

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.

Introduction

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

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

Using Your Formulary

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

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

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

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

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain

drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

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

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

CareFirst Formulary 2 (non-ACA), 5T Effective 01/01/2026

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	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine tab 5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 10 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 15 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 20 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 30 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DESOXYN TAB 5MG	3	QL (6 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (4 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (4 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (2 caps every 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (48 mL every 1 day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (2 tabs every 1 day)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (2 tabs every 1 day)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (1 tab every 1 day)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	QL (2 caps every 1 day)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	QL (2 caps every 1 day)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	QL (2 caps every 1 day)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	QL (1 cap every 1 day)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	QL (1 cap every 1 day)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	QL (1 cap every 1 day)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	QL (1 cap every 1 day)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	QL (2 tabs every 1 day)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	QL (2 tabs every 1 day)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	QL (2 tabs every 1 day)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	QL (1 tab every 1 day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	QL (1 tab every 1 day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	QL (1 tab every 1 day)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (6 tabs every 1 day)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
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ANOREXIANTS NON-AMPHETAMINE

ADIPEX-P TAB 37.5MG	2	PA, QL (1 unit every 1 day); Coverage is subject to your plan/benefits
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

Drug Name	Drug Tier	Requirements/Limits
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

<i>orlistat cap 120 mg</i>	1	PA, QL (90 caps per 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	2	QL (3 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
QELBREE CAP 200MG ER	2	QL (3 caps every 1 day)
STRATTERA CAP 10MG	3	QL (4 caps every 1 day)
STRATTERA CAP 18MG	3	QL (4 caps every 1 day)
STRATTERA CAP 25MG	3	QL (4 caps every 1 day)
STRATTERA CAP 40MG	3	QL (2 caps every 1 day)
STRATTERA CAP 60MG	3	QL (1 cap every 1 day)
STRATTERA CAP 80MG	3	QL (1 cap every 1 day)
STRATTERA CAP 100MG	3	QL (1 cap every 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	4	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	4	PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>armodafinil tab 150 mg</i>	1	PA, QL (1 tab every 1 day)
<i>armodafinil tab 200 mg</i>	1	PA, QL (1 tab every 1 day)
<i>armodafinil tab 250 mg</i>	1	PA, QL (1 tab every 1 day)
AZSTARYS CAP 26.1-5.2	2	QL (1 cap every 1 day)
AZSTARYS CAP 39.2-7.8	2	QL (1 cap every 1 day)
AZSTARYS CAP 52.3-10.	2	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 10 mg</i>	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)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (60 mL every 1 day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (3 tabs every 1 day)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (3 tabs every 1 day)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (3 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate td patch 10 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 15 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 20 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 30 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>modafinil tab 200 mg</i>	1	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RITALIN LA CAP 10MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 20MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 30MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 40MG	3	QL (1 cap every 1 day)
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	
ODACTRA SUB	2	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	

AMINOGLYCOSIDES

AMINOGLYCOSIDES

ARIKAYCE SUS	5	PA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (8 mL every 1 day)
<i>tobramycin nebu soln 300 mg/5ml</i>	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.
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.

Drug Name	Drug Tier	Requirements/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.
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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.
HYRIMOZ SENS INJ 80/0.8ML	4	PA, QL (2 pens every 28 days)
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (3 auto-injectors every 28 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

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

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

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 20MG	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 7.5MG	4	PA, QL (4 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)
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.

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

ANAPROX DS TAB 550MG	3
<i>celecoxib cap 50 mg</i>	1
<i>celecoxib cap 100 mg</i>	1
<i>celecoxib cap 200 mg</i>	1
<i>celecoxib cap 400 mg</i>	1
DAYPRO TAB 600MG	3
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
DUEXIS TAB 800-26.6	3
EC-NAPROSYN TAB 375MG	3
EC-NAPROSYN TAB 500MG	3
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	1
<i>etodolac tab er 24hr 600 mg</i>	1

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

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	4	PA, QL (1.97 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 10/20/30	4	PA, QL (1.97 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 20MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 30MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	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); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
ORENCIA INJ 87.5/0.7	4	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
ORENCIA INJ 125MG/ML	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.

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 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

<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
ESGIC TAB	3	

SALICYLATES

<i>aspirin chew tab 81 mg</i>	0	OTC
<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	OTC
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supp every 1 day)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (16 mL every 1 day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	2	PA
HYSINGLA ER TAB 30 MG	2	PA
HYSINGLA ER TAB 40 MG	2	PA
HYSINGLA ER TAB 60 MG	2	PA
HYSINGLA ER TAB 80 MG	2	PA
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL every 1 day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (15 mL every 1 day)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (10 mL every 1 day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>methadone hcl tab 10 mg</i>	1	PA
<i>methadone hcl tab 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	PA, QL (2 mL every 1 day)
METHADOSE SF CON 10MG/ML	3	PA, QL (2 mL every 1 day)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (2 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (22.5 mL every 1 day)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 30 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (6 supp every 1 day)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (6 supp every 1 day)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (4 supp every 1 day)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (3 supp every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 ea every 1 day)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 ea every 1 day)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs every 1 day)
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs every 1 day)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (6 caps every 1 day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs every 1 day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs every 1 day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs every 1 day)
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA
<i>tramadol hcl tab 50 mg</i>	1	PA
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
XTAMPZA ER CAP 9MG	2	PA
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	2	PA
XTAMPZA ER CAP 36MG	2	PA
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 bottles every 1 day)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 mL every 1 day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (13.334 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (10 caps every 1 day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	PA
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	PA
FIORICET CAP CODEINE	3	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	1	PA, QL (67.5 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 150MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 300MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 450MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	PA, QL (2.4 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	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

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylestosterone cap 10 mg</i>	1	
<i>methylestosterone oral tab 10 mg</i>	1	
NATESTO GEL 5.5MG	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
UCERIS AER 2MG/ACT	3	

RECTAL COMBINATIONS

ANALPRAM HC CRE 1-1%	3	
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM HC LOT 2.5%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

RECTAL STEROIDS

ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
PROCTOCORT SUP 30MG	3	

VASODILATING AGENTS

<i>nitroglycerin oint 0.4%</i>	1	
RECTIV OIN 0.4%	3	

Drug Name	Drug Tier	Requirements/Limits
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	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)
<i>ivermectin tab 3 mg</i>	1	
<i>ivermectin tab 6 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	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	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
UROGESIC- TAB BLUE	3	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PENEMS		
ORLYNVAH TAB 500-500	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

NITRATES

ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
ISOSORB MONO TAB 10MG	3	
ISOSORB MONO TAB 20MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin cap er 2.5 mg</i>	1	
<i>nitroglycerin cap er 6.5 mg</i>	1	
<i>nitroglycerin cap er 9 mg</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR 400MCG	3	

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
VISTARIL CAP 25MG	3	

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>quinidine gluconate tab er 324 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	5	
TIKOSYN CAP 250MCG	5	
TIKOSYN CAP 500MCG	5	

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (8 mL every 1 day)
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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)
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)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA CAP HANDHLR	1	PA, QL (1 cap every 1 day); Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL	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	

STERIOD INHALANTS

ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (4 mL every 1 day)
budesonide inhalation susp 0.25 mg/2ml	1	QL (6 mL every 1 day)
budesonide inhalation susp 1 mg/2ml	1	QL (2 mL every 1 day)
fluticasone furoate aerosol powder breath activ 50 mcg/act	1	QL (1 package every 25 days)
fluticasone furoate aerosol powder breath activ 100 mcg/act	1	QL (1 blister every 1 day)
fluticasone furoate aerosol powder breath activ 200 mcg/act	1	QL (1 blister every 1 day)
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 90MCG	3	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT INH 180MCG	3	QL (2 inhalers every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (2 ea every 1 day)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (4 ea every 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (12.5 mL every 1 day)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (12.5 mL every 1 day)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (12.5 mL every 1 day)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (4 mL every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 bottles every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (3 ea every 1 day)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)

XANTHINES

<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>rivaroxaban for susp 1 mg/ml</i>	1	
<i>rivaroxaban tab 2.5 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
ANTICONSULSANTS		
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	
<i>perampanel tab 2 mg</i>	1	
<i>perampanel tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel tab 6 mg</i>	1	
<i>perampanel tab 8 mg</i>	1	
<i>perampanel tab 10 mg</i>	1	
<i>perampanel tab 12 mg</i>	1	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
VALTOCO SPR 5MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 cartons every 25 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BRIVIACT SOL 10MG/ML	2	
BRIVIACT TAB 10MG	2	
BRIVIACT TAB 25MG	2	
BRIVIACT TAB 50MG	2	

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TAB 75MG	2	
BRIVIACT TAB 100MG	2	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine chew tab 200 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	5	PA, QL (26.667 mL every 1 day)
<i>eslicarbazepine acetate tab 200 mg</i>	1	
<i>eslicarbazepine acetate tab 400 mg</i>	1	
<i>eslicarbazepine acetate tab 600 mg</i>	1	
<i>eslicarbazepine acetate tab 800 mg</i>	1	
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every 1 day)
<i>gabapentin tab 600 mg</i>	1	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	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)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>oxcarbazepine tab er 24hr 150 mg</i>	1	
<i>oxcarbazepine tab er 24hr 300 mg</i>	1	
<i>oxcarbazepine tab er 24hr 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 50 mg</i>	1	PA
<i>pregabalin cap 50 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 75 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 75 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 100 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 150 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 200 mg</i>	1	PA, QL (3 caps every 1 day)
<i>pregabalin cap 225 mg</i>	1	PA
<i>pregabalin cap 225 mg</i>	1	PA, QL (2 caps every 1 day)
<i>pregabalin cap 300 mg</i>	1	PA
<i>pregabalin cap 300 mg</i>	1	PA, QL (2 caps every 1 day)
<i>pregabalin soln 20 mg/ml</i>	1	QL (30 mL every 1 day)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	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	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	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	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate oral soln 25 mg/ml</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate sprinkle cap 50 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	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		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	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	ST, QL (2 tabs every 1 day)
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ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE CAP 20MG	4	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	4	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG	4	PA, QL (1 cap every 1 day)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl cap 150 mg</i>	1	
<i>sertraline hcl cap 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	ST
SOLQUA INJ 100/33	2	QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST, PA; Brand preferred over generic
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST, PA; Brand preferred over generic
XULTOPHY INJ 100/3.6	2	QL (5 pens every 30 days)
ZITUVIMET TAB 50-500MG	2	ST
ZITUVIMET TAB 50-1000	2	ST
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	PA
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diazoxide susp 50 mg/ml</i>	1	
<i>glucagon for inj 1 mg</i>	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 0.5/.1ML	2	
GVOKE PFS INJ 1/0.2ML	2	
<i>mifepristone tab 300 mg</i>	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST
ZITUVIO TAB 100MG	2	ST
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)

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

INSULIN

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	
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

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST, PA; Brand preferred over generic
FARXIGA TAB 10MG	2	ST, PA; Brand preferred over generic
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
<i>deferiprone tab 1000 mg</i>	1	PA

ANTIDOTES AND SPECIFIC ANTAGONISTS

RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	QL (20 packets every 5 days)

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	3	QL (2 cartons every 30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	QL (2 cartons every 30 days)
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	
NARCAN SPR 4MG	3	QL (2 cartons every 30 days)

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	QL (2 vials every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tab 50 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 21 days)
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs every 21 days)
EMEND BIPACK PAK 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 125 & 80	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 165 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VIVJOA CAP 150MG	3	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

ANTI-HISTAMINES

ANTI-HISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>carbinoxamine maleate tab 6 mg</i>	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
CLEMASZ TAB 2.68MG	1	
KARBINAL ER SUS 4MG/5ML	3	

ANTI-HISTAMINES - NON-SEDATING

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	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	
ANTHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	1	PA; Brand preferred over generic
VASCEPA CAP 1GM	1	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	

Drug Name	Drug Tier	Requirements/Limits
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	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		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	0	
<i>pitavastatin calcium tab 2 mg</i>	0	
<i>pitavastatin calcium tab 4 mg</i>	0	
<i>pravastatin sodium tab 10 mg</i>	0	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	
<i>rosuvastatin calcium tab 5 mg</i>	0	
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 cartridges every 28 days)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN TAB 40MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	

AGENTS FOR PHEOCHROMOCYTOMA

DEMSER CAP 250MG	5	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
<i>metirosine cap 250 mg</i>	1	PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIADRENERGIC ANTIHYPERTENSIVES

CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine tab er 24hr 0.17 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>ACCURETIC TAB 10-12.5</i>	3	
<i>ACCURETIC TAB 20-12.5</i>	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR TAB	3	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURN TAB 150MG	3	
TEKTURN TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>epplerenone tab 25 mg</i>	1	
<i>epplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	3	
INSPIRA TAB 50MG	3	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>hydroxychloroquine sulfate tab 300 mg</i>	1	
<i>hydroxychloroquine sulfate tab 400 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE TAB 10MG	5	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	

Drug Name	Drug Tier	Requirements/Limits
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA
JYLAMVO SOL 2MG/ML	0	
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	\$0 copay based on your plan/benefit
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (4 tabs every 1 day)
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	0	PA, QL (84 caps every 21 days)
FRUZAQLA CAP 5MG	0	PA, QL (21 caps every 21 days)
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	5	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1.5 tabs every 1 day)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>gefitinib tab 250 mg</i>	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		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (4 tabs every 1 day)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	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)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	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	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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 (1.143 tabs every 1 day); Twice Weekly

ANTINEOPLASTIC COMBINATIONS

INQOVI TAB 35-100MG	0	PA, QL (5 tabs every 21 days)
KISQALI 200 PAK FEMARA	0	PA, QL (1.8 tabs every 1 day)
KISQALI 400 PAK FEMARA	0	PA, QL (2.5 tabs every 1 day)
KISQALI 600 PAK FEMARA	0	PA, QL (3.3 tabs every 1 day)
LONSURF TAB 15-6.14	0	PA, QL (3.572 tabs every 1 day)
LONSURF TAB 20-8.19	0	PA, QL (2.858 tabs every 1 day)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
AUGTYRO CAP 160MG	0	PA, QL (2 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA TAB 160MG	0	PA
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
<i>dasatinib tab 20 mg</i>	0	PA, QL (3 tabs every 1 day)
<i>dasatinib tab 50 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 70 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 80 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 100 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 140 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (1 ea every 1 day)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	0	PA, QL (1 ea every 1 day)
<i>everolimus tab 5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (1 ea every 1 day)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 ea every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab for oral susp 2 mg</i>	0	PA, QL (2 tabs every 1 day)
<i>everolimus tab for oral susp 3 mg</i>	0	PA, QL (3 tabs every 1 day)
<i>everolimus tab for oral susp 5 mg</i>	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)

Drug Name	Drug Tier	Requirements/Limits
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)
IBTROZI CAP 200MG	0	PA, QL (90 caps every 30 days)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 days)
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)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	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)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	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)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	0	PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (3 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA, QL (3 tabs every 1 day)
RETEVMO TAB 80MG	0	PA, QL (4 tabs every 1 day)
RETEVMO TAB 120MG	0	PA, QL (2 tabs every 1 day)
RETEVMO TAB 160MG	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TRUQAP PAK 160MG	0	PA, QL (2.29 tabs every 1 day)
TRUQAP PAK 200MG	0	PA, QL (2.29 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRUQAP TAB 160MG	0	PA, QL (2.286 tabs every 1 day)
TRUQAP TAB 200MG	0	PA, QL (2.286 tabs every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (56 tabs every 21 days)
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
VORANIGO TAB 10MG	0	PA, QL (2 tabs every 1 day)
VORANIGO TAB 40MG	0	PA, QL (1 tab every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)

ANTINEOPLASTICS MISC.

ACTIMMUNE INJ 2MU/0.5	5	PA
BESREMI SOL 500MCG	4	PA, QL (2 syringes every 28 days)
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
<i>tretinoin cap 10 mg</i>	0	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
<i>mesna tab 400 mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, QL (20 cartridges every 28 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	4	PA, QL (10 caps every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ZELAPAR ODT TAB 1.25MG	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID TAB 300MG CR	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	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	5	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	5	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	

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

Drug Name	Drug Tier	Requirements/Limits
HALDOL DECAN INJ 100MG/ML	3	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	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		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
MUSCARINIC AGENTS		
COBENFY CAP 50-20MG	3	

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	
PHENOTHIAZINES		
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIM INJ 720MG	2	
ABILIFY ASIM INJ 960MG	2	
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	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

<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	

ANTISEPTICS & DISINFECTANTS

ANTISEPTICS & DISINFECTANTS

<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	

CHLORINE ANTISEPTICS

BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	

IODINE ANTISEPTICS

LUGOLS SOL IODINE	3	
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ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	3	QL (2 tabs every 1 day)
<i>darunavir tab 600 mg</i>	1	QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	2	PA; \$0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	1	QL (1 cap every 1 day)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	PA, QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (24.3 mL every 1 day)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
<i>etravirine tab 100 mg</i>	1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	3	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (32 bottles every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	1	QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	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)
<i>ritonavir tab 100 mg</i>	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)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 10MG	2	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	2	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
TRIZIVIR TAB	3	QL (2 tabs every 1 day)
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
ZIAGEN TAB 300MG	3	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	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 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day)
PREVYMIS TAB 480MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (33.334 mL every 1 day)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	3	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	4	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	1	
<i>ribavirin tab 200 mg</i>	1	
SOVALDI PAK 150MG	5	PA, QL (1 packet every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SOVALDI PAK 200MG	5	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	5	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	5	PA, QL (1 tab every 1 day)
VOSEVI TAB	4	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	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)

Drug Name	Drug Tier	Requirements/Limits
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
LAGEVRIO CAP 200MG	3	PA, 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		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>labetalol hcl tab 400 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
LOPRESSOR SOL 10MG/ML	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	

BETA BLOCKERS NON-SELECTIVE

HEMANGEOL SOL 4.28/ML	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	

Drug Name	Drug Tier	Requirements/Limits
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

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	3	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	5	PA, QL (1 cap every 1 day)

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	4	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	4	PA, QL (1 ea every 1 day)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	
<i>sacubitril-valsartan tab 49-51 mg</i>	1	
<i>sacubitril-valsartan tab 97-103 mg</i>	1	

IMPOTENCE AGENTS

<i>avanafil tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 200 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 28 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	QL (1 ea every 1 day)
<i>tadalafil tab 2.5 mg</i>	1	QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	QL (1 tab every 1 day)
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days)
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days)
<i>varденаfil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>varденаfil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO DPI POW 16-32-48	4	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	4	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	4	PA, QL (4 ea every 1 day)
TYVASO RF KT SOL 0.6MG/ML	4	PA, QL (2.9 mL every 1 day)
TYVASO SOL 0.6MG/ML	4	PA, QL (2.9 mL every 1 day)
TYVASO ST KT SOL 0.6MG/ML	4	PA, QL (2.9 mL every 1 day)
VENTAVIS SOL 10MCG/ML	5	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	5	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	4	PA, QL (5 caps every 1 day)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	1	PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab for oral susp 32 mg</i>	1	PA, QL (4 tabs every 1 day)
OPSUMIT TAB 10MG	4	PA, QL (1 tab every 1 day)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (26.134 mL every 1 day)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML	4	PA, QL (10 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (7.143 tabs every 1 day)
UPTRAVI TAB 200MCG	4	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	4	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	4	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	3	PA
CORLANOR TAB 7.5MG	3	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	PA
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	4	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 250 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
LO LOESTRIN TAB 1-10-10	0	
NATAZIA TAB	0	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
SAFYRAL TAB	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	QL (13 ea every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (6.154 injections every 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
OPILL TAB 0.075MG	0	OTC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>deflazacort susp 22.75 mg/ml</i>	1	PA, QL (1.8 mL every 1 day)
<i>deflazacort tab 6 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	1	PA, QL (1 tab every 1 day)
<i>deflazacort tab 30 mg</i>	1	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort tab 36 mg</i>	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
PREDNISONE CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
UCERIS TAB 9MG	1	PA; Brand preferred over generic

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	1	
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	PA, QL (6 tabs every 1 day)

COUGH/COLD/ALLERGY COMBINATIONS

CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	PA, QL (60 mL every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	PA, QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	PA, QL (45 mL every 1 day), OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup</i> <i>6.25-5-10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>pseudoephed-bromphen-dm syrup</i> <i>30-2-10 mg/5ml</i>	1	

MISC. RESPIRATORY INHALANTS

<i>HYPERSAL NEB 3.5%</i>	3	
<i>HYPERSAL NEB 7%</i>	3	
<i>NEBUSAL NEB 6%</i>	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	

MUCOLYTICS

<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	

DERMATOLOGICALS

ACNE PRODUCTS

<i>ABSORICA CAP 10MG</i>	3	
<i>ABSORICA CAP 20MG</i>	3	
<i>ABSORICA CAP 25MG</i>	3	
<i>ABSORICA CAP 30MG</i>	3	
<i>ABSORICA CAP 35MG</i>	3	
<i>ABSORICA CAP 40MG</i>	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	OTC
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
<i>AKLIEF CRE 0.005%</i>	2	PA
<i>ATRALIN GEL 0.05%</i>	3	PA
<i>AVAR LS LIQ 10-2%</i>	3	
<i>AVAR-E LS CRE 10-2%</i>	3	
<i>BENZAMYCIN GEL 5-3%</i>	3	QL (1.567 gm every 1 day)
<i>BENZEPRO LIQ CREAMY</i>	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (1.567 gm every 1 day)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>CLEOCIN-T LOT 1%</i>	3	QL (2 mL every 1 day)
<i>CLINDAGEL GEL 1%</i>	3	QL (2.5 mL every 1 day)
<i>clindamycin phosph-benzoyl peroxide (refrig)</i> <i>gel 1.2 (1)-5%</i>	1	QL (1.5 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	1	QL (2.5 gm every 1 day)
<i>clindamycin phosphate lotion 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate soln 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (1.667 gm every 1 day)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (1.667 gm every 1 day)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL (1.667 gm every 1 day)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	OTC
DIFFERIN GEL 0.3% PMP	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
<i>erythromycin gel 2%</i>	1	QL (2 gm every 1 day)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (2 mL every 1 day)
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	3	QL (1.667 gm every 1 day)
PLEXION CLTH PAD 9.8-4.8%	3	
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
SOD SUL/SULF EMU 10-5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur foam 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.08%	1	PA
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 mL every 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120 mL every 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (2 gm every 1 day)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	QL (70 gm every 25 days)
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
KERYDIN SOL 5%	3	PA, QL (4 mL every 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
LUZU CRE 1%	3	QL (60 gm every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl gel 2%</i>	1	QL (60 gm every 25 days)
NAFTIN GEL 1%	3	QL (120 gm every 25 days)
NAFTIN GEL 2%	3	QL (60 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
OXISTAT CRE 1%	3	QL (60 gm every 25 days)
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)
VYTON CRE 1-1.9%	3	

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene gel 1%</i>	1	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	5	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
BIMZELX INJ 160MG/ML	4	PA, QL (2 injectors/syringes every 28 days); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
BIMZELX INJ 320MG/2	4	PA, QL (1 injector/syringe every 28 days); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	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.

Drug Name	Drug Tier	Requirements/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.
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.

Drug Name	Drug Tier	Requirements/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.
<i>methoxsalen rapid cap 10 mg</i>	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 (1 vial every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	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 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOTYKTU TAB 6MG	4	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	5	PA, QL (2 syringes every 28 days)
SPEVIGO INJ 300/2ML	5	PA, QL (1 syringe every 28 days)
STELARA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>tazarotene cream 0.1%</i>	1	
<i>tazarotene cream 0.05%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 42 days)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	3	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
SILVER NITRA SOL 0.5%	3	
<i>silver nitrate soln 0.5%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>amcinonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (4 mL every 1 day)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
CAPEX SHA 0.01%	3	QL (4 mL every 1 day)
<i>clobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate foam 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>clobetasol propionate oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (4 mL every 1 day)
<i>clobetasol propionate soln 0.05%</i>	1	QL (4 mL every 1 day)
CLOBEX LOT 0.05%	3	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	3	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
<i>desonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desonide lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>desonide oint 0.05%</i>	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
<i>desoximetasone cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone cream 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone oint 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone spray 0.25%</i>	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	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide soln 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate oint 0.005%</i>	1	QL (4 gm every 1 day)
<i>halcinonide soln 0.1%</i>	1	QL (4 mL every 1 day)
<i>halobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone acetate cream 2.5%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone cream 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone lotion 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone oint 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone soln 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate oint 0.2%</i>	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)
<i>mometasone furoate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	5	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	5	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	4	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	4	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	4	PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
<i>urea cream 39%</i>	1	
<i>urea cream 41%</i>	1	
<i>urea cream 45%</i>	1	
<i>urea cream 47%</i>	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	

Drug Name	Drug Tier	Requirements/Limits
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (3 gm every 1 day)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	4	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	4	PA, QL (2 pens every 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	PA
<i>imiquimod cream 5%</i>	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		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
<i>salicylic acid er film-forming soln 28.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	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	

Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	QL (3 ea every 1 day)
<i>lidocaine patch 5%</i>	1	QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
ZTLIDO PAD 1.8%	3	QL (3 ea every 1 day)

MISC. TOPICAL

ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
SOFDRA GEL 12.45%	3	
XERAC-AC SOL 6.25%	3	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.15%	2	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)

ROSACEA AGENTS

<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA
FINACEA AER 15%	2	PA
<i>ivermectin cream 1%</i>	1	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	PA; Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (2 gm every 1 day)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
<i>hemoglobin a1c (hba1c) test kit</i>	0	
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
MULTISTIX 10 TES SG	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	OTC
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC

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

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>dichlorphenamide tab 50 mg</i>	1	PA, QL (4 tabs every 1 day)
KEVEYIS TAB 50MG	5	PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 560/2.24	5	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 28 days)

CORTICOTROPIN

ACTHAR INJ 80UNIT	5	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	5	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	5	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	5	PA, QL (1 injection every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	5	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	5	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	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	5	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA
GANIRELIX AC INJ 250/0.5	1	PA; Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (1 vial every 1 day)
EGRIFTA WR KIT 11.6MG	5	PA, QL (4 vials every 28 days)
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	5	
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
<i>raloxifene hcl tab 60 mg</i>	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	5	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	1	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	5	PA, QL (1 vial every 1 day)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM	4	PA, QL (46.4 gm every 1 day)
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	5	PA, QL (4 tabs every 1 day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (26.6 gm every 1 day)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	5	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOC DURNA SUB 27.7MCG	3	
NOC DURNA SUB 55.3MCG	3	

Drug Name	Drug Tier	Requirements/Limits
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
<i>mifepristone tab 200 mg</i>	1	\$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (1.5 vials every 1 day)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	5	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	5	PA, QL (2 tabs every 1 day)
SAMSCA TAB 30MG	5	PA, QL (1 tab every 1 day)
<i>tolvaptan tab 15 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tolvaptan tab therapy pack 15 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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ESTROGENS

ESTROGEN COMBINATIONS

ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	2	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	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	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
ESTROGEL GEL 0.06%	3	
PREMARIN INJ 25MG	3	
VIVELLE-DOT DIS 0.05MG	3	

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
<i>prucalopride succinate tab 1 mg (base equivalent)</i>	1	
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	1	
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
GALLSTONE SOLUBILIZING AGENTS		
<i>chenodiol tab 250 mg</i>	1	PA, QL (7 tabs every 1 day)
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	5	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	5	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
CIMZIA INJ 200MG/ML	4	PA
CIMZIA PREFL 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	PA, QL (2 pens every 28 days); Preferred agent for Crohn's and Ulcerative Colitis. Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	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.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	4	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	4	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	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	5	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	4	PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	4	PA, QL (2 tabs every 1 day)
FILSPARI TAB 400MG	4	PA, QL (1 tab every 1 day)
VANRAFIA TAB 0.75MG	4	PA, QL (1 tab every 1 day)
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	1	PA
<i>tiopronin tab delayed release 100 mg</i>	1	PA
<i>tiopronin tab delayed release 300 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 200 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL (4 tabs every 1 day)
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (45 syringes every 90 days)

Drug Name	Drug Tier	Requirements/Limits
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	5	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	5	PA, QL (6 caps every 1 day)

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	1
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PLASMA KALLIKREIN INHIBITORS

ORLADEYO CAP 110MG	4	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	4	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)

PLATELET AGGREGATION INHIBITORS

AGRYLIN CAP 0.5MG	3
<i>anagrelide hcl cap 0.5 mg</i>	1
<i>anagrelide hcl cap 1 mg</i>	1
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1
BRILINTA TAB 60MG	2
BRILINTA TAB 90MG	2
<i>cilostazol tab 50 mg</i>	1
<i>cilostazol tab 100 mg</i>	1
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1
<i>dipyridamole tab 25 mg</i>	1
<i>dipyridamole tab 50 mg</i>	1
<i>dipyridamole tab 75 mg</i>	1
EFFIENT TAB 5MG	3
EFFIENT TAB 10MG	3
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1
<i>ticagrelor tab 60 mg</i>	1
<i>ticagrelor tab 90 mg</i>	1

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG	4	PA, QL (2 caps every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
<i>miglustat cap 100 mg</i>	1	PA, QL (3 caps every 1 day)
<i>miglustat cap 100 mg</i>	1	PA, QL (3 ea every 1 day)
ZAVESCA CAP 100MG	5	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	4	PA, QL (6 packets every 1 day)
<i>glutamine (sickle cell) powd pack 5 gm</i>	1	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	OTC; \$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; \$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	OTC; \$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	4	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	4	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTelet TAB 20MG	4	PA
DOPTelet TAB 20MG	4	PA, QL (2 tabs every 1 day)
DOPTelet TAB 20MG	4	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	1	PA, QL (4 packets every 1 day)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	1	PA, QL (6 packets every 1 day)
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
FULPHILA INJ 6/0.6ML	4	PA, QL (2 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 (3.333 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

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1
<i>aminocaproic acid tab 500 mg</i>	1
<i>aminocaproic acid tab 1000 mg</i>	1
<i>tranexamic acid tab 650 mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	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	5	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5.267 mL every 1 day)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	
LAXATIVES - MISCELLANEOUS		
<i>lactulose oral crystal packet 10 gm</i>	1	
<i>lactulose oral crystal packet 20 gm</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
<i>fidaxomicin tab 200 mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
FANTASY LUBR MIS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
FANTASY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
KAMELEON LUB MIS COLORS	0	QL (12 condoms every 25 days), OTC
KAMELEON MIS TRI-COLR	0	QL (12 condoms every 25 days), OTC
KIMONO COLOR MIS	0	QL (12 condoms every 25 days), OTC
KIMONO MAXX MIS LG FLARE	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN +	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN PLS	0	QL (12 condoms every 25 days), OTC
KIMONO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
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 SENS 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

Drug Name	Drug Tier	Requirements/Limits
MAXX PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
NATURAL COND MIS + LUBE	0	QL (12 condoms every 25 days), OTC
OMNIFLEX DPR	0	QL (1 each every 300 days)
REALITY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS TEXTURED	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN MAGN MIS	0	QL (12 condoms every 25 days), OTC
TROJAN MIS BARESKIN	0	QL (12 condoms every 25 days), OTC
TROJAN MIS ENZ	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS RIBBED	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS W/SPERMI	0	QL (12 condoms every 25 days), OTC
TRUE COVER MIS CONDOM	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS ASSORTED	0	QL (12 condoms every 25 days), OTC
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

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBR MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS BANANA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS CHOCOLAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS FLAVORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
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

Drug Name	Drug Tier	Requirements/Limits
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC
ADJ LANCING MIS DEVICE	0	OTC
ADV LANCING MIS DEVICE	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVATE SAFE MIS LANC 26G	0	OTC
ADVOCATE LIQ HIGH	0	OTC
ADVOCATE LIQ LOW	0	OTC
ADVOCATE MIS LANC 30G	0	OTC
ADVOCATE MIS LANC DEV	0	OTC
ADVOCATE MIS LANCETS	0	OTC
ADVOCATE+ SOL REDI-COD	0	OTC
AGAMATRIX MIS 33G	0	OTC
AGAMATRIX SOL HIGH	0	OTC
AGAMATRIX SOL LEVEL 2	0	OTC
AGAMATRIX SOL LEVEL 4	0	OTC
AGAMATRIX SOL NORM/HGH	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTOUR PLUS LIQ LEVEL 1	0	OTC
CONTOUR PLUS LIQ LEVEL 2	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HI/MID/L	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS 15 DAY	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DIASCREEN 3 MIS	0	OTC
DIASCREEN 5 MIS	0	OTC
DIASCREEN 6 MIS	0	OTC
DIASCREEN 7 MIS	0	OTC
DIASCREEN 8 MIS	0	OTC
DIASCREEN 9 MIS	0	OTC
DIASCREEN 10 MIS	0	OTC
DIASCREEN MIS 1B	0	OTC
DIASCREEN MIS 1G	0	OTC
DIASCREEN MIS 1K	0	OTC
DIASCREEN MIS 2GK	0	OTC
DIASCREEN MIS 2GP	0	OTC
DIASCREEN MIS 4NL	0	OTC
DIASCREEN MIS 4OBL	0	OTC
DIASCREEN MIS 4PH	0	OTC

Drug Name	Drug Tier	Requirements/Limits
DIASCREEN MIS CONTROL	0	OTC
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS P-AC/28G	0	OTC
EASY TOUCH MIS P-AC/30G	0	OTC
EASY TOUCH MIS TWST/28G	0	OTC
EASY TOUCH MIS TWST/30G	0	OTC
EASY TOUCH MIS TWST/32G	0	OTC
EASY TOUCH MIS TWST/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASystep HGH SOL CONTROL	0	OTC
EASystep LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE 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

Drug Name	Drug Tier	Requirements/Limits
FINE 30 MIS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FORTISCARE SOL CNTL HI	0	OTC
FORTISCARE SOL CNTL LOW	0	OTC
FORTISCARE SOL CNTL NML	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS TST PLUG	0	
HAEMOLANCE MIS HIGH FLO	0	OTC
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

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

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS EXTR 21G	0	OTC
MEDLANCE MIS LITE 25G	0	OTC
MEDLANCE MIS PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 L2 KIT INTRO G6	0	PA
OMNIPOD 5 L2 MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA
OMNIPOD MIS CLASSIC	0	PA
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PSS SAFE LAN MIS	0	OTC
PSS SEL LANC MIS	0	OTC
PSS SEL PLAT MIS	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
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
THINLETS GP MIS 26G	0	OTC
TOPCARE MIS LANC 33G	0	OTC
TRAVEL LANCE MIS ADV 28G	0	OTC
TRUE COMFORT MIS LANC 30G	0	OTC
TRUE METRIX SOL LEVEL 1	0	OTC
TRUE METRIX SOL LEVEL 2	0	OTC
TRUE METRIX SOL LEVEL 3	0	OTC
TRUEDRAW MIS LANC DEV	0	OTC
TRUPLUS LANC MIS 26G	0	OTC
TRUPLUS LANC MIS 28G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
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	
ALCOHOL PAD	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
AUTOPEN MIS 1 UNIT	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CEQUR SIMPL KIT PATCH 2U	0	
CEQUR SIMPL MIS INSERTER	0	
DROPSAFE MIS SICURA	3	OTC
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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
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 SYRINGE MIS CATH TIP	3	
140ML SYRINGE MIS LUER-LOC	3	
140ML SYRINGE 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
3ML 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	
3ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
TOOMEY SYRIN MIS 70ML	3	
VENT NEEDLE MIS 18GX1"	3	OTC
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	

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

Drug Name	Drug Tier	Requirements/Limits
SPACE CHAMBR MIS SMALL	3	
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX CHAMB MIS PEDI MAS	3	
VORTEX VALVD MIS CHAMBER	3	
VORTEX VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)

MIGRAINE PRODUCTS

ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8.01 mL every 30 days)

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 6MG/0.5	3	QL (24 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
RELPAK TAB 20MG	3	QL (12 tabs every 30 days)
RELPAK 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)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (36 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (24 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
TOSYMRA SOL 10MG	2	QL (18 units every 25 days)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	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

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	PA
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	PA
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	PA

POTASSIUM

EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
K-TAB TAB 10MEQ CR	3	
K-TAB TAB 20MEQ	3	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 15 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

DEPEN TITRA TAB 250MG	5	
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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i>	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		
<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (21 caps every 21 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (21 caps every 21 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
VYVGART INJ HYTRULO	4	PA
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ENSPRYNG INJ	4	PA, QL (1 syringes every 28 days)
ENVARUSUS XR TAB 0.75MG	3	
ENVARUSUS XR TAB 1MG	3	
ENVARUSUS XR TAB 4MG	3	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 1MG	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	5	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 pens every 28 days)
BENLYSTA INJ 200MG/ML	5	PA, QL (4 syringes every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (3 ea every 1 day)
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NA FL/K NITR GEL 1.1-5%	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
EVOXAC CAP 30MG	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	

MULTIVITAMINS

PRENATAL VITAMINS

CL PRENATAL TAB 28-0.8MG	3	OTC
EQL PRENATAL TAB FORMULA	3	OTC
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
<i>prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
PRENATAL TAB	3	OTC
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB IRON	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
PX PRENATAL TAB MULTIVIT	3	OTC
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 1000 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 packages every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	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	
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	4	PA, QL (2.5 mL every 1 day)
RADICAVA ORS SUS STARTER	4	PA, QL (2.5 mL every 1 day)
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	5	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	5	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (6.667 mL every 1 day)
EVRYSDI TAB 5MG	5	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth oint 1%</i>	1	
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% OP	2	
ALPHAGAN P SOL 0.15% OP	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
ERYTHROMYCIN OIN 5MG/GM	3	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
XDEMVEY DRO 0.25%	2	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
VEVYE DRO 0.1%	2	PA, QL (1 bottle every 25 days)
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	5	PA, QL (2.143 mL every 1 day)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2% OP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PROLENSA DRO 0.07% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	

ANTI-CATAPLECTIC AGENTS

LUMRYZ PAK 6GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	4	PA, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	4	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML	4	PA, QL (18 mL every 1 day)

ANTIDEMENTIA AGENTS

ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 5-10MG	3	
LYBALVI TAB 10-10MG	3	
LYBALVI TAB 15-10MG	3	
LYBALVI TAB 20-10MG	3	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	4	PA, QL (4 tabs every 1 day)
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	4	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA, QL (2 tabs every 1 day)
AVONEX PEN KIT 30MCG	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 syringes every 28 days)
BAFIERTAM CAP 95MG	4	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days)
COPAXONE INJ 40MG/ML	4	PA, QL (12 syringes every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PONVORY TAB 20MG	5	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	5	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 syringes every 28 days)
<i>teriflunomide tab 7 mg</i>	1	PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	4	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	4	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	4	PA, QL (1 ea every 1 day)

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

<i>gabapentin (once-daily) tab 300 mg</i>	1	QL (5 tabs every 1 day)
<i>gabapentin (once-daily) tab 600 mg</i>	1	QL (3 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (2 tabs every 1 day)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC
<i>nicotine polacrilex gum 4 mg</i>	0	OTC
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	

TRANSTHYRETIN AMYLOIDOSIS AGENTS

TEGSEDI INJ 284/1.5	5	PA, QL (4 syringes every 28 days)
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RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO GRA 5.8MG	5	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	5	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	5	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	5	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	5	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	5	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	5	PA, QL (5 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 50-75MG	5	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	5	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	5	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	4	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	1	PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	1	PA, QL (3 tabs every 1 day)
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl cap 500 mg</i>	1	QL (4 caps every 1 day)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

THYROID HORMONES

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

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

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 ea every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
PANTOPRAZOLE INJ SOD 40MG	3	QL (90 vials every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol tab 100 mcg</i>	1	\$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	1	

ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
GELNIQUE GEL 10%	3	ST
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	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
<i>mirabegron tab er 24 hr 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mirabegron tab er 24 hr 50 mg</i>	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	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	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.01%</i>	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	

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

Index

1	
12ML SYRINGE MIS 20GX1.5	156
12ML SYRINGE MIS 21GX1.....	156
12ML SYRINGE MIS 21GX1.5	156
12ML SYRINGE MIS 22GX1.5.....	156
12ML SYRINGE MIS LUER-LOC	157
140ML SYRING MIS CATH TIP.....	156
140ML SYRING MIS LUER-LOC.....	156
140ML SYRING MIS REG TIP	156
1ML ALLR SYR MIS 27GX1/2.....	151
1ML SYRINGE MIS 25GX1	156
1ML SYRINGE MIS 25GX5/8	157
1ML SYRINGE MIS 28GX1/2	157
1ML SYRINGE MIS LUER SLI	157
1ML SYRINGE MIS LUER SLP	157
1ML SYRINGE MIS SLIP TIP.....	157
1ML TB SYRNG MIS 25GX5/8	157
1ML TB SYRNG MIS 26GX3/8.....	157
1ML TB SYRNG MIS 27GX1/2.....	157
1ML TB SYRNG MIS 28GX1/2.....	157
1ML TB SYRNG MIS LUER LOK.....	157
1ML TB SYRNG MIS REG LUER	157
2	
20ML SYRINGE MIS ECC LUER	157
20ML SYRINGE MIS SLIP	157
3	
30ML SYRINGE MIS LUER LOC	157
3ML LL SYRNG MIS 18GX1.5.....	154
3ML LL SYRNG MIS 20GX1	154
3ML LL SYRNG MIS 20GX1.5.....	154
3ML LL SYRNG MIS 20GX3/4	154
3ML LL SYRNG MIS 21GX1	154
3ML LL SYRNG MIS 21GX1.5	154
3ML LL SYRNG MIS 22GX1.....	154
3ML LL SYRNG MIS 22GX1.5	154
3ML LL SYRNG MIS 23GX1	154
3ML LL SYRNG MIS 23GX1.5	154
3ML LL SYRNG MIS 25GX1	154
3ML LL SYRNG MIS 25GX5/8.....	154
3ML LL SYRNG MIS 27GX1.25	154
3ML LUER LOC MIS 21GX1.5.....	154
3ML LUER LOC MIS 22GX1	154
3ML LUER LOC MIS 22GX1.5	154
3ML LUER LOC MIS 23GX1.5	154
3ML LUER LOC MIS 25GX1.....	155
3ML SYRINGE MIS 18GX1.5.....	156
3ML SYRINGE MIS 20GX1	156
3ML SYRINGE MIS 21GX1.5.....	156
3ML SYRINGE MIS 22GX1	156
3ML SYRINGE MIS 22G X 1.....	156
3ML SYRINGE MIS 22GX1.5	156
3 ML SYRINGE MIS 22X1-1/2	156
3ML SYRINGE MIS 23GX1	156
3ML SYRINGE MIS 23GX1.5	156
3ML SYRINGE MIS 25GX1.....	157
3ML SYRINGE MIS 25GX1.25.....	157
3ML SYRINGE MIS 25GX1.5	157
3ML SYRINGE MIS 25GX5/8.....	157
3ML SYRINGE MIS 27GX1.25	157
3ML SYRINGE MIS CANNULA	157
3ML SYRINGE MIS LUER LOC	157
3ML SYRINGE MIS LUER LOK.....	157
3ML SYRINGE MIS LUER-LOK.....	157
3ML SYRINGE MIS REG TIP	157
6	
60ML SYRINGE MIS CATH TIP	157
60ML SYRINGE MIS ECC TIP.....	157
60ML SYRINGE MIS LUER LOK	157
60ML SYRINGE MIS TOOMEY	157
6ML SYRINGE MIS	156
6ML SYRINGE MIS 18GX1	156
6ML SYRINGE MIS REG LUER.....	157
A	
<i>abacavir sulfate-lamivudine tab 600-300</i>	
<i>mg</i>	79
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	
.....	79
<i>abacavir sulfate tab 300 mg (base equiv)</i>	79
ABILIFY ASIM INJ 720MG.....	78
ABILIFY ASIM INJ 960MG	78
ABILIFY MAIN INJ 300MG.....	78
ABILIFY MAIN INJ 400MG.....	78
<i>abiraterone acetate tab 250 mg</i>	64
<i>abiraterone acetate tab 500 mg</i>	64
ABSORICA CAP 10MG.....	98

ABSORICA CAP 20MG	98	<i>acetylcysteine inhal soln 20%</i>	98
ABSORICA CAP 25MG	98	<i>acitretin cap 10 mg</i>	102
ABSORICA CAP 30MG	98	<i>acitretin cap 17.5 mg</i>	102
ABSORICA CAP 35MG	98	<i>acitretin cap 25 mg</i>	102
ABSORICA CAP 40MG	98	ACTHAR INJ 80UNIT	116
<i>acamprosate calcium tab delayed release</i>		ACTHAR INJ GEL	116
333 mg	173	ACTI-LANCE MIS 28G.....	136
<i>acarbose tab 100 mg</i>	44	ACTI-LANCE MIS LITE 28G.....	137
<i>acarbose tab 25 mg</i>	44	ACTI-LANCE MIS SPEC 17G.....	137
<i>acarbose tab 50 mg</i>	44	ACTI-LANCE MIS UNIV 23G.....	137
ACCOLATE TAB 10MG	30	ACTIMMUNE INJ 2MU/0.5.....	70
ACCOLATE TAB 20MG	30	ACTIVELLA TAB 1-0.5MG	121
ACCU-CHEK KIT FASTCLIX	136	ACTONEL TAB 150MG.....	116
ACCU-CHEK KIT SOFTCLIX.....	136	ACTONEL TAB 35MG	116
ACCU-CHEK LIQ GUIDE	136	ACTOPLUS MET TAB 15-850MG.....	44
ACCU-CHEK LIQ SMART.....	136	ACULAR LS SOL 0.4% OP.....	170
ACCU-CHEK SOL	136	ACULAR SOL 0.5% OP	170
ACCU-CHEK TES AVIVA PL	113	<i>acyclovir cap 200 mg</i>	83
ACCU-CHEK TES GUIDE	113	<i>acyclovir oint 5%</i>	107
ACCU-CHEK TES SMART.....	113	<i>acyclovir susp 200 mg/5ml</i>	83
ACCUPRIL TAB 10MG	55	<i>acyclovir tab 400 mg</i>	83
ACCUPRIL TAB 20MG.....	55	<i>acyclovir tab 800 mg</i>	83
ACCUPRIL TAB 40MG.....	55	ADALIMU-ADAZ INJ 10/0.1ML.....	6
ACCUPRIL TAB 5MG	55	ADALIMU-ADAZ INJ 20/0.2ML	6
ACCURETIC TAB 10-12.5.....	58	ADALIMU-ADAZ INJ 40/0.4ML	6, 7
ACCURETIC TAB 20-12.5.....	58	ADALIMU-ADAZ INJ 80/0.8ML	7
ACCUTREND SOL GLUCOSE.....	136	ADALIMU-FKJP KIT 20/0.4ML.....	7
<i>acebutolol hcl cap 200 mg</i>	84	ADALIMU-FKJP KIT 40/0.8ML	7
<i>acebutolol hcl cap 400 mg</i>	84	<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	
<i>acetaminophen-caffeine-dihydrocodeine</i>			98
<i>cap 320.5-30-16 mg</i>	21	<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
<i>acetaminophen w/ codeine soln 120-12</i>			98
<i>mg/5ml</i>	21	<i>adapalene cream 0.1%</i>	98
<i>acetaminophen w/ codeine tab 300-15 mg</i>		<i>adapalene gel 0.1%</i>	98
.....	21	<i>adapalene gel 0.3%</i>	98
<i>acetaminophen w/ codeine tab 300-30 mg</i>		ADASUVE INH 10MG	76
.....	21	ADBRY INJ 150MG/ML	110
<i>acetaminophen w/ codeine tab 300-60 mg</i>		ADBRY INJ 300/2ML.....	110
.....	21	<i>adefovir dipivoxil tab 10 mg</i>	82
<i>acetazolamide cap er 12hr 500 mg</i>	114	ADEMPAS TAB 0.5MG	92
<i>acetazolamide tab 125 mg</i>	114	ADEMPAS TAB 1.5MG	92
<i>acetazolamide tab 250 mg</i>	114	ADEMPAS TAB 1MG	92
<i>acetic acid otic soln 2%</i>	171	ADEMPAS TAB 2.5MG	92
<i>acetylcysteine inhal soln 10%</i>	98	ADEMPAS TAB 2MG.....	92

ADIPEX-P TAB 37.5MG	2	AKTEN GEL 3.5% OP	169
ADJ LANCING MIS DEVICE.....	137	AKYNZEO CAP 300-0.5.....	50
ADMIX NEEDLE MIS 18GX1.5.....	151	<i>albendazole tab 200 mg</i>	24
ADRENALIN SOL 1:1000	167	<i>albuterol sulfate inhal aero 108 mcg/act</i> <i>(90mcg base equiv)</i>	31
ADVANCE LIQ CONTROL.....	137	<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	31
ADVANCE LIQ INTUITIO	137	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	31
ADVANCE NORM LIQ CONTROL	137	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	31
ADVCATE SAFE MIS LANC 26G	137	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	31
ADV LANCING MIS DEVICE	137	<i>albuterol sulfate syrup 2 mg/5ml</i>	31
ADVOCATE+ SOL REDI-COD.....	137	<i>albuterol sulfate tab 2 mg</i>	31
ADVOCATE LIQ HIGH	137	<i>albuterol sulfate tab 4 mg</i>	31
ADVOCATE LIQ LOW	137	ALCAINE SOL 0.5% OP	169
ADVOCATE MIS LANC 30G	137	<i>alclometasone dipropionate cream 0.05%</i>	107
ADVOCATE MIS LANC DEV	137	<i>alclometasone dipropionate oint 0.05%</i>	107
ADVOCATE MIS LANCETS.....	137	ALCOHOL PAD	150
AEMCOLO TAB 194MG	24	ALCOHOL PAD 70%	151
AERCHMBR PLS MIS FLOW-VU.....	157	ALCOHOL PAD PREP	151
AERCHMBR PLS MIS INTERMED	157	ALCOHOL PADS PAD 70%.....	151
AERCHMBR PLS MIS LRG MASK	157	ALCOHOL PREP PAD	151
AERCHMBR PLS MIS MED MASK.....	158	ALCOHOL PREP PAD 70%	151
AERCHMBR PLS MIS SM MASK.....	158	ALCOHOL PREP PAD MED 70%.....	151
AERCHMBR Z- MIS STAT PLS	158	ALCOHOL PREP PAD PADS 70%	151
AEROCHAMBER KIT ACTION.....	158	ALCOHOL SWAB PAD.....	151
AEROCHAMBER MIS 2GO	158	ALCOHOL SWAB PAD 70%.....	151
AEROCHAMBER MIS CHAMBER	158	ALCOHOL SWAB PAD EX-THICK	151
AEROCHAMBER MIS FLOSIGNA	158	ALCOH-WIPE MIS 12	150
AEROCHAMBER MIS HOLDING	158	ALDACTONE TAB 100MG.....	115
AEROCHAMBER MIS MTHPIECE.....	158	ALDACTONE TAB 25MG.....	115
AEROCHAMBER MIS MV	158	ALDACTONE TAB 50MG.....	115
AEROCHAMBER MIS PLUS.....	158	ALECENSA CAP 150MG.....	66
AEROVENT MIS PLUS.....	158	<i>alendronate sodium oral soln 70 mg/75ml</i>	116
AGAMATRIX MIS 33G	137	<i>alendronate sodium tab 10 mg</i>	116
AGAMATRIX SOL HIGH	137	<i>alendronate sodium tab 35 mg</i>	116
AGAMATRIX SOL LEVEL 2	137	<i>alendronate sodium tab 70 mg</i>	116
AGAMATRIX SOL LEVEL 4	137	<i>alfuzosin hcl tab er 24hr 10 mg</i>	126
AGAMATRIX SOL NORM/HGH.....	137	ALINIA SUS 100/5ML	24
AGAMATRIX SOL NORMAL	137	ALINIA TAB 500MG.....	24
AGRYLIN CAP 0.5MG	128		
AIMSCO MIS LUBRICAT	133		
AIMSCO TWIST MIS 32G.....	137		
AIMSCO TWIST MIS 33G.....	137		
AIRSUPRA AER 90-80MCG.....	31		
AJOVY INJ 225/1.5.....	159		
AKLIEF CRE 0.005%.....	98		

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	61	ALVAIZ TAB 36MG	129
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	61	ALVAIZ TAB 54MG	129
ALLERGIST KIT 0.5/28G	151	ALVAIZ TAB 9MG	129
ALLERGIST KIT 1MLX27G	151	<i>alvimopan cap 12 mg</i>	125
ALLERGIST KIT 1MLX28G	151	<i>amantadine hcl cap 100 mg</i>	71
<i>allopurinol tab 100 mg</i>	127	<i>amantadine hcl soln 50 mg/5ml</i>	71
<i>allopurinol tab 200 mg</i>	127	<i>amantadine hcl tab 100 mg</i>	71
<i>allopurinol tab 300 mg</i>	127	AMBIEN CR TAB 12.5MG	131
<i>almotriptan malate tab 12.5 mg</i>	159	AMBIEN CR TAB 6.25MG	131
<i>almotriptan malate tab 6.25 mg</i>	159	AMBIEN TAB 10MG	131
ALOCRI SOL 2%	170	AMBIEN TAB 5MG	131
ALOMIDE SOL 0.1% OP	170	<i>ambrisentan tab 10 mg</i>	91
ALORA DIS 0.025MG	121	<i>ambrisentan tab 5 mg</i>	91
ALORA DIS 0.075MG	121	<i>amcinonide lotion 0.1%</i>	107
ALORA DIS 0.1MG	121	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	114
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	125	<i>amiloride hcl tab 5 mg</i>	115
<i>alosetron hcl tab 1 mg (base equiv)</i>	125	<i>aminocaproic acid oral soln 0.25 gm/ml</i>	130
ALPHAGAN P SOL 0.1% OP	168	<i>aminocaproic acid tab 1000 mg</i>	130
ALPHAGAN P SOL 0.15% OP	168	<i>aminocaproic acid tab 500 mg</i>	130
ALPRAZOLAM CON 1 MG/ML	27	<i>amiodarone hcl tab 100 mg</i>	28
<i>alprazolam orally disintegrating tab 0.25 mg</i>	27	<i>amiodarone hcl tab 200 mg</i>	28
<i>alprazolam orally disintegrating tab 0.5 mg</i>	27	<i>amiodarone hcl tab 400 mg</i>	29
<i>alprazolam orally disintegrating tab 1 mg</i>	27	<i>amitriptyline hcl tab 100 mg</i>	43
<i>alprazolam orally disintegrating tab 2 mg</i>	27	<i>amitriptyline hcl tab 10 mg</i>	43
<i>alprazolam tab 0.25 mg</i>	27	<i>amitriptyline hcl tab 150 mg</i>	43
<i>alprazolam tab 0.5 mg</i>	27	<i>amitriptyline hcl tab 25 mg</i>	43
<i>alprazolam tab 1 mg</i>	27	<i>amitriptyline hcl tab 50 mg</i>	43
<i>alprazolam tab 2 mg</i>	27	<i>amitriptyline hcl tab 75 mg</i>	43
<i>alprazolam tab er 24hr 0.5 mg</i>	27	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	88
<i>alprazolam tab er 24hr 1 mg</i>	27	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	88
<i>alprazolam tab er 24hr 2 mg</i>	27	<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	88
<i>alprazolam tab er 24hr 3 mg</i>	27	<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	88
ALTABAX OIN 1%	100	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	88
ALTACE CAP 10MG	55	<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	88
ALTACE CAP 2.5MG	55	<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	88
ALUNBRIG PAK	66		
ALUNBRIG TAB 180MG	66		
ALUNBRIG TAB 30MG	66		
ALUNBRIG TAB 90MG	66		
ALVAIZ TAB 18MG	129		

amlodipine besylate-atorvastatin calcium tab 5-10 mg	88
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....	88
amlodipine besylate-atorvastatin calcium tab 5-40 mg	88
amlodipine besylate-atorvastatin calcium tab 5-80 mg	88
amlodipine besylate-benazepril hcl cap 10- 20 mg	58
amlodipine besylate-benazepril hcl cap 10- 40 mg	58
amlodipine besylate-benazepril hcl cap 2.5- 10 mg.....	58
amlodipine besylate-benazepril hcl cap 5- 10 mg.....	58
amlodipine besylate-benazepril hcl cap 5- 20 mg	58
amlodipine besylate-benazepril hcl cap 5- 40 mg	58
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	58
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	58
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	58
amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....	58
amlodipine besylate tab 10 mg (base equivalent)	86
amlodipine besylate tab 2.5 mg (base equivalent)	86
amlodipine besylate tab 5 mg (base equivalent)	86
amlodipine besylate-valsartan tab 10-160 mg	58
amlodipine besylate-valsartan tab 10-320 mg	58
amlodipine besylate-valsartan tab 5-160 mg	58
amlodipine besylate-valsartan tab 5-320 mg	58
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	58

amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	58
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....	58
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	58
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	58
amoxapine tab 100 mg	43
amoxapine tab 150 mg	43
amoxapine tab 25 mg	43
amoxapine tab 50 mg.....	43
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	183
amoxicillin (trihydrate) cap 250 mg	171
amoxicillin (trihydrate) cap 500 mg	172
amoxicillin (trihydrate) chew tab 125 mg.....	172
amoxicillin (trihydrate) chew tab 250 mg.....	172
amoxicillin (trihydrate) for susp 125 mg/5ml	172
amoxicillin (trihydrate) for susp 200 mg/5ml.....	172
amoxicillin (trihydrate) for susp 250 mg/5ml.....	172
amoxicillin (trihydrate) for susp 400 mg/5ml.....	172
amoxicillin (trihydrate) tab 500 mg	172
amoxicillin (trihydrate) tab 875 mg	172
amoxicillin & k clavulanate chew tab 200- 28.5 mg.....	172
amoxicillin & k clavulanate chew tab 400- 57 mg	172
amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml	172
amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml	172
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	172
amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml	172
amoxicillin & k clavulanate tab 250-125 mg	172
amoxicillin & k clavulanate tab 500-125 mg	172

amoxicillin & k clavulanate tab 875-125 mg	172	amphetamine tab extended release disintegrating 18.8 mg	1
amoxicillin & k clavulanate tab er 12hr 1000- 62.5 mg	172	amphetamine tab extended release disintegrating 3.1 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	amphetamine tab extended release disintegrating 6.3 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	amphetamine tab extended release disintegrating 9.4 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	ampicillin cap 500 mg	172
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	AMPYRA TAB 10MG	175
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	ANAFRANIL CAP 25MG	43
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	ANAFRANIL CAP 50MG	43
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	ANAFRANIL CAP 75MG	43
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	anagrelide hcl cap 0.5 mg	128
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	anagrelide hcl cap 1 mg	128
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	ANALPRAM HC CRE 1-1%	23
amphetamine-dextroamphetamine tab 10 mg	1	ANALPRAM-HC CRE 1-1%	23
amphetamine-dextroamphetamine tab 12.5 mg	1	ANALPRAM HC CRE 2.5-1%	23
amphetamine-dextroamphetamine tab 15 mg	1	ANALPRAM HC LOT 2.5%	23
amphetamine-dextroamphetamine tab 20 mg	1	ANALPRAM-HC LOT 2.5%	23
amphetamine-dextroamphetamine tab 30 mg	1	ANALPRM SNGL CRE HC 2.5-1	23
amphetamine-dextroamphetamine tab 5 mg	1	ANAPROX DS TAB 550MG	12
amphetamine-dextroamphetamine tab 7.5 mg	1	ANASPAZ TAB 0.125MG	181
amphetamine sulfate tab 10 mg	1	anastrozole tab 1 mg	65
amphetamine sulfate tab 5 mg	1	ANCOBON CAP 250MG	50
amphetamine tab extended release disintegrating 12.5 mg	1	ANCOBON CAP 500MG	50
amphetamine tab extended release disintegrating 15.7 mg	1	ANGELIQ TAB 0.25-0.5	121
		ANGELIQ TAB 0.5-1MG	121
		ANNOVERA MIS	95
		ANORO ELLIPT AER 62.5-25	31
		ANUSOL-HC CRE 2.5%	23
		ANZEMET TAB 50MG	49
		apomorphine hcl soln cartridge 30 mg/3ml	71
		apraclonidine hcl ophth soln 0.5% (base equivalent)	168
		aprepitant capsule 125 mg	50
		aprepitant capsule 40 mg	50
		aprepitant capsule 80 mg	50
		aprepitant capsule therapy pack 80 & 125 mg	50
		APRISO CAP 0.375GM	123
		APTOM TAB 200MG	35
		APTOM TAB 400MG	35

APTOM TAB 600MG	35	<i>armodafinil tab 50 mg</i>	4
APTOM TAB 800MG	35	ARMOUR THYRO TAB 120MG	180
AQUALANCE MIS 30G	137	ARMOUR THYRO TAB 15MG	180
ARANESP INJ 100MCG	129	ARMOUR THYRO TAB 180MG	180
ARANESP INJ 10MCG	129	ARMOUR THYRO TAB 240MG	180
ARANESP INJ 150MCG	129	ARMOUR THYRO TAB 300MG	180
ARANESP INJ 200MCG	129	ARMOUR THYRO TAB 30MG	180
ARANESP INJ 25MCG	129	ARMOUR THYRO TAB 60MG	180
ARANESP INJ 300MCG	129	ARMOUR THYRO TAB 90MG	180
ARANESP INJ 40MCG	129	ARNICA TIN FLOWER	112
ARANESP INJ 500MCG	129	AROMASIN TAB 25MG	65
ARANESP INJ 60MCG	129	ARTISS SOL 10ML	130
ARAVA TAB 10MG	14	ARTISS SOL 2ML	130
ARAVA TAB 20MG	14	ARTISS SOL 4ML	130
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	31	ARZOL SILVER MIS NITR APP	107
ARICEPT TAB 10MG	173	<i>asenapine maleate sl tab 10 mg (base</i> <i>equiv)</i>	76
ARICEPT TAB 23MG	173	<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	76
ARICEPT TAB 5MG	173	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	76
ARIKAYCE SUS	6	ASMANEX HFA AER 100 MCG	30
ARIMIDEX TAB 1MG	65	ASMANEX HFA AER 200 MCG	30
<i>aripiprazole orally disintegrating tab 10 mg</i>	79	ASMANEX HFA AER 50MCG	30
<i>aripiprazole orally disintegrating tab 15 mg</i>	79	<i>aspirin chew tab 81 mg</i>	16
<i>aripiprazole oral solution 1 mg/ml</i>	78	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	128
<i>aripiprazole tab 10 mg</i>	79	<i>aspirin tab delayed release 81 mg</i>	16
<i>aripiprazole tab 15 mg</i>	79	ASSURE 3 LIQ CONTROL	137
<i>aripiprazole tab 20 mg</i>	79	ASSURE 4 LIQ LEVEL1/2	137
<i>aripiprazole tab 2 mg</i>	79	ASSURE CMFRT MIS 28G	137
<i>aripiprazole tab 30 mg</i>	79	ASSURE DOSE SOL NORM/HGH	137
<i>aripiprazole tab 5 mg</i>	79	ASSURE DOSE SOL NORMAL	137
ARISTADA INJ 1064MG	79	ASSURE II LIQ LEVEL 1	137
ARISTADA INJ 441MG/1.	79	ASSURE II LIQ LEVEL1/2	137
ARISTADA INJ 662MG/2	79	ASSURE LANCE MIS 21G	137
ARISTADA INJ 882MG/3	79	ASSURE LANCE MIS 28G	137
ARISTADA INJ INITIO	79	ASSURE LANCE MIS LOW FLOW	137
ARIXTRA INJ 10/0.8ML	33	ASSURE LANCE MIS MICRO	137
ARIXTRA INJ 2.5/0.5	33	ASSURE LANCE MIS SAFE 25G	137
ARIXTRA INJ 5/0.4ML	33	ASSURE LANCE MIS SAFE 30G	137
ARIXTRA INJ 7.5/0.6	33	ASSURE PRISM SOL LEVEL1/2	137
<i>armodafinil tab 150 mg</i>	4	ASSURE PRO LIQ LEVEL1/2	137
<i>armodafinil tab 200 mg</i>	4	ASTAGRAF XL CAP 0.5MG	162
<i>armodafinil tab 250 mg</i>	4		

ASTAGRAF XL CAP 1MG	162	AURORA LANCE MIS THIN 23G	137
ASTAGRAF XL CAP 5MG.....	162	AURYXIA TAB 210MG	125
<i>atazanavir sulfate cap 150 mg (base equiv)</i>		AUSTEDO TAB 12MG	175
.....	79	AUSTEDO TAB 6MG.....	175
<i>atazanavir sulfate cap 200 mg (base equiv)</i>		AUSTEDO TAB 9MG.....	175
.....	79	AUTO LANCET MIS	137
<i>atazanavir sulfate cap 300 mg (base equiv)</i>		AUTO-LANCET MIS.....	137
.....	79	AUTO-LANCET MIS MINI	137
ATELVIA TAB	116	AUTOLET II KIT CLINISAF.....	138
<i>atenolol & chlorthalidone tab 100-25 mg</i> .59		AUTOLET LANC MIS DEVICE.....	138
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...58		AUTOLET LITE KIT	138
<i>atenolol tab 100 mg</i>	84	AUTOLET LITE KIT CLINISAF	138
<i>atenolol tab 25 mg</i>	84	AUTOLET LITE KIT STARTER.....	138
<i>atenolol tab 50 mg</i>	84	AUTOLET MINI MIS	138
<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..3		AUTOLET PLAT MIS 1.8MM	138
<i>atomoxetine hcl cap 10 mg (base equiv)</i>3		AUTOLET PLAT MIS 2.4MM.....	138
<i>atomoxetine hcl cap 18 mg (base equiv)</i>3		AUTOLET PLAT MIS 3.0MM.....	138
<i>atomoxetine hcl cap 25 mg (base equiv)</i>3		AUTOLET PLUS MIS	138
<i>atomoxetine hcl cap 40 mg (base equiv)</i>3		AUTOPEN MIS 1-21UNIT	152
<i>atomoxetine hcl cap 60 mg (base equiv)</i>3		AUTOPEN MIS 1 UNIT	151
<i>atomoxetine hcl cap 80 mg (base equiv)</i>3		AUTOPEN MIS 2-42UNIT.....	152
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	53	AUTOPEN MIS 2 UNIT	152
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	53	AUTOSHIELD MIS 30GX5MM.....	152
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	53	AUVELITY TAB 45-105MG.....	40
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	53	AUVI-Q INJ 0.15MG.....	185
<i>atovaquone-proguanil hcl tab 250-100 mg</i>		AUVI-Q INJ 0.1MG	185
.....	61	AUVI-Q INJ 0.3MG	185
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> 61		AVALIDE TAB 150-12.5	59
<i>atovaquone susp 750 mg/5ml</i>	24	AVALIDE TAB 300-12.5	59
ATRALIN GEL 0.05%	98	<i>avanafil tab 100 mg</i>	89
<i>atropine sulfate ophth oint 1%</i>	168	<i>avanafil tab 200 mg</i>	89
<i>atropine sulfate ophth soln 1%</i>	168	<i>avanafil tab 50 mg</i>	89
ATROPINE SUL SOL 1% OP.....	168	AVAPRO TAB 150MG	56
ATROVENT HFA AER 17MCG	29	AVAPRO TAB 300MG.....	56
AUGMENTIN SUS 125/5ML	172	AVAPRO TAB 75MG	56
AUGMENTIN SUS ES-600	172	AVAR-E LS CRE 10-2%.....	98
AUGTYRO CAP 160MG	66	AVAR LS LIQ 10-2%	98
AUGTYRO CAP 40MG.....	66	AVODART CAP 0.5MG.....	126
AUM ALCOHOL PAD PREP 70%.....	151	AVONEX PEN KIT 30MCG.....	175
AURORA LANCE MIS 30G	137	AVONEX PREFL KIT 30MCG.....	175
		<i>azathioprine tab 100 mg</i>	162
		<i>azathioprine tab 50 mg</i>	162
		<i>azathioprine tab 75 mg</i>	162
		<i>azelaic acid gel 15%</i>	112

<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act.....	166
<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i>	166
<i>azelastine hcl ophth soln 0.05%</i>	170
AZILECT TAB 0.5MG	73
AZILECT TAB 1MG.....	73
<i>azithromycin for susp 100 mg/5ml.....</i>	132
<i>azithromycin for susp 200 mg/5ml.....</i>	132
<i>azithromycin powd pack for susp 1 gm ...</i>	132
<i>azithromycin tab 250 mg</i>	132
<i>azithromycin tab 500 mg</i>	132
<i>azithromycin tab 600 mg</i>	132
AZOPT SUS 1% OP	170
AZSTARYS CAP 26.1-5.2	4
AZSTARYS CAP 39.2-7.8	4
AZSTARYS CAP 52.3-10.....	4
AZULFIDINE TAB 500MG	123
AZULFIDINE TAB 500MG EN	123
B	
<i>bacitracin ophth oint 500 unit/gm</i>	168
<i>bacitracin-polymyxin b ophth oint</i>	168
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%.....</i>	169
<i>baclofen oral soln 10 mg/5ml.....</i>	165
<i>baclofen oral soln 5 mg/5ml</i>	165
<i>baclofen tab 10 mg</i>	165
<i>baclofen tab 15 mg</i>	165
<i>baclofen tab 20 mg</i>	165
<i>baclofen tab 5 mg.....</i>	165
BACTRIM DS TAB 800-160	24
BACTRIM TAB 400-80MG.....	24
BAFIERTAM CAP 95MG	175
<i>balsalazide disodium cap 750 mg</i>	123
BALVERSA TAB 3MG.....	66
BALVERSA TAB 4MG	66
BALVERSA TAB 5MG	66
BAQSIMI ONE POW 3MG/DOSE	45
BAQSIMI TWO POW 3MG/DOSE	45
BARACLUDE SOL.....	82
BAXDELA TAB 450MG.....	122
BD 5ML SYRG MIS LUER-LOK.....	152
BD BLNT FILL MIS 18GX1.5.....	152
BD ECLIPSE MIS 18GX1.5.....	152

BD ECLIPSE MIS 23GX1	152
BD HYPO NEED MIS 18GX1	152
BD HYPO NEED MIS 18GX1.5	152
BD HYPO NEED MIS 22GX1.5	152
BD INTEGRA MIS 25GX1.....	152
BD MICROTAIN MIS LANCETS.....	138
BD NEEDLES MIS 18GX1.5	152
BD NEEDLES MIS 22GX1.5	152
BD PEN MINI MIS.....	152
BD PEN MIS	152
BD PLASTIPAK MIS 3ML	152
BD PRECISION MIS 23GX1.5	152
BD SAFETY MIS 23GX1.5	152
BD SWAB REG PAD SNGL USE	151
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	152
BD ULTRAFINE PEN NEEDLES	152
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.....	181
BELLA/OPIUM SUP 16.2-60.....	181
BELSOMRA TAB 10MG	132
BELSOMRA TAB 15MG	132
BELSOMRA TAB 20MG.....	132
BELSOMRA TAB 5MG.....	132
<i>benazepril & hydrochlorothiazide tab 10-</i> <i>12.5 mg.....</i>	59
<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg.....</i>	59
<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	59
<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25 mg.....</i>	59
<i>benazepril hcl tab 10 mg</i>	55
<i>benazepril hcl tab 20 mg.....</i>	55
<i>benazepril hcl tab 40 mg</i>	55
<i>benazepril hcl tab 5 mg</i>	55
BENLYSTA INJ 200MG/ML	164
BENZALKONIUM SOL NF.....	79

BENZAMYCIN GEL 5-3%	98	<i>bethanechol chloride tab 10 mg</i>	184
BENZEPRO LIQ CREAMY	98	<i>bethanechol chloride tab 25 mg</i>	184
BENZNIDAZOLE TAB 100MG	24	<i>bethanechol chloride tab 50 mg</i>	184
BENZNIDAZOLE TAB 12.5MG	24	<i>bethanechol chloride tab 5 mg</i>	184
<i>benzonatate cap 100 mg</i>	97	BETOPTIC-S SUS 0.25% OP	167
<i>benzonatate cap 150 mg</i>	97	<i>bexarotene cap 75 mg</i>	70
<i>benzonatate cap 200 mg</i>	97	<i>bexarotene gel 1%</i>	101
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	98	<i>bicalutamide tab 50 mg</i>	65
<i>benzoyl peroxide foam 9.8%</i>	98	BIDIL TAB	88
<i>benzoyl peroxide gel 8%</i>	98	BIJUVA CAP 0.5-100	121
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	98	BIJUVA CAP 1-100MG	121
<i>benztropine mesylate tab 0.5 mg</i>	71	BIKTARVY TAB	79
<i>benztropine mesylate tab 1 mg</i>	71	BILTRICIDE TAB 600MG	24
<i>benztropine mesylate tab 2 mg</i>	71	<i>bimatoprost ophth soln 0.03%</i>	171
<i>bepotastine besilate ophth soln 1.5%</i>	170	BIMZELX INJ 160MG/ML	102
BESIVANCE SUS 0.6%	168	BIMZELX INJ 320MG/2	102
BESREMI SOL 500MCG	70	BINOSTO TAB 70MG	116
BETADINE SOL 5% OP	168	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	183
<i>betaine powder for oral solution</i>	118	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	59
<i>betamethasone dipropionate augmented cream 0.05%</i>	107	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	59
<i>betamethasone dipropionate augmented gel 0.05%</i>	107	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	59
<i>betamethasone dipropionate augmented lotion 0.05%</i>	107	<i>bisoprolol fumarate tab 10 mg</i>	84
<i>betamethasone dipropionate augmented oint 0.05%</i>	107	<i>bisoprolol fumarate tab 5 mg</i>	84
<i>betamethasone dipropionate cream 0.05%</i>	107	BLULINK LIQ HIGH/LOW	138
<i>betamethasone dipropionate lotion 0.05%</i>	108	BLUNT CANNUL MIS 20GX1.5	152
<i>betamethasone valerate aerosol foam 0.12%</i>	108	BLUNT CANNUL MIS 21GX1	152
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	108	BONJESTA TAB 20-20MG	50
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	108	<i>bosentan tab 125 mg</i>	91
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	108	<i>bosentan tab 62.5 mg</i>	91
BETASERON INJ 0.3MG	175	<i>bosentan tab for oral susp 32 mg</i>	91
<i>betaxolol hcl ophth soln 0.5%</i>	167	BOSULIF CAP 100MG	66
<i>betaxolol hcl tab 10 mg</i>	84	BOSULIF CAP 50MG	66
<i>betaxolol hcl tab 20 mg</i>	84	BOSULIF TAB 100MG	66
		BOSULIF TAB 400MG	66
		BOSULIF TAB 500MG	66
		BRAFTOVI CAP 75MG	66
		BREATHE EASE MIS LG MASK	158
		BREATHE EASE MIS MED MASK	158
		BREATHE EASE MIS SM MASK	158
		BREATHERITE MIS MDI CHMB	158

BREO ELLIPTA INH 100-25.....	31	<i>budesonide rectal foam 2 mg/act</i>	23
BREO ELLIPTA INH 200-25	31	<i>bumetanide tab 0.5 mg</i>	115
BREO ELLIPTA INH 50-25MCG	31	<i>bumetanide tab 1 mg</i>	115
BREXAFEMME TAB 150MG	50	<i>bumetanide tab 2 mg.....</i>	115
BREZTRI AERO AER SPHERE	31	BUMEX TAB 0.5MG.....	115
BRILINTA TAB 60MG	128	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
BRILINTA TAB 90MG	128	<i>mg (base equiv)</i>	22
<i>brimonidine tartrate gel 0.33% (base</i>		<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>equivalent)</i>	112	<i>0.5 mg (base equiv)</i>	22
<i>brimonidine tartrate ophth soln 0.1%</i>	168	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>brimonidine tartrate ophth soln 0.15%</i>	168	<i>mg (base equiv)</i>	22
<i>brimonidine tartrate ophth soln 0.2%.....</i>	168	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>mg (base equiv)</i>	22
<i>soln 0.2-0.5%</i>	167	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
<i>brinzolamide ophth susp 1%</i>	170	<i>mg (base equiv)</i>	22
BRIVIACT SOL 10MG/ML.....	35	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
BRIVIACT TAB 100MG.....	36	<i>mg (base equiv)</i>	22
BRIVIACT TAB 10MG	35	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
BRIVIACT TAB 25MG.....	35	<i>.....</i>	22
BRIVIACT TAB 50MG	35	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
BRIVIACT TAB 75MG.....	36	<i>.....</i>	22
<i>bromfenac sodium ophth soln 0.07% (base</i>		<i>buprenorphine td patch weekly 10 mcg/hr</i>	
<i>equivalent)</i>	170	<i>.....</i>	22
<i>bromfenac sodium ophth soln 0.075%</i>		<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>(base equivalent)</i>	170	<i>.....</i>	22
<i>bromfenac sodium ophth soln 0.09% (base</i>		<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>equiv) (once-daily).....</i>	170	<i>.....</i>	22
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>buprenorphine td patch weekly 5 mcg/hr</i>	22
<i>equivalent)</i>	71	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>.....</i>	22
<i>equivalent)</i>	71	<i>bupropion hcl (smoking deterrent) tab er</i>	
BROVANA NEB 15MCG	31	<i>12hr 150 mg</i>	177
BRUKINSA CAP 80MG	66	<i>bupropion hcl tab 100 mg</i>	40
BRUKINSA TAB 160MG	67	<i>bupropion hcl tab 75 mg</i>	40
BRYHALI LOT 0.01%	108	<i>bupropion hcl tab er 12hr 100 mg</i>	40
<i>budesonide delayed release particles cap 3</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	40
<i>mg</i>	95	<i>bupropion hcl tab er 12hr 200 mg.....</i>	40
<i>budesonide-formoterol fumarate dihyd</i>		<i>bupropion hcl tab er 24hr 150 mg.....</i>	40
<i>aerosol 160-4.5 mcg/act.....</i>	31	<i>bupropion hcl tab er 24hr 300 mg.....</i>	40
<i>budesonide-formoterol fumarate dihyd</i>		<i>buspirone hcl tab 10 mg</i>	27
<i>aerosol 80-4.5 mcg/act</i>	31	<i>buspirone hcl tab 15 mg</i>	27
<i>budesonide inhalation susp 0.25 mg/2ml</i>	30	<i>buspirone hcl tab 30 mg.....</i>	27
<i>budesonide inhalation susp 0.5 mg/2ml ..</i>	30	<i>buspirone hcl tab 5 mg</i>	27
<i>budesonide inhalation susp 1 mg/2ml</i>	30	<i>buspirone hcl tab 7.5 mg.....</i>	27

<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	16
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	21
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	21
<i>butalbital-acetaminophen tab 50-325 mg</i>	16
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	16
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	21
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	22

C	
<i>cabergoline tab 0.5 mg</i>	120
<i>CABOMETYX TAB 20MG</i>	67
<i>CABOMETYX TAB 40MG</i>	67
<i>CABOMETYX TAB 60MG</i>	67
<i>CADUET TAB 10-10MG</i>	89
<i>CADUET TAB 10-20MG</i>	89
<i>CADUET TAB 10-40MG</i>	89
<i>CADUET TAB 10-80MG</i>	89
<i>CADUET TAB 5-10MG</i>	88
<i>CADUET TAB 5-20MG</i>	89
<i>CADUET TAB 5-40MG</i>	89
<i>CADUET TAB 5-80MG</i>	89
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2
<i>calcipotriene oint 0.005%</i>	102
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	102
<i>calcitonin (salmon) inj 200 unit/ml</i>	116
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	116
<i>calcitriol cap 0.25 mcg</i>	118
<i>calcitriol cap 0.5 mcg</i>	118
<i>calcitriol oral soln 1 mcg/ml</i>	118
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	126
<i>CALQUENCE TAB 100MG</i>	67
<i>CAMZYOS CAP 10MG</i>	88
<i>CAMZYOS CAP 15MG</i>	88
<i>CAMZYOS CAP 2.5MG</i>	88
<i>CAMZYOS CAP 5MG</i>	88
<i>CANASA SUP 1000MG</i>	123
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	59
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	59
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	59
<i>candesartan cilexetil tab 16 mg</i>	56
<i>candesartan cilexetil tab 32 mg</i>	56
<i>candesartan cilexetil tab 4 mg</i>	56
<i>candesartan cilexetil tab 8 mg</i>	56
<i>capecitabine tab 150 mg</i>	63
<i>capecitabine tab 500 mg</i>	63
<i>CAPEX SHA 0.01%</i>	108
<i>CAPLYTA CAP 10.5MG</i>	74
<i>CAPLYTA CAP 21MG</i>	74
<i>CAPLYTA CAP 42MG</i>	74
<i>CAPRELSA TAB 100MG</i>	67
<i>CAPRELSA TAB 300MG</i>	67
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	59
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	59
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	59
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	59
<i>captopril tab 100 mg</i>	55
<i>captopril tab 12.5 mg</i>	55
<i>captopril tab 25 mg</i>	55
<i>captopril tab 50 mg</i>	55
<i>carbamazepine cap er 12hr 100 mg</i>	36
<i>carbamazepine cap er 12hr 200 mg</i>	36
<i>carbamazepine cap er 12hr 300 mg</i>	36
<i>carbamazepine chew tab 100 mg</i>	36
<i>carbamazepine chew tab 200 mg</i>	36
<i>carbamazepine susp 100 mg/5ml</i>	36
<i>carbamazepine tab 200 mg</i>	36
<i>carbamazepine tab er 12hr 100 mg</i>	36
<i>carbamazepine tab er 12hr 200 mg</i>	36
<i>carbamazepine tab er 12hr 400 mg</i>	36
<i>CARBATROL CAP 100MG</i>	36
<i>CARBATROL CAP 200MG</i>	36
<i>CARBATROL CAP 300MG</i>	36

<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	71
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	71
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	71
<i>carbidopa & levodopa tab 10-100 mg</i>	71
<i>carbidopa & levodopa tab 25-100 mg</i>	71
<i>carbidopa & levodopa tab 25-250 mg</i>	71
<i>carbidopa & levodopa tab er 25-100 mg</i>	71
<i>carbidopa & levodopa tab er 50-200 mg</i>	71
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	72
<i>carbidopa tab 25 mg</i>	71
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	51
<i>carbinoxamine maleate soln 4 mg/5ml</i>	51
<i>carbinoxamine maleate tab 4 mg</i>	51
<i>carbinoxamine maleate tab 6 mg</i>	51
CARDIOCOM MIS LANCING	138
CARDURA TAB 1MG	57
CARDURA TAB 2MG	57
CARDURA TAB 4MG	57
CARDURA TAB 8MG	57
CARDURA XL TAB 4MG	126
CARDURA XL TAB 8MG	127
CAREONE ADV MIS LANCING	138
CAREONE LANC MIS 30G	138
CAREONE LANC MIS THIN 23G	138
CAREPOINT SA MIS 23GX1	152
CAREPOINT SA MIS 23GX11/2	152
CAREPOINT SA MIS 25GX1	152
CAREPOINT SA MIS 25GX11/2	152
CAREPOINT SA MIS 25GX5/8	152

CAREPOINT SY MIS 20GX1	152
CAREPOINT SY MIS 20GX1.5	152
CAREPOINT SY MIS 22G X 1	152
CAREPOINT SY MIS 22GX1.5	152
CAREPOINT SY MIS 23GX1	152
CAREPOINT SY MIS 23GX1.5	152
CAREPOINT SY MIS 25GX1	152
CAREPOINT SY MIS 60ML	152
CARESENS 30G MIS LANCETS	138
CARESENS SOL CONTROL	138
CARETOUCH MIS EJECTOR	138
CARETOUCH MIS LANC 26G	138
CARETOUCH MIS LANC 28G	138
CARETOUCH MIS LANC 30G	138
CARETOUCH MIS TWIST 28	138
CARETOUCH MIS TWIST 30	138
CARETOUCH MIS TWIST 33	138
CARETOUCH PAD ALCOHOL	151
<i>carglumic acid soluble tab 200 mg</i>	118
<i>carisoprodol tab 350 mg</i>	165
<i>carteolol hcl ophth soln 1%</i>	167
<i>carvedilol phosphate cap er 24hr 10 mg</i>	84
<i>carvedilol phosphate cap er 24hr 20 mg</i>	84
<i>carvedilol phosphate cap er 24hr 40 mg</i>	84
<i>carvedilol phosphate cap er 24hr 80 mg</i>	84
<i>carvedilol tab 12.5 mg</i>	84
<i>carvedilol tab 25 mg</i>	84
<i>carvedilol tab 3.125 mg</i>	84
<i>carvedilol tab 6.25 mg</i>	84
CASODEX TAB 50MG	65
CATAPRES-TTS DIS 0.1/24HR	57
CATAPRES-TTS DIS 0.2/24HR	57
CATAPRES-TTS DIS 0.3/24HR	57
CAVERJECT IM KIT 10MCG	89
CAVERJECT IM KIT 20MCG	89
CAVERJECT INJ 20MCG	89
CAVERJECT INJ 40MCG	89
CAYA DPR	133
<i>cefaclor cap 250 mg</i>	93
<i>cefaclor cap 500 mg</i>	93
CEFACLOR ER TAB 500MG	93
<i>cefaclor for susp 250 mg/5ml</i>	93
<i>cefadroxil cap 500 mg</i>	92
<i>cefadroxil for susp 250 mg/5ml</i>	92

<i>cefadroxil for susp 500 mg/5ml</i>	92
<i>cefadroxil tab 1 gm</i>	92
<i>cefdinir cap 300 mg</i>	93
<i>cefdinir for susp 125 mg/5ml</i>	93
<i>cefdinir for susp 250 mg/5ml</i>	93
<i>cefixime cap 400 mg</i>	93
<i>cefixime for susp 100 mg/5ml</i>	93
<i>cefixime for susp 200 mg/5ml</i>	93
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	93
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	93
<i>cefpodoxime proxetil tab 100 mg</i>	93
<i>cefpodoxime proxetil tab 200 mg</i>	93
<i>cefprozil for susp 125 mg/5ml</i>	93
<i>cefprozil for susp 250 mg/5ml</i>	93
<i>cefprozil tab 250 mg</i>	93
<i>cefprozil tab 500 mg</i>	93
<i>cefuroxime axetil tab 250 mg</i>	93
<i>cefuroxime axetil tab 500 mg</i>	93
<i>celecoxib cap 100 mg</i>	12
<i>celecoxib cap 200 mg</i>	12
<i>celecoxib cap 400 mg</i>	12
<i>celecoxib cap 50 mg</i>	12
<i>CELEXA TAB 10MG</i>	41
<i>CELEXA TAB 20MG</i>	41
<i>CELEXA TAB 40MG</i>	41
<i>CELLCEPT CAP 250MG</i>	162
<i>CELLCEPT SUS 200MG/ML</i>	162
<i>CELLCEPT TAB 500MG</i>	162
<i>CELONTIN CAP 300MG</i>	39
<i>CEM-UREA SOL 45%</i>	110
<i>cephalexin cap 250 mg</i>	92
<i>cephalexin cap 500 mg</i>	92
<i>cephalexin cap 750 mg</i>	92
<i>cephalexin for susp 125 mg/5ml</i>	92
<i>cephalexin for susp 250 mg/5ml</i>	92
<i>cephalexin tab 250 mg</i>	92
<i>cephalexin tab 500 mg</i>	92
<i>CEQUR SIMPL KIT PATCH 2U</i>	152
<i>CEQUR SIMPL MIS INSERTER</i>	152
<i>CERDELGA CAP 84MG</i>	128
<i>CERVIDIL VAG MIS 10MG INS</i>	171
<i>CETACAINE AER</i>	111

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	51
<i>CETRAXAL SOL 0.2%</i>	171
<i>cetorelix acetate for inj kit 0.25 mg</i>	117
<i>cevimeline hcl cap 30 mg</i>	164
<i>CHEMET CAP 100MG</i>	48
<i>CHEMSTRIP 10 TES MD</i>	113
<i>CHEMSTRIP 2 TES GP</i>	113
<i>CHEMSTRIP 5 TES OB</i>	113
<i>CHEMSTRIP 7 TES</i>	113
<i>CHEMSTRIP 9 TES STRIPS</i>	113
<i>CHEMSTRIP K TES</i>	113
<i>CHEMSTRIP TES -10 SG</i>	113
<i>CHEMSTRIP TES UGK</i>	113
<i>chenodiol tab 250 mg</i>	123
<i>chlordiazepoxide-amitriptyline tab 10-25</i> <i>mg</i>	174
<i>chlordiazepoxide-amitriptyline tab 5-12.5</i> <i>mg</i>	174
<i>chlordiazepoxide hcl cap 10 mg</i>	27
<i>chlordiazepoxide hcl cap 25 mg</i>	27
<i>chlordiazepoxide hcl cap 5 mg</i>	27
<i>chlordiazepoxide hcl-clidinium bromide</i> <i>cap 5-2.5 mg</i>	181
<i>CHLORHEX GLU SOL 20%</i>	79
<i>chlorhexidine gluconate soln 0.12%</i>	164
<i>chloroquine phosphate tab 250 mg</i>	61
<i>chloroquine phosphate tab 500 mg</i>	61
<i>chlorpromazine hcl inj 25 mg/ml</i>	78
<i>chlorpromazine hcl inj 50 mg/2ml</i>	78
<i>chlorpromazine hcl tab 100 mg</i>	78
<i>chlorpromazine hcl tab 10 mg</i>	78
<i>chlorpromazine hcl tab 200 mg</i>	78
<i>chlorpromazine hcl tab 25 mg</i>	78
<i>chlorpromazine hcl tab 50 mg</i>	78
<i>chlorthalidone tab 25 mg</i>	115
<i>chlorthalidone tab 50 mg</i>	115
<i>chlorzoxazone tab 500 mg</i>	165
<i>CHOLBAM CAP 250MG</i>	123
<i>CHOLBAM CAP 50MG</i>	123
<i>cholestyramine light powder 4 gm/dose</i> ..	52
<i>cholestyramine light powder packets 4 gm</i>	52
<i>cholestyramine powder 4 gm/dose</i>	52

<i>cholestyramine powder packets 4 gm</i>	52	CIPRO TAB 250MG	122
<i>choline fenofibrate cap dr 135 mg</i> <i>(fenofibric acid equiv)</i>	53	CIPRO TAB 500MG	122
<i>choline fenofibrate cap dr 45 mg (fenofibric</i> <i>acid equiv)</i>	53	<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i>	41
CIBINQO TAB 100MG	110	<i>citalopram hydrobromide tab 10 mg (base</i> <i>equiv)</i>	41
CIBINQO TAB 200MG	110	<i>citalopram hydrobromide tab 20 mg (base</i> <i>equiv)</i>	41
CIBINQO TAB 50MG	110	<i>citalopram hydrobromide tab 40 mg (base</i> <i>equiv)</i>	41
<i>ciclopirox gel 0.77%</i>	100	CLARINEX-D TAB 2.5-120.....	97
<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	100	CLARINEX TAB 5MG	51
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	101	<i>clarithromycin for susp 125 mg/5ml</i>	133
<i>ciclopirox shampoo 1%</i>	101	<i>clarithromycin for susp 250 mg/5ml</i>	133
<i>ciclopirox solution 8%</i>	101	<i>clarithromycin tab 250 mg</i>	133
<i>cilostazol tab 100 mg</i>	128	<i>clarithromycin tab 500 mg</i>	133
<i>cilostazol tab 50 mg</i>	128	<i>clarithromycin tab er 24hr 500 mg</i>	133
CIMDUO TAB 300-300	80	CLEANLET 28G MIS LANCETS	138
<i>cimetidine hcl soln 300 mg/5ml</i>	181	<i>clemastine fumarate syrup 0.67 mg/5ml</i> <i>(0.5 mg/5ml base eq)</i>	51
<i>cimetidine tab 300 mg</i>	181	<i>clemastine fumarate tab 2.68 mg</i>	51
<i>cimetidine tab 400 mg</i>	182	CLEMASZ TAB 2.68MG.....	51
<i>cimetidine tab 800 mg</i>	182	CLENPIQ SOL	132
CIMZIA INJ 200MG/ML.....	124	CLEOCIN CAP 150MG	25
CIMZIA PREFL KIT 200MG/ML	124	CLEOCIN CAP 300MG	25
CIMZIA START KIT 200MG/ML.....	124	CLEOCIN CAP 75MG.....	25
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	118	CLEOCIN CRE 2% VAG.....	184
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	118	CLEOCIN PED SOL 75MG/5ML	25
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	118	CLEOCIN SUP 100MG.....	184
CIPRO (10%) SUS 500MG/5	122	CLEOCIN-T LOT 1%	98
CIPRO (5%) SUS 250MG/5	122	CLEVER CHECK MIS	138
<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i>	171	CLEVER CHECK MIS 30G.....	138
<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i>	168	CLEVR CHOICE LIQ HIGH	138
<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i>	171	CLEVR CHOICE LIQ LOW	138
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	122	CLINDAGEL GEL 1%	98
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	122	<i>clindamycin hcl cap 150 mg</i>	25
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	122	<i>clindamycin hcl cap 300 mg</i>	25
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	122	<i>clindamycin hcl cap 75 mg</i>	25
		<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	25
		<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-2.5%</i>	99
		<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-3.75%</i>	99

clindamycin phosphate-benzoyl peroxide gel 1-5%.....	99	clonazepam orally disintegrating tab 2 mg	35
clindamycin phosphate foam 1%.....	99	clonazepam tab 0.5 mg.....	35
clindamycin phosphate gel 1% (twice-daily)	99	clonazepam tab 1 mg.....	35
clindamycin phosphate lotion 1%	99	clonazepam tab 2 mg	35
clindamycin phosphate soln 1%	99	clonidine hcl tab 0.1 mg.....	57
clindamycin phosphate swab 1%	99	clonidine hcl tab 0.2 mg	57
clindamycin phosphate-tretinoin gel 1.2-0.025%	99	clonidine hcl tab 0.3 mg	57
clindamycin phosphate vaginal cream 2%	184	clonidine hcl tab er 12hr 0.1 mg	3
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	98	clonidine tab er 24hr 0.17 mg	57
CLINDESSE CRE 2%	184	clonidine td patch weekly 0.1 mg/24hr	57
clobazam suspension 2.5 mg/ml.....	35	clonidine td patch weekly 0.2 mg/24hr	57
clobazam tab 10 mg.....	35	clonidine td patch weekly 0.3 mg/24hr	57
clobazam tab 20 mg	35	clopidogrel bisulfate tab 300 mg (base equiv)	128
clobetasol propionate cream 0.025%.....	108	clopidogrel bisulfate tab 75 mg (base equiv)	128
clobetasol propionate cream 0.05%	108	clorazepate dipotassium tab 15 mg	27
clobetasol propionate emollient base cream 0.05%.....	108	clorazepate dipotassium tab 3.75 mg	27
clobetasol propionate foam 0.05%	108	clorazepate dipotassium tab 7.5 mg	27
clobetasol propionate gel 0.05%	108	clotrimazole troche 10 mg	164
clobetasol propionate lotion 0.05%	108	clotrimazole w/ betamethasone cream 1-0.05%	101
clobetasol propionate oint 0.05%.....	108	clotrimazole w/ betamethasone lotion 1-0.05%	101
clobetasol propionate shampoo 0.05%..	108	clozapine orally disintegrating tab 100 mg	76
clobetasol propionate soln 0.05%	108	clozapine orally disintegrating tab 12.5 mg	76
CLOBEX LOT 0.05%	108	clozapine orally disintegrating tab 150 mg	76
CLOBEX SHA 0.05%.....	108	clozapine orally disintegrating tab 200 mg	76
CLODERM CRE 0.1%.....	108	clozapine orally disintegrating tab 25 mg.....	76
clomiphene citrate tab 50 mg.....	117	clozapine tab 100 mg.....	76
clomipramine hcl cap 25 mg	43	clozapine tab 200 mg	76
clomipramine hcl cap 50 mg	43	clozapine tab 25 mg.....	76
clomipramine hcl cap 75 mg	43	clozapine tab 50 mg	76
clonazepam orally disintegrating tab 0.125 mg	35	CLOZARIL TAB 100MG.....	76
clonazepam orally disintegrating tab 0.25 mg	35	CLOZARIL TAB 200MG.....	76
clonazepam orally disintegrating tab 0.5 mg	35	CLOZARIL TAB 25MG.....	76
clonazepam orally disintegrating tab 1 mg	35	CLOZARIL TAB 50MG	76
		CL PRENATAL TAB 28-0.8MG	165
		COAGUCHEK MIS LANCETS	138

<i>coal tar soln 20%</i>	113	COMTAN TAB 200MG	71
COARTEM TAB 20-120MG	61	CONDOMS MIS.....	133
COBENFY CAP 100-20MG.....	78	CONDYLOX GEL 0.5%	111
COBENFY CAP 125-30MG	78	CONTOUR HIGH LIQ CONTROL.....	138
COBENFY CAP 50-20MG	77	CONTOUR LOW LIQ CONTROL	138
COBENFY STRT CAP PACK.....	78	CONTOUR NEXT SOL LEVEL 1.....	138
<i>codeine sulfate tab 30 mg</i>	17	CONTOUR NEXT SOL LEVEL 2	139
CODEINE SULF TAB 15MG	17	CONTOUR NORM LIQ CONTROL	139
CODEINE SULF TAB 60MG.....	17	CONTOUR PLUS LIQ LEVEL 1	139
<i>colchicine cap 0.6 mg</i>	127	CONTOUR PLUS LIQ LEVEL 2.....	139
<i>colchicine tab 0.6 mg</i>	127	CONTROL HIGH SOL UNISTRIP	139
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	127	CONTROL LOW SOL UNISTRIP.....	139
<i>colesevelam hcl packet for susp 3.75 gm</i>	52	CONTROL NORM SOL EASY STP	139
<i>colesevelam hcl tab 625 mg</i>	52	CONTROL SOL LIQ HI/MID/L.....	139
COLESTID FLA GRA 5/7.5GM	52	CONTROL SOL LIQ HIGH/LOW	139
COLESTID FLA GRA 5GM	52	CONTROL SOL LIQ LEVEL 2	139
COLESTID GRA 5GM	52	CONTROL SOL NORMAL	139
COLESTID POW 5GM	52	CONZIP CAP 100MG	17
COLESTID TAB 1GM	52	CONZIP CAP 200MG.....	17
<i>colestipol hcl granule packets 5 gm</i>	52	CONZIP CAP 300MG	17
<i>colestipol hcl granules 5 gm</i>	52	COOL CONTROL SOL A.....	139
<i>colestipol hcl tab 1 gm</i>	52	COOL CONTROL SOL B.....	139
COLOR CONDOM MIS + LUBE	133	COPAXONE INJ 40MG/ML.....	175
COMBIPATCH DIS.....	121	COREG TAB 12.5MG	84
COMBIVENT AER 20-100	31	COREG TAB 25MG.....	84
COMBIVIR TAB 150-300	80	COREG TAB 3.125MG.....	84
COMETRIQ KIT 100MG	67	COREG TAB 6.25MG	84
COMETRIQ KIT 140MG.....	67	CORLANOR SOL 5MG/5ML	92
COMETRIQ KIT 60MG	67	CORLANOR TAB 5MG.....	92
COMFORT ASSU MIS LANC 28G	138	CORLANOR TAB 7.5MG.....	92
COMFORT ASSU MIS LANC 33G	138	CORN SYP	172
COMFORT EZ MIS 21G.....	138	CORTANE-B LOT	108
COMFORT EZ MIS 23G	138	CORTEF TAB 10MG.....	95
COMFORT EZ MIS 28G	138	CORTEF TAB 20MG.....	95
COMFORTOUCH MIS LANCET.....	138	CORTEF TAB 5MG	95
COMFORT TCH MIS LANC 28G	138	CORTENEMA ENE 100MG	23
COMFORT TCH MIS LANC 30G	138	CORTIFOAM AER 90MG	23
COMFORT TCH MIS LANC 31G	138	CORTISPORIN SUS -TC OTIC.....	171
COMFRT TOUCH PAD ALC PREP	151	CORTROPHIN INJ 40/0.5ML	116
COMPACT SPAC MIS CHAMBER	158	CORTROPHIN INJ 80UNT/ML	117
COMPACT SPAC MIS LG MASK	158	COSENTYX INJ 150MG/ML	103
COMPACT SPAC MIS MD MASK	158	COSENTYX INJ 300DOSE.....	103
COMPACT SPAC MIS SM MASK.....	158	COSENTYX INJ 75MG/0.5.....	102
		COSENTYX PEN INJ 150MG/ML.....	103

COSENTYX PEN INJ 300DOSE	103
COSENTYX UNO INJ 300/2ML.....	104
COSOPT PF SOL 2%-0.5%	167
COSOPT SOL 2-0.5%OP	167
CRENESSITY CAP 100MG.....	117
CRENESSITY CAP 25MG.....	117
CRENESSITY CAP 50MG	117
CRENESSITY SOL 50MG/ML	117
CREON CAP 12000UNT	114
CREON CAP 24000UNT.....	114
CREON CAP 3000UNIT.....	114
CREON CAP 36000UNT.....	114
CREON CAP 6000UNIT.....	114
CREXONT CAP 35-140MG.....	72
CREXONT CAP 52.5-210	72
CREXONT CAP 70-280MG.....	72
CREXONT CAP 87.5-350	72
CRINONE GEL 4% VAG	184
CRINONE GEL 8% VAG	184
<i>cromolyn sodium ophth soln 4%</i>	<i>170</i>
<i>cromolyn sodium oral conc 100 mg/5ml.</i>	<i>123</i>
<i>cromolyn sodium soln nebu 20 mg/2ml ..</i>	<i>29</i>
<i>crotamiton lotion 10%.....</i>	<i>113</i>
CURITY PREP PAD ALCOHOL.....	151
CUVPOSA SOL 1MG/5ML	181
CVS KETONE TES CARE.....	113
CVS LANCETS MIS 21G	139
CVS LANCETS MIS 30G	139
CVS LANCETS MIS 33G.....	139
CVS LANCETS MIS ORIGINAL.....	139
CVS LANCETS MIS THIN 26G.....	139
CVS LANCETS MIS THIN 30G	139
CVS LANCETS MIS THIN 33G.....	139
CVS LANCING MIS DEVICE	139
<i>cyanocobalamin inj 1000 mcg/ml.....</i>	<i>129</i>
<i>cyanocobalamin nasal spray 500</i> <i>mcg/0.1ml.....</i>	<i>129</i>
<i>cyclobenzaprine hcl tab 10 mg</i>	<i>166</i>
<i>cyclobenzaprine hcl tab 5 mg.....</i>	<i>165</i>
CYCLOGYL SOL 0.5% OP	168
CYCLOGYL SOL 1% OP	168
CYCLOGYL SOL 2% OP.....	168
CYCLOMYDRIL SOL OP	168
<i>cyclopentolate hcl ophth soln 1%.....</i>	<i>168</i>

<i>cyclophosphamide cap 25 mg</i>	<i>62</i>
<i>cyclophosphamide cap 50 mg.....</i>	<i>62</i>
CYCLOPHOSPH TAB 25MG	62
CYCLOPHOSPH TAB 50MG.....	62
<i>cycloserine cap 250 mg</i>	<i>62</i>
CYCLOSET TAB 0.8MG.....	46
<i>cyclosporine cap 100 mg.....</i>	<i>162</i>
<i>cyclosporine cap 25 mg.....</i>	<i>162</i>
<i>cyclosporine modified cap 100 mg</i>	<i>162</i>
<i>cyclosporine modified cap 25 mg</i>	<i>162</i>
<i>cyclosporine modified cap 50 mg.....</i>	<i>162</i>
<i>cyclosporine modified oral soln 100 mg/ml</i> <i>.....</i>	<i>162</i>
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	<i>52</i>
<i>cyproheptadine hcl tab 4 mg.....</i>	<i>52</i>
CYSTAGON CAP 150MG	126
CYSTAGON CAP 50MG.....	126
CYSTARAN SOL 0.44%.....	170
CYTOTEC TAB 100MCG	182
CYTOTEC TAB 200MCG	182

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<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq).....</i>	<i>34</i>
<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq).....</i>	<i>34</i>
<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq).....</i>	<i>34</i>
<i>dalfampridine tab er 12hr 10 mg</i>	<i>176</i>
<i>danazol cap 100 mg</i>	<i>22</i>
<i>danazol cap 200 mg</i>	<i>22</i>
<i>danazol cap 50 mg.....</i>	<i>22</i>
DANTRIUM CAP 25MG.....	166
<i>dantrolene sodium cap 100 mg</i>	<i>166</i>
<i>dantrolene sodium cap 25 mg</i>	<i>166</i>
<i>dantrolene sodium cap 50 mg.....</i>	<i>166</i>
<i>dapsone gel 5%</i>	<i>99</i>
<i>dapsone gel 7.5%</i>	<i>99</i>
<i>dapsone tab 100 mg</i>	<i>25</i>
<i>dapsone tab 25 mg</i>	<i>25</i>
<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i>	<i>183</i>
<i>darifenacin hydrobromide tab er 24hr 7.5</i> <i>mg (base equiv)</i>	<i>183</i>
<i>darunavir tab 600 mg.....</i>	<i>80</i>

<i>darunavir tab 800 mg</i>	80	<i>desipramine hcl tab 100 mg</i>	43
<i>dasatinib tab 100 mg</i>	67	<i>desipramine hcl tab 10 mg</i>	43
<i>dasatinib tab 140 mg</i>	67	<i>desipramine hcl tab 150 mg</i>	43
<i>dasatinib tab 20 mg</i>	67	<i>desipramine hcl tab 25 mg</i>	43
<i>dasatinib tab 50 mg</i>	67	<i>desipramine hcl tab 50 mg</i>	43
<i>dasatinib tab 70 mg</i>	67	<i>desipramine hcl tab 75 mg</i>	43
<i>dasatinib tab 80 mg</i>	67	<i>desloratadine tab 5 mg</i>	51
<i>DAYBUE SOL 200MG/ML</i>	167	<i>desloratadine tab orally disintegrating 2.5</i>	
<i>DAYPRO TAB 600MG</i>	12	<i>mg</i>	51
<i>DDAVP TAB 0.1MG</i>	119	<i>desloratadine tab orally disintegrating 5 mg</i>	
<i>DDAVP TAB 0.2MG</i>	119	<i>.....</i>	51
<i>DEBACTEROL SOL 30-50%</i>	164	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox granules packet 180 mg</i>	49	<i>0.01%</i>	119
<i>deferasirox granules packet 360 mg</i>	49	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox granules packet 90 mg</i>	48	<i>0.01% (refrigerated)</i>	119
<i>deferasirox tab 180 mg</i>	49	<i>desmopressin acetate tab 0.1 mg</i>	119
<i>deferasirox tab 360 mg</i>	49	<i>desmopressin acetate tab 0.2 mg</i>	119
<i>deferasirox tab 90 mg</i>	49	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
<i>deferasirox tab for oral susp 125 mg</i>	49	<i>0.02/0.01 mg(21/5)</i>	93
<i>deferasirox tab for oral susp 250 mg</i>	49	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<i>deferasirox tab for oral susp 500 mg</i>	49	<i>0.025/0.15-0.025mg-mg</i>	93
<i>deferiprone tab 1000 mg</i>	49	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>	
<i>deferiprone tab 500 mg</i>	49	<i>30 mcg</i>	93
<i>deflazacort susp 22.75 mg/ml</i>	95	<i>desonide cream 0.05%</i>	108
<i>deflazacort tab 18 mg</i>	95	<i>desonide lotion 0.05%</i>	108
<i>deflazacort tab 30 mg</i>	95	<i>desonide oint 0.05%</i>	108
<i>deflazacort tab 36 mg</i>	96	<i>DESOWEN CRE 0.05%</i>	108
<i>deflazacort tab 6 mg</i>	95	<i>desoximetasone cream 0.05%</i>	108
<i>DELESTROGEN INJ 10MG/ML</i>	121	<i>desoximetasone cream 0.25%</i>	108
<i>DELESTROGEN INJ 20MG/ML</i>	121	<i>desoximetasone gel 0.05%</i>	108
<i>DELESTROGEN INJ 40MG/ML</i>	121	<i>desoximetasone oint 0.25%</i>	108
<i>demeclocycline hcl tab 150 mg</i>	179	<i>desoximetasone spray 0.25%</i>	108
<i>demeclocycline hcl tab 300 mg</i>	179	<i>DESODYN TAB 5MG</i>	2
<i>DEMSEER CAP 250MG</i>	56	<i>desvenlafaxine succinate tab er 24hr 100</i>	
<i>DENAVIR CRE 1%</i>	107	<i>mg (base equiv)</i>	42
<i>DEPEN TITRA TAB 250MG</i>	161	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
<i>DEPO-ESTRADI INJ 5MG/ML</i>	121	<i>(base equiv)</i>	42
<i>DEPO-PROVERA INJ 150MG/ML</i>	95	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
<i>DEPO-SQ PROV INJ 104</i>	95	<i>(base equiv)</i>	42
<i>DERMA-SMOOTH OIL /FS BODY</i>	108	<i>DESVENLAFAX TAB 100MG ER</i>	42
<i>DERMA-SMOOTH OIL /FS SCLP</i>	108	<i>DESVENLAFAX TAB 50MG ER</i>	42
<i>DERMOTIC OIL 0.01%</i>	171	<i>DETROL TAB 1MG</i>	183
<i>DESCOVY TAB 120-15MG</i>	80	<i>DETROL TAB 2MG</i>	183
<i>DESCOVY TAB 200/25MG</i>	80	<i>DEXAMETHASON CON 1MG/ML</i>	96

dexamethasone elixir 0.5 mg/5ml.....	96
dexamethasone sodium phosphate ophth soln 0.1%.....	169
dexamethasone soln 0.5 mg/5ml.....	96
dexamethasone tab 0.5 mg.....	96
dexamethasone tab 0.75 mg	96
dexamethasone tab 1.5 mg.....	96
dexamethasone tab 1 mg.....	96
dexamethasone tab 2 mg	96
dexamethasone tab 4 mg	96
dexamethasone tab 6 mg	96
dexamethasone tab therapy pack 1.5 mg (21).....	96
dexamethasone tab therapy pack 1.5 mg (35)	96
dexamethasone tab therapy pack 1.5 mg (51).....	96
DEXCOM G6 MIS RECEIVER	139
DEXCOM G6 MIS SENSOR.....	139
DEXCOM G6 MIS TRANSMIT.....	139
DEXCOM G7 MIS 15 DAY.....	139
DEXCOM G7 MIS RECEIVER	139
DEXCOM G7 MIS SENSOR	139
DEXEDRINE CAP 10MG CR.....	2
DEXEDRINE CAP 15MG CR	2
dexmethylphenidate hcl cap er 24 hr 10 mg	4
dexmethylphenidate hcl cap er 24 hr 15 mg	4
dexmethylphenidate hcl cap er 24 hr 20 mg	4
dexmethylphenidate hcl cap er 24 hr 25 mg	4
dexmethylphenidate hcl cap er 24 hr 30 mg	4
dexmethylphenidate hcl cap er 24 hr 35 mg	4
dexmethylphenidate hcl cap er 24 hr 40 mg	4
dexmethylphenidate hcl cap er 24 hr 5 mg	4
dexmethylphenidate hcl tab 10 mg.....	4
dexmethylphenidate hcl tab 2.5 mg	4
dexmethylphenidate hcl tab 5 mg	4
dextroamphetamine sulfate cap er 24hr 10 mg.....	2
dextroamphetamine sulfate cap er 24hr 15 mg	2
dextroamphetamine sulfate cap er 24hr 5 mg	2
dextroamphetamine sulfate oral solution 5 mg/5ml	2
dextroamphetamine sulfate tab 10 mg.....	2
dextroamphetamine sulfate tab 15 mg.....	2
dextroamphetamine sulfate tab 2.5 mg	2
dextroamphetamine sulfate tab 20 mg	2
dextroamphetamine sulfate tab 30 mg.....	2
dextroamphetamine sulfate tab 5 mg	2
dextroamphetamine sulfate tab 7.5 mg	2
DHIVY TAB 25-100MG.....	72
DIASCREEN 10 MIS	139
DIASCREEN 3 MIS	139
DIASCREEN 5 MIS	139
DIASCREEN 6 MIS	139
DIASCREEN 7 MIS	139
DIASCREEN 8 MIS	139
DIASCREEN 9 MIS	139
DIASCREEN MIS 1B	139
DIASCREEN MIS 1G	139
DIASCREEN MIS 1K	139
DIASCREEN MIS 2GK.....	139
DIASCREEN MIS 2GP	139
DIASCREEN MIS 4NL	139
DIASCREEN MIS 4OBL	139
DIASCREEN MIS 4PH.....	139
DIASCREEN MIS CONTROL.....	140
DIASTAT ACDL GEL 12.5-20.....	35
DIASTAT ACDL GEL 5-10MG.....	35
DIASTAT PED GEL 2.5M GEL	35
DIASTIX TES STRIPS.....	113
DIATHRIVE LIQ CONTROL.....	140
DIATHRIVE MIS LANCETS	140
DIATHRIVE MIS LANCING	140
DIATHRIVE MIS UT 30G	140
DIATRUE CONT SOL LEVEL 1	140
DIATRUE CONT SOL LEVEL 2.....	140
DIATRUE CONT SOL LEVEL 3.....	140
diazepam conc 5 mg/ml	27

<i>diazepam oral soln 1 mg/ml</i>	27
<i>diazepam rectal gel delivery system 10 mg</i>	35
<i>diazepam rectal gel delivery system 2.5 mg</i>	35
<i>diazepam rectal gel delivery system 20 mg</i>	35
<i>diazepam tab 10 mg</i>	28
<i>diazepam tab 2 mg</i>	27
<i>diazepam tab 5 mg</i>	28
<i>diazoxide susp 50 mg/ml</i>	46
<i>DIBENZYLINE CAP 10MG</i>	56
<i>dichlorphenamide tab 50 mg</i>	114
<i>DICLEGIS TAB 10-10MG</i>	50
<i>diclofenac epolamine patch 1.3%</i>	100
<i>diclofenac potassium tab 50 mg</i>	12
<i>diclofenac sodium (actinic keratoses) gel</i> 3%	102
<i>diclofenac sodium ophth soln 0.1%</i>	170
<i>diclofenac sodium soln 1.5%</i>	100
<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>	12
<i>diclofenac sodium tab delayed release 50</i> <i>mg</i>	12
<i>diclofenac sodium tab delayed release 75</i> <i>mg</i>	12
<i>diclofenac sodium tab er 24hr 100 mg</i>	12
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	12
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	12
<i>dicloxacillin sodium cap 250 mg</i>	172
<i>dicloxacillin sodium cap 500 mg</i>	172
<i>dicyclomine hcl cap 10 mg</i>	181
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	181
<i>dicyclomine hcl tab 20 mg</i>	181
<i>DIFFERIN CRE 0.1%</i>	99
<i>DIFFERIN GEL 0.1%</i>	99
<i>DIFFERIN GEL 0.3% PMP</i>	99
<i>DIFICID SUS</i>	133
<i>DIFICID TAB 200MG</i>	133
<i>DIFLUCAN SUS 40MG/ML</i>	50
<i>DIFLUCAN TAB 100MG</i>	50
<i>DIFLUCAN TAB 150MG</i>	50

<i>DIFLUCAN TAB 200MG</i>	50
<i>diflunisal tab 500 mg</i>	16
<i>difluprednate ophth emulsion 0.05%</i>	169
<i>digoxin oral soln 0.05 mg/ml</i>	88
<i>digoxin tab 125 mcg (0.125 mg)</i>	88
<i>digoxin tab 250 mcg (0.25 mg)</i>	88
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	88
<i>DILAUDID LIQ 1MG/ML</i>	17
<i>DILAUDID TAB 2MG</i>	17
<i>DILAUDID TAB 4MG</i>	17
<i>DILAUDID TAB 8MG</i>	17
<i>diltiazem hcl cap er 12hr 120 mg</i>	86
<i>diltiazem hcl cap er 12hr 60 mg</i>	86
<i>diltiazem hcl cap er 12hr 90 mg</i>	86
<i>diltiazem hcl cap er 24hr 120 mg</i>	86
<i>diltiazem hcl cap er 24hr 180 mg</i>	86
<i>diltiazem hcl cap er 24hr 240 mg</i>	86
<i>diltiazem hcl coated beads cap er 24hr 120</i> <i>mg</i>	86
<i>diltiazem hcl coated beads cap er 24hr 180</i> <i>mg</i>	86
<i>diltiazem hcl coated beads cap er 24hr 240</i> <i>mg</i>	86
<i>diltiazem hcl coated beads cap er 24hr 300</i> <i>mg</i>	86
<i>diltiazem hcl coated beads cap er 24hr 360</i> <i>mg</i>	86
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 120 mg</i>	86
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 180 mg</i>	86
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i>	86
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i>	86
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i>	86
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i>	86
<i>diltiazem hcl tab 120 mg</i>	86
<i>diltiazem hcl tab 30 mg</i>	86
<i>diltiazem hcl tab 60 mg</i>	86
<i>diltiazem hcl tab 90 mg</i>	86

<i>dimethyl fumarate capsule delayed release</i> 120 mg	176	DORAL TAB 15MG	131
<i>dimethyl fumarate capsule delayed release</i> 240 mg	176	<i>dorzolamide hcl ophth soln 2%</i>	170
<i>dimethyl fumarate capsule dr starter pack</i> 120 mg & 240 mg	176	<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	167
DIPENTUM CAP 250MG	124	<i>dorzolamide hcl-timolol maleate pf ophth</i> soln 2-0.5%	167
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> mg/5ml	48	DORZOLAMIDE SOL 2% OP	170
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> mg	48	DOVATO TAB 50-300MG	80
DIPROLENE OIN 0.05%	108	<i>doxazosin mesylate tab 1 mg</i>	57
<i>dipyridamole tab 25 mg</i>	128	<i>doxazosin mesylate tab 2 mg</i>	57
<i>dipyridamole tab 50 mg</i>	128	<i>doxazosin mesylate tab 4 mg</i>	57
<i>dipyridamole tab 75 mg</i>	128	<i>doxazosin mesylate tab 8 mg</i>	57
<i>disopyramide phosphate cap 100 mg</i>	28	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	131
<i>disopyramide phosphate cap 150 mg</i>	28	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	131
<i>disulfiram tab 250 mg</i>	173	<i>doxepin hcl cap 100 mg</i>	43
<i>disulfiram tab 500 mg</i>	173	<i>doxepin hcl cap 10 mg</i>	43
DIURIL SUS 250/5ML	115	<i>doxepin hcl cap 150 mg</i>	43
<i>divalproex sodium cap delayed release</i> sprinkle 125 mg	39	<i>doxepin hcl cap 25 mg</i>	43
<i>divalproex sodium tab delayed release 125</i> mg	39	<i>doxepin hcl cap 50 mg</i>	43
<i>divalproex sodium tab delayed release 250</i> mg	39	<i>doxepin hcl cap 75 mg</i>	43
<i>divalproex sodium tab delayed release 500</i> mg	39	<i>doxepin hcl conc 10 mg/ml</i>	43
<i>divalproex sodium tab er 24 hr 250 mg</i>	39	<i>doxercalciferol cap 0.5 mcg</i>	118
<i>divalproex sodium tab er 24 hr 500 mg ...</i>	40	<i>doxercalciferol cap 1 mcg</i>	118
<i>dofetilide cap 125 mcg (0.125 mg)</i>	29	<i>doxercalciferol cap 2.5 mcg</i>	118
<i>dofetilide cap 250 mcg (0.25 mg)</i>	29	<i>doxycycline hyclate cap 100 mg</i>	179
<i>dofetilide cap 500 mcg (0.5 mg)</i>	29	<i>doxycycline hyclate cap 50 mg</i>	179
<i>donepezil hydrochloride orally</i> disintegrating tab 10 mg	173	<i>doxycycline hyclate tab 100 mg</i>	179
<i>donepezil hydrochloride orally</i> disintegrating tab 5 mg	173	<i>doxycycline hyclate tab 20 mg</i>	179
<i>donepezil hydrochloride tab 10 mg</i>	173	<i>doxycycline monohydrate cap 100 mg ...</i>	179
<i>donepezil hydrochloride tab 23 mg</i>	173	<i>doxycycline monohydrate cap 50 mg</i>	179
<i>donepezil hydrochloride tab 5 mg</i>	173	<i>doxycycline monohydrate for susp 25</i> mg/5ml	179
DONNATAL ELX GRAPE	181	<i>doxycycline monohydrate tab 100 mg</i>	179
DONNATAL ELX MINT	181	<i>doxycycline monohydrate tab 150 mg</i>	179
DONNATAL TAB 16.2MG	181	<i>doxycycline monohydrate tab 50 mg</i>	179
DOPTelet TAB 20MG	129	<i>doxycycline monohydrate tab 75 mg</i>	179
		<i>doxylamine-pyridoxine tab delayed release</i> 10-10 mg	50
		DRISDOL CAP 50000UNT	185
		<i>dronabinol cap 10 mg</i>	50
		<i>dronabinol cap 2.5 mg</i>	50
		<i>dronabinol cap 5 mg</i>	50

DROPLET GENT MIS LANCING.....	140
DROPLET LANC MIS 30G	140
DROPLET LANC MIS DEVICE	140
DROPLET PERS MIS LANC 30G.....	140
DROPSAFE MIS SICURA	152
<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	93
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	93
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.02-0.451 mg</i>	93
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.03-0.451 mg</i>	93
DROXIA CAP 200MG	129
DROXIA CAP 300MG	129
DROXIA CAP 400MG	129
<i>droxidopa cap 100 mg</i>	185
<i>droxidopa cap 200 mg</i>	185
<i>droxidopa cap 300 mg</i>	185
DRYSOL SOL 20%	112
DUAVEE TAB 0.45-20	121
DUETACT TAB 30-2MG	44
DUETACT TAB 30-4MG	44
DUEXIS TAB 800-26.6.....	12
<i>duloxetine hcl enteric coated pellets cap 20</i> <i>mg (base eq)</i>	42
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg (base eq)</i>	42
<i>duloxetine hcl enteric coated pellets cap 40</i> <i>mg (base eq)</i>	42
<i>duloxetine hcl enteric coated pellets cap 60</i> <i>mg (base eq)</i>	42
DUO-CARE LIQ LEVEL1/2	140
DUPIXENT INJ 200/1.14	110
DUPIXENT INJ 200MG	110
DUPIXENT INJ 300/2ML.....	110
DUREX EXTRA MIS SENSITIV	133
DUREX MIS REALFEEL	133
DUREX MIS TROPICAL	133
DUREZOL EMU 0.05%	170
<i>dutasteride cap 0.5 mg</i>	127
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	127

E	
EASIVENT MIS	158
EASIVENT MIS MASK LG.....	158
EASIVENT MIS MASK MED	158
EASIVENT MIS MASK SM.....	158
EASY COMFORT MIS 30G	140
EASY COMFORT MIS LANC/30G	140
EASY COMFORT MIS TWIST	140
EASY COMFORT PAD ALCOHOL.....	151
EASY GLIDE MIS 1ML SYR	152
EASY GLIDE MIS 3ML SYR	152
EASYMAX 15 LIQ LEVEL2-3	141
EASYMAX 15 SOL LEVEL 2.....	141
EASYMAX LIQ NORM/HIG.....	141
EASYMAX SOL NORMAL	141
EASY MINI MIS	140
EASY MINI MIS EJECT	140
EASY PLUS II SOL HIGH	140
EASY PLUS II SOL LOW	140
EASYPOINT MIS 18GX1	152
EASYPOINT MIS 18GX1.5.....	152
EASYPOINT MIS 22GX1.5	153
EASYPOINT MIS 23GX1	153
EASYPOINT MIS 25GX1	153
EASYPOINT MIS 25GX5/8	153
EASYPHASE HGH SOL CONTROL	141
EASYPHASE LOW SOL CONTROL.....	141
EASY TALK PL SOL HIGH.....	140
EASY TALK PL SOL LOW	140
EASY TALK SOL HIGH	140
EASY TALK SOL LOW	140
EASY TALK SOL NORMAL	140
EASY TOUCH LIQ HIGH/LOW	140
EASY TOUCH MIS	140
EASY TOUCH MIS /EJECTOR.....	140
EASY TOUCH MIS LANC/21G.....	140
EASY TOUCH MIS LANC/23G	140
EASY TOUCH MIS LANC/26G	140
EASY TOUCH MIS LANC/28G	140
EASY TOUCH MIS LANC/30G.....	140
EASY TOUCH MIS LANC/32G	140
EASY TOUCH MIS P-AC/21G.....	140
EASY TOUCH MIS P-AC/23G	140
EASY TOUCH MIS P-AC/26G	140

EASY TOUCH MIS P-AC/28G	141
EASY TOUCH MIS P-AC/30G	141
EASY TOUCH MIS TWST/28G	141
EASY TOUCH MIS TWST/30G	141
EASY TOUCH MIS TWST/32G	141
EASY TOUCH MIS TWST/33G	141
EASY TOUCH SOL CONTROL	141
EASY TOUCH SOL HIGH/LOW	141
EASY TRAK II LIQ NORMAL	141
EASY TRAK SOL HIGH	141
EASY TRAK SOL LOW	141
EASY TRAK SOL NORMAL	141
EBGLYSS INJ 250/2ML	110
EC-NAPROSYN TAB 375MG	12
EC-NAPROSYN TAB 500MG	12
ECONAZOLE AER 1%	101
<i>econazole nitrate cream 1%</i>	<i>101</i>
ECOZA AER 1%	101
EDECRIN TAB 25MG	115
EDEX KIT 10MCG	89
EDEX KIT 20MCG	90
EDEX KIT 40MCG	90
<i>efavirenz cap 200 mg</i>	<i>80</i>
<i>efavirenz cap 50 mg</i>	<i>80</i>
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	<i>80</i>
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	<i>80</i>
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	<i>80</i>
<i>efavirenz tab 600 mg</i>	<i>80</i>
EFFER-K TAB 10MEQ	161
EFFER-K TAB 20MEQ	161
EFFIENT TAB 10MG	128
EFFIENT TAB 5MG	128
EFUDEX CRE 5%	102
EGRIFTA SV INJ 2MG	117
EGRIFTA WR KIT 11.6MG	117
ELEMENT CONT LIQ NORMAL	141
ELEMENT LIQ HIGH	141
ELEMENT LIQ LOW	141
ELEMNT COMPA SOL LEVEL 2	141
ELEMNT COMPA SOL LEVEL 3	141

<i>eletriptan hydrobromide tab 20 mg (base</i> <i>equivalent)</i>	<i>159</i>
<i>eletriptan hydrobromide tab 40 mg (base</i> <i>equivalent)</i>	<i>159</i>
ELIQUIS ST P TAB 5MG	33
ELIQUIS TAB 2.5MG	33
ELIQUIS TAB 5MG	33
ELLA TAB 30MG	95
<i>eltrombopag olamine powder pack for susp</i> <i>12.5 mg (base eq)</i>	<i>130</i>
<i>eltrombopag olamine powder pack for susp</i> <i>25 mg (base equiv)</i>	<i>130</i>
<i>eltrombopag olamine tab 12.5 mg (base</i> <i>equiv)</i>	<i>130</i>
<i>eltrombopag olamine tab 25 mg (base</i> <i>equiv)</i>	<i>130</i>
<i>eltrombopag olamine tab 50 mg (base</i> <i>equiv)</i>	<i>130</i>
<i>eltrombopag olamine tab 75 mg (base</i> <i>equiv)</i>	<i>130</i>
EMBECTA AUTO MIS DUO	153
EMBECTA NANO MIS 32GX4MM	153
EMBECTA UF MIS 29GX12.7	153
EMBECTA UF MIS 31GX5MM	153
EMBECTA UF MIS 31GX8MM	153
EMBECTA UF MIS 32GX6MM	153
EMBRACE CNTR LIQ HIGH	141
EMBRACE EVO LIQ LEVEL 1	141
EMBRACE LANC MIS /EJECTOR	141
EMBRACE LANC MIS 21G	141
EMBRACE LANC MIS 28G	141
EMBRACE LANC MIS THIN 30G	141
EMBRACE PRO LIQ GLUCOSE	141
EMBRACE SOL LOW	141
EMBRACE TALK SOL HIGH/L2	141
EMBRACE TALK SOL LOW/L1	141
EMCYT CAP 140MG	65
EMEND BIPACK PAK 80MG	50
EMEND SUS 125MG	50
EMEND TRIPAC PAK 125 & 80	50
EMGALITY INJ 100MG/ML	159
EMGALITY INJ 120MG/ML	159
EMSAM DIS 12MG/24H	40
EMSAM DIS 6MG/24HR	40

EMSAM DIS 9MG/24HR	40
emtricitabine caps 200 mg.....	80
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg.....	80
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	80
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	80
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	80
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	80
EMTRIVA CAP 200MG	80
EMTRIVA SOL 10MG/ML	80
EMVERM CHW 100MG.....	24
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	59
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	59
enalapril maleate oral soln 1 mg/ml.....	55
enalapril maleate tab 10 mg.....	55
enalapril maleate tab 2.5 mg	55
enalapril maleate tab 20 mg	55
enalapril maleate tab 5 mg	55
ENBREL INJ 25/0.5ML.....	15
ENBREL INJ 25MG.....	15
ENBREL INJ 50MG/ML.....	16
ENBREL MINI INJ 50MG/ML	16
ENBREL SRCLK INJ 50MG/ML.....	16
ENCARE SUP 100MG	184
ENDARI POW 5GM.....	129
enoxaparin sodium inj 300 mg/3ml.....	33
enoxaparin sodium inj soln pref syr 100 mg/ml	33
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	33
enoxaparin sodium inj soln pref syr 150 mg/ml	33
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	33
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	33
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	33

enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	33
ENSPRYNG INJ.....	163
ENSTILAR AER.....	108
entacapone tab 200 mg.....	71
entecavir tab 0.5 mg	82
entecavir tab 1 mg	82
ENTEREG CAP 12MG.....	125
ENTRESTO CAP 15-16MG	89
ENTRESTO CAP 6-6MG	89
ENTRESTO TAB 24-26MG	89
ENTRESTO TAB 49-51MG.....	89
ENTRESTO TAB 97-103MG	89
ENTYVIO PEN INJ 108/0.68.....	124
ENVARUSUS XR TAB 0.75MG	163
ENVARUSUS XR TAB 1MG	163
ENVARUSUS XR TAB 4MG.....	163
EPCLUSA PAK 150-37.5	82
EPCLUSA PAK 200-50MG.....	82
EPCLUSA TAB 200-50MG	82
EPCLUSA TAB 400-100	82
EPIDIOLEX SOL 100MG/ML	36
EPIDUO FORTE GEL 0.3-2.5%	99
EPIDUO GEL 0.1-2.5%	99
EPIFOAM AER 1%	108
epinastine hcl ophth soln 0.05%	171
epinephrine hcl nasal soln 0.1%	167
epinephrine inj 1 mg/ml (1:1000).....	185
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	185
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	185
EPIVIR SOL 10MG/ML	80
EPIVIR TAB 150MG	80
EPIVIR TAB 300MG	80
eplerenone tab 25 mg	61
eplerenone tab 50 mg	61
EPZICOM TAB 600-300.....	80
EQL LANCETS MIS 21G COLR	141
EQL LANCETS MIS 33G COLR	141
EQL LANCETS MIS THIN 26G.....	141
EQL LANCETS MIS THIN 30G	141
EQL PRENATAL TAB FORMULA.....	165
EQUETRO CAP 100MG.....	74

EQUETRO CAP 200MG	74	eslicarbazepine acetate tab 200 mg	36
EQUETRO CAP 300MG	74	eslicarbazepine acetate tab 400 mg	36
ergocalciferol cap 1.25 mg (50000 unit) .	185	eslicarbazepine acetate tab 600 mg	36
ergoloid mesylates tab 1 mg.....	177	eslicarbazepine acetate tab 800 mg	36
ERGOMAR SUB 2MG.....	159	esomeprazole magnesium cap delayed release 20 mg (base eq)	182
ERIVEDGE CAP 150MG	64	esomeprazole magnesium cap delayed release 40 mg (base eq)	182
ERLEADA TAB 240MG	65	esomeprazole magnesium for delayed release susp pack 2.5 mg	182
ERLEADA TAB 60MG	65	esomeprazole magnesium for delayed release susp packet 10 mg	182
erlotinib hcl tab 100 mg (base equivalent)	64	esomeprazole magnesium for delayed release susp packet 20 mg.....	182
erlotinib hcl tab 150 mg (base equivalent)	64	esomeprazole magnesium for delayed release susp packet 40 mg	182
erlotinib hcl tab 25 mg (base equivalent) .	64	esomeprazole magnesium for delayed release susp packet 5 mg	182
ERTACZO CRE 2%	101	ESSENTRA MIS 9X9	151
ERYGEL GEL 2%.....	99	estazolam tab 1 mg.....	131
erythromycin ethylsuccinate for susp 200 mg/5ml.....	133	estazolam tab 2 mg	131
erythromycin ethylsuccinate for susp 400 mg/5ml.....	133	esterified estrogens & methyltestosterone tab 0.625-1.25 mg.....	121
erythromycin ethylsuccinate tab 400 mg	133	esterified estrogens & methyltestosterone tab 1.25-2.5 mg	121
erythromycin gel 2%	99	ESTRACE TAB 0.5MG	121
ERYTHROMYCIN OIN 5MG/GM.....	168	ESTRACE TAB 1MG	121
erythromycin ophth oint 5 mg/gm	168	ESTRACE TAB 2MG.....	121
erythromycin pads 2%	99	ESTRACE VAG CRE 0.01%	184
erythromycin soln 2%	99	estradiol & norethindrone acetate tab 0.5- 0.1 mg	121
erythromycin stearate tab 250 mg.....	133	estradiol & norethindrone acetate tab 1-0.5 mg.....	121
erythromycin tab 250 mg	133	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	121
erythromycin tab 500 mg	133	estradiol tab 0.5 mg	121
erythromycin tab delayed release 250 mg	133	estradiol tab 1 mg	121
erythromycin tab delayed release 333 mg	133	estradiol tab 2 mg.....	121
erythromycin tab delayed release 500 mg	133	estradiol td gel 0.25 mg/0.25gm (0.1%) .	122
erythromycin w/ delayed release particles cap 250 mg	133	estradiol td gel 0.5 mg/0.5gm (0.1%)	121
escitalopram oxalate soln 5 mg/5ml (base equiv)	41	estradiol td gel 0.75 mg/0.75gm (0.1%) .	122
escitalopram oxalate tab 10 mg (base equiv)	41	estradiol td gel 1.25 mg/1.25gm (0.1%) ...	122
escitalopram oxalate tab 20 mg (base equiv)	41	estradiol td gel 1 mg/gm (0.1%).....	122
escitalopram oxalate tab 5 mg (base equiv)	41		
ESGIC TAB	16		

estradiol td patch twice weekly 0.025 mg/24hr	122	etodolac tab 400 mg	12
estradiol td patch twice weekly 0.0375 mg/24hr	122	etodolac tab 500 mg	12
estradiol td patch twice weekly 0.05 mg/24hr	122	etodolac tab er 24hr 400 mg.....	12
estradiol td patch twice weekly 0.075 mg/24hr	122	etodolac tab er 24hr 500 mg.....	12
estradiol td patch twice weekly 0.1 mg/24hr	122	etodolac tab er 24hr 600 mg.....	12
estradiol td patch weekly 0.025 mg/24hr	122	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	95
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	122	etoposide cap 50 mg.....	71
estradiol td patch weekly 0.05 mg/24hr	122	etravirine tab 100 mg.....	80
estradiol td patch weekly 0.06 mg/24hr	122	etravirine tab 200 mg	80
estradiol td patch weekly 0.075 mg/24hr	122	EUA PATIENT MIS ASSESS	164
estradiol td patch weekly 0.1 mg/24hr	122	EUCRISA OIN 2%.....	112
estradiol vaginal cream 0.01%	184	everolimus tab 0.25 mg	163
estradiol valerate im in oil 10 mg/ml	122	everolimus tab 0.5 mg	163
estradiol valerate im in oil 20 mg/ml.....	122	everolimus tab 0.75 mg	163
estradiol valerate im in oil 40 mg/ml.....	122	everolimus tab 10 mg.....	67
ESTROGEL GEL 0.06%	122	everolimus tab 1 mg	163
eszopiclone tab 1 mg.....	131	everolimus tab 2.5 mg	67
eszopiclone tab 2 mg.....	131	everolimus tab 5 mg	67
eszopiclone tab 3 mg.....	131	everolimus tab 7.5 mg	67
ethacrynic acid tab 25 mg.....	115	everolimus tab for oral susp 2 mg.....	67
ethambutol hcl tab 100 mg	62	everolimus tab for oral susp 3 mg.....	67
ethambutol hcl tab 400 mg	62	everolimus tab for oral susp 5 mg.....	67
ethosuximide cap 250 mg	39	EVISTA TAB 60MG.....	118
ethosuximide soln 250 mg/5ml	39	EVOLUTION SOL NORMAL.....	141
ETHYL CHLOR AER FINE PIN	111	EVOTAZ TAB 300-150.....	80
ETHYL CHLOR AER FN STRM	111	EVOXAC CAP 30MG	165
ETHYL CHLOR AER MED JET.....	111	EVRYSDI SOL	167
ETHYL CHLOR AER MED STRM.....	111	EVRYSDI TAB 5MG.....	167
ETHYL CHLOR AER MIST	112	EXELDERM CRE 1%	101
ethyl chloride aerosol spray	112	EXELDERM SOL 1%.....	101
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	93	EXELON DIS 13.3/24.....	173
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	93	EXELON DIS 4.6MG/24	173
etodolac cap 200 mg	12	EXELON DIS 9.5MG/24.....	173
etodolac cap 300 mg	12	exemestane tab 25 mg.....	65
		EYSUVIS DRO 0.25%	170
		ezetimibe-simvastatin tab 10-10 mg.....	52
		ezetimibe-simvastatin tab 10-20 mg	52
		ezetimibe-simvastatin tab 10-40 mg	52
		ezetimibe-simvastatin tab 10-80 mg	52
		ezetimibe tab 10 mg.....	54
		E-ZJECT LANC MIS 33G	140
		E-Z JECT MIS 21G.....	140
		E-Z JECT MIS 21G COLR	140

E-Z JECT MIS 30G.....	140
E-Z JECT MIS 32G COLR.....	140
E-Z JECT MIS LANC 21G	140
E-Z JECT MIS THIN 26G.....	140
EZ-LETS 21G MIS LANCETS.....	141
EZ-LETS 26G MIS LANCETS.....	141
EZ-LETS 28G MIS LANCETS.....	141
EZ-LETS 30G MIS LANCETS.....	141

F

FABHALTA CAP 200MG.....	128
<i>famciclovir tab 125 mg</i>	<i>83</i>
<i>famciclovir tab 250 mg.....</i>	<i>83</i>
<i>famciclovir tab 500 mg</i>	<i>83</i>
<i>famotidine for susp 40 mg/5ml.....</i>	<i>182</i>
<i>famotidine tab 40 mg.....</i>	<i>182</i>
FANTASY LUBR MIS.....	134
FANTASY LUBR MIS COLORS	134
FANTASY LUBR MIS SPERMICI.....	134
FANTASY MIS LUBRICAT	134
FARESTON TAB 60MG.....	65
FARXIGA TAB 10MG	48
FARXIGA TAB 5MG.....	48
FASENRA INJ 10MG/0.5	29
FASENRA PEN INJ 30MG/ML.....	29
FASTCLIX MIS LANCETS	141
FC2 FEMALE MIS CONDOM	134
<i>febuxostat tab 40 mg.....</i>	<i>127</i>
<i>febuxostat tab 80 mg</i>	<i>127</i>
<i>felbamate susp 600 mg/5ml.....</i>	<i>39</i>
<i>felbamate tab 400 mg.....</i>	<i>39</i>
<i>felbamate tab 600 mg.....</i>	<i>39</i>
FELBATOL TAB 400MG	39
FELBATOL TAB 600MG	39
<i>felodipine tab er 24hr 10 mg.....</i>	<i>86</i>
<i>felodipine tab er 24hr 2.5 mg</i>	<i>86</i>
<i>felodipine tab er 24hr 5 mg.....</i>	<i>86</i>
FEMARA TAB 2.5MG	65
FEMCAP MIS 22MM.....	134
FEMCAP MIS 26MM.....	134
FEMCAP MIS 30MM	134
FEM PH GEL	184
<i>fenofibrate cap 150 mg.....</i>	<i>53</i>
<i>fenofibrate micronized cap 134 mg</i>	<i>53</i>
<i>fenofibrate micronized cap 200 mg</i>	<i>53</i>

<i>fenofibrate micronized cap 43 mg.....</i>	<i>53</i>
<i>fenofibrate micronized cap 67 mg.....</i>	<i>53</i>
<i>fenofibrate tab 145 mg</i>	<i>53</i>
<i>fenofibrate tab 160 mg</i>	<i>53</i>
<i>fenofibrate tab 48 mg.....</i>	<i>53</i>
<i>fenofibrate tab 54 mg.....</i>	<i>53</i>
<i>fenofibric acid tab 105 mg.....</i>	<i>53</i>
<i>fenofibric acid tab 35 mg</i>	<i>53</i>
FENOGLIDE TAB 40MG	53
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	<i>17</i>
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	<i>17</i>
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	<i>17</i>
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	<i>17</i>
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	<i>17</i>
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	<i>17</i>
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	<i>17</i>
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	<i>17</i>
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	<i>17</i>
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	<i>17</i>
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	<i>17</i>
<i>fentanyl td patch 72hr 100 mcg/hr</i>	<i>18</i>
<i>fentanyl td patch 72hr 12 mcg/hr.....</i>	<i>17</i>
<i>fentanyl td patch 72hr 25 mcg/hr.....</i>	<i>17</i>
<i>fentanyl td patch 72hr 37.5 mcg/hr.....</i>	<i>17</i>
<i>fentanyl td patch 72hr 50 mcg/hr.....</i>	<i>17</i>
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	<i>17, 18</i>
<i>fentanyl td patch 72hr 75 mcg/hr.....</i>	<i>18</i>
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	<i>18</i>
FENTORA TAB 100MCG	18
FENTORA TAB 200MCG.....	18
FENTORA TAB 400MCG.....	18
FENTORA TAB 600MCG.....	18
FENTORA TAB 800MCG.....	18

<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	
.....	126
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	183
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	183
FETZIMA CAP 120MG	42
FETZIMA CAP 20MG	42
FETZIMA CAP 40MG	42
FETZIMA CAP 80MG	42
FETZIMA CAP TITRATIO	42
FIASP FLEX INJ TOUCH	47
FIASP INJ 100/ML	47
FIASP PENFIL INJ U-100	47
FIBRICOR TAB 105MG	53
FIBRICOR TAB 35MG	53
<i>fidaxomicin tab 200 mg</i>	133
FIFTY50 PREP PAD PADS	151
FIFTY50 SAFE MIS LANCETS	141
FILL NEEDLE MIS 18GX1.5	153
FILSPARI TAB 200MG	126
FILSPARI TAB 400MG	126
FILTER NEEDL MIS 18GX1.5	153
FILTER NEEDL MIS 20GX1.5	153
FINACEA AER 15%	112
<i>finasteride tab 5 mg</i>	127
FINE 30 MIS	142
FINGERSTIX MIS LANCETS	142
<i>ingolimod hcl cap 0.5 mg (base equiv)</i>	176
FIORICET CAP CODEINE	21
FIRDAPSE TAB 10MG	62
FLAGYL CAP 375MG	24
<i>flavoxate hcl tab 100 mg</i>	184
<i>flecainide acetate tab 100 mg</i>	28
<i>flecainide acetate tab 150 mg</i>	28
<i>flecainide acetate tab 50 mg</i>	28
FLECTOR DIS 1.3%	100
FLEXICHAMBER MIS	158
FLEXICHAMBER MIS MASK LRG	158
FLEXICHAMBER MIS MASK SM	158
FLOMAX CAP 0.4MG	127
<i>fluconazole for susp 10 mg/ml</i>	51
<i>fluconazole for susp 40 mg/ml</i>	51
<i>fluconazole tab 100 mg</i>	51
<i>fluconazole tab 150 mg</i>	51
<i>fluconazole tab 200 mg</i>	51
<i>fluconazole tab 50 mg</i>	51
<i>flucytosine cap 250 mg</i>	50
<i>fludrocortisone acetate tab 0.1 mg</i>	97
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	167
<i>fluocinolone acetonide (otic) oil 0.01%</i>	171
<i>fluocinolone acetonide cream 0.01%</i>	108
<i>fluocinolone acetonide cream 0.025%</i>	108
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	108
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	108
<i>fluocinolone acetonide oint 0.025%</i>	108
<i>fluocinolone acetonide soln 0.01%</i>	108
<i>fluocinonide cream 0.05%</i>	109
<i>fluocinonide emulsified base cream 0.05%</i>	109
<i>fluocinonide gel 0.05%</i>	109
<i>fluocinonide oint 0.05%</i>	109
<i>fluocinonide soln 0.05%</i>	109
<i>fluorometholone ophth susp 0.1%</i>	170
<i>fluorouracil cream 5%</i>	102
<i>fluorouracil soln 2%</i>	102
<i>fluorouracil soln 5%</i>	102
<i>fluoxetine hcl cap 10 mg</i>	41
<i>fluoxetine hcl cap 20 mg</i>	41
<i>fluoxetine hcl cap 40 mg</i>	41
<i>fluoxetine hcl cap delayed release 90 mg</i>	41
<i>fluoxetine hcl solution 20 mg/5ml</i>	41
<i>fluoxetine hcl tab 10 mg</i>	41
<i>fluoxetine hcl tab 20 mg</i>	41
<i>fluphenazine decanoate inj 25 mg/ml</i>	78
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	78
<i>fluphenazine hcl inj 2.5 mg/ml</i>	78
<i>fluphenazine hcl oral conc 5 mg/ml</i>	78
<i>fluphenazine hcl tab 10 mg</i>	78
<i>fluphenazine hcl tab 1 mg</i>	78
<i>fluphenazine hcl tab 2.5 mg</i>	78
<i>fluphenazine hcl tab 5 mg</i>	78
<i>flurbiprofen sodium ophth soln 0.03%</i>	171
<i>flurbiprofen tab 100 mg</i>	13
<i>flurbiprofen tab 50 mg</i>	13
<i>fluticasone furoate aerosol powder breath</i>	
<i>activ 100 mcg/act</i>	30

<i>fluticasone furoate aerosol powder breath</i>	
<i>activ 200 mcg/act</i>	30
<i>fluticasone furoate aerosol powder breath</i>	
<i>activ 50 mcg/act</i>	30
<i>fluticasone propionate cream 0.05%</i>	109
<i>fluticasone propionate lotion 0.05%</i>	109
<i>fluticasone propionate nasal susp 50</i>	
<i>mcg/act</i>	167
<i>fluticasone propionate oint 0.005%</i>	109
<i>fluticasone-salmeterol aer powder ba 100-</i>	
<i>50 mcg/act</i>	32
<i>fluticasone-salmeterol aer powder ba 250-</i>	
<i>50 mcg/act</i>	32
<i>fluticasone-salmeterol aer powder ba 500-</i>	
<i>50 mcg/act</i>	32
<i>fluvastatin sodium cap 20 mg (base</i>	
<i>equivalent)</i>	53
<i>fluvastatin sodium cap 40 mg (base</i>	
<i>equivalent)</i>	53
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>	
<i>equivalent)</i>	54
<i>fluvoxamine maleate cap er 24hr 100 mg</i> .41	
<i>fluvoxamine maleate cap er 24hr 150 mg</i> .41	
<i>fluvoxamine maleate tab 100 mg</i>	41
<i>fluvoxamine maleate tab 25 mg</i>	41
<i>fluvoxamine maleate tab 50 mg</i>	41
<i>FOCALIN TAB 10MG</i>	4
<i>FOCALIN TAB 2.5MG</i>	4
<i>FOCALIN TAB 5MG</i>	4
<i>folic acid cap 0.8 mg</i>	129
<i>folic acid tab 1 mg</i>	129
<i>folic acid tab 400 mcg</i>	129
<i>folic acid tab 800 mcg</i>	129
<i>FOLLISTIM AQ INJ 300UNIT</i>	117
<i>FOLLISTIM AQ INJ 600UNIT</i>	117
<i>FOLLISTIM AQ INJ 900UNIT</i>	117
<i>fondaparinux sodium subcutaneous inj 10</i>	
<i>mg/0.8ml</i>	34
<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>mg/0.5ml</i>	33
<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>mg/0.4ml</i>	33
<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>mg/0.6ml</i>	33

<i>FORACARE GDH SOL HIGH</i>	142
<i>FORACARE GDH SOL LOW</i>	142
<i>FORACARE GDH SOL NORMAL</i>	142
<i>FORA CONTROL SOL HIGH</i>	142
<i>FORA CONTROL SOL LOW</i>	142
<i>FORA CONTROL SOL NORMAL</i>	142
<i>FORA GTEL TES KETONE</i>	113
<i>FORA LANCETS MIS 30G</i>	142
<i>FORA MIS LANCETS</i>	142
<i>FORA MIS LANCING</i>	142
<i>FORA TEST GO TES ADV VOIC</i>	113
<i>FORFIVO XL TAB 450MG</i>	40
<i>formaldehyde solution 10%</i>	79
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	
.....	32
<i>FORTEO INJ 560/2.24</i>	116
<i>FORTISCARE SOL CNTL HI</i>	142
<i>FORTISCARE SOL CNTL LOW</i>	142
<i>FORTISCARE SOL CNTL NML</i>	142
<i>FOSAMAX + D TAB 70-2800</i>	116
<i>FOSAMAX + D TAB 70-5600</i>	116
<i>FOSAMAX TAB 70MG</i>	116
<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>equiv)</i>	80
<i>fosfomycin tromethamine powd pack 3 gm</i>	
<i>(base equivalent)</i>	25
<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	59
<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	59
<i>fosinopril sodium tab 10 mg</i>	55
<i>fosinopril sodium tab 20 mg</i>	55
<i>fosinopril sodium tab 40 mg</i>	55
<i>FRAGMIN INJ 10000/ML</i>	34
<i>FRAGMIN INJ 12500UNT</i>	34
<i>FRAGMIN INJ 15000UNT</i>	34
<i>FRAGMIN INJ 18000UNT</i>	34
<i>FRAGMIN INJ 2500/0.2</i>	34
<i>FRAGMIN INJ 2500/ML</i>	34
<i>FRAGMIN INJ 5000/0.2</i>	34
<i>FRAGMIN INJ 7500/0.3</i>	34
<i>FRAGMIN INJ 95000UNT</i>	34
<i>FREESTYLE LIQ CONTROL</i>	142
<i>FREESTYLE MIS LANCETS</i>	142

FROVA TAB 2.5MG.....	159
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	159
FRUZAQLA CAP 1MG.....	64
FRUZAQLA CAP 5MG.....	64
FT PRENATAL TAB 28-0.8MG.....	165
FULPHILA INJ 6/0.6ML.....	130
<i>furosemide oral soln 10 mg/ml</i>	115
<i>furosemide oral soln 8 mg/ml</i>	115
<i>furosemide tab 20 mg</i>	115
<i>furosemide tab 40 mg</i>	115
<i>furosemide tab 80 mg</i>	115
FUZEON INJ 90MG.....	80
FYCOMPA SUS 0.5MG/ML.....	34
FYCOMPA TAB 10MG.....	34
FYCOMPA TAB 12MG.....	34
FYCOMPA TAB 2MG	34
FYCOMPA TAB 4MG	34
FYCOMPA TAB 6MG	34
FYCOMPA TAB 8MG	34
G	
<i>gabapentin (once-daily) tab 300 mg</i>	177
<i>gabapentin (once-daily) tab 600 mg</i>	177
<i>gabapentin cap 100 mg</i>	36
<i>gabapentin cap 300 mg</i>	36
<i>gabapentin cap 400 mg</i>	36
<i>gabapentin oral soln 250 mg/5ml</i>	36
<i>gabapentin tab 600 mg</i>	36
<i>gabapentin tab 800 mg</i>	36
GALAFOLD CAP 123MG	118
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	174
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	174
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	173
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	174
<i>galantamine hydrobromide tab 12 mg</i>	174
<i>galantamine hydrobromide tab 4 mg</i>	174
<i>galantamine hydrobromide tab 8 mg</i>	174
GANIRELIX AC INJ 250/0.5.....	117
GASTROCROM CON 100/5ML	123
<i>gatifloxacin ophth soln 0.5%</i>	168

GATTEX KIT 5MG	126
GAVRETO CAP 100MG.....	67
GE100 CONTRL SOL NORMAL.....	142
<i>gefitinib tab 250 mg</i>	64
GELFILM MIS OP	170
GELNIQUE GEL 10%	183
<i>gemfibrozil tab 600 mg</i>	53
GEMTESA TAB 75MG	183
<i>gentamicin sulfate cream 0.1%</i>	100
<i>gentamicin sulfate oint 0.1%</i>	100
<i>gentamicin sulfate ophth soln 0.3%</i>	169
GENTEEL LANC KIT BLUE	142
GENTEEL MIS LANCETS.....	142
GENTEEL MIS NOZZLES.....	142
GENTEEL PLUS MIS BLACK.....	142
GENTEEL PLUS MIS BLUE.....	142
GENTEEL PLUS MIS PINK	142
GENTEEL PLUS MIS PURPLE.....	142
GENTEEL PLUS MIS WHITE	142
GENTEEL TIPS MIS BLUE	142
GENTEEL TIPS MIS CLEAR	142
GENTEEL TIPS MIS GREEN	142
GENTEEL TIPS MIS ORANGE.....	142
GENTEEL TIPS MIS RAINBOW	142
GENTEEL TIPS MIS VIOLET.....	142
GENTEEL TIPS MIS YELLOW	142
GENTLE-LET MIS 26G.....	142
GENTLE-LET MIS 28G.....	142
GENTLE-LET MIS LANCETS.....	142
GENTLE-LET MIS PLATFORM	142
GENVOYA TAB.....	80
GEODON CAP 20MG.....	74
GEODON CAP 40MG.....	74
GEODON CAP 60MG.....	74
GEODON CAP 80MG.....	74
GEODON INJ 20MG.....	74
GILOTRIF TAB 20MG.....	64
GILOTRIF TAB 30MG.....	64
GILOTRIF TAB 40MG.....	64
GLARGIN YFGN INJ 100U/ML.....	47
GLARGIN YFGN SOL 100U/ML	47
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	176

<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	176	<i>glyburide micronized tab 3 mg</i>	48
GLEOSTINE CAP 100MG.....	62	<i>glyburide micronized tab 6 mg</i>	48
GLEOSTINE CAP 10MG	62	<i>glyburide tab 1.25 mg</i>	48
GLEOSTINE CAP 40MG	62	<i>glyburide tab 2.5 mg</i>	48
<i>glimepiride tab 1 mg</i>	48	<i>glyburide tab 5 mg</i>	48
<i>glimepiride tab 2 mg</i>	48	<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	181
<i>glimepiride tab 4 mg</i>	48	<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	181
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	44	<i>glycopyrrolate oral soln 1 mg/5ml</i>	181
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	44	<i>glycopyrrolate tab 1 mg</i>	181
<i>glipizide-metformin hcl tab 5-500 mg</i>	44	<i>glycopyrrolate tab 2 mg</i>	181
<i>glipizide tab 10 mg</i>	48	GLYNASE TAB 1.5MG	48
<i>glipizide tab 5 mg</i>	48	GLYNASE TAB 3MG.....	48
<i>glipizide tab er 24hr 10 mg</i>	48	GLYNASE TAB 6MG	48
<i>glipizide tab er 24hr 2.5 mg</i>	48	GLYXAMBI TAB 10-5 MG	45
<i>glipizide tab er 24hr 5 mg</i>	48	GLYXAMBI TAB 25-5 MG	45
GLOBAL 28G MIS LANCETS	142	GNP ALCOHOL PAD SWABS	151
GLOBAL 30G MIS LANCETS	142	GNP LANCETS MIS 21G	143
GLOBAL LANC MIS DEVICE.....	142	GNP LANCETS MIS 28G	143
GLOBAL PREP PAD PADS	151	GNP LANCETS MIS 30G	143
<i>glucagon for inj 1 mg</i>	46	GNP LANCETS MIS 33G	143
GLUC CONTROL LIQ NORMAL	142	GNP LANCETS MIS THIN 26G	143
GLUC CONTROL SOL	142	GNP LANCING MIS DEVICE	143
GLUC CONTROL SOL MID	142	GNP PRENATAL TAB 28-0.8MG	165
GLUC CONTROL SOL NORMAL	142	GNP PRENATAL TAB FOLIC AC	165
GLUCOCARD 01 LIQ NORM/HGH.....	142	GOJJI BLOOD TES KETONE	113
GLUCOCARD 01 SOL NORMAL.....	143	GOJJI CNTRL SOL NORMAL	143
GLUCOCARD LIQ LEVEL 1.....	143	GOJJI LANCET MIS 30G	143
GLUCOCARD SOL NORMAL.....	143	GOJJI MIS LANC DEV	143
GLUCOCARD SOL SHINE	143	GOMEKLI CAP 1MG	67
GLUCOCOM MIS 28G	143	GOMEKLI CAP 2MG.....	67
GLUCOCOM MIS 30G	143	GOMEKLI TAB 1MG.....	67
GLUCOCOM MIS 33G	143	GOODSENSE MIS LANC 26G.....	143
GLUCOCOM TES HIGH CON	143	GOODSENSE MIS LANC 30G	143
GLUCOCOM TES NORM CON	143	GOODSENSE MIS LANC 33G.....	143
GLUCOTROL XL TAB 10MG.....	48	GOODSENSE MIS LANC DVC	143
GLUCOTROL XL TAB 2.5MG	48	GORDOFILM SOL	111
GLUCOTROL XL TAB 5MG	48	GRALISE TAB 300MG	177
<i>glutamine (sickle cell) powd pack 5 gm</i> ..	129	GRALISE TAB 450MG	177
GLUTARALDEHY SOL 25%.....	79	GRALISE TAB 600MG	177
<i>glyburide-metformin tab 1.25-250 mg</i>	44	GRALISE TAB 750MG	177
<i>glyburide-metformin tab 2.5-500 mg</i>	44	GRALISE TAB 900MG	177
<i>glyburide-metformin tab 5-500 mg</i>	44	<i>granisetron hcl tab 1 mg</i>	49
<i>glyburide micronized tab 1.5 mg</i>	48		

GRASTEK SUB 2800BAU	6
griseofulvin microsize susp 125 mg/5ml ..	50
griseofulvin microsize tab 500 mg	50
griseofulvin ultramicrosize tab 125 mg	50
griseofulvin ultramicrosize tab 165 mg	50
griseofulvin ultramicrosize tab 250 mg	50
guaifenesin-codeine soln 100-10 mg/5ml	97
guanfacine hcl tab 1 mg.....	57
guanfacine hcl tab 2 mg	57
guanfacine hcl tab er 24hr 1 mg (base equiv).....	3
guanfacine hcl tab er 24hr 2 mg (base equiv).....	3
guanfacine hcl tab er 24hr 3 mg (base equiv).....	3
guanfacine hcl tab er 24hr 4 mg (base equiv).....	3
GUARDIAN RT MIS CHARGER.....	143
GUARDIAN RT MIS TST PLUG	143
GVOKE HYPO 1 INJ 0.5/.1ML	46
GVOKE HYPO 1 INJ 1/0.2ML	46
GVOKE HYPO 2 INJ 0.5/.1ML.....	46
GVOKE HYPO 2 INJ 1/0.2ML.....	46
GVOKE KIT SOL 1/0.2ML	46
GVOKE PFS INJ 0.5/.1ML	46
GVOKE PFS INJ 1/0.2ML.....	46
GYNAZOLE-1 CRE 2%	184
GYNOL II GEL 3%	184
H	
HAEGARDA INJ 2000UNIT	128
HAEGARDA INJ 3000UNIT	128
HAEMOLANCE MIS HIGH FLO	143
HAEMOLANCE MIS LOW FLOW	143
HAEMOLANCE MIS PLUS	143
HAEMOLANCE MIS PLUS LOW.....	143
HAEMOLANCE MIS PLUS MAX.....	143
HAEMOLANCE MIS PLUS PED	143
HAEMOLANCE MIS RETRACT.....	143
halcinonide soln 0.1%	109
HALCION TAB 0.25MG.....	131
HALDOL DECAN INJ 100MG/ML	76
HALDOL DECAN INJ 50MG/ML	75
halobetasol propionate cream 0.05%.....	109
halobetasol propionate oint 0.05%	109

haloperidol decanoate im soln 100 mg/ml	76
haloperidol decanoate im soln 50 mg/ml.	76
haloperidol lactate inj 5 mg/ml	76
haloperidol lactate oral conc 2 mg/ml	76
haloperidol tab 0.5 mg	76
haloperidol tab 10 mg	76
haloperidol tab 1 mg.....	76
haloperidol tab 20 mg	76
haloperidol tab 2 mg	76
haloperidol tab 5 mg	76
HARVONI PAK	82
HARVONI PAK 45-200MG.....	82
HARVONI TAB 45-200MG.....	82
HARVONI TAB 90-400MG.....	82
HC LANCING MIS DEVICE	143
HEMANGEOL SOL 4.28/ML	85
HEMLIBRA INJ 105/0.7	127
HEMLIBRA INJ 150/ML.....	127
HEMLIBRA INJ 300/2ML.....	127
HEMLIBRA INJ 30MG/ML.....	127
HEMLIBRA INJ 60/0.4	127
HEMLIBRA SOL 12/0.4ML	127
hemoglobin a1c (hba1c) test kit	113
heparin sodium (porcine) inj 10000 unit/ml	34
heparin sodium (porcine) inj 1000 unit/ml	34
heparin sodium (porcine) inj 20000 unit/ml	34
heparin sodium (porcine) inj 5000 unit/ml	34
heparin sodium (porcine) pf inj 1000 unit/ml	34
heparin sodium (porcine) pf inj 5000 unit/0.5ml.....	34
HETLIOZ CAP 20MG	132
HETLIOZ LQ SUS 4MG/ML.....	132
HIPREX TAB 1GM	25
HOLD CHAMBER MIS ADLT LG	158
HOLD CHAMBER MIS MEDIUM	158
HOLD CHAMBER MIS SMALL	158
homatropine hbr ophth soln 5%.....	168
HUMATROPE INJ 12MG	117
HUMATROPE INJ 24MG.....	117

HUMATROPE INJ 6MG.....	117	hydrocodone bitartrate tab er 24hr deter	
HUMULIN R INJ U-500.....	47	100 mg	18
HYCAMTIN CAP 0.25MG.....	71	hydrocodone bitartrate tab er 24hr deter	
HYCAMTIN CAP 1MG.....	71	120 mg	18
hydralazine hcl tab 100 mg.....	61	hydrocodone bitartrate tab er 24hr deter 20	
hydralazine hcl tab 10 mg	61	mg	18
hydralazine hcl tab 25 mg.....	61	hydrocodone bitartrate tab er 24hr deter 30	
hydralazine hcl tab 50 mg	61	mg	18
HYDREA CAP 500MG	70	hydrocodone bitartrate tab er 24hr deter 40	
hydrochlorothiazide cap 12.5 mg	115	mg	18
hydrochlorothiazide tab 12.5 mg	116	hydrocodone bitartrate tab er 24hr deter 60	
hydrochlorothiazide tab 25 mg	116	mg	18
hydrochlorothiazide tab 50 mg	116	hydrocodone bitartrate tab er 24hr deter 80	
hydrocodone-acetaminophen soln 10-300		mg	18
mg/15ml	21	hydrocodone-ibuprofen tab 10-200 mg	21
hydrocodone-acetaminophen soln 10-325		hydrocodone-ibuprofen tab 5-200 mg	21
mg/15ml	21	hydrocodone-ibuprofen tab 7.5-200 mg...	21
hydrocodone-acetaminophen soln 7.5-325		hydrocod polst-chlorphen polst er susp 10-	
mg/15ml	21	8 mg/5ml	97
hydrocodone-acetaminophen tab 10-300		hydrocortisone acetate cream 2.5%	109
mg	21	hydrocortisone acetate suppos 25 mg	23
hydrocodone-acetaminophen tab 10-325		hydrocortisone acetate suppos 30 mg	23
mg	21	hydrocortisone acetate w/ pramoxine	
hydrocodone-acetaminophen tab 2.5-325		perianal cream 1-1%.....	23
mg	21	hydrocortisone acetate w/ pramoxine	
hydrocodone-acetaminophen tab 5-300		perianal cream 2.5-1%.....	23
mg	21	hydrocortisone butyrate cream 0.1%	109
hydrocodone-acetaminophen tab 5-325		hydrocortisone butyrate oint 0.1%.....	109
mg	21	hydrocortisone butyrate soln 0.1%	109
hydrocodone-acetaminophen tab 7.5-300		hydrocortisone cream 2.5%	109
mg	21	hydrocortisone enema 100 mg/60ml.....	23
hydrocodone-acetaminophen tab 7.5-325		hydrocortisone lotion 2.5%.....	109
mg	21	hydrocortisone oint 2.5%.....	109
hydrocodone bitart-homatropine		hydrocortisone perianal cream 2.5%	23
methylbromide tab 5-1.5 mg.....	97	hydrocortisone sodium succinate pf for inj	
hydrocodone bitart-homatropine		100 mg	96
methylbrom soln 5-1.5 mg/5ml	97	hydrocortisone soln 2.5%	109
hydrocodone bitartrate cap er 12hr 10 mg	18	hydrocortisone tab 10 mg	96
hydrocodone bitartrate cap er 12hr 15 mg	18	hydrocortisone tab 20 mg	96
hydrocodone bitartrate cap er 12hr 20 mg	18	hydrocortisone tab 5 mg.....	96
hydrocodone bitartrate cap er 12hr 30 mg	18	hydrocortisone valerate cream 0.2%	109
hydrocodone bitartrate cap er 12hr 40 mg	18	hydrocortisone valerate oint 0.2%.....	109
hydrocodone bitartrate cap er 12hr 50 mg	18	hydrocortisone w/ acetic acid otic soln 1-	
		2%.....	171

<i>ibuprofen tab 800 mg</i>	13
<i>icatibant acetate subcutaneous soln pref</i>	
<i>syr 30 mg/3ml</i>	127
IDHIFA TAB 100MG	68
IDHIFA TAB 50MG	68
ILEVRO DRO 0.3% OP	171
<i>imatinib mesylate tab 100 mg (base</i>	
<i>equivalent)</i>	68
<i>imatinib mesylate tab 400 mg (base</i>	
<i>equivalent)</i>	68
<i>imipramine hcl tab 10 mg</i>	43
<i>imipramine hcl tab 25 mg</i>	44
<i>imipramine hcl tab 50 mg</i>	44
<i>imipramine pamoate cap 100 mg</i>	44
<i>imipramine pamoate cap 125 mg</i>	44
<i>imipramine pamoate cap 150 mg</i>	44
<i>imipramine pamoate cap 75 mg</i>	44
<i>imiquimod cream 3.75%</i>	111
<i>imiquimod cream 5%</i>	111
IMITREX INJ 4MG/0.5	159
IMITREX INJ 6MG/0.5	159, 160
IMITREX SPR 20MG/ACT	160
IMITREX SPR 5MG/ACT	160
IMITREX TAB 100MG	160
IMITREX TAB 25MG	160
IMITREX TAB 50MG	160
IMPAVIDO CAP 50MG	24
IMURAN TAB 50MG	163
IMVEXXY MAIN SUP 10MCG	184
IMVEXXY MAIN SUP 4MCG	184
IMVEXXY STRT SUP 10MCG	184
IMVEXXY STRT SUP 4MCG	184
INBRIJA CAP 42MG	72
INCONTROL MIS LANC 28G	143
INCONTROL MIS LANC 30G	143
INCONTROL MIS LANC 33G	143
INCONTROL MIS LANC DEV	143
INCONTROL PAD ALCOHOL	151
INCRELEX INJ 40MG/4ML	118
<i>indapamide tab 1.25 mg</i>	116
<i>indapamide tab 2.5 mg</i>	116
<i>indomethacin cap 25 mg</i>	13
<i>indomethacin cap 50 mg</i>	13
<i>indomethacin cap er 75 mg</i>	13

<i>indomethacin suppos 50 mg</i>	13
<i>indomethacin susp 25 mg/5ml</i>	13
INFINITY SOL NORM CON	143
INFNTY VOICE LIQ LEVEL 2	143
INGREZZA CAP 40-80MG	175
INGREZZA CAP 40MG	175
INGREZZA CAP 60MG	175
INGREZZA CAP 80MG	175
INLYTA TAB 1MG	64
INLYTA TAB 5MG	64
INPEN 100EL MIS BLUE-HUM	154
INPEN 100EL MIS GREY-HUM	154
INPEN 100EL MIS PINK HUM	154
INPEN 100NN MIS BLUE NOV	154
INPEN 100NN MIS GREY NOV	154
INPEN 100NN MIS PINK NOV	154
INPEN BLUE MIS HUMALOG	154
INPEN BLUE MIS NOVO/FIA	154
INPEN GREY MIS HUMALOG	154
INPEN GREY MIS NOVO/FIA	154
INPEN PINK MIS HUMALOG	154
INPEN PINK MIS NOVO/FIA	154
INQOVI TAB 35-100MG	66
INSPIREASE MIS DD SYST	158
INSPIREASE MIS RES BAG	158
INSPIRA TAB 25MG	61
INSPIRA TAB 50MG	61
INS SYR U500 MIS 0.5/31G	154
INS SYR U500 MIS 31GX6MM	154
IN TOUCH LAN MIS 30G	143
IN TOUCH LAN MIS DEVICE	143
IN TOUCH SOL GLUCOSE	143
INVEGA SUST INJ 117/0.75	74
INVEGA SUST INJ 156MG/ML	75
INVEGA SUST INJ 234/1.5	75
INVEGA SUST INJ 39/0.25	74
INVEGA SUST INJ 78/0.5ML	74
INVEGA TAB 3MG	75
INVEGA TAB 6MG	75
INVEGA TAB 9MG	75
<i>iodoquinol-hc cream 1-1%</i>	101
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	
<i>cream 1-1.9%</i>	101
IOPIDINE SOL 1% OP	168

<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	32	<i>isotretinoin cap 40 mg</i>	99
<i>ipratropium bromide inhal soln 0.02%</i>	29	<i>isradipine cap 2.5 mg</i>	86
<i>ipratropium bromide nasal soln 0.03% (21</i> <i>mcg/spray)</i>	166	<i>isradipine cap 5 mg</i>	86
<i>ipratropium bromide nasal soln 0.06% (42</i> <i>mcg/spray)</i>	166	ISTALOL SOL 0.5% OP	167
IQIRVO TAB 80MG	125	ITOVEBI TAB 3MG.....	68
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i> <i>mg</i>	59	ITOVEBI TAB 9MG	68
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	59	<i>itraconazole cap 100 mg</i>	51
<i>irbesartan tab 150 mg</i>	57	<i>itraconazole oral soln 10 mg/ml</i>	51
<i>irbesartan tab 300 mg</i>	57	<i>ivabradine hcl tab 5 mg (base equiv)</i>	92
<i>irbesartan tab 75 mg</i>	57	<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	92
ISENTRESS CHW 100MG.....	80	<i>ivermectin cream 1%</i>	112
ISENTRESS CHW 25MG.....	80	<i>ivermectin tab 3 mg</i>	24
ISENTRESS HD TAB 600MG	80	<i>ivermectin tab 6 mg</i>	24
ISENTRESS POW 100MG.....	81	IWILFIN TAB 192MG	70
ISENTRESS TAB 400MG.....	81	J	
<i>isoniazid syrup 50 mg/5ml</i>	62	JAKAFI TAB 10MG	68
<i>isoniazid tab 100 mg</i>	62	JAKAFI TAB 15MG	68
<i>isoniazid tab 300 mg</i>	62	JAKAFI TAB 20MG.....	68
ISORDIL TAB 40MG.....	26	JAKAFI TAB 25MG.....	68
ISORDIL TAB 5MG	26	JAKAFI TAB 5MG.....	68
<i>isosorbide dinitrate-hydralazine hcl tab 20-</i> <i>37.5 mg</i>	89	JARDIANCE TAB 10MG.....	48
<i>isosorbide dinitrate tab 10 mg</i>	26	JARDIANCE TAB 25MG	48
<i>isosorbide dinitrate tab 20 mg</i>	26	J-TIP KIT KIT ADAPTERS	154
<i>isosorbide dinitrate tab 30 mg</i>	26	JUBLIA SOL 10%	101
<i>isosorbide dinitrate tab 5 mg</i>	26	JULUCA TAB 50-25MG	81
<i>isosorbide mononitrate tab 10 mg</i>	26	JYLAMVO SOL 2MG/ML.....	63
<i>isosorbide mononitrate tab 20 mg</i>	26	K	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	26	KALETRA SOL	81
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	26	KALYDECO GRA 13.4MG	178
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	26	KALYDECO GRA 5.8MG	178
ISOSORB MONO TAB 10MG.....	26	KALYDECO PAK 25MG.....	178
ISOSORB MONO TAB 20MG	26	KALYDECO PAK 50MG.....	178
<i>isotretinoin cap 10 mg</i>	99	KALYDECO PAK 75MG.....	178
<i>isotretinoin cap 20 mg</i>	99	KALYDECO TAB 150MG	178
<i>isotretinoin cap 30 mg</i>	99	KAMELEON LUB MIS COLORS.....	134
		KAMELEON MIS TRI-COLR.....	134
		KAPVAY TAB 0.1 MG.....	3
		KARBINAL ER SUS 4MG/5ML.....	51
		KENALOG AER SPRAY	109
		KERALYT GEL 6%	111
		KERENDIA TAB 10MG.....	119
		KERENDIA TAB 20MG	119
		KERENDIA TAB 40MG	119
		KERYDIN SOL 5%	101

KESIMPTA INJ 20/.4ML	176
<i>ketoconazole cream 2%</i>	<i>101</i>
<i>ketoconazole shampoo 2%</i>	<i>101</i>
<i>ketoconazole tab 200 mg</i>	<i>51</i>
KETONE TES	113
KETONE TEST TES	113
<i>ketorolac tromethamine ophth soln 0.4%</i>	<i>171</i>
<i>ketorolac tromethamine ophth soln 0.5%</i>	<i>171</i>
<i>ketorolac tromethamine tab 10 mg</i>	<i>13</i>
KEVEYIS TAB 50MG	114
KEVZARA INJ 150/1.14.....	11
KEVZARA INJ 200/1.14	12
KIMONO COLOR MIS.....	134
KIMONO MAXX MIS LG FLARE	134
KIMONO MICRO MIS THIN	134
KIMONO MICRO MIS THIN +	134
KIMONO MICRO MIS THIN PLS	134
KIMONO MIS LUBRICAT	134
KIMONO MIS SENSATIO	134
KIMONO PLUS MIS LUBRICAT	134
KIMONO PLUS MIS SPERMICI.....	134
KIMONO PS MIS LUBRICAT	134
KIMONO PS MIS PLUS.....	134
KIMONO SENSAS MIS PLUS	134
KIMONO SPEC MIS	134
KINNEY MIS LANCETS	143
KINNEY THIN MIS LANCETS	143
KISQALI 200 PAK FEMARA	66
KISQALI 400 PAK FEMARA.....	66
KISQALI 600 PAK FEMARA.....	66
KISQALI TAB 200DOSE.....	68
KISQALI TAB 400DOSE	68
KISQALI TAB 600DOSE	68
KLARON LOT 10%	99
KLONOPIN TAB 0.5MG.....	35
KLONOPIN TAB 1MG	35
KLONOPIN TAB 2MG	35
KLOXXADO SPR 8MG	49
KOSELUGO CAP 10MG	68
KOSELUGO CAP 25MG.....	68
K-PHOS TAB NO 2.....	126
KP PRENATAL TAB MULTIVIT	165

KRAZATI TAB 200MG	68
KROGER LANCE MIS	144
KROGER LANCE MIS 26G	144
KROGER LANCE MIS THIN	144
KROGER LANCE MIS THIN 30G.....	144
K-TAB TAB 10MEQ CR.....	161
K-TAB TAB 20MEQ	161
L	
<i>labetalol hcl tab 100 mg</i>	<i>84</i>
<i>labetalol hcl tab 200 mg.....</i>	<i>84</i>
<i>labetalol hcl tab 300 mg</i>	<i>84</i>
<i>labetalol hcl tab 400 mg</i>	<i>84</i>
<i>lacosamide oral solution 10 mg/ml.....</i>	<i>36</i>
<i>lacosamide tab 100 mg</i>	<i>36</i>
<i>lacosamide tab 150 mg</i>	<i>36</i>
<i>lacosamide tab 200 mg.....</i>	<i>36</i>
<i>lacosamide tab 50 mg.....</i>	<i>36</i>
LACTIC ACID CRE E.....	110
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	<i>125</i>
<i>lactulose oral crystal packet 10 gm</i>	<i>132</i>
<i>lactulose oral crystal packet 20 gm</i>	<i>132</i>
<i>lactulose solution 10 gm/15ml.....</i>	<i>132</i>
LAGEVRIO CAP 200MG.....	84
<i>lamivudine oral soln 10 mg/ml</i>	<i>81</i>
<i>lamivudine tab 100 mg (hbv)</i>	<i>82</i>
<i>lamivudine tab 150 mg</i>	<i>81</i>
<i>lamivudine tab 300 mg</i>	<i>81</i>
<i>lamivudine-zidovudine tab 150-300 mg</i>	<i>81</i>
<i>lamotrigine orally disintegrating tab 100 mg</i>	<i>36</i>
<i>lamotrigine orally disintegrating tab 200 mg</i>	<i>36</i>
<i>lamotrigine orally disintegrating tab 25 mg</i>	<i>36</i>
<i>lamotrigine orally disintegrating tab 50 mg</i>	<i>36</i>
<i>lamotrigine tab 100 mg.....</i>	<i>36</i>
<i>lamotrigine tab 150 mg.....</i>	<i>36</i>
<i>lamotrigine tab 200 mg</i>	<i>37</i>
<i>lamotrigine tab 25 mg</i>	<i>36</i>
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	<i>36</i>
<i>lamotrigine tab 35 x 25 mg starter kit</i>	<i>36</i>

<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	36	LANCET SUPER MIS THIN 30G	144
<i>lamotrigine tab chewable dispersible 25 mg</i>	37	LANCET ULTRA MIS THIN 30G	144
<i>lamotrigine tab chewable dispersible 5 mg</i>	37	LANCET WITH MIS EJECTOR.....	144
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	37	LANCING DEVI MIS	144
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	37	LANCING DEVI MIS 25G.....	144
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	37	LANCING DEVI MIS 30G.....	144
<i>lamotrigine tab er 24hr 100 mg</i>	37	LANCING MIS DEVICE	144
<i>lamotrigine tab er 24hr 200 mg</i>	37	LANOXIN TAB 0.0625MG.....	88
<i>lamotrigine tab er 24hr 250 mg</i>	37	<i>lansoprazole cap delayed release 15 mg</i>	182
<i>lamotrigine tab er 24hr 25 mg</i>	37	<i>lansoprazole cap delayed release 30 mg</i>	182
<i>lamotrigine tab er 24hr 300 mg</i>	37	LANTUS INJ 100/ML	47
<i>lamotrigine tab er 24hr 50 mg</i>	37	LANTUS SOLOS INJ 100/ML.....	47
LAMPIT TAB 120MG	25	LANZO MIS LANCING.....	144
LAMPIT TAB 30MG.....	25	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	68
LANCET AUTO MIS INJECTOR	144	LASIX TAB 20MG	115
LANCET CARRY MIS CASE.....	144	LASIX TAB 40MG	115
LANCET DEVIC MIS 30G.....	144	LASIX TAB 80MG	115
LANCET DEVIC MIS ADJUST.....	144	<i>latanoprost ophth soln 0.005%</i>	171
LANCET MICRO MIS THIN 33G.....	144	<i>leflunomide tab 10 mg</i>	14
LANCETS MICR MIS THIN 33G	144	<i>leflunomide tab 20 mg</i>	14
LANCETS MIS	144	<i>lenalidomide cap 10 mg</i>	162
LANCETS MIS 21G.....	144	<i>lenalidomide cap 15 mg</i>	162
LANCETS MIS 21G COLR.....	144	<i>lenalidomide cap 20 mg</i>	162
LANCETS MIS 26G	144	<i>lenalidomide cap 25 mg</i>	162
LANCETS MIS 28G	144	<i>lenalidomide cap 5 mg</i>	162
LANCETS MIS 28G THIN	144	<i>lenalidomide caps 2.5 mg</i>	162
LANCETS MIS 30G.....	144	LENVIMA CAP 10 MG	64
LANCETS MIS 33G	144	LENVIMA CAP 12MG	64
LANCETS MIS ORIGINAL	144	LENVIMA CAP 14 MG	64
LANCETS MIS THIN	144	LENVIMA CAP 18 MG	64
LANCETS MIS THIN 26G.....	144	LENVIMA CAP 20 MG	64
LANCETS MIS THIN 30G.....	144	LENVIMA CAP 24 MG	64
LANCETS SUPR MIS THIN 28G	144	LENVIMA CAP 4MG.....	64
LANCET STAND MIS 21G	144	LENVIMA CAP 8 MG.....	64
LANCETS THIN MIS	144	<i>letrozole tab 2.5 mg</i>	65
LANCETS THIN MIS 26G.....	144	<i>leucovorin calcium tab 10 mg</i>	70
LANCETS ULTR MIS THIN.....	144	<i>leucovorin calcium tab 15 mg</i>	70
LANCETS ULTR MIS THIN 31G	144	<i>leucovorin calcium tab 25 mg</i>	70
		<i>leucovorin calcium tab 5 mg</i>	70
		LEUKERAN TAB 2MG	62
		<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	65

levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	32	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	94
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	32	levonorgestrel tab 1.5 mg.....	95
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	32	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	93
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	32	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	94
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....	32	levothyroxine sodium tab 100 mcg.....	180
levamlodipine maleate tab 2.5 mg	86	levothyroxine sodium tab 112 mcg.....	180
levamlodipine maleate tab 5 mg.....	86	levothyroxine sodium tab 125 mcg	180
LEVBID TAB 0.375 ER.....	181	levothyroxine sodium tab 137 mcg	180
levetiracetam oral soln 100 mg/ml	37	levothyroxine sodium tab 150 mcg.....	180
levetiracetam tab 1000 mg	37	levothyroxine sodium tab 175 mcg	180
levetiracetam tab 250 mg	37	levothyroxine sodium tab 200 mcg	180
levetiracetam tab 500 mg.....	37	levothyroxine sodium tab 25 mcg.....	180
levetiracetam tab 750 mg	37	levothyroxine sodium tab 300 mcg	180
levetiracetam tab er 24hr 500 mg	37	levothyroxine sodium tab 50 mcg.....	180
levetiracetam tab er 24hr 750 mg	37	levothyroxine sodium tab 75 mcg.....	180
levobunolol hcl ophth soln 0.5%	167	levothyroxine sodium tab 88 mcg.....	180
levocarnitine oral soln 1 gm/10ml (10%) ..	118	LEVSIN/SL SUB 0.125MG.....	181
levocarnitine tab 330 mg	118	LEVSIN TAB 0.125MG	181
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....	51	LEVULAN KERA SOL 20%.....	102
levocetirizine dihydrochloride tab 5 mg	51	lidocaine hcl laryngotracheal soln 4%....	164
levofloxacin ophth soln 0.5%.....	169	lidocaine hcl soln 4%	112
levofloxacin ophth soln 1.5%	169	lidocaine hcl urethral/mucosal gel 2%.....	112
levofloxacin oral soln 25 mg/ml.....	122	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	112
levofloxacin tab 250 mg.....	122	lidocaine hcl viscous soln 2%	164
levofloxacin tab 500 mg	122	lidocaine oint 5%	112
levofloxacin tab 750 mg.....	122	lidocaine patch 5%	112
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	93	lidocaine-prilocaine cream 2.5-2.5%	112
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	94	LIDODERM DIS 5% PATCH.....	112
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	94	linezolid for susp 100 mg/5ml	25
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	94	linezolid tab 600 mg	25
levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg.....	94	LINZESS CAP 145MCG	125
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	94	LINZESS CAP 290MCG.....	125
		LINZESS CAP 72MCG	125
		liothyronine sodium tab 25 mcg.....	180
		liothyronine sodium tab 50 mcg.....	180
		liothyronine sodium tab 5 mcg.....	180
		LIPOFEN CAP 150MG	53
		LIPOFEN CAP 50MG	53
		liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	46

<i>lisdexamfetamine dimesylate cap 10 mg</i>2	LIVMARLI SOL 9.5MG/ML123
<i>lisdexamfetamine dimesylate cap 20 mg</i> ...2	LIVTENCITY TAB 200MG.....82
<i>lisdexamfetamine dimesylate cap 30 mg</i> ...2	LOCOID LIPO CRE 0.1%109
<i>lisdexamfetamine dimesylate cap 40 mg</i> ...2	LOCOID LOT 0.1%109
<i>lisdexamfetamine dimesylate cap 50 mg</i> ...2	LODOSYN TAB 25MG71
<i>lisdexamfetamine dimesylate cap 60 mg</i> ...2	<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>173
<i>lisdexamfetamine dimesylate cap 70 mg</i> ...2	LO LOESTRIN TAB 1-10-10.....94
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>2	LOMOTIL TAB 2.5MG.....48
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>2	LONGS LANCET MIS STANDARD.....144
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>2	LONGS LANCET MIS THIN.....144
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>2	LONGS LANCET MIS ULTRA TH144
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>2	LONSURF TAB 15-6.14.....66
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>2	LONSURF TAB 20-8.19.....66
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>59	LOPID TAB 600MG53
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>59	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>81
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>59	<i>lopinavir-ritonavir tab 100-25 mg</i>81
<i>lisinopril tab 10 mg</i>55	<i>lopinavir-ritonavir tab 200-50 mg</i>81
<i>lisinopril tab 2.5 mg</i>55	LOPRESSOR SOL 10MG/ML.....84
<i>lisinopril tab 20 mg</i>55	LOPRESSOR TAB 100MG84
<i>lisinopril tab 30 mg</i>55	LOPRESSOR TAB 50MG84
<i>lisinopril tab 40 mg</i>55	<i>lorazepam conc 2 mg/ml</i>28
<i>lisinopril tab 5 mg</i>55	<i>lorazepam tab 0.5 mg</i>28
LITETOUCH MIS LANCETS144	<i>lorazepam tab 1 mg</i>28
LITE TOUCH MIS LANCETS144	<i>lorazepam tab 2 mg</i>28
LITE TOUCH MIS LANC PEN.....144	LORBRENA TAB 100MG.....68
LITFULO CAP 50MG111	LORBRENA TAB 25MG68
<i>lithium carbonate cap 150 mg</i>74	LOREEV XR CAP 1.5MG.....28
<i>lithium carbonate cap 300 mg</i>74	LOREEV XR CAP 1MG28
<i>lithium carbonate cap 600 mg</i>74	LOREEV XR CAP 2MG28
<i>lithium carbonate tab 300 mg</i>74	LOREEV XR CAP 3MG28
<i>lithium carbonate tab er 300 mg</i>74	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>59
<i>lithium carbonate tab er 450 mg</i>74	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>59
<i>lithium oral solution 8 meq/5ml</i>74	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>59
LITHOBID TAB 300MG CR.....74	<i>losartan potassium tab 100 mg</i>57
LIVMARLI SOL 19MG/ML123	<i>losartan potassium tab 25 mg</i>57
	<i>losartan potassium tab 50 mg</i>57
	LOTENSIN HCT TAB 10-12.5.....59
	LOTENSIN HCT TAB 20-12.5.....60
	LOTENSIN HCT TAB 20-25MG60

LOTENSIN TAB 10MG.....	55	LURBIPR TAB 100MG.....	13
LOTENSIN TAB 20MG.....	55	LUZU CRE 1%.....	101
LOTENSIN TAB 40MG.....	56	LYBALVI TAB 10-10MG.....	175
<i>loteprednol etabonate ophth gel 0.5% ..</i>	170	LYBALVI TAB 15-10MG.....	175
<i>loteprednol etabonate ophth susp 0.2%.</i>	170	LYBALVI TAB 20-10MG.....	175
<i>loteprednol etabonate ophth susp 0.5%.</i>	170	LYBALVI TAB 5-10MG.....	175
LOTREL CAP 10-20MG.....	60	LYNPARZA TAB 100MG.....	68
LOTREL CAP 10-40MG.....	60	LYNPARZA TAB 150MG.....	68
LOTREL CAP 5-10MG.....	60	LYSODREN TAB 500MG.....	65
LOTREL CAP 5-20MG.....	60	LYVISPAH GRA 10MG.....	166
LOTRONEX TAB 0.5MG.....	125	LYVISPAH GRA 20MG.....	166
LOTRONEX TAB 1MG.....	125	LYVISPAH GRA 5MG.....	166
<i>lovastatin tab 10 mg.....</i>	54	M	
<i>lovastatin tab 20 mg.....</i>	54	MACROBID CAP 100MG.....	25
<i>lovastatin tab 40 mg.....</i>	54	<i>mafenide acetate packet for topical soln</i>	
LOVENOX INJ 100MG/ML.....	34	<i>5% (50 gm).....</i>	107
LOVENOX INJ 120/0.8.....	34	MAGELLAN SYR MIS 23GX1.....	155
LOVENOX INJ 150MG/ML.....	34	MALARONE TAB 250-100.....	61
LOVENOX INJ 30/0.3ML.....	34	MALARONE TAB 62.5-25.....	61
LOVENOX INJ 300/3ML.....	34	<i>malathion lotion 0.5%.....</i>	113
LOVENOX INJ 40/0.4ML.....	34	<i>maraviroc tab 150 mg.....</i>	81
LOVENOX INJ 60/0.6ML.....	34	<i>maraviroc tab 300 mg.....</i>	81
LOVENOX INJ 80/0.8ML.....	34	MAR-COF CG LIQ 225-7.5.....	97
<i>loxapine succinate cap 10 mg.....</i>	76	MARINOL CAP 10MG.....	50
<i>loxapine succinate cap 25 mg.....</i>	76	MARINOL CAP 2.5MG.....	50
<i>loxapine succinate cap 50 mg.....</i>	76	MARINOL CAP 5MG.....	50
<i>loxapine succinate cap 5 mg.....</i>	76	MARPLAN TAB 10MG.....	40
<i>lubiprostone cap 24 mcg.....</i>	123	MASONATAL TAB.....	165
<i>lubiprostone cap 8 mcg.....</i>	123	MATULANE CAP 50MG.....	70
LUER-LOCK MIS SYRG 3ML.....	155	MAVENCLAD PAK 10MG(10).....	176
LUGOLS SOL IODINE.....	79	MAVENCLAD PAK 10MG(4).....	176
LUMAKRAS TAB 120MG.....	68	MAVENCLAD PAK 10MG(5).....	176
LUMAKRAS TAB 240MG.....	68	MAVENCLAD PAK 10MG(6).....	176
LUMAKRAS TAB 320MG.....	68	MAVENCLAD PAK 10MG(7).....	176
LUMRYZ PAK 6GM.....	173	MAVENCLAD PAK 10MG(8).....	176
LUMRYZ PAK 7.5GM.....	173	MAVENCLAD PAK 10MG(9).....	176
LUMRYZ PAK 9GM.....	173	MAXITROL OIN 0.1% OP.....	170
LUMRYZ PAK STARTER.....	173	MAXITROL SUS 0.1% OP.....	170
LUMRYZ PKG 4.5GM.....	173	MAXX MIS LUBRICAT.....	134
<i>lurasidone hcl tab 120 mg.....</i>	74	MAXX PLUS MIS SPERMICI.....	135
<i>lurasidone hcl tab 20 mg.....</i>	74	MAXZIDE-25 TAB.....	114
<i>lurasidone hcl tab 40 mg.....</i>	74	MAXZIDE TAB 75-50.....	114
<i>lurasidone hcl tab 60 mg.....</i>	74	MAYZENT PAK STARTER.....	176
<i>lurasidone hcl tab 80 mg.....</i>	74	MAYZENT TAB 0.25MG.....	176

MAYZENT TAB 1MG	176	MEKTOVI TAB 15MG	68
MAYZENT TAB 2MG.....	176	<i>meloxicam susp 7.5 mg/5ml.....</i>	13
<i>meclizine hcl tab 50 mg</i>	49	<i>meloxicam tab 15 mg</i>	13
<i>meclofenamate sodium cap 100 mg.....</i>	13	<i>meloxicam tab 7.5 mg.....</i>	13
<i>meclofenamate sodium cap 50 mg</i>	13	<i>melphalan tab 2 mg</i>	63
MEDICHOICE MIS LANCET.....	144	<i>memantine hcl cap er 24hr 14 mg.....</i>	174
MEDISENSE LIQ GLUC-KET.....	144	<i>memantine hcl cap er 24hr 21 mg</i>	174
MEDLANCE MIS 30G PLUS.....	145	<i>memantine hcl cap er 24hr 28 mg</i>	174
MEDLANCE MIS EXTR 21G.....	145	<i>memantine hcl cap er 24hr 7 mg.....</i>	174
MEDLANCE MIS LITE 25G.....	145	<i>memantine hcl-donepezil hcl cap er 24hr</i>	
MEDLANCE MIS PLUS.....	145	<i>14-10 mg.....</i>	174
MEDLANCE MIS PLUS 30G.....	145	<i>memantine hcl-donepezil hcl cap er 24hr</i>	
MEDLANCE MIS UNV 21G	145	<i>21-10 mg</i>	174
MEDLANCE PLS MIS 0.8MM	145	<i>memantine hcl-donepezil hcl cap er 24hr</i>	
MEDLANCE PLS MIS EXTR 21G.....	145	<i>28-10 mg</i>	174
MEDLANCE PLS MIS LITE 25G.....	145	<i>memantine hcl oral solution 2 mg/ml</i>	174
MEDLANCE PLS MIS UNIV 21G	145	<i>memantine hcl tab 10 mg</i>	174
MEDROL TAB 16MG	96	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
MEDROL TAB 2MG	96	<i>titration pack.....</i>	174
MEDROL TAB 4MG	96	<i>memantine hcl tab 5 mg</i>	174
MEDROL TAB 8MG	96	MENOPUR INJ 75UNIT	117
<i>medroxyprogesterone acetate im susp 150</i>		<i>meperidine hcl oral soln 50 mg/5ml</i>	19
<i>mg/ml</i>	95	<i>meperidine hcl tab 50 mg.....</i>	19
<i>medroxyprogesterone acetate im susp</i>		<i>meprobamate tab 200 mg</i>	27
<i>prefilled syr 150 mg/ml.....</i>	95	<i>meprobamate tab 400 mg</i>	27
<i>medroxyprogesterone acetate tab 10 mg</i>		MEPRON SUS	25
<i>.....</i>	173	<i>mercaptopurine susp 2000 mg/100ml (20</i>	
<i>medroxyprogesterone acetate tab 2.5 mg</i>		<i>mg/ml)</i>	63
<i>.....</i>	172	<i>mercaptopurine tab 50 mg.....</i>	63
<i>medroxyprogesterone acetate tab 5 mg</i>	173	<i>mesalamine cap dr 400 mg</i>	124
<i>mefenamic acid cap 250 mg.....</i>	13	<i>mesalamine cap er 24hr 0.375 gm.....</i>	124
<i>mefloquine hcl tab 250 mg.....</i>	61	<i>mesalamine cap er 500 mg</i>	124
<i>megestrol acetate susp 40 mg/ml</i>	65	<i>mesalamine enema 4 gm</i>	124
<i>megestrol acetate susp 625 mg/5ml.....</i>	173	<i>mesalamine rectal enema 4 gm & cleanser</i>	
<i>megestrol acetate tab 20 mg</i>	65	<i>wipe kit</i>	124
<i>megestrol acetate tab 40 mg</i>	65	<i>mesalamine suppos 1000 mg</i>	124
MEIJER LANCE MIS COLOR	145	<i>mesalamine tab delayed release 1.2 gm .</i>	124
MEIJER LANCE MIS UNIV 21G.....	145	<i>mesalamine tab delayed release 800 mg</i>	
MEIJER LANCE MIS UNIV 30G	145	<i>.....</i>	124
MEIJER LANCE MIS UNIVERSA.....	145	<i>mesna tab 400 mg.....</i>	70
MEIJER MIS LANCETS.....	145	MESNEX TAB 400MG	71
MEKINIST SOL 0.05/ML	68	MESTINON SOL 60MG/5ML	62
MEKINIST TAB 0.5MG.....	68	MESTINON TAB 60MG.....	62
MEKINIST TAB 2MG	68	MESTINON TAB TIMESPAN	62

<i>metaxalone tab 800 mg</i>	166	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	63
<i>metformin hcl oral soln 500 mg/5ml</i>	45	<i>methoxsalen rapid cap 10 mg</i>	104
<i>metformin hcl tab 1000 mg</i>	45	<i>methscopolamine bromide tab 2.5 mg</i>	181
<i>metformin hcl tab 500 mg</i>	45	<i>methscopolamine bromide tab 5 mg</i>	181
<i>metformin hcl tab 850 mg</i>	45	<i>methsuximide cap 300 mg</i>	39
<i>metformin hcl tab er 24hr 500 mg</i>	45	<i>methyldopa tab 250 mg</i>	57
<i>metformin hcl tab er 24hr 750 mg</i>	45	<i>methyldopa tab 500 mg</i>	57
<i>methadone hcl conc 10 mg/ml</i>	19	<i>methylergonovine maleate tab 0.2 mg</i>	171
<i>methadone hcl soln 10 mg/5ml</i>	19	METHYLIN SOL 10MG/5ML	4
<i>methadone hcl soln 5 mg/5ml</i>	19	METHYLIN SOL 5MG/5ML	4
<i>methadone hcl tab 10 mg</i>	19	<i>methylphenidate hcl cap er 10 mg (cd)</i>	4
<i>methadone hcl tab 5 mg</i>	19	<i>methylphenidate hcl cap er 20 mg (cd)</i>	4
<i>methadone hcl tab for oral susp 40 mg</i>	19	<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	4
METHADOSE CON 10MG/ML	19	<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	4
METHADOSE SF CON 10MG/ML	19	<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	4
<i>methamphetamine hcl tab 5 mg</i>	2	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	5
<i>methazolamide tab 25 mg</i>	114	<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	5
<i>methazolamide tab 50 mg</i>	114	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	5
<i>methenamine hippurate tab 1 gm</i>	25	<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	5
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i>	24	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	5
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	24	<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	5
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	24	<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	5
<i>methenamine mandelate tab 0.5 gm</i>	25	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	5
<i>methenamine mandelate tab 1 gm</i>	25	<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	5
<i>methimazole tab 10 mg</i>	180	<i>methylphenidate hcl cap er 30 mg (cd)</i>	5
<i>methimazole tab 5 mg</i>	180	<i>methylphenidate hcl cap er 40 mg (cd)</i>	5
<i>methocarbamol tab 1000 mg</i>	166	<i>methylphenidate hcl cap er 50 mg (cd)</i>	5
<i>methocarbamol tab 500 mg</i>	166	<i>methylphenidate hcl cap er 60 mg (cd)</i>	5
<i>methocarbamol tab 750 mg</i>	166	<i>methylphenidate hcl chew tab 10 mg</i>	5
<i>methotrexate sodium for inj 1 gm</i>	63	<i>methylphenidate hcl chew tab 2.5 mg</i>	5
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	63	<i>methylphenidate hcl chew tab 5 mg</i>	5
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	63		
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	63		
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	63		
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	63		

<i>methylphenidate hcl soln 10 mg/5ml</i>	5	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	60
<i>methylphenidate hcl soln 5 mg/5ml</i>	5	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	60
<i>methylphenidate hcl tab 10 mg</i>	5	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	60
<i>methylphenidate hcl tab 20 mg</i>	5	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	85
<i>methylphenidate hcl tab 5 mg</i>	5	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	85
<i>methylphenidate hcl tab er 10 mg</i>	5	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	84
<i>methylphenidate hcl tab er 20 mg</i>	5	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	84
<i>methylphenidate hcl tab er 24hr 18 mg</i>	5	<i>metoprolol tartrate tab 100 mg</i>	85
<i>methylphenidate hcl tab er 24hr 27 mg</i>	5	<i>metoprolol tartrate tab 25 mg</i>	85
<i>methylphenidate hcl tab er 24hr 36 mg</i>	5	<i>metoprolol tartrate tab 37.5 mg</i>	85
<i>methylphenidate hcl tab er 24hr 54 mg</i>	5	<i>metoprolol tartrate tab 50 mg</i>	85
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	5	<i>metoprolol tartrate tab 75 mg</i>	85
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	5	<i>METROCREAM CRE 0.75%</i>	112
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	5	<i>METROGEL GEL 1%</i>	112
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	5	<i>METROLOTION LOT 0.75%</i>	112
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	5	<i>metronidazole cap 375 mg</i>	24
<i>methylphenidate td patch 10 mg/9hr</i>	5	<i>metronidazole cream 0.75%</i>	112
<i>methylphenidate td patch 15 mg/9hr</i>	5	<i>metronidazole gel 0.75%</i>	112
<i>methylphenidate td patch 20 mg/9hr</i>	5	<i>metronidazole gel 1%</i>	112
<i>methylphenidate td patch 30 mg/9hr</i>	5	<i>metronidazole lotion 0.75%</i>	112
<i>methylprednisolone tab 16 mg</i>	96	<i>metronidazole tab 250 mg</i>	24
<i>methylprednisolone tab 32 mg</i>	96	<i>metronidazole tab 500 mg</i>	24
<i>methylprednisolone tab 4 mg</i>	96	<i>metronidazole vaginal gel 0.75%</i>	184
<i>methylprednisolone tab 8 mg</i>	96	<i>metyrosine cap 250 mg</i>	56
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	96	<i>mexiletine hcl cap 150 mg</i>	28
<i>methyltestosterone cap 10 mg</i>	23	<i>mexiletine hcl cap 200 mg</i>	28
<i>methyltestosterone oral tab 10 mg</i>	23	<i>mexiletine hcl cap 250 mg</i>	28
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	123	<i>miconazole nitrate vaginal suppos 200 mg</i>	184
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	123	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	101
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	123	<i>MICROCHAMBER MIS</i>	158
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	123	<i>MICRODOT CON SOL HIGH/LOW</i>	145
<i>metolazone tab 10 mg</i>	116	<i>MICROLET MIS LANCETS</i>	145
<i>metolazone tab 2.5 mg</i>	116	<i>MICROLET MIS NEXT</i>	145
<i>metolazone tab 5 mg</i>	116	<i>MICROSPACER MIS</i>	158
		<i>MICRO THIN MIS LANC 33G</i>	145

<i>midodrine hcl tab 10 mg</i>	185	MITOSOL KIT 0.2MG.....	169
<i>midodrine hcl tab 2.5 mg</i>	185	MM LANCING MIS DEVICE	145
<i>midodrine hcl tab 5 mg</i>	185	MM TWIST MIS LANCETS.....	145
MIFEPREX TAB 200MG	120	MOBILE LANCE MIS 30G	145
<i>mifepristone tab 200 mg</i>	120	<i>modafinil tab 100 mg</i>	5
<i>mifepristone tab 300 mg</i>	46	<i>modafinil tab 200 mg</i>	5
<i>miglitol tab 100 mg</i>	44	<i>moexipril hcl tab 15 mg</i>	56
<i>miglitol tab 25 mg</i>	44	<i>moexipril hcl tab 7.5 mg</i>	56
<i>miglitol tab 50 mg</i>	44	<i>molindone hcl tab 10 mg</i>	77
<i>miglustat cap 100 mg</i>	129	<i>molindone hcl tab 25 mg</i>	77
MIGRANAL SPR 4MG/ML	159	<i>molindone hcl tab 5 mg</i>	77
MINI LANCING MIS DEVICE.....	145	<i>mometasone furoate cream 0.1%</i>	109
MINIPRESS CAP 1MG	57	<i>mometasone furoate oint 0.1%</i>	109
MINIPRESS CAP 2MG.....	57	<i>mometasone furoate solution 0.1% (lotion)</i>	109
MINIPRESS CAP 5MG	57	MONOLET MIS LANCETS	145
<i>minocycline hcl cap 100 mg</i>	179	MONOLET OPD MIS LANCETS	145
<i>minocycline hcl cap 50 mg</i>	179	MONOLETTOR MIS LANCETS.....	145
<i>minocycline hcl cap 75 mg</i>	179	<i>montelukast sodium chew tab 4 mg (base</i> <i>equiv)</i>	30
<i>minocycline hcl tab 100 mg</i>	179	<i>montelukast sodium chew tab 5 mg (base</i> <i>equiv)</i>	30
<i>minocycline hcl tab 50 mg</i>	179	<i>montelukast sodium oral granules packet 4</i> <i>mg (base equiv)</i>	30
<i>minocycline hcl tab 75 mg</i>	179	<i>montelukast sodium tab 10 mg (base equiv)</i>	30
<i>minoxidil tab 10 mg</i>	61	<i>morphine sulfate beads cap er 24hr 120 mg</i>	19
<i>minoxidil tab 2.5 mg</i>	61	<i>morphine sulfate beads cap er 24hr 30 mg</i>	19
<i>mirabegron tab er 24 hr 25 mg</i>	183	<i>morphine sulfate beads cap er 24hr 45 mg</i>	19
<i>mirabegron tab er 24 hr 50 mg</i>	184	<i>morphine sulfate beads cap er 24hr 60 mg</i>	19
MIRAPEX ER TAB 0.375MG.....	72	<i>morphine sulfate beads cap er 24hr 75 mg</i>	19
MIRAPEX ER TAB 0.75MG	72	<i>morphine sulfate beads cap er 24hr 90 mg</i>	19
MIRAPEX ER TAB 1.5MG	72	<i>morphine sulfate cap er 24hr 100 mg</i>	19
MIRAPEX ER TAB 2.25MG	72	<i>morphine sulfate cap er 24hr 10 mg</i>	19
MIRAPEX ER TAB 3.75MG	72	<i>morphine sulfate cap er 24hr 20 mg</i>	19
MIRAPEX ER TAB 3MG.....	72	<i>morphine sulfate cap er 24hr 30 mg</i>	19
MIRAPEX ER TAB 4.5MG	72	<i>morphine sulfate cap er 24hr 50 mg</i>	19
<i>mirtazapine orally disintegrating tab 15 mg</i>	40	<i>morphine sulfate cap er 24hr 60 mg</i>	19
<i>mirtazapine orally disintegrating tab 30 mg</i>	40		
<i>mirtazapine orally disintegrating tab 45 mg</i>	40		
<i>mirtazapine tab 15 mg</i>	40		
<i>mirtazapine tab 30 mg</i>	40		
<i>mirtazapine tab 45 mg</i>	40		
<i>mirtazapine tab 7.5 mg</i>	40		
<i>misoprostol tab 100 mcg</i>	183		
<i>misoprostol tab 200 mcg</i>	183		

<i>morphine sulfate cap er 24hr 80 mg</i>	19
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	19
<i>morphine sulfate oral soln 10 mg/5ml</i>	19
<i>morphine sulfate oral soln 20 mg/5ml</i>	19
<i>morphine sulfate suppos 10 mg</i>	19
<i>morphine sulfate suppos 20 mg</i>	19
<i>morphine sulfate suppos 30 mg</i>	19
<i>morphine sulfate suppos 5 mg</i>	19
<i>morphine sulfate tab 15 mg</i>	20
<i>morphine sulfate tab 30 mg</i>	20
<i>morphine sulfate tab er 100 mg</i>	20
<i>morphine sulfate tab er 15 mg</i>	20
<i>morphine sulfate tab er 200 mg</i>	20
<i>morphine sulfate tab er 30 mg</i>	20
<i>morphine sulfate tab er 60 mg</i>	20
MOUNJARO INJ 10MG/0.5	46
MOUNJARO INJ 12.5/0.5	46
MOUNJARO INJ 15MG/0.5	46
MOUNJARO INJ 2.5/0.5	46
MOUNJARO INJ 5MG/0.5.....	46
MOUNJARO INJ 7.5/0.5	46
MOVANTIK TAB 12.5MG.....	125
MOVANTIK TAB 25MG	125
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	169
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	169
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	122
MPD SFTY LAN MIS 21G.....	145
MPD SFTY LAN MIS 23G	145
MPD SFTY LAN MIS 28G	145
MPD SFTY LAN MIS 30G.....	145
MS CONTIN TAB 100MG ER.....	20
MS CONTIN TAB 15MG ER	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	145
MULTI-LANCET MIS DEVICE	145
MULTISTIX 10 TES SG.....	113
<i>mupirocin oint 2%</i>	100

MUSE SUP 1000MCG	90
MUSE SUP 250MCG	90
MUSE SUP 500MCG.....	90
MYALEPT INJ 11.3MG	118
MYAMBUTOL TAB 400MG.....	62
MYCOBUTIN CAP 150MG.....	62
<i>mycophenolate mofetil cap 250 mg</i>	163
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	163
<i>mycophenolate mofetil tab 500 mg</i>	163
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	163
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	163
MYFEMBREE TAB.....	121
MYFORTIC TAB 180MG	163
MYFORTIC TAB 360MG	163
MYGLUCOHEALT MIS LANC 30G	145
MYGLUCOHEALT SOL LO/NL/HI	145
MYLERAN TAB 2MG.....	63
MYSOLINE TAB 250MG	37
MYSOLINE TAB 50MG	37
N	
<i>nabumetone tab 500 mg</i>	13
<i>nabumetone tab 750 mg</i>	13
<i>nadolol tab 20 mg</i>	85
<i>nadolol tab 40 mg</i>	85
<i>nadolol tab 80 mg</i>	85
NA FL/K NITR GEL 1.1-5%	164
<i>naftifine hcl cream 1%</i>	101
<i>naftifine hcl cream 2%</i>	101
<i>naftifine hcl gel 2%</i>	101
NAFTIN GEL 1%	101
NAFTIN GEL 2%	101
NALFON CAP 400MG	13
NALFON TAB 600MG	13
<i>naloxone hcl inj 0.4 mg/ml</i>	49
<i>naloxone hcl inj 4 mg/10ml</i>	49
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	49
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	49
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	49
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	49

<i>naltrexone hcl tab 50 mg</i>	49	NEEDLES MIS 25GX1.....	155
NAMENDA TAB 10MG	174	<i>nefazodone hcl tab 100 mg</i>	42
NAMENDA TAB 5-10MG.....	174	<i>nefazodone hcl tab 150 mg</i>	42
NAMENDA TAB 5MG	174	<i>nefazodone hcl tab 200 mg</i>	42
NAMENDA XR CAP 14MG	174	<i>nefazodone hcl tab 250 mg</i>	42
NAMENDA XR CAP 21MG	174	<i>nefazodone hcl tab 50 mg</i>	42
NAMENDA XR CAP 28MG.....	174	NEMLUVIO INJ 30MG	111
NAMZARIC CAP	174	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>	
NAMZARIC CAP 14-10MG	174	400unt-10000unt op oin.....	169
NAMZARIC CAP 21-10MG	174	<i>neomycin-polymy-gramicid op sol 1.75-</i>	
NAMZARIC CAP 28-10MG	174	10000-0.025mg-unt-mg/ml	169
NAMZARIC CAP 7-10MG.....	174	<i>neomycin-polymyxin-dexamethasone</i>	
NAPROSYN SUS 125/5ML	13	ophth oint 0.1%	170
NAPROSYN TAB 500MG	13	<i>neomycin-polymyxin-dexamethasone</i>	
<i>naproxen sodium tab 275 mg</i>	13	ophth susp 0.1%	170
<i>naproxen sodium tab 550 mg</i>	13	<i>neomycin-polymyxin-hc ophth susp</i>	170
<i>naproxen tab 250 mg</i>	13	<i>neomycin-polymyxin-hc otic soln 1%</i>	171
<i>naproxen tab 375 mg</i>	13	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>naproxen tab 500 mg</i>	13	mg/ml-10000 unit/ml-1%	171
<i>naproxen tab ec 375 mg</i>	13	<i>neomycin sulfate tab 500 mg</i>	6
<i>naproxen tab ec 500 mg</i>	13	NEORAL CAP 100MG.....	163
<i>naratriptan hcl tab 1 mg (base equiv)</i>	160	NEORAL CAP 25MG.....	163
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ..	160	NEORAL SOL 100MG/ML.....	163
NARCAN SPR 4MG.....	49	NERLYNX TAB 40MG	68
NARDIL TAB 15MG	40	NEUPRO DIS 1MG/24HR	72
NASCOBAL SPR 500MCG	129	NEUPRO DIS 2MG/24HR	72
NATACYN SUS 5% OP.....	169	NEUPRO DIS 3MG/24HR	72
NATAZIA TAB	94	NEUPRO DIS 4MG/24HR	72
<i>nateglinide tab 120 mg</i>	47	NEUPRO DIS 6MG/24HR	72
<i>nateglinide tab 60 mg</i>	47	NEUPRO DIS 8MG/24HR	72
NATESTO GEL 5.5MG.....	23	NEURONTIN CAP 100MG	37
NATROBA SUS 0.9%	113	NEURONTIN CAP 300MG.....	37
NATURAL COND MIS + LUBE	135	NEURONTIN CAP 400MG.....	37
NAYZILAM SPR 5MG.....	35	NEURONTIN SOL 250/5ML	37
<i>nebivolol hcl tab 10 mg (base equivalent)</i> 85		NEURONTIN TAB 600MG	37
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	85	NEURONTIN TAB 800MG	37
.....	85	NEUTEK 2TEK SOL CONTROL.....	145
<i>nebivolol hcl tab 20 mg (base equivalent)</i> 85		<i>nevirapine susp 50 mg/5ml</i>	81
<i>nebivolol hcl tab 5 mg (base equivalent)</i> ..85		<i>nevirapine tab 200 mg</i>	81
NEBUSAL NEB 6%	98	<i>nevirapine tab er 24hr 400 mg</i>	81
NEEDLES MIS 18GX1	155	NEXLETOL TAB 180MG.....	52
NEEDLES MIS 18GX1.5	155	NEXLIZET TAB 180/10MG	52
NEEDLES MIS 22GX1.5	155	<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	
NEEDLES MIS 23GX1.5	155		55

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	55	<i>nitisinone cap 2 mg</i>	118
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	55	<i>nitisinone cap 5 mg</i>	118
<i>nicardipine hcl cap 20 mg</i>	86	NITRO-BID OIN 2%	26
<i>nicardipine hcl cap 30 mg</i>	86	NITRO-DUR DIS 0.1MG/HR	26
<i>nicotine polacrilex gum 2 mg</i>	177	NITRO-DUR DIS 0.2MG/HR	26
<i>nicotine polacrilex gum 4 mg</i>	177	NITRO-DUR DIS 0.3MG/HR	26
<i>nicotine polacrilex lozenge 2 mg</i>	177, 178	NITRO-DUR DIS 0.4MG/HR	26
<i>nicotine polacrilex lozenge 4 mg</i>	178	NITRO-DUR DIS 0.6MG/HR	26
<i>nicotine td patch 24hr 14 mg/24hr</i>	178	NITRO-DUR DIS 0.8MG/HR	26
<i>nicotine td patch 24hr 21 mg/24hr</i>	178	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	26
<i>nicotine td patch 24hr 7 mg/24hr</i>	178	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	25
NICOTROL NS SPR 10MG/ML	178	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	26
<i>nifedipine cap 10 mg</i>	87	<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	26
<i>nifedipine cap 20 mg</i>	87	<i>nitrofurantoin susp 25 mg/5ml</i>	26
<i>nifedipine tab er 24hr 30 mg</i>	87	<i>nitroglycerin cap er 2.5 mg</i>	26
<i>nifedipine tab er 24hr 60 mg</i>	87	<i>nitroglycerin cap er 6.5 mg</i>	26
<i>nifedipine tab er 24hr 90 mg</i>	87	<i>nitroglycerin cap er 9 mg</i>	26
<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i>	87	<i>nitroglycerin oint 0.4%</i>	23
<i>nifedipine tab er 24hr osmotic release 60</i> <i>mg</i>	87	<i>nitroglycerin sl tab 0.3 mg</i>	26
<i>nifedipine tab er 24hr osmotic release 90</i> <i>mg</i>	87	<i>nitroglycerin sl tab 0.4 mg</i>	26
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	69	<i>nitroglycerin sl tab 0.6 mg</i>	26
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	69	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	26
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	68	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	26
<i>nilutamide tab 150 mg</i>	65	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	26
<i>nimodipine cap 30 mg</i>	87	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	26
<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	87	<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	26
NINLARO CAP 2.3MG	69	NITROLINGUAL SPR 400MCG	26
NINLARO CAP 3MG	69	NITROSTAT SUB 0.3MG	27
NINLARO CAP 4MG	69	NITROSTAT SUB 0.4MG	27
<i>nisoldipine tab er 24hr 17 mg</i>	87	NITROSTAT SUB 0.6MG	27
<i>nisoldipine tab er 24hr 20 mg</i>	87	NIVESTYM INJ 300/0.5	130
<i>nisoldipine tab er 24hr 25.5 mg</i>	87	NIVESTYM INJ 300MCG	130
<i>nisoldipine tab er 24hr 30 mg</i>	87	NIVESTYM INJ 480/0.8	130
<i>nisoldipine tab er 24hr 34 mg</i>	87	NIVESTYM INJ 480MCG	130
<i>nisoldipine tab er 24hr 40 mg</i>	87	<i>nizatidine cap 150 mg</i>	182
<i>nisoldipine tab er 24hr 8.5 mg</i>	87	<i>nizatidine cap 300 mg</i>	182
<i>nitazoxanide tab 500 mg</i>	25	NOC DURNA SUB 27.7MCG	119
<i>nitisinone cap 10 mg</i>	118	NOC DURNA SUB 55.3MCG	119
<i>nitisinone cap 20 mg</i>	118	NORDITROPIN INJ 10/1.5ML	117

NORDITROPIN INJ 15/1.5ML	117
NORDITROPIN INJ 30/3ML.....	117
NORDITROPIN INJ 5/1.5ML.....	117
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	95
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	94
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	94
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	94
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	94
norethindrone & ethinyl estradiol tab 1 mg- 35 mcg	94
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	94
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	94
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	94
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	94
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	94
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	94
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	94
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	121
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	121
norethindrone acetate tab 5 mg	173
norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg	94
norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg.....	94
norethindrone-eth estradiol tab 0.5-35/1- 35/0.5-35 mg-mcg	95
norethindrone tab 0.35 mg.....	95
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	95

norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg	95
norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg	95
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	95
NORM-JECT MIS LUER LOK.....	155
NORPACE CAP 100MG CR	28
NORPACE CAP 150MG CR	28
NORPRAMIN TAB 10MG.....	44
NORPRAMIN TAB 25MG	44
nortriptyline hcl cap 10 mg	44
nortriptyline hcl cap 25 mg.....	44
nortriptyline hcl cap 50 mg.....	44
nortriptyline hcl cap 75 mg.....	44
nortriptyline hcl soln 10 mg/5ml	44
NOVA MAX GLU LIQ /KET CON	145
NOVA MAX PLS TES KETONE	113
NOVA SAFETY MIS LANC 23G	145
NOVA SAFETY MIS LANC 28G	145
NOVA SUREFLX MIS LANC DEV	145
NOVA SURE MIS LANCETS.....	145
NOVOLIN INJ 70/30	47
NOVOLIN INJ 70/30 FP	47
NOVOLIN N INJ 100 UNIT	47
NOVOLIN N INJ U-100	47
NOVOLIN R INJ 100 UNIT	47
NOVOLIN R INJ U-100.....	47
NOVOLOG INJ 100/ML	47
NOVOLOG INJ FLEXPEN	47
NOVOLOG INJ PENFILL.....	47
NOVOLOG MIX INJ 70/30	47
NOVOLOG MIX INJ FLEXPEN	47
NOVOPEN ECHO MIS	155
NOZIN NASAL KIT SANITIZE	166
NOZIN NASAL MIS SANITIZE	166
NP THYROID TAB 120MG	180
NP THYROID TAB 15MG.....	180
NP THYROID TAB 30MG	180
NP THYROID TAB 60MG.....	180
NP THYROID TAB 90MG.....	180
NUBEQA TAB 300MG	65
NUCALA INJ 100MG/ML	29
NUCALA INJ 40MG/0.4.....	29

NUCORT LOT 2%	109
NUPLAZID CAP 34MG.....	74
NUPLAZID TAB 10MG.....	74
NURTEC TAB 75MG ODT	159
NUZYRA TAB 150MG	179
NYMALIZE SOL.....	87
<i>nystatin cream 100000 unit/gm</i>	<i>101</i>
<i>nystatin oint 100000 unit/gm</i>	<i>101</i>
<i>nystatin susp 100000 unit/ml</i>	<i>164</i>
<i>nystatin tab 500000 unit</i>	<i>50</i>
<i>nystatin topical powder 100000 unit/gm</i>	<i>101</i>
<i>nystatin-triamcinolone cream 100000-0.1</i>	
<i>unit/gm-%</i>	<i>101</i>
<i>nystatin-triamcinolone oint 100000-0.1</i>	
<i>unit/gm-%</i>	<i>101</i>
NYVEPRIA INJ 6/0.6ML	130
o	
<i>octreotide acetate inj 1000 mcg/ml (1</i>	
<i>mg/ml)</i>	<i>120</i>
<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
<i>mg/ml)</i>	<i>120</i>
<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
<i>mg/ml)</i>	<i>120</i>
<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
<i>mg/ml)</i>	<i>120</i>
<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
<i>mg/ml)</i>	<i>120</i>
<i>octreotide acetate subcutaneous soln pref</i>	
<i>syr 100 mcg/ml</i>	<i>120</i>
<i>octreotide acetate subcutaneous soln pref</i>	
<i>syr 500 mcg/ml</i>	<i>120</i>
<i>octreotide acetate subcutaneous soln pref</i>	
<i>syr 50 mcg/ml.....</i>	<i>120</i>
OCUFLOX DRO 0.3% OP	169
ODACTRA SUB	6
ODEFSEY TAB	81
ODOMZO CAP 200MG.....	64
OFEV CAP 100MG	179
OFEV CAP 150MG.....	179
ofloxacin ophth soln 0.3%.....	169
ofloxacin otic soln 0.3%	171
ofloxacin tab 300 mg	122
ofloxacin tab 400 mg	122
OJJAARA TAB 100MG	69

OJJAARA TAB 150MG	69
OJJAARA TAB 200MG.....	69
<i>olanzapine-fluoxetine hcl cap 12-25 mg ..</i>	<i>175</i>
<i>olanzapine-fluoxetine hcl cap 12-50 mg ..</i>	<i>175</i>
<i>olanzapine-fluoxetine hcl cap 3-25 mg ...</i>	<i>175</i>
<i>olanzapine-fluoxetine hcl cap 6-25 mg ...</i>	<i>175</i>
<i>olanzapine-fluoxetine hcl cap 6-50 mg ...</i>	<i>175</i>
<i>olanzapine for im inj 10 mg.....</i>	<i>76</i>
<i>olanzapine orally disintegrating tab 10 mg</i>	
<i>.....</i>	<i>76</i>
<i>olanzapine orally disintegrating tab 15 mg</i>	
<i>.....</i>	<i>76</i>
<i>olanzapine orally disintegrating tab 20 mg</i>	
<i>.....</i>	<i>76</i>
<i>olanzapine orally disintegrating tab 5 mg ..</i>	<i>76</i>
<i>olanzapine tab 10 mg</i>	<i>76</i>
<i>olanzapine tab 15 mg</i>	<i>76</i>
<i>olanzapine tab 2.5 mg</i>	<i>76</i>
<i>olanzapine tab 20 mg</i>	<i>77</i>
<i>olanzapine tab 5 mg.....</i>	<i>76</i>
<i>olanzapine tab 7.5 mg</i>	<i>76</i>
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 20-5-12.5 mg ..</i>	<i>60</i>
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	<i>60</i>
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-10-25 mg ..</i>	<i>60</i>
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-5-12.5 mg ..</i>	<i>60</i>
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>	<i>60</i>
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 20-12.5 mg.....</i>	<i>60</i>
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-12.5 mg</i>	<i>60</i>
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-25 mg</i>	<i>60</i>
<i>olmesartan medoxomil tab 20 mg</i>	<i>57</i>
<i>olmesartan medoxomil tab 40 mg</i>	<i>57</i>
<i>olmesartan medoxomil tab 5 mg</i>	<i>57</i>
<i>olopatadine hcl nasal soln 0.6%.....</i>	<i>166</i>
OLUMIANT TAB 1MG	8
OLUMIANT TAB 2MG	8
OLUMIANT TAB 4MG	8

OMECLAMOX- MIS PAK	183	ORACIT SOL	126
<i>omega-3-acid ethyl esters cap 1 gm</i>	52	ORALAIR SUB 300 IR.....	6
<i>omeprazole cap delayed release 10 mg</i> ..	182	ORAPRED ODT TAB 10MG	96
<i>omeprazole cap delayed release 20 mg</i> ..	182	ORAPRED ODT TAB 15MG.....	96
<i>omeprazole cap delayed release 40 mg</i> ..	182	ORAPRED ODT TAB 30MG.....	96
OMNIFLEX DPR	135	ORAVIG TAB 50MG.....	164
OMNIPOD 5 DX KIT INT G7G6.....	145	ORENCIA CLCK INJ 125MG/ML	14
OMNIPOD 5 DX MIS POD G7G6.....	145	ORENCIA INJ 125MG/ML	15
OMNIPOD 5 G7 KIT INTRO	145	ORENCIA INJ 50/0.4ML	15
OMNIPOD 5 G7 MIS PODS.....	145	ORENCIA INJ 87.5/0.7	15
OMNIPOD 5 L2 KIT INTRO G6	146	ORENITRAM TAB 0.125MG	91
OMNIPOD 5 L2 MIS PODS G6	146	ORENITRAM TAB 0.25MG.....	91
OMNIPOD DASH KIT INTRO	146	ORENITRAM TAB 1MG	91
OMNIPOD DASH KIT PDM	146	ORENITRAM TAB 2.5MG	91
OMNIPOD DASH MIS PODS	146	ORENITRAM TAB 5MG	91
OMNIPOD MIS CLASSIC	146	ORENITRAM TAB MONTH 1.....	91
<i>ondansetron hcl oral soln 4 mg/5ml</i>	49	ORENITRAM TAB MONTH 2	91
<i>ondansetron hcl tab 24 mg</i>	49	ORENITRAM TAB MONTH 3	91
<i>ondansetron hcl tab 4 mg</i>	49	ORFADIN CAP 10MG	118
<i>ondansetron hcl tab 8 mg</i>	49	ORFADIN CAP 20MG.....	118
<i>ondansetron orally disintegrating tab 4 mg</i>	49	ORFADIN CAP 2MG	118
<i>ondansetron orally disintegrating tab 8 mg</i>	49	ORFADIN CAP 5MG	118
ONETOUCH LIQ ULT CONT	146	ORFADIN SUS 4MG/ML	118
ONETOUCH LIQ ULTRA.....	146	ORGOVYX TAB 120MG.....	65
ONETOUCH LIQ VERIO.....	146	ORIAHNN CAP	121
ONETOUCH LIQ VERIO 4	146	ORILISSA TAB 150MG.....	117
ONEXTON GEL 1.2-3.75	99	ORILISSA TAB 200MG.....	117
ON-THE-GO MIS LANC 30G.....	146	ORKAMBI GRA 100-125	178
ONUREG TAB 200MG	63	ORKAMBI GRA 150-188	178
ONUREG TAB 300MG	63	ORKAMBI GRA 75-94MG	178
OPILL TAB 0.075MG	95	ORKAMBI TAB 100-125.....	178
<i>opium tincture 1% (10 mg/ml) (morphine</i> <i>equiv)</i>	48	ORKAMBI TAB 200-125	178
OPSUMIT TAB 10MG	91	ORLADEYO CAP 110MG.....	128
OPSYNVI TAB 10-20MG.....	89	ORLADEYO CAP 150MG.....	128
OPSYNVI TAB 10-40MG	89	<i>orlistat cap 120 mg</i>	3
OPTICHAMBER MIS DIA LG.....	158	ORLYNVAH TAB 500-500	25
OPTICHAMBER MIS DIA MD	158	<i>orphenadrine citrate tab er 12hr 100 mg</i> ..	166
OPTICHAMBER MIS DIAMOND	158	<i>oseltamivir phosphate cap 30 mg (base</i> <i>equiv)</i>	83
OPTICHAMBER MIS DIA SM.....	158	<i>oseltamivir phosphate cap 45 mg (base</i> <i>equiv)</i>	83
OPZELURA CRE 1.5%.....	110	<i>oseltamivir phosphate cap 75 mg (base</i> <i>equiv)</i>	83
ORACEA CAP 40MG.....	112		

<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	83
OTEZLA TAB 10/20.....	14
OTEZLA TAB 10/20/30	14
OTEZLA TAB 20MG	14
OTEZLA TAB 30MG	14
OTREXUP INJ 10MG.....	10
OTREXUP INJ 12.5/0.4.....	10
OTREXUP INJ 15MG	10
OTREXUP INJ 17.5/0.4.....	10
OTREXUP INJ 20MG	11
OTREXUP INJ 22.5/0.4	11
OTREXUP INJ 25MG	11
OVACE PLUS CRE 10%	107
OVACE PLUS GEL 10% WASH.....	107
OVACE PLUS LIQ 10% WASH.....	107
OVACE PLUS LOT 9.8%	107
OVACE PLUS SHA 10%.....	107
OVACE WASH LIQ 10%	107
OVIDE LOT 0.5%	113
oxaprozin cap 300 mg	13
oxaprozin tab 600 mg	13
oxazepam cap 10 mg	28
oxazepam cap 15 mg	28
oxazepam cap 30 mg	28
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	37
oxcarbazepine tab 150 mg	37
oxcarbazepine tab 300 mg	37
oxcarbazepine tab 600 mg	37
oxcarbazepine tab er 24hr 150 mg	37
oxcarbazepine tab er 24hr 300 mg	37
oxcarbazepine tab er 24hr 600 mg	37
OXERVATE SOL 20MCG/ML	169
oxiconazole nitrate cream 1%	101
OXISTAT CRE 1%.....	101
OXISTAT LOT 1%.....	101
OXTELLAR XR TAB 150MG.....	37
OXTELLAR XR TAB 300MG	37
OXTELLAR XR TAB 600MG	37
oxybutynin chloride solution 5 mg/5ml...	183
oxybutynin chloride tab 5 mg	183
oxybutynin chloride tab er 24hr 10 mg	183
oxybutynin chloride tab er 24hr 15 mg	183

oxybutynin chloride tab er 24hr 5 mg	183
oxycodone hcl cap 5 mg	20
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	20
oxycodone hcl soln 5 mg/5ml.....	20
oxycodone hcl tab 10 mg	20
oxycodone hcl tab 15 mg	20
oxycodone hcl tab 20 mg	20
oxycodone hcl tab 30 mg	20
oxycodone hcl tab 5 mg.....	20
oxycodone hcl tab er 12hr deter 10 mg	20
oxycodone hcl tab er 12hr deter 20 mg	20
oxycodone hcl tab er 12hr deter 40 mg	20
oxycodone hcl tab er 12hr deter 80 mg	20
oxycodone w/ acetaminophen tab 10-325 mg	21
oxycodone w/ acetaminophen tab 2.5-325 mg	21
oxycodone w/ acetaminophen tab 5-325 mg	21
oxycodone w/ acetaminophen tab 7.5-325 mg	21
oxymorphone hcl tab 10 mg	20
oxymorphone hcl tab 5 mg.....	20
OZEMPIC INJ 2MG/3ML.....	46
OZEMPIC INJ 4MG/3ML.....	46
OZEMPIC INJ 8MG/3ML.....	46
P	
paliperidone tab er 24hr 1.5 mg.....	75
paliperidone tab er 24hr 3 mg	75
paliperidone tab er 24hr 6 mg	75
paliperidone tab er 24hr 9 mg	75
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	49
PAMELOR CAP 10MG	44
PAMELOR CAP 25MG	44
PAMELOR CAP 50MG.....	44
PAMELOR CAP 75MG	44
PANCREAZE CAP 10500UNT	114
PANCREAZE CAP 16800UNT	114
PANCREAZE CAP 21000UNT	114
PANCREAZE CAP 2600UNIT.....	114
PANCREAZE CAP 37000	114
PANCREAZE CAP 4200UNIT.....	114

PANDEL CRE 0.1%	109
PANRETIN GEL 0.1%.....	102
PANTOPRAZOLE INJ SOD 40MG	182
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	182
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	182
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	182
<i>paricalcitol cap 1 mcg</i>	118
<i>paricalcitol cap 2 mcg</i>	118
<i>paricalcitol cap 4 mcg</i>	119
PARLODEL CAP 5MG	72
PARLODEL TAB 2.5MG	72
PARNATE TAB 10MG.....	40
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	41
<i>paroxetine hcl tab 10 mg</i>	41
<i>paroxetine hcl tab 20 mg</i>	41
<i>paroxetine hcl tab 30 mg</i>	41
<i>paroxetine hcl tab 40 mg</i>	41
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	41
<i>paroxetine hcl tab er 24hr 25 mg</i>	41
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	41
PAXLOVID PAK	82
PAXLOVID TAB 150-100.....	82
PAXLOVID TAB 300-100.....	82
<i>pazopanib hcl tab 200 mg (base equiv)</i>	69
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	181
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	181
PEDIAPRED SOL 5MG/5ML	96
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	132
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	132
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	132
PEG-PREP KIT	132
<i>penciclovir cream 1%</i>	107
<i>penicillamine cap 250 mg</i>	162
<i>penicillamine tab 250 mg</i>	162

<i>penicillin v potassium for soln 125 mg/5ml</i>	172
<i>penicillin v potassium for soln 250 mg/5ml</i>	172
<i>penicillin v potassium tab 250 mg</i>	172
<i>penicillin v potassium tab 500 mg</i>	172
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	22
<i>pentoxifylline tab er 400 mg</i>	128
PEPCID TAB 40MG	182
<i>perampanel tab 10 mg</i>	35
<i>perampanel tab 12 mg</i>	35
<i>perampanel tab 2 mg</i>	34
<i>perampanel tab 4 mg</i>	34
<i>perampanel tab 6 mg</i>	35
<i>perampanel tab 8 mg</i>	35
PERFECT 28G MIS LANCETS	146
PERFECT 30G MIS LANCETS	146
PERFECT POIN MIS 25GX1.....	155
PERFOROMIST NEB 20MCG	32
PERIDEX SOL 0.12%.....	164
<i>perindopril erbumine tab 2 mg</i>	56
<i>perindopril erbumine tab 4 mg</i>	56
<i>perindopril erbumine tab 8 mg</i>	56
<i>permethrin cream 5%</i>	113
<i>perphenazine-amitriptyline tab 2-10 mg</i> .	175
<i>perphenazine-amitriptyline tab 2-25 mg</i> .	175
<i>perphenazine-amitriptyline tab 4-10 mg</i> .	175
<i>perphenazine-amitriptyline tab 4-25 mg</i> .	175
<i>perphenazine-amitriptyline tab 4-50 mg</i> .	175
<i>perphenazine tab 16 mg</i>	78
<i>perphenazine tab 2 mg</i>	78
<i>perphenazine tab 4 mg</i>	78
<i>perphenazine tab 8 mg</i>	78
PERSERIS INJ 120MG	75
PERSERIS INJ 90MG	75
PERTZYE CAP 16000U	114
PERTZYE CAP 24000U.....	114
PERTZYE CAP 4000UNIT	114
PERTZYE CAP 8000UNIT.....	114
PHARMACY COU MIS LANCETS	146
PHARM SYRNG MIS TRAY 1ML.....	155
PHARM TRAY MIS 12ML/LL.....	155
PHARM TRAY MIS 1ML/REG	155

PHARM TRAY MIS 20ML/LL.....	155
PHARM TRAY MIS 35ML/LL.....	155
PHARM TRAY MIS 3ML/LL	155
PHARM TRAY MIS 60ML/LL	155
PHARM TRAY MIS 6ML	155
PHEBURANE MIS 483/GM.....	119
<i>phenazopyridine hcl tab 100 mg</i>	127
<i>phenazopyridine hcl tab 200 mg</i>	127
<i>phenelzine sulfate tab 15 mg</i>	41
<i>phenobarbital elixir 20 mg/5ml</i>	131
<i>phenobarbital tab 100 mg</i>	131
<i>phenobarbital tab 15 mg</i>	131
<i>phenobarbital tab 16.2 mg</i>	131
<i>phenobarbital tab 30 mg</i>	131
<i>phenobarbital tab 32.4 mg</i>	131
<i>phenobarbital tab 60 mg</i>	131
<i>phenobarbital tab 64.8 mg</i>	131
<i>phenobarbital tab 97.2 mg</i>	131
<i>phenoxybenzamine hcl cap 10 mg</i>	56
<i>phenylephrine hcl ophth soln 10%</i>	168
<i>phenylephrine hcl ophth soln 2.5%</i>	168
<i>phenytoin chew tab 50 mg</i>	39
<i>phenytoin sodium extended cap 100 mg</i> .	39
<i>phenytoin sodium extended cap 200 mg</i> .	39
<i>phenytoin sodium extended cap 300 mg</i> .	39
<i>phenytoin susp 125 mg/5ml</i>	39
PHEXXI GEL.....	184
PHOSPHOLINE SOL 0.125%OP.....	168
<i>phytonadione tab 5 mg</i>	185
<i>pilocarpine hcl ophth soln 1%</i>	168
<i>pilocarpine hcl ophth soln 2%</i>	168
<i>pilocarpine hcl ophth soln 4%</i>	168
<i>pilocarpine hcl tab 5 mg</i>	165
<i>pilocarpine hcl tab 7.5 mg</i>	165
<i>pimecrolimus cream 1%</i>	111
<i>pimozide tab 1 mg</i>	177
<i>pimozide tab 2 mg</i>	177
<i>pindolol tab 10 mg</i>	85
<i>pindolol tab 5 mg</i>	85
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> 45	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> 45	
<i>pioglitazone hcl-metformin hcl tab 15-500</i> <i>mg</i>	45

<i>pioglitazone hcl-metformin hcl tab 15-850</i> <i>mg</i>	45
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	47
<i>pioglitazone hcl tab 30 mg (base equiv)</i> ...	47
<i>pioglitazone hcl tab 45 mg (base equiv)</i> ...	47
PIP CONTROL LIQ	146
PIP LANCETS MIS 28G	146
PIP LANCETS MIS 30G	146
PIQRAY 200MG TAB DOSE	69
PIQRAY 250MG TAB DOSE	69
PIQRAY 300MG TAB DOSE	69
<i>pirfenidone cap 267 mg</i>	179
<i>pirfenidone tab 267 mg</i>	179
<i>pirfenidone tab 801 mg</i>	179
<i>piroxicam cap 10 mg</i>	13
<i>piroxicam cap 20 mg</i>	13
<i>pitavastatin calcium tab 1 mg</i>	54
<i>pitavastatin calcium tab 2 mg</i>	54
<i>pitavastatin calcium tab 4 mg</i>	54
PLAQUENIL TAB 200MG.....	61
PLEGRIDY INJ	176
PLEGRIDY INJ PEN.....	176
PLEGRIDY INJ STARTER	176
PLEGRIDY PEN INJ STARTER.....	176
PLEXION CLTH PAD 9.8-4.8%.....	99
PLEXION CRE 9.8-4.8%.....	99
PLEXION LIQ 9.8-4.8%	99
PLEXION LOT 9.8-4.8%	99
POCKET CHAMB MIS	158
POCKETCHEM SOL EZ	146
POCKET SPACE MIS	158
PODOCON-25 SOL	111
<i>podofilox gel 0.5%</i>	111
<i>podofilox soln 0.5%</i>	111
POLY HUB MIS 18GX1	155
POLY HUB MIS 18GX1.5	155
POLY HUB MIS 20GX1	155
POLY HUB MIS 21GX1	155
POLY HUB MIS 21GX1.5	155
POLY HUB MIS 22GX1.....	155
POLY HUB MIS 22GX1.5	155
POLY HUB MIS 23GX1.....	155
POLY HUB MIS 23GX1.5	155
POLY HUB MIS 25GX1.....	155

POLY HUB MIS 25GX1.5	155	<i>potassium citrate tab er 5 meq (540 mg)</i>	126
POLY HUB MIS 25GX5/8.....	155	POVIDONE IOD SOL 5%.....	169
POLY HUB MIS 27GX1/2.....	155	<i>pramipexole dihydrochloride tab 0.125 mg</i>	
POLY HUB MIS 27GX1.25	155		72
POLY HUB MIS 30GX1/2	155	<i>pramipexole dihydrochloride tab 0.25 mg</i>	72
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 0.5 mg..</i>	72
10000 unit/ml-0.1%.....	169	<i>pramipexole dihydrochloride tab 0.75 mg</i>	72
POMALYST CAP 1MG.....	65	<i>pramipexole dihydrochloride tab 1.5 mg ..</i>	72
POMALYST CAP 2MG	65	<i>pramipexole dihydrochloride tab 1 mg.....</i>	72
POMALYST CAP 3MG	65	<i>pramipexole dihydrochloride tab er 24hr</i>	
POMALYST CAP 4MG.....	65	0.375 mg.....	72
PONVORY TAB 20MG.....	177	<i>pramipexole dihydrochloride tab er 24hr</i>	
PONVORY TAB STARTER.....	177	0.75 mg.....	72
<i>posaconazole susp 40 mg/ml.....</i>	51	<i>pramipexole dihydrochloride tab er 24hr 1.5</i>	
<i>pot & sod citrates w/ cit ac soln 550-500-</i>		<i>mg.....</i>	73
<i>334 mg/5ml.....</i>	126	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 10 meq</i>	161	2.25 mg.....	73
<i>potassium chloride cap er 8 meq.....</i>	161	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated crys</i>		3.75 mg.....	73
<i>er tab 10 meq.....</i>	161	<i>pramipexole dihydrochloride tab er 24hr 3</i>	
<i>potassium chloride microencapsulated crys</i>		<i>mg.....</i>	73
<i>er tab 15 meq.....</i>	161	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated crys</i>		4.5 mg.....	73
<i>er tab 20 meq</i>	161	PRAMOSONE CRE 1-1%	109
<i>potassium chloride oral soln 10% (20</i>		PRAMOSONE CRE 1-2.5%	109
<i>meq/15ml)</i>	161	PRAMOSONE LOT 1%.....	109
<i>potassium chloride oral soln 20% (40</i>		PRAMOSONE LOT 1-1%	109
<i>meq/15ml)</i>	161	PRAMOSONE LOT 2.5%.....	109
<i>potassium chloride powder packet 20 meq</i>		PRAMOSONE OIN 1%	109
.....	161	PRAMOSONE OIN 2.5%	109
<i>potassium chloride tab er 10 meq.....</i>	161	<i>pramoxine-hc cream 1-2.5%</i>	109
<i>potassium chloride tab er 15 meq</i>	161	<i>prasugrel hcl tab 10 mg (base equiv)</i>	128
<i>potassium chloride tab er 20 meq (1500</i>		<i>prasugrel hcl tab 5 mg (base equiv).....</i>	128
<i>mg)</i>	161	<i>pravastatin sodium tab 10 mg</i>	54
<i>potassium chloride tab er 8 meq (600 mg)</i>		<i>pravastatin sodium tab 20 mg.....</i>	54
.....	161	<i>pravastatin sodium tab 40 mg</i>	54
<i>potassium citrate & citric acid powder pack</i>		<i>pravastatin sodium tab 80 mg</i>	54
<i>3300-1002 mg.....</i>	126	<i>praziquantel tab 600 mg.....</i>	24
<i>potassium citrate & citric acid soln 1100-</i>		<i>prazosin hcl cap 1 mg</i>	58
<i>334 mg/5ml.....</i>	126	<i>prazosin hcl cap 2 mg.....</i>	58
<i>potassium citrate tab er 10 meq (1080 mg)</i>		<i>prazosin hcl cap 5 mg.....</i>	58
.....	126	PR BENZOYL LIQ 7% WASH	99
<i>potassium citrate tab er 15 meq (1620 mg)</i>		PRECISION LIQ GLUC/KET	146
.....	126	PRECISN XTRA TES KETONE	113

<i>prednisolone acetate ophth susp 1%.....</i>	170	PREMPRO TAB	121
<i>prednisolone sodium phosphate oral soln</i>		PREMPRO TAB 0.3-1.5	121
25 mg/5ml (base eq)	96	PREMPRO TAB 0.45-1.5	121
<i>prednisolone sod phos orally disintegr tab</i>		PREMPRO TAB 0.625-5	121
10 mg (base eq)	96	PRENATAL TAB	165
<i>prednisolone sod phos orally disintegr tab</i>		PRENATAL TAB 28-0.8MG	165
15 mg (base eq)	96	PRENATAL TAB IRON	165
<i>prednisolone sod phos orally disintegr tab</i>		PRENATAL TAB MULTIVIT	165
30 mg (base eq)	96	PRENATAL VIT TAB 28-0.8MG	165
<i>prednisolone sod phosphate oral soln 15</i>		PRENATAL VIT TAB MINERALS	165
mg/5ml (base equiv)	96	<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1</i>	
<i>prednisolone sod phosphate oral soln 5</i>		mg	165
mg/5ml (base equiv)	96	<i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i>	
<i>prednisolone soln 15 mg/5ml</i>	97	mg	165
PREDNISOLONE SUS 1%.....	170	<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	
<i>prednisolone tab 5 mg.....</i>	97		165
PREDNISON CON 5MG/ML	97	<i>prenatal vit w/ fe fum-methylfolate-fa tab</i>	
<i>prednisone oral soln 5 mg/5ml</i>	97	27-0.6-0.4 mg	165
<i>prednisone tab 10 mg</i>	97	<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i>	
<i>prednisone tab 1 mg.....</i>	97	mg	165
<i>prednisone tab 2.5 mg.....</i>	97	<i>prenat w/o a w/fefum-methfol-fa-dha cap</i>	
<i>prednisone tab 20 mg</i>	97	27-0.6-0.4-300 mg.....	165
<i>prednisone tab 50 mg</i>	97	PREPIDIL GEL 0.5MG/3G.....	171
<i>prednisone tab 5 mg.....</i>	97	PREP PADS PAD.....	151
<i>prednisone tab therapy pack 10 mg (21) ..</i>	97	PRETOMANID TAB 200MG	62
<i>prednisone tab therapy pack 10 mg (48) ..</i>	97	PREVYMIS PAK 120MG	82
<i>prednisone tab therapy pack 5 mg (21).....</i>	97	PREVYMIS PAK 20MG.....	82
<i>prednisone tab therapy pack 5 mg (48).....</i>	97	PREVYMIS TAB 240MG	82
PRED SOD PHO SOL 1% OP	170	PREVYMIS TAB 480MG	82
<i>pregabalin cap 100 mg</i>	38	PREZCOBIX TAB 675/150	81
<i>pregabalin cap 150 mg</i>	38	PREZCOBIX TAB 800-150	81
<i>pregabalin cap 200 mg</i>	38	PRIFTIN TAB 150MG.....	62
<i>pregabalin cap 225 mg.....</i>	38	<i>primaquine phosphate tab 26.3 mg (15 mg</i>	
<i>pregabalin cap 25 mg</i>	37	base)	61
<i>pregabalin cap 300 mg</i>	38	PRIMAQUINE TAB 26.3MG.....	62
<i>pregabalin cap 50 mg.....</i>	37	<i>primidone tab 250 mg</i>	38
<i>pregabalin cap 75 mg.....</i>	37, 38	<i>primidone tab 50 mg</i>	38
<i>pregabalin soln 20 mg/ml.....</i>	38	PRISMASOL SOL 0/0/1.2	162
<i>pregabalin tab er 24hr 165 mg</i>	177	PRISMASOL SOL 0/2.5.....	162
<i>pregabalin tab er 24hr 330 mg</i>	177	PRISMASOL SOL 2/0	162
<i>pregabalin tab er 24hr 82.5 mg.....</i>	177	PRISMASOL SOL 2/3.5.....	162
PREGNYL INJ 10000UNT	117	PRISMASOL SOL 4/0/1.2	162
PREMARIN INJ 25MG	122	PRISMASOL SOL 4/2.5.....	162
PREMPHASE TAB.....	121	PRISMASOL SOL B22GK4/0.....	162

<i>probenecid tab 500 mg</i>	127	<i>promethazine hcl suppos 25 mg</i>	51
PROCARDIA XL TAB 30MG CR.....	87	<i>promethazine hcl suppos 50 mg</i>	52
PROCARDIA XL TAB 60MG CR.....	87	<i>promethazine hcl tab 12.5 mg</i>	52
PROCARDIA XL TAB 90MG CR.....	87	<i>promethazine hcl tab 25 mg</i>	52
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	78	<i>promethazine hcl tab 50 mg</i>	52
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	78	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	98
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	78	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	97
<i>prochlorperazine suppos 25 mg</i>	78	<i>propafenone hcl cap er 12hr 225 mg</i>	28
PRO COMFORT MIS 31G	146	<i>propafenone hcl cap er 12hr 325 mg</i>	28
PRO COMFORT MIS LANC 30G	146	<i>propafenone hcl cap er 12hr 425 mg</i>	28
PRO COMFORT MIS LANCETS	146	<i>propafenone hcl tab 150 mg</i>	28
PRO COMFORT PAD ALCOHOL	151	<i>propafenone hcl tab 225 mg</i>	28
PROCORT CRE	23	<i>propafenone hcl tab 300 mg</i>	28
PROCRT INJ 10000/ML	130	<i>proparacaine hcl ophth soln 0.5%</i>	169
PROCRT INJ 2000/ML	130	<i>propranolol hcl cap er 24hr 120 mg</i>	85
PROCRT INJ 20000/ML.....	130	<i>propranolol hcl cap er 24hr 160 mg</i>	85
PROCRT INJ 3000/ML	130	<i>propranolol hcl cap er 24hr 60 mg</i>	85
PROCRT INJ 4000/ML.....	130	<i>propranolol hcl cap er 24hr 80 mg</i>	85
PROCRT INJ 40000/ML	130	<i>propranolol hcl oral soln 20 mg/5ml</i>	85
PROCTOCORT SUP 30MG.....	23	<i>propranolol hcl oral soln 40 mg/5ml</i>	85
PROCTOFOAM AER HC 1%	23	<i>propranolol hcl tab 10 mg</i>	85
PRODIGY MIS 26G	146	<i>propranolol hcl tab 20 mg</i>	85
PRODIGY MIS 28G	146	<i>propranolol hcl tab 40 mg</i>	85
PRODIGY MIS LANC DEV	146	<i>propranolol hcl tab 60 mg</i>	85
PRODIGY SOL HIGH.....	146	<i>propranolol hcl tab 80 mg</i>	85
PRODIGY SOL LOW	146	<i>propylthiouracil tab 50 mg</i>	180
<i>progesterone cap 100 mg</i>	173	PROSCAR TAB 5MG.....	127
<i>progesterone cap 200 mg</i>	173	PROTONIX INJ 40MG	182
<i>progesterone im in oil 50 mg/ml</i>	173	<i>protriptyline hcl tab 10 mg</i>	44
<i>progesterone vaginal insert 100 mg</i>	185	<i>protriptyline hcl tab 5 mg</i>	44
PROGLYCEM SUS 50MG/ML	46	PROVERA TAB 10MG	173
PROGRAF CAP 0.5MG.....	163	PROVERA TAB 2.5MG.....	173
PROGRAF CAP 1MG	163	PROVERA TAB 5MG	173
PROGRAF CAP 5MG	163	<i>prucalopride succinate tab 1 mg (base equivalent)</i>	123
PROGRAF GRA 0.2MG.....	163	<i>prucalopride succinate tab 2 mg (base equivalent)</i>	123
PROGRAF GRA 1MG.....	163	PRUDOXIN CRE 5%	102
PROLENSA DRO 0.07% OP	171	<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	98
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	97	PSS SAFE LAN MIS.....	146
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	97	PSS SEL LANC MIS	146
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ...51			
<i>promethazine hcl suppos 12.5 mg</i>	51		

PSS SEL PLAT MIS	146
PULMICORT INH 180MCG	30, 31
PULMICORT INH 90MCG	30
PULMICORT SUS 0.25MG/2	31
PULMICORT SUS 0.5MG/2	31
PULMICORT SUS 1MG/2ML	31
PULMOZYME SOL 1MG/ML	178
PURE COMFORT MIS 30G LAN	146
PURE COMFORT PAD	151
PURIXAN SUS 20MG/ML	63
PX LANCETS MIS 28G	146
PX LANCETS MIS 33G	146
PX PRENATAL TAB MULTIVIT	165
PYLERA CAP	183
<i>pyrazinamide tab 500 mg</i>	62
PYRIDIUM TAB 100MG	127
PYRIDIUM TAB 200MG	127
<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i>	62
<i>pyridostigmine bromide tab 60 mg</i>	62
<i>pyridostigmine bromide tab er 180 mg</i>	62
<i>pyrimethamine tab 25 mg</i>	62
PYROGALL ACD OIN	111
PYZCHIVA INJ 45/0.5ML	104
PYZCHIVA INJ 90MG/ML	104, 105
Q	
QBRELIS SOL 1MG/ML	56
QBREXZA PAD 2.4%	112
QC ALCOHOL PAD SWABS	151
QC LANCETS MIS 28G	146
QC LANCETS MIS 30G	146
QC LANCING MIS DEVICE	146
QC PRENATAL TAB 28-0.8MG	165
QELBREE CAP 100MG ER	3
QELBREE CAP 150MG ER	3
QELBREE CAP 200MG ER	4
QSYMIA CAP 11.25-69	3
QSYMIA CAP 15-92MG	3
QSYMIA CAP 3.75-23	2
QSYMIA CAP 7.5-46MG	2
QUALAQUIN CAP 324MG	62
QUDEXY XR CAP 100/24HR	38
QUDEXY XR CAP 150/24HR	38
QUDEXY XR CAP 200/24HR	38

QUDEXY XR CAP 25/24HR	38
QUDEXY XR CAP 50/24HR	38
QUESTRAN POW 4GM	52
QUESTRAN POW 4GM LITE	52
<i>quetiapine fumarate tab 100 mg</i>	77
<i>quetiapine fumarate tab 150 mg</i>	77
<i>quetiapine fumarate tab 200 mg</i>	77
<i>quetiapine fumarate tab 25 mg</i>	77
<i>quetiapine fumarate tab 300 mg</i>	77
<i>quetiapine fumarate tab 400 mg</i>	77
<i>quetiapine fumarate tab 50 mg</i>	77
<i>quetiapine fumarate tab er 24hr 150 mg</i> ..	77
<i>quetiapine fumarate tab er 24hr 200 mg</i> ..	77
<i>quetiapine fumarate tab er 24hr 300 mg</i> ..	77
<i>quetiapine fumarate tab er 24hr 400 mg</i> ..	77
<i>quetiapine fumarate tab er 24hr 50 mg</i>	77
QUICKTEK LIQ SOLUTION	146
<i>quinapril hcl tab 10 mg</i>	56
<i>quinapril hcl tab 20 mg</i>	56
<i>quinapril hcl tab 40 mg</i>	56
<i>quinapril hcl tab 5 mg</i>	56
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	60
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	60
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	60
<i>quinidine gluconate tab er 324 mg</i>	28
<i>quinine sulfate cap 324 mg</i>	62
QUINTET CONT SOL HGH/NORM	146
QULIPTA TAB 10MG	159
QULIPTA TAB 30MG	159
QULIPTA TAB 60MG	159
QUVIVIQ TAB 25MG	132
QUVIVIQ TAB 50MG	132
R	
RA ALCOHOL PAD SWABS	151
RABEPRAZOLE CAP 10MG DR	182
<i>rabeprazole sodium ec tab 20 mg</i>	182
RADICAVA ORS SUS 105/5ML	167
RADICAVA ORS SUS STARTER	167
RADIOGARDASE CAP 0.5GM	49
RA E-ZJECT MIS 28G	146
RA E-ZJECT MIS THIN 26G	146

RA E-ZJECT MIS THIN 28G.....	146	REBIF REBIDO INJ 44/0.5	177
RA E-ZJECT MIS ULT THIN	146	REBIF REBIDO INJ TITRATN	177
RAGWITEK SUB.....	6	REBIF TITRTN INJ PACK.....	177
<i>raloxifene hcl tab 60 mg</i>	118	RECTIV OIN 0.4%.....	23
<i>ramelteon tab 8 mg</i>	132	REFUAH PLUS SOL CONTROL	147
<i>ramipril cap 1.25 mg</i>	56	REGIOCIT SOL.....	162
<i>ramipril cap 10 mg</i>	56	REGLAN TAB 10MG.....	123
<i>ramipril cap 2.5 mg</i>	56	REGLAN TAB 5MG.....	123
<i>ramipril cap 5 mg</i>	56	REGRANEX GEL 0.01%.....	113
<i>ranolazine tab er 12hr 1000 mg</i>	26	RELENZA MIS DISKHALE.....	83
<i>ranolazine tab er 12hr 500 mg</i>	26	RELION KIT LANCING.....	147
RAPAMUNE SOL 1MG/ML.....	163	RELION LANCE MIS THIN 26G	147
RAPAMUNE TAB 0.5MG.....	163	RELION LANCE MIS THIN 30G.....	147
RAPAMUNE TAB 1MG.....	163	RELION LANCI MIS DEVICE	147
RAPAMUNE TAB 2MG	163	RELION MICRO MIS THIN 33G	147
RAPID-SAFE MIS LANCING	146	RELION TES KETONE.....	113
RA PRENATAL TAB 28-0.8MG	165	RELION TRUE TES METRIX	113
RA PRENATAL TAB FORMULA.....	165	RELION ULTRA MIS THIN 30G	147
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	73	RELION ULTRA MIS THIN PLS.....	147
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	73	RELPAK TAB 20MG.....	160
RASUVO INJ 10MG.....	11	RELPAK TAB 40MG	160
RASUVO INJ 12.5MG.....	11	REMERON SLTB TAB 15MG	40
RASUVO INJ 15MG.....	11	REMERON SLTB TAB 30MG	40
RASUVO INJ 17.5MG.....	11	REMERON SLTB TAB 45MG	40
RASUVO INJ 20MG	11	REMERON TAB 15MG.....	40
RASUVO INJ 22.5MG	11	REMERON TAB 30MG.....	40
RASUVO INJ 25MG	11	<i>repaglinide tab 0.5 mg</i>	48
RASUVO INJ 30MG	11	<i>repaglinide tab 1 mg</i>	48
RASUVO INJ 7.5MG	11	<i>repaglinide tab 2 mg</i>	48
READYLANCE MIS 21G.....	146	REPATHA INJ 140MG/ML	55
READYLANCE MIS 23G	147	REPATHA PUSH INJ 420/3.5.....	55
READYLANCE MIS 26G	147	REPATHA SURE INJ 140MG/ML.....	55
READYLANCE MIS 28G	147	RESTASIS EMU 0.05% OP	169
READYLANCE MIS 30G.....	147	RESTASIS MUL EMU 0.05% OP	169
REALITY MIS LANCETS	147	RESTORA RX CAP 60-1.25	48
REALITY MIS LUBRICAT	135	RESTORIL CAP 15MG	131
REALITY SWAB PAD.....	151	RESTORIL CAP 22.5MG.....	131
REALITY TRIG MIS LANCETS	147	RESTORIL CAP 30MG.....	131
REALITY ULTR MIS TEXTURED	135	RESTORIL CAP 7.5MG.....	131
REALITY ULTR MIS THIN	135	RETACRIT INJ 10000UNT	130
REBIF INJ 22/0.5	177	RETACRIT INJ 20000UNI.....	130
REBIF INJ 44/0.5	177	RETACRIT INJ 2000UNIT	130
REBIF REBIDO INJ 22/0.5.....	177	RETACRIT INJ 3000UNIT.....	130
		RETACRIT INJ 40000UNT	130

RETACRIT INJ 4000UNIT	130	<i>risedronate sodium tab delayed release 35</i>	
RETEVMO CAP 40MG	69	<i>mg</i>	116
RETEVMO CAP 80MG	69	RISPERDAL INJ 12.5MG	75
RETEVMO TAB 120MG	69	RISPERDAL INJ 25MG	75
RETEVMO TAB 160MG	69	RISPERDAL INJ 37.5MG	75
RETEVMO TAB 40MG	69	RISPERDAL INJ 50MG	75
RETEVMO TAB 80MG	69	RISPERDAL SOL 1MG/ML	75
RETIN-A CRE 0.025%	99	RISPERDAL TAB 0.5MG	75
RETIN-A CRE 0.05%	99	RISPERDAL TAB 1MG	75
RETIN-A CRE 0.1%	99	RISPERDAL TAB 2MG	75
RETIN-A GEL 0.01%	99	RISPERDAL TAB 3MG	75
RETIN-A GEL 0.025%	99	RISPERDAL TAB 4MG	75
RETROVIR CAP 100MG	81	<i>risperidone microspheres for im extended</i>	
RETROVIR SYP 50MG/5ML	81	<i>rel susp 12.5 mg</i>	75
REXULTI TAB 0.25MG	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 0.5MG	79	<i>rel susp 25 mg</i>	75
REXULTI TAB 1MG	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 2MG	79	<i>rel susp 37.5 mg</i>	75
REXULTI TAB 3MG	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 4MG	79	<i>rel susp 50 mg</i>	75
REYVOW TAB 100MG	160	<i>risperidone orally disintegrating tab 0.25</i>	
REYVOW TAB 50MG	160	<i>mg</i>	75
<i>ribavirin cap 200 mg</i>	82	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>ribavirin tab 200 mg</i>	82		75
RIDAURA CAP 3MG	11	<i>risperidone orally disintegrating tab 1 mg</i>	75
<i>rifabutin cap 150 mg</i>	62	<i>risperidone orally disintegrating tab 2 mg</i>	75
<i>rifampin cap 150 mg</i>	62	<i>risperidone orally disintegrating tab 3 mg</i>	75
<i>rifampin cap 300 mg</i>	62	<i>risperidone orally disintegrating tab 4 mg</i>	75
RIGHTEST ALT MIS ADAPTOR	147	<i>risperidone soln 1 mg/ml</i>	75
RIGHTEST LIQ HIGH CON	147	<i>risperidone tab 0.25 mg</i>	75
RIGHTEST LIQ NORM CON	147	<i>risperidone tab 0.5 mg</i>	75
RIGHTEST MIS GD500	147	<i>risperidone tab 1 mg</i>	75
RIGHTEST MIS GL300	147	<i>risperidone tab 2 mg</i>	75
RILUTEK TAB 50MG	167	<i>risperidone tab 3 mg</i>	75
<i>riluzole tab 50 mg</i>	167	<i>risperidone tab 4 mg</i>	75
<i>rimantadine hydrochloride tab 100 mg</i>	83	RITALIN LA CAP 10MG	6
RINVOQ LQ SOL 1MG/ML	8	RITALIN LA CAP 20MG	6
RINVOQ TAB 15MG ER	9	RITALIN LA CAP 30MG	6
RINVOQ TAB 30MG ER	9	RITALIN LA CAP 40MG	6
RINVOQ TAB 45MG ER	9	RITALIN TAB 10MG	6
<i>risedronate sodium tab 150 mg</i>	116	RITALIN TAB 20MG	6
<i>risedronate sodium tab 30 mg</i>	116	RITALIN TAB 5MG	6
<i>risedronate sodium tab 35 mg</i>	116	RITEFLO MIS	158
<i>risedronate sodium tab 5 mg</i>	116	<i>ritonavir tab 100 mg</i>	81

<i>rivaroxaban for susp 1 mg/ml</i>	33	<i>rosuvastatin calcium tab 20 mg</i>	54
<i>rivaroxaban tab 2.5 mg</i>	33	<i>rosuvastatin calcium tab 40 mg</i>	54
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	174	<i>rosuvastatin calcium tab 5 mg</i>	54
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	174	ROWASA KIT 4GM.....	124
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	174	ROXICODONE TAB 15MG.....	20
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	174	ROXICODONE TAB 30MG.....	20
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	174	ROZLYTREK CAP 100MG.....	69
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	174	ROZLYTREK CAP 200MG.....	69
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	174	ROZLYTREK PAK 50MG.....	69
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	160	RUCONEST INJ 2100UNIT.....	128
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	160	<i>rufinamide susp 40 mg/ml</i>	38
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	160	<i>rufinamide tab 200 mg</i>	38
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	160	<i>rufinamide tab 400 mg</i>	38
ROCALTROL CAP 0.25MCG.....	119	RUKOBIA TAB 600MG ER.....	81
ROCALTROL CAP 0.5MCG.....	119	RYBELSUS TAB 1.5MG.....	46
ROCALTROL SOL 1MCG/ML.....	119	RYBELSUS TAB 14MG.....	47
<i>roflumilast tab 250 mcg</i>	30	RYBELSUS TAB 3MG.....	46
<i>roflumilast tab 500 mcg</i>	30	RYBELSUS TAB 4MG.....	46
<i>ropinirole hydrochloride tab 0.25 mg</i>	73	RYBELSUS TAB 7MG.....	47
<i>ropinirole hydrochloride tab 0.5 mg</i>	73	RYBELSUS TAB 9MG.....	47
<i>ropinirole hydrochloride tab 1 mg</i>	73	RYDAPT CAP 25MG.....	69
<i>ropinirole hydrochloride tab 2 mg</i>	73	RYTARY CAP 145MG.....	73
<i>ropinirole hydrochloride tab 3 mg</i>	73	RYTARY CAP 195MG.....	73
<i>ropinirole hydrochloride tab 4 mg</i>	73	RYTARY CAP 245MG.....	73
<i>ropinirole hydrochloride tab 5 mg</i>	73	RYTARY CAP 95MG.....	73
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	73	RYTHMOL SR CAP 225MG.....	28
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	73	RYTHMOL SR CAP 325MG.....	28
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	73	RYTHMOL SR CAP 425MG.....	28
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	73	S	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	73	<i>sacubitril-valsartan tab 24-26 mg</i>	89
<i>rosuvastatin calcium tab 10 mg</i>	54	<i>sacubitril-valsartan tab 49-51 mg</i>	89
		<i>sacubitril-valsartan tab 97-103 mg</i>	89
		SAFE-T-LANCE MIS 21G.....	147
		SAFE-T-LANCE MIS 25G.....	147
		SAFE-T-LANCE MIS HI FLOW.....	147
		SAFE-T-LANCE MIS LOW FLOW.....	147
		SAFE-T-LANCE MIS NOR FLOW.....	147
		SAFE-T-PRO MIS LANCETS.....	147
		SAFE-T-PRO MIS PLUS.....	147
		SAFETY 21G MIS LANCETS.....	147
		SAFETY 23G MIS LANCETS.....	147
		SAFETY 28G MIS LANCETS.....	147
		SAFETY 30G MIS LANCETS.....	147
		SAFETYGLIDE MIS 21GX1.5.....	155

SAFETY MIS LANCETS	147
SAFETY NEEDL MIS 22GX1.5	155
SAFTY NEEDLE MIS 18GX1	155
SAFTY NEEDLE MIS 18GX1.5	155
SAFTY NEEDLE MIS 19GX1	156
SAFTY NEEDLE MIS 19GX1.5	156
SAFTY NEEDLE MIS 20GX1	156
SAFTY NEEDLE MIS 20GX1.5	156
SAFTY NEEDLE MIS 21GX1	156
SAFTY NEEDLE MIS 21GX1.5	156
SAFTY NEEDLE MIS 21GX5/8	156
SAFTY NEEDLE MIS 22GX1	156
SAFTY NEEDLE MIS 22GX1.5	156
SAFTY NEEDLE MIS 23GX1	156
SAFTY NEEDLE MIS 23GX5/8	156
SAFTY NEEDLE MIS 25GX1	156
SAFTY NEEDLE MIS 25GX5/8	156
SAFYRAL TAB	95
SALAGEN TAB 5MG	165
SALAGEN TAB 7.5MG	165
<i>salicylic acid er film-forming soln 28.5%</i>	111
<i>salicylic acid film forming liquid 27.5%</i>	111
<i>salicylic acid foam 6%</i>	111
<i>salicylic acid gel 6%</i>	111
<i>salicylic acid shampoo 6%</i>	111
<i>salicylic acid soln 26%</i>	111
SALIMEZ FORT CRE 10%	111
<i>salsalate tab 500 mg</i>	16
<i>salsalate tab 750 mg</i>	16
SALVAX AER 6%	111
SAMSCA TAB 15MG	120
SAMSCA TAB 30MG	120
SANCUSO DIS 3.1MG	49
SANDIMMUNE CAP 100MG	163
SANDIMMUNE CAP 25MG	163
SANDIMMUNE SOL 100MG/ML	163
SANDOSTATIN INJ 100MCG	120
SANDOSTATIN INJ 500MCG	120
SANDOSTATIN INJ 50MCG/ML	120
SANTYL OIN 250/GM	111
SAPHRIS SUB 10MG	77
SAPHRIS SUB 2.5MG	77
SAPHRIS SUB 5MG	77

<i>sapropterin dihydrochloride powder packet 100 mg</i>	119
<i>sapropterin dihydrochloride powder packet 500 mg</i>	119
<i>sapropterin dihydrochloride tab 100 mg</i>	119
SAPSCARE MIS TWIST	147
SAPS CARE PAD ALCOHOL	151
SAPS HEALTH MIS TWIST	147
SAPS HEALTH PAD ALCOHOL	151
SAPS TWIST MIS 30G	147
SAVELLA MIS TITR PAK	175
SAVELLA TAB 100MG	175
SAVELLA TAB 12.5MG	175
SAVELLA TAB 25MG	175
SAVELLA TAB 50MG	175
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	46
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	46
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	45
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	45
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	45
SAXENDA INJ 18MG/3ML	3
SB ALCOHOL PAD PREP	151
SB LANCETS MIS THIN	147
SB LANCETS MIS ULTR THN	147
SCEMBLIX TAB 100MG	69
SCEMBLIX TAB 20MG	69
SCEMBLIX TAB 40MG	69
<i>scopolamine td patch 72hr 1 mg/3days</i>	50
SELECT-LITE KIT DEV/LANC	147
SELECT-LITE MIS LANC DEV	147
<i>selegiline hcl cap 5 mg</i>	73
<i>selegiline hcl tab 5 mg</i>	73
<i>selenium sulfide lotion 2.5%</i>	107
<i>selenium sulfide shampoo 2.25%</i>	107
<i>selenium sulfide shampoo 2.3%</i>	107
SENSIPAR TAB 30MG	119
SENSIPAR TAB 60MG	119
SENSIPAR TAB 90MG	119
SEREVENT DIS AER 50MCG	32
SERNIVO SPR 0.05%	109
SEROQUEL TAB 100MG	77

SEROQUEL TAB 200MG.....	77	<i>simvastatin tab 5 mg</i>	54
SEROQUEL TAB 25MG	77	<i>simvastatin tab 80 mg</i>	54
SEROQUEL TAB 300MG.....	77	SINEMET TAB 10-100MG	73
SEROQUEL TAB 400MG	77	SINEMET TAB 25-100MG.....	73
SEROQUEL TAB 50MG.....	77	SINGLE-LET MIS 23G.....	147
SEROSTIM INJ 4MG.....	117	<i>sirolimus oral soln 1 mg/ml</i>	163
SEROSTIM INJ 5MG.....	118	<i>sirolimus tab 0.5 mg</i>	163
SEROSTIM INJ 6MG.....	118	<i>sirolimus tab 1 mg</i>	163
<i>sertraline hcl cap 150 mg</i>	41	<i>sirolimus tab 2 mg</i>	163
<i>sertraline hcl cap 200 mg</i>	41	SIRTURO TAB 100MG.....	62
<i>sertraline hcl oral concentrate for solution</i>		SIRTURO TAB 20MG.....	62
<i>20 mg/ml</i>	42	SITAVIG TAB 50MG	83
<i>sertraline hcl tab 100 mg</i>	42	SIVEXTRO TAB 200MG	25
<i>sertraline hcl tab 25 mg</i>	42	SKYCLARYS CAP 50MG.....	167
<i>sertraline hcl tab 50 mg</i>	42	SKYRIZI INJ 150MG/ML	105
<i>sevelamer carbonate packet 0.8 gm</i>	126	SKYRIZI INJ 180/1.2.....	124
<i>sevelamer carbonate packet 2.4 gm</i>	126	SKYRIZI INJ 360/2.4	124
<i>sevelamer carbonate tab 800 mg</i>	126	SKYRIZI PEN INJ 150MG/ML.....	105
<i>sevelamer hcl tab 400 mg</i>	126	SLIP TIP 1ML MIS.....	156
<i>sevelamer hcl tab 800 mg</i>	126	SLIP TIP 3ML MIS	156
SFROWASA ENE 4GM	124	SMARTEST MIS LANCETS	148
SHARP CONTAI MIS	156	SMARTEST SOL CONTROL	148
SHARPS CONT MIS 14QT	156	SMART SENSE MIS LANC 21G.....	147
SIGNIFOR INJ 0.3MG/ML	120	SMART SENSE MIS LANC 26G.....	147
SIGNIFOR INJ 0.6MG/ML	120	SMART SENSE MIS LANC 30G.....	148
SIGNIFOR INJ 0.9MG/ML	120	SMART SENSE MIS LANC 33G.....	148
SIKLOS TAB 1000MG.....	129	SM LANCETS MIS 33G.....	147
SIKLOS TAB 100MG	129	SM TRUEDRAW MIS LANC DEV	147
<i>sildenafil citrate for suspension 10 mg/ml</i>	91	<i>sodium chloride soln nebu 0.9%</i>	98
<i>sildenafil citrate tab 100 mg</i>	90	<i>sodium chloride soln nebu 10%</i>	98
<i>sildenafil citrate tab 20 mg</i>	91	<i>sodium chloride soln nebu 3%</i>	98
<i>sildenafil citrate tab 25 mg</i>	90	<i>sodium chloride soln nebu 7%</i>	98
<i>sildenafil citrate tab 50 mg</i>	90	<i>sodium citrate & citric acid soln 500-334</i>	
<i>silodosin cap 4 mg</i>	127	<i>mg/5ml</i>	126
<i>silodosin cap 8 mg</i>	127	<i>sodium fluoride chew tab 0.25 mg f (from</i>	
SILVADENE CRE 1%	107	<i>0.55 mg naf)</i>	161
SILVER NITRA SOL 0.5%.....	107	<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>	
<i>silver nitrate soln 0.5%</i>	107	<i>mg naf)</i>	161
<i>silver sulfadiazine cream 1%</i>	107	<i>sodium fluoride cream 1.1%</i>	164
SIMBRINZA SUS 1-0.2%	168	<i>sodium fluoride gel 1.1% (0.5% f)</i>	164
SIMPLE DIAG MIS LANCING.....	147	<i>sodium fluoride paste 1.1%</i>	164
<i>simvastatin tab 10 mg</i>	54	<i>sodium fluoride rinse 0.2%</i>	164
<i>simvastatin tab 20 mg</i>	54	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>	
<i>simvastatin tab 40 mg</i>	54	<i>naf)</i>	161

<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	119	<i>sotalol hcl tab 80 mg</i>	85
<i>sodium phenylbutyrate tab 500 mg</i>	119	SOTYKTU TAB 6MG	105
<i>sodium polystyrene sulfonate powder</i>	164	SOTYLIZE SOL 5MG/ML	85
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	164	SOVALDI PAK 150MG	82
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	164	SOVALDI PAK 200MG	83
SOD SUL/SULF EMU 10-5%	99	SOVALDI TAB 200MG	83
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	132	SOVALDI TAB 400MG	83
SOFDRA GEL 12.45%	112	SPACE CHAMBR MIS ANTI-STA	158
SOFTCLIX MIS LANCETS	148	SPACE CHAMBR MIS LARGE	158
SOGROYA INJ 10MG/1.5	118	SPACE CHAMBR MIS MEDIUM	158
SOGROYA INJ 15MG/1.5	118	SPACE CHAMBR MIS SMALL	159
SOGROYA INJ 5MG/1.5	118	SPEVIGO INJ 150/1ML	105
<i>solifenacin succinate tab 10 mg</i>	183	SPEVIGO INJ 300/2ML	105
<i>solifenacin succinate tab 5 mg</i>	183	<i>spinosad susp 0.9%</i>	113
SOLIQUEA INJ 100/33	45	SPIRIVA CAP HANDIHLR	29
SOLODYN TAB 105MG	179	SPIRIVA RESP AER 1.25MCG	30
SOLODYN TAB 115MG	179	SPIRIVA RESP AER 2.5MCG	30
SOLODYN TAB 55MG	179	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	115
SOLODYN TAB 65MG	179	<i>spironolactone susp 25 mg/5ml</i>	115
SOLODYN TAB 80MG	179	<i>spironolactone tab 100 mg</i>	115
SOLTAMOX SOL 10MG/5ML	65	<i>spironolactone tab 25 mg</i>	115
SOLU-CORTEF INJ 1000MG	97	<i>spironolactone tab 50 mg</i>	115
SOLU-CORTEF INJ 100MG	97	SPORANOX CAP 100MG	51
SOLU-CORTEF INJ 250MG	97	SPORANOX SOL 10MG/ML	51
SOLU-CORTEF INJ 500MG	97	SPRAVATO SOL 56MG DOS	41
SOLUS V2 MIS LANC 28G	148	SPRAVATO SOL 84MG DOS	41
SOLUS V2 MIS LANC 30G	148	STALEVO 100 TAB	73
SOLUS V2 MIS LANC DEV	148	STALEVO 125 TAB	73
SOLUS V2 SOL HIGH	148	STALEVO 150 TAB	73
SOLUS V2 SOL LOW	148	STALEVO 200 TAB	73
SOMA TAB 250MG	166	STALEVO 50 TAB	73
SOMA TAB 350MG	166	STALEVO 75 TAB	73
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	69	STELARA INJ 45/0.5ML	105
<i>sotalol hcl (afib/afl) tab 120 mg</i>	85	STELARA INJ 90MG/ML	106
<i>sotalol hcl (afib/afl) tab 160 mg</i>	85	STERILANCE MIS TL 28G	148
<i>sotalol hcl (afib/afl) tab 80 mg</i>	85	STERILANCE MIS TL 30G	148
<i>sotalol hcl tab 120 mg</i>	85	STERILANCE MIS TL 32G	148
<i>sotalol hcl tab 160 mg</i>	85	STIOLTO AER 2.5-2.5	32
<i>sotalol hcl tab 240 mg</i>	85	STIVARGA TAB 40MG	69
		STRATTERA CAP 100MG	4
		STRATTERA CAP 10MG	4
		STRATTERA CAP 18MG	4
		STRATTERA CAP 25MG	4

STRATTERA CAP 40MG.....	4	<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	100
STRATTERA CAP 60MG.....	4	<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	100
STRATTERA CAP 80MG.....	4	<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	100
STRENSIQ INJ 18/0.45	119	<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	100
STRENSIQ INJ 28/0.7ML	119	<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	100
STRENSIQ INJ 40MG/ML	119	<i>sulfadiazine tab 500 mg</i>	179
STRENSIQ INJ 80/0.8ML	119	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	24
STRIVERDI AER 2.5MCG	32	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	24
STROMECTOL TAB 3MG	24	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	24
SUCRAID SOL 8500/ML	114	SULFAMYLON CRE 85MG/GM	107
<i>sucralfate tab 1 gm</i>	182	<i>sulfasalazine tab 500 mg</i>	124
SULAR TAB 17MG ER.....	87	<i>sulfasalazine tab delayed release 500 mg</i>	124
SULAR TAB 34MG ER	87	SULF LIME SOL	113
SULAR TAB 8.5MG ER.....	87	<i>sulindac tab 150 mg</i>	13
<i>sulconazole nitrate cream 1%</i>	101	<i>sulindac tab 200 mg</i>	13
<i>sulconazole nitrate solution 1%</i>	101	SUMADAN WASH LIQ 9-4.5%	100
<i>sulfacetamide sodium cleansing gel 10%</i>	107	<i>sumatriptan nasal spray 20 mg/act</i>	160
<i>sulfacetamide sodium liquid 10%</i>	107	<i>sumatriptan nasal spray 5 mg/act</i>	160
<i>sulfacetamide sodium lotion 10% (acne)</i>	99	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	160
<i>sulfacetamide sodium ophth oint 10%</i>	169	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	160
<i>sulfacetamide sodium ophth soln 10%</i> ...	169	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	160
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	170	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	160
<i>sulfacetamide sodium shampoo 10%</i>	107	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	160
<i>sulfacetamide sodium shampoo 9.8%</i>	107	<i>sumatriptan succinate tab 100 mg</i>	160
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	100	<i>sumatriptan succinate tab 25 mg</i>	160
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	100	<i>sumatriptan succinate tab 50 mg</i>	160
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	100	SUMAXIN PAD 10-4%	100
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	100	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	69
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	99	<i>sunitinib malate cap 25 mg (base equivalent)</i>	69
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	100		
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	100		
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	100		
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	100		

<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	69
<i>sunitinib malate cap 50 mg (base equivalent)</i>	69
SUNOSI TAB 150MG	4
SUNOSI TAB 75MG	4
SUPER THIN MIS LANC 28G	148
SUPER THIN MIS LANCETS	148
SUPREME II LIQ HIGH/LOW	148
SURE COMFORT MIS LANC 18G	148
SURE COMFORT MIS LANC 21G	148
SURE COMFORT MIS LANC 23G	148
SURE COMFORT MIS LANC 30G	148
SURE COMFORT MIS LANCETS.....	148
SURE COMFORT MIS LANC PEN	148
SUREFLEX MIS LANCETS.....	148
SURELITE MIS LANCETS.....	148
SYMBYAX CAP 3-25MG	175
SYMBYAX CAP 6-25MG	175
SYMDEKO TAB 100-150	179
SYMDEKO TAB 50-75MG	179
SYMFI LO TAB	81
SYMFI TAB	81
SYMLINPEN 60 INJ 1000MCG	44
SYMLNPEN 120 INJ 1000MCG	44
SYMPROIC TAB 0.2MG	125
SYMTUZA TAB	81
SYNALAR CRE 0.025%	109
SYNALAR OIN 0.025%	109
SYNALAR SOL 0.01%	109
SYNAREL SOL 2MG/ML.....	118
SYNJARDY TAB	45
SYNJARDY TAB 12.5-500.....	45
SYNJARDY TAB 5-1000MG	45
SYNJARDY TAB 5-500MG	45
SYNJARDY XR TAB	45
SYNJARDY XR TAB 10-1000	45
SYNJARDY XR TAB 25-1000.....	45
SYNJARDY XR TAB 5-1000MG	45
SYNTHROID TAB 100MCG	180
SYNTHROID TAB 112MCG.....	180
SYNTHROID TAB 125MCG.....	181
SYNTHROID TAB 137MCG.....	181
SYNTHROID TAB 150MCG.....	181

SYNTHROID TAB 175MCG.....	181
SYNTHROID TAB 200MCG.....	181
SYNTHROID TAB 25MCG	180
SYNTHROID TAB 300MCG.....	181
SYNTHROID TAB 50MCG	180
SYNTHROID TAB 75MCG	180
SYNTHROID TAB 88MCG	180
SYRG/NDL 3ML MIS 22G X 1	156
SYRG/NDL 3ML MIS 25GX5/8	156
SYRINGE BARR MIS LUER 1ML.....	156
SYRINGE BARR MIS LUER 3ML.....	156
SYRINGE BARR MIS UNI 3ML	156
SYRINGE LUER MIS -LOK 1ML.....	156
T	
TABLOID TAB 40MG	63
TACHOSIL PAD 4.8X4.8.....	130
TACHOSIL PAD 9.5X4.8	130
TACLONEX OIN	109
TACLONEX SUS.....	109
<i>tacrolimus cap 0.5 mg</i>	163
<i>tacrolimus cap 1 mg</i>	163
<i>tacrolimus cap 5 mg</i>	163
<i>tacrolimus oint 0.03%</i>	111
<i>tacrolimus oint 0.1%</i>	111
<i>tadalafil tab 10 mg</i>	90
<i>tadalafil tab 2.5 mg</i>	90
<i>tadalafil tab 20 mg</i>	90
<i>tadalafil tab 20 mg (pah)</i>	91
<i>tadalafil tab 5 mg</i>	90
TADLIQ SUS 20MG/5ML	91
TAFINLAR CAP 50MG.....	69
TAFINLAR CAP 75MG	69
TAFINLAR TAB 10MG	69
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	171
TAGRISSO TAB 40MG.....	64
TAGRISSO TAB 80MG.....	64
TAI DOC SOL NORM CON.....	148
TAKHZYRO INJ 150MG/ML	128
TAKHZYRO INJ 300/2ML	128
TALICIA CAP	183
TAMIFLU CAP 30MG	83
TAMIFLU CAP 45MG	83
TAMIFLU CAP 75MG	83

TAMIFLU SUS 6MG/ML	83	temozolomide cap 250 mg.....	63
tamoxifen citrate tab 10 mg (base equivalent)	65	temozolomide cap 5 mg	63
tamoxifen citrate tab 20 mg (base equivalent)	65	tenofovir disoproxil fumarate tab 300 mg.	81
tamsulosin hcl cap 0.4 mg.....	127	TENORETIC TAB 100.....	60
TARCEVA TAB 100MG	64	TENORETIC TAB 50.....	60
tasimelteon capsule 20 mg	132	TENORMIN TAB 100MG.....	85
TASMAR TAB 100MG.....	71	TENORMIN TAB 25MG.....	85
TAVNEOS CAP 10MG.....	128	TENORMIN TAB 50MG	85
tazarotene cream 0.05%	106	terazosin hcl cap 10 mg (base equivalent)	58
tazarotene cream 0.1%.....	106	terazosin hcl cap 1 mg (base equivalent) ..	58
tazarotene gel 0.05%	106	terazosin hcl cap 2 mg (base equivalent) .	58
tazarotene gel 0.1%	106	terazosin hcl cap 5 mg (base equivalent) .	58
TB SYRINGE MIS 0.5/28G	157	terbinafine hcl tab 250 mg.....	50
TECHLITE AST MIS LANCETS	148	terbutaline sulfate tab 2.5 mg.....	32
TECHLITE MIS LANC 26G	148	terbutaline sulfate tab 5 mg	32
TECHLITE MIS LANCETS	148	terconazole vaginal cream 0.4%.....	184
TEGSEDI INJ 284/1.5.....	178	terconazole vaginal cream 0.8%.....	184
TEKTURNA TAB 150MG.....	61	terconazole vaginal suppos 80 mg	184
TEKTURNA TAB 300MG.....	61	teriflunomide tab 14 mg	177
telmisartan-amlodipine tab 40-10 mg.....	60	teriflunomide tab 7 mg.....	177
telmisartan-amlodipine tab 40-5 mg	60	teriparatide soln pen-inj 560 mcg/2.24ml	116
telmisartan-amlodipine tab 80-10 mg.....	60	testosterone cypionate im inj in oil 100 mg/ml	23
telmisartan-amlodipine tab 80-5 mg	60	testosterone cypionate im inj in oil 200 mg/ml	23
telmisartan-hydrochlorothiazide tab 40- 12.5 mg	60	testosterone enanthate im inj in oil 200 mg/ml	23
telmisartan-hydrochlorothiazide tab 80-12.5 mg	60	testosterone td gel 10mg/act (2%).....	23
telmisartan-hydrochlorothiazide tab 80-25 mg	60	testosterone td gel 12.5 mg/act (1%)	23
telmisartan tab 20 mg	57	testosterone td gel 20.25 mg/1.25gm (1.62%).....	23
telmisartan tab 40 mg	57	testosterone td gel 20.25 mg/act (1.62%)	23
telmisartan tab 80 mg	57	testosterone td gel 25 mg/2.5gm (1%)	23
temazepam cap 15 mg.....	131	testosterone td gel 40.5 mg/2.5gm (1.62%)	23
temazepam cap 22.5 mg.....	131	testosterone td gel 50 mg/5gm (1%)	23
temazepam cap 30 mg.....	131	testosterone td soln 30 mg/act.....	23
temazepam cap 7.5 mg.....	131	tetrabenazine tab 12.5 mg	175
TEMBEXA SUS 10MG/ML	84	tetrabenazine tab 25 mg.....	175
TEMBEXA TAB 100MG.....	84	tetracaine hcl ophth soln 0.5%.....	169
temozolomide cap 100 mg	63	tetracycline hcl cap 250 mg.....	179
temozolomide cap 140 mg	63	tetracycline hcl cap 500 mg	180
temozolomide cap 180 mg	63	TEZSPIRE INJ 210MG	29
temozolomide cap 20 mg	63		

TGT LANCET MIS 26G	148
TGT LANCET MIS 30G	148
TGT LANCET MIS 33G	148
TGT LANCING MIS DEVICE.....	148
THALOMID CAP 100MG	162
THALOMID CAP 150MG	162
THALOMID CAP 200MG	162
THALOMID CAP 50MG.....	162
<i>theophylline elixir 80 mg/15ml</i>	<i>32</i>
<i>theophylline soln 80 mg/15ml</i>	<i>32</i>
<i>theophylline tab er 12hr 300 mg.....</i>	<i>32</i>
<i>theophylline tab er 12hr 450 mg.....</i>	<i>32</i>
<i>theophylline tab er 24hr 400 mg.....</i>	<i>32</i>
<i>theophylline tab er 24hr 600 mg.....</i>	<i>32</i>
THIN LANCETS MIS 26G	148
THIN LANCETS MIS 30G	148
THINLETS GP MIS 26G	148
<i>thioridazine hcl tab 100 mg.....</i>	<i>78</i>
<i>thioridazine hcl tab 10 mg</i>	<i>78</i>
<i>thioridazine hcl tab 25 mg.....</i>	<i>78</i>
<i>thioridazine hcl tab 50 mg</i>	<i>78</i>
<i>thiothixene cap 10 mg</i>	<i>79</i>
<i>thiothixene cap 1 mg</i>	<i>79</i>
<i>thiothixene cap 2 mg</i>	<i>79</i>
<i>thiothixene cap 5 mg</i>	<i>79</i>
<i>tiagabine hcl tab 12 mg.....</i>	<i>39</i>
<i>tiagabine hcl tab 16 mg.....</i>	<i>39</i>
<i>tiagabine hcl tab 2 mg</i>	<i>39</i>
<i>tiagabine hcl tab 4 mg</i>	<i>39</i>
TIAZAC CAP 120MG/24	87
TIAZAC CAP 180MG/24	87
TIAZAC CAP 240MG/24	87
TIAZAC CAP 300MG/24	87
TIAZAC CAP 360MG/24	87
TIAZAC CAP 420MG/24	87
TIBSOVO TAB 250MG	69
<i>ticagrelor tab 60 mg.....</i>	<i>128</i>
<i>ticagrelor tab 90 mg.....</i>	<i>128</i>
TIKOSYN CAP 125MCG	29
TIKOSYN CAP 250MCG	29
TIKOSYN CAP 500MCG.....	29
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	<i>167</i>

<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	<i>167</i>
<i>timolol maleate ophth soln 0.25%</i>	<i>168</i>
<i>timolol maleate ophth soln 0.5%.....</i>	<i>167</i>
<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i>	<i>168</i>
<i>timolol maleate preservative free ophth soln</i> <i>0.25%</i>	<i>168</i>
<i>timolol maleate preservative free ophth soln</i> <i>0.5%</i>	<i>168</i>
<i>timolol maleate tab 10 mg.....</i>	<i>85</i>
<i>timolol maleate tab 20 mg</i>	<i>86</i>
<i>timolol maleate tab 5 mg</i>	<i>85</i>
<i>tinidazole tab 250 mg</i>	<i>24</i>
<i>tinidazole tab 500 mg.....</i>	<i>24</i>
<i>tiopronin tab 100 mg</i>	<i>127</i>
<i>tiopronin tab delayed release 100 mg.....</i>	<i>127</i>
<i>tiopronin tab delayed release 300 mg</i>	<i>127</i>
TISSEEL KIT 10ML	130
TISSEEL KIT 2ML	130
TISSEEL KIT 4ML	130
TISSEEL SOL 10ML	131
TISSEEL SOL 2ML.....	131
TISSEEL SOL 4ML	131
TIVICAY PD TAB 5MG	81
TIVICAY TAB 10MG	81
TIVICAY TAB 25MG	81
TIVICAY TAB 50MG.....	81
<i>tizanidine hcl cap 2 mg (base equivalent)</i> <i>.....</i>	<i>166</i>
<i>tizanidine hcl cap 4 mg (base equivalent)</i> <i>.....</i>	<i>166</i>
<i>tizanidine hcl cap 6 mg (base equivalent)</i> <i>.....</i>	<i>166</i>
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	<i>166</i>
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	<i>166</i>
TOBRADEX OIN 0.3-0.1%.....	170
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%.....</i>	<i>170</i>
<i>tobramycin nebu soln 300 mg/4ml</i>	<i>6</i>
<i>tobramycin nebu soln 300 mg/5ml</i>	<i>6</i>
<i>tobramycin ophth soln 0.3%.....</i>	<i>169</i>
TOBREX OIN 0.3% OP	169
TODAY SPONGE MIS	184

<i>tolcapone tab 100 mg</i>	71	<i>torsemide tab 20 mg</i>	115
<i>tolmetin sodium cap 400 mg</i>	13	<i>torsemide tab 5 mg</i>	115
<i>tolmetin sodium tab 600 mg</i>	13	<i>TOSYMRA SOL 10MG</i>	160
<i>tolterodine tartrate cap er 24hr 2 mg</i>	183	<i>TOUJEO MAX INJ 300/ML</i>	47
<i>tolterodine tartrate cap er 24hr 4 mg</i>	183	<i>TOUJEO SOLO INJ 300/ML</i>	47
<i>tolterodine tartrate tab 1 mg</i>	183	<i>TPOXX CAP 200MG</i>	84
<i>tolterodine tartrate tab 2 mg</i>	183	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	21
<i>tolvaptan tab 15 mg</i>	120	<i>tramadol hcl oral soln 5 mg/ml</i>	20
<i>tolvaptan tab 30 mg</i>	120	<i>tramadol hcl tab 50 mg</i>	20
<i>tolvaptan tab therapy pack 15 mg</i>	120	<i>tramadol hcl tab er 24hr 100 mg</i>	20
<i>tolvaptan tab therapy pack 30 & 15 mg</i> ..	120	<i>tramadol hcl tab er 24hr 200 mg</i>	20
<i>tolvaptan tab therapy pack 45 & 15 mg</i> ..	120	<i>tramadol hcl tab er 24hr 300 mg</i>	20
<i>tolvaptan tab therapy pack 60 & 30 mg</i> ..	120	<i>tramadol hcl tab er 24hr biphasic release</i> <i>100 mg</i>	20
<i>TOOMEY SYRIN MIS 70ML</i>	157	<i>tramadol hcl tab er 24hr biphasic release</i> <i>200 mg</i>	20
<i>TOPAMAX SPR CAP 15MG</i>	38	<i>tramadol hcl tab er 24hr biphasic release</i> <i>300 mg</i>	20
<i>TOPAMAX SPR CAP 25MG</i>	38	<i>trandolapril tab 1 mg</i>	56
<i>TOPAMAX TAB 100MG</i>	38	<i>trandolapril tab 2 mg</i>	56
<i>TOPAMAX TAB 200MG</i>	38	<i>trandolapril tab 4 mg</i>	56
<i>TOPAMAX TAB 25MG</i>	38	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	60
<i>TOPAMAX TAB 50MG</i>	38	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	60
<i>TOPCARE MIS LANC 33G</i>	148	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	60
<i>TOPICORT CRE 0.05%</i>	109	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	60
<i>TOPICORT CRE 0.25%</i>	110	<i>tranexamic acid tab 650 mg</i>	130
<i>TOPICORT GEL 0.05%</i>	110	<i>tranylcypromine sulfate tab 10 mg</i>	41
<i>TOPICORT OIN 0.05%</i>	110	<i>TRAVEL LANCE MIS ADV 28G</i>	148
<i>TOPICORT OIN 0.25%</i>	110	<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i>	171
<i>TOPICORT SPR 0.25%</i>	110	<i>trazodone hcl tab 100 mg</i>	42
<i>topiramate cap er 24hr 100 mg</i>	38	<i>trazodone hcl tab 150 mg</i>	42
<i>topiramate cap er 24hr 200 mg</i>	38	<i>trazodone hcl tab 300 mg</i>	42
<i>topiramate cap er 24hr 25 mg</i>	38	<i>trazodone hcl tab 50 mg</i>	42
<i>topiramate cap er 24hr 50 mg</i>	38	<i>TRECATOR TAB 250MG</i>	62
<i>topiramate oral soln 25 mg/ml</i>	38	<i>TRELEGY AER 100MCG</i>	32
<i>topiramate sprinkle cap 15 mg</i>	38	<i>TRELEGY AER 200MCG</i>	32
<i>topiramate sprinkle cap 25 mg</i>	38	<i>TREMFYA INJ 100MG/ML</i>	106
<i>topiramate sprinkle cap 50 mg</i>	38	<i>TREMFYA INJ 200/2ML</i>	125
<i>topiramate tab 100 mg</i>	38		
<i>topiramate tab 200 mg</i>	38		
<i>topiramate tab 25 mg</i>	38		
<i>topiramate tab 50 mg</i>	38		
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	65		
<i>torsemide tab 100 mg</i>	115		
<i>torsemide tab 10 mg</i>	115		

TRESIBA FLEX INJ 100UNIT	47	<i>trifluoperazine hcl tab 2 mg (base</i>	
TRESIBA FLEX INJ 200UNIT	47	<i>equivalent)</i>	78
TRESIBA INJ 100UNIT	47	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>tretinoin cap 10 mg</i>	70	<i>equivalent)</i>	78
<i>tretinoin cream 0.025%</i>	100	<i>trifluridine ophth soln 1%</i>	169
<i>tretinoin cream 0.05%</i>	100	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	71
<i>tretinoin cream 0.1%</i>	100	<i>trihexyphenidyl hcl tab 2 mg</i>	71
<i>tretinoin gel 0.01%</i>	100	<i>trihexyphenidyl hcl tab 5 mg</i>	71
<i>tretinoin gel 0.025%</i>	100	TRIJARDY XR TAB	45
<i>tretinoin gel 0.05%</i>	100	TRIKAFTA PAK 59.5MG.....	179
<i>tretinoin microsphere gel 0.04%</i>	100	TRIKAFTA PAK 75MG	179
<i>tretinoin microsphere gel 0.08%</i>	100	TRIKAFTA TAB	179
<i>tretinoin microsphere gel 0.1%</i>	100	TRILIPIX CAP 135MG	53
TREXALL TAB 10MG	63	TRILIPIX CAP 45MG	53
TREXALL TAB 15MG	63	<i>trimethobenzamide hcl cap 300 mg</i>	50
TREXALL TAB 5MG.....	63	<i>trimethoprim tab 100 mg</i>	24
TREXALL TAB 7.5MG	63	<i>trimipramine maleate cap 100 mg</i>	44
<i>triamcinolone acetonide cream 0.025%</i> .	110	<i>trimipramine maleate cap 25 mg</i>	44
<i>triamcinolone acetonide cream 0.1%</i>	110	<i>trimipramine maleate cap 50 mg</i>	44
<i>triamcinolone acetonide cream 0.5%</i>	110	TRINTELLIX TAB 10MG	42
<i>triamcinolone acetonide dental paste 0.1%</i>		TRINTELLIX TAB 20MG.....	42
.....	164	TRINTELLIX TAB 5MG	42
<i>triamcinolone acetonide lotion 0.025%</i> ...110		TRIUMEQ PD TAB	81
<i>triamcinolone acetonide lotion 0.1%</i>	110	TRIUMEQ TAB	81
<i>triamcinolone acetonide oint 0.025%</i>	110	TRIZIVIR TAB	81
<i>triamcinolone acetonide oint 0.1%</i>	110	TROJAN-ENZ MIS LUBRICAT	135
<i>triamcinolone acetonide oint 0.5%</i>	110	TROJAN-ENZ MIS W/SPERMI.....	135
<i>triamterene & hydrochlorothiazide cap</i>		TROJAN MAGN MIS.....	135
<i>37.5-25 mg</i>	115	TROJAN MIS BARESKIN.....	135
<i>triamterene & hydrochlorothiazide tab 37.5-</i>		TROJAN MIS ENZ	135
<i>25 mg</i>	115	TROJAN ULTRA MIS RIBBED.....	135
<i>triamterene & hydrochlorothiazide tab 75-</i>		TROJAN ULTRA MIS THIN	135
<i>50 mg</i>	115	TROKENDI XR CAP 100MG	38
<i>triamterene cap 100 mg</i>	115	TROKENDI XR CAP 200MG.....	38
<i>triamterene cap 50 mg</i>	115	TROKENDI XR CAP 25MG	38
<i>triazolam tab 0.125 mg</i>	131	TROKENDI XR CAP 50MG	38
<i>triazolam tab 0.25 mg</i>	131	<i>trospium chloride cap er 24hr 60 mg</i>	183
TRIBENZOR TAB	60	<i>trospium chloride tab 20 mg</i>	183
<i>trientine hcl cap 250 mg</i>	162	TRUE COMFORT MIS LANC 30G	148
<i>trifluoperazine hcl tab 10 mg (base</i>		TRUE COMFORT PAD PRO	151
<i>equivalent)</i>	78	TRUE COVER MIS CONDOM.....	135
<i>trifluoperazine hcl tab 1 mg (base</i>		TRUEDRAW MIS LANC DEV	148
<i>equivalent)</i>	78	TRUE METRIX SOL LEVEL 1.....	148
		TRUE METRIX SOL LEVEL 2	148

TRUE METRIX SOL LEVEL 3	148
TRUE METRIX TES GLUCOSE	114
TRULANCE TAB 3MG	123
TRULICITY INJ 0.75/0.5	47
TRULICITY INJ 1.5/0.5	47
TRULICITY INJ 3/0.5	47
TRULICITY INJ 4.5/0.5	47
TRUPLUS LANC MIS 26G	148
TRUPLUS LANC MIS 28G	148
TRUPLUS LANC MIS 30G	149
TRUPLUS LANC MIS 33G	149
TRUQAP PAK 160MG	69
TRUQAP PAK 200MG	69
TRUQAP TAB 160MG	70
TRUQAP TAB 200MG	70
TRUSTEX/RIA MIS LUBRICAT	136
TRUSTEX/RIA MIS NON-LUB	136
TRUSTEX/RIA MIS SPERMICI	136
TRUSTEX LUBR MIS ASSORTED	135
TRUSTEX LUBR MIS BANANA	135
TRUSTEX LUBR MIS CHOC	135
TRUSTEX LUBR MIS COLA	135
TRUSTEX LUBR MIS COLORS	135
TRUSTEX LUBR MIS EX LARGE	135
TRUSTEX LUBR MIS EX STR	135
TRUSTEX LUBR MIS GRAPE	135
TRUSTEX LUBR MIS MINT	135
TRUSTEX LUBR MIS RIB/STUD	136
TRUSTEX LUBR MIS SPERMICI	136
TRUSTEX LUBR MIS STRWBRY	136
TRUSTEX LUBR MIS VANILLA	136
TRUSTEX MIS BANANA	136
TRUSTEX MIS CHOCOLAT	136
TRUSTEX MIS FLAVORS	136
TRUSTEX MIS MINT	136
TRUSTEX MIS STRWBRY	136
TRUSTEX MIS VANILLA	136
TRUSTX NON-9 MIS RIB/STUD	136
TRUZONE PEAK MIS FLOW MTR	159
TUKYSA TAB 150MG	64
TUKYSA TAB 50MG	64
TURPENTINE SOL SPIRITS	111
TWIIST KIT REFILL	149
TWIIST KIT STARTER	149

TWIIST REFIL KIT INFUSION	149
TWIST LANCET MIS 30G	149
TWIST LANCET MIS 30G MULT	149
TWYNEO CRE 0.1-3%	100
TYBOST TAB 150MG	81
TYKERB TAB 250MG	70
TYMLOS INJ	116
TYVASO DPI POW 16-32-48	91
TYVASO DPI POW 16-32MCG	91
TYVASO DPI POW 16MCG	91
TYVASO DPI POW 32MCG	91
TYVASO DPI POW 48MCG	91
TYVASO DPI POW 64MCG	91
TYVASO RF KT SOL 0.6MG/ML	91
TYVASO SOL 0.6MG/ML	91
TYVASO ST KT SOL 0.6MG/ML	91

U

UBRELVY TAB 100MG	159
UBRELVY TAB 50MG	159
UCERIS AER 2MG/ACT	23
UCERIS TAB 9MG	97
ULTICARE PAD ALCOHOL	151
ULTI-LANCE MIS CLR TIP	149
ULTILET MIS 26G	149
ULTILET MIS 28G	149
ULTILET MIS 30G	149
ULTILET MIS 33G	149
ULTILET MIS LANCETS	149
ULTILET MIS SAFETY	149
ULTILET PAD ALCOHOL	151
ULTILET SAFE MIS 21G	149
ULTRASAL-ER SOL 28.5%	111
ULTRA THIN MIS 28G	149
ULTRA THIN MIS 30G	149
ULTRA THIN MIS 31G	149
ULTRA THIN MIS 33G	149
ULTRA THIN MIS LAN 31G	149
ULTRA THIN MIS LANC 28G	149
ULTRA THIN MIS LANC 30G	149
ULTRA THIN MIS LANCETS	149
UNILET EXCEL MIS 23G	149
UNILET EX II MIS 28G	149
UNILET G.P. MIS 21G	149
UNILET G.P MIS SUPR 23G	149

UNILET GP 28 MIS ULT THIN.....	149	UPTRAVI TAB 1000MCG.....	92
UNILET LANCE MIS 21G.....	149	UPTRAVI TAB 1200MCG.....	92
UNILET LANCE MIS 28G.....	149	UPTRAVI TAB 1400MCG.....	92
UNILET LANCE MIS 33G.....	149	UPTRAVI TAB 1600MCG.....	92
UNILET LANC MIS 33G.....	149	UPTRAVI TAB 200MCG.....	92
UNILET LANCT MIS 28G.....	149	UPTRAVI TAB 400MCG.....	92
UNILET LANCT MIS 30G.....	149	UPTRAVI TAB 600MCG.....	92
UNILET LANCT MIS 33G.....	149	UPTRAVI TAB 800MCG.....	92
UNILET MICRO MIS 33G.....	149	<i>urea cream 39%</i>	110
UNILET MIS 21G.....	149	<i>urea cream 41%</i>	110
UNILET SUPER MIS 23G.....	149	<i>urea cream 45%</i>	110
UNILET SUPER MIS G.P. 23G.....	149	<i>urea cream 47%</i>	110
UNISTIK 1 MIS 2.4MM.....	149	UROCIT-K 10 TAB.....	126
UNISTIK 1 MIS 3.0MM.....	149	UROCIT-K 15 TAB.....	126
UNISTIK 23G MIS NORMAL.....	150	UROCIT-K 5 TAB.....	126
UNISTIK 2 MIS.....	149	UROGESIC- TAB BLUE.....	24
UNISTIK 2 MIS 1.8MM.....	149	URSO 250 TAB 250MG.....	123
UNISTIK 2 MIS 2.4MM.....	149	<i>ursodiol cap 300 mg</i>	123
UNISTIK 2 MIS COMFORT.....	150	<i>ursodiol tab 250 mg</i>	123
UNISTIK 2 MIS EXTRA.....	150	<i>ursodiol tab 500 mg</i>	123
UNISTIK 2 MIS NEONATAL.....	150	URSO FORTE TAB 500MG.....	123
UNISTIK 2 MIS NORMAL.....	150	V	
UNISTIK 2 MIS SUPER.....	150	VAGIFEM TAB 10MCG.....	184
UNISTIK 3 MIS 1.8MM.....	150	<i>valacyclovir hcl tab 1 gm</i>	83
UNISTIK 3 MIS COMFORT.....	150	<i>valacyclovir hcl tab 500 mg</i>	83
UNISTIK 3 MIS EXTRA.....	150	VALCHLOR GEL 0.016%.....	102
UNISTIK 3 MIS GENT 30G.....	150	<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv)</i>	82
UNISTIK 3 MIS NEONATAL.....	150	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	82
UNISTIK 3 MIS NORMAL.....	150	VALIUM TAB 10MG.....	28
UNISTIK CZT MIS COMFORT.....	150	VALIUM TAB 2MG.....	28
UNISTIK CZT MIS NORMAL.....	150	VALIUM TAB 5MG.....	28
UNISTIK PRO MIS LANC 21G.....	150	<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	40
UNISTIK PRO MIS LANC 28G.....	150	<i>valproic acid cap 250 mg</i>	40
UNISTIK SAFE MIS LANC 28G.....	150	<i>valsartan-hydrochlorothiazide tab 160-12.5</i> <i>mg</i>	61
UNISTIK SAFE MIS LANC 30G.....	150	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	61
UNISTIK TOUC MIS LANC 21G.....	150	<i>valsartan-hydrochlorothiazide tab 320-12.5</i> <i>mg</i>	61
UNISTIK TOUC MIS LANC 23G.....	150	<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	61
UNISTIK TOUC MIS LANC 28G.....	150		
UNISTIK TOUC MIS LANC 30G.....	150		
UNITSTIK PRO MIS LANC 25G.....	150		
UNIVERSAL 1 MIS 33G.....	150		
UNIVERSAL 1 MIS LANC 26G.....	150		
UNIVERSAL 1 MIS LANC 30G.....	150		
UPTRAVI PACK TAB 200/800.....	92		

<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	61	VASOTEC TAB 20MG	56
<i>valsartan oral soln 4 mg/ml</i>	57	VASOTEC TAB 5MG	56
<i>valsartan tab 160 mg</i>	57	VCF VAGINAL GEL CONTRACE	184
<i>valsartan tab 320 mg</i>	57	VCF VAGINAL MIS CONTRACP	184
<i>valsartan tab 40 mg</i>	57	VECAMEYL TAB 2.5MG	61
<i>valsartan tab 80 mg</i>	57	VELSIPITY TAB 2MG	125
VALTOCO SPR 10MG	35	VELTASSA POW 16.8GM	164
VALTOCO SPR 15MG	35	VELTASSA POW 1GM	164
VALTOCO SPR 20MG	35	VELTASSA POW 25.2GM	164
VALTOCO SPR 5MG	35	VELTASSA POW 8.4GM	164
VANCOCIN CAP 125MG	25	VENCLEXTA TAB 100MG	64
VANCOCIN CAP 250MG	25	VENCLEXTA TAB 10MG	64
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	25	VENCLEXTA TAB 50MG	64
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	25	VENCLEXTA TAB START PK	64
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	25	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	43
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	25	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	43
VANFLYTA TAB 17.7MG	70	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	43
VANFLYTA TAB 26.5MG	70	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	43
VANOS CRE 0.1%	110	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	43
VANRAFIA TAB 0.75MG	126		43
VANTAGE LANC MIS DEVICE	150	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	43
<i>varidenafil hcl orally disintegrating tab 10 mg</i>	90	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	43
<i>varidenafil hcl tab 10 mg</i>	90		43
<i>varidenafil hcl tab 2.5 mg</i>	90	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	43
<i>varidenafil hcl tab 20 mg</i>	91		43
<i>varidenafil hcl tab 5 mg</i>	90	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	43
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	178	VENTAVIS SOL 10MCG/ML	91
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	178	VENTAVIS SOL 20MCG/ML	91
<i>varenicline tartrate tab 1 mg (base equiv)</i>	178	VENT NEEDLE MIS 18GX1	157
VARUBI TAB 90MG	50	<i>verapamil hcl cap er 24hr 100 mg</i>	87
VASCEPA CAP 0.5GM	52	<i>verapamil hcl cap er 24hr 120 mg</i>	87
VASCEPA CAP 1GM	52	<i>verapamil hcl cap er 24hr 180 mg</i>	87
VASERETIC TAB 10-25MG	61	<i>verapamil hcl cap er 24hr 200 mg</i>	87
VASOTEC TAB 10MG	56	<i>verapamil hcl cap er 24hr 240 mg</i>	87
VASOTEC TAB 2.5MG	56	<i>verapamil hcl cap er 24hr 300 mg</i>	87
		<i>verapamil hcl cap er 24hr 360 mg</i>	87
		<i>verapamil hcl tab 120 mg</i>	87
		<i>verapamil hcl tab 40 mg</i>	87

<i>verapamil hcl tab 80 mg</i>	87	<i>vilazodone hcl tab 40 mg</i>	42
<i>verapamil hcl tab er 120 mg</i>	87	VIMOVO TAB 375-20MG.....	13
<i>verapamil hcl tab er 180 mg</i>	87	VIMOVO TAB 500-20MG	13
<i>verapamil hcl tab er 240 mg</i>	87	VIOKACE TAB 10440	114
VERASENS LIQ LEVEL 1.....	150	VIOKACE TAB 20880.....	114
VERELAN CAP 120MG SR.....	87	VIRASAL LIQ 27.5%.....	111
VERELAN CAP 180MG SR.....	88	VIREAD POW 40MG/GM.....	81
VERELAN CAP 240MG SR	88	VIREAD TAB 150MG	81
VERELAN CAP 360MG SR.....	88	VIREAD TAB 200MG	81
VERELAN PM CAP 100MG ER.....	88	VIREAD TAB 250MG.....	81
VERELAN PM CAP 200MG ER	88	VIREAD TAB 300MG	81
VERELAN PM CAP 300MG ER.....	88	VISTARIL CAP 25MG	27
VERIFINE LAN MIS MINI 21G	150	VISTOGARD PAK 10GM	49
VERIFINE LAN MIS MINI 23G.....	150	VITRAKVI CAP 100MG	70
VERIFINE LAN MIS MINI 28G.....	150	VITRAKVI CAP 25MG	70
VERIFINE LAN MIS MINI 30G	150	VITRAKVI SOL 20MG/ML	70
VERIFINE MIS UNIV 28G.....	150	VIVAGUARD LIQ CONTROL.....	150
VERIFINE MIS UNIV 30G	150	VIVAGUARD MIS 28G	150
VERIFINE MIS UNIV 33G.....	150	VIVAGUARD MIS 30G	150
VERISAFE MIS 23GX1.5.....	157	VIVAGUARD MIS LANCING	150
VERISAFE MIS 25GX1.....	157	VIVELLE-DOT DIS 0.05MG.....	122
VERQUVO TAB 10MG	92	VIVJOA CAP 150MG.....	51
VERQUVO TAB 2.5MG.....	92	VONJO CAP 100MG	70
VERQUVO TAB 5MG.....	92	VOQUEZNA PAK DUAL PAK	183
VERSACLOZ SUS 50MG/ML	77	VOQUEZNA PAK TRIP PK.....	183
VERZENIO TAB 100MG	70	VOQUEZNA TAB 10MG	182
VERZENIO TAB 150MG	70	VOQUEZNA TAB 20MG	182
VERZENIO TAB 200MG.....	70	VORANIGO TAB 10MG	70
VERZENIO TAB 50MG	70	VORANIGO TAB 40MG	70
VESICARE LS SUS 5MG/5ML	183	<i>voriconazole for susp 40 mg/ml</i>	51
VESICARE TAB 10MG.....	183	<i>voriconazole tab 200 mg</i>	51
VESICARE TAB 5MG	183	<i>voriconazole tab 50 mg</i>	51
VEVYE DRO 0.1%.....	169	VORTEX/MASK MIS CHILDS.....	159
VFEND SUS 40MG/ML.....	51	VORTEX/MASK MIS TODDLER	159
VFEND TAB 50MG	51	VORTEX CHAMB MIS PEDI MAS.....	159
VIBERZI TAB 100MG	125	VORTEX VALVD MIS CHAMBER	159
VIBERZI TAB 75MG	125	VORTEX VALVE MIS CHAMBER.....	159
VIBRAMYCIN CAP 100MG	180	VOSEVI TAB	83
VIBRAMYCIN SUS 25MG/5ML.....	180	VOWST CAP	125
<i>vigabatrin powd pack 500 mg</i>	39	VOXZOGO INJ 0.4MG	119
<i>vigabatrin tab 500 mg</i>	39	VOXZOGO INJ 0.56MG	119
VIGAMOX DRO 0.5%	169	VOXZOGO INJ 1.2MG.....	119
<i>vilazodone hcl tab 10 mg</i>	42	VRAYLAR CAP 1.5MG.....	74
<i>vilazodone hcl tab 20 mg</i>	42	VRAYLAR CAP 3MG	74

VRAYLAR CAP 4.5MG	74
VRAYLAR CAP 6MG	74
VTAMA CRE 1%	106
VUMERITY CAP 231MG.....	177
VUSION OIN	101
VYNDAMAX CAP 61MG	92
VYTONE CRE 1-1.9%	101
VYTORIN TAB 10-10MG	52
VYTORIN TAB 10-20MG.....	52
VYTORIN TAB 10-40MG.....	52
VYTORIN TAB 10-80MG.....	52
VYVGART INJ HYTRULO	162

W

WAKIX TAB 17.8MG	4
WAKIX TAB 4.45MG	4
<i>warfarin sodium tab 10 mg</i>	33
<i>warfarin sodium tab 1 mg</i>	32
<i>warfarin sodium tab 2.5 mg</i>	33
<i>warfarin sodium tab 2 mg</i>	33
<i>warfarin sodium tab 3 mg</i>	33
<i>warfarin sodium tab 4 mg</i>	33
<i>warfarin sodium tab 5 mg</i>	33
<i>warfarin sodium tab 6 mg</i>	33
<i>warfarin sodium tab 7.5 mg</i>	33
WEBCOL PREP PAD LARGE	151
WEBCOL PREP PAD MEDIUM	151
WEGOVY INJ 0.25MG	3
WEGOVY INJ 0.5MG.....	3
WEGOVY INJ 1.7MG.....	3
WEGOVY INJ 1MG.....	3
WEGOVY INJ 2.4MG.....	3
WELCHOL PAK 3.75GM.....	53
WELCHOL TAB 625MG.....	53
WELLBUTRIN TAB 100MG SR.....	40
WELLBUTRIN TAB 150MG SR.....	40
WELLBUTRIN TAB 200MG SR	40
WIDE-SEAL DPR KIT 60.....	136
WIDE-SEAL DPR KIT 65.....	136
WIDE-SEAL DPR KIT 70.....	136
WIDE-SEAL DPR KIT 75.....	136
WIDE-SEAL DPR KIT 80.....	136
WIDE-SEAL DPR KIT 85.....	136
WIDE-SEAL DPR KIT 90.....	136
WIDE-SEAL DPR KIT 95.....	136

WINLEVI CRE 1%	100
X	
XACIATO GEL 2%.....	184
XALATAN SOL 0.005%	171
XALKORI CAP 150MG	70
XALKORI CAP 20MG.....	70
XALKORI CAP 50MG.....	70
XARELTO STAR TAB 15/20MG	33
XARELTO SUS 1MG/ML	33
XARELTO TAB 10MG	33
XARELTO TAB 15MG	33
XARELTO TAB 2.5MG.....	33
XARELTO TAB 20MG.....	33
XATMEP SOL 2.5MG/ML	63
XCOPRI PAK 100-150	39
XCOPRI PAK 12.5-25	39
XCOPRI PAK 150-200	39
XCOPRI PAK 50-100MG	39
XCOPRI TAB 100MG.....	39
XCOPRI TAB 150MG.....	39
XCOPRI TAB 200MG	39
XCOPRI TAB 25MG.....	39
XCOPRI TAB 50MG	39
XDEMVY DRO 0.25%	169
XELJANZ SOL 1MG/ML	9
XELJANZ TAB 10MG	10
XELJANZ TAB 5MG.....	10
XELJANZ XR TAB 11MG	10
XELJANZ XR TAB 22MG	10
XELODA TAB 150MG	63
XELODA TAB 500MG	63
XEPI CRE 1%	100
XERAC-AC SOL 6.25%	112
XERMELO TAB 250MG	126
XHANCE MIS 93MCG	167
XIFAXAN TAB 200MG	24
XIFAXAN TAB 550MG	24
XIGDUO XR TAB 10-1000.....	45
XIGDUO XR TAB 10-500MG	45
XIGDUO XR TAB 2.5-1000	45
XIGDUO XR TAB 5-1000MG	45
XIGDUO XR TAB 5-500MG.....	45
XOLAIR INJ 150MG/ML	29
XOLAIR INJ 300/2ML.....	29

XOLAIR INJ 75/0.5	29
XOSPATA TAB 40MG.....	70
XPOVIO PAK 40MG	65, 66
XPOVIO PAK 50MG	66
XPOVIO PAK 60MG	66
XPOVIO PAK 80MG	66
XTAMPZA ER CAP 13.5MG	20
XTAMPZA ER CAP 18MG	20
XTAMPZA ER CAP 27MG.....	21
XTAMPZA ER CAP 36MG	21
XTAMPZA ER CAP 9MG.....	20
XTANDI CAP 40MG	65
XTANDI TAB 40MG	65
XTANDI TAB 80MG	65
XULTOPHY INJ 100/3.6	45
XURIDEN POW 2GM	119
XYWAV SOL 0.5GM/ML	173

Y

YESINTEK INJ 45/0.5ML.....	106
YESINTEK INJ 90MG/ML	106
YONSA TAB 125MG	65
YUPELRI SOL	30
YUTREPIA CAP 106MCG	91
YUTREPIA CAP 26.5MCG	91
YUTREPIA CAP 53MCG	91
YUTREPIA CAP 79.5MCG	91

Z

ZACLIR LOT 8%.....	100
<i>zafirlukast tab 10 mg</i>	30
<i>zafirlukast tab 20 mg</i>	30
<i>zaleplon cap 10 mg</i>	131
<i>zaleplon cap 5 mg</i>	131
ZANAFLEX CAP 2MG.....	166
ZANAFLEX CAP 4MG.....	166
ZANAFLEX CAP 6MG.....	166
ZANAFLEX TAB 4MG	166
ZARONTIN CAP 250MG.....	39
ZARONTIN SOL 250/5ML.....	39
ZAVESCA CAP 100MG.....	129
ZEGALOGUE INJ 0.6/0.6	46
ZEJULA TAB 100MG	70
ZEJULA TAB 200MG	70
ZEJULA TAB 300MG	70
ZELAPAR ODT TAB 1.25MG.....	73

ZEMBRACE SYM INJ 3/0.5ML	160
ZEMPLAR CAP 1MCG	119
ZEMPLAR CAP 2MCG.....	119
ZENPEP CAP 10000UNT	114
ZENPEP CAP 15000UNT	114
ZENPEP CAP 20000UNT	114
ZENPEP CAP 25000UNT	114
ZENPEP CAP 3000UNIT.....	114
ZENPEP CAP 40000UNT	114
ZENPEP CAP 5000UNIT	114
ZENPEP CAP 60000UNT	114
ZEPOSIA 7DAY CAP STR PACK.....	177
ZEPOSIA CAP 0.92MG	177
ZEPOSIA CAP STR KIT	177
ZESTRIL TAB 10MG.....	56
ZESTRIL TAB 2.5MG	56
ZESTRIL TAB 20MG.....	56
ZESTRIL TAB 30MG.....	56
ZESTRIL TAB 40MG.....	56
ZESTRIL TAB 5MG	56
ZEVALIN KIT Y-90.....	64
ZEVRX STERIL PAD ALCHOL	151
ZEVRX TWIST MIS LANC 30G	150
ZIAGEN SOL 20MG/ML	81
ZIAGEN TAB 300MG	81
<i>zidovudine cap 100 mg</i>	82
<i>zidovudine syrup 10 mg/ml</i>	82
<i>zidovudine tab 300 mg</i>	82
ZIOPTAN DRO 0.0015%	171
<i>ziprasidone hcl cap 20 mg</i>	74
<i>ziprasidone hcl cap 40 mg</i>	74
<i>ziprasidone hcl cap 60 mg</i>	74
<i>ziprasidone hcl cap 80 mg</i>	74
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	74
ZIPSOR CAP 25MG	13
ZITHRANOL SHA 1%	106
ZITHROMAX POW 1GM PAK.....	132
ZITHROMAX SUS 100/5ML	132
ZITHROMAX SUS 200/5ML	132
ZITHROMAX TAB 250MG.....	133
ZITHROMAX TAB 500MG	133
ZITHROMAX TAB TRI-PAK.....	133
ZITHROMAX TAB Z-PAK	133

ZITUVIMET TAB 50-1000.....	45	ZORTRESS TAB 1MG.....	164
ZITUVIMET TAB 50-500MG.....	45	ZORYVE CRE 0.15%.....	112
ZITUVIMET XR TAB 100-1000.....	45	ZORYVE CRE 0.3%.....	112
ZITUVIMET XR TAB 50-1000.....	45	ZORYVE MIS 0.3%.....	112
ZITUVIMET XR TAB 50-500MG.....	45	ZOVIRAX CRE 5%.....	107
ZITUVIO TAB 100MG.....	46	ZOVIRAX OIN 5%.....	107
ZITUVIO TAB 25MG.....	46	ZTLIDO PAD 1.8%.....	112
ZITUVIO TAB 50MG.....	46	ZUBSOLV SUB 0.7-0.18.....	22
ZOCOR TAB 10MG.....	54	ZUBSOLV SUB 1.4-0.36.....	22
ZOCOR TAB 20MG.....	54	ZUBSOLV SUB 11.4-2.9.....	22
ZOCOR TAB 40MG.....	54	ZUBSOLV SUB 2.9-0.71.....	22
ZOKINVY CAP 50MG.....	164	ZUBSOLV SUB 5.7-1.4.....	22
ZOKINVY CAP 75MG.....	164	ZUBSOLV SUB 8.6-2.1.....	22
ZOLINZA CAP 100MG.....	70	ZURZUVAE CAP 20MG.....	40
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>		ZURZUVAE CAP 25MG.....	40
.....	161	ZURZUVAE CAP 30MG.....	40
<i>zolmitriptan nasal spray 5 mg/spray unit.</i>	161	ZYCLARA CRE 3.75%.....	111
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>		ZYCLARA PUMP CRE 2.5%.....	111
.....	161	ZYCLARA PUMP CRE 3.75%.....	111
<i>zolmitriptan orally disintegrating tab 5 mg</i>		ZYFLO TAB 600MG.....	30
.....	161	ZYKADIA TAB 150MG.....	70
<i>zolmitriptan tab 2.5 mg</i>	161	ZYPREXA INJ 10MG.....	77
<i>zolmitriptan tab 5 mg</i>	161	ZYPREXA RELP INJ 210MG.....	77
<i>zolpidem tartrate tab 10 mg</i>	131	ZYPREXA RELP INJ 300MG.....	77
<i>zolpidem tartrate tab 5 mg</i>	131	ZYPREXA RELP INJ 405MG.....	77
<i>zolpidem tartrate tab er 12.5 mg</i>	132	ZYPREXA TAB 10MG.....	77
<i>zolpidem tartrate tab er 6.25 mg</i>	132	ZYPREXA TAB 15MG.....	77
ZOMIG SPR 2.5MG.....	161	ZYPREXA TAB 2.5MG.....	77
ZOMIG SPR 5MG.....	161	ZYPREXA TAB 20MG.....	77
ZONALON CRE 5%.....	102	ZYPREXA TAB 5MG.....	77
<i>zonisamide cap 100 mg</i>	38	ZYPREXA TAB 7.5MG.....	77
<i>zonisamide cap 25 mg</i>	38	ZYPREXA ZYDI TAB 10MG.....	77
<i>zonisamide cap 50 mg</i>	38	ZYPREXA ZYDI TAB 15MG.....	77
ZORBTIVE INJ 8.8MG.....	118	ZYPREXA ZYDI TAB 20MG.....	77
ZORTRESS TAB 0.25MG.....	163	ZYPREXA ZYDI TAB 5MG.....	77
ZORTRESS TAB 0.5MG.....	163	ZYVOX SUS 100MG/5M.....	25
ZORTRESS TAB 0.75MG.....	163	ZYVOX TAB 600MG.....	25

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



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SUM7286-1S (1/26) ■ For self-insured plans only

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

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

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

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

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

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-6518 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，然後您將會與翻譯人員聯繫。

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 به صورت 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): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndị dị óké mkpà 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'akwughị ụgwọ ọbụla. Ndi ọtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ Káàdị njirimara ndi ọtù ha. Ndi ọzọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara, kwuo asụsụ ichorọ, a ga ejikota gị 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. 귀하의 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 íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoolkáí dóo bee ida'ii'aahí háidíí shíí t'áá bich'í'jì' ha'át'ííshíí ádadiilííhígíí biyi'. Díí bee baa dahane'í dóo t'áá jik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bìł hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní bąąh béesh bee hane'í námboo biká'ígíí yee dahalne' dooleet. Nááná ła' 855-258-6518 yee dahalne' dóo yáłti'í biba' asdáago niléí ó bíł adílchííd hodoo'niidjì'. Naalnishí haadzíí'go, saad nínízinígíí bee bíł hodíilnih dóo ata' yáłti'í bich'í' 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। अरु 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 mana'omia ai le faia o se gaioiga i nisi taimi fa'agata. E iai lau aia tataua e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se todogi. E tataua 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'aailoa 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 poledini 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 دیے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبائے کا اشارہ ملنے تک ڈائلاگ پر انتظار کرنا چاہیے۔ 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.