamethasone dipropionate cream 0.05%....114
betamethasone dipropionate lotion 0.05%....114
betamethasone valerate aerosol foam 0.12%....114
betamethasone valerate cream 0.1% (base equivalent)....114
betamethasone valerate lotion 0.1% (base equivalent)....114
betamethasone valerate oint 0.1% (base equivalent)....114
BETASERON INJ 0.3MG....184
betaxolol hcl ophth soln 0.5%....176
betaxolol hcl tab 10 mg....86
betaxolol hcl tab 20 mg....86
bethanechol chloride tab 10 mg....194
bethanechol chloride tab 25 mg....194
bethanechol chloride tab 50 mg....194
bethanechol chloride tab 5 mg....194

BETOPTIC-S SUS 0.25% OP 176
bexarotene cap 75 mg.....72
bexarotene gel 1%.....109
bicalutamide tab 50 mg 66
BIDIL TAB.....91
BIJUVA CAP 0.5-100.....128
BIJUVA CAP 1-100MG.....128
BIKTARVY TAB 82
BILTRICIDE TAB 600MG.....24
bimatoprost ophth soln 0.01%.....179
bimatoprost ophth soln 0.03% 179
BINOSTO TAB 70MG.....123
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg.....193
bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....60
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....60
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 60
bisoprolol fumarate tab 10 mg 86
bisoprolol fumarate tab 5 mg 86
blisovi 24 tab fe 1/20.....96
blisovi fe tab 1/20 96
blisovi fe tab 1.5/30.....96
BLUJEPA TAB 750MG.....26
BLULINK LIQ HIGH/LOW 146
BLUNT CANNUL MIS 20GX1.5.....160
BLUNT CANNUL MIS 21GX1.....160
BONJESTA TAB 20-20MG.....52
BONSITY INJ 560/2.24.....123
bosentan tab 125 mg 94
bosentan tab 62.5 mg.....94
bosentan tab for oral susp 32 mg 94
BOSULIF CAP 100MG.....68
BOSULIF CAP 50MG.....68
BOSULIF TAB 100MG 68
BOSULIF TAB 400MG 68
BOSULIF TAB 500MG 68
bosutinib tab 100 mg 68
bosutinib tab 400 mg 68
bosutinib tab 500 mg 68
bp 10-1 emu 106
BRAFTOVI CAP 75MG.....68
BREATHE EASE MIS LG MASK 166
BREATHE EASE MIS MED MASK.....166
BREATHE EASE MIS SM MASK 166
BREATHERITE MIS MDI CHMB 166
BREO ELLIPTA INH 100-25 32
BREO ELLIPTA INH 200-25 32
BREO ELLIPTA INH 50-25MCG.....32
BREXAFEMME TAB 150MG 52
breyna aer 160/4.5 32
breyna aer 80/4.5 32
BREZTRI AERO AER 18MCG 32
BREZTRI AERO AER 9MCG.....32
briellyn tab 96
BRILINTA TAB 60MG 136
BRILINTA TAB 90MG 136
brimonidine tartrate gel 0.33% (base equivalent).....119
brimonidine tartrate ophth soln 0.1%.....177
brimonidine tartrate ophth soln 0.15% 177
brimonidine tartrate ophth soln 0.2%.....177
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 176
BRINSUPRI TAB 10MG.....188
BRINSUPRI TAB 25MG 188
brinzolamide ophth susp 1% 179
brivaracetam oral soln 10 mg/ml 36
brivaracetam tab 100 mg 36
brivaracetam tab 10 mg 36
brivaracetam tab 25 mg 36
brivaracetam tab 50 mg.....36
brivaracetam tab 75 mg 36
BRIVIACT SOL 10MG/ML.....36
BRIVIACT TAB 100MG.....36
BRIVIACT TAB 10MG 36
BRIVIACT TAB 25MG.....36
BRIVIACT TAB 50MG 36
BRIVIACT TAB 75MG.....36
bromfenac sodium ophth soln 0.07% (base equivalent) 179
bromfenac sodium ophth soln 0.075% (base equivalent) 179
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....179

bromocriptine mesylate cap 5 mg (base equivalent)....73
bromocriptine mesylate tab 2.5 mg (base equivalent)....73
BROVANA NEB 15MCG....32
BRUKINSA CAP 80MG....68
BRUKINSA TAB 160MG....68
BRYHALI LOT 0.01%....114
budesonide delayed release particles cap 3 mg....102
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act....32
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act....32
budesonide inhalation susp 0.25 mg/2ml....31
budesonide inhalation susp 0.5 mg/2ml....31
budesonide inhalation susp 1 mg/2ml....31
budesonide rectal foam 2 mg/act....23
bumetanide tab 0.5 mg....122
bumetanide tab 1 mg....122
bumetanide tab 2 mg....122
BUMEX TAB 0.5MG....122
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)....22
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)....22
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)....22
buprenorphine hcl sl tab 8 mg (base equiv)....22
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....187
bupropion hcl tab 100 mg....41
bupropion hcl tab 75 mg....41
bupropion hcl tab er 12hr 100 mg....41
bupropion hcl tab er 12hr 150 mg....41
bupropion hcl tab er 12hr 200 mg....41
bupropion hcl tab er 24hr 150 mg....41
bupropion hcl tab er 24hr 300 mg....41
buspirone hcl tab 10 mg....27
buspirone hcl tab 15 mg....27
buspirone hcl tab 30 mg....27
buspirone hcl tab 5 mg....27
buspirone hcl tab 7.5 mg....27
BUT/APAP/CAF SOL....17
butalbital-acetaminophen-caffeine tab 50-325-40 mg....17
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....17
butalbital-aspirin-caffeine cap 50-325-40 mg....17
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg....21
butorphanol tartrate nasal soln 10 mg/ml....22

C

CABENUVA SUS 400-600....82
CABENUVA SUS 600-900....82
cabergoline tab 0.5 mg....127
CABOMETYX TAB 20MG....68
CABOMETYX TAB 40MG....68
CABOMETYX TAB 60MG....68
CADUET TAB 10-10MG....91
CADUET TAB 10-20MG....91
CADUET TAB 10-40MG....91
CADUET TAB 10-80MG....91
CADUET TAB 5-10MG....91
CADUET TAB 5-20MG....91
CADUET TAB 5-40MG....91

CADUET TAB 5-80MG 91
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2
calcipotriene oint 0.005%.....109
calcipotriene soln 0.005% (50 mcg/ml).109
calcitonin (salmon) inj 200 unit/ml.....123
calcitonin (salmon) nasal soln 200 unit/act 123
calcitrene oin 0.005% 110
calcitriol cap 0.25 mcg.....125
calcitriol cap 0.5 mcg.....125
calcitriol oral soln 1 mcg/ml.....125
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....134
CALQUENCE TAB 100MG.....68
camila tab 0.35mg 101
camrese lo tab 96
camrese tab 96
CAMZYOS CAP 10MG 90
CAMZYOS CAP 15MG 90
CAMZYOS CAP 2.5MG.....90
CAMZYOS CAP 5MG.....90
CANASA SUP 1000MG 132
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 60
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg.....60
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 60
candesartan cilexetil tab 16 mg.....58
candesartan cilexetil tab 32 mg 58
candesartan cilexetil tab 4 mg 58
candesartan cilexetil tab 8 mg 58
capecitabine tab 150 mg.....64
capecitabine tab 500 mg.....64
CAPLYTA CAP 10.5MG 76
CAPLYTA CAP 21MG.....76
CAPLYTA CAP 42MG 76
CAPRELSA TAB 100MG 68
CAPRELSA TAB 300MG 68
captopril & hydrochlorothiazide tab 25-15 mg 60
captopril & hydrochlorothiazide tab 25-25 mg 60
captopril & hydrochlorothiazide tab 50-15 mg 60
captopril & hydrochlorothiazide tab 50-25 mg 61
captopril tab 100 mg 57
captopril tab 12.5 mg 57
captopril tab 25 mg.....57
captopril tab 50 mg.....57
carbamazepine cap er 12hr 100 mg.....36
carbamazepine cap er 12hr 200 mg 36
carbamazepine cap er 12hr 300 mg 37
carbamazepine chew tab 100 mg 37
carbamazepine chew tab 200 mg 37
carbamazepine susp 100 mg/5ml 37
carbamazepine tab 200 mg.....37
carbamazepine tab er 12hr 100 mg.....37
carbamazepine tab er 12hr 200 mg 37
carbamazepine tab er 12hr 400 mg.....37
CARBATROL CAP 100MG.....37
CARBATROL CAP 200MG 37
CARBATROL CAP 300MG 37
carbidopa & levodopa cap er 23.75-95 mg 73
carbidopa & levodopa cap er 36.25-145 mg 73
carbidopa & levodopa cap er 48.75-195 mg 73
carbidopa & levodopa cap er 61.25-245 mg 73
carbidopa & levodopa orally disintegrating tab 10-100 mg 73
carbidopa & levodopa orally disintegrating tab 25-100 mg.....73
carbidopa & levodopa orally disintegrating tab 25-250 mg 73
carbidopa & levodopa tab 10-100 mg 73
carbidopa & levodopa tab 25-100 mg.....74
carbidopa & levodopa tab 25-250 mg 74
carbidopa & levodopa tab er 25-100 mg ..74
carbidopa & levodopa tab er 50-200 mg .74
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 74
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....74

carbidopa-levodopa-entacapone tabs 25-100-200 mg....74
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg....74
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg....74
carbidopa-levodopa-entacapone tabs 50-200-200 mg....74
carbidopa tab 25 mg....73
carbinoxamine maleate extended release susp 4 mg/5ml....53
carbinoxamine maleate soln 4 mg/5ml....53
carbinoxamine maleate tab 4 mg....53
carbinoxamine maleate tab 6 mg....53
carbzah sol 4mg/5ml....53
CARDIOCOM MIS LANCING....146
CARDURA TAB 1MG....58
CARDURA TAB 2MG....58
CARDURA TAB 4MG....59
CARDURA TAB 8MG....59
CARDURA XL TAB 4MG....135
CARDURA XL TAB 8MG....135
CAREONE ADV MIS LANCING....146
CAREONE LANC MIS 30G....147
CAREONE LANC MIS THIN 23G....147
CAREPOINT SA MIS 23GX1....160
CAREPOINT SA MIS 23GX11/2....160
CAREPOINT SA MIS 25GX1....160
CAREPOINT SA MIS 25GX11/2....160
CAREPOINT SA MIS 25GX5/8....160
CAREPOINT SY MIS 20GX1....160
CAREPOINT SY MIS 20GX1.5....160
CAREPOINT SY MIS 22G X 1....160
CAREPOINT SY MIS 22GX1.5....160
CAREPOINT SY MIS 23GX1....160
CAREPOINT SY MIS 23GX1.5....160
CAREPOINT SY MIS 25GX1....160
CAREPOINT SY MIS 60ML....160
CARESENS 30G MIS LANCETS....147
CARESENS SOL CONTROL....147
CARETOUCH MIS EJECTOR....147
CARETOUCH MIS LANC 26G....147
CARETOUCH MIS LANC 28G....147
CARETOUCH MIS LANC 30G....147
CARETOUCH MIS TWIST 28....147
CARETOUCH MIS TWIST 30....147
CARETOUCH MIS TWIST 33....147
CARETOUCH PAD ALCOHOL....159
carglumic acid soluble tab 200 mg....125
carisoprodol tab 350 mg....174
carteolol hcl ophth soln 1%....176
cartia xt cap 120/24hr....88
cartia xt cap 180/24hr....88
cartia xt cap 240/24hr....88
cartia xt cap 300/24hr....88
carvedilol phosphate cap er 24hr 10 mg....86
carvedilol phosphate cap er 24hr 20 mg....86
carvedilol phosphate cap er 24hr 40 mg....86
carvedilol phosphate cap er 24hr 80 mg....86
carvedilol tab 12.5 mg....86
carvedilol tab 25 mg....86
carvedilol tab 3.125 mg....86
carvedilol tab 6.25 mg....86
CASODEX TAB 50MG....66
CATAPRES-TTS DIS 0.1/24HR....59
CATAPRES-TTS DIS 0.2/24HR....59
CATAPRES-TTS DIS 0.3/24HR....59
CAVERJECT IM KIT 10MCG....92
CAVERJECT IM KIT 20MCG....92
CAVERJECT INJ 20MCG....92
CAVERJECT INJ 40MCG....92
CAYA DPR....142
cefaclor cap 250 mg....95
cefaclor cap 500 mg....95
CEFACLOR ER TAB 500MG....95
cefaclor for susp 250 mg/5ml....95
cefadroxil cap 500 mg....95
cefadroxil for susp 250 mg/5ml....95
cefadroxil for susp 500 mg/5ml....95
cefadroxil tab 1 gm....95
cefdinir cap 300 mg....96
cefdinir for susp 125 mg/5ml....96
cefdinir for susp 250 mg/5ml....96
cefixime cap 400 mg....96
cefixime for susp 100 mg/5ml....96
cefixime for susp 200 mg/5ml....96
cefpodoxime proxetil for susp 100 mg/5ml....96

cefpodoxime proxetil for susp 50 mg/5ml 96
cefpodoxime proxetil tab 100 mg 96
cefpodoxime proxetil tab 200 mg 96
cefprozil for susp 125 mg/5ml 95
cefprozil for susp 250 mg/5ml 95
cefprozil tab 250 mg 95
cefprozil tab 500 mg 95
cefuroxime axetil tab 250 mg 95
cefuroxime axetil tab 500 mg 96
celecoxib cap 100 mg 13
celecoxib cap 200 mg 13
celecoxib cap 400 mg 13
celecoxib cap 50 mg 13
CELEXA TAB 10MG 42
CELEXA TAB 20MG 42
CELEXA TAB 40MG 42
CELLCEPT CAP 250MG 170
CELLCEPT SUS 200MG/ML 170
CELLCEPT TAB 500MG 170
CELONTIN CAP 300MG 40
CEM-UREA SOL 45% 117
cephalexin cap 250 mg 95
cephalexin cap 500 mg 95
cephalexin cap 750 mg 95
cephalexin for susp 125 mg/5ml 95
cephalexin for susp 250 mg/5ml 95
cephalexin tab 250 mg 95
cephalexin tab 500 mg 95
CEQUR EXT WR MIS INSERTER 160
CEQUR SIMPL KIT 1U EXTND 160
CEQUR SIMPL KIT 2U EXTND 160
CEQUR SIMPL KIT PATCH 2U 160
CEQUR SIMPL MIS INSERTER 160
CERDELGA CAP 84MG 137
CERVIDIL VAG MIS 10MG INS 180
CETACAINE AER 118
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 53
CETRAXAL SOL 0.2% 180
cetrorelix acetate for inj kit 0.25 mg 124
cevimeline hcl cap 30 mg 173
charlotte 24 chw fe 1/20 96
chateal eq tab 0.15/30 96
CHEMET CAP 100MG 50
CHEMSTRIP 10 TES MD 120
CHEMSTRIP 2 TES GP 120
CHEMSTRIP 5 TES OB 120
CHEMSTRIP 7 TES 120
CHEMSTRIP 9 TES STRIPS 120
CHEMSTRIP K TES 120
CHEMSTRIP TES -10 SG 120
CHEMSTRIP TES UGK 120
chenodal tab 250mg 131
chlordiazepoxide-amitriptyline tab 10-25 mg 183
chlordiazepoxide-amitriptyline tab 5-12.5 mg 183
chlordiazepoxide hcl cap 10 mg 28
chlordiazepoxide hcl cap 25 mg 28
chlordiazepoxide hcl cap 5 mg 28
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 191
CHLORHEX GLU SOL 20% 81
chlorhexidine gluconate soln 0.12% 172
chloroquine phosphate tab 250 mg 63
chloroquine phosphate tab 500 mg 63
chlorpromazine hcl conc 100 mg/ml 80
chlorpromazine hcl conc 30 mg/ml 80
chlorpromazine hcl inj 25 mg/ml 80
chlorpromazine hcl inj 50 mg/2ml 80
chlorpromazine hcl tab 100 mg 80
chlorpromazine hcl tab 10 mg 80
chlorpromazine hcl tab 200 mg 80
chlorpromazine hcl tab 25 mg 80
chlorpromazine hcl tab 50 mg 80
chlorthalidone tab 25 mg 122
chlorthalidone tab 50 mg 122
chlorzoxazone tab 500 mg 174
CHOLBAM CAP 250MG 131
CHOLBAM CAP 50MG 131
cholestyramine light powder 4 gm/dose 54
cholestyramine light powder packets 4 gm 54
cholestyramine powder 4 gm/dose 54
cholestyramine powder packets 4 gm 54
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 55

choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 54
CIBINQO TAB 100MG 117
CIBINQO TAB 200MG 117
CIBINQO TAB 50MG 117
ciclodan sol 8% 108
ciclopirox gel 0.77% 108
ciclopirox olamine cream 0.77% (base equiv) 108
ciclopirox olamine susp 0.77% (base equiv) 108
ciclopirox shampoo 1% 108
ciclopirox solution 8% 108
cilostazol tab 100 mg 136
cilostazol tab 50 mg 136
CIMDUO TAB 300-300 82
cimetidine hcl soln 300 mg/5ml 192
cimetidine tab 300 mg 192
cimetidine tab 400 mg 192
cimetidine tab 800 mg 192
CIMZIA 1-SYR INJ 200MG/ML 132
CIMZIA 2-SYR KIT 200MG/ML 132
CIMZIA START KIT 200MG/ML 132
cinacalcet hcl tab 30 mg (base equiv) 125
cinacalcet hcl tab 60 mg (base equiv) 125
cinacalcet hcl tab 90 mg (base equiv) 125
CIPRO (10%) SUS 500MG/5 130
CIPRO (5%) SUS 250MG/5 130
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 180
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 177
ciprofloxacin hcl otic soln 0.2% (base equivalent) 180
ciprofloxacin hcl tab 250 mg (base equiv) 130
ciprofloxacin hcl tab 500 mg (base equiv) 130
ciprofloxacin hcl tab 750 mg (base equiv) 130
ciprofloxacin-hydrocortisone otic susp 0.2-1% 180
CIPRO TAB 250MG 130
CIPRO TAB 500MG 130
citalopram hydrobromide cap 30 mg 42
citalopram hydrobromide oral soln 10 mg/5ml 42
citalopram hydrobromide tab 10 mg (base equiv) 42
citalopram hydrobromide tab 20 mg (base equiv) 42
citalopram hydrobromide tab 40 mg (base equiv) 42
cladribine tab therapy pack 10 mg (10 tabs) 185
cladribine tab therapy pack 10 mg (4 tabs) 184
cladribine tab therapy pack 10 mg (5 tabs) 184
cladribine tab therapy pack 10 mg (6 tabs) 185
cladribine tab therapy pack 10 mg (7 tabs) 185
cladribine tab therapy pack 10 mg (8 tabs) 185
cladribine tab therapy pack 10 mg (9 tabs) 185
claravis cap 10mg 106
claravis cap 20mg 106
claravis cap 30mg 106
claravis cap 40mg 106
CLARINEX-D TAB 2.5-120 104
CLARINEX TAB 5MG 53
clarithromycin for susp 125 mg/5ml 141
clarithromycin for susp 250 mg/5ml 141
clarithromycin tab 250 mg 141
clarithromycin tab 500 mg 141
clarithromycin tab er 24hr 500 mg 141
CLEANLET 28G MIS LANCETS 147
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) 53
clemastine fumarate tab 2.68 mg 53
CLENPIQ SOL 140
CLEOCIN CAP 150MG 25
CLEOCIN CAP 300MG 25
CLEOCIN CAP 75MG 25
CLEOCIN CRE 2% VAG 194
CLEOCIN PED SOL 75MG/5ML 25

CLEOCIN SUP 100MG.....194
CLEOCIN-T LOT 1% 106
CLEVER CHECK MIS 147
CLEVER CHECK MIS 30G.....147
CLEVR CHOICE LIQ HIGH 147
CLEVR CHOICE LIQ LOW.....147
clindacin aer 1%.....106
clindacin mis etz 1%.....106
clindacin-p pad 1%.....106
CLINDAGEL GEL 1%.....106
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%.....106
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%.....106
clindamycin phosphate-benzoyl peroxide gel 1-5% 106
clindamycin phosphate foam 1% 106
clindamycin phosphate gel 1% (twice-daily) 106
clindamycin phosphate lotion 1% 106
clindamycin phosphate soln 1%.....106
clindamycin phosphate swab 1%.....106
clindamycin phosphate-tretinoin gel 1.2-0.025% 106
clindamycin phosphate vaginal cream 2% 194
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....106
CLINDESSE CRE 2% 194
CLINPRO 5000 PST 1.1%.....173
clobazam suspension 2.5 mg/ml.....36
clobazam tab 10 mg.....36
clobazam tab 20 mg 36
CLOBETASOL CRE 0.025%.....114
clobetasol e cre 0.05% 114
clobetasol propionate cream 0.05%.....114
clobetasol propionate emollient base cream 0.05% 114
clobetasol propionate foam 0.05% 115
clobetasol propionate gel 0.05%.....115
clobetasol propionate lotion 0.05% 115
clobetasol propionate oint 0.05%.....115
clobetasol propionate shampoo 0.05%...115
clobetasol propionate soln 0.05%.....115
CLOBEX LOT 0.05% 115
CLOBEX SHA 0.05%.....115
clodan sha 0.05% 115
CLODERM CRE 0.1% 115
clomid tab 50mg.....124
clomiphene citrate tab 50 mg.....124
clomipramine hcl cap 25 mg 44
clomipramine hcl cap 50 mg.....44
clomipramine hcl cap 75 mg 44
clonazepam orally disintegrating tab 0.125 mg 36
clonazepam orally disintegrating tab 0.25 mg 36
clonazepam orally disintegrating tab 0.5 mg 36
clonazepam orally disintegrating tab 1 mg 36
clonazepam orally disintegrating tab 2 mg 36
clonazepam tab 0.5 mg.....36
clonazepam tab 1 mg.....36
clonazepam tab 2 mg 36
clonidine hcl tab 0.1 mg.....59
clonidine hcl tab 0.2 mg 59
clonidine hcl tab 0.3 mg.....59
clonidine hcl tab er 12hr 0.1 mg 5
clonidine tab er 24hr 0.17 mg 59
clonidine td patch weekly 0.1 mg/24hr.....59
clonidine td patch weekly 0.2 mg/24hr 59
clonidine td patch weekly 0.3 mg/24hr 59
clopidogrel bisulfate tab 300 mg (base equiv) 137
clopidogrel bisulfate tab 75 mg (base equiv) 137
clorazepate dipotassium tab 15 mg.....28
clorazepate dipotassium tab 3.75 mg 28
clorazepate dipotassium tab 7.5 mg 28
clotrimazole troche 10 mg 172

clotrimazole w/ betamethasone cream 1-0.05%.....108
clotrimazole w/ betamethasone lotion 1-0.05%.....108
clozapine orally disintegrating tab 100 mg.....78
clozapine orally disintegrating tab 12.5 mg.....78
clozapine orally disintegrating tab 150 mg.....78
clozapine orally disintegrating tab 200 mg.....78
clozapine orally disintegrating tab 25 mg.78
clozapine tab 100 mg.....78
clozapine tab 200 mg.....78
clozapine tab 25 mg.....78
clozapine tab 50 mg.....78
CLOZARIL TAB 100MG.....78
CLOZARIL TAB 200MG.....78
CLOZARIL TAB 25MG.....78
CLOZARIL TAB 50MG.....78
CL PRENATAL TAB 28-0.8MG.....173
COAGUCHEK MIS LANCETS.....147
COAL TAR SOL 20%.....120
COARTEM TAB 20-120MG.....63
COBENFY CAP 100-20MG.....80
COBENFY CAP 125-30MG.....80
COBENFY CAP 50-20MG.....80
COBENFY STRT CAP PACK.....80
codeine sulfate tab 30 mg.....17
CODEINE SULF TAB 15MG.....17
CODEINE SULF TAB 60MG.....17
colchicine cap 0.6 mg.....135
colchicine tab 0.6 mg.....135
colchicine w/ probenecid tab 0.5-500 mg.....135
colesevelam hcl packet for susp 3.75 gm 54
colesevelam hcl tab 625 mg.....54
COLESTID GRA 5GM.....54
COLESTID TAB 1GM.....54
colestipol hcl granule packets 5 gm.....54
colestipol hcl granules 5 gm.....54
colestipol hcl tab 1 gm.....54
COLOR CONDOM MIS + LUBE.....142
COMBIPATCH DIS.....128
COMETRIQ KIT 100MG.....68
COMETRIQ KIT 140MG.....68
COMETRIQ KIT 60MG.....68
COMFORT ASSU MIS LANC 28G.....147
COMFORT ASSU MIS LANC 33G.....147
COMFORT EZ MIS 21G.....147
COMFORT EZ MIS 23G.....147
COMFORT EZ MIS 28G.....147
COMFORTOUCH MIS LANCET.....147
COMFORT TCH MIS LANC 28G.....147
COMFORT TCH MIS LANC 30G.....147
COMFORT TCH MIS LANC 31G.....147
COMFRT TOUCH PAD ALC PREP.....159
COMPACT SPAC MIS CHAMBER.....166
COMPACT SPAC MIS LG MASK.....166
COMPACT SPAC MIS MD MASK.....166
COMPACT SPAC MIS SM MASK.....166
compro sup 25mg.....80
CONDOMS MIS.....142
CONDYLOX GEL 0.5%.....118
constulose sol 10/15ml.....141
CONTEPO INJ 6GM.....24
CONTOUR HIGH LIQ CONTROL.....147
CONTOUR LOW LIQ CONTROL.....147
CONTOUR NEXT SOL LEVEL 1.....147
CONTOUR NEXT SOL LEVEL 2.....147
CONTOUR NORM LIQ CONTROL.....147
CONTROL HIGH SOL UNISTRIP.....147
CONTROL LOW SOL UNISTRIP.....147
CONTROL NORM SOL EASY STP.....147
CONTROL SOL LIQ HIGH/LOW.....147
CONTROL SOL LIQ LEVEL 2.....147
CONTROL SOL NORMAL.....147
CONZIP CAP 100MG.....17
CONZIP CAP 200MG.....17
CONZIP CAP 300MG.....17
COOL CONTROL SOL A.....147
COOL CONTROL SOL B.....147
COPAXONE INJ 40MG/ML.....185
COREG TAB 12.5MG.....86
COREG TAB 25MG.....86
COREG TAB 3.125MG.....86
COREG TAB 6.25MG.....86

CORLANOR SOL 5MG/5ML 95
CORLANOR TAB 5MG.....95
CORLANOR TAB 7.5MG.....95
CORN SYP 181
CORTANE-B LOT.....115
CORTEF TAB 10MG.....102
CORTEF TAB 20MG 102
CORTEF TAB 5MG.....102
CORTENEMA ENE 100MG 23
CORTIFOAM AER 90MG 23
CORTISPORIN SUS -TC OTIC.....180
CORTROPHIN INJ 40/0.5ML 124
CORTROPHIN INJ 80UNT/ML 124
COSENTYX INJ 150MG/ML.....110
COSENTYX INJ 300DOSE 110
COSENTYX INJ 75MG/0.5.....110
COSENTYX PEN INJ 150MG/ML 110
COSENTYX PEN INJ 300DOSE.....111
COSENTYX UNO INJ 300/2ML.....111
COSOPT PF SOL 2%-0.5% 176
COSOPT SOL 2-0.5%OP 176
COVARYX HS TAB.....128
COVARYX TAB 1.25-2.5 128
CRENESSITY CAP 100MG.....124
CRENESSITY CAP 25MG.....124
CRENESSITY CAP 50MG.....124
CRENESSITY SOL 50MG/ML.....124
CREON CAP 12000UNT.....121
CREON CAP 24000UNT.....121
CREON CAP 3000UNIT 121
CREON CAP 36000UNT.....121
CREON CAP 6000UNIT 121
CREXONT CAP 35-140MG.....74
CREXONT CAP 52.5-210 74
CREXONT CAP 70-280MG.....74
CREXONT CAP 87.5-350 74
CRINONE GEL 4% VAG 195
CRINONE GEL 8% VAG 195
cromolyn sodium ophth soln 4%.....179
cromolyn sodium oral conc 100 mg/5ml .131
cromolyn sodium soln nebu 20 mg/2ml ...29
crotan lot 10% 120
cryselle-28 tab 28 tabs.....96
cryselle tab.....96
CURITY PREP PAD ALCOHOL 159
CUVPOSA SOL 1MG/5ML 191
CVS KETONE TES CARE.....120
CVS LANCETS MIS 21G 147
CVS LANCETS MIS 30G.....147
CVS LANCETS MIS 33G.....147
CVS LANCETS MIS ORIGINAL.....147
CVS LANCETS MIS THIN 26G.....147
CVS LANCETS MIS THIN 30G 148
CVS LANCETS MIS THIN 33G.....148
CVS LANCING MIS DEVICE 148
cyanocobalamin inj 1000 mcg/ml 137
cyanocobalamin nasal spray 500 mcg/0.1ml 137
cyclobenzaprine hcl tab 10 mg 174
cyclobenzaprine hcl tab 5 mg.....174
CYCLOGYL SOL 0.5% OP 176
CYCLOGYL SOL 1% OP 176
CYCLOGYL SOL 2% OP.....176
CYCLOMYDRIL SOL OP 176
cyclopentolate hcl ophth soln 1%.....176
cyclophosphamide cap 25 mg.....64
cyclophosphamide cap 50 mg.....64
CYCLOPHOSPH TAB 25MG.....64
CYCLOPHOSPH TAB 50MG.....64
cycloserine cap 250 mg 63
CYCLOSET TAB 0.8MG.....48
cyclosporine cap 100 mg.....170
cyclosporine cap 25 mg 170
cyclosporine modified cap 100 mg 171
cyclosporine modified cap 25 mg 170
cyclosporine modified cap 50 mg.....171
cyclosporine modified oral soln 100 mg/ml 171
cyproheptadine hcl syrup 2 mg/5ml 54
cyproheptadine hcl tab 4 mg 54
cyred eq tab.....96
CYSTAGON CAP 150MG 134
CYSTAGON CAP 50MG.....134
CYSTARAN SOL 0.44% 179
CYTOTEC TAB 100MCG 193
CYTOTEC TAB 200MCG 193
CYTRA K GRA CRYSTALS 134

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq) 35
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) 35
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) 35
dalfampridine tab er 12hr 10 mg 185
danazol cap 100 mg 22
danazol cap 200 mg 22
danazol cap 50 mg 22
DANTRIUM CAP 25MG 174
dantrolene sodium cap 100 mg 175
dantrolene sodium cap 25 mg 174
dantrolene sodium cap 50 mg 174
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg 46
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg 46
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg 46
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 46
dapagliflozin tab 10 mg 50
dapagliflozin tab 5 mg 50
dapsone gel 5% 106
dapsone gel 7.5% 106
dapsone tab 100 mg 25
dapsone tab 25 mg 25
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 193
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 193
darunavir tab 600 mg 82
darunavir tab 800 mg 82
dasatinib tab 100 mg 69
dasatinib tab 140 mg 69
dasatinib tab 20 mg 68
dasatinib tab 50 mg 68
dasatinib tab 70 mg 69
dasatinib tab 80 mg 69
dasetta tab 1/35 97
dasetta tab 7/7/7 97
DAYBUE SOL 200MG/ML 175
DAYBUE STIX POW 5000MG 175
DAYBUE STIX POW 6000MG 175
DAYBUE STIX POW 8000MG 176
DAYPRO TAB 600MG 13
daysee tab 97
DDAVP TAB 0.1MG 127
DDAVP TAB 0.2MG 127
DEBACTEROL SOL 30-50% 172
deblitane tab 0.35mg 101
deferasirox granules packet 180 mg 50
deferasirox granules packet 360 mg 51
deferasirox granules packet 90 mg 50
deferasirox tab 180 mg 51
deferasirox tab 360 mg 51
deferasirox tab 90 mg 51
deferasirox tab for oral susp 125 mg 51
deferasirox tab for oral susp 250 mg 51
deferasirox tab for oral susp 500 mg 51
deferiprone tab 1000 mg 51
deferiprone tab 500 mg 51
deflazacort susp 22.75 mg/ml 102
deflazacort tab 18 mg 102
deflazacort tab 30 mg 102
deflazacort tab 36 mg 102
deflazacort tab 6 mg 102
DELESTROGEN INJ 10MG/ML 129
DELESTROGEN INJ 20MG/ML 129
DELESTROGEN INJ 40MG/ML 129
delyla tab 0.1-0.02 97
demeclocycline hcl tab 150 mg 189
demeclocycline hcl tab 300 mg 189
DEMSER CAP 250MG 58
DENAVIR CRE 1% 114
denta 5000 cre plus 173
denta 5000 cre plus 2pk 173
dentagel gel 1.1% 173
DEPEN TITRA TAB 250MG 170
DEPO-ESTRADI INJ 5MG/ML 129
DEPO-PROVERA INJ 150MG/ML 101
DEPO-SQ PROV INJ 104 101
depo-testost inj 100mg/ml 22
depo-testost inj 200mg/ml 23
DERMACURE CRE 41% 117
DERMA-SMOOTH OIL /FS BODY 115

DERMA-SMOOTH OIL /FS SCLP 115
DERMOTIC OIL 0.01% 180
DESCOVY TAB 120-15MG 82
DESCOVY TAB 200/25MG 82
desipramine hcl tab 100 mg 45
desipramine hcl tab 10 mg 44
desipramine hcl tab 150 mg 45
desipramine hcl tab 25 mg 44
desipramine hcl tab 50 mg 44
desipramine hcl tab 75 mg 45
desloratadine tab 5 mg 53
desloratadine tab orally disintegrating 2.5 mg 53
desloratadine tab orally disintegrating 5 mg 53
desmopressin acetate nasal spray soln 0.01% 127
desmopressin acetate nasal spray soln 0.01% (refrigerated) 127
desmopressin acetate tab 0.1 mg 127
desmopressin acetate tab 0.2 mg 127
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 97
desonide cream 0.05% 115
desonide lotion 0.05% 115
desonide oint 0.05% 115
DESOWEN CRE 0.05% 115
desoximetasone cream 0.05% 115
desoximetasone cream 0.25% 115
desoximetasone gel 0.05% 115
desoximetasone oint 0.25% 115
desoximetasone spray 0.25% 115
DESOXYN TAB 5MG 2
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 43
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 43
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 43
DESVENLAFAX TAB 100MG ER 43
DESVENLAFAX TAB 50MG ER 43
DETROL TAB 1MG 193
DETROL TAB 2MG 193
DEXAMETHASON CON 1MG/ML 102
dexamethasone elixir 0.5 mg/5ml 102
dexamethasone sodium phosphate ophth soln 0.1% 178
dexamethasone soln 0.5 mg/5ml 102
dexamethasone tab 0.5 mg 102
dexamethasone tab 0.75 mg 102
dexamethasone tab 1.5 mg 102
dexamethasone tab 1 mg 102
dexamethasone tab 2 mg 102
dexamethasone tab 4 mg 102
dexamethasone tab 6 mg 102
dexamethasone tab therapy pack 1.5 mg (21) 102
dexamethasone tab therapy pack 1.5 mg (35) 102
dexamethasone tab therapy pack 1.5 mg (51) 102
DEXCOM G6 MIS RECEIVER 148
DEXCOM G6 MIS SENSOR 148
DEXCOM G6 MIS TRANSMIT 148
DEXCOM G7 MIS RECEIVER 148
DEXCOM G7 MIS SENSOR 148
DEXCOM G7 MIS SNSR 15D 148
DEXEDRINE CAP 10MG CR 2
DEXEDRINE CAP 15MG CR 2
dexmethylphenidate hcl cap er 24 hr 10 mg 5
dexmethylphenidate hcl cap er 24 hr 15 mg 5
dexmethylphenidate hcl cap er 24 hr 20 mg 5
dexmethylphenidate hcl cap er 24 hr 25 mg 5
dexmethylphenidate hcl cap er 24 hr 30 mg 5
dexmethylphenidate hcl cap er 24 hr 35 mg 5
dexmethylphenidate hcl cap er 24 hr 40 mg 5
dexmethylphenidate hcl cap er 24 hr 5 mg 5
dexmethylphenidate hcl tab 10 mg 6
dexmethylphenidate hcl tab 2.5 mg 5
dexmethylphenidate hcl tab 5 mg 6

dextroamphetamine sulfate cap er 24hr 10 mg.....2
dextroamphetamine sulfate cap er 24hr 15 mg.....2
dextroamphetamine sulfate cap er 24hr 5 mg.....2
dextroamphetamine sulfate oral solution 5 mg/5ml.....2
dextroamphetamine sulfate tab 10 mg.....2
dextroamphetamine sulfate tab 15 mg.....2
dextroamphetamine sulfate tab 2.5 mg.....2
dextroamphetamine sulfate tab 20 mg.....2
dextroamphetamine sulfate tab 30 mg.....2
dextroamphetamine sulfate tab 5 mg.....2
dextroamphetamine sulfate tab 7.5 mg.....2
dextromethorphan hbr-quinidine sulfate cap 20-10 mg.....187
DHIVY TAB 25-100MG.....74
DIASCREEN 10 MIS.....148
DIASCREEN 3 MIS.....148
DIASCREEN 5 MIS.....148
DIASCREEN 6 MIS.....148
DIASCREEN 7 MIS.....148
DIASCREEN 8 MIS.....148
DIASCREEN 9 MIS.....148
DIASCREEN MIS 1B.....148
DIASCREEN MIS 1G.....148
DIASCREEN MIS 1K.....148
DIASCREEN MIS 2GK.....148
DIASCREEN MIS 2GP.....148
DIASCREEN MIS 4NL.....148
DIASCREEN MIS 4OBL.....148
DIASCREEN MIS 4PH.....148
DIASCREEN MIS CONTROL.....148
DIASTIX TES STRIPS.....120
DIATHRIVE LIQ CONTROL.....148
DIATHRIVE MIS LANCETS.....148
DIATHRIVE MIS LANCING.....148
DIATHRIVE MIS UT 30G.....148
DIATRUE CONT SOL LEVEL 1.....148
DIATRUE CONT SOL LEVEL 2.....148
DIATRUE CONT SOL LEVEL 3.....148
diazepam con 5mg/ml.....28
diazepam conc 5 mg/ml.....28
diazepam oral soln 1 mg/ml.....28
diazepam rectal gel delivery system 10 mg.....36
diazepam rectal gel delivery system 2.5 mg.....36
diazepam rectal gel delivery system 20 mg.....36
diazepam tab 10 mg.....28
diazepam tab 2 mg.....28
diazepam tab 5 mg.....28
diazoxide susp 50 mg/ml.....47
DIBENZYLINE CAP 10MG.....58
dichlorphenamide tab 50 mg.....121
DICLEGIS TAB 10-10MG.....52
diclofenac epolamine patch 1.3%.....108
diclofenac potassium tab 50 mg.....13
diclofenac sodium (actinic keratoses) gel 3%.....109
diclofenac sodium ophth soln 0.1%.....179
diclofenac sodium soln 1.5%.....108
diclofenac sodium tab delayed release 25 mg.....13
diclofenac sodium tab delayed release 50 mg.....13
diclofenac sodium tab delayed release 75 mg.....13
diclofenac sodium tab er 24hr 100 mg.....13
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....13
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....13
dicloxacillin sodium cap 250 mg.....181
dicloxacillin sodium cap 500 mg.....181
dicyclomine hcl cap 10 mg.....191
dicyclomine hcl oral soln 10 mg/5ml.....191
dicyclomine hcl tab 20 mg.....191
DIFFERIN CRE 0.1%.....106
DIFFERIN GEL 0.3% PMP.....106
DIFICID SUS.....142
DIFICID TAB 200MG.....142
DIFLUCAN SUS 40MG/ML.....52
DIFLUCAN TAB 100MG.....52
DIFLUCAN TAB 200MG.....52
diflunisal tab 500 mg.....17

difluprednate ophth emulsion 0.05% 178
digoxin oral soln 0.05 mg/ml 90
digoxin tab 125 mcg (0.125 mg) 90
digoxin tab 250 mcg (0.25 mg).....90
digoxin tab 62.5 mcg (0.0625 mg) 90
DILAUDID LIQ 1MG/ML.....17
DILAUDID TAB 2MG 17
DILAUDID TAB 4MG.....18
DILAUDID TAB 8MG.....18
diltiazem hcl cap er 12hr 120 mg 88
diltiazem hcl cap er 12hr 60 mg 88
diltiazem hcl cap er 12hr 90 mg 88
diltiazem hcl cap er 24hr 120 mg 88
diltiazem hcl cap er 24hr 180 mg 88
diltiazem hcl cap er 24hr 240 mg 88
diltiazem hcl coated beads cap er 24hr 120 mg 88
diltiazem hcl coated beads cap er 24hr 180 mg 88
diltiazem hcl coated beads cap er 24hr 240 mg 88
diltiazem hcl coated beads cap er 24hr 300 mg 88
diltiazem hcl coated beads cap er 24hr 360 mg 88
diltiazem hcl extended release beads cap er 24hr 120 mg.....88
diltiazem hcl extended release beads cap er 24hr 180 mg.....88
diltiazem hcl extended release beads cap er 24hr 240 mg 88
diltiazem hcl extended release beads cap er 24hr 300 mg.....88
diltiazem hcl extended release beads cap er 24hr 360 mg.....88
diltiazem hcl extended release beads cap er 24hr 420 mg 89
diltiazem hcl tab 120 mg.....89
diltiazem hcl tab 30 mg.....89
diltiazem hcl tab 60 mg.....89
diltiazem hcl tab 90 mg.....89
dilt-xr cap 120mg 88
dilt-xr cap 180mg 88
dilt-xr cap 240mg.....88
dimethyl fumarate capsule delayed release 120 mg.....185
dimethyl fumarate capsule delayed release 240 mg.....185
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....185
DIPENTUM CAP 250MG.....132
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....50
diphenoxylate w/ atropine tab 2.5-0.025 mg 50
DIPROLENE OIN 0.05%.....115
dipyridamole tab 25 mg.....137
dipyridamole tab 50 mg.....137
dipyridamole tab 75 mg.....137
DISKETS TAB 40MG.....18
disopyramide phosphate cap 100 mg.....28
disopyramide phosphate cap 150 mg 28
disulfiram tab 250 mg 182
disulfiram tab 500 mg.....182
DIURIL SUS 250/5ML.....123
divalproex sodium cap delayed release sprinkle 125 mg.....41
divalproex sodium tab delayed release 125 mg 41
divalproex sodium tab delayed release 250 mg 41
divalproex sodium tab delayed release 500 mg 41
divalproex sodium tab er 24 hr 250 mg.....41
divalproex sodium tab er 24 hr 500 mg.....41
dodex inj.....137
dofetilide cap 125 mcg (0.125 mg).....29
dofetilide cap 250 mcg (0.25 mg) 29
dofetilide cap 500 mcg (0.5 mg) 29
dolishale tab 90-20mcg 97
donepezil hydrochloride orally disintegrating tab 10 mg 182
donepezil hydrochloride orally disintegrating tab 5 mg 182
donepezil hydrochloride tab 10 mg.....182
donepezil hydrochloride tab 23 mg 182
donepezil hydrochloride tab 5 mg 182
DONNATAL ELX GRAPE.....191

DONNATAL ELX MINT....191
DONNATAL TAB 16.2MG....191
DOPTELET SPR CAP 10MG....138
DOPTELET TAB 20MG....138
DORAL TAB 15MG....140
dorzolamide hcl ophth soln 2%....179
dorzolamide hcl-timolol maleate ophth soln 2-0.5%....176
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%....176
DORZOLAMIDE SOL 2% OP....179
dotti dis 0.025mg....129
dotti dis 0.0375mg....129
dotti dis 0.05mg....129
dotti dis 0.075mg....129
dotti dis 0.1mg....129
DOVATO TAB 50-300MG....82
doxazosin mesylate tab 1 mg....59
doxazosin mesylate tab 2 mg....59
doxazosin mesylate tab 4 mg....59
doxazosin mesylate tab 8 mg....59
doxepin hcl (sleep) tab 3 mg (base equiv)....139
doxepin hcl (sleep) tab 6 mg (base equiv)....139
doxepin hcl cap 100 mg....45
doxepin hcl cap 10 mg....45
doxepin hcl cap 150 mg....45
doxepin hcl cap 25 mg....45
doxepin hcl cap 50 mg....45
doxepin hcl cap 75 mg....45
doxepin hcl conc 10 mg/ml....45
doxercalciferol cap 0.5 mcg....125
doxercalciferol cap 1 mcg....125
doxercalciferol cap 2.5 mcg....125
doxycycline hyclate cap 100 mg....189
doxycycline hyclate cap 50 mg....189
doxycycline hyclate tab 100 mg....189
doxycycline hyclate tab 20 mg....189
doxycycline monohydrate cap 100 mg....189
doxycycline monohydrate cap 50 mg....189
doxycycline monohydrate for susp 25 mg/5ml....189
doxycycline monohydrate tab 100 mg....189
doxycycline monohydrate tab 150 mg....189
doxycycline monohydrate tab 50 mg....189
doxycycline monohydrate tab 75 mg....189
doxylamine-pyridoxine tab delayed release 10-10 mg....52
DRISDOL CAP 50000UNT....196
dronabinol cap 10 mg....52
dronabinol cap 2.5 mg....52
dronabinol cap 5 mg....52
DROPLET GENT MIS LANCING....148
DROPLET LANC MIS 30G....148
DROPLET LANC MIS DEVICE....148
DROPLET PERS MIS LANC 30G....148
DROPSAFE SIC MIS 25GX1....161
DROPSAFE SIC MIS 25GX5/8....161
drospirenone-ethinyl estradiol tab 3-0.02 mg....97
drospirenone-ethinyl estradiol tab 3-0.03 mg....97
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg....97
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg....97
DROXIA CAP 200MG....137
DROXIA CAP 300MG....137
DROXIA CAP 400MG....137
droxidopa cap 100 mg....195
droxidopa cap 200 mg....195
droxidopa cap 300 mg....195
DRYSOL SOL 20%....119
DUAVEE TAB 0.45-20....128
DUETACT TAB 30-2MG....46
DUETACT TAB 30-4MG....46
DUEXIS TAB 800-26.6....13
duloxetine hcl enteric coated pellets cap 20 mg (base eq)....43
duloxetine hcl enteric coated pellets cap 30 mg (base eq)....44
duloxetine hcl enteric coated pellets cap 40 mg (base eq)....44
duloxetine hcl enteric coated pellets cap 60 mg (base eq)....44
DUO-CARE LIQ LEVEL1/2....148
DUPIXENT INJ 200/1.14....117

DUPIXENT INJ 200MG 117
DUPIXENT INJ 300/2ML.....117
DUREX EXTRA MIS SENSITIV 142
DUREX MIS REALFEEL.....142
DUREX MIS TROPICAL 142
DUREZOL EMU 0.05% 178
dutasteride cap 0.5 mg.....135
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 135

E

e.e.s. 400 tab 400mg.....141
EASIVENT MIS 166
EASIVENT MIS MASK LG.....166
EASIVENT MIS MASK MED 166
EASIVENT MIS MASK SM.....166
EASY COMFORT MIS 30G.....149
EASY COMFORT MIS LANC/30G 149
EASY COMFORT MIS LANC 30G 149
EASY COMFORT MIS TWIST 149
EASY COMFORT PAD ALCOHOL.....159
EASY GLIDE MIS 1ML SYR.....161
EASY GLIDE MIS 3ML SYR.....161
EASYMAX 15 LIQ LEVEL2-3 149
EASYMAX 15 SOL LEVEL 2.....149
EASYMAX LIQ NORM/HIG.....149
EASYMAX SOL NORMAL 149
EASY MINI MIS.....149
EASY MINI MIS EJECT 149
EASY PLUS II SOL HIGH 149
EASY PLUS II SOL LOW 149
EASYPOINT MIS 18GX1.....161
EASYPOINT MIS 18GX1.5 161
EASYPOINT MIS 22GX1.5.....161
EASYPOINT MIS 23GX1.....161
EASYPOINT MIS 25GX1.....161
EASYPOINT MIS 25GX5/8 161
EASYSTEP HGH SOL CONTROL 149
EASYSTEP LOW SOL CONTROL.....150
EASY TALK PL SOL HIGH.....149
EASY TALK PL SOL LOW 149
EASY TALK SOL HIGH 149
EASY TALK SOL LOW 149
EASY TALK SOL NORMAL 149
EASY TOUCH LIQ HIGH/LOW 149
EASY TOUCH MIS.....149
EASY TOUCH MIS /EJECTOR.....149
EASY TOUCH MIS LANC/21G.....149
EASY TOUCH MIS LANC/23G 149
EASY TOUCH MIS LANC/26G 149
EASY TOUCH MIS LANC/28G 149
EASY TOUCH MIS LANC/30G 149
EASY TOUCH MIS LANC/32G 149
EASY TOUCH MIS P-AC/21G.....149
EASY TOUCH MIS P-AC/23G 149
EASY TOUCH MIS P-AC/26G 149
EASY TOUCH MIS P-AC/28G 149
EASY TOUCH MIS P-AC/30G 149
EASY TOUCH MIS TWST/28G.....149
EASY TOUCH MIS TWST/30G.....149
EASY TOUCH MIS TWST/32G.....149
EASY TOUCH MIS TWST/33G.....149
EASY TOUCH SOL CONTROL.....149
EASY TOUCH SOL HIGH/LOW 149
EASY TRAK II LIQ NORMAL 149
EASY TRAK SOL HIGH 149
EASY TRAK SOL LOW.....149
EASY TRAK SOL NORMAL 149
EBGLYSS INJ 250/2ML 117
EC-NAPROSYN TAB 375MG.....13
EC-NAPROSYN TAB 500MG 13
ec-naproxen tab 375mg 13
ec-naproxen tab 500mg 13
ECONAZOLE AER 1% 108
econazole nitrate cream 1%.....108
EDECRIN TAB 25MG 122
EDEX 2-CRTDG KIT 10MCG.....92
EDEX 2-CRTDG KIT 20MCG 92
EDEX 2-CRTDG KIT 40MCG 92
EDEX 6-CRTDG KIT 10MCG.....92
EDEX 6-CRTDG KIT 20MCG 92
EDEX 6-CRTDG KIT 40MCG.....92
EEMT HS TAB 128
EEMT TAB 1.25-2.5 128
efavirenz cap 200 mg 82
efavirenz cap 50 mg 82
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 82

efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 82
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 82
efavirenz tab 600 mg 82
EFFER-K TAB 10MEQ 169
EFFER-K TAB 20MEQ 169
EFFIENT TAB 10MG 137
EFFIENT TAB 5MG 137
EFUDEX CRE 5% 109
EGRIFTA SV INJ 2MG 124
EGRIFTA WR KIT 11.6MG 125
EKTERLY TAB 300MG 136
ELEMENT CONT LIQ NORMAL 150
ELEMENT LIQ HIGH 150
ELEMENT LIQ LOW 150
ELEMNT COMPA SOL LEVEL 2 150
ELEMNT COMPA SOL LEVEL 3 150
eletriptan hydrobromide tab 20 mg (base equivalent) 167
eletriptan hydrobromide tab 40 mg (base equivalent) 167
elinest tab 97
ELIQUIS CAP 0.15MG 34
ELIQUIS ST P TAB 5MG 34
ELIQUIS TAB 0.5MG 34
ELIQUIS TAB 1.5MG 34
ELIQUIS TAB 2.5MG 34
ELIQUIS TAB 2MG 34
ELIQUIS TAB 5MG 34
elite-ob tab 173
elixophyllin elx 80/15ml 33
ELLA TAB 30MG 101
eltrombopag olamine powder pack for susp 12.5 mg (base eq) 138
eltrombopag olamine powder pack for susp 25 mg (base equiv) 138
eltrombopag olamine tab 12.5 mg (base equiv) 138
eltrombopag olamine tab 25 mg (base equiv) 138
eltrombopag olamine tab 50 mg (base equiv) 138
eltrombopag olamine tab 75 mg (base equiv) 138
eluryng mis 101
EMBECTA AUTO MIS DUO 161
EMBECTA NANO MIS 32GX4MM 161
EMBECTA UF MIS 29GX12.7 161
EMBECTA UF MIS 31GX5MM 161
EMBECTA UF MIS 31GX8MM 161
EMBECTA UF MIS 32GX6MM 161
EMBRACE CNTR LIQ HIGH 150
EMBRACE EVO LIQ LEVEL 1 150
EMBRACE LANC MIS /EJECTOR 150
EMBRACE LANC MIS 21G 150
EMBRACE LANC MIS 28G 150
EMBRACE LANC MIS THIN 30G 150
EMBRACE PRO LIQ GLUCOSE 150
EMBRACE SOL LOW 150
EMBRACE TALK SOL HIGH/L2 150
EMBRACE TALK SOL LOW/L1 150
EMCYT CAP 140MG 66
EMEND BIPACK PAK 80MG 52
EMEND SUS 125MG 52
EMEND TRIPAC CAP 125 & 80 52
EMGALITY INJ 100MG/ML 167
EMGALITY INJ 120MG/ML 167
EMSAM DIS 12MG/24H 42
EMSAM DIS 6MG/24HR 42
EMSAM DIS 9MG/24HR 42
emtricitabine caps 200 mg 82
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 82
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 82
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 82
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 82
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 82
EMTRIVA CAP 200MG 82
EMTRIVA SOL 10MG/ML 82
EMVERM CHW 100MG 24
emzahh tab 0.35mg 101

enalapril maleate & hydrochlorothiazide tab 10-25 mg 61
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg....61
enalapril maleate oral soln 1 mg/ml....57
enalapril maleate tab 10 mg....57
enalapril maleate tab 2.5 mg 57
enalapril maleate tab 20 mg 57
enalapril maleate tab 5 mg 57
ENBREL INJ 25/0.5ML....16
ENBREL INJ 25MG 16
ENBREL INJ 50MG/ML....16
ENBREL MINI INJ 50MG/ML....17
ENBREL SRCLK INJ 50MG/ML....17
ENCARE SUP 100MG 194
ENDARI POW 5GM 137
endocet tab 10-325mg 21
endocet tab 2.5-325 21
endocet tab 5-325mg....21
endocet tab 7.5-325 21
enilloring mis....101
enoxaparin sodium inj 300 mg/3ml 34
enoxaparin sodium inj soln pref syr 100 mg/ml 34
enoxaparin sodium inj soln pref syr 120 mg/0.8ml....34
enoxaparin sodium inj soln pref syr 150 mg/ml 34
enoxaparin sodium inj soln pref syr 30 mg/0.3ml....34
enoxaparin sodium inj soln pref syr 40 mg/0.4ml....34
enoxaparin sodium inj soln pref syr 60 mg/0.6ml....34
enoxaparin sodium inj soln pref syr 80 mg/0.8ml....34
enpresse-28 tab 97
enskyce tab....97
ENSPRYNG INJ....171
ENSTILAR AER....115
entacapone tab 200 mg 73
entecavir tab 0.5 mg....84
entecavir tab 1 mg....84
ENTRESTO CAP 15-16MG....91
ENTRESTO CAP 6-6MG....91
ENTRESTO TAB 24-26MG....91
ENTRESTO TAB 49-51MG 91
ENTRESTO TAB 97-103MG 91
ENTYVIO PEN INJ 108/0.68....132
enulose sol 10gm/15....133
ENVARSUS XR TAB 0.75MG....171
ENVARSUS XR TAB 1MG 171
ENVARSUS XR TAB 4MG 171
EPCLUSA PAK 150-37.5....84
EPCLUSA PAK 200-50MG....84
EPCLUSA TAB 200-50MG....84
EPCLUSA TAB 400-100 84
EPIDIOLEX SOL 100MG/ML 37
EPIDUO FORTE GEL 0.3-2.5%....106
EPIDUO GEL 0.1-2.5%....106
EPIFOAM AER 1% 115
epinastine hcl ophth soln 0.05% 179
epinephrine hcl nasal soln 0.1% 175
EPINEPHRINE INJ 1MG/ML 195
epinephrine inj 1 mg/ml 195
EPINEPHRINE INJ 30/30ML....195
EPINEPHRINE INJ 5MG/5ML 195
EPINEPHRINE SOL 30/30ML 196
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)....195
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 195
epitol tab 200mg 37
EPIVIR SOL 10MG/ML 82
EPIVIR TAB 150MG 83
EPIVIR TAB 300MG 83
eplerenone tab 25 mg 62
eplerenone tab 50 mg 62
EQL LANCETS MIS 21G COLR 150
EQL LANCETS MIS 33G COLR....150
EQL LANCETS MIS THIN 26G....150
EQL LANCETS MIS THIN 30G....150
EQL PRENATAL TAB FORMULA....173
EQUETRO CAP 100MG....76
EQUETRO CAP 200MG 76
EQUETRO CAP 300MG 76
ergocalciferol cap 1.25 mg (50000 unit) .196
ergoloid mesylates tab 1 mg 187

ERGOMAR SUB 2MG.....167
ERIVEDGE CAP 150MG 66
ERLEADA TAB 240MG 66
ERLEADA TAB 60MG 66
*erlotinib hcl tab 100 mg (base equivalent)*66
*erlotinib hcl tab 150 mg (base equivalent)*66
erlotinib hcl tab 25 mg (base equivalent) .66
errin tab 0.35mg.....101
ERTACZO CRE 2%.....108
ERYGEL GEL 2% 106
ery pad 2% 106
ery-tab tab 250mg ec 141
ery-tab tab 333mg ec 141
ery-tab tab 500mg ec.....141
erythromycin ethylsuccinate for susp 200 mg/5ml 141
erythromycin ethylsuccinate for susp 400 mg/5ml.....142
erythromycin ethylsuccinate tab 400 mg 142
erythromycin gel 2%.....106
ERYTHROMYCIN OIN 5MG/GM.....177
erythromycin ophth oint 5 mg/gm 177
erythromycin soln 2%.....106
erythromycin tab 250 mg 142
erythromycin tab 500 mg.....142
erythromycin tab delayed release 250 mg 142
erythromycin tab delayed release 333 mg 142
erythromycin tab delayed release 500 mg 142
erythromycin w/ delayed release particles cap 250 mg.....142
escitalopram oxalate soln 5 mg/5ml (base equiv) 42
escitalopram oxalate tab 10 mg (base equiv) 42
escitalopram oxalate tab 20 mg (base equiv) 42
escitalopram oxalate tab 5 mg (base equiv) 42
ESGIC TAB 17
eslicarbazepine acetate tab 200 mg 37
eslicarbazepine acetate tab 400 mg 37
eslicarbazepine acetate tab 600 mg 37
eslicarbazepine acetate tab 800 mg 37
esomeprazole magnesium cap delayed release 20 mg (base eq) 192
esomeprazole magnesium cap delayed release 40 mg (base eq) 192
esomeprazole magnesium for delayed release susp pack 2.5 mg 192
esomeprazole magnesium for delayed release susp packet 10 mg 192
esomeprazole magnesium for delayed release susp packet 20 mg 193
esomeprazole magnesium for delayed release susp packet 40 mg 193
esomeprazole magnesium for delayed release susp packet 5 mg.....192
ESSENTRA MIS 9X9 159
estarylla tab 0.25-35.....97
estazolam tab 1 mg.....140
estazolam tab 2 mg.....140
esterified estrogens & methyltestosterone tab 0.625-1.25 mg.....128
esterified estrogens & methyltestosterone tab 1.25-2.5 mg.....129
ESTRACE TAB 0.5MG 129
ESTRACE TAB 1MG 129
ESTRACE TAB 2MG.....129
ESTRACE VAG CRE 0.01% 195
estradiol & norethindrone acetate tab 0.5-0.1 mg 129
estradiol & norethindrone acetate tab 1-0.5 mg 129
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) 129
estradiol tab 0.5 mg 129
estradiol tab 1 mg.....129
estradiol tab 2 mg 129
estradiol td gel 0.25 mg/0.25gm (0.1%) .130
estradiol td gel 0.5 mg/0.5gm (0.1%).....129
estradiol td gel 0.75 mg/0.75gm (0.1%) .130
estradiol td gel 1.25 mg/1.25gm (0.1%) ...130
estradiol td gel 1 mg/gm (0.1%) 130

estradiol td patch twice weekly 0.025 mg/24hr 130
estradiol td patch twice weekly 0.0375 mg/24hr 130
estradiol td patch twice weekly 0.05 mg/24hr 130
estradiol td patch twice weekly 0.075 mg/24hr 130
estradiol td patch twice weekly 0.1 mg/24hr 130
estradiol td patch weekly 0.025 mg/24hr 130
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 130
estradiol td patch weekly 0.05 mg/24hr 130
estradiol td patch weekly 0.06 mg/24hr 130
estradiol td patch weekly 0.075 mg/24hr 130
estradiol td patch weekly 0.1 mg/24hr 130
estradiol vaginal cream 0.01% 195
estradiol valerate im in oil 10 mg/ml 130
estradiol valerate im in oil 20 mg/ml 130
estradiol valerate im in oil 40 mg/ml 130
estratest fs tab 1.25-2.5 129
ESTRATEST HS TAB 129
ESTROGEL GEL 0.06% 130
estrogens, conjugated tab 0.3 mg 130
estrogens, conjugated tab 0.45 mg 130
estrogens, conjugated tab 0.625 mg 130
estrogens, conjugated tab 0.9 mg 130
estrogens, conjugated tab 1.25 mg 130
eszopiclone tab 1 mg 140
eszopiclone tab 2 mg 140
eszopiclone tab 3 mg 140
ethacrynic acid tab 25 mg 122
ethambutol hcl tab 100 mg 63
ethambutol hcl tab 400 mg 63
ethosuximide cap 250 mg 40
ethosuximide soln 250 mg/5ml 40
ETHYL CHLOR AER FINE PIN 118
ETHYL CHLOR AER FN STRM 118
ETHYL CHLOR AER MED JET 118
ETHYL CHLOR AER MED STRM 118
ETHYL CHLOR AER MIST 118
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 97
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 97
etodolac cap 200 mg 13
etodolac cap 300 mg 13
etodolac tab 400 mg 13
etodolac tab 500 mg 13
etodolac tab er 24hr 400 mg 13
etodolac tab er 24hr 500 mg 13
etodolac tab er 24hr 600 mg 13
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 101
etoposide cap 50 mg 73
etravirine tab 100 mg 83
etravirine tab 200 mg 83
EUA PATIENT MIS ASSESS 172
EUCRISA OIN 2% 119
euthyrox tab 100mcg 189
euthyrox tab 112mcg 189
euthyrox tab 125mcg 189
euthyrox tab 137mcg 189
euthyrox tab 150mcg 189
euthyrox tab 175mcg 189
euthyrox tab 200mcg 190
euthyrox tab 25mcg 189
euthyrox tab 50mcg 189
euthyrox tab 75mcg 189
euthyrox tab 88mcg 189
everolimus tab 0.25 mg 171
everolimus tab 0.5 mg 171
everolimus tab 0.75 mg 171
everolimus tab 10 mg 69
everolimus tab 1 mg 171
everolimus tab 2.5 mg 69
everolimus tab 5 mg 69
everolimus tab 7.5 mg 69
everolimus tab for oral susp 2 mg 69
everolimus tab for oral susp 3 mg 69
everolimus tab for oral susp 5 mg 69
EVISTA TAB 60MG 125
EVOLUTION SOL NORMAL 150
EVOTAZ TAB 300-150 83
EVOXAC CAP 30MG 173

EVRYSDI SOL 176
EVRYSDI TAB 5MG.....176
EXELDERM CRE 1%.....108
EXELDERM SOL 1%.....108
EXELON DIS 13.3/24 182
EXELON DIS 4.6MG/24 182
EXELON DIS 9.5MG/24 182
exemestane tab 25 mg.....66
EYSUVIS DRO 0.25% 178
ezetimibe-simvastatin tab 10-10 mg.....54
ezetimibe-simvastatin tab 10-20 mg.....54
ezetimibe-simvastatin tab 10-40 mg.....54
ezetimibe-simvastatin tab 10-80 mg.....54
ezetimibe tab 10 mg.....56
E-ZJECT LANC MIS 33G.....149
E-Z JECT MIS 21G.....148
E-Z JECT MIS 21G COLR.....148
E-Z JECT MIS 30G.....148
E-Z JECT MIS 32G COLR.....148
E-Z JECT MIS LANC 21G 148
E-Z JECT MIS THIN 26G.....149
EZ-LETS 21G MIS LANCETS.....150
EZ-LETS 26G MIS LANCETS.....150
EZ-LETS 28G MIS LANCETS.....150
EZ-LETS 30G MIS LANCETS.....150

F

FABHALTA CAP 200MG.....136
falmina tab 97
famciclovir tab 125 mg 85
famciclovir tab 250 mg 85
famciclovir tab 500 mg 85
famotidine for susp 40 mg/5ml.....192
famotidine tab 40 mg.....192
FANTASY LUBR MIS.....142
FANTASY LUBR MIS COLORS.....142
FANTASY LUBR MIS SPERMICI.....142
FANTASY MIS LUBRICAT.....142
FARESTON TAB 60MG.....66
FARXIGA TAB 10MG.....50
FARXIGA TAB 5MG.....50
FASENRA INJ 10MG/0.5.....29
FASENRA PEN INJ 30MG/ML.....29
FASTCLIX MIS LANCETS 150
FC2 FEMALE MIS CONDOM 142
febuxostat tab 40 mg.....135
febuxostat tab 80 mg.....135
feirza tab 1/20 97
feirza tab 1.5/30.....97
felbamate susp 600 mg/5ml.....40
felbamate tab 400 mg.....40
felbamate tab 600 mg.....40
FELBATOL TAB 400MG.....40
FELBATOL TAB 600MG.....40
felodipine tab er 24hr 10 mg.....89
felodipine tab er 24hr 2.5 mg 89
felodipine tab er 24hr 5 mg.....89
FEMARA TAB 2.5MG 66
FEMCAP MIS 22MM.....142
FEMCAP MIS 26MM.....142
FEMCAP MIS 30MM 142
FEM PH GEL 194
fenofibrate cap 150 mg 55
fenofibrate micronized cap 134 mg 55
fenofibrate micronized cap 200 mg 55
fenofibrate micronized cap 43 mg.....55
fenofibrate micronized cap 67 mg.....55
fenofibrate tab 145 mg 55
fenofibrate tab 160 mg 55
fenofibrate tab 48 mg.....55
fenofibrate tab 54 mg.....55
fenofibric acid tab 105 mg 55
fenofibric acid tab 35 mg 55
FENOGLIDE TAB 40MG 55
fentanyl citrate buccal tab 200 mcg (base equiv) 18
fentanyl citrate lozenge on a handle 1200 mcg 18
fentanyl citrate lozenge on a handle 1600 mcg 18
fentanyl citrate lozenge on a handle 200 mcg 18
fentanyl citrate lozenge on a handle 400 mcg 18
fentanyl citrate lozenge on a handle 600 mcg 18
fentanyl citrate lozenge on a handle 800 mcg 18
fentanyl td patch 72hr 100 mcg/hr.....18

fentanyl td patch 72hr 12 mcg/hr.....18
fentanyl td patch 72hr 25 mcg/hr.....18
fentanyl td patch 72hr 37.5 mcg/hr.....18
fentanyl td patch 72hr 50 mcg/hr 18
fentanyl td patch 72hr 62.5 mcg/hr 18
fentanyl td patch 72hr 75 mcg/hr.....18
fentanyl td patch 72hr 87.5 mcg/hr 18
ferric citrate tab 1 gm (210 mg ferric iron) 134
fesoterodine fumarate tab er 24hr 4 mg .193
fesoterodine fumarate tab er 24hr 8 mg .193
FETZIMA CAP 120MG.....44
FETZIMA CAP 20MG 44
FETZIMA CAP 40MG 44
FETZIMA CAP 80MG 44
FETZIMA CAP TITRATIO 44
FIASP FLEX INJ TOUCH 49
FIASP INJ 100/ML.....49
FIASP PENFIL INJ U-100 49
FIBRICOR TAB 105MG.....55
FIBRICOR TAB 35MG 55
fidaxomicin tab 200 mg 142
FIFTY50 PREP PAD PADS 159
FIFTY50 SAFE MIS LANCETS 150
FILL NEEDLE MIS 18GX1.5.....161
FILTER NEEDL MIS 18GX1.5 161
FILTER NEEDL MIS 20GX1.5 161
FINACEA AER 15% 119
finasteride tab 5 mg 135
FINGERSTIX MIS LANCETS 150
fingolimod hcl cap 0.5 mg (base equiv) ..185
finzala chw fe 1/20 97
FIORICET CAP CODEINE 21
FIRDAPSE TAB 10MG 63
flac oil 0.01% ot 180
FLAGYL CAP 375MG.....24
flavoxate hcl tab 100 mg.....194
flecainide acetate tab 100 mg 29
flecainide acetate tab 150 mg 29
flecainide acetate tab 50 mg.....29
FLECTOR DIS 1.3%.....108
FLEXICHAMBER MIS 166
FLEXICHAMBER MIS MASK LRG 166
FLEXICHAMBER MIS MASK SM.....166
FLOMAX CAP 0.4MG.....135
fluconazole for susp 10 mg/ml 52
fluconazole for susp 40 mg/ml 52
fluconazole tab 100 mg 52
fluconazole tab 150 mg 52
fluconazole tab 200 mg.....52
fluconazole tab 50 mg 52
flucytosine cap 250 mg 52
fludrocortisone acetate tab 0.1 mg 104
flunisolide nasal soln 25 mcg/act (0.025%) 175
fluocinolone acetonide (otic) oil 0.01% ...180
fluocinolone acetonide cream 0.01% 115
fluocinolone acetonide cream 0.025% 115
fluocinolone acetonide oil 0.01% (body oil) 115
fluocinolone acetonide oil 0.01% (scalp oil) 115
fluocinolone acetonide oint 0.025%.....115
fluocinolone acetonide soln 0.01% 115
fluocinonide cream 0.05% 115
fluocinonide emulsified base cream 0.05% 115
fluocinonide gel 0.05% 115
fluocinonide oint 0.05% 115
fluocinonide soln 0.05%.....115
FLUORIDEX PST 1.1% 173
FLUORMX 5000 PST 1.1% 173
fluorometholone ophth susp 0.1% 178
fluorouracil cream 5% 109
fluorouracil soln 2% 109
fluorouracil soln 5% 109
fluoxetine hcl cap 10 mg.....42
fluoxetine hcl cap 20 mg.....42
fluoxetine hcl cap 40 mg.....42
fluoxetine hcl cap delayed release 90 mg 42
fluoxetine hcl solution 20 mg/5ml 42
fluoxetine hcl tab 10 mg 42
fluoxetine hcl tab 20 mg.....42
fluphenazine decanoate inj 25 mg/ml.....80
fluphenazine hcl elixir 2.5 mg/5ml 80
fluphenazine hcl inj 2.5 mg/ml 80
fluphenazine hcl oral conc 5 mg/ml.....80
fluphenazine hcl tab 10 mg 80

fluphenazine hcl tab 1 mg 80
fluphenazine hcl tab 2.5 mg 80
fluphenazine hcl tab 5 mg.....80
flurbiprofen sodium ophth soln 0.03%....179
flurbiprofen tab 100 mg.....13
flurbiprofen tab 50 mg 13
fluticasone furoate aerosol powder breath activ 100 mcg/act 31
fluticasone furoate aerosol powder breath activ 200 mcg/act.....31
fluticasone furoate aerosol powder breath activ 50 mcg/act 31
fluticasone propionate cream 0.05%.....115
fluticasone propionate hfa inhal aero 44 mcg/act 31
fluticasone propionate lotion 0.05% 115
fluticasone propionate nasal susp 50 mcg/act.....175
fluticasone propionate oint 0.005% 115
fluticasone-salmeterol aer powder ba 100-50 mcg/act.....32
fluticasone-salmeterol aer powder ba 250-50 mcg/act.....32
fluticasone-salmeterol aer powder ba 500-50 mcg/act.....32
fluvastatin sodium cap 20 mg (base equivalent).....55
fluvastatin sodium cap 40 mg (base equivalent).....55
fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....55
fluvoxamine maleate cap er 24hr 100 mg 42
fluvoxamine maleate cap er 24hr 150 mg.42
fluvoxamine maleate tab 100 mg.....43
fluvoxamine maleate tab 25 mg.....42
fluvoxamine maleate tab 50 mg 43
FOCALIN TAB 10MG 6
FOCALIN TAB 2.5MG.....6
FOCALIN TAB 5MG.....6
folic acid cap 0.8 mg 137
folic acid oral soln 0.2 mg/ml.....137
folic acid tab 1 mg 137
folic acid tab 400 mcg 137
folic acid tab 800 mcg 137
FOLLISTIM AQ INJ 300UNIT.....124
FOLLISTIM AQ INJ 600UNIT 124
FOLLISTIM AQ INJ 900UNIT 124
fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....34
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....34
fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....34
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....34
FORACARE GDH SOL HIGH.....150
FORACARE GDH SOL LOW 150
FORACARE GDH SOL NORMAL.....150
FORA CONTROL SOL HIGH.....150
FORA CONTROL SOL LOW.....150
FORA CONTROL SOL NORMAL.....150
FORA GTEL TES KETONE.....120
FORA LANCETS MIS 30G.....150
FORA MIS LANCETS 150
FORA MIS LANCING 150
FORA TEST GO TES ADV VOIC.....120
FORFIVO XL TAB 450MG 41
FORMALDEHYDE SOL 10%.....81
formoterol fumarate soln nebu 20 mcg/2ml 32
FOSAMAX + D TAB 70-2800 123
FOSAMAX + D TAB 70-5600 123
FOSAMAX TAB 70MG.....123
fosamprenavir calcium tab 700 mg (base equiv) 83
fosfomycin tromethamine powd pack 3 gm (base equivalent) 26
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 61
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 61
fosinopril sodium tab 10 mg.....57
fosinopril sodium tab 20 mg 57
fosinopril sodium tab 40 mg.....57
FOUNDAYO TAB 0.8MG.....3
FOUNDAYO TAB 14.5MG 3
FOUNDAYO TAB 17.2MG.....3
FOUNDAYO TAB 2.5MG.....3

FOUNDAYO TAB 5.5MG.....3
FOUNDAYO TAB 9MG.....3
FRAGMIN INJ 10000/ML.....35
FRAGMIN INJ 12500UNT.....35
FRAGMIN INJ 15000UNT.....35
FRAGMIN INJ 18000UNT.....35
FRAGMIN INJ 2500/0.2.....34
FRAGMIN INJ 2500/ML.....34
FRAGMIN INJ 5000/0.2.....35
FRAGMIN INJ 7500/0.3.....35
FRAGMIN INJ 95000UNT.....35
FREESTYLE LIQ CONTROL.....150
FREESTYLE MIS LANCETS.....150
FREESTYLE MIS UNISTICK.....150
FROVA TAB 2.5MG.....167
frovatriptan succinate tab 2.5 mg (base equivalent).....167
FRUZAQLA CAP 1MG.....65
FRUZAQLA CAP 5MG.....65
FT PRENATAL TAB 28-0.8MG.....173
FULPHILA INJ 6/0.6ML.....138
furosemide oral soln 10 mg/ml.....122
furosemide oral soln 8 mg/ml.....122
furosemide tab 20 mg.....122
furosemide tab 40 mg.....122
furosemide tab 80 mg.....122
FUZEON INJ 90MG.....83
fyavolv tab 0.5-2.5.....129
fyavolv tab 1-5.....129
FYCOMPA SUS 0.5MG/ML.....35
FYCOMPA TAB 10MG.....35
FYCOMPA TAB 12MG.....35
FYCOMPA TAB 2MG.....35
FYCOMPA TAB 4MG.....35
FYCOMPA TAB 6MG.....35
FYCOMPA TAB 8MG.....35

G

gabapentin (once-daily) tab 300 mg.....186
gabapentin (once-daily) tab 450 mg.....186
gabapentin (once-daily) tab 600 mg.....186
gabapentin (once-daily) tab 750 mg.....186
gabapentin (once-daily) tab 900 mg.....186
gabapentin cap 100 mg.....37
gabapentin cap 200 mg.....37
gabapentin cap 300 mg.....37
gabapentin cap 400 mg.....37
gabapentin oral soln 250 mg/5ml.....37
gabapentin tab 600 mg.....37
gabapentin tab 800 mg.....37
GALAFOLD CAP 123MG.....125
galantamine hydrobromide cap er 24hr 16 mg.....182
galantamine hydrobromide cap er 24hr 24 mg.....182
galantamine hydrobromide cap er 24hr 8 mg.....182
galantamine hydrobromide oral soln 4 mg/ml.....182
galantamine hydrobromide tab 12 mg.....183
galantamine hydrobromide tab 4 mg.....182
galantamine hydrobromide tab 8 mg.....182
galbriela chw.....97
gallifrey tab 5mg.....181
GANIRELIX AC INJ 250/0.5.....124
GASTROCROM CON 100/5ML.....131
gatifloxacin ophth soln 0.5%.....177
GATTEX KIT 5MG.....134
gavilyte-c sol.....140
gavilyte-g sol.....140
gavilyte-n sol flav pk.....141
GAVRETO CAP 100MG.....69
GE100 CONTRL SOL NORMAL.....150
gefitinib tab 250 mg.....66
GELFILM MIS OP.....179
GELNIQUE GEL 10%.....193
gemfibrozil tab 600 mg.....55
gemmily cap 1/20.....97
GEMTESA TAB 75MG.....194
generlac sol 10gm/15.....133
gengraf cap 100mg.....171
gengraf cap 25mg.....171
gengraf sol 100mg/ml.....171
gentamicin sulfate cream 0.1%.....108
gentamicin sulfate oint 0.1%.....108
gentamicin sulfate ophth soln 0.3%.....177
GENTEEL LANC KIT BLUE.....150
GENTEEL MIS LANCETS.....150
GENTEEL MIS NOZZLES.....150

GENTEEL PLUS MIS BLACK 151
GENTEEL PLUS MIS BLUE.....151
GENTEEL PLUS MIS PINK 151
GENTEEL PLUS MIS PURPLE.....151
GENTEEL PLUS MIS WHITE.....151
GENTEEL TIPS MIS BLUE.....151
GENTEEL TIPS MIS CLEAR 151
GENTEEL TIPS MIS GREEN.....151
GENTEEL TIPS MIS ORANGE.....151
GENTEEL TIPS MIS RAINBOW 151
GENTEEL TIPS MIS VIOLET 151
GENTEEL TIPS MIS YELLOW.....151
GENVOYA TAB 83
GEODON CAP 20MG.....76
GEODON CAP 40MG.....76
GEODON CAP 60MG.....76
GEODON CAP 80MG.....76
GEODON INJ 20MG.....76
GILOTRIF TAB 20MG.....66
GILOTRIF TAB 30MG.....66
GILOTRIF TAB 40MG.....66
GLARGIN YFGN INJ 100U/ML 49
GLARGIN YFGN SOL 100U/ML 49
glatiramer acetate soln prefilled syringe 20 mg/ml.....185
glatiramer acetate soln prefilled syringe 40 mg/ml.....185
glatopa inj 20mg/ml.....185
glatopa inj 40mg/ml.....185
GLEOSTINE CAP 100MG.....64
GLEOSTINE CAP 10MG 64
GLEOSTINE CAP 40MG 64
glimepiride tab 1 mg 50
glimepiride tab 2 mg.....50
glimepiride tab 4 mg 50
glipizide-metformin hcl tab 2.5-250 mg ...46
glipizide-metformin hcl tab 2.5-500 mg ...46
glipizide-metformin hcl tab 5-500 mg 46
glipizide tab 10 mg 50
glipizide tab 15 mg 50
glipizide tab 5 mg.....50
glipizide tab er 24hr 10 mg.....50
glipizide tab er 24hr 2.5 mg 50
glipizide tab er 24hr 5 mg 50
glipizide xl tab 10mg 50
glipizide xl tab 2.5mg.....50
glipizide xl tab 5mg.....50
GLOBAL 28G MIS LANCETS.....151
GLOBAL 30G MIS LANCETS.....151
GLOBAL LANC MIS DEVICE 151
GLOBAL PREP PAD PADS.....159
glucagon for inj 1 mg.....47
GLUC CONTROL LIQ NORMAL.....151
GLUC CONTROL SOL 151
GLUC CONTROL SOL MID 151
GLUC CONTROL SOL NORMAL.....151
GLUCOCARD 01 LIQ NORM/HGH 151
GLUCOCARD 01 SOL NORMAL.....151
GLUCOCARD LIQ LEVEL 1.....151
GLUCOCARD SOL NORMAL 151
GLUCOCARD SOL SHINE.....151
GLUCOCOM MIS 28G.....151
GLUCOCOM MIS 30G.....151
GLUCOCOM MIS 33G.....151
GLUCOCOM TES HIGH CON 151
GLUCOCOM TES NORM CON.....151
GLUCOTROL XL TAB 10MG.....50
GLUCOTROL XL TAB 5MG 50
glutamine (sickle cell) powd pack 5 gm ..137
GLUTARALDEHY SOL 25% 81
glyburide-metformin tab 1.25-250 mg.....46
glyburide-metformin tab 2.5-500 mg 46
glyburide-metformin tab 5-500 mg 46
glyburide micronized tab 1.5 mg.....50
glyburide micronized tab 3 mg 50
glyburide micronized tab 6 mg 50
glyburide tab 1.25 mg 50
glyburide tab 2.5 mg.....50
glyburide tab 5 mg.....50
glycerol phenylbutyrate liquid 1.1 gm/ml.125
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml 191
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml) 191
glycopyrrolate oral soln 1 mg/5ml.....191
glycopyrrolate tab 1 mg 191
glycopyrrolate tab 2 mg 191
glydo gel 2% 118

GLYXAMBI TAB 10-5 MG 46
GLYXAMBI TAB 25-5 MG 46
GNP ALCOHOL PAD SWABS 159
GNP LANCETS MIS 21G 151
GNP LANCETS MIS 28G 151
GNP LANCETS MIS 30G 151
GNP LANCETS MIS 33G 151
GNP LANCETS MIS THIN 26G 151
GNP LANCING MIS DEVICE 151
GNP PRENATAL TAB 28-0.8MG 173
GNP PRENATAL TAB FOLIC AC 173
GOJJI BLOOD TES KETONE 120
GOJJI CNTRL SOL NORMAL 151
GOJJI LANCET MIS 30G 151
GOJJI MIS LANC DEV 151
GOMEKLI CAP 1MG 69
GOMEKLI CAP 2MG 69
GOMEKLI TAB 1MG 69
GOODSENSE MIS LANC 26G 151
GOODSENSE MIS LANC 30G 151
GOODSENSE MIS LANC 33G 151
GOODSENSE MIS LANC DVC 151
GORDOFILM SOL 118
GRALISE TAB 300MG 186
GRALISE TAB 450MG 187
GRALISE TAB 600MG 187
GRALISE TAB 750MG 187
GRALISE TAB 900MG 187
granisetron hcl tab 1 mg 51
GRASTEK SUB 2800BAU 7
griseofulvin microsize susp 125 mg/5ml 52
griseofulvin microsize tab 500 mg 52
griseofulvin ultramicrosize tab 125 mg 52
griseofulvin ultramicrosize tab 165 mg 52
griseofulvin ultramicrosize tab 250 mg 52
guaifenesin-codeine soln 100-10 mg/5ml 104
guanfacine hcl tab 1 mg 59
guanfacine hcl tab 2 mg 59
guanfacine hcl tab er 24hr 1 mg (base equiv) 5
guanfacine hcl tab er 24hr 2 mg (base equiv) 5
guanfacine hcl tab er 24hr 3 mg (base equiv) 5
guanfacine hcl tab er 24hr 4 mg (base equiv) 5
GUARDIAN RT MIS CHARGER 151
GUARDIAN RT MIS TST PLUG 151
GVOKE HYPO 1 INJ 0.5/.1ML 47
GVOKE HYPO 1 INJ 1/0.2ML 47
GVOKE HYPO 2 INJ 0.5/.1ML 47
GVOKE HYPO 2 INJ 1/0.2ML 47
GVOKE KIT SOL 1/0.2ML 47
GVOKE PFS INJ 1/0.2ML 47
GWYN LO DIS 220-20 101
GYNAZOLE-1 CRE 2% 194
GYNOL II GEL 3% 194

H

HAEGARDA INJ 2000UNIT 136
HAEGARDA INJ 3000UNIT 136
HAEMOLANCE MIS HIGH FLO 152
HAEMOLANCE MIS LOW FLOW 152
HAEMOLANCE MIS PLUS 152
HAEMOLANCE MIS PLUS LOW 152
HAEMOLANCE MIS PLUS MAX 152
HAEMOLANCE MIS PLUS PED 152
HAEMOLANCE MIS RETRACT 152
hailey 24 tab fe 97
hailey fe tab 1/20 97
hailey fe tab 1.5/30 97
hailey tab 1.5/30 97
halcinonide soln 0.1% 115
HALCION TAB 0.25MG 140
HALDOL DECAN INJ 100MG/ML 78
HALDOL DECAN INJ 50MG/ML 78
halobetasol propionate cream 0.05% 115
halobetasol propionate oint 0.05% 115
haloette mis 101
haloperidol decanoate im soln 100 mg/ml 78
haloperidol decanoate im soln 50 mg/ml 78
haloperidol lactate inj 5 mg/ml 78
haloperidol lactate oral conc 2 mg/ml 78
haloperidol tab 0.5 mg 78
haloperidol tab 10 mg 78
haloperidol tab 1 mg 78

haloperidol tab 20 mg....78
haloperidol tab 2 mg....78
haloperidol tab 5 mg....78
HARVONI PAK....84
HARVONI PAK 45-200MG....84
HARVONI TAB 45-200MG....85
HARVONI TAB 90-400MG....85
HC LANCING MIS DEVICE....152
heather tab 0.35mg....102
HEMANGEOL SOL 4.28/ML....87
HEMLIBRA INJ 105/0.7....135
HEMLIBRA INJ 150/ML....135
HEMLIBRA INJ 300/2ML....135
HEMLIBRA INJ 30MG/ML....135
HEMLIBRA INJ 60/0.4....135
HEMLIBRA SOL 12/0.4ML....135
HEMMOREX-HC SUP 25MG....23
HEMMOREX-HC SUP 30MG....23
heparin sodium (porcine) inj 10000 unit/ml....35
*heparin sodium (porcine) inj 1000 unit/ml*35
heparin sodium (porcine) inj 20000 unit/ml....35
heparin sodium (porcine) inj 5000 unit/ml....35
heparin sodium (porcine) pf inj 1000 unit/ml....35
heparin sodium (porcine) pf inj 5000 unit/0.5ml....35
HETLIOZ CAP 20MG....140
HETLIOZ LQ SUS 4MG/ML....140
hidex 6-day pak 1.5mg....102
HIPREX TAB 1GM....26
HOLD CHAMBER MIS ADLT LG....166
HOLD CHAMBER MIS MEDIUM....166
HOLD CHAMBER MIS SMALL....166
HOMATROPAIRE SOL 5% OP....176
HUMATROPE INJ 12MG....125
HUMATROPE INJ 24MG....125
HUMATROPE INJ 6MG....125
HUMULIN R INJ U-500....49
HUMULIN R INJ U-500KWP....49
HYCAMTIN CAP 0.25MG....73
HYCAMTIN CAP 1MG....73
hydralazine hcl tab 100 mg....62
hydralazine hcl tab 10 mg....62
hydralazine hcl tab 25 mg....62
hydralazine hcl tab 50 mg....62
HYDREA CAP 500MG....72
hydrochlorothiazide cap 12.5 mg....123
hydrochlorothiazide tab 12.5 mg....123
hydrochlorothiazide tab 25 mg....123
hydrochlorothiazide tab 50 mg....123
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....104
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml....104
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 104
hydrocortisone acetate cream 2.5% 115
hydrocortisone acetate suppos 25 mg 24
hydrocortisone acetate suppos 30 mg 24
hydrocortisone acetate w/ pramoxine perianal cream 1-1%....23
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%....23
hydrocortisone butyrate cream 0.1% 115
hydrocortisone butyrate oint 0.1%....116
hydrocortisone butyrate soln 0.1% 116
hydrocortisone cream 2.5% 116
hydrocortisone enema 100 mg/60ml....23
hydrocortisone lotion 2.5%....116
hydrocortisone oint 2.5%....116
hydrocortisone perianal cream 2.5%....24
hydrocortisone sodium succinate pf for inj 100 mg....102
hydrocortisone soln 2.5% 116
hydrocortisone tab 10 mg....102
hydrocortisone tab 20 mg....102
hydrocortisone tab 5 mg 102
hydrocortisone valerate cream 0.2% 116
hydrocortisone valerate oint 0.2%....116
hydrocortisone w/ acetic acid otic soln 1-2% 180
HYDROGEN PER SOL 30%....81
hydromet syp 5-1.5/5....104
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 ...63
hydroxychloroquine sulfate tab 200 mg...63
hydroxychloroquine sulfate tab 300 mg...63
hydroxychloroquine sulfate tab 400 mg...63
hydroxyurea cap 500 mg 72
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.191
hyoscyamine sulfate sl tab 0.125 mg 192
hyoscyamine sulfate soln 0.125 mg/ml ...192
hyoscyamine sulfate tab 0.125 mg....192
hyoscyamine sulfate tab disint 0.125 mg 192
hyosyne dro 0.125/ml....192
hyosyne elx 0.125/5....192
HYPERSAL NEB 3.5% 105
HYPERSAL NEB 7% 105
HYPOLANCE KIT LANCING 152
HYPO NEEDLE MIS 14GX1....161
HYPO NEEDLE MIS 14GX1.5 161
HYPO NEEDLE MIS 14GX2 161
HYPO NEEDLE MIS 16GX1....161
HYPO NEEDLE MIS 16GX1.5 161
HYPO NEEDLE MIS 16GX3/4....161
HYPO NEEDLE MIS 16GX5/8....161
HYPO NEEDLE MIS 18GX1....161
HYPO NEEDLE MIS 18GX1.5 161
HYPO NEEDLE MIS 19GX1....161
HYPO NEEDLE MIS 19GX1.5 161
HYPO NEEDLE MIS 20GX1....161
HYPO NEEDLE MIS 20GX1.5....161
HYPO NEEDLE MIS 21GX1....161
HYPO NEEDLE MIS 21GX1.5....161

HYPO NEEDLE MIS 21GX2 161
HYPO NEEDLE MIS 22GX1 161
HYPO NEEDLE MIS 22GX1.5 161
HYPO NEEDLE MIS 23GX1 161
HYPO NEEDLE MIS 23GX1.5 161
HYPO NEEDLE MIS 23GX3/4 161
HYPO NEEDLE MIS 25GX1 162
HYPO NEEDLE MIS 25GX1.25 162
HYPO NEEDLE MIS 25GX1.5 162
HYPO NEEDLE MIS 25GX2 162
HYPO NEEDLE MIS 25GX5/8 162
HYPO NEEDLE MIS 26GX1/2 162
HYPO NEEDLE MIS 26GX1.5 162
HYPO NEEDLE MIS 27GX1/2 162
HYPO NEEDLE MIS 27GX1.25 162
HYPO NEEDLE MIS 27GX1.5 162
HYPO NEEDLE MIS 30GX3/4 162
HYRIMOZ CD/ INJ UC/HS SP 9
HYRIMOZ INJ 20/0.2ML 9
HYRIMOZ INJ 40/0.4ML 9
HYRIMOZ INJ 40/0.8ML 9
HYRIMOZ-PLAQ INJ PSORIASI 10
HYRIMOZ SENS INJ 80/0.8ML 10
HYSINGLA ER TAB 100 MG 19
HYSINGLA ER TAB 120 MG 19
HYSINGLA ER TAB 20 MG 18
HYSINGLA ER TAB 30 MG 19
HYSINGLA ER TAB 40 MG 19
HYSINGLA ER TAB 60 MG 19
HYSINGLA ER TAB 80 MG 19

I

ibandronate sodium tab 150 mg (base equivalent) 123
IBRANCE CAP 100MG 69
IBRANCE CAP 125MG 69
IBRANCE CAP 75MG 69
IBRANCE TAB 100MG 69
IBRANCE TAB 125MG 69
IBRANCE TAB 75MG 69
IBTROZI CAP 200MG 69
ibuprofen-famotidine tab 800-26.6 mg 14
ibuprofen tab 400 mg 13
ibuprofen tab 600 mg 13
ibuprofen tab 800 mg 14
ibu tab 400mg 13
ibu tab 600mg 13
ibu tab 800mg 13
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 136
iclevia tab 97
IDHIFA TAB 100MG 69
IDHIFA TAB 50MG 69
ILEVRO DRO 0.3% OP 179
imatinib mesylate tab 100 mg (base equivalent) 69
imatinib mesylate tab 400 mg (base equivalent) 69
imipramine hcl tab 10 mg 45
imipramine hcl tab 25 mg 45
imipramine hcl tab 50 mg 45
imipramine pamoate cap 100 mg 45
imipramine pamoate cap 125 mg 45
imipramine pamoate cap 150 mg 45
imipramine pamoate cap 75 mg 45
imiquimod cream 3.75% 118
imiquimod cream 5% 118
IMITREX INJ 4MG/0.5 167
IMITREX INJ 6MG/0.5 .....167, 168
IMITREX TAB 100MG 168
IMITREX TAB 25MG 168
IMITREX TAB 50MG 168
IMPAVIDO CAP 50MG 24
IMURAN TAB 50MG 171
IMVEXXY MAIN SUP 10MCG 195
IMVEXXY MAIN SUP 4MCG 195
IMVEXXY STRT SUP 10MCG 195
IMVEXXY STRT SUP 4MCG 195
INBRIJA CAP 42MG 74
incassia tab 0.35mg 102
INCONTROL MIS LANC 28G 152
INCONTROL MIS LANC 30G 152
INCONTROL MIS LANC 33G 152
INCONTROL MIS LANC DEV 152
INCONTROL PAD ALCOHOL 159
INCRELEX INJ 40MG/4ML 125
indapamide tab 1.25 mg 123
indapamide tab 2.5 mg 123
indomethacin cap 25 mg 14

indomethacin cap 50 mg 14
indomethacin cap er 75 mg 14
indomethacin suppos 50 mg 14
indomethacin susp 25 mg/5ml 14
INFINITY SOL NORM CON 152
INFNTY VOICE LIQ LEVEL 2 152
INGREZZA CAP 40-80MG 184
INGREZZA CAP 40MG 184
INGREZZA CAP 60MG 184
INGREZZA CAP 80MG 184
INLYTA TAB 1MG 65
INLYTA TAB 5MG 65
INPEN BLUE MIS HUMALOG 162
INPEN BLUE MIS NOVO/FIA 162
INPEN GREY MIS HUMALOG 162
INPEN GREY MIS NOVO/FIA 162
INPEN PINK MIS HUMALOG 162
INPEN PINK MIS NOVO/FIA 162
INQOVI TAB 35-100MG 68
INSPIREASE MIS DD SYST 166
INSPIREASE MIS RES BAG 166
INSPRA TAB 25MG 62
INSPRA TAB 50MG 62
INS SYR U500 MIS 0.5/31G 162
INS SYR U500 MIS 31GX6MM 162
IN TOUCH LAN MIS 30G 152
IN TOUCH LAN MIS DEVICE 152
IN TOUCH SOL GLUCOSE 152
introvale tab 97
INVEGA HAFYE INJ 1092MG 76
INVEGA HAFYE INJ 1560MG 76
INVEGA SUST INJ 117/0.75 76
INVEGA SUST INJ 156MG/ML 77
INVEGA SUST INJ 234/1.5 77
INVEGA SUST INJ 39/0.25 76
INVEGA SUST INJ 78/0.5ML 76
INVEGA TAB 3MG 77
INVEGA TAB 6MG 77
INVEGA TAB 9MG 77
INVEGA TRINZ INJ 273MG 77
INVEGA TRINZ INJ 410MG 77
INVEGA TRINZ INJ 546MG 77
INVEGA TRINZ INJ 819MG 77
IODOQUIMEZ CRE 1-1.9% 108
iodoquinol-hc cream 1-1% 108
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1% 108
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9% 108
IOPIDINE SOL 1% OP 177
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 32
ipratropium bromide hfa inhal aerosol 17 mcg/act 30
ipratropium bromide inhal soln 0.02% 30
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 175
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 175
IQIRVO TAB 80MG 134
irbesartan-hydrochlorothiazide tab 150-12.5 mg 61
irbesartan-hydrochlorothiazide tab 300-12.5 mg 61
irbesartan tab 150 mg 58
irbesartan tab 300 mg 58
irbesartan tab 75 mg 58
ISENTRESS CHW 100MG 83
ISENTRESS CHW 25MG 83
ISENTRESS HD TAB 600MG 83
ISENTRESS POW 100MG 83
ISENTRESS TAB 400MG 83
isibloom tab 97
isoniazid syrup 50 mg/5ml 63
isoniazid tab 100 mg 63
isoniazid tab 300 mg 63
ISORDIL TAB 40MG 26
ISORDIL TAB 5MG 26
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg 91
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
isotretinoin cap 10 mg....106
isotretinoin cap 20 mg....106
isotretinoin cap 30 mg....106
isotretinoin cap 40 mg....106
isradipine cap 2.5 mg....89
isradipine cap 5 mg....89
ISTALOL SOL 0.5% OP....176
ITOVEBI TAB 3MG....69
ITOVEBI TAB 9MG....69
itraconazole cap 100 mg....52
itraconazole oral soln 10 mg/ml....53
ivabradine hcl tab 5 mg (base equiv)....95
ivabradine hcl tab 7.5 mg (base equiv)....95
ivermectin cream 1%....119
ivermectin tab 3 mg....24
ivermectin tab 6 mg....24
IWILFIN TAB 192MG....72
J
jaimiess tab....97
JAKAFI TAB 10MG....69
JAKAFI TAB 15MG....69
JAKAFI TAB 20MG....69
JAKAFI TAB 25MG....69
JAKAFI TAB 5MG....69
JAKAFI XR TAB 11MG....69
JAKAFI XR TAB 22MG....69
JAKAFI XR TAB 33MG....70
JAKAFI XR TAB 44MG....70
JAKAFI XR TAB 55MG....70
jantoven tab 10mg....33
jantoven tab 1mg....33
jantoven tab 2.5mg....33
jantoven tab 2mg....33
jantoven tab 3mg....33
jantoven tab 4mg....33
jantoven tab 5mg....33
jantoven tab 6mg....33
jantoven tab 7.5mg....33
JARDIANCE TAB 10MG....50
JARDIANCE TAB 25MG....50
JASCAYD TAB 18MG....188
JASCAYD TAB 9MG....188
jasmiel tab 3-0.02mg....97
javygtor pak 100mg....126
javygtor pow 500mg....126
javygtor tab 100mg....126
jaythari sus 22.75/ml....102
jaythari tab 18mg....103
jaythari tab 30mg....103
jaythari tab 36mg....103
jaythari tab 6mg....103
jencycla tab 0.35mg....102
jinteli tab 1mg-5mcg....129
jolessa tab....97
joyeaux tab 0.1-20....97
J-TIP KIT KIT ADAPTERS....162
JUBLIA SOL 10%....108
juleber tab....97
JULUCA TAB 50-25MG....83
junel 1/20 tab....97
junel 1.5/30 tab....97
junel fe 24 tab 1/20....97
junel fe tab 1/20....97
junel fe tab 1.5/30....97
JUST RIGHT PST 5000....173
JYLAMVO SOL 2MG/ML....64
K
kaitlib fe chw....98
KALETRA SOL....83
kalliga tab....98
KALYDECO GRA 13.4MG....188
KALYDECO GRA 5.8MG....188
KALYDECO PAK 25MG....188
KALYDECO PAK 50MG....188
KALYDECO PAK 75MG....188
KALYDECO TAB 150MG....188
KAMELEON LUB MIS COLORS....142
KAMELEON MIS TRI-COLR....143
KARBINAL ER SUS 4MG/5ML....53
kariva tab 28 day....98
kelnor 1/50 tab....98
kelnor tab 1/35....98
KENALOG AER SPRAY....116
KERALYT GEL 6%....118

KERALYT SHA 6%.....118
KERENDIA TAB 10MG.....127
KERENDIA TAB 20MG.....127
KERENDIA TAB 40MG.....127
KESIMPTA INJ 20/.4ML.....185
ketoconazole cream 2%.....108
ketoconazole shampoo 2%.....108
ketoconazole tab 200 mg.....53
KETONE TES.....120
KETONE TEST TES.....120
ketorolac tromethamine ophth soln 0.4%.....179
ketorolac tromethamine ophth soln 0.5%.....179
ketorolac tromethamine tab 10 mg.....14
KEVEYIS TAB 50MG.....121
KEVZARA INJ 150/1.14.....12
KEVZARA INJ 200/1.14.....12, 13
KIMONO COLOR MIS.....143
KIMONO MAXX MIS LG FLARE.....143
KIMONO MICRO MIS THIN.....143
KIMONO MICRO MIS THIN +.....143
KIMONO MICRO MIS THIN PLS.....143
KIMONO MIS LUBRICAT.....143
KIMONO MIS SENSATIO.....143
KIMONO PLUS MIS LUBRICAT.....143
KIMONO PLUS MIS SPERMICI.....143
KIMONO PS MIS LUBRICAT.....143
KIMONO PS MIS PLUS.....143
KIMONO SENSA MIS PLUS.....143
KIMONO SPEC MIS.....143
KINNEY MIS LANCETS.....152
KINNEY THIN MIS LANCETS.....152
kionex sus 15gm/60.....172
KISQALI TAB 200DOSE.....70
KISQALI TAB 400DOSE.....70
KISQALI TAB 600DOSE.....70
KLARON LOT 10%.....106
klayesta pow 100000.....108
KLISYRI OIN 1% (250).....109
KLISYRI OIN 1% (350).....109
KLONOPIN TAB 0.5MG.....36
KLONOPIN TAB 1MG.....36
KLONOPIN TAB 2MG.....36
klor-con 10 tab 10meq er.....169
KLOR-CON 10 TAB 10MEQ ER.....169
klor-con 8 tab 8meq er.....169
KLOR-CON 8 TAB 8MEQ ER.....169
klor-con m10 tab 10meq er.....169
klor-con m15 tab 15meq er.....169
klor-con m20 tab 20meq er.....169
klor-con pak 20meq.....169
KLOXXADO SPR 8MG.....51
KOSELUGO CAP 10MG.....70
KOSELUGO CAP 25MG.....70
KOSELUGO CAP 5MG.....70
KOSELUGO CAP 7.5MG.....70
kourzeq pst 0.1%.....173
K-PHOS TAB NO 2.....134
KP PRENATAL TAB MULTIVIT.....173
KRAZATI TAB 200MG.....70
kristalose pak 10gm.....141
kristalose pak 20gm.....141
KROGER LANCE MIS.....152
KROGER LANCE MIS 26G.....152
KROGER LANCE MIS THIN.....152
KROGER LANCE MIS THIN 30G.....152
K-TAB TAB 20MEQ.....169
K-TAN PLUS CAP.....139
kurvelo tab 0.15/30.....98
KYLEENA IUD 19.5MG.....101
kymbee sus 22.75/ml.....103
kymbee tab 18mg.....103
kymbee tab 30mg.....103
kymbee tab 36mg.....103
kymbee tab 6mg.....103

L

labetalol hcl tab 100 mg.....86
labetalol hcl tab 200 mg.....86
labetalol hcl tab 300 mg.....86
labetalol hcl tab 400 mg.....86
lacosamide oral solution 10 mg/ml.....37
lacosamide tab 100 mg.....37
lacosamide tab 150 mg.....37
lacosamide tab 200 mg.....37
lacosamide tab 50 mg.....37
LACTIC ACID CRE E.....117

lactulose (encephalopathy) solution 10 gm/15ml 133
lactulose oral crystal packet 10 gm....141
lactulose oral crystal packet 20 gm....141
lactulose solution 10 gm/15ml 141
LAGEVRIO CAP 200MG....86
lamivudine oral soln 10 mg/ml 83
lamivudine tab 100 mg (hbv) 85
lamivudine tab 150 mg 83
lamivudine tab 300 mg 83
lamivudine-zidovudine tab 150-300 mg ...83
lamotrigine orally disintegrating tab 100 mg 37
lamotrigine orally disintegrating tab 200 mg 37
lamotrigine orally disintegrating tab 25 mg 37
lamotrigine orally disintegrating tab 50 mg 37
lamotrigine tab 100 mg....37
lamotrigine tab 150 mg....37
lamotrigine tab 200 mg 37
lamotrigine tab 25 mg....37
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit....37
lamotrigine tab 35 x 25 mg starter kit....37
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit....37
lamotrigine tab chewable dispersible 25 mg 38
lamotrigine tab chewable dispersible 5 mg 37
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit....38
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 38
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit 38
lamotrigine tab er 24hr 100 mg 38
lamotrigine tab er 24hr 200 mg 38
lamotrigine tab er 24hr 250 mg....38
lamotrigine tab er 24hr 25 mg 38
lamotrigine tab er 24hr 300 mg 38
lamotrigine tab er 24hr 50 mg....38
LAMPIT TAB 120MG 25
LAMPIT TAB 30MG....25
LANCET DEVIC MIS 30G 152
LANCET DEVIC MIS ADJUST....152
LANCET MICRO MIS THIN 33G....152
LANCETS MICR MIS THIN 33G....152
LANCETS MIS 152
LANCETS MIS 21G 152
LANCETS MIS 21G COLR....152
LANCETS MIS 26G 152
LANCETS MIS 28G 152
LANCETS MIS 28G THIN 152
LANCETS MIS 30G 152
LANCETS MIS 33G 152
LANCETS MIS ORIGINAL 152
LANCETS MIS THIN 152
LANCETS MIS THIN 26G 152
LANCETS MIS THIN 30G 152
LANCETS SUPR MIS THIN 28G 153
LANCET STAND MIS 21G....152
LANCETS THIN MIS 153
LANCETS THIN MIS 26G 153
LANCETS ULTR MIS THIN....153
LANCETS ULTR MIS THIN 31G 153
LANCET SUPER MIS THIN 30G 152
LANCET ULTRA MIS THIN 30G 152
LANCET WITH MIS EJECTOR....152
LANCING DEVI MIS 153
LANCING DEVI MIS 25G....153
LANCING DEVI MIS 30G....153
LANCING MIS DEVICE 153
LANOXIN TAB 0.0625MG....90
lansoprazole cap delayed release 15 mg.193
*lansoprazole cap delayed release 30 mg*193
LANTUS INJ 100/ML 49
LANTUS SOLOS INJ 100/ML....49
LANZO MIS LANCING....153
lapatinib ditosylate tab 250 mg (base equiv) 70
larin 24 tab fe 1/20 98
larin fe tab 1/20....98
larin fe tab 1.5/30 98
larin tab 1/20 98
larin tab 1.5/30....98

LASIX TAB 20MG....122
LASIX TAB 40MG....122
LASIX TAB 80MG....122
latanoprost ophth soln 0.005%....179
layolis fe chw....98
leena tab....98
leflunomide tab 10 mg....15
leflunomide tab 20 mg....15
lenalidomide cap 10 mg....170
lenalidomide cap 15 mg....170
lenalidomide cap 20 mg....170
lenalidomide cap 25 mg....170
lenalidomide cap 5 mg....170
lenalidomide caps 2.5 mg....170
LENVIMA CAP 10 MG....65
LENVIMA CAP 12MG....65
LENVIMA CAP 14 MG....65
LENVIMA CAP 18 MG....65
LENVIMA CAP 20 MG....65
LENVIMA CAP 24 MG....65
LENVIMA CAP 4MG....65
LENVIMA CAP 8 MG....65
lessina tab....98
letrozole tab 2.5 mg....66
leucovorin calcium tab 10 mg....72
leucovorin calcium tab 15 mg....72
leucovorin calcium tab 25 mg....72
leucovorin calcium tab 5 mg....72
leucovorin tab 5mg....72
LEUKERAN TAB 2MG....64
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)....66
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)....32
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)....32
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....89
levamlodipine maleate tab 5 mg....89
LEVBID TAB 0.375 ER....192
levetiracetam oral soln 100 mg/ml....38
levetiracetam tab 1000 mg....38
levetiracetam tab 250 mg....38
levetiracetam tab 500 mg....38
levetiracetam tab 750 mg....38
levetiracetam tab disintegrating soluble 250 mg....38
levetiracetam tab er 24hr 500 mg....38
levetiracetam tab er 24hr 750 mg....38
levobunolol hcl ophth soln 0.5%....176
levocarnitine oral soln 1 gm/10ml (10%)..126
levocarnitine tab 330 mg....126
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)....53
levocetirizine dihydrochloride tab 5 mg....53
levofloxacin ophth soln 0.5%....177
levofloxacin ophth soln 1.5%....177
levofloxacin oral soln 25 mg/ml....130
levofloxacin tab 250 mg....130
levofloxacin tab 500 mg....131
levofloxacin tab 750 mg....131
levonest tab....98
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg....98
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....98
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg....98
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....98
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....98
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg....98
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)....98
levonorgestrel tab 1.5 mg....101
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....98
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)....98
levora-28 tab 0.15/30....98
levothyroxine sodium tab 100 mcg....190

levothyroxine sodium tab 112 mcg 190
levothyroxine sodium tab 125 mcg 190
levothyroxine sodium tab 137 mcg 190
levothyroxine sodium tab 150 mcg 190
levothyroxine sodium tab 175 mcg 190
levothyroxine sodium tab 200 mcg 190
levothyroxine sodium tab 25 mcg 190
levothyroxine sodium tab 300 mcg 190
levothyroxine sodium tab 50 mcg 190
levothyroxine sodium tab 75 mcg 190
levothyroxine sodium tab 88 mcg 190
levo-t tab 100mcg 190
levo-t tab 112mcg 190
levo-t tab 125mcg 190
levo-t tab 137mcg 190
levo-t tab 150mcg 190
levo-t tab 175mcg 190
levo-t tab 200mcg 190
levo-t tab 25mcg 190
levo-t tab 300 mcg 190
levo-t tab 50mcg 190
levo-t tab 75mcg 190
levo-t tab 88mcg 190
levoxyl tab 100mcg 190
levoxyl tab 112mcg 190
levoxyl tab 125mcg 190
levoxyl tab 137mcg 190
levoxyl tab 150mcg 190
levoxyl tab 175mcg 190
levoxyl tab 200mcg 190
levoxyl tab 25mcg 190
levoxyl tab 50mcg 190
levoxyl tab 75mcg 190
levoxyl tab 88mcg 190
LEVSIN/SL SUB 0.125MG 192
LEVSIN TAB 0.125MG 192
LEVULAN KERA SOL 20% 109
lidocaine hcl laryngotracheal soln 4% 172
lidocaine hcl soln 4% 119
lidocaine hcl urethral/mucosal gel 2% 119
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 119
lidocaine hcl viscous soln 2% 172
LIDOCAINE OIN 5% 119
lidocaine oint 5% 119
lidocaine patch 5% 119
lidocaine-prilocaine cream 2.5-2.5% 119
lidocan dis 5% patch 119
LIDODERM DIS 5% PATCH 119
LIDOGEL GEL 2.8% 119
LIDOREX GEL 2.8% 119
linagliptin-metformin hcl tab 2.5-1000 mg 46
linagliptin-metformin hcl tab 2.5-500 mg .46
linagliptin-metformin hcl tab 2.5-850 mg .46
linezolid for susp 100 mg/5ml 25
linezolid tab 600 mg 25
LINZESS CAP 145MCG 133
LINZESS CAP 290MCG 133
LINZESS CAP 72MCG 133
liomny tab 25mcg 190
liomny tab 50mcg 190
liomny tab 5mcg 190
liothyronine sodium tab 25 mcg 190
liothyronine sodium tab 50 mcg 190
liothyronine sodium tab 5 mcg 190
LIPOFEN CAP 150MG 55
LIPOFEN CAP 50MG 55
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) 48
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 61
lisinopril & hydrochlorothiazide tab 20-12.5 mg 61
lisinopril & hydrochlorothiazide tab 20-25 mg 61
lisinopril tab 10 mg 57
lisinopril tab 2.5 mg 57
lisinopril tab 20 mg 57
lisinopril tab 30 mg 57
lisinopril tab 40 mg 57
lisinopril tab 5 mg 57
LITETOUCH MIS LANCETS 153
LITE TOUCH MIS LANCETS 153
LITE TOUCH MIS LANC PEN 153
LITFULO CAP 50MG 117
lithium carbonate cap 150 mg 75
lithium carbonate cap 300 mg 75
lithium carbonate cap 600 mg 76
lithium carbonate tab 300 mg 76
lithium carbonate tab er 300 mg 76
lithium carbonate tab er 450 mg 76
lithium oral solution 8 meq/5ml 76
LITHOBID TAB 300MG 76
LIVMARLI SOL 19MG/ML 131
LIVMARLI SOL 9.5MG/ML 131
LIVTENCITY TAB 200MG 84
LOCOID LIPO CRE 0.1% 116
LOCOID LOT 0.1% 116
LODOSYN TAB 25MG 73
loestrin 21 tab 1.5/30 98
loestrin fe tab 1/20 98
loestrin fe tab 1.5/30 98
loestrin tab 1/20-21 98
lofexidine hcl tab 0.18 mg (base equivalent) 182
lojaimiess tab 98
LO LOESTRIN TAB 1-10-10 98
LOMOTIL TAB 2.5MG 50
lomustine cap 100 mg 64
lomustine cap 10 mg 64
lomustine cap 40 mg 64
LONGS LANCET MIS STANDARD 153
LONGS LANCET MIS THIN 153
LONGS LANCET MIS ULTRA TH 153
LONSURF TAB 15-6.14 68
LONSURF TAB 20-8.19 68
LOPID TAB 600MG 55
lopinavir-ritonavir tab 100-25 mg 83
lopinavir-ritonavir tab 200-50 mg 83
LOPRESSOR SOL 10MG/ML 86
LOPRESSOR TAB 100MG 87
LOPRESSOR TAB 12.5MG 87
LOPRESSOR TAB 50MG 87
lorazepam conc 2 mg/ml 28
lorazepam tab 0.5 mg 28
lorazepam tab 1 mg 28
lorazepam tab 2 mg 28
LORBRENA TAB 100MG 70
LORBRENA TAB 25MG 70
LOREEV XR CAP 1.5MG 28
LOREEV XR CAP 1MG 28
LOREEV XR CAP 2MG 28
LOREEV XR CAP 3MG 28
loryna tab 3-0.02mg 98
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 61
losartan potassium & hydrochlorothiazide tab 100-25 mg 61
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 61
losartan potassium tab 100 mg 58
losartan potassium tab 25 mg 58
losartan potassium tab 50 mg 58
LOTENSIN HCT TAB 10-12.5 61
LOTENSIN HCT TAB 20-12.5 61
LOTENSIN HCT TAB 20-25MG 61
LOTENSIN TAB 10MG 57
LOTENSIN TAB 20MG 57
LOTENSIN TAB 40MG 57
loteprednol etabonate ophth gel 0.5% 178
loteprednol etabonate ophth susp 0.2% 178
loteprednol etabonate ophth susp 0.5% 178
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 178
LOTREL CAP 10-20MG 61

LOTREL CAP 10-40MG 61
LOTREL CAP 5-10MG.....61
LOTREL CAP 5-20MG.....61
LOTRONEX TAB 0.5MG.....133
LOTRONEX TAB 1MG.....133
lovastatin tab 10 mg.....55
lovastatin tab 20 mg.....55
lovastatin tab 40 mg.....55
LOVENOX INJ 100MG/ML.....35
LOVENOX INJ 120/0.8.....35
LOVENOX INJ 150MG/ML.....35
LOVENOX INJ 30/0.3ML.....35
LOVENOX INJ 300/3ML.....35
LOVENOX INJ 40/0.4ML.....35
LOVENOX INJ 60/0.6ML.....35
LOVENOX INJ 80/0.8ML.....35
low-ogestrel tab.....98
loxapine succinate cap 10 mg.....78
loxapine succinate cap 25 mg.....78
loxapine succinate cap 50 mg.....78
loxapine succinate cap 5 mg.....78
lo-zumandimi tab 3-0.02mg.....98
lubiprostone cap 24 mcg.....131
lubiprostone cap 8 mcg.....131
LUER-LOCK MIS SYRG 3ML.....163
LUGOLS SOL IODINE.....81
luizza 1/20 tab.....98
luizza tab 1.5/30.....99
LUMAKRAS TAB 120MG.....70
LUMAKRAS TAB 240MG.....70
LUMAKRAS TAB 320MG.....70
LUMRYZ PAK 6GM.....182
LUMRYZ PAK 7.5GM.....182
LUMRYZ PAK 9GM.....182
LUMRYZ PAK STARTER.....182
LUMRYZ PKG 4.5GM.....182
lurasidone hcl tab 120 mg.....76
lurasidone hcl tab 20 mg.....76
lurasidone hcl tab 40 mg.....76
lurasidone hcl tab 60 mg.....76
lurasidone hcl tab 80 mg.....76
LURBIPR TAB 100MG.....14
lutera tab.....99
LUZU CRE 1%.....108
LYBALVI TAB 10-10MG.....183
LYBALVI TAB 15-10MG.....183
LYBALVI TAB 20-10MG.....183
LYBALVI TAB 5-10MG.....183
lyleq tab 0.35mg.....102
lyllana dis 0.025mg.....130
lyllana dis 0.0375mg.....130
lyllana dis 0.05mg.....130
lyllana dis 0.075mg.....130
lyllana dis 0.1mg.....130
LYNKUET CAP 60MG.....125
LYNPARZA TAB 100MG.....70
LYNPARZA TAB 150MG.....70
LYSODREN TAB 500MG.....66
LYVISPAH GRA 10MG.....174
LYVISPAH GRA 20MG.....174
LYVISPAH GRA 5MG.....174
lyza tab 0.35mg.....102

M

macitentan tab 10 mg.....94
MACROBID CAP 100MG.....26
mafenide acetate packet for topical soln 5% (50 gm).....114
MAGELLAN SYR MIS 23GX1.....163
MALARONE TAB 250-100.....63
MALARONE TAB 62.5-25.....63
malathion lotion 0.5%.....120
maraviroc tab 150 mg.....83
maraviroc tab 300 mg.....83
MAR-COF CG LIQ 225-7.5.....104
MARINOL CAP 2.5MG.....52
marlissa tab 0.15/30.....99
MARPLAN TAB 10MG.....42
MASONATAL TAB.....173
MATULANE CAP 50MG.....72
MAVENCLAD PAK 10MG(10).....185
MAVENCLAD PAK 10MG(4).....185
MAVENCLAD PAK 10MG(5).....185
MAVENCLAD PAK 10MG(6).....185
MAVENCLAD PAK 10MG(7).....185
MAVENCLAD PAK 10MG(8).....185
MAVENCLAD PAK 10MG(9).....185
MAXITROL OIN 0.1% OP.....178
MAXITROL SUS 0.1% OP.....178

MAXX MIS LUBRICAT 143
MAXX PLUS MIS SPERMICI 143
MAYZENT PAK STARTER.....186
MAYZENT TAB 0.25MG.....186
MAYZENT TAB 1MG 186
MAYZENT TAB 2MG 186
me/naphos/mb tab hyo 1.....24
meclizine hcl tab 50 mg 51
meclofenamate sodium cap 100 mg.....14
meclofenamate sodium cap 50 mg 14
MEDICHOICE MIS LANCET.....153
MEDISENSE LIQ GLUC-KET 153
MEDLANCE MIS 30G PLUS.....153
MEDLANCE MIS PLUS 30G.....153
MEDLANCE PLS MIS 0.8MM 153
MEDLANCE PLS MIS EXTR 21G.....153
MEDLANCE PLS MIS LITE 25G.....153
MEDLANCE PLS MIS UNIV 21G 153
MEDROL TAB 16MG.....103
MEDROL TAB 2MG.....103
MEDROL TAB 4MG 103
MEDROL TAB 8MG 103
medroxyprogesterone acetate im susp 150 mg/ml 101
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....101
*medroxyprogesterone acetate tab 10 mg*181
medroxyprogesterone acetate tab 2.5 mg 181
medroxyprogesterone acetate tab 5 mg .181
mefenamic acid cap 250 mg.....14
mefloquine hcl tab 250 mg 63
megestrol acetate susp 40 mg/ml 66
megestrol acetate susp 625 mg/5ml 181
megestrol acetate tab 20 mg 66
megestrol acetate tab 40 mg 66
MEIJER LANCE MIS COLOR 153
MEIJER LANCE MIS UNIV 21G 153
MEIJER LANCE MIS UNIV 30G 153
MEIJER LANCE MIS UNIVERSA.....153
MEIJER MIS LANCETS.....153
MEKINIST SOL 0.05/ML 70
MEKINIST TAB 0.5MG.....70
MEKINIST TAB 2MG 70
MEKTOVI TAB 15MG 70
meleya tab 0.35mg 102
meloxicam susp 7.5 mg/5ml.....14
meloxicam tab 15 mg 14
meloxicam tab 7.5 mg.....14
memantine hcl cap er 24hr 14 mg 183
memantine hcl cap er 24hr 21 mg 183
memantine hcl cap er 24hr 28 mg 183
memantine hcl cap er 24hr 7 mg.....183
memantine hcl-donepezil hcl cap er 24hr 14-10 mg.....183
memantine hcl-donepezil hcl cap er 24hr 21-10 mg.....183
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 183
memantine hcl oral solution 2 mg/ml.....183
memantine hcl tab 10 mg 183
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....183
memantine hcl tab 5 mg.....183
MENOPUR INJ 75UNIT 124
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 25
mercaptopurine susp 2000 mg/100ml (20 mg/ml).....64
mercaptopurine tab 50 mg.....64
merzee cap 1/20.....99
mesalamine cap dr 400 mg 132
mesalamine cap er 24hr 0.375 gm.....132
mesalamine cap er 250 mg.....132
mesalamine cap er 500 mg.....132
mesalamine enema 4 gm 132
mesalamine rectal enema 4 gm & cleanser wipe kit 132
mesalamine suppos 1000 mg 132
mesalamine tab delayed release 1.2 gm..132
mesalamine tab delayed release 800 mg 132
mesna tab 400 mg 73
MESNEX TAB 400MG.....73
MESTINON SOL 60MG/5ML.....63

MESTINON TAB 60MG.....63
MESTINON TAB TIMESPAN 63
metaxalone tab 800 mg 174
metformin hcl oral soln 500 mg/5ml.....47
metformin hcl tab 1000 mg 47
metformin hcl tab 500 mg 47
metformin hcl tab 850 mg 47
metformin hcl tab er 24hr 500 mg.....47
metformin hcl tab er 24hr 750 mg.....47
methadone con 10mg/ml 19
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
methadose tab 40mg.....19
methamphetamine hcl tab 5 mg 2
methazolamide tab 25 mg 121
methazolamide tab 50 mg 121
methenamine hippurate tab 1 gm 26
methenamine mandelate tab 0.5 gm.....26
methenamine mandelate tab 1 gm 26
methergine tab 0.2mg 180
methimazole tab 10 mg.....189
methimazole tab 5 mg 189
methitest tab 10mg 23
methocarbamol tab 1000 mg 174
methocarbamol tab 500 mg 174
methocarbamol tab 750 mg 174
methotrexate sodium for inj 1 gm 64
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....64
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....64
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 65
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 64
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....64
methotrexate sodium tab 2.5 mg (base equiv) 65
methoxsalen rapid cap 10 mg 111
methscopolamine bromide tab 2.5 mg ...192
methscopolamine bromide tab 5 mg.....192
methsuximide cap 300 mg.....41
methyldopa tab 250 mg.....59
methyldopa tab 500 mg.....59
methylergonovine maleate tab 0.2 mg ...180
METHYLIN SOL 10MG/5ML.....6
METHYLIN SOL 5MG/5ML 6
methylphenidate hcl cap er 10 mg (cd).....6
methylphenidate hcl cap er 20 mg (cd) 6
methylphenidate hcl cap er 24hr 10 mg (la) 6
methylphenidate hcl cap er 24hr 10 mg (xr) 6
methylphenidate hcl cap er 24hr 15 mg (xr) 6
methylphenidate hcl cap er 24hr 20 mg (la) 6
methylphenidate hcl cap er 24hr 20 mg (xr) 6
methylphenidate hcl cap er 24hr 30 mg (la) 6
methylphenidate hcl cap er 24hr 30 mg (xr) 6
methylphenidate hcl cap er 24hr 40 mg (la) 6
methylphenidate hcl cap er 24hr 40 mg (xr) 6
methylphenidate hcl cap er 24hr 50 mg (xr) 6
methylphenidate hcl cap er 24hr 60 mg (la) 6
methylphenidate hcl cap er 24hr 60 mg (xr) 6
methylphenidate hcl cap er 30 mg (cd) 6
methylphenidate hcl cap er 40 mg (cd) 6
methylphenidate hcl cap er 50 mg (cd) 6
methylphenidate hcl cap er 60 mg (cd) 6
methylphenidate hcl chew tab 10 mg.....6
methylphenidate hcl chew tab 2.5 mg 6
methylphenidate hcl chew tab 5 mg 6

methylphenidate hcl soln 10 mg/5ml 6
methylphenidate hcl soln 5 mg/5ml 6
methylphenidate hcl tab 10 mg 6
methylphenidate hcl tab 20 mg 6
methylphenidate hcl tab 5 mg 6
methylphenidate hcl tab er 10 mg 6
methylphenidate hcl tab er 20 mg 6
methylphenidate hcl tab er 24hr 18 mg 6
methylphenidate hcl tab er 24hr 27 mg 6
methylphenidate hcl tab er 24hr 36 mg 6
methylphenidate hcl tab er 24hr 54 mg 6
methylphenidate hcl tab er diffusion 27 mg 6
methylphenidate hcl tab er diffusion 36 mg 6
methylphenidate hcl tab er diffusion 54 mg 6
methylphenidate hcl tab er osmotic release (osm) 18 mg 6
methylphenidate hcl tab er osmotic release (osm) 27 mg 7
methylphenidate hcl tab er osmotic release (osm) 36 mg 7
methylphenidate hcl tab er osmotic release (osm) 54 mg 7
methylphenidate hcl tab er osmotic release (osm) 72 mg 7
methylphenidate td patch 10 mg/9hr 7
methylphenidate td patch 15 mg/9hr 7
methylphenidate td patch 20 mg/9hr 7
methylphenidate td patch 30 mg/9hr 7
methylprednisolone tab 16 mg 103
methylprednisolone tab 32 mg 103
methylprednisolone tab 4 mg 103
methylprednisolone tab 8 mg 103
methylprednisolone tab therapy pack 4 mg (21) 103
methyltestosterone cap 10 mg 23
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 131
metoclopramide hcl tab 10 mg (base equivalent) 131
metoclopramide hcl tab 5 mg (base equivalent) 131
metolazone tab 10 mg 123
metolazone tab 2.5 mg 123
metolazone tab 5 mg 123
metoprolol & hydrochlorothiazide tab 100-25 mg 61
metoprolol & hydrochlorothiazide tab 100-50 mg 61
metoprolol & hydrochlorothiazide tab 50-25 mg 61
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 87
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 87
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 87
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 87
metoprolol tartrate tab 100 mg 87
metoprolol tartrate tab 12.5 mg 87
metoprolol tartrate tab 25 mg 87
metoprolol tartrate tab 37.5 mg 87
metoprolol tartrate tab 50 mg 87
metoprolol tartrate tab 75 mg 87
METROCREAM CRE 0.75% 119
METROGEL GEL 1% 119
METROLOTION LOT 0.75% 119
metronidazole cap 375 mg 24
metronidazole cream 0.75% 119
metronidazole gel 0.75% 119
metronidazole gel 1% 119
metronidazole lotion 0.75% 119
metronidazole tab 250 mg 24
metronidazole tab 500 mg 24
metronidazole vaginal gel 0.75% 195
metyrosine cap 250 mg 58
mexiletine hcl cap 150 mg 28
mexiletine hcl cap 200 mg 28
mexiletine hcl cap 250 mg 28
mibelas 24 chw fe 99
miconazole 3 sup 200mg 195
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% 108
micort hc cre 2.5% 116
MICROCHAMBER MIS 166

MICRODOT CON SOL HIGH/LOW.....153
microgestin tab 1/20.....99
microgestin tab 1.5/30.....99
microgestin tab fe 1/20.....99
microgestin tab fe1.5/30.....99
MICROLET MIS LANCETS.....153
MICROLET MIS NEXT.....153
MICROSPACER MIS.....166
MICRO THIN MIS LANC 33G.....153
midodrine hcl tab 10 mg.....196
midodrine hcl tab 2.5 mg.....196
midodrine hcl tab 5 mg.....196
MIFEPREX TAB 200MG.....127
mifepristone tab 200 mg.....127
mifepristone tab 300 mg.....47
miglitol tab 100 mg.....45
miglitol tab 25 mg.....45
miglitol tab 50 mg.....45
miglustat cap 100 mg.....137
MIGRANAL SPR 4MG/ML.....167
mili tab 0.25/35.....99
milnacipran hcl tab 100 mg.....184
milnacipran hcl tab 12.5 mg.....184
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak.....184
milnacipran hcl tab 25 mg.....184
milnacipran hcl tab 50 mg.....184
milophene tab 50mg.....124
mimvey tab 1-0.5mg.....129
MINI LANCING MIS DEVICE.....153
minocycline hcl cap 100 mg.....189
minocycline hcl cap 50 mg.....189
minocycline hcl cap 75 mg.....189
minocycline hcl tab 100 mg.....189
minocycline hcl tab 50 mg.....189
minocycline hcl tab 75 mg.....189
minoxidil tab 10 mg.....63
minoxidil tab 2.5 mg.....62
minzoya tab 0.1-20.....99
mirabegron granules for oral extended release susp 8 mg/ml.....194
mirabegron tab er 24 hr 25 mg.....194
mirabegron tab er 24 hr 50 mg.....194
MIRAPEX ER TAB 0.375MG.....74
MIRAPEX ER TAB 0.75MG.....74
MIRAPEX ER TAB 2.25MG.....74
MIRAPEX ER TAB 3.75MG.....74
MIRAPEX ER TAB 3MG.....74
MIRENA IUD SYSTEM.....101
mirtazapine orally disintegrating tab 15 mg.....41
mirtazapine orally disintegrating tab 30 mg.....41
mirtazapine orally disintegrating tab 45 mg.....41
mirtazapine tab 15 mg.....41
mirtazapine tab 30 mg.....41
mirtazapine tab 45 mg.....41
mirtazapine tab 7.5 mg.....41
misoprostol tab 100 mcg.....193
misoprostol tab 200 mcg.....193
MITOSOL KIT 0.2MG.....177
MIUDELLA IUD.....101
MM LANCING MIS DEVICE.....153
MM TWIST MIS LANCETS.....153
MOBI CONNECT MIS LANCETS.....153
MOBI CONNECT MIS LANCING.....153
MOBI CONNECT TES STRIPS.....120
MOBILE LANCE MIS 30G.....153
modafinil tab 100 mg.....7
modafinil tab 200 mg.....7
moexipril hcl tab 15 mg.....57
moexipril hcl tab 7.5 mg.....57
molindone hcl tab 10 mg.....80
molindone hcl tab 25 mg.....80
molindone hcl tab 5 mg.....79
mometasone furoate cream 0.1%.....116
mometasone furoate oint 0.1%.....116
mometasone furoate solution 0.1% (lotion).....116
mondoxyne nl cap 100mg.....189
MONOLET MIS LANCETS.....153
MONOLET OPD MIS LANCETS.....153
MONOLETTOR MIS LANCETS.....153
mono-linyah tab 0.25-35.....99
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 20
morphine sulfate tab er 15 mg 19
morphine sulfate tab er 200 mg 20
morphine sulfate tab er 30 mg 19
morphine sulfate tab er 60 mg 19
MOUNJARO INJ 10MG/0.5 48
MOUNJARO INJ 12.5/0.5 48
MOUNJARO INJ 15MG/0.5 48
MOUNJARO INJ 2.5/0.5 48
MOUNJARO INJ 5MG/0.5 48
MOUNJARO INJ 7.5/0.5 48
MOVANTIK TAB 12.5MG 133
MOVANTIK TAB 25MG 133
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 177
moxifloxacin hcl ophth soln 0.5% (base equiv) 177
moxifloxacin hcl tab 400 mg (base equiv) 131
MS CONTIN TAB 100MG ER 20
MS CONTIN TAB 15MG ER 20
MS CONTIN TAB 200MG ER 20
MS CONTIN TAB 30MG ER 20
MS CONTIN TAB 60MG ER 20
MULTAQ TAB 400MG 29
MULTI-LANCET KIT DEVICE 153
MULTI-LANCET MIS DEVICE 153
MULTISTIX 10 TES SG 120
mupirocin oint 2% 108
MYALEPT INJ 11.3MG 126
mycophenolate mofetil cap 250 mg 171
mycophenolate mofetil for oral susp 200 mg/ml 171
mycophenolate mofetil tab 500 mg 171
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 171
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 171
MYFEMBREE TAB 129
MYFORTIC TAB 180MG 171
MYFORTIC TAB 360MG 171
MYGLUCOHEALT MIS LANC 30G 154
MYGLUCOHEALT SOL LO/NL/HI 154
MYLERAN TAB 2MG 64
MYSOLINE TAB 250MG 38
MYSOLINE TAB 50MG 38

N

nabumetone tab 500 mg 14
nabumetone tab 750 mg 14
nadolol tab 20 mg 87
nadolol tab 40 mg 87
nadolol tab 80 mg 87
naftifine hcl cream 1% 109

naftifine hcl cream 2% 109
naftifine hcl gel 2% 109
NAFTIN GEL 2% 109
NALFON CAP 400MG 14
NALFON TAB 600MG 14
naloxone hcl inj 0.4 mg/ml 51
naloxone hcl inj 4 mg/10ml 51
naloxone hcl nasal spray 4 mg/0.1ml 51
naloxone hcl soln cartridge 0.4 mg/ml 51
naloxone hcl soln prefilled syringe 0.4 mg/ml 51
naloxone hcl soln prefilled syringe 2 mg/2ml 51
naltrexone hcl tab 50 mg 51
NAMENDA TAB 5-10MG 183
NAMENDA XR CAP 14MG 183
NAMENDA XR CAP 21MG 183
NAMENDA XR CAP 28MG 183
NAMZARIC CAP 14-10MG 183
NAMZARIC CAP 21-10MG 183
NAMZARIC CAP 28-10MG 183
NAMZARIC CAP 7-10MG 183
NAPROSYN SUS 125/5ML 14
NAPROSYN TAB 500MG 14
naproxen sodium tab 275 mg 14
naproxen sodium tab 550 mg 14
naproxen tab 250 mg 14
naproxen tab 375 mg 14
naproxen tab 500 mg 14
naproxen tab ec 375 mg 14
naproxen tab ec 500 mg 14
naratriptan hcl tab 1 mg (base equiv) 168
naratriptan hcl tab 2.5 mg (base equiv) ... 168
NARCAN SPR 4MG 51
NARDIL TAB 15MG 42
NASCOBAL SPR 500MCG 137
NATACYN SUS 5% OP 177
NATAZIA TAB 99
nateglinide tab 120 mg 49
nateglinide tab 60 mg 49
NATESTO GEL 5.5MG 23
NATROBA SUS 0.9% 120
NATURAL COND MIS + LUBE 143
NAYZILAM SPR 5MG 36
nebivolol hcl tab 10 mg (base equivalent) .87
nebivolol hcl tab 2.5 mg (base equivalent) 87
nebivolol hcl tab 20 mg (base equivalent) 87
nebivolol hcl tab 5 mg (base equivalent) ..87
NEBUSAL NEB 3% 105
NEBUSAL NEB 6% 105
necon tab 0.5/35 99
NEEDLES MIS 18GX1 163
NEEDLES MIS 18GX1.5 163
NEEDLES MIS 22GX1.5 163
NEEDLES MIS 23GX1.5 163
NEEDLES MIS 25GX1 163
nefazodone hcl tab 100 mg 43
nefazodone hcl tab 150 mg 43
nefazodone hcl tab 200 mg 43
nefazodone hcl tab 250 mg 43
nefazodone hcl tab 50 mg 43
NEMLUVIO INJ 30MG 117
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 177
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 177
neomycin-polymyxin-dexamethasone ophth oint 0.1% 178
neomycin-polymyxin-dexamethasone ophth susp 0.1% 178
neomycin-polymyxin-hc ophth susp 179
neomycin-polymyxin-hc otic soln 1% 180
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 180
neomycin sulfate tab 500 mg 7
neo-polycin oin hc 1%op 178
neo-polycin oin op 177
NEORAL CAP 100MG 171
NEORAL CAP 25MG 171
NEORAL SOL 100MG/ML 171
NERLYNX TAB 40MG 70
neuac gel 1.2-5% 106
NEUPRO DIS 1MG/24HR 74
NEUPRO DIS 2MG/24HR 74
NEUPRO DIS 3MG/24HR 74
NEUPRO DIS 4MG/24HR 74
NEUPRO DIS 6MG/24HR 74

NEUPRO DIS 8MG/24HR 74
NEURONTIN CAP 100MG 38
NEURONTIN CAP 300MG.....38
NEURONTIN CAP 400MG 38
NEURONTIN SOL 250/5ML.....38
NEURONTIN TAB 600MG.....38
NEURONTIN TAB 800MG.....38
NEUTEK 2TEK SOL CONTROL.....154
nevirapine susp 50 mg/5ml.....83
nevirapine tab 200 mg 83
nevirapine tab er 24hr 400 mg.....83
NEXLETOL TAB 180MG.....54
NEXLIZET TAB 180/10MG.....54
NEXPLANON IMP 68MG.....101
NEXTSTELLIS TAB 3-14.2MG.....99
niacin tab er 1000 mg (antihyperlipidemic) 56
*niacin tab er 500 mg (antihyperlipidemic)*56
*niacin tab er 750 mg (antihyperlipidemic)*56
nicardipine hcl cap 20 mg.....89
nicardipine hcl cap 30 mg 89
nicotine polacrilex gum 2 mg.....187
nicotine polacrilex gum 4 mg.....187
nicotine polacrilex lozenge 2 mg.....187
nicotine polacrilex lozenge 4 mg.....187
NICOTINE SYS KIT TRANSDER 187
nicotine td patch 24hr 14 mg/24hr.....187
nicotine td patch 24hr 21 mg/24hr.....187
nicotine td patch 24hr 7 mg/24hr 187
NICOTROL NS SPR 10MG/ML.....187
nifedipine cap 10 mg.....89
nifedipine cap 20 mg.....89
nifedipine tab er 24hr 30 mg 89
nifedipine tab er 24hr 60 mg 89
nifedipine tab er 24hr 90 mg 89
nifedipine tab er 24hr osmotic release 30 mg 89
nifedipine tab er 24hr osmotic release 60 mg 89
nifedipine tab er 24hr osmotic release 90 mg 89
nikki tab 3-0.02mg.....99
*nilotinib hcl cap 150 mg (base equivalent)*70
nilotinib hcl cap 200 mg (base equivalent) 70
nilotinib hcl cap 50 mg (base equivalent).70
nilutamide tab 150 mg.....66
nimodipine cap 30 mg.....89
nimodipine oral soln 60 mg/20ml (3 mg/ml) 89
NINLARO CAP 2.3MG 70
NINLARO CAP 3MG.....70
NINLARO CAP 4MG.....70
nintedanib esylate cap 100 mg (base equivalent) 188
nintedanib esylate cap 150 mg (base equivalent) 188
nisoldipine tab er 24hr 17 mg.....89
nisoldipine tab er 24hr 20 mg.....89
nisoldipine tab er 24hr 25.5 mg.....89
nisoldipine tab er 24hr 30 mg.....89
nisoldipine tab er 24hr 34 mg.....89
nisoldipine tab er 24hr 40 mg.....89
nisoldipine tab er 24hr 8.5 mg.....89
nitazoxanide tab 500 mg 25
nitisinone cap 10 mg.....126
nitisinone cap 20 mg 126
nitisinone cap 2 mg 126
nitisinone cap 5 mg 126
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 26
nitrofurantoin macrocrystalline cap 25 mg 26
nitrofurantoin macrocrystalline cap 50 mg 26
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....26
nitrofurantoin susp 25 mg/5ml.....26
nitroglycerin oint 0.4%.....24
nitroglycerin oint 2%.....27

nitroglycerin sl tab 0.3 mg 27
nitroglycerin sl tab 0.4 mg 27
nitroglycerin sl tab 0.6 mg 27
nitroglycerin td patch 24hr 0.1 mg/hr.....27
nitroglycerin td patch 24hr 0.2 mg/hr 27
nitroglycerin td patch 24hr 0.4 mg/hr.....27
nitroglycerin td patch 24hr 0.6 mg/hr.....27
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....27
NITROLINGUAL SPR 400MCG.....27
NITROSTAT SUB 0.3MG.....27
NITROSTAT SUB 0.4MG.....27
NITROSTAT SUB 0.6MG.....27
NITRO-TIME CAP 2.5MG ER.....26
NITRO-TIME CAP 6.5MG ER 26
NITRO-TIME CAP 9MG ER.....26
NIVESTYM INJ 300/0.5.....138
NIVESTYM INJ 300MCG 138
NIVESTYM INJ 480/0.8.....138
NIVESTYM INJ 480MCG 138
nizatidine cap 150 mg 192
nizatidine cap 300 mg.....192
NOCDURNA SUB 27.7MCG.....127
NOCDURNA SUB 55.3MCG.....127
nora-be tab 0.35mg 102
NORDITROPIN INJ 10/1.5ML 125
NORDITROPIN INJ 15/1.5ML 125
NORDITROPIN INJ 30/3ML 125
NORDITROPIN INJ 5/1.5ML.....125
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....101
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 99
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 99
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....99
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 99
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 99
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 99
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 99
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 99
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....129
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 129
norethindrone acetate tab 5 mg.....181
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 99
norethindrone tab 0.35 mg 102
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....99
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 99
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 99
norlyroc tab 0.35mg.....102
NORM-JECT MIS LUER LOK.....163
NORPACE CAP 100MG CR 28
NORPACE CAP 150MG CR 28
NORPRAMIN TAB 10MG 45
NORPRAMIN TAB 25MG 45
nortrel tab 0.5/35.....99
nortrel tab 1/35 99
nortrel tab 7/7/7 99
nortriptyline hcl cap 10 mg.....45
nortriptyline hcl cap 25 mg 45
nortriptyline hcl cap 50 mg.....45
nortriptyline hcl cap 75 mg 45
nortriptyline hcl soln 10 mg/5ml 45
NOVA MAX GLU LIQ /KET CON 154
NOVA MAX PLS TES KETONE 120
NOVA SAFETY MIS LANC 23G 154
NOVA SAFETY MIS LANC 28G 154
NOVA SUREFLX MIS LANC DEV 154
NOVA SURE MIS LANCETS.....154
NOVOLIN INJ 70/30.....49
NOVOLIN INJ 70/30 FP 49
NOVOLIN N INJ 100 UNIT.....49
NOVOLIN N INJ U-100 49
NOVOLIN R INJ 100 UNIT 49
NOVOLIN R INJ U-100.....49

NOVOLOG INJ 100/ML 49
NOVOLOG INJ FLEXPEN 49
NOVOLOG INJ PENFILL.....49
NOVOLOG MIX INJ 70/30.....49
NOVOLOG MIX INJ FLEXPEN 49
NOVOPEN ECHO MIS 163
NOZIN NASAL KIT SANITIZE.....175
NOZIN NASAL MIS SANITIZE.....175
NUBEQA TAB 300MG 66
NUCALA INJ 100MG/ML 29
NUCALA INJ 40MG/0.4.....29
NUCORT LOT 2% 116
NUFOL TAB 139
NULEV TAB 0.125MG 192
NUPLAZID CAP 34MG.....76
NUPLAZID TAB 10MG.....76
NURTEC TAB 75MG ODT 167
NUZYRA TAB 150MG 189
nyamyc pow 100000 109
nylia tab 1/35.....99
nylia tab 7/7/7.....100
NYMALIZE SOL 89
nystatin cream 100000 unit/gm.....109
nystatin oint 100000 unit/gm 109
nystatin susp 100000 unit/ml 172
nystatin tab 500000 unit.....52
*nystatin topical powder 100000 unit/gm*109
nystatin-triamcinolone cream 100000-0.1 unit/gm-% 109
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 109
nystop pow 100000 109
NYVEPRIA INJ 6/0.6ML 138

O

ocella tab 3-0.03mg.....100
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....127
octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....127
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....127
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....127
octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....127
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 127
octreotide acetate subcutaneous soln pref syr 500 mcg/ml.....128
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 127
OCUFLOX DRO 0.3% OP 177
ODACTRA SUB 7
ODEFSEY TAB.....83
ODOMZO CAP 200MG.....66
OFEV CAP 100MG 188
OFEV CAP 150MG 188
ofloxacin ophth soln 0.3% 177
ofloxacin otic soln 0.3% 180
ofloxacin tab 300 mg 131
ofloxacin tab 400 mg 131
OJJAARA TAB 100MG 70
OJJAARA TAB 150MG 70
OJJAARA TAB 200MG.....70
olanzapine-fluoxetine hcl cap 12-25 mg..183
olanzapine-fluoxetine hcl cap 12-50 mg .184
olanzapine-fluoxetine hcl cap 3-25 mg ...183
olanzapine-fluoxetine hcl cap 6-25 mg ...183
olanzapine-fluoxetine hcl cap 6-50 mg...183
olanzapine for im inj 10 mg.....78
olanzapine orally disintegrating tab 10 mg 78
olanzapine orally disintegrating tab 15 mg 78
olanzapine orally disintegrating tab 20 mg 78
olanzapine orally disintegrating tab 5 mg.78
olanzapine tab 10 mg 79
olanzapine tab 15 mg 79
olanzapine tab 2.5 mg 78
olanzapine tab 20 mg 79
olanzapine tab 5 mg.....79
olanzapine tab 7.5 mg 79
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg...61
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 62

olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg...62
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg...61
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg.....61
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....61
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....61
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....61
olmesartan medoxomil tab 20 mg.....58
olmesartan medoxomil tab 40 mg.....58
olmesartan medoxomil tab 5 mg.....58
olopatadine hcl nasal soln 0.6%.....175
omega-3-acid ethyl esters cap 1 gm.....54
omeprazole cap delayed release 10 mg..193
omeprazole cap delayed release 20 mg.193
omeprazole cap delayed release 40 mg.193
OMNIFLEX DPR.....143
OMNIPOD 5 DX KIT INT G7G6.....154
OMNIPOD 5 DX MIS POD G7G6.....154
OMNIPOD5 LIB KIT INTRO.....154
OMNIPOD5 LIB MIS PODS.....154
OMNIPOD DASH KIT INTRO.....154
OMNIPOD DASH KIT PDM.....154
OMNIPOD DASH MIS PODS.....154
OMNIPOD MIS CLASSIC.....154
ondansetron hcl oral soln 4 mg/5ml.....51
ondansetron hcl tab 24 mg.....51
ondansetron hcl tab 4 mg.....51
ondansetron hcl tab 8 mg.....51
ondansetron orally disintegrating tab 4 mg.....51
ondansetron orally disintegrating tab 8 mg.....51
ONETOUCH LIQ ULT CONT.....154
ONETOUCH LIQ ULTRA.....154
ONETOUCH LIQ VERIO.....154
ONETOUCH LIQ VERIO 4.....154
ONEXTON GEL 1.2-3.75.....107
ON-THE-GO MIS LANC 30G.....154
ONUREG TAB 200MG.....65
ONUREG TAB 300MG.....65
OPILL TAB 0.075MG.....102
opium tincture 1% (10 mg/ml) (morphine equiv).....50
OPSUMIT TAB 10MG.....94
OPSYNVI TAB 10-20MG.....91
OPSYNVI TAB 10-40MG.....91
OPTICHAMBER MIS DIA LG.....166
OPTICHAMBER MIS DIA MD.....166
OPTICHAMBER MIS DIAMOND.....166
OPTICHAMBER MIS DIA SM.....166
OPZELURA CRE 1.5%.....117
ORACEA CAP 40MG.....119
ORACIT SOL.....134
ORALAIR SUB 300 IR.....7
oralone dent pst 0.1%.....173
ORAPRED ODT TAB 10MG.....103
ORAPRED ODT TAB 15MG.....103
ORAPRED ODT TAB 30MG.....103
ORAVIG TAB 50MG.....172
ORENCIA CLCK INJ 125MG/ML.....15
ORENCIA INJ 125MG/ML.....16
ORENCIA INJ 50/0.4ML.....16
ORENCIA INJ 87.5/0.7.....16
ORENITRAM TAB 0.125MG.....93
ORENITRAM TAB 0.25MG.....93
ORENITRAM TAB 1MG.....93
ORENITRAM TAB 2.5MG.....93
ORENITRAM TAB 5MG.....93
ORENITRAM TAB MONTH 1.....93
ORENITRAM TAB MONTH 2.....93
ORENITRAM TAB MONTH 3.....93
ORFADIN CAP 10MG.....126
ORFADIN CAP 20MG.....126
ORFADIN CAP 2MG.....126
ORFADIN CAP 5MG.....126
ORFADIN SUS 4MG/ML.....126
ORGOVYX TAB 120MG.....66
ORIAHNN CAP.....129
ORILISSA TAB 150MG.....124
ORILISSA TAB 200MG.....124
ORKAMBI GRA 100-125.....188
ORKAMBI GRA 150-188.....188
ORKAMBI GRA 75-94MG.....188

ORKAMBI TAB 100-125.....188
ORKAMBI TAB 200-125.....188
ORLADEYO CAP 110MG 136
ORLADEYO CAP 150MG.....136
ORLADEYO PAK 108MG.....136
ORLADEYO PAK 132MG 136
ORLADEYO PAK 72MG.....136
ORLADEYO PAK 96MG 136
orlistat cap 120 mg 3
ORLYNVAH TAB 500-500.....26
ormalvi tab 50mg 121
orphenadrine citrate tab er 12hr 100 mg .174
orquidea tab 0.35mg.....102
OSCIMIN SUB 0.125MG 192
OSCIMIN TAB 0.125MG 192
oseltamivir phosphate cap 30 mg (base equiv) 85
oseltamivir phosphate cap 45 mg (base equiv) 85
oseltamivir phosphate cap 75 mg (base equiv) 85
oseltamivir phosphate for susp 6 mg/ml (base equiv).....85
OTEZLA/XR TAB 28 DAY 15
OTEZLA TAB 10/20.....15
OTEZLA TAB 10/20/30 15
OTEZLA TAB 20MG 15
OTEZLA TAB 30MG 15
OTEZLA XR TAB 75MG 15
OTREXUP INJ 10MG.....11
OTREXUP INJ 12.5/0.4.....11
OTREXUP INJ 15MG.....11
OTREXUP INJ 17.5/0.4.....11
OTREXUP INJ 20MG 11
OTREXUP INJ 22.5/0.4.....11
OTREXUP INJ 25MG 11
OVACE PLUS CRE 10%.....113
OVACE PLUS GEL 10% WASH.....113
OVACE PLUS LIQ 10% WASH.....113
OVACE PLUS LOT 9.8% 113
OVACE PLUS SHA 10%.....113
OVACE WASH LIQ 10% 113
OVIDE LOT 0.5% 120
oxaprozin cap 300 mg 14
oxaprozin tab 600 mg 14
oxazepam cap 10 mg.....28
oxazepam cap 15 mg 28
oxazepam cap 30 mg 28
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 38
oxcarbazepine tab 150 mg.....38
oxcarbazepine tab 300 mg.....38
oxcarbazepine tab 600 mg.....38
oxcarbazepine tab er 24hr 150 mg 38
oxcarbazepine tab er 24hr 300 mg 38
oxcarbazepine tab er 24hr 600 mg 38
OXERVATE SOL 20MCG/ML 178
oxiconazole nitrate cream 1% 109
OXISTAT LOT 1%.....109
OXTELLAR XR TAB 150MG.....38
OXTELLAR XR TAB 300MG.....38
OXTELLAR XR TAB 600MG.....38
oxybutynin chloride solution 5 mg/5ml...193
oxybutynin chloride tab 2.5 mg 193
oxybutynin chloride tab 5 mg 194
oxybutynin chloride tab er 24hr 10 mg 194
oxybutynin chloride tab er 24hr 15 mg 194
oxybutynin chloride tab er 24hr 5 mg.....194
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 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
oxymetazoline hcl cream 1% 120
oxymorphone hcl tab 10 mg 20
oxymorphone hcl tab 5 mg.....20

OZEMPIC INJ 2MG/3ML....48
OZEMPIC INJ 4MG/3ML....48
OZEMPIC INJ 8MG/3ML....48
OZEMPIC TAB 1.5MG....48
OZEMPIC TAB 4MG....48
OZEMPIC TAB 9MG....48
P
pacerone tab 100mg....29
pacerone tab 200mg....29
pacerone tab 400mg....29
paliperidone tab er 24hr 1.5 mg....77
paliperidone tab er 24hr 3 mg....77
paliperidone tab er 24hr 6 mg....77
paliperidone tab er 24hr 9 mg....77
PAMELOR CAP 10MG....45
PAMELOR CAP 25MG....45
PAMELOR CAP 50MG....45
PAMELOR CAP 75MG....45
PANCREAZE CAP 10500UNT....121
PANCREAZE CAP 16800UNT....121
PANCREAZE CAP 21000UNT....121
PANCREAZE CAP 2600UNIT....121
PANCREAZE CAP 37000....121
PANCREAZE CAP 4200UNIT....121
PANDEL CRE 0.1%....116
PANRETIN GEL 0.1%....109
pantoprazole sodium ec tab 20 mg (base equiv)....193
pantoprazole sodium ec tab 40 mg (base equiv)....193
PARAGARD IUD T380A....101
paricalcitol cap 1 mcg....126
paricalcitol cap 2 mcg....126
paricalcitol cap 4 mcg....126
PARLODEL CAP 5MG....74
PARLODEL TAB 2.5MG....74
PARNATE TAB 10MG....42
paroxetine hcl oral susp 10 mg/5ml (base equiv)....43
paroxetine hcl tab 10 mg....43
paroxetine hcl tab 20 mg....43
paroxetine hcl tab 30 mg....43
paroxetine hcl tab 40 mg....43
paroxetine hcl tab er 24hr 12.5 mg....43
paroxetine hcl tab er 24hr 25 mg....43
paroxetine hcl tab er 24hr 37.5 mg....43
PAXLOVID PAK....84
PAXLOVID TAB 150-100....84
PAXLOVID TAB 300-100....84
pazopanib hcl tab 200 mg (base equiv)....70
pazopanib hcl tab 400 mg (base equiv)....70
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml....192
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg....192
PEDIAPRED SOL 5MG/5ML....103
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....141
peg 3350-kcl-sod bicarb-nacl for soln 420 gm....141
PEG-PREP KIT....141
penciclovir cream 1%....114
penicillamine cap 250 mg....170
penicillamine tab 250 mg....170
penicillin v potassium for soln 125 mg/5ml....181
penicillin v potassium for soln 250 mg/5ml....181
penicillin v potassium tab 250 mg....181
penicillin v potassium tab 500 mg....181
pentazocine w/ naloxone hcl tab 50-0.5 mg....22
pentoxifylline tab er 400 mg....136
PEPCID TAB 40MG....192
perampanel susp 0.5 mg/ml....35
perampanel tab 10 mg....35
perampanel tab 12 mg....36
perampanel tab 2 mg....35
perampanel tab 4 mg....35
perampanel tab 6 mg....35
perampanel tab 8 mg....35
PERFECT 28G MIS LANCETS....154
PERFECT 30G MIS LANCETS....154
PERFECT POIN MIS 25GX1....163
PERFOROMIST NEB 20MCG....32
PERIDEX SOL 0.12%....172
perindopril erbumine tab 2 mg....57
perindopril erbumine tab 4 mg....57

perindopril erbumine tab 8 mg.....57
periogard sol 0.12%.....172
permethrin cream 5%.....120
perphenazine-amitriptyline tab 2-10 mg .184
perphenazine-amitriptyline tab 2-25 mg.184
perphenazine-amitriptyline tab 4-10 mg .184
perphenazine-amitriptyline tab 4-25 mg 184
perphenazine-amitriptyline tab 4-50 mg 184
perphenazine tab 16 mg.....80
perphenazine tab 2 mg 80
perphenazine tab 4 mg 80
perphenazine tab 8 mg 80
PERSERIS INJ 120MG 77
PERSERIS INJ 90MG 77
PERTZYE CAP 16000U 121
PERTZYE CAP 24000U.....121
PERTZYE CAP 4000UNIT.....121
PERTZYE CAP 8000UNIT.....121
PHARMACY COU MIS LANCETS 154
PHARM SYRNG MIS TRAY 1ML.....163
PHARM TRAY MIS 12ML/LL.....163
PHARM TRAY MIS 1ML/REG 163
PHARM TRAY MIS 20ML/LL.....163
PHARM TRAY MIS 35ML/LL.....163
PHARM TRAY MIS 3ML/LL 163
PHARM TRAY MIS 60ML/LL 163
PHARM TRAY MIS 6ML 163
PHEBURANE MIS 483/GM.....126
phenazopyridine hcl tab 100 mg 135
phenazopyridine hcl tab 200 mg.....135
phenazo tab 200mg 135
phenelzine sulfate tab 15 mg 42
phenobarbital elixir 20 mg/5ml 139
phenobarbital tab 100 mg 139
phenobarbital tab 15 mg 139
phenobarbital tab 16.2 mg.....139
phenobarbital tab 30 mg 139
phenobarbital tab 32.4 mg 139
phenobarbital tab 60 mg 139
phenobarbital tab 64.8 mg.....139
phenobarbital tab 97.2 mg 139
PHENOHYTRO ELX 192
PHENOHYTRO TAB.....192
phenoxybenzamine hcl cap 10 mg 58
phenylephrine hcl ophth soln 10% 176
phenylephrine hcl ophth soln 2.5%.....176
phenytek cap 200mg 40
phenytek cap 300mg 40
phenytoin chew tab 50 mg 40
phenytoin sodium extended cap 100 mg .40
phenytoin sodium extended cap 200 mg.40
phenytoin sodium extended cap 300 mg 40
phenytoin susp 125 mg/5ml 40
PHEXX GEL.....195
PHEXXI GEL.....195
philith tab 0.4-35 100
PHOSPHOLINE SOL 0.125%OP.....177
phytonadione tab 5 mg.....196
pilocarpine hcl ophth soln 1% 177
pilocarpine hcl ophth soln 2%.....177
pilocarpine hcl ophth soln 4% 177
pilocarpine hcl tab 5 mg 173
pilocarpine hcl tab 7.5 mg 173
pimecrolimus cream 1%.....118
pimozide tab 1 mg.....187
pimozide tab 2 mg 187
pimtrea tab.....100
pindolol tab 10 mg.....87
pindolol tab 5 mg.....87
pioglitazone hcl-glimepiride tab 30-2 mg 46
pioglitazone hcl-glimepiride tab 30-4 mg 46
pioglitazone hcl-metformin hcl tab 15-500 mg 46
pioglitazone hcl-metformin hcl tab 15-850 mg 46
pioglitazone hcl tab 15 mg (base equiv)....49
pioglitazone hcl tab 30 mg (base equiv)...49
pioglitazone hcl tab 45 mg (base equiv)...49
PIP CONTROL LIQ 154
PIP LANCETS MIS 28G 154
PIP LANCETS MIS 30G.....154
PIQRAY 200MG TAB DOSE 70
PIQRAY 250MG TAB DOSE 71
PIQRAY 300MG TAB DOSE 71
pirfenidone cap 267 mg.....188
pirfenidone tab 267 mg.....188
pirfenidone tab 534 mg 188
pirfenidone tab 801 mg.....188

piroxicam cap 10 mg 14
piroxicam cap 20 mg.....14
pitavastatin calcium tab 1 mg 55
pitavastatin calcium tab 2 mg 56
pitavastatin calcium tab 4 mg 56
PIVYA TAB 185MG.....180
PLAQUENIL TAB 200MG 63
PLEGRIDY INJ 186
PLEGRIDY INJ PEN 186
PLEGRIDY INJ STARTER 186
PLEGRIDY PEN INJ STARTER.....186
PLEXION CLTH PAD 9.8-4.8% 107
PLEXION CRE 9.8-4.8% 107
PLEXION LIQ 9.8-4.8%.....107
PLEXION LOT 9.8-4.8%.....107
PLEXION NS SHA 9.8% 113
pnv-dha cap.....173
pnv-select tab 173
POCKET CHAMB MIS 166
POCKETCHEM SOL EZ 154
POCKET SPACE MIS 166
PODOCON-25 SOL 118
podofilox gel 0.5% 118
podofilox soln 0.5% 118
polycin oin op 177
POLY HUB MIS 18GX1 163
POLY HUB MIS 18GX1.5 163
POLY HUB MIS 20GX1 163
POLY HUB MIS 21GX1 163
POLY HUB MIS 21GX1.5 163
POLY HUB MIS 22GX1.....163
POLY HUB MIS 22GX1.5 163
POLY HUB MIS 23GX1.....163
POLY HUB MIS 23GX1.5 163
POLY HUB MIS 25GX1.....163
POLY HUB MIS 25GX1.5 163
POLY HUB MIS 25GX5/8.....163
POLY HUB MIS 27GX1/2.....163
POLY HUB MIS 27GX1.25 163
POLY HUB MIS 30GX1/2 163
POLY-IRON CAP 150 FORT.....139
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....177
POLYSACCHARI CAP IRON.....139
pomalidomide cap 1 mg 67
pomalidomide cap 2 mg 67
pomalidomide cap 3 mg 67
pomalidomide cap 4 mg 67
POMALYST CAP 1MG.....67
POMALYST CAP 2MG 67
POMALYST CAP 3MG 67
POMALYST CAP 4MG.....67
PONVORY TAB 20MG.....186
PONVORY TAB STARTER.....186
portia-28 tab 100
posaconazole susp 40 mg/ml 53
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml.....134
potassium chloride cap er 10 meq 169
potassium chloride cap er 8 meq.....169
potassium chloride microencapsulated crys er tab 10 meq.....169
potassium chloride microencapsulated crys er tab 15 meq.....169
potassium chloride microencapsulated crys er tab 20 meq 169
potassium chloride oral soln 10% (20 meq/15ml) 169
potassium chloride oral soln 20% (40 meq/15ml) 169
potassium chloride powder packet 20 meq 169
potassium chloride tab er 10 meq 169
potassium chloride tab er 15 meq 169
potassium chloride tab er 20 meq (1500 mg).....169
potassium chloride tab er 8 meq (600 mg) 169
potassium citrate & citric acid soln 1100-334 mg/5ml.....134
potassium citrate tab er 10 meq (1080 mg) 134
potassium citrate tab er 15 meq (1620 mg) 134
*potassium citrate tab er 5 meq (540 mg)*134
POVIDONE IOD SOL 5% 178
pramipexole dihydrochloride tab 0.125 mg 74

pramipexole dihydrochloride tab 0.25 mg 74
pramipexole dihydrochloride tab 0.5 mg .74
pramipexole dihydrochloride tab 0.75 mg 74
pramipexole dihydrochloride tab 1.5 mg ..74
pramipexole dihydrochloride tab 1 mg.....74
pramipexole dihydrochloride tab er 24hr 0.375 mg.....75
pramipexole dihydrochloride tab er 24hr 0.75 mg.....74
pramipexole dihydrochloride tab er 24hr 1.5 mg.....75
pramipexole dihydrochloride tab er 24hr 2.25 mg 75
pramipexole dihydrochloride tab er 24hr 3.75 mg 75
pramipexole dihydrochloride tab er 24hr 3 mg.....75
pramipexole dihydrochloride tab er 24hr 4.5 mg 75
PRAMOSONE CRE 1-1% 116
PRAMOSONE LOT 1% 116
PRAMOSONE LOT 1-1% 116
PRAMOSONE LOT 2.5%.....116
PRAMOSONE OIN 1% 116
PRAMOSONE OIN 1-1% 116
PRAMOSONE OIN 2.5% 116
pramoxine-hc cream 1-2.5% 116
prasugrel hcl tab 10 mg (base equiv) 137
prasugrel hcl tab 5 mg (base equiv).....137
pravastatin sodium tab 10 mg 56
pravastatin sodium tab 20 mg.....56
pravastatin sodium tab 40 mg 56
pravastatin sodium tab 80 mg 56
praziquantel tab 600 mg.....24
prazosin hcl cap 1 mg 59
prazosin hcl cap 2 mg.....59
prazosin hcl cap 5 mg.....59
PR BENZOYL LIQ 7% WASH.....107
PRECISION LIQ GLUC/KET 154
PRECISN XTRA TES KETONE 120
prednisolone acetate ophth susp 1%.....179
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....103
prednisolone sod phos orally disintegr tab 10 mg (base eq).....103
prednisolone sod phos orally disintegr tab 15 mg (base eq).....103
prednisolone sod phos orally disintegr tab 30 mg (base eq).....103
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....103
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....103
prednisolone soln 15 mg/5ml.....103
PREDNISOLONE SUS 1%.....179
prednisolone tab 5 mg.....103
PREDNISONE CON 5MG/ML.....103
prednisone oral soln 5 mg/5ml.....103
prednisone tab 10 mg 103
prednisone tab 1 mg.....103
prednisone tab 2.5 mg.....103
prednisone tab 20 mg.....103
prednisone tab 50 mg.....103
prednisone tab 5 mg 103
prednisone tab delayed release 1 mg.....104
prednisone tab delayed release 2 mg 104
prednisone tab delayed release 5 mg 104
prednisone tab therapy pack 10 mg (21) .104
prednisone tab therapy pack 10 mg (48) 104
prednisone tab therapy pack 5 mg (21)...104
prednisone tab therapy pack 5 mg (48)..104
PRED SOD PHO SOL 1% OP.....179
pregabalin cap 100 mg.....38
pregabalin cap 150 mg 38
pregabalin cap 200 mg 39
pregabalin cap 225 mg.....39
pregabalin cap 25 mg.....38
pregabalin cap 300 mg 39
pregabalin cap 50 mg.....38
pregabalin cap 75 mg.....38
pregabalin soln 20 mg/ml.....39
pregabalin tab er 24hr 165 mg 187
pregabalin tab er 24hr 330 mg 187
pregabalin tab er 24hr 82.5 mg 187
PREGNYL INJ 10000UNT.....124

PREMARIN INJ 25MG....130
PREMPHASE TAB....129
PREMPRO TAB....129
PREMPRO TAB 0.3-1.5....129
PREMPRO TAB 0.45-1.5....129
PREMPRO TAB 0.625-5....129
PRENATAL TAB....173
PRENATAL TAB 28-0.8MG....174
PRENATAL TAB MULTIVIT....174
PRENATAL VIT TAB MINERALS....174
PREPIDIL GEL 0.5MG/3G....180
PREP PADS PAD....159
PRETOMANID TAB 200MG....63
prevalite pow 4gm....54
prevalite pow 4gm pk....54
PREVYMIS PAK 120MG....84
PREVYMIS PAK 20MG....84
PREVYMIS TAB 240MG....84
PREVYMIS TAB 480MG....84
PREZCOBIX TAB 675/150....83
PREZCOBIX TAB 800-150....83
PRIFTIN TAB 150MG....63
primaquine phosphate tab 26.3 mg (15 mg base)....63
PRIMAQUINE TAB 26.3MG....63
primidone tab 250 mg....39
primidone tab 50 mg....39
PRISMASOL SOL 0/0/1.2....170
PRISMASOL SOL 0/2.5....170
PRISMASOL SOL 2/0....170
PRISMASOL SOL 2/3.5....170
PRISMASOL SOL 4/0/1.2....170
PRISMASOL SOL 4/2.5....170
PRISMASOL SOL B22GK4/0....170
probenecid tab 500 mg....135
PROCARDIA XL TAB 30MG....89
PROCARDIA XL TAB 60MG....89
PROCARDIA XL TAB 90MG....89
procentra sol 5mg/5ml....2
prochlorperazine edisylate inj 10 mg/2ml 80
prochlorperazine maleate tab 10 mg (base equivalent)....80
prochlorperazine maleate tab 5 mg (base equivalent)....80
prochlorperazine suppos 25 mg....80
PRO COMFORT MIS 31G....154
PRO COMFORT MIS LANC 30G....154
PRO COMFORT MIS LANCETS....154
PRO COMFORT PAD ALCOHOL....159
PROCORT CRE....23
PROCRIT INJ 10000/ML....138
PROCRIT INJ 2000/ML....138
PROCRIT INJ 20000/ML....138
PROCRIT INJ 3000/ML....138
PROCRIT INJ 4000/ML....138
PROCRIT INJ 40000/ML....138
PROCTOCORT SUP 30MG....24
PROCTOFOAM AER HC 1%....23
procto-med cre hc 2.5%....24
proctosol hc cre 2.5%....24
proctozone cre -hc 2.5%....24
PRODIGY MIS 26G....154
PRODIGY MIS 28G....154
PRODIGY MIS LANC DEV....154
PRODIGY SOL HIGH....154
PRODIGY SOL LOW....154
progesterone cap 100 mg....181
progesterone cap 200 mg....181
progesterone im in oil 50 mg/ml....181, 182
progesterone vaginal insert 100 mg....195
PROGLYCEM SUS 50MG/ML....47
PROGRAF CAP 0.5MG....171
PROGRAF CAP 1MG....171
PROGRAF CAP 5MG....171
PROGRAF GRA 0.2MG....171
PROGRAF GRA 1MG....171
PROLENSA DRO 0.07% OP....179
promethazine & phenylephrine syrup 6.25-5 mg/5ml....104
promethazine-dm syrup 6.25-15 mg/5ml....104
promethazine hcl oral soln 6.25 mg/5ml..53
promethazine hcl suppos 12.5 mg....53
promethazine hcl suppos 25 mg....53
promethazine hcl tab 12.5 mg....53
promethazine hcl tab 25 mg....53
promethazine hcl tab 50 mg....53

promethazine w/ codeine syrup 6.25-10 mg/5ml 104
promethegan sup 12.5mg 53
promethegan sup 25mg 53
promethegan sup 50mg 53
prometh vc syp 6.25-5/5 104
propafenone hcl cap er 12hr 225 mg 29
propafenone hcl cap er 12hr 325 mg 29
propafenone hcl cap er 12hr 425 mg 29
propafenone hcl tab 150 mg 29
propafenone hcl tab 225 mg 29
propafenone hcl tab 300 mg 29
proparacaine hcl ophth soln 0.5% 178
propranolol hcl cap er 24hr 120 mg 87
propranolol hcl cap er 24hr 160 mg 87
propranolol hcl cap er 24hr 60 mg 87
propranolol hcl cap er 24hr 80 mg 87
propranolol hcl oral soln 20 mg/5ml 87
propranolol hcl oral soln 40 mg/5ml 87
propranolol hcl tab 10 mg 87
propranolol hcl tab 20 mg 87
propranolol hcl tab 40 mg 87
propranolol hcl tab 60 mg 87
propranolol hcl tab 80 mg 87
propylthiouracil tab 50 mg 189
PROSCAR TAB 5MG 135
protriptyline hcl tab 10 mg 45
protriptyline hcl tab 5 mg 45
PROVERA TAB 10MG 182
PROVERA TAB 2.5MG 182
PROVERA TAB 5MG 182
prucalopride succinate tab 1 mg (base equivalent) 131
prucalopride succinate tab 2 mg (base equivalent) 131
PRUDOXIN CRE 5% 109
pruradik lot 10% 120
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 104
PULMICORT INH 180MCG 31
PULMICORT INH 90MCG 31
PULMICORT SUS 0.25MG/2 31
PULMICORT SUS 0.5MG/2 31
PULMICORT SUS 1MG/2ML 31
PULMOSAL NEB 7% 105
PULMOZYME SOL 1MG/ML 188
PURE COMFORT MIS 30G LAN 154
PURE COMFORT PAD 159
PUREVIT DUAL CAP FE PLUS 139
PURIXAN SUS 20MG/ML 65
PX LANCETS MIS 28G 154
PX LANCETS MIS 33G 154
PYLERA CAP 193
pyquvi sus 22.75mg 104
pyrazinamide tab 500 mg 64
PYRIDIUM TAB 100MG 135
PYRIDIUM TAB 200MG 135
pyridostigmine bromide oral soln 60 mg/5ml 63
pyridostigmine bromide tab 60 mg 63
pyridostigmine bromide tab er 180 mg 63
pyrimethamine tab 25 mg 63
PYROGALL ACD OIN 118
PYZCHIVA INJ 45/0.5ML 111
PYZCHIVA INJ 90MG/ML 111, 112

Q

QBRELIS SOL 1MG/ML 57
QBREXZA PAD 2.4% 119
QC ALCOHOL PAD SWABS 159
QC LANCETS MIS 28G 154
QC LANCETS MIS 30G 154
QC LANCING MIS DEVICE 154
QELBREE CAP 100MG ER 5
QELBREE CAP 150MG ER 5
QELBREE CAP 200MG ER 5
QSYMIA CAP 11.25-69 3
QSYMIA CAP 15-92MG 3
QSYMIA CAP 3.75-23 3
QSYMIA CAP 7.5-46MG 3
QUALAQUIN CAP 324MG 63
QUDEXY XR CAP 100/24HR 39
QUDEXY XR CAP 150/24HR 39
QUDEXY XR CAP 200/24HR 39
QUDEXY XR CAP 25/24HR 39
QUDEXY XR CAP 50/24HR 39
QUESTRAN POW 4GM 54
QUESTRAN POW 4GM LITE 54
quetiapine fumarate tab 100 mg 79

quetiapine fumarate tab 150 mg 79
quetiapine fumarate tab 200 mg 79
quetiapine fumarate tab 25 mg 79
quetiapine fumarate tab 300 mg 79
quetiapine fumarate tab 400 mg 79
quetiapine fumarate tab 50 mg 79
quetiapine fumarate tab er 24hr 150 mg ...79
quetiapine fumarate tab er 24hr 200 mg ..79
quetiapine fumarate tab er 24hr 300 mg ..79
quetiapine fumarate tab er 24hr 400 mg ..79
quetiapine fumarate tab er 24hr 50 mg 79
QUICKTEK LIQ SOLUTION 154
quinapril hcl tab 10 mg 57
quinapril hcl tab 20 mg 57
quinapril hcl tab 40 mg 57
quinapril hcl tab 5 mg 57
quinapril-hydrochlorothiazide tab 10-12.5 mg 62
quinidine gluconate tab er 324 mg 28
quinine sulfate cap 324 mg 63
QUINTET CONT SOL HGH/NORM 155
QULIPTA TAB 10MG 167
QULIPTA TAB 30MG 167
QULIPTA TAB 60MG 167
QUVIVIQ TAB 25MG 140
QUVIVIQ TAB 50MG 140

R

RA ALCOHOL PAD SWABS 159
RABEPRAZOLE CAP 10MG DR 193
rabeprazole sodium ec tab 20 mg 193
RADICAVA ORS SUS 105/5ML 175
RADICAVA ORS SUS STARTER 175
RADIOGARDASE CAP 0.5GM 51
RA E-ZJECT MIS 28G 155
RA E-ZJECT MIS THIN 26G 155
RA E-ZJECT MIS THIN 28G 155
RA E-ZJECT MIS ULT THIN 155
RAGWITEK SUB 7
raloxifene hcl tab 60 mg 125
ramelteon tab 8 mg 140
ramipril cap 1.25 mg 57
ramipril cap 10 mg 57
ramipril cap 2.5 mg 57
ramipril cap 5 mg 57
ranolazine tab er 12hr 1000 mg 26
ranolazine tab er 12hr 500 mg 26
RAPAMUNE TAB 0.5MG 171
RAPAMUNE TAB 1MG 171
RAPID-SAFE MIS LANCING 155
RA PRENATAL TAB 28-0.8MG 174
RA PRENATAL TAB FORMULA 174
rasagiline mesylate tab 0.5 mg (base equiv) 75
rasagiline mesylate tab 1 mg (base equiv) 75
RASUVO INJ 10MG 11
RASUVO INJ 12.5MG 11
RASUVO INJ 15MG 11
RASUVO INJ 17.5MG 11
RASUVO INJ 20MG 12
RASUVO INJ 22.5MG 12
RASUVO INJ 25MG 12
RASUVO INJ 30MG 12
RASUVO INJ 7.5MG 11
READYLANCE MIS 21G 155
READYLANCE MIS 23G 155
READYLANCE MIS 26G 155
READYLANCE MIS 28G 155
READYLANCE MIS 30G 155
REALITY MIS LANCETS 155
REALITY MIS LUBRICAT 143
REALITY SWAB PAD 159
REALITY TRIG MIS LANCETS 155
REALITY ULTR MIS TEXTURED 143
REALITY ULTR MIS THIN 143
REBIF INJ 22/0.5 186
REBIF INJ 44/0.5 186
REBIF REBIDO INJ 22/0.5 186
REBIF REBIDO INJ 44/0.5 186
REBIF REBIDO INJ TITRATN 186
REBIF TITRTN INJ PACK 186
reclipsen tab 100
RECTIV OIN 0.4% 24
REFUAH PLUS SOL CONTROL 155
REGIOCIT SOL 170
REGLAN TAB 10MG 131
REGLAN TAB 5MG 131
REGRANEX GEL 0.01% 120
RELENZA MIS DISKHALE 85

RELION KIT LANCING....155
RELION LANCE MIS THIN 26G....155
RELION LANCE MIS THIN 30G....155
RELION LANCI MIS DEVICE....155
RELION MICRO MIS THIN 33G....155
RELION TES KETONE....121
RELION TRUE TES METRIX....121
RELION ULTRA MIS THIN 30G....155
RELION ULTRA MIS THIN PLS....155
RELPAX TAB 20MG....168
RELPAX TAB 40MG....168
REMERON SLTB TAB 15MG....41
REMERON SLTB TAB 30MG....41
REMERON SLTB TAB 45MG....41
REMERON TAB 15MG....41
REMERON TAB 30MG....41
repaglinide tab 0.5 mg....49
repaglinide tab 1 mg....50
repaglinide tab 2 mg....50
REPATHA INJ 140MG/ML....56
REPATHA PUSH INJ 420/3.5....56
REPATHA SURE INJ 140MG/ML....56
RESTASIS EMU 0.05% OP....178
RESTASIS MUL EMU 0.05% OP....178
RESTORA RX CAP 60-1.25....50
RESTORIL CAP 15MG....140
RESTORIL CAP 22.5MG....140
RESTORIL CAP 30MG....140
RESTORIL CAP 7.5MG....140
RETACRIT INJ 10000UNT....138
RETACRIT INJ 20000UNI....138
RETACRIT INJ 2000UNIT....138
RETACRIT INJ 3000UNIT....138
RETACRIT INJ 40000UNT....138
RETACRIT INJ 4000UNIT....138
RETEVMO CAP 40MG....71
RETEVMO CAP 80MG....71
RETEVMO TAB 120MG....71
RETEVMO TAB 160MG....71
RETEVMO TAB 40MG....71
RETEVMO TAB 80MG....71
RETIN-A CRE 0.025%....107
RETIN-A CRE 0.05%....107
RETIN-A CRE 0.1%....107
RETIN-A GEL 0.01%....107
RETIN-A GEL 0.025%....107
RETROVIR CAP 100MG....83
RETROVIR SYP 50MG/5ML....83
REVUFORJ TAB 110MG....67
REVUFORJ TAB 160MG....67
REVUFORJ TAB 25MG....67
REXULTI TAB 0.25MG....81
REXULTI TAB 0.5MG....81
REXULTI TAB 1MG....81
REXULTI TAB 2MG....81
REXULTI TAB 3MG....81
REXULTI TAB 4MG....81
REYVOW TAB 100MG....168
REYVOW TAB 50MG....168
REZDIFFRA TAB 100MG....131
REZDIFFRA TAB 60MG....131
REZDIFFRA TAB 80MG....131
ribavirin cap 200 mg....85
ribavirin tab 200 mg....85
RIDAURA CAP 3MG....12
rifabutin cap 150 mg....64
rifampin cap 150 mg....64
rifampin cap 300 mg....64
rifapentine tab 150 mg....64
RIGHTEST ALT MIS ADAPTOR....155
RIGHTEST LIQ HIGH CON....155
RIGHTEST LIQ NORM CON....155
RIGHTEST MIS GD500....155
RIGHTEST MIS GL300....155
rilpivirine hcl tab 25 mg (base equivalent) 83
riluzole tab 50 mg....175
rimantadine hydrochloride tab 100 mg....86
RINVOQ LQ SOL 1MG/ML....10
RINVOQ TAB 15MG ER....10
RINVOQ TAB 30MG ER....10
RINVOQ TAB 45MG ER....11
risedronate sodium tab 150 mg....123
risedronate sodium tab 30 mg....123
risedronate sodium tab 35 mg....123
risedronate sodium tab 5 mg....123
risedronate sodium tab delayed release 35 mg....123
RISPERDAL INJ 12.5MG....77

RISPERDAL INJ 25MG....77
RISPERDAL INJ 37.5MG....77
RISPERDAL INJ 50MG....77
RISPERDAL SOL 1MG/ML....77
RISPERDAL TAB 0.5MG....77
RISPERDAL TAB 1MG....77
RISPERDAL TAB 2MG....77
RISPERDAL TAB 3MG....77
RISPERDAL TAB 4MG....77
risperidone microspheres for im extended rel susp 12.5 mg....77
risperidone microspheres for im extended rel susp 25 mg....77
risperidone microspheres for im extended rel susp 37.5 mg....77
risperidone microspheres for im extended rel susp 50 mg....77
risperidone orally disintegrating tab 0.25 mg....77
risperidone orally disintegrating tab 0.5 mg....77
risperidone orally disintegrating tab 1 mg.77
*risperidone orally disintegrating tab 2 mg*77
*risperidone orally disintegrating tab 3 mg*77
*risperidone orally disintegrating tab 4 mg*77
risperidone soln 1 mg/ml....77
risperidone tab 0.25 mg....77
risperidone tab 0.5 mg....77
risperidone tab 1 mg....77
risperidone tab 2 mg....77
risperidone tab 3 mg....78
risperidone tab 4 mg....78
RITALIN LA CAP 10MG....7
RITALIN LA CAP 20MG....7
RITALIN LA CAP 30MG....7
RITALIN LA CAP 40MG....7
RITALIN TAB 10MG....7
RITALIN TAB 20MG....7
RITALIN TAB 5MG....7
RITEFLO MIS....166
ritonavir tab 100 mg....83
rivaroxaban for susp 1 mg/ml....34
rivaroxaban tab 2.5 mg....34
rivastigmine tartrate cap 1.5 mg (base equivalent)....183
rivastigmine tartrate cap 3 mg (base equivalent)....183
rivastigmine tartrate cap 4.5 mg (base equivalent)....183
rivastigmine tartrate cap 6 mg (base equivalent)....183
*rivastigmine td patch 24hr 13.3 mg/24hr*183
rivastigmine td patch 24hr 4.6 mg/24hr.183
rivastigmine td patch 24hr 9.5 mg/24hr.183
rivelsa tab....100
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)....168
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)....168
rizatriptan benzoate tab 10 mg (base equivalent)....168
rizatriptan benzoate tab 5 mg (base equivalent)....168
ROCALTROL CAP 0.25MCG....126
ROCALTROL CAP 0.5MCG....126
ROCALTROL SOL 1MCG/ML....126
roflumilast tab 250 mcg....30
roflumilast tab 500 mcg....30
ropinirole hydrochloride tab 0.25 mg....75
ropinirole hydrochloride tab 0.5 mg....75
ropinirole hydrochloride tab 1 mg....75
ropinirole hydrochloride tab 2 mg....75
ropinirole hydrochloride tab 3 mg....75
ropinirole hydrochloride tab 4 mg....75
ropinirole hydrochloride tab 5 mg....75
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)....75
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)....75
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)....75
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)....75
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)....75
rosuvastatin calcium tab 10 mg....56
rosuvastatin calcium tab 20 mg....56

rosuvastatin calcium tab 40 mg.....56
rosuvastatin calcium tab 5 mg.....56
rosyrah tab.....100
ROWASA KIT 4GM.....132
roweepra tab 500mg.....39
ROXICODONE TAB 15MG.....20
ROXICODONE TAB 30MG.....20
ROZLYTREK CAP 100MG.....71
ROZLYTREK CAP 200MG.....71
ROZLYTREK PAK 50MG.....71
RUCONEST INJ 2100UNIT.....136
rufinamide susp 40 mg/ml.....39
rufinamide tab 200 mg.....39
rufinamide tab 400 mg.....39
RUKOBIA TAB 600MG ER.....83
RYBELSUS TAB 1.5MG.....48
RYBELSUS TAB 14MG.....48
RYBELSUS TAB 3MG.....48
RYBELSUS TAB 4MG.....48
RYBELSUS TAB 7MG.....48
RYBELSUS TAB 9MG.....48
RYDAPT CAP 25MG.....71
RYTARY CAP 145MG.....75
RYTARY CAP 195MG.....75
RYTARY CAP 245MG.....75
RYTARY CAP 95MG.....75
ryvent tab 6mg.....53

S

sacubitril-valsartan tab 24-26 mg.....91
sacubitril-valsartan tab 49-51 mg.....91
sacubitril-valsartan tab 97-103 mg.....91
SAFE-T-PRO MIS LANCETS.....155
SAFE-T-PRO MIS PLUS.....155
SAFETY 21G MIS LANCETS.....155
SAFETY 23G MIS LANCETS.....155
SAFETY 28G MIS LANCETS.....155
SAFETY 30G MIS LANCETS.....155
SAFETYGLIDE MIS 21GX1.5.....163
SAFETY MIS LANCETS.....155
SAFETY NEEDL MIS 22GX1.5.....163
SAFTY NEEDLE MIS 18GX1.....163
SAFTY NEEDLE MIS 18GX1.5.....163
SAFTY NEEDLE MIS 19GX1.....164
SAFTY NEEDLE MIS 19GX1.5.....164
SAFTY NEEDLE MIS 20GX1.....164
SAFTY NEEDLE MIS 20GX1.5.....164
SAFTY NEEDLE MIS 21GX1.....164
SAFTY NEEDLE MIS 21GX1.5.....164
SAFTY NEEDLE MIS 21GX5/8.....164
SAFTY NEEDLE MIS 22GX1.....164
SAFTY NEEDLE MIS 22GX1.5.....164
SAFTY NEEDLE MIS 23GX1.....164
SAFTY NEEDLE MIS 23GX5/8.....164
SAFTY NEEDLE MIS 25GX1.....164
SAFTY NEEDLE MIS 25GX5/8.....164
SAFYRAL TAB.....100
sajazir inj 30mg/3ml.....136
SALAGEN TAB 5MG.....173
SALAGEN TAB 7.5MG.....173
salicylic acid er film-forming soln 28.5%.118
salicylic acid film forming liquid 27.5%....118
salicylic acid foam 6%.....118
salicylic acid gel 6%.....118
salicylic acid shampoo 6%.....118
salicylic acid soln 26%.....118
SALICYLIC AC LIQ 27.5%.....118
SALIMEZ FORT CRE 10%.....118
salsalate tab 500 mg.....17
salsalate tab 750 mg.....17
SALVAX AER 6%.....118
salyntra gel 6%.....118
SAMSCA TAB 15MG.....128
SAMSCA TAB 30MG.....128
SANCUSO DIS 3.1MG.....51
SANDIMMUNE CAP 100MG.....171
SANDIMMUNE CAP 25MG.....171
SANDOSTATIN INJ 100MCG.....128
SANDOSTATIN INJ 500MCG.....128
SANDOSTATIN INJ 50MCG/ML.....128
SANTYL OIN 250/GM.....117
SAPHNELO INJ 120/0.8.....172
SAPHNELO PEN INJ 120/0.8.....172
SAPHRIS SUB 10MG.....79
SAPHRIS SUB 2.5MG.....79
SAPHRIS SUB 5MG.....79
sapropterin dihydrochloride powder packet 100 mg.....126

sapropterin dihydrochloride powder packet 500 mg 126
sapropterin dihydrochloride tab 100 mg .126
SAPSCARE MIS TWIST 155
SAPS CARE PAD ALCOHOL 159
SAPS HEALTH MIS TWIST 155
SAPS HEALTH PAD ALCOHOL....159
SAPS TWIST MIS 30G....155
SAVELLA MIS TITR PAK 184
SAVELLA TAB 100MG....184
SAVELLA TAB 12.5MG 184
SAVELLA TAB 25MG....184
SAVELLA TAB 50MG 184
saxagliptin hcl tab 2.5 mg (base equiv)....48
saxagliptin hcl tab 5 mg (base equiv)....48
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg....46
saxagliptin-metformin hcl tab er 24hr 5-1000 mg....46
saxagliptin-metformin hcl tab er 24hr 5-500 mg 46
SAXENDA INJ 18MG/3ML....3
SB ALCOHOL PAD PREP....159
SB LANCETS MIS THIN....155
SB LANCETS MIS ULTR THN 155
SCEMBLIX TAB 100MG....71
SCEMBLIX TAB 20MG....71
SCEMBLIX TAB 40MG 71
scopolamine td patch 72hr 1 mg/3days 51
SELECT-LITE KIT DEV/LANC....155
SELECT-LITE MIS LANC DEV 155
selegiline hcl cap 5 mg 75
selegiline hcl tab 5 mg 75
selenium sulfide lotion 2.5% 113
selenium sulfide shampoo 2.25% 113
selenium sulfide shampoo 2.3% 113
SENSIPAR TAB 30MG....126
SENSIPAR TAB 60MG....126
SENSIPAR TAB 90MG....126
SEREVENT DIS AER 50MCG....32
SERNIVO SPR 0.05%....116
SEROQUEL TAB 100MG 79
SEROQUEL TAB 200MG 79
SEROQUEL TAB 25MG 79
SEROQUEL TAB 300MG 79
SEROQUEL TAB 400MG 79
SEROQUEL TAB 50MG....79
SEROSTIM INJ 4MG....125
SEROSTIM INJ 5MG....125
SEROSTIM INJ 6MG....125
sertraline hcl cap 150 mg 43
sertraline hcl cap 200 mg 43
sertraline hcl oral concentrate for solution 20 mg/ml....43
sertraline hcl tab 100 mg....43
sertraline hcl tab 25 mg....43
sertraline hcl tab 50 mg 43
setlakin tab 100
sevelamer carbonate packet 0.8 gm 134
sevelamer carbonate packet 2.4 gm 134
sevelamer carbonate tab 800 mg 134
sevelamer hcl tab 400 mg....134
sevelamer hcl tab 800 mg....134
SF 5000 PLUS CRE 1.1% 173
SF GEL 1.1%....173
SFROWASA ENE 4GM 132
sharobel tab 0.35mg 102
SHARP CONTAI MIS 164
SHARPS CONT MIS 14QT....164
SIGNIFOR INJ 0.3MG/ML....128
SIGNIFOR INJ 0.6MG/ML 128
SIGNIFOR INJ 0.9MG/ML 128
SIKLOS TAB 1000MG....137
SIKLOS TAB 100MG 137
*sildenafil citrate for suspension 10 mg/ml*94
sildenafil citrate tab 100 mg....92
sildenafil citrate tab 20 mg 94
sildenafil citrate tab 25 mg....92
sildenafil citrate tab 50 mg 92
silodosin cap 4 mg....135
silodosin cap 8 mg....135
SILVADENE CRE 1%....114
SILVER NITRA SOL 0.5% 114
silver nitrate soln 0.5% 114
silver sulfadiazine cream 1%....114
SIMBRINZA SUS 1-0.2%....177
simliya tab 28 day....100
simpesse tab 100

SIMPLE DIAG MIS LANCING.....155
simvastatin tab 10 mg.....56
simvastatin tab 20 mg.....56
simvastatin tab 40 mg.....56
simvastatin tab 5 mg.....56
simvastatin tab 80 mg.....56
SINEMET TAB 10-100MG.....75
SINEMET TAB 25-100MG.....75
SINGLE-LET MIS 23G.....155
sirolimus oral soln 1 mg/ml.....171
sirolimus tab 0.5 mg.....171
sirolimus tab 1 mg.....171
sirolimus tab 2 mg.....171
SIRTURO TAB 100MG.....64
SIRTURO TAB 20MG.....64
sitagliptin phosphate-metformin hcl tab 50-1000 mg.....46
sitagliptin phosphate-metformin hcl tab 50-500 mg.....46
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg.....46
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg.....46
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg.....46
sitagliptin phosphate tab 100 mg (base equiv).....48
sitagliptin phosphate tab 25 mg (base equiv).....48
SITAVIG TAB 50MG.....85
SIVEXTRO TAB 200MG.....25
SKYCLARYS CAP 50MG.....175
SKYLA IUD 13.5MG.....101
SKYRIZI INJ 150MG/ML.....112
SKYRIZI INJ 180/1.2.....132
SKYRIZI INJ 360/2.4.....132
SKYRIZI INJ 55/0.37.....112
SKYRIZI PEN INJ 150MG/ML.....112
SLIP TIP 1ML MIS.....164
SLIP TIP 3ML MIS.....164
SMARTEST MIS LANCETS.....156
SMARTEST SOL CONTROL.....156
SMART SENSE MIS LANC 21G.....155
SMART SENSE MIS LANC 26G.....156
SMART SENSE MIS LANC 30G.....156
SMART SENSE MIS LANC 33G.....156
SM LANCETS MIS 33G.....155
sodium chloride soln nebu 0.9%.....105
sodium chloride soln nebu 10%.....105
sodium chloride soln nebu 3%.....105
sodium chloride soln nebu 7%.....105
sodium citrate & citric acid soln 500-334 mg/5ml.....134
sodium fluor cre 5000 ppm.....173
SODIUM FLUOR CRE 5000 PPM.....173
sodium fluor gel 5000 ppm.....173
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).....169
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf).....169
sodium fluoride cream 1.1%.....173
sodium fluoride gel 1.1% (0.5% f).....173
sodium fluoride-potassium nitrate gel 1.1-5%.....173
sodium fluoride rinse 0.2%.....173
sodium fluoride tab 0.5 mg f (from 1.1 mg naf).....169
sodium fluor pst 5000 ppm.....173
SODIUM FLUOR PST 5000 PPM.....173
sodium oxybate oral solution 500 mg/ml.....182
sodium phenylbutyrate oral powder 3 gm/teaspoonful.....126
sodium phenylbutyrate tab 500 mg.....126
sodium polystyrene sulfonate powder.....172
sodium polystyrene sulfonate susp 15 gm/60ml.....172
SOD SUL/SULF EMU 10-5%.....107
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....141
SOFDRA GEL 12.45%.....119
SOFTCLIX MIS LANCETS.....156
SOGROYA INJ 10MG/1.5.....125
SOGROYA INJ 15MG/1.5.....125
SOGROYA INJ 5MG/1.5.....125
solifenacin succinate tab 10 mg.....194
solifenacin succinate tab 5 mg.....194
SOLIQUA INJ 100/33.....46

SOLTAMOX SOL 10MG/5ML 66
SOLU-CORTEF INJ 1000MG.....104
SOLU-CORTEF INJ 100MG 104
SOLU-CORTEF INJ 250MG.....104
SOLU-CORTEF INJ 500MG 104
SOLUS V2 MIS LANC 28G 156
SOLUS V2 MIS LANC 30G 156
SOLUS V2 MIS LANC DEV 156
SOLUS V2 SOL HIGH.....156
SOLUS V2 SOL LOW 156
SOMA TAB 250MG.....174
SOMA TAB 350MG.....174
sorafenib tosylate tab 200 mg (base equivalent) 71
sotalol hcl (afib/afl) tab 120 mg 87
sotalol hcl (afib/afl) tab 160 mg.....88
sotalol hcl (afib/afl) tab 80 mg 87
sotalol hcl tab 120 mg 88
sotalol hcl tab 160 mg.....88
sotalol hcl tab 240 mg 88
sotalol hcl tab 80 mg 88
SOTYKTU TAB 6MG 112
SOTYLIZE SOL 5MG/ML 88
SOVALDI PAK 150MG.....85
SOVALDI PAK 200MG.....85
SOVALDI TAB 200MG.....85
SOVALDI TAB 400MG.....85
SPACE CHAMBR MIS ANTI-STA.....166
SPACE CHAMBR MIS LARGE 166
SPACE CHAMBR MIS MEDIUM 166
SPACE CHAMBR MIS SMALL.....166
SPEVIGO INJ 150/1ML 112
SPEVIGO INJ 300/2ML 112
spinosad susp 0.9% 120
SPIRIVA CAP HANDIHLR.....30
SPIRIVA RESP AER 1.25MCG.....30
SPIRIVA RESP AER 2.5MCG 30
spironolactone & hydrochlorothiazide tab 25-25 mg 122
spironolactone susp 25 mg/5ml.....122
spironolactone tab 100 mg 122
spironolactone tab 25 mg 122
spironolactone tab 50 mg.....122
SPORANOX CAP 100MG 53
SPORANOX SOL 10MG/ML 53
SPRAVATO SOL 56MG DOS.....42
SPRAVATO SOL 84MG DOS.....42
sprintec 28 tab 28 day 100
sps sus 15gm/60 172
sps sus 30gm/120.....172
sronyx tab 100
ssd cre 1% 114
SSS 10-5 AER 10-5% 107
SSS CRE 10%-5% 107
STERILANCE MIS TL 28G 156
STERILANCE MIS TL 30G.....156
STERILANCE MIS TL 32G 156
STIOLTO AER 2.5-2.5 33
STIVARGA TAB 40MG.....71
STRATTERA CAP 100MG 5
STRATTERA CAP 10MG 5
STRATTERA CAP 18MG.....5
STRATTERA CAP 25MG 5
STRATTERA CAP 40MG.....5
STRATTERA CAP 60MG.....5
STRATTERA CAP 80MG.....5
STRENSIQ INJ 18/0.45 126
STRENSIQ INJ 28/0.7ML.....126
STRENSIQ INJ 40MG/ML.....126
STRENSIQ INJ 80/0.8ML 126
STRIVERDI AER 2.5MCG 33
STROMECTOL TAB 3MG 24
subvenite kit start 35 39
subvenite kit start 49 39
subvenite kit start 98 39
subvenite tab 100mg 39
subvenite tab 150mg 39
subvenite tab 200mg.....39
subvenite tab 25mg 39
SUCRAID SOL 8500/ML.....121
sucralfate tab 1 gm 192
SULAR TAB 17MG ER.....89
SULAR TAB 34MG ER.....89
SULAR TAB 8.5MG ER.....89
sulconazole nitrate cream 1%.....109
sulconazole nitrate solution 1% 109
*sulfacetamide sodium cleansing gel 10%*113
sulfacetamide sodium liquid 10% 113

sulfacetamide sodium lotion 10% (acne) 107
sulfacetamide sodium ophth oint 10% 178
sulfacetamide sodium ophth soln 10%....178
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 179
sulfacetamide sodium shampoo 10% 114
sulfacetamide sodium shampoo 9.8%.....113
sulfacetamide sodium w/ sulfur cleanser 10-2% 107
sulfacetamide sodium w/ sulfur cleanser 10-5% 107
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% 107
sulfacetamide sodium w/ sulfur cleanser 9-4.5% 107
sulfacetamide sodium w/ sulfur cleanser 9-4% 107
sulfacetamide sodium w/ sulfur cream 10-2%.....107
sulfacetamide sodium w/ sulfur cream 10-5% 107
sulfacetamide sodium w/ sulfur cream 9.8-4.8% 107
sulfacetamide sodium w/ sulfur emulsion 10-1%.....107
sulfacetamide sodium w/ sulfur lotion 10-5% 107
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% 107
sulfacetamide sodium w/ sulfur susp 10-5% 107
sulfacetamide sodium w/ sulfur susp 8-4% 107
SULFACLEANSE SUS 8-4% 107
sulfadiazine tab 500 mg 188
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 24
sulfamethoxazole-trimethoprim tab 400-80 mg 24
sulfamethoxazole-trimethoprim tab 800-160 mg 25
SULFAMEZ EMU 10-1%.....107
SULFAMYLON CRE 85MG/GM 114
sulfasalazine tab 500 mg.....133
sulfasalazine tab delayed release 500 mg 133
sulfatrim pd sus 200-40/5 25
SULF LIME SOL 120
sulindac tab 150 mg.....14
sulindac tab 200 mg.....14
SUMADAN WASH LIQ 9-4.5% 107
sumatriptan nasal spray 20 mg/act 168
sumatriptan nasal spray 5 mg/act 168
sumatriptan succinate inj 6 mg/0.5ml.....168
sumatriptan succinate solution auto-injector 4 mg/0.5ml.....168
sumatriptan succinate solution auto-injector 6 mg/0.5ml.....168
sumatriptan succinate solution cartridge 4 mg/0.5ml 168
sumatriptan succinate solution cartridge 6 mg/0.5ml 168
sumatriptan succinate tab 100 mg.....168
sumatriptan succinate tab 25 mg.....168
sumatriptan succinate tab 50 mg 168
SUMAXIN PAD 10-4%.....107
sunitinib malate cap 12.5 mg (base equivalent) 71
sunitinib malate cap 25 mg (base equivalent) 71
sunitinib malate cap 37.5 mg (base equivalent) 71
sunitinib malate cap 50 mg (base equivalent) 71
SUNOSI TAB 150MG 5
SUNOSI TAB 75MG 5
SUPER THIN MIS LANC 28G.....156
SUPER THIN MIS LANCETS 156
SUPREME II LIQ HIGH/LOW 156
SURE COMFORT MIS LANC 18G 156
SURE COMFORT MIS LANC 21G 156
SURE COMFORT MIS LANC 23G.....156
SURE COMFORT MIS LANC 30G 156
SURE COMFORT MIS LANCETS.....156
SURE COMFORT MIS LANC PEN 156
SUREFLEX MIS LANCETS.....156
SURELITE MIS LANCETS 156
syeda tab 3-0.03mg.....100

SYMBYAX CAP 3-25MG.....184
SYMBYAX CAP 6-25MG.....184
SYMDEKO TAB 100-150 188
SYMDEKO TAB 50-75MG 188
SYMFI LO TAB 83
SYMFI TAB 83
SYMLINPEN 60 INJ 1000MCG 45
SYMLNPEN 120 INJ 1000MCG 46
SYMPROIC TAB 0.2MG 133
SYMTUZA TAB.....83
SYNALAR CRE 0.025% 116
SYNALAR OIN 0.025%.....116
SYNAREL SOL 2MG/ML 125
SYNJARDY TAB 47
SYNJARDY TAB 12.5-500.....47
SYNJARDY TAB 5-1000MG.....47
SYNJARDY TAB 5-500MG 47
SYNJARDY XR TAB 47
SYNJARDY XR TAB 10-1000 47
SYNJARDY XR TAB 25-1000.....47
SYNJARDY XR TAB 5-1000MG.....47
SYNTHROID TAB 100MCG 191
SYNTHROID TAB 112MCG.....191
SYNTHROID TAB 125MCG.....191
SYNTHROID TAB 137MCG.....191
SYNTHROID TAB 150MCG.....191
SYNTHROID TAB 175MCG.....191
SYNTHROID TAB 200MCG.....191
SYNTHROID TAB 25MCG 190
SYNTHROID TAB 300MCG.....191
SYNTHROID TAB 50MCG 190
SYNTHROID TAB 75MCG 191
SYNTHROID TAB 88MCG 191
SYRG/NDL 3ML MIS 22G X 1 164
SYRG/NDL 3ML MIS 25GX5/8 164
SYRINGE BARR MIS LUER 1ML.....164
SYRINGE BARR MIS LUER 3ML.....164
SYRINGE BARR MIS UNI 3ML.....164
SYRINGE LUER MIS -LOK 1ML.....164

T

TABLOID TAB 40MG 65
TACHOSIL PAD 4.8X4.8 139
TACHOSIL PAD 9.5X4.8 139
TACLONEX SUS.....116
tacrolimus cap 0.5 mg 171
tacrolimus cap 1 mg 171
tacrolimus cap 5 mg 171
tacrolimus cap er 24hr 0.5 mg 172
tacrolimus cap er 24hr 1 mg 172
tacrolimus cap er 24hr 5 mg 172
tacrolimus oint 0.03% 118
tacrolimus oint 0.1% 118
tadalafil tab 10 mg 93
tadalafil tab 2.5 mg 93
tadalafil tab 20 mg 93
tadalafil tab 20 mg (pah) 94
tadalafil tab 5 mg.....93
TADLIQ SUS 20MG/5ML 94
TAFINLAR CAP 50MG.....71
TAFINLAR CAP 75MG 71
TAFINLAR TAB 10MG 71
tafluprost preservative free (pf) ophth soln 0.0015% 179
TAGRISSO TAB 40MG.....66
TAGRISSO TAB 80MG.....66
TAI DOC SOL NORM CON.....156
TAKHZYRO INJ 150MG/ML 136
TAKHZYRO INJ 300/2ML 136
TALICIA CAP 193
TAMIFLU CAP 30MG.....86
TAMIFLU CAP 45MG.....86
TAMIFLU CAP 75MG 86
TAMIFLU SUS 6MG/ML 86
tamoxifen citrate tab 10 mg (base equivalent) 66
tamoxifen citrate tab 20 mg (base equivalent).....67
tamsulosin hcl cap 0.4 mg 135
TANDEM PLUS CAP 139
tanlor tab 1000mg 174
tapentadol hcl tab 100 mg 20
tapentadol hcl tab 50 mg.....20
tapentadol hcl tab 75 mg 20
TARCEVA TAB 100MG 66
tarina 24 fe tab.....100
tarina fe tab 1/20 eq 100
tasimelteon capsule 20 mg.....140
TASMAR TAB 100MG 73

TAVNEOS CAP 10MG....136
taysofy cap 1/20....100
tazarotene cream 0.05%....112
tazarotene cream 0.1%....112
tazarotene gel 0.05%....112
tazarotene gel 0.1%....112
TB SYRINGE MIS 0.5/28G....165
TECHLITE AST MIS LANCETS....156
TECHLITE MIS LANC 26G....156
TECHLITE MIS LANCETS....156
TEKTURNA TAB 150MG....62
TEKTURNA TAB 300MG....62
telmisartan-amlodipine tab 40-10 mg....62
telmisartan-amlodipine tab 40-5 mg....62
telmisartan-amlodipine tab 80-10 mg....62
telmisartan-amlodipine tab 80-5 mg....62
telmisartan-hydrochlorothiazide tab 40-12.5 mg....62
telmisartan-hydrochlorothiazide tab 80-12.5 mg....62
telmisartan-hydrochlorothiazide tab 80-25 mg....62
telmisartan tab 20 mg....58
telmisartan tab 40 mg....58
telmisartan tab 80 mg....58
temazepam cap 15 mg....140
temazepam cap 22.5 mg....140
temazepam cap 30 mg....140
temazepam cap 7.5 mg....140
TEMBEXA SUS 10MG/ML....86
TEMBEXA TAB 100MG....86
temozolomide cap 100 mg....64
temozolomide cap 140 mg....64
temozolomide cap 180 mg....64
temozolomide cap 20 mg....64
temozolomide cap 250 mg....64
temozolomide cap 5 mg....64
tencon tab 50-325mg....17
*tenofovir disoproxil fumarate tab 300 mg*83
TENORETIC TAB 100....62
TENORETIC TAB 50....62
TENORMIN TAB 100MG....87
TENORMIN TAB 25MG....87
TENORMIN TAB 50MG....87
*terazosin hcl cap 10 mg (base equivalent)*59
terazosin hcl cap 1 mg (base equivalent)..59
terazosin hcl cap 2 mg (base equivalent).59
terazosin hcl cap 5 mg (base equivalent).59
terbinafine hcl tab 250 mg....52
terbutaline sulfate tab 2.5 mg....33
terbutaline sulfate tab 5 mg....33
terconazole vaginal cream 0.4%....195
terconazole vaginal cream 0.8%....195
terconazole vaginal suppos 80 mg....195
teriflunomide tab 14 mg....186
teriflunomide tab 7 mg....186
TERIPARATIDE INJ 560/2.24....123
teriparatide soln pen-inj 560 mcg/2.24ml....123
testosterone cypionate im inj in oil 100 mg/ml....23
testosterone cypionate im inj in oil 200 mg/ml....23
testosterone enanthate im inj in oil 200 mg/ml....23
testosterone td gel 10mg/act (2%)....23
testosterone td gel 12.5 mg/act (1%)....23
testosterone td gel 20.25 mg/1.25gm (1.62%)....23
*testosterone td gel 20.25 mg/act (1.62%)*23
testosterone td gel 25 mg/2.5gm (1%)....23
testosterone td gel 40.5 mg/2.5gm (1.62%)....23
testosterone td gel 50 mg/5gm (1%)....23
testosterone td soln 30 mg/act....23
tetrabenazine tab 12.5 mg....184
tetrabenazine tab 25 mg....184
tetracaine hcl ophth soln 0.5%....178
TETRACAINE SOL 0.5% OP....178
tetracycline hcl cap 250 mg....189
tetracycline hcl cap 500 mg....189
texacort sol 2.5%....116
TEZSPIRE INJ 210MG....29
TGT LANCET MIS 26G....156
TGT LANCET MIS 30G....156
TGT LANCET MIS 33G....156
TGT LANCING MIS DEVICE....156
THALOMID CAP 100MG....170

THALOMID CAP 50MG....170
theophylline elixir 80 mg/15ml....33
theophylline soln 80 mg/15ml....33
theophylline tab er 12hr 300 mg....33
theophylline tab er 12hr 450 mg....33
theophylline tab er 24hr 400 mg....33
theophylline tab er 24hr 600 mg....33
THIN LANCETS MIS 26G....156
THIN LANCETS MIS 30G....156
thioridazine hcl tab 100 mg....80
thioridazine hcl tab 10 mg....80
thioridazine hcl tab 25 mg....80
thioridazine hcl tab 50 mg....80
thiothixene cap 10 mg....81
thiothixene cap 1 mg....81
thiothixene cap 2 mg....81
thiothixene cap 5 mg....81
tiadylt cap 120mg/24....89
tiadylt cap 180mg/24....89
tiadylt cap 240mg/24....89
tiadylt cap 300mg/24....89
tiadylt cap 360mg/24....89
tiadylt cap 420mg/24....90
tiagabine hcl tab 12 mg....40
tiagabine hcl tab 16 mg....40
tiagabine hcl tab 2 mg....40
tiagabine hcl tab 4 mg....40
TIAZAC CAP 120MG/24....90
TIAZAC CAP 180MG/24....90
TIAZAC CAP 240MG/24....90
TIAZAC CAP 300MG/24....90
TIAZAC CAP 360MG/24....90
TIAZAC CAP 420MG/24....90
TIBSOVO TAB 250MG....71
ticagrelor tab 60 mg....137
ticagrelor tab 90 mg....137
TIKOSYN CAP 125MCG....29
TIKOSYN CAP 250MCG....29
TIKOSYN CAP 500MCG....29
tilia fe tab....100
timolol maleate ophth gel forming soln 0.25%....176
timolol maleate ophth gel forming soln 0.5%....176
timolol maleate ophth soln 0.25%....176
timolol maleate ophth soln 0.5%....176
timolol maleate ophth soln 0.5% (once-daily)....176
timolol maleate preservative free ophth soln 0.25%....176
timolol maleate preservative free ophth soln 0.5%....176
timolol maleate tab 10 mg....88
timolol maleate tab 20 mg....88
timolol maleate tab 5 mg....88
tinidazole tab 250 mg....24
tinidazole tab 500 mg....24
tiopronin tab 100 mg....135
tiopronin tab delayed release 100 mg....135
tiopronin tab delayed release 300 mg....135
TISSEEL KIT 10ML....139
TISSEEL KIT 2ML....139
TISSEEL KIT 4ML....139
TISSEEL SOL 10ML....139
TISSEEL SOL 2ML....139
TISSEEL SOL 4ML....139
TIVICAY PD TAB 5MG....83
TIVICAY TAB 50MG....83
tizanidine hcl cap 2 mg (base equivalent)....174
tizanidine hcl cap 4 mg (base equivalent)....174
tizanidine hcl cap 6 mg (base equivalent)....174
tizanidine hcl cap 8 mg (base equivalent)....174
*tizanidine hcl tab 2 mg (base equivalent)*174
*tizanidine hcl tab 4 mg (base equivalent)*174
TOBRADEX OIN 0.3-0.1%....179
tobramycin-dexamethasone ophth susp 0.3-0.1%....179
tobramycin nebu soln 300 mg/4ml....7
tobramycin nebu soln 300 mg/5ml....7
tobramycin ophth soln 0.3%....178
TOBREX OIN 0.3% OP....178
TODAY SPONGE MIS....194
tofacitinib citrate oral soln 1 mg/ml (base equivalent)....11

tofacitinib citrate tab 10 mg (base equivalent) 11
tofacitinib citrate tab 5 mg (base equivalent) 11
tofacitinib citrate tab er 24hr 11 mg (base equivalent) 11
tofacitinib citrate tab er 24hr 22 mg (base equivalent) 11
tolcapone tab 100 mg 73
tolmetin sodium tab 600 mg 14
tolterodine tartrate cap er 24hr 2 mg 194
tolterodine tartrate cap er 24hr 4 mg 194
tolterodine tartrate tab 1 mg 194
tolterodine tartrate tab 2 mg 194
tolvaptan (hyponatremia) tab 15 mg 128
tolvaptan (hyponatremia) tab 30 mg 128
tolvaptan tab 15 mg 128
tolvaptan tab 30 mg 128
tolvaptan tab therapy pack 15 mg 128
tolvaptan tab therapy pack 30 & 15 mg ...128
tolvaptan tab therapy pack 45 & 15 mg ...128
tolvaptan tab therapy pack 60 & 30 mg ..128
tolvaptan tab therapy pack 90 & 30 mg ..128
TOOMEY SYRIN MIS 70ML 165
TOPAMAX SPR CAP 15MG 39
TOPAMAX SPR CAP 25MG 39
TOPAMAX TAB 100MG 39
TOPAMAX TAB 200MG 39
TOPAMAX TAB 25MG 39
TOPAMAX TAB 50MG 39
TOPCARE MIS LANC 33G 156
TOPICORT CRE 0.05% 116
TOPICORT CRE 0.25% 116
TOPICORT GEL 0.05% 116
TOPICORT OIN 0.05% 116
TOPICORT OIN 0.25% 116
TOPICORT SPR 0.25% 116
topiramate cap er 24hr 100 mg 39
topiramate cap er 24hr 200 mg 39
topiramate cap er 24hr 25 mg 39
topiramate cap er 24hr 50 mg 39
topiramate oral soln 25 mg/ml 39
topiramate sprinkle cap 15 mg 39
topiramate sprinkle cap 25 mg 39
topiramate sprinkle cap 50 mg 39
topiramate tab 100 mg 39
topiramate tab 200 mg 39
topiramate tab 25 mg 39
topiramate tab 50 mg 39
toremifene citrate tab 60 mg (base equivalent) 67
torpenz tab 10mg 71
torpenz tab 2.5mg 71
torpenz tab 5mg 71
torpenz tab 7.5mg 71
torsemide tab 100 mg 122
torsemide tab 10 mg 122
torsemide tab 20 mg 122
torsemide tab 5 mg 122
TOSYMRA SOL 10MG 168
TOUJEO MAX INJ 300/ML 49
TOUJEO SOLO INJ 300/ML 49
TPOXX CAP 200MG 86
tramadol-acetaminophen tab 37.5-325 mg 22
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 57
trandolapril tab 2 mg 57
trandolapril tab 4 mg 57
trandolapril-verapamil hcl tab er 1-240 mg 62
trandolapril-verapamil hcl tab er 2-180 mg 62
trandolapril-verapamil hcl tab er 2-240 mg 62
trandolapril-verapamil hcl tab er 4-240 mg 62
tranexamic acid tab 650 mg 139

tranylcypromine sulfate tab 10 mg 42
TRAVEL LANCE MIS ADV 28G.....156
travoprost ophth soln 0.004% (benzalkonium free) (bak free) 180
trazodone hcl tab 100 mg 43
trazodone hcl tab 150 mg.....43
trazodone hcl tab 300 mg.....43
trazodone hcl tab 50 mg 43
TRECATOR TAB 250MG 64
TRELEGY AER 100MCG.....33
TRELEGY AER 200MCG.....33
TREMFYA INJ 100MG/ML 112, 113
TREMFYA INJ 200/2ML 133
TRESIBA FLEX INJ 100UNIT 49
TRESIBA FLEX INJ 200UNIT 49
TRESIBA INJ 100UNIT 49
tretinoin cap 10 mg.....72
tretinoin cream 0.025%.....107
tretinoin cream 0.05%.....107
tretinoin cream 0.1% 107
tretinoin gel 0.01% 107
tretinoin gel 0.025% 107
tretinoin gel 0.05%.....107
tretinoin microsphere gel 0.04% 107
tretinoin microsphere gel 0.06% 107
tretinoin microsphere gel 0.08% 108
tretinoin microsphere gel 0.1%.....107
TREXALL TAB 10MG.....65
TREXALL TAB 15MG.....65
TREXALL TAB 5MG.....65
TREXALL TAB 7.5MG 65
trezix cap 22
triamcinolone acetonide cream 0.025% .116
triamcinolone acetonide cream 0.1%.....116
triamcinolone acetonide cream 0.5% 116
triamcinolone acetonide dental paste 0.1% 173
triamcinolone acetonide lotion 0.025% ...116
triamcinolone acetonide lotion 0.1% 116
triamcinolone acetonide oint 0.025% 116
triamcinolone acetonide oint 0.1% 116
triamcinolone acetonide oint 0.5%.....116
triamterene & hydrochlorothiazide cap 37.5-25 mg.....122
triamterene & hydrochlorothiazide tab 37.5-25 mg.....122
triamterene & hydrochlorothiazide tab 75-50 mg.....122
triamterene cap 100 mg.....122
triamterene cap 50 mg 122
triazolam tab 0.125 mg 140
triazolam tab 0.25 mg.....140
TRIBENZOR TAB 62
TRICITRATES SOL 134
tridacaine dis 5% patch.....119
triderm cre 0.5% 117
trientine hcl cap 250 mg.....170
tri-estaryll tab.....100
trifluoperazine hcl tab 10 mg (base equivalent) 81
trifluoperazine hcl tab 1 mg (base equivalent) 80
trifluoperazine hcl tab 2 mg (base equivalent) 80
trifluoperazine hcl tab 5 mg (base equivalent) 80
trifluridine ophth soln 1% 178
trihexyphenidyl hcl oral soln 0.4 mg/ml....73
trihexyphenidyl hcl tab 2 mg 73
trihexyphenidyl hcl tab 5 mg 73
TRIJARDY XR TAB 47
TRIKAFTA PAK 59.5MG.....188
TRIKAFTA PAK 75MG.....188
TRIKAFTA TAB.....188
tri-legest tab fe 100
tri-linyah tab 100
TRILIPIX CAP 135MG.....55
TRILIPIX CAP 45MG 55
tri-lo-mili tab.....100
tri-lo tab estaryll.....100
tri-lo- tab marzia 100
tri-lo- tab sprintec.....100
trimethobenzamide hcl cap 300 mg.....51
trimethoprim tab 100 mg 24
tri-mili tab 100
trimipramine maleate cap 100 mg.....45
trimipramine maleate cap 25 mg.....45
trimipramine maleate cap 50 mg 45

TRINTELLIX TAB 10MG 43
TRINTELLIX TAB 20MG.....43
TRINTELLIX TAB 5MG.....43
tri-sprintec tab 100
TRIUMEQ PD TAB 83
TRIUMEQ TAB.....83
TRIVIX KIT.....117
trivora-28 tab 100
tri-vylibra tab.....100
tri-vylibra tab lo.....100
TROGARZO INJ 150MG/ML 83
TROJAN-ENZ MIS LUBRICAT.....144
TROJAN-ENZ MIS W/SPERMI.....144
TROJAN MAGN MIS.....143
TROJAN MIS BARESKIN.....143
TROJAN MIS ENZ.....144
TROJAN ULTRA MIS RIBBED 144
TROJAN ULTRA MIS THIN.....144
TROKENDI XR CAP 100MG 39
TROKENDI XR CAP 200MG.....39
TROKENDI XR CAP 25MG 39
TROKENDI XR CAP 50MG 39
trospium chloride cap er 24hr 60 mg 194
trospium chloride tab 20 mg.....194
TRUE COMFORT PAD PRO 159
TRUE COM LAN MIS SAFE 30G.....156
TRUE COM LAN MIS TWST 30G 156
TRUE COVER MIS CONDOM 144
TRUEDRAW MIS LANC DEV 156
TRUE METRIX SOL LEVEL 1.....156
TRUE METRIX SOL LEVEL 2 156
TRUE METRIX SOL LEVEL 3 156
TRUE METRIX TES GLUCOSE 121
TRULANCE TAB 3MG 131
TRULICITY INJ 0.75/0.5 49
TRULICITY INJ 1.5/0.5 49
TRULICITY INJ 3/0.5 49
TRULICITY INJ 4.5/0.5.....49
TRUPLUS LANC MIS 26G 156
TRUPLUS LANC MIS 28G 157
TRUPLUS LANC MIS 30G 157
TRUPLUS LANC MIS 33G 157
TRUQAP PAK 160MG 71
TRUQAP PAK 200MG.....71
TRUQAP TAB 160MG.....71
TRUQAP TAB 200MG.....71
TRUSTEX/RIA MIS LUBRICAT 145
TRUSTEX/RIA MIS NON-LUB 145
TRUSTEX/RIA MIS SPERMICI 145
TRUSTEX LUBR MIS ASSORTED 144
TRUSTEX LUBR MIS BANANA.....144
TRUSTEX LUBR MIS CHOC.....144
TRUSTEX LUBR MIS COLA.....144
TRUSTEX LUBR MIS COLORS 144
TRUSTEX LUBR MIS EX LARGE 144
TRUSTEX LUBR MIS EX STR 144
TRUSTEX LUBR MIS GRAPE 144
TRUSTEX LUBR MIS MINT 144
TRUSTEX LUBR MIS RIB/STUD 144
TRUSTEX LUBR MIS SPERMICI 144
TRUSTEX LUBR MIS STRWBRY.....144
TRUSTEX LUBR MIS VANILLA 144
TRUSTEX MIS BANANA.....144
TRUSTEX MIS CHOCOLAT 144
TRUSTEX MIS FLAVORS.....144
TRUSTEX MIS MINT 145
TRUSTEX MIS STRWBRY 145
TRUSTEX MIS VANILLA.....145
TRUSTX NON-9 MIS RIB/STUD.....145
TRUZONE PEAK MIS FLOW MTR 167
TUKYSA TAB 150MG 65
TUKYSA TAB 50MG.....65
TURALIO CAP 125MG.....71
TURPENTINE SOL SPIRITS 118
turqoz tab 100
TWIIST KIT REFILL.....157
TWIIST KIT STARTER 157
TWIIST REFIL KIT INFUSION 157
TWIST LANCET MIS 30G.....157
TWIST LANCET MIS 30G MULT 157
TYBOST TAB 150MG 84
tydemy tab 100
TYKERB TAB 250MG.....71
TYMLOS INJ 123
TYVASO DPI POW 16-32-48.....93
TYVASO DPI POW 16MCG.....93
TYVASO DPI POW 32MCG 93
TYVASO DPI POW 48-80MCG.....93

TYVASO DPI POW 48MCG.....93
TYVASO DPI POW 64MCG.....93
TYVASO DPI POW 80MCG.....93
TYVASO DPI POW INST KIT.....93
TYVASO DPI POW MAIN KIT.....93
TYVASO RF KT SOL 0.6MG/ML.....94
TYVASO SOL 0.6MG/ML.....94
TYVASO ST KT SOL 0.6MG/ML.....94

U

UBRELVY TAB 100MG.....167
UBRELVY TAB 50MG.....167
UCERIS AER 2MG/ACT.....23
UCERIS TAB 9MG.....104
ULTICARE PAD ALCOHOL.....159
ULTI-LANCE MIS CLR TIP.....157
ULTILET MIS 26G.....157
ULTILET MIS 28G.....157
ULTILET MIS 30G.....157
ULTILET MIS 33G.....157
ULTILET MIS LANCETS.....157
ULTILET MIS SAFETY.....157
ULTILET PAD ALCOHOL.....159
ULTILET SAFE MIS 21G.....157
ULTRASAL-ER SOL 28.5%.....118
ULTRA THIN MIS 28G.....157
ULTRA THIN MIS 30G.....157
ULTRA THIN MIS 31G.....157
ULTRA THIN MIS 33G.....157
ULTRA THIN MIS LAN 31G.....157
ULTRA THIN MIS LANC 28G.....157
ULTRA THIN MIS LANC 30G.....157
ULTRA THIN MIS LANCETS.....157
UNILET EXCEL MIS 23G.....157
UNILET EX II MIS 28G.....157
UNILET G.P. MIS 21G.....157
UNILET G.P MIS SUPR 23G.....157
UNILET GP 28 MIS ULT THIN.....157
UNILET LANCE MIS 21G.....157
UNILET LANCE MIS 28G.....157
UNILET LANCE MIS 33G.....157
UNILET LANC MIS 33G.....157
UNILET LANCT MIS 28G.....157
UNILET LANCT MIS 30G.....157
UNILET LANCT MIS 33G.....157
UNILET MICRO MIS 33G.....157
UNILET MIS 21G.....157
UNILET SUPER MIS 23G.....157
UNILET SUPER MIS G.P. 23G.....157
UNISTIK 1 MIS 2.4MM.....157
UNISTIK 1 MIS 3.0MM.....157
UNISTIK 23G MIS NORMAL.....158
UNISTIK 2 MIS.....157
UNISTIK 2 MIS 1.8MM.....157
UNISTIK 2 MIS 2.4MM.....158
UNISTIK 2 MIS COMFORT.....158
UNISTIK 2 MIS EXTRA.....158
UNISTIK 2 MIS NEONATAL.....158
UNISTIK 2 MIS NORMAL.....158
UNISTIK 2 MIS SUPER.....158
UNISTIK 3 MIS 1.8MM.....158
UNISTIK 3 MIS COMFORT.....158
UNISTIK 3 MIS EXTRA.....158
UNISTIK 3 MIS GENT 30G.....158
UNISTIK 3 MIS NEONATAL.....158
UNISTIK 3 MIS NORMAL.....158
UNISTIK CZT MIS COMFORT.....158
UNISTIK CZT MIS NORMAL.....158
UNISTIK PRO MIS LANC 21G.....158
UNISTIK PRO MIS LANC 28G.....158
UNISTIK SAFE MIS LANC 28G.....158
UNISTIK SAFE MIS LANC 30G.....158
UNISTIK TOUC MIS LANC 21G.....158
UNISTIK TOUC MIS LANC 23G.....158
UNISTIK TOUC MIS LANC 28G.....158
UNISTIK TOUC MIS LANC 30G.....158
unithroid tab 100mcg.....191
unithroid tab 112mcg.....191
unithroid tab 125mcg.....191
unithroid tab 137mcg.....191
unithroid tab 150mcg.....191
unithroid tab 175mcg.....191
unithroid tab 200mcg.....191
unithroid tab 25mcg.....191
unithroid tab 300mcg.....191
unithroid tab 50mcg.....191
unithroid tab 75mcg.....191
unithroid tab 88mcg.....191
UNITSTIK PRO MIS LANC 25G.....158

UNIVERSAL 1 MIS 33G 158
UNIVERSAL 1 MIS LANC 26G.....158
UNIVERSAL 1 MIS LANC 30G.....158
UPTRAVI PACK TAB 200/800 94
UPTRAVI TAB 1000MCG.....94
UPTRAVI TAB 100MCG 94
UPTRAVI TAB 1200MCG.....94
UPTRAVI TAB 1400MCG.....94
UPTRAVI TAB 150MCG 94
UPTRAVI TAB 1600MCG.....95
UPTRAVI TAB 200MCG 94
UPTRAVI TAB 400MCG 94
UPTRAVI TAB 600MCG 94
UPTRAVI TAB 800MCG 94
urea cream 39% 117
urea cream 40% 117
urea cream 41% 117
urea cream 45% 117
urea cream 47% 117
UREDEB CRE 39% 117
URELLE TAB.....25
UROCIT-K 10 TAB 134
UROCIT-K 15 TAB 134
UROGESIC- TAB BLUE 25
uro-mp cap 118mg.....25
ursodiol cap 300 mg 131
ursodiol tab 250 mg 131
ursodiol tab 500 mg 131
URSO FORTE TAB 500MG 131
V
VAGIFEM TAB 10MCG 195
valacyclovir hcl tab 1 gm 85
valacyclovir hcl tab 500 mg.....85
VALCHLOR GEL 0.016% 109
valganciclovir hcl for soln 50 mg/ml (base equiv) 84
valganciclovir hcl tab 450 mg (base equivalent) 84
VALIUM TAB 10MG 28
VALIUM TAB 2MG.....28
VALIUM TAB 5MG.....28
valproate sodium oral soln 250 mg/5ml (base equiv) 41
valproic acid cap 250 mg 41
valsartan-hydrochlorothiazide tab 160-12.5 mg 62
valsartan-hydrochlorothiazide tab 160-25 mg 62
valsartan-hydrochlorothiazide tab 320-12.5 mg 62
valsartan-hydrochlorothiazide tab 320-25 mg 62
valsartan-hydrochlorothiazide tab 80-12.5 mg 62
valsartan oral soln 4 mg/ml 58
valsartan tab 160 mg 58
valsartan tab 320 mg 58
valsartan tab 40 mg 58
valsartan tab 80 mg 58
VALTOCO SPR 10MG 36
VALTOCO SPR 15MG.....36
VALTOCO SPR 20MG.....36
VALTOCO SPR 5MG 36
valtya 1/35 tab.....100
valtya 1/50 tab 100
VANCOCIN CAP 125MG.....25
VANCOCIN CAP 250MG.....25
vancomycin hcl cap 125 mg (base equivalent).....25
vancomycin hcl cap 250 mg (base equivalent).....25
vancomycin hcl for oral soln 25 mg/ml (base equivalent) 25
vancomycin hcl for oral soln 50 mg/ml (base equivalent) 25
VANFLYTA TAB 17.7MG.....71
VANFLYTA TAB 26.5MG 72
VANOS CRE 0.1% 117
VANRAFIA TAB 0.75MG 134
VANTAGE LANC MIS DEVICE.....158
vardenafil hcl orally disintegrating tab 10 mg 93
vardenafil hcl tab 10 mg 93
vardenafil hcl tab 2.5 mg.....93
vardenafil hcl tab 20 mg.....93
vardenafil hcl tab 5 mg 93
varenicline tartrate tab 0.5 mg (base equiv) 187

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....187
varenicline tartrate tab 1 mg (base equiv).....187
VARUBI TAB 90MG.....52
VASCEPA CAP 0.5GM.....54
VASCEPA CAP 1GM.....54
VASERETIC TAB 10-25MG.....62
VASOTEC TAB 10MG.....57
VASOTEC TAB 2.5MG.....57
VASOTEC TAB 20MG.....57
VASOTEC TAB 5MG.....57
VCF VAGINAL GEL CONTRACE.....194
VCF VAGINAL MIS CONTRACP.....194
VECAMYL TAB 2.5MG.....62
velivet pak.....100
VELSIPITY TAB 2MG.....133
VELTASSA POW 16.8GM.....172
VELTASSA POW 1GM.....172
VELTASSA POW 25.2GM.....172
VELTASSA POW 8.4GM.....172
VENCLEXTA TAB 100MG.....65
VENCLEXTA TAB 10MG.....65
VENCLEXTA TAB 50MG.....65
VENCLEXTA TAB START PK.....65
venlafaxine hcl cap er 24hr 150 mg (base equivalent).....44
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....44
venlafaxine hcl cap er 24hr 75 mg (base equivalent).....44
venlafaxine hcl tab 100 mg (base equivalent).....44
venlafaxine hcl tab 25 mg (base equivalent).....44
venlafaxine hcl tab 37.5 mg (base equivalent).....44
venlafaxine hcl tab 50 mg (base equivalent).....44
venlafaxine hcl tab 75 mg (base equivalent).....44
venlafaxine hcl tab er 24hr 225 mg (base equivalent).....44
VENTAVIS SOL 10MCG/ML.....94
VENTAVIS SOL 20MCG/ML.....94
VENT NEEDLE MIS 18GX1.....165
venxxiva tab 100mg.....135
venxxiva tab 300mg.....135
VEOZAH TAB 45MG.....125
verapamil hcl cap er 24hr 100 mg.....90
verapamil hcl cap er 24hr 120 mg.....90
verapamil hcl cap er 24hr 180 mg.....90
verapamil hcl cap er 24hr 200 mg.....90
verapamil hcl cap er 24hr 240 mg.....90
verapamil hcl cap er 24hr 300 mg.....90
verapamil hcl cap er 24hr 360 mg.....90
verapamil hcl tab 120 mg.....90
verapamil hcl tab 40 mg.....90
verapamil hcl tab 80 mg.....90
verapamil hcl tab er 120 mg.....90
verapamil hcl tab er 180 mg.....90
verapamil hcl tab er 240 mg.....90
VERASENS LIQ LEVEL 1.....158
VERELAN CAP 120MG SR.....90
VERELAN CAP 180MG SR.....90
VERELAN CAP 240MG SR.....90
VERELAN CAP 360MG SR.....90
VERELAN PM CAP 100MG ER.....90
VERELAN PM CAP 200MG ER.....90
VERELAN PM CAP 300MG ER.....90
VERIFINE LAN MIS MINI 21G.....158
VERIFINE LAN MIS MINI 23G.....158
VERIFINE LAN MIS MINI 28G.....158
VERIFINE LAN MIS MINI 30G.....158
VERIFINE MIS UNIV 28G.....158
VERIFINE MIS UNIV 30G.....158
VERIFINE MIS UNIV 33G.....158
VERISAFE MIS 23GX1.5.....165
VERISAFE MIS 25GX1.....165
VERQUVO TAB 10MG.....95
VERQUVO TAB 2.5MG.....95
VERQUVO TAB 5MG.....95
VERSACLOZ SUS 50MG/ML.....79
VERZENIO TAB 100MG.....72
VERZENIO TAB 150MG.....72
VERZENIO TAB 200MG.....72
VERZENIO TAB 50MG.....72
VESICARE LS SUS 5MG/5ML.....194

VESICARE TAB 10MG.....194
VESICARE TAB 5MG.....194
vestura tab 3-0.02mg.....100
VEVYE DRO 0.1%.....178
VFEND SUS 40MG/ML.....53
VFEND TAB 50MG.....53
VIBERZI TAB 100MG.....133
VIBERZI TAB 75MG.....133
vienva tab 0.1-20.....100
vigabatrin powd pack 500 mg.....40
vigabatrin tab 500 mg.....40
vigadrone pow 500mg.....40
vigadrone tab 500mg.....40
VIGAMOX DRO 0.5%.....178
vigpoder pow 500mg.....40
VILAMIT MB CAP 118MG.....25
vilazodone hcl tab 10 mg.....43
vilazodone hcl tab 20 mg.....43
vilazodone hcl tab 40 mg.....43
VILEVEV MB TAB 81MG.....25
VIMOVO TAB 500-20MG.....14
VIOKACE TAB 10440.....121
VIOKACE TAB 20880.....121
viorele tab.....100
VIRASAL LIQ 27.5%.....118
VIREAD POW 40MG/GM.....84
VIREAD TAB 150MG.....84
VIREAD TAB 200MG.....84
VIREAD TAB 250MG.....84
VIREAD TAB 300MG.....84
VISTOGARD PAK 10GM.....51
VITRAKVI CAP 100MG.....72
VITRAKVI CAP 25MG.....72
VITRAKVI SOL 20MG/ML.....72
VIVAGUARD LIQ CONTROL.....158
VIVAGUARD MIS 28G.....158
VIVAGUARD MIS 30G.....158
VIVAGUARD MIS LANCING.....158
VIVITROL INJ 380MG.....51
VIVJOA CAP 150MG.....53
volnea tab.....100
VONJO CAP 100MG.....72
VOQUEZNA PAK DUAL PAK.....193
VOQUEZNA PAK TRIP PK.....193
VOQUEZNA TAB 10MG.....193
VOQUEZNA TAB 20MG.....193
VORANIGO TAB 10MG.....72
VORANIGO TAB 40MG.....72
voriconazole for susp 40 mg/ml.....53
voriconazole tab 200 mg.....53
voriconazole tab 50 mg.....53
VORTEX/MASK MIS CHILDS.....167
VORTEX/MASK MIS TODDLER.....167
VORTEX CHAMB MIS PEDI MAS.....167
VORTEX VALVD MIS CHAMBER.....167
VORTEX VALVE MIS CHAMBER.....167
VOSEVI TAB.....85
VOWST CAP.....133
VOXZOGO INJ 0.4MG.....127
VOXZOGO INJ 0.56MG.....127
VOXZOGO INJ 1.2MG.....127
VRAYLAR CAP 0.5MG.....76
VRAYLAR CAP 0.75MG.....76
VRAYLAR CAP 1.5MG.....76
VRAYLAR CAP 3MG.....76
VRAYLAR CAP 4.5MG.....76
VRAYLAR CAP 6MG.....76
VTAMA CRE 1%.....113
VUMERITY CAP 231MG.....186
VUSION OIN.....109
vyfemla tab 0.4-35.....100
vylibra tab 0.25-35.....100
VYNDAMAX CAP 61MG.....95
VYTONE CRE 1-1.9%.....109
VYTORIN TAB 10-10MG.....54
VYTORIN TAB 10-20MG.....54
VYTORIN TAB 10-40MG.....54
VYTORIN TAB 10-80MG.....54
VYVGART INJ HYTRULO.....170

W

WAKIX TAB 17.8MG.....5
WAKIX TAB 4.45MG.....5
warfarin sodium tab 10 mg.....33
warfarin sodium tab 1 mg.....33
warfarin sodium tab 2.5 mg.....33
warfarin sodium tab 2 mg.....33
warfarin sodium tab 3 mg.....33
warfarin sodium tab 4 mg.....33

warfarin sodium tab 5 mg 33
warfarin sodium tab 6 mg 33
warfarin sodium tab 7.5 mg 33
WEBCOL PREP PAD LARGE 159
WEBCOL PREP PAD MEDIUM 159
WEGOVY HD INJ 7.2/0.75 3
WEGOVY INJ 0.25MG 4
WEGOVY INJ 0.5MG.....3
WEGOVY INJ 1.7MG.....4
WEGOVY INJ 1MG.....4
WEGOVY INJ 2.4MG.....4
WEGOVY TAB 1.5MG 4
WEGOVY TAB 25MG 4
WEGOVY TAB 4MG 4
WEGOVY TAB 9MG.....4
WELCHOL PAK 3.75GM.....54
WELCHOL TAB 625MG.....54
WELLBUTRIN TAB 100MG SR.....41
WELLBUTRIN TAB 150MG SR.....41
WELLBUTRIN TAB 200MG SR 41
wera tab 0.5/35 100
WIDE-SEAL DPR KIT 60 145
WIDE-SEAL DPR KIT 65.....145
WIDE-SEAL DPR KIT 70.....145
WIDE-SEAL DPR KIT 75.....145
WIDE-SEAL DPR KIT 80 145
WIDE-SEAL DPR KIT 85.....145
WIDE-SEAL DPR KIT 90 145
WIDE-SEAL DPR KIT 95.....145
WINLEVI CRE 1% 108
WINREVAIR INJ 45MG.....94
WINREVAIR INJ 60MG.....94
wixela inhub aer 100/50 33
wixela inhub aer 250/50 33
wixela inhub aer 500/50 33
wymzya fe chw 0.4mg-35.....100

X

XACIATO GEL 2%.....195
XALATAN SOL 0.005% 180
XALKORI CAP 150MG.....72
XALKORI CAP 20MG 72
XALKORI CAP 50MG 72
xarah fe tab 101
XARELTO STAR TAB 15/20MG 34
XARELTO SUS 1MG/ML 34
XARELTO TAB 10MG 34
XARELTO TAB 15MG 34
XARELTO TAB 2.5MG.....34
XARELTO TAB 20MG 34
XATMEP SOL 2.5MG/ML.....65
XCOPRI PAK 100-150.....40
XCOPRI PAK 12.5-25 40
XCOPRI PAK 150-200 40
XCOPRI PAK 50-100MG 40
XCOPRI TAB 100MG.....40
XCOPRI TAB 150MG.....40
XCOPRI TAB 200MG.....40
XCOPRI TAB 25MG 40
XCOPRI TAB 50MG 40
XDEMVY DRO 0.25% 178
XELODA TAB 150MG.....65
XELODA TAB 500MG 65
xelria fe chw 0.4mg-35.....101
XEPI CRE 1%.....108
XERAC-AC SOL 6.25% 119
XERMELO TAB 250MG.....134
XHANCE MIS 93MCG 175
XIFAXAN TAB 200MG 24
XIFAXAN TAB 550MG 24
XIGDUO XR TAB 10-1000.....47
XIGDUO XR TAB 10-500MG 47
XIGDUO XR TAB 2.5-1000 47
XIGDUO XR TAB 5-1000MG 47
XIGDUO XR TAB 5-500MG.....47
XOLAIR INJ 150MG/ML 30
XOLAIR INJ 300/2ML 30
XOLAIR INJ 75/0.5.....29, 30
XOSPATA TAB 40MG 72
XPOVIO PAK 40MG 67
XPOVIO PAK 50MG 67
XPOVIO PAK 60MG 67
XPOVIO PAK 80MG 67
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 67

XTANDI TAB 40MG....67
XTANDI TAB 80MG....67
xulane dis 150-35....101
XULTOPHY INJ 100/3.6....47
XUREA CRE 39%....117
XURIDEN POW 2GM....126
XYOSTED INJ 100/0.5....23
XYOSTED INJ 50/0.5ML....23
XYOSTED INJ 75/0.5ML....23
XYWAV SOL 0.5GM/ML....182

Y

yargesa cap 100mg....137
YCANTH SOL 0.7%....118
YESINTEK INJ 45/0.5ML....113
YESINTEK INJ 90MG/ML....113
YEZTUGO INJ 463.5MG....84
YEZTUGO TAB 300MG....84
YONSA TAB 125MG....67
YORVIPATH INJ 168/0.56....126
YORVIPATH INJ 294/0.98....126
YORVIPATH INJ 420/1.4....127
yulithira tab 10mg....72
yulithira tab 2.5mg....72
yulithira tab 5mg....72
yulithira tab 7.5mg....72
YUPELRI NEB 175/3ML....30
YUTREPIA CAP 106MCG....94
YUTREPIA CAP 26.5MCG....94
YUTREPIA CAP 53MCG....94
YUTREPIA CAP 79.5MCG....94

Z

ZACLIR LOT 8%....108
zafemy dis 150/35....101
zafirlukast tab 10 mg....30
zafirlukast tab 20 mg....30
zaleplon cap 10 mg....140
zaleplon cap 5 mg....140
ZANAFLEX CAP 2MG....174
ZANAFLEX CAP 4MG....174
ZANAFLEX CAP 6MG....174
ZANAFLEX CAP 8MG....174
ZANAFLEX TAB 4MG....174
ZARONTIN CAP 250MG....41
ZARONTIN SOL 250/5ML....41
ZAVESCA CAP 100MG....137
ZEGALOGUE INJ 0.6/0.6....47
ZEJULA TAB 100MG....72
ZEJULA TAB 200MG....72
ZEJULA TAB 300MG....72
ZELAPAR ODT TAB 1.25MG....75
zelvysia pow 100mg....127
zelvysia pow 500mg....127
ZEMBRACE SYM INJ 3/0.5ML....168
ZEMPLAR CAP 1MCG....127
ZEMPLAR CAP 2MCG....127
zenatane cap 10mg....108
zenatane cap 20mg....108
zenatane cap 30mg....108
zenatane cap 40mg....108
ZENPEP CAP 10000UNT....121
ZENPEP CAP 15000UNT....121
ZENPEP CAP 20000UNT....121
ZENPEP CAP 25000UNT....121
ZENPEP CAP 3000UNIT....121
ZENPEP CAP 40000UNT....121
ZENPEP CAP 5000UNIT....121
ZENPEP CAP 60000UNT....121
zenzedi tab 10mg....2
zenzedi tab 15mg....2
zenzedi tab 2.5mg....2
zenzedi tab 20mg....2
zenzedi tab 30mg....2
zenzedi tab 5mg....2
zenzedi tab 7.5mg....2
ZEPBOUND INJ 10/0.5ML....4
ZEPBOUND INJ 12.5/0.5....4
ZEPBOUND INJ 15/0.5ML....4
ZEPBOUND INJ 2.5/0.5....4
ZEPBOUND INJ 5/0.5ML....4
ZEPBOUND INJ 7.5/0.5....4
ZEPOSIA 7DAY CAP STR PACK....186
ZEPOSIA CAP 0.92MG....186
ZEPOSIA CAP STR KIT....186
ZESTRIL TAB 10MG....58
ZESTRIL TAB 2.5MG....58
ZESTRIL TAB 20MG....58
ZESTRIL TAB 30MG....58
ZESTRIL TAB 40MG....58

ZESTRIL TAB 5MG 58
ZEVALIN KIT Y-90.....65
ZEVRX STERIL PAD ALCHOL.....159
ZEVRX TWIST MIS LANC 30G 158
ZIAGEN SOL 20MG/ML 84
zidovudine cap 100 mg 84
zidovudine syrup 10 mg/ml 84
zidovudine tab 300 mg 84
ZIOPTAN DRO 0.0015% 180
ziprasidone hcl cap 20 mg 76
ziprasidone hcl cap 40 mg 76
ziprasidone hcl cap 60 mg 76
ziprasidone hcl cap 80 mg 76
ziprasidone mesylate for inj 20 mg (base equivalent).....76
ZIPSOR CAP 25MG.....14
ZITHRANOL SHA 1% 113
ZITHROMAX POW 1GM PAK 141
ZITHROMAX SUS 200/5ML.....141
ZITHROMAX TAB 250MG 141
ZITHROMAX TAB 500MG.....141
ZITHROMAX TAB TRI-PAK 141
ZITHROMAX TAB Z-PAK.....141
ZITUVIMET TAB 50-1000.....47
ZITUVIMET TAB 50-500MG 47
ZITUVIMET XR TAB 100-1000 47
ZITUVIMET XR TAB 50-1000.....47
ZITUVIMET XR TAB 50-500MG 47
ZITUVIO TAB 100MG 48
ZITUVIO TAB 25MG 48
ZITUVIO TAB 50MG.....48
ZOCOR TAB 10MG 56
ZOCOR TAB 20MG 56
ZOCOR TAB 40MG 56
ZOKINVY CAP 50MG 172
ZOKINVY CAP 75MG.....172
ZOLINZA CAP 100MG.....72
zolmitriptan nasal spray 2.5 mg/spray unit 168
zolmitriptan nasal spray 5 mg/spray unit 168
zolmitriptan orally disintegrating tab 2.5 mg 169
zolmitriptan orally disintegrating tab 5 mg 169
zolmitriptan tab 2.5 mg.....169
zolmitriptan tab 5 mg 169
zolpidem tartrate tab 10 mg 140
zolpidem tartrate tab 5 mg.....140
zolpidem tartrate tab er 12.5 mg 140
zolpidem tartrate tab er 6.25 mg.....140
ZOMIG SPR 2.5MG 169
ZOMIG SPR 5MG 169
ZONALON CRE 5% 109
zonisamide cap 100 mg 40
zonisamide cap 25 mg 40
zonisamide cap 50 mg 40
ZORTRESS TAB 0.25MG.....172
ZORTRESS TAB 0.5MG.....172
ZORTRESS TAB 0.75MG.....172
ZORTRESS TAB 1MG 172
ZORYVE CRE 0.05% 119
ZORYVE CRE 0.15% 119
ZORYVE CRE 0.3%.....119
ZORYVE MIS 0.3% 119
zovia 1/35 tab.....101
ZOVIRAX CRE 5%.....114
ZOVIRAX OIN 5% 114
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
zumandimine tab 3-0.03mg 101
ZURZUVAE CAP 20MG.....42
ZURZUVAE CAP 25MG.....42
ZURZUVAE CAP 30MG.....42
ZYCLARA CRE 3.75% 118
ZYCLARA PUMP CRE 2.5% 118
ZYCLARA PUMP CRE 3.75% 118
ZYFLO TAB 600MG 30
ZYKADIA TAB 150MG 72
ZYPREXA INJ 10MG.....79
ZYPREXA RELP INJ 210MG 79
ZYPREXA RELP INJ 300MG 79
ZYPREXA RELP INJ 405MG 79
ZYPREXA TAB 10MG 79
ZYPREXA TAB 15MG.....79

ZYPREXA TAB 2.5MG.....79
ZYPREXA TAB 20MG.....79
ZYPREXA TAB 5MG.....79
ZYPREXA TAB 7.5MG.....79
ZYPREXA ZYDI TAB 10MG.....79
ZYPREXA ZYDI TAB 15MG.....79
ZYPREXA ZYDI TAB 20MG.....79
ZYPREXA ZYDI TAB 5MG.....79
ZYVOX SUS 100MG/5M.....25
ZYVOX TAB 600MG.....25

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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