

CareFirst Formulary 3

2025

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

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

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

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	<ul style="list-style-type: none"> ■ 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 \$	<ul style="list-style-type: none"> ■ 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 \$\$	<ul style="list-style-type: none"> ■ 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 \$\$\$	<ul style="list-style-type: none"> ■ 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 \$\$\$\$	<ul style="list-style-type: none"> ■ 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 \$\$\$\$	<ul style="list-style-type: none"> ■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

Drug Name **Drug Tier** **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

<i>amphetamine sulfate tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (4 tabs every 1 day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (2 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (2 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (1 tab every 1 day)
DESOXYN TAB 5MG	3	QL (6 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
VYVANSE CAP 10MG	3	QL (2 caps every 1 day)
VYVANSE CAP 20MG	3	QL (2 caps every 1 day)
VYVANSE CAP 30MG	3	QL (2 caps every 1 day)
VYVANSE CAP 40MG	3	QL (1 cap every 1 day)
VYVANSE CAP 50MG	3	QL (1 cap every 1 day)
VYVANSE CAP 60MG	3	QL (1 cap every 1 day)
VYVANSE CAP 70MG	3	QL (1 cap every 1 day)
VYVANSE CHW 10MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 20MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 30MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 40MG	3	QL (1 tab every 1 day)
VYVANSE CHW 50MG	3	QL (1 tab every 1 day)
VYVANSE CHW 60MG	3	QL (1 tab every 1 day)

ANALECTICS

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

ADIPEX-P CAP 37.5MG	3	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>benzphetamine hcl tab 50 mg</i>	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA, QL (30 tabs every 28 days); Coverage is subject to your plan/benefits
LOMAIRA TAB 8MG	3	PA, QL (3 tabs every 1 day); Coverage is subject to your plan/benefits
PHENDIMETRAZ CAP 105MG ER	1	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA, QL (180 tabs every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	PA, QL (60 caps every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA, QL (4 tabs every 1 day); Coverage is subject to your plan/benefits
IMCIVREE INJ 10MG/ML	5	QL (10 vials every 30 days); Coverage is subject to your plan/benefits
<i>orlistat cap 120 mg</i>	1	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
XENICAL CAP 120MG	3	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 2.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 5/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 7.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 10/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
ZEPBOUND INJ 12.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 15/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<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	
ONYDA XR SUS 0.1MG/ML	3	
QELBREE CAP 100MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 200MG ER	2	QL (3 caps every 1 day)
STRATTERA CAP 10MG	3	QL (4 caps every 1 day)
STRATTERA CAP 18MG	3	QL (4 caps every 1 day)
STRATTERA CAP 25MG	3	QL (4 caps every 1 day)
STRATTERA CAP 40MG	3	QL (2 caps every 1 day)
STRATTERA CAP 60MG	3	QL (1 cap every 1 day)
STRATTERA CAP 80MG	3	QL (1 cap every 1 day)
STRATTERA CAP 100MG	3	QL (1 cap every 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	4	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	4	PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 tabs every 30 days)
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 tabs every 30 days)
RITALIN LA CAP 10MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 20MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 30MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 40MG	3	QL (1 cap every 1 day)
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

GRASTEK SUB 2800BAU	2
ODACTRA SUB	3
ORALAIR SUB 300 IR	2

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 pen autoinjectors 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 INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ SENS INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-CROH INJ UC 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-PED INJ CROHNS	4	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSOR/UVE	4	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	4	PA, QL (12 mL every 1 day)
RINVOQ TAB 15MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/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.
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.

Drug Name	Drug Tier	Requirements/Limits
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		
RASUVO INJ 7.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 10MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 15MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 20MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 25MG	4	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 30MG	4	PA, QL (4 pens every 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)
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<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	
<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 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 20MG	4	PA, QL (2 tabs every 1 day)
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. Approved quantity may be less than the listed limit.
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	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 SYRINGES every 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	4	PA, QL (4 pfs every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	4	PA, QL (4 pfs every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4 pfs every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	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)
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<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	

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>aspirin chew tab 81 mg</i>	1	OTC
<i>aspirin chew tab 81 mg</i>	1	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	1	OTC
<i>aspirin tab delayed release 81 mg</i>	1	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	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 25 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 25 days)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 25 days)
CONZIP CAP 100MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 200MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 300MG	3	PA, QL (30 caps every 25 days)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every day)
DILAUDID TAB 2MG	3	PA, QL (180 tabs every 25 days)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every day)
DILAUDID TAB 8MG	3	PA, QL (60 tabs every 25 days)
<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

Drug Name	Drug Tier	Requirements/Limits
<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, QL (10 patches every 25 days)
<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, QL (10 patches every 25 days)
<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, QL (10 patches every 25 days)
<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, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (60 caps every 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (16 mL every day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (4 tabs every day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 30 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 40 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 60 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 80 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 100 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 120 MG	2	PA, QL (30 tabs every 30 days)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (60 mL every 25 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL every 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (7.5 mL every day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (90 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 10 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (60 mL every 25 days)
METHADOSE SF CON 10MG/ML	3	QL (60 mL every 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA
<i>morphine sulfate suppos 10 mg</i>	1	PA
<i>morphine sulfate suppos 20 mg</i>	1	PA
<i>morphine sulfate suppos 30 mg</i>	1	PA
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 100 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>morphine sulfate tab er 200 mg</i>	1	PA, QL (30 tabs every 30 days)
MS CONTIN TAB 15MG ER	3	PA, QL (90 tabs every 25 days)
MS CONTIN TAB 30MG ER	3	PA, QL (90 tabs every 25 days)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA, QL (30 tabs every 30 days)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 25 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (90 mL every 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (120 tabs every 25 days)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab abuse deter 15 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (120 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs every 25 days)
ROXICODONE TAB 15MG	3	PA, QL (120 tabs every 25 days)
ROXICODONE TAB 30MG	3	PA, QL (60 tabs every 25 days)
<i>tramadol hcl oral soln 5 mg/ml</i>	1	
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA, QL (30 tabs every 25 days)
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 30 days)

OPIOID COMBINATIONS

<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 (390 tabs every 30 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
FIORICET CAP CODEINE	3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL 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)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL every 30 days)
<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)
ULTRACET TAB 37.5-325	3	PA, QL (8 tabs every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 150MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 450MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 25 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 25 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 25 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	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**ANABOLIC STEROIDS**

<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	

ANDROGENS

ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
JATENZO CAP 158MG	3	PA
JATENZO CAP 198MG	3	PA
JATENZO CAP 237MG	3	PA
METHITEST TAB 10MG	3	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
<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
XYOSTED INJ 50/0.5	2	PA
XYOSTED INJ 75/0.5	2	PA
XYOSTED INJ 100/0.5	2	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	

RECTAL COMBINATIONS

ANALPRAM HC CRE 2.5-1%	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	
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	

VASODILATING AGENTS

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

ANTHELMINTICS**ANTHELMINTICS**

<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	PA
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
STROMECTION TAB 3MG	3	PA

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 550MG	2	PA

ANTI-INFECTIVE MISC. - COMBINATIONS

BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i>	1	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 120 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	

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	2	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOGIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOGIN 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 SOL 2MG/ML	3	PA
PLEUROMUTILINS		
XENLETA TAB 600MG	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	

Drug Name	Drug Tier	Requirements/Limits
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<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		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
<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	

Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL SPR 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANSXIETY AGENTS**ANTIANSXIETY 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	
VISTARIL CAP 50MG	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	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<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	
TRANXENE T TAB 7.5MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	5	PA
TIKOSYN CAP 250MCG	5	PA
TIKOSYN CAP 500MCG	5	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pen every 56 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)

Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDIHLR	1	QL (1 package every 25 days); Brand preferred over generic
SPIRIVA SPR 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	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (4 mL every 1 day)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (6 mL every 1 day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (2 mL every 1 day)
PULMICORT INH 90MCG	2	QL (3 inhalers every 28 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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 mL 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 (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<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 ELLIPTA AER 62.5-25	2	QL (2 blisters every 1 day)
<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 (2 blisters every 1 day)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day)
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
<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)
<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 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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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)
XOPENEX CONC NEB 1.25/0.5	3	QL (3 ea every 1 day)
XOPENEX NEB 0.31MG	3	QL (10 mL every 1 day)
XOPENEX NEB 0.63MG	3	QL (10 mL every 1 day)
XOPENEX NEB 1.25/3ML	3	QL (10 mL every 1 day)

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	
<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	

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TAB 5MG	2	
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	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
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	
<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 sprays every 25 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea every 25 days)

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BRIVIACT SOL 10MG/ML	2	
BRIVIACT TAB 10MG	2	
BRIVIACT TAB 25MG	2	
BRIVIACT TAB 50MG	2	
BRIVIACT TAB 75MG	2	
BRIVIACT TAB 100MG	2	
<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 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 (800 mL every 30 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 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	QL (120 caps every 30 days)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps every 30 days)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps every 30 days)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps every 30 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 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	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
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		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<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)
VIGAFYDE SOL 100MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 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)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>miglitol tab 100 mg</i>	1	
PRECOSE TAB 25MG	3	
PRECOSE TAB 50MG	3	
PRECOSE TAB 100MG	3	
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	
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	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 28 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	
<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	
<i>diazoxide susp 50 mg/ml</i>	1	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	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
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	QL (3 pens every 28 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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 2/1.5ML	2	PA, QL (1 pen every 30 days); Starter Pen
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 25 days)
RYBELSUS TAB 3MG	2	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 7MG	2	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 14MG	2	PA, QL (30 tabs every 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
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	
<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
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 3 mg</i>	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
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		
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	
<i>deferasirox granules packet 90 mg</i>	1	PA
<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	PA, 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 soln cartridge 0.4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTIEMETICS**5-HT3 RECEPTOR ANTAGONISTS**

<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)
POSFREA INJ 0.25/5ML	3	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	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

ANTIEMETICS - MISCELLANEOUS

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 ea 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)

ANTIFUNGALS**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
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Drug Name	Drug Tier	Requirements/Limits
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 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
<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
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VFEND TAB 200MG	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>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tab 2.68 mg</i>	1	
KARBINAL ER SUS 4MG/5ML	3	
ANTIHISTAMINES - 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	
ANTIHISTAMINES - 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	
<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	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST
ANTIHYPERLIPIDEMICS - 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	
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	PA
<i>icosapent ethyl cap 1 gm</i>	1	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
HMG COA REDUCTASE INHIBITORS		
<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	\$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
<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	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<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	
<i>simvastatin tab 20 mg</i>	0	
<i>simvastatin tab 40 mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
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	
NIASPAN TAB 1000 ER	3	
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 cartridge 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 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<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		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<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	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<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	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	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	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
INSPRA TAB 25MG	3	
INSPRA 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 200 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	
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 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	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	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**

ALKERAN TAB 2MG	0	
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	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 250MG	0	PA
<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
<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	\$0 copay based on your plan/benefit

Drug Name	Drug Tier	Requirements/Limits
<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
XELODA TAB 500MG	0	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
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)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
<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)
LAZCLUZE TAB 80MG	5	
LAZCLUZE TAB 240MG	5	
TAGRISSE TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSE TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 150MG	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)
<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>flutamide cap 125 mg</i>	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	

Drug Name	Drug Tier	Requirements/Limits
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	\$0 copay for women > 35 years for the primary prevention of breast cancer
<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 (42 caps every 28 days)
POMALYST CAP 2MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 3MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 4MG	0	PA, QL (42 caps every 28 days)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 tabs every 28 days); Therapy Pack
XPOVIO PAK 50MG	0	PA, QL (8 tabs every 28 days); Therapy Pack
XPOVIO PAK 60MG	0	PA, QL (24 tabs every 28 days); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 80MG	0	PA, QL (32 tabs every 28 days); Twice Weekly
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (10 tabs every 25 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
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)
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 CAP 100MG	0	PA, QL (2 caps every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
COTELLIC TAB 20MG	0	PA, QL (63 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<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 tab 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 ea every 1 day)
<i>everolimus tab for oral susp 3 mg</i>	0	PA, QL (3 ea every 1 day)
<i>everolimus tab for oral susp 5 mg</i>	0	PA, QL (2 ea every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
IBRANCE CAP 75MG	0	PA, QL (1 cap every 1 day)
IBRANCE CAP 100MG	0	PA, QL (1 cap every 1 day)
IBRANCE CAP 125MG	0	PA, QL (1 cap every 1 day)
IBRANCE TAB 75MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 100MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 125MG	0	PA, QL (42 tabs every 28 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)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 28 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 28 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 28 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 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 (12 bottles every 28 days)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 2.3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 4MG	0	PA, QL (6 ea every 28 days)
<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 (2 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA
RETEVMO TAB 80MG	0	PA
RETEVMO TAB 120MG	0	PA
RETEVMO TAB 160MG	0	PA
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)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	0	PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	0	PA, QL (1 tab every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<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 TAB 10MG	0	PA, QL (4 bottles every 28 days)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (28 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)

Drug Name	Drug Tier	Requirements/Limits
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	5	PA
VORANIGO TAB 40MG	5	PA
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 CAP 100MG	0	PA, QL (3 caps every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZELBORAF TAB 240MG	0	PA, QL (8 tabs every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYDELIG TAB 100MG	0	PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	0	PA, QL (2 tabs every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
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	
INTRON A INJ 10MU	5	PA
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	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA

Drug Name	Drug Tier	Requirements/Limits
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 30 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	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	3	
CREXONT CAP 52.5-210	3	
CREXONT CAP 70-280MG	3	
CREXONT CAP 87.5-350	3	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	4	PA, QL (10 caps every 1 day)
KYNMOBI MIS 10MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 15MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 20MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 25MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 30MG	4	PA, QL (5 films 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	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
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.		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	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 1.5-3MG	2	
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	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
HALDOL DECAN INJ 100MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<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	

Drug Name	Drug Tier	Requirements/Limits
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		
<i>ABILIFY ASIM INJ 720MG</i>	2	
<i>ABILIFY ASIM INJ 960MG</i>	2	
<i>ABILIFY MAIN INJ 300MG</i>	2	
<i>ABILIFY MAIN INJ 400MG</i>	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
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)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary 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-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	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 (680 mL every 28 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<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 100 mg</i>	1	QL (3 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 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	PA, QL (2 tabs every 1 day)
<i>stavudine cap 15 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	1	QL (2 caps every 1 day)
SUSTIVA CAP 50MG	3	QL (3 caps every 1 day)
SUSTIVA CAP 200MG	3	QL (3 caps 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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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 TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	PA, QL (4 tabs every 1 day)
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
PREVYMIS TAB 480MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days)
<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

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PAK 200-50MG	4	PA, QL (1 packet 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 (1 packet 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	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	5	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	5	PA, QL (1 packet every 1 day)
SOVALDI TAB 200MG	5	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	5	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	2	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	

Drug Name	Drug Tier	Requirements/Limits
<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)
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 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 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	
<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		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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/afI) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afI) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afI) 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	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS**CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>levamlodipine maleate tab 2.5 mg</i>	1	
<i>levamlodipine maleate tab 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<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>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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil 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 (252 cartridges every 28 days)
TYVASO DPI POW 16-32MCG	4	PA, QL (196 cartridges every 28 days)
TYVASO DPI POW 16MCG	4	PA, QL (112 cartridges every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 32-48MCG	4	PA, QL (224 cartridges every 28 days)
TYVASO DPI POW 32MCG	4	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 48MCG	4	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 64MCG	4	PA, QL (112 cartridges every 28 days)
TYVASO RF KT SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML	5	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	5	PA, QL (9 mL 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)
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 (784 mL every 30 days)
<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	5	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	4	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	2	PA
CORLANOR TAB 7.5MG	2	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	5	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	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
GENERESS FE CHW	3	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	3	
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>	1	QL (13 ea every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 rings 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	3	QL (1 injection every 59 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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 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 phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</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	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	1	Brand preferred over generic
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
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	QL (30 mL every 1 day)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	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	QL (60 mL every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	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	QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	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		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA, OTC
<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
AKLIEF CRE 0.005%	2	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 25 days)
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 gm every 25 days)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (60 gm every 30 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL (50 gm every 25 days)
<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	PA, OTC
DIFFERIN GEL 0.3%	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)
EVOCLIN AER 1%	3	
<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 (50 gm every 25 days)
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	
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	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
<i>tretinoin microsphere gel 0.08%</i>	1	
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	QL (150 mL every 21 days)
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm every 25 days)
<i>gentamicin sulfate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>gentamicin sulfate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mupirocin oint 2%</i>	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 gm every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	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)
<i>econazole nitrate cream 1%</i>	1	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)
EXTINA AER 2%	3	QL (100 gm 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
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
LOPROX SHA 1%	3	QL (120 mL 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)
<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)
<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)
VYTONA CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	PA
<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)

Drug Name	Drug Tier	Requirements/Limits
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 pens every 42 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
BIMZELX INJ 160MG/ML	4	PA, QL (2 syringes every 42 days); Preferred agent 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 and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	4	PA, QL (2 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 300DOSE	4	PA, QL (2 pens every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOTYKTU TAB 6MG	4	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	5	PA, QL (2 syringes every 28 days)
STELARA INJ 45MG/0.5	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 45MG/0.5	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VTAMA CRE 1%	2	PA
ZITHRANOL SHA 1%	3	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
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	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
<i>penciclovir cream 1%</i>	1	
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	
SULFAMYLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
GRAFCO SILVR MIS NIT APPL	3	
SILVER NITRA SOL 0.5%	3	
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)

Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide cream 0.1%</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)
<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)
<i>clobetasol propionate cream 0.05%</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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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>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)
HC/PRAMOXINE CRE 1-2.35%	3	
HYDROCAINE CRE 3-0.5%	3	
<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 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)
LIDO/HYDROCO LOT 5-1%	3	
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	
OLUX AER 0.05%	3	QL (4 gm every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	QL (4 gm every 1 day)
SERNIVO SPR	3	QL (4 mL every 1 day)
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	2	PA
TACLONEX SUS	2	PA
TEXACORT SOL 2.5%	3	QL (4 mL every 1 day)
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
<i>tiamcinolone acetonide cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>tiamcinolone acetonide cream 0.5%</i>	1	QL (4 gm every 1 day)
<i>tiamcinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>tiamcinolone acetonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>tiamcinolone acetonide lotion 0.025%</i>	1	QL (4 mL every 1 day)
<i>tiamcinolone acetonide oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>tiamcinolone acetonide oint 0.5%</i>	1	QL (4 gm every 1 day)
<i>tiamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
TRIDESILON CRE 0.05%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	4	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	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 100/0.67	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 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	
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (90 grams every 30 days)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	4	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	5	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	QL (21 ea every 25 days)
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	

Drug Name	Drug Tier	Requirements/Limits
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		
ANACAINE OIN	3	
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (30 gm every 25 days)
<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 (60mL 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%	3	QL (3 ea every 1 day)
LIDOTRAL GEL 5%	3	
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
ZTLIDO PAD 1.8%	3	PA, QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.15%	2	
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

Drug Name	Drug Tier	Requirements/Limits
METROCREAM CRE 0.75%	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	Brand preferred over generic
SOOLANTRA CRE 1%	1	PA; Brand preferred over generic
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 (60 grams every 30 days)
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 K TES	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
CVS TRUE MET TES GLUCOSE	0	QL (5 strips every 1 day), OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC

Drug Name	Drug Tier	Requirements/Limits
NOVA MAX PLS TES KETONE	0	OTC
ONETOUCH TES ULTRA	0	QL (5 strips every 1 day), OTC
ONETOUCH TES VERIO	0	QL (5 strips every 1 day), OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	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	
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

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

Drug Name	Drug Tier	Requirements/Limits
<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>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide 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	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 5 mg</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 600/2.4	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	
NATPARA INJ 25MCG	5	PA, QL (2 cartridges every 28 days)
NATPARA INJ 50MCG	5	PA, QL (2 cartridges every 28 days)
NATPARA INJ 75MCG	5	PA, QL (2 cartridges every 28 days)
NATPARA INJ 100MCG	5	PA, QL (2 cartridges every 28 days)
<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 600 mcg/2.4ml</i>	1	PA, QL (1 pen every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS INJ	4	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ GEL	5	PA
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	
FOLLISTIM AQ INJ 300UNIT	4	PA, QL (15 cartridges every 28 days)
FOLLISTIM AQ INJ 600UNIT	4	PA, QL (10 cartridges every 28 days)
FOLLISTIM AQ INJ 900UNIT	4	PA, QL (7 cartridges every 28 days)
MENOPUR INJ 75UNIT	4	PA
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	4	PA; Brand preferred over generic
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (1 vial every 1 day)
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
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	PA

Drug Name	Drug Tier	Requirements/Limits
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
<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	
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM	4	PA, QL (672 gm every 30 days)
REVCovi INJ 1.6MG/ML	5	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 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 (798 gm every 30 days)
<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	PA, 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
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	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA 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 (45 vials every 30 days)
<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, QL (1 tab every 1 day)
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	2	
BIJUVA CAP 1-100MG	2	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	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
ESTROGENS		
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	PA
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA
EVAMIST SPR 1.53MG	3	
PREMARIN INJ 25MG	3	PA

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 for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<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	

GASTROINTESTINAL AGENTS - MISC.**AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

TRULANCE TAB 3MG	3	
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA

FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB 5MG	5	PA, QL (1 tab every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
OCALIVA TAB 10MG	5	PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	5	PA
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	
CIMZIA PREFL KIT 200MG/ML	4	PA, QL (2 kits every 28 days); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
CIMZIA START KIT 200MG/ML	4	PA, QL (1 kit every 28 days); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DIPENTUM CAP 250MG	3	
<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	
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)
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
VELSIPITY TAB 2MG	5	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosectron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosectron 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	

Drug Name	Drug Tier	Requirements/Limits
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	
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
LIVDELZI CAP 10MG	5	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
PHOSLYRA SOL	3	
RENAGEL TAB 800MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
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 300 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	
MITIGARE CAP 0.6MG	1	QL (2 caps every 1 day); Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
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)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	5	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	5	PA, QL (6 caps every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (2 caps every 1 day)
<i>miglustat cap 100 mg</i>	1	PA, QL (3 caps 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	PA
<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)

Drug Name	Drug Tier	Requirements/Limits
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, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	4	PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	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 (2 syringes every 28 days)
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
<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	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid tab 650 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<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	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5 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	2	\$0 copay for members age 40 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-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	3	\$0 copay for members age 45 through 75
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 40 through 75
SUFLAVE SOL	3	
SUTAB TAB	3	
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each every 300 days)

Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
OMNIFLEX DPR	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
ACCUTREND SOL GLUCOSE	0	OTC
ACTI-LANCE MIS 28G	0	OTC
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC
ADJ LANCING MIS DEVICE	0	OTC
ADV LANCING MIS DEVICE	0	OTC
ADV TRAVEL MIS LANC 28G	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVOCATE 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

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

Drug Name	Drug Tier	Requirements/Limits
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 MIS LANCETS	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTOUR HIGH LIQ CONTROL	0	OTC
CONTOUR LOW LIQ CONTROL	0	OTC
CONTOUR NEXT SOL LEVEL 1	0	OTC
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HI/MID/L	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC

Drug Name	Drug Tier	Requirements/Limits
COUNT-A-DOSE MIS	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	ST, PA
DEXCOM G6 MIS SENSOR	0	ST, PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	ST, PA
DEXCOM G7 MIS RECEIVER	0	ST, PA
DEXCOM G7 MIS SENSOR	0	ST, PA, QL (3 sensors every 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
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 LANC/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
EASYSSTEP HGH SOL CONTROL	0	OTC
EASYSSTEP 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

Drug Name	Drug Tier	Requirements/Limits
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINE 30 MIS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FORTISCARE SOL CNTL HI	0	OTC
FORTISCARE SOL CNTL LOW	0	OTC
FORTISCARE SOL CNTL NML	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
GENTEEL TIPS MIS YELLOW	0	OTC
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GLUCOSE CONT SOL HIGH	0	OTC
GLUCOSE CONT SOL NORMAL	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

Drug Name	Drug Tier	Requirements/Limits
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
HLTHY ACCNTS MIS LANC 30G	0	OTC
HYPOLANCE KIT LANCING	0	OTC
ILET CONTACT MIS 23" 6MM	0	
ILET INSET MIS 23" 6MM	0	
ILET INSULIN MIS PUMP	0	
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
INSUL-CAP MIS	0	OTC
INSUL-EZE MIS	0	OTC
INSULIN SYR MIS BARR 1ML	0	OTC
KINNEY MIS LANCETS	0	OTC
KINNEY THIN MIS LANCETS	0	OTC
KROGER LANCE MIS	0	OTC
KROGER LANCE MIS 26G	0	OTC
KROGER LANCE MIS THIN	0	OTC
KROGER LANCE MIS THIN 30G	0	OTC
LANCET AUTO MIS INJECTOR	0	OTC
LANCET CARRY MIS CASE	0	OTC
LANCET DEVIC MIS 30G	0	OTC
LANCET DEVIC MIS ADJUST	0	OTC
LANCET MICRO MIS THIN 33G	0	OTC
LANCET STAND MIS 21G	0	OTC
LANCET SUPER MIS THIN 30G	0	OTC
LANCET ULTRA MIS 28G	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

Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS 26G	0	OTC
LANCETS MIS 28G	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
LB LANCET MIS 28G	0	OTC
LB LANCING MIS DEVICE	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS EXTR 21G	0	OTC
MEDLANCE MIS LITE 25G	0	OTC
MEDLANCE MIS PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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, QL (10 boxes every 30 days)
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA, QL (10 boxes every 30 days)
OMNIPOD MIS CLASSIC	0	PA, QL (10 boxes every 30 days)
OMNIPOD PDM KIT CLASSIC	0	PA, QL (1 kit every 999 days)
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH DEL MIS LANC DEV	0	OTC
ONETOUCH DEL MIS PLUS 30G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DEL MIS PLUS 33G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
ONETOUCH MIS LANC DEV	0	OTC
ONETOUCH US MIS 2 30G	0	OTC
ONETOUCH US MIS LANCETS	0	OTC
OVAL TAPE MIS	0	OTC
PC LANCETS MIS 30G	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PERFECT POIN MIS LANC 28G	0	OTC
PERFECT POIN MIS LANC 30G	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PSS SAFE LAN MIS	0	OTC
PSS SEL LANC MIS	0	OTC
PSS SEL PLAT MIS	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
PX LANCETS MIS ULT THIN	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

Drug Name	Drug Tier	Requirements/Limits
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC
READYLANCE MIS 26G	0	OTC
READYLANCE MIS 28G	0	OTC
READYLANCE MIS 30G	0	OTC
REALITY MIS LANCETS	0	OTC
REALITY TRIG MIS LANCETS	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RELION KIT LANCING	0	OTC
RELION LANCE MIS THIN 26G	0	OTC
RELION LANCE MIS THIN 30G	0	OTC
RELION LANCI MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTEST ALT MIS ADAPTOR	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
RIGHTEST MIS GD500	0	OTC
RIGHTEST MIS GL300	0	OTC
SAFE-T-LANCE MIS 21G	0	OTC
SAFE-T-LANCE MIS 25G	0	OTC
SAFE-T-LANCE MIS HI FLOW	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
SHOPKO LANC MIS DEVICE	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
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

Drug Name	Drug Tier	Requirements/Limits
TOPCARE MIS LANC 33G	0	OTC
TRAVEL LANCE MIS 30G	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
TRUECONTROL LIQ LEVEL 0	0	OTC
TRUECONTROL LIQ LEVEL 1	0	OTC
TRUEDRAW MIS LANC DEV	0	OTC
TRUPLUS LANC MIS 26G	0	OTC
TRUPLUS LANC MIS 28G	0	OTC
TRUPLUS LANC MIS 30G	0	OTC
TRUPLUS LANC MIS 33G	0	OTC
TWIIIST KIT REFILL	0	
TWIIIST KIT STARTER	0	
TWIIIST REFIL KIT INFUSION	0	
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 CMFR MIS TCH 28G	0	OTC
UNILET CMFR MIS TCH 30G	0	OTC
UNILET EX II MIS 28G	0	OTC
UNILET EXCEL MIS 23G	0	OTC
UNILET G.P MIS SUPR 23G	0	OTC
UNILET G.P. MIS 21G	0	OTC
UNILET GP 28 MIS ULT THIN	0	OTC

Drug Name	Drug Tier	Requirements/Limits
UNILET LANC MIS 33G	0	OTC
UNILET LANCE MIS 21G	0	OTC
UNILET LANCE MIS 28G	0	OTC
UNILET LANCE MIS 33G	0	OTC
UNILET LANCT MIS 28G	0	OTC
UNILET LANCT MIS 30G	0	OTC
UNILET LANCT MIS 33G	0	OTC
UNILET MICRO MIS 33G	0	OTC
UNILET MIS 21G	0	OTC
UNILET SUPER MIS 23G	0	OTC
UNILET SUPER MIS G.P. 23G	0	OTC
UNISTIK 1 MIS 2.4MM	0	OTC
UNISTIK 1 MIS 3.0MM	0	OTC
UNISTIK 2 MIS	0	OTC
UNISTIK 2 MIS 1.8MM	0	OTC
UNISTIK 2 MIS 2.4MM	0	OTC
UNISTIK 2 MIS COMFORT	0	OTC
UNISTIK 2 MIS EXTRA	0	OTC
UNISTIK 2 MIS NEONATAL	0	OTC
UNISTIK 2 MIS NORMAL	0	OTC
UNISTIK 2 MIS SUPER	0	OTC
UNISTIK 3 MIS 1.8MM	0	OTC
UNISTIK 3 MIS COMFORT	0	OTC
UNISTIK 3 MIS EXTRA	0	OTC
UNISTIK 3 MIS GENT 30G	0	OTC
UNISTIK 3 MIS NEONATAL	0	OTC
UNISTIK 3 MIS NORMAL	0	OTC
UNISTIK 3 MIS XTR 21G	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

Drug Name	Drug Tier	Requirements/Limits
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
VIVI CAP1 MIS	0	OTC
VIVI CAP MIS	0	OTC
ZEV RX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
HM STERILE PAD ALCHOL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
SM 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
ZEVX 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	
ALLERGIST KIT 27GX1/2"	3	OTC
ALLERGY TRAY KIT 27GX1/2"	3	OTC
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AUTOJECT 2 MIS	0	OTC
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD 20ML SYRG MIS LUER-LOK	3	OTC
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 1ML/27G	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD ECLIPSE MIS 23GX1"	3	OTC
BD ECLIPSE MIS 25GX1"	3	
BD ECLIPSE MIS 25GX5/8"	3	OTC
BD HYPO NEED MIS 16GX1"	3	OTC
BD HYPO NEED MIS 18GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 19GX1"	3	OTC
BD HYPO NEED MIS 19GX1.5"	3	OTC
BD HYPO NEED MIS 21GX1"	3	OTC
BD HYPO NEED MIS 21GX2"	3	OTC
BD HYPO NEED MIS 22GX1"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD HYPO NEED MIS 23GX1"	3	OTC
BD HYPO NEED MIS 23GX3/4"	3	OTC
BD HYPO NEED MIS 25GX1.5"	3	OTC
BD HYPO NEED MIS 26GX1/2"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLE MIS 23GX1"	3	OTC
BD NEEDLE MIS 30GX1/2"	3	OTC
BD NEEDLES MIS 16GX1.5"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 19GX1"	3	OTC
BD NEEDLES MIS 20GX1"	3	OTC
BD NEEDLES MIS 20GX1.5"	3	OTC
BD NEEDLES MIS 21GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD NEEDLES MIS 25GX5/8"	3	OTC
BD NEEDLES MIS 27GX1/2"	3	OTC
BD NEEDLES MIS 30GX1/2"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PHLEBOTOM MIS 1.5QT	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PLASTIPAK MIS 21GX1"	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SHARPS MIS 1.4QT	0	OTC
BD SHARPS MIS 3.3QT	0	OTC
BD SHARPS MIS 5.1L	0	OTC
BD U-500 MIS 31GX6MM	0	
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	
BULB IRR SYR MIS 60ML	3	OTC
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	

Drug Name	Drug Tier	Requirements/Limits
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	
CAREPOINT TU MIS 25GX5/8"	3	OTC
CARETOUCH MIS 27GX1.5"	3	OTC
CATHETER/TIP MIS 60ML COV	3	OTC
CEQR SIMPL KIT PATCH 2U	0	
CEQR SIMPL KIT STARTER	0	
COMPL NEEDLE MIS COLL SYS	0	OTC
DROPSAFE MIS SICURA	3	OTC
EASY COMFORT MIS SHARPS	0	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASY GLIDE MIS 5ML SYR	3	OTC
EASY GLIDE MIS 20ML SYR	3	OTC
EASY GLIDE MIS 30ML SYR	3	OTC
EASY GLIDE MIS 60ML SYR	3	OTC
EASY TOUCH MIS 20ML SYR	3	OTC
EASY TOUCH MIS 60ML SYR	3	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 20GX1"	3	OTC
EASYPOINT MIS 20GX1.5"	3	OTC
EASYPOINT MIS 21G X 1"	3	OTC
EASYPOINT MIS 21GX1.5"	3	OTC
EASYPOINT MIS 22GX1"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 23GX1"	3	OTC
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX1.5"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
EASYPOINT MIS 25GX5/8"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
ECLIPSE NDL MIS 21GX1"	3	OTC
ECLIPSE NDLE MIS 21GX1.5"	3	OTC
ECLIPSE NDLE MIS 25GX1.5"	3	OTC
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 20GX1.5"	3	
HUBER NEEDLE MIS 19GX1"	3	OTC
HUBER NEEDLE MIS 19GX1.25	3	OTC
HUBER NEEDLE MIS 20GX1"	3	OTC
HUBER NEEDLE MIS 20GX1.5"	3	OTC
HUBER NEEDLE MIS 22GX1"	3	OTC
HUBER NEEDLE MIS 22GX1.5"	3	OTC
HYPONEDLE MIS 14GX1"	3	
HYPONEDLE MIS 14GX1.5"	3	
HYPONEDLE MIS 14GX2"	3	
HYPONEDLE MIS 16GX1"	3	
HYPONEDLE MIS 16GX1"	3	OTC
HYPONEDLE MIS 16GX1.5"	3	
HYPONEDLE MIS 16GX1.5"	3	OTC
HYPONEDLE MIS 16GX3/4"	3	
HYPONEDLE MIS 16GX5/8"	3	
HYPONEDLE MIS 18GX1"	3	
HYPONEDLE MIS 18GX1"	3	OTC
HYPONEDLE MIS 18GX1.5"	3	
HYPONEDLE MIS 18GX1.5"	3	OTC
HYPONEDLE MIS 19GX1"	3	
HYPONEDLE MIS 19GX1"	3	OTC
HYPONEDLE MIS 19GX1.5"	3	
HYPONEDLE MIS 19GX1.5"	3	OTC
HYPONEDLE MIS 20GX1"	3	
HYPONEDLE MIS 20GX1"	3	OTC
HYPONEDLE MIS 20GX1.5"	3	
HYPONEDLE MIS 20GX1.5"	3	OTC
HYPONEDLE MIS 21GX1"	3	
HYPONEDLE MIS 21GX1"	3	OTC
HYPONEDLE MIS 21GX1.5"	3	
HYPONEDLE MIS 21GX1.5"	3	OTC
HYPONEDLE MIS 21GX2"	3	
HYPONEDLE MIS 22GX1"	3	
HYPONEDLE MIS 22GX1"	3	OTC
HYPONEDLE MIS 22GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1"	3	OTC
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 23GX3/4"	3	OTC
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.5"	3	OTC
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 25GX5/8"	3	OTC
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 26GX1/2"	3	OTC
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.5"	3	OTC
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 27GX1/2"	3	OTC
HYPO NEEDLE MIS 30GX1/2"	3	OTC
HYPO NEEDLE MIS 30GX3/4"	3	
INJECT-EASE MIS	0	OTC
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
J-TIP KIT KIT ADAPTERS	0	
10ML LL SYRN MIS 20GX1"	3	OTC
10ML LL SYRN MIS 20GX1.5"	3	OTC
10ML LL SYRN MIS 21GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1"	3	OTC
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1"	3	OTC
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"	3	OTC
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 LL SYRNG MIS 27GX1.25	3	OTC
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"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
LUER-LOK MIS SYRG 5ML	3	OTC
LUER-LOK SYR MIS 1ML/20G	3	OTC
1M ALLR SYR MIS 27GX1/2"	3	OTC
MAGELLAN SYR MIS 23GX1"	3	
MONOJECT S/P MIS 20ML/LL	3	OTC
MONOJECT S/P MIS 20ML/LT	3	OTC
MONOJECT S/P MIS 35/CATH	3	OTC
MONOJECT S/P MIS 35ML/LL	3	OTC
MONOJECT S/P MIS 35ML/REG	3	OTC
MONOJECT S/P MIS 60ML/LL	3	OTC
MONOJECT S/P MIS 60ML/REG	3	OTC
MULIT-DRAW MIS 22GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
MULTI-DRAW MIS 20GX1.5	3	OTC
MULTI-DRAW MIS 21GX1.5"	3	OTC
NEEDL COLLEC MIS DISPOSAL	0	OTC
NEEDLE COLLE MIS DISPOSAL	0	OTC
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 19GX1"	3	OTC
NEEDLES MIS 19GX1.5"	3	OTC
NEEDLES MIS 20GX1"	3	OTC
NEEDLES MIS 20GX1.5"	3	OTC
NEEDLES MIS 21GX1"	3	OTC
NEEDLES MIS 21GX1.5"	3	OTC
NEEDLES MIS 22GX1"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 23GX5/8"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NEEDLES MIS 25GX1.5"	3	OTC
NEEDLES MIS 25GX5/8"	3	OTC
NEEDLES MIS 26X1/2"	3	OTC
NEEDLES MIS 27GX1/2"	3	OTC
NEEDLES MIS 30GX1/2"	3	OTC
NORM-JECT MIS LUER LOC	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	
PISTON IRRIG MIS 60ML SYR	3	OTC
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
POLY HUB MIS 21GX1"	3	OTC
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 21GX1.5"	3	OTC
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1"	3	OTC
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1"	3	OTC
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 25GX1.5"	3	OTC
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 25GX5/8"	3	OTC
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 27GX1/2"	3	OTC
POLY HUB MIS 30GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	OTC
PRECISIONGLI MIS 27GX1.5"	3	OTC
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFETYGLIDE MIS 23GX1"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 25GX5/8"	3	
SECURESAFE MIS 19GX1"	3	OTC
SECURESAFE MIS 19GX1.5"	3	OTC
SECURESAFE MIS 21GX1.5"	3	OTC
SECURESAFE MIS 22GX1"	3	OTC
SECURESAFE MIS 25GX1.5"	3	OTC
SECURESAFE MIS 26GX1/2"	3	OTC
SECURESAFE MIS 27GX1/2"	3	OTC
SHARP CONTAI MIS	0	
SHARPS COLL MIS 0.05GAL	0	OTC
SHARPS COLL MIS 5.4QT	0	OTC
SHARPS COLL MIS 6.9QT	0	OTC
SHARPS COLL MIS 8.2QT	0	OTC
SHARPS CONT MIS 1QUART	0	OTC
SHARPS CONT MIS 2QUART	0	OTC
SHARPS CONT MIS 5GAL	0	OTC
SHARPS CONT MIS 14QT	0	
SHARPS CONT MIS HOME	0	OTC
SHARPS CONTA MIS 0.05L	0	OTC
SHARPS DISP MIS 1 GALLON	0	OTC
SHARPS DISP MIS 1 QUART	0	OTC
SHARPS DISP MIS 2 GALLON	0	OTC
SHARPS DISP MIS 3 GALLON	0	OTC
SHARPS UNIV MIS CONTAINER	0	OTC
SIMPLICITY MIS INSERTER	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
1ML SLIP TIP MIS 25GX5/8"	3	OTC
1ML SLIP TIP MIS 26GX3/8"	3	OTC
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 23GX1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
2-3ML SYRING MIS LUER LCK	3	OTC
2-3ML SYRING MIS LUER SLP	3	OTC
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE 5ML MIS LUER SLP	3	OTC
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
12ML SYRINGE MIS 18GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
5ML SYRINGE MIS 20GX1"	3	OTC
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 20GX1.5"	3	OTC
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1"	3	OTC
12ML SYRINGE MIS 21GX1.5"	3	
12ML 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	
12ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1"	3	OTC
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
1ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
1ML SYRINGE MIS 25GX5/8"	3	OTC
1ML SYRINGE MIS 26GX3/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 27GX1/2"	3	OTC
1ML SYRINGE MIS 28GX1/2"	3	OTC
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
60ML SYRINGE MIS CATH TIP	3	OTC
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	
20ML 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	
20ML SYRINGE MIS LUER-LOK	3	OTC

Drug Name	Drug Tier	Requirements/Limits
6ML SYRINGE MIS REG LUER	3	
12ML SYRINGE MIS REG LUER	3	OTC
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
5ML SYRINGES MIS 21GX1"	3	OTC
30-35ML SYRN MIS CATH TIP	3	OTC
50-60ML SYRN MIS CT EC	3	OTC
30-35ML SYRN MIS LS EC	3	OTC
10-12ML SYRN MIS LUER LCK	3	OTC
10-12ML SYRN MIS LUER SLP	3	OTC
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 25GX5/8"	3	OTC
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	OTC
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 SYRN MIS 70ML	3	
VENT NEEDLE MIS 18GX1"	3	OTC
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS INTERMED	3	OTC
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 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	

Drug Name	Drug Tier	Requirements/Limits
AIRZONE PEAK MIS FLOW MTR	3	OTC
ASSESS METER MIS FULL	3	OTC
ASSESS METER MIS LOW	3	OTC
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS METER	3	OTC
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 ADLT LG	3	OTC
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
HOLD CHAMBER MIS SMALL	3	
HOLD CHAMBER MIS SMALL	3	OTC
HOLDING CHAM MIS ADULT	3	OTC
HOLDING CHAM MIS CHILD	3	OTC
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
LUNG PERFM MIS METER	3	OTC
MASK VORTEX/ MIS FROG	3	OTC
MASK VORTEX/ MIS LADY BUG	3	OTC
MICROCHAMBER MIS	3	
MICROLIFE MIS PEAK FLO	3	OTC
MICROSPACER MIS	3	
MINI WRIGHT MIS PFM	3	OTC
MINI WRIGHT MIS PFM LOW	3	OTC
OPTICHAMBER MIS DIA LG	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
PANDA MASK MIS LARGE	3	OTC

Drug Name	Drug Tier	Requirements/Limits
PANDA MASK MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
PANDA MASK MIS SMALL	3	OTC
PARI VORTEX MIS ADL MASK	3	OTC
PEAK A-I-R MIS FLW METR	3	OTC
PEAK AIR FLO MIS ADLT/PED	3	OTC
PEAK FLOW MIS METER	3	OTC
PEAK FLW MTR MIS ADULT	3	OTC
PEAK FLW MTR MIS CHILD	3	OTC
PEAK FLW MTR MIS UNIVERSL	3	OTC
PERSONAL BES MIS FULL RNG	3	OTC
PIKO 1 MIS ELECTRON	3	OTC
POCKET CHAMB MIS	3	
POCKET PEAK MIS METER	3	OTC
POCKET SPACE MIS	3	
POCKETPEAK MIS MTR LOW	3	OTC
PROCARE MIS ADULT	3	OTC
PROCARE MIS CHILD	3	OTC
PURE COMFORT MIS SPACER	3	OTC
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
SPACER CHAMB MIS ADULT	3	OTC
SPACER CHAMB MIS CHILD	3	OTC
SPACER CHAMB MIS INFANT	3	OTC
TRUZONE PEAK MIS FLOW MTR	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, QL (2 pens every 25 days); Maintenance Dose: 1 injector per month

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 120MG/ML	2	PA, QL (2 syringes every 25 days); Maintenance Dose: 1 syringe per month
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 tabs every 28 days)
UBRELVY TAB 100MG	2	ST, QL (16 tabs every 28 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
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 (1 tab every 1 day)
<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)
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)
ONZETRA XSAI MIS 11MG	3	QL (16 nosepieces every 25 days)

Drug Name	Drug Tier	Requirements/Limits
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 (1 ea every 1 day)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (1 tab every 1 day)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (1 ea every 1 day)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (1 tab every 1 day)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (1 inhaler every 1 day)
<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)
ZEMBRACE SYM INJ 3/0.5ML	3	QL (24 injections every 25 days)
<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 28 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (0.4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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)
ZOMIG TAB 2.5MG	3	QL (12 tabs every 28 days)
ZOMIG TAB 5MG	3	QL (12 tabs every 28 days)

MINERALS & ELECTROLYTES**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 20 meq (1500 mg)</i>	1	

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

DEPEN TITRA TAB 250MG	5	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
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 (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG	0	PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	0	PA, QL (42 caps every 28 days)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	PA
ASTAGRAF XL CAP 1MG	3	PA
ASTAGRAF XL CAP 5MG	3	PA
<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	PA
CELLCEPT SUS 200MG/ML	3	PA
CELLCEPT TAB 500MG	3	PA
<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	
ENSPRYNG INJ	4	PA, QL (1 syringe every 28 days)
ENVARUSUS XR TAB 0.75MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ENVARUSUS XR TAB 1MG	3	PA
ENVARUSUS XR TAB 4MG	3	PA
<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	PA
MYFORTIC TAB 360MG	3	PA
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	PA
PROGRAF CAP 1MG	3	PA
PROGRAF CAP 5MG	3	PA
PROGRAF GRA 0.2MG	3	PA
PROGRAF GRA 1MG	3	PA
RAPAMUNE SOL 1MG/ML	3	PA
RAPAMUNE TAB 0.5MG	3	PA
RAPAMUNE TAB 1MG	3	PA
RAPAMUNE TAB 2MG	3	PA
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	PA
ZORTRESS TAB 0.25MG	3	PA
ZORTRESS TAB 0.75MG	3	PA
ZORTRESS TAB 1MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	
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 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 injections every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (3 ea every 1 day)
nystatin 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		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	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	
sodium fluoride-potassium nitrate gel 1.1-5%	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
GNP PRENATAL TAB 28-0.8MG	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
OBTREX TAB	3	OTC
<i>prenat w/o a w/fefum-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
SM PRENATAL TAB VITAMINS	3	OTC
THERANATAL TAB 27-1	3	OTC
VINATE CARE CHW 40-1MG	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 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<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	
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	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
PATANASE SPR 0.6%	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
XHANCE MIS 93MCG	3	PA
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 (50 mL every 28 days)
RADICAVA ORS SUS STARTER	4	PA, QL (70mL every 28 days)
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 (2 bottles every 24 days)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
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	
<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	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
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 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
MYDCOMBI SOL 1%-2.5%	3	
<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 - ANGIOGENESIS INHIBITORS		
VABYSMO INJ 6/0.05ML	5	PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	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	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BETADINE SOL 5% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	QL (4 mL every 25 days)
<i>levofloxacin ophth soln 0.5%</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	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	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	

Drug Name	Drug Tier	Requirements/Limits
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	
BLEPHAMIDE OIN S.O.P.	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
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	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<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%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIAL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 (4 bottles every 28 days)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
TRUSOPT SOL 2% 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	

Drug Name	Drug Tier	Requirements/Limits
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	PA, QL (4 tabs every 1 day)
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	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		
AYGESTIN TAB 5MG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<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 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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)
AUSTEDO XR TAB 6MG	4	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (1 ea every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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 injections every 28 days)
<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 syringe every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 injections 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)

Drug Name	Drug Tier	Requirements/Limits
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)
PONVORY TAB 20MG	5	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	5	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 injections every 28 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 tabs every 30 days)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 tabs every 30 days)
<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		
APO-VARENICL TAB 0.5MG	0	
APO-VARENICL TAB 1MG	0	
<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 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<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; \$0 limited to 2 treatment cycles/year
<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; \$0 limited to 2 treatment cycles/year
<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; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
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	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	QL (4 caps every 1 day)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	

TOXOIDS**TOXOID COMBINATIONS**

ADACEL INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
INFANRIX INJ	3	
TDVAX INJ 2-2 LF	3	
TENIVAC INJ 5-2LF	3	
TET/DIP TOX INJ 2-2 LF	3	
VAXELIS INJ	3	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

ANASPAZ TAB 0.125MG	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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 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 40 mg</i>	1	QL (90 caps 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	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	\$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	1	\$0 copay based on your plan/benefit
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	

Drug Name	Drug Tier	Requirements/Limits
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	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<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>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	
<i>mirabegron tab er 24 hr 25 mg</i>	1	
<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	
VACCINES		
BACTERIAL VACCINES		
CAPVAXIVE INJ 0.5ML	3	
MENQUADFI INJ	3	
VAXNEUVANCE INJ	3	

Drug Name	Drug Tier	Requirements/Limits
VIRAL VACCINES		
ABRYVO INJ 120MCG	3	
AFLURIA INJ 2024-25	3	
AFLURIA QUAD INJ 2023-24	3	
COMIRNATY INJ 30/0.3ML	3	
FLUAD INJ 2024-25	3	
FLUARIX INJ 2024-25	3	
FLUBLOK INJ 2024-25	3	
FLUCELVAX INJ 2024-25	3	
FLUCLVX QUAD INJ 2023-24	3	
FLULAVAL INJ 2024-25	3	
FLULAVAL QUA INJ 2023-24	3	
FLUMIST NASA LIQ 2024-25	3	
FLUZONE HD INJ 2024-25	3	
FLUZONE INJ 2024-25	3	
MRESVIA INJ 50MCG	3	
PFIZER BIVAL INJ 5-11Y	3	
PFIZER BIVAL INJ 6M-4Y	3	
PFIZER BIVAL INJ BA4/BA5	3	
SANOFI VACC EMU 5/0.5ML	3	
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	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</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	Brand preferred over generic
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.3MG	3	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (6 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	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (6 pens every 300 days)
NEFFY SPR 2/0.1ML	3	
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	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
<i>OIL SOLUBLE VITAMINS</i>		
MEPHYTON TAB 5MG	3	
<i>phytonadione tab 5 mg</i>	1	

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10-12ML SYRN MIS LUER LCK.....	160
10-12ML SYRN MIS LUER SLP	160
10ML LL SYRN MIS 20GX1	154
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10ML LL SYRN MIS 21GX1.5	154
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1ML SYRINGE MIS 25GX1	159
1ML SYRINGE MIS 25GX5/8	159
1ML SYRINGE MIS 26GX3/8	159
1ML SYRINGE MIS 27GX1/2	159
1ML SYRINGE MIS 28GX1/2	159
1ML SYRINGE MIS LUER SLI	159
1ML SYRINGE MIS LUER SLP	159
1ML SYRINGE MIS SLIP TIP	160
1ML TB SYRNG MIS 25GX5/8.....	160
1ML TB SYRNG MIS 26GX3/8.....	160
1ML TB SYRNG MIS 27GX1/2.....	160
1ML TB SYRNG MIS 28GX1/2.....	160
1ML TB SYRNG MIS LUER LOK.....	160
1ML TB SYRNG MIS REG LUER.....	160
2	
20ML SYRINGE MIS ECC LUER	159
20ML SYRINGE MIS LUER LOK	159
20ML SYRINGE MIS LUER-LOK	159
20ML SYRINGE MIS SLIP	160
2-3ML SYRING MIS LUER LCK	158
2-3ML SYRING MIS LUER SLP	158
3	
30-35ML SYRN MIS CATH TIP.....	160
30-35ML SYRN MIS LS EC.....	160
30ML SYRINGE MIS LUER LOC.....	159
3ML LL SYRNG MIS 18GX1.5.....	155
3ML LL SYRNG MIS 20GX1	155
3ML LL SYRNG MIS 20GX1.5	155
3ML LL SYRNG MIS 20GX3/4	155
3ML LL SYRNG MIS 21GX1	155
3ML LL SYRNG MIS 21GX1.5.....	155
3ML LL SYRNG MIS 22GX1.....	155
3ML LL SYRNG MIS 22GX1.5	155
3ML LL SYRNG MIS 23GX1.....	155
3ML LL SYRNG MIS 23GX1.5	155
3ML LL SYRNG MIS 25GX1	155
3ML LL SYRNG MIS 25GX5/8.....	155
3ML LL SYRNG MIS 27GX1.25	155
3ML LUER LOC MIS 21GX1.5.....	155
3ML LUER LOC MIS 22GX1.....	155
3ML LUER LOC MIS 22GX1.5	155
3ML LUER LOC MIS 23GX1.....	155
3ML LUER LOC MIS 23GX1.5	155
3ML LUER LOC MIS 25GX1	155
3ML LUER LOC MIS 25GX5/8.....	155
3ML SYRINGE MIS 18GX1.5.....	159
3ML SYRINGE MIS 20GX1	159
3ML SYRINGE MIS 22GX1	159
3ML SYRINGE MIS 22G X 1.....	159
3 ML SYRINGE MIS 22X1-1/2	159
3ML SYRINGE MIS 23GX1	159
3ML SYRINGE MIS 23GX1.5	159
3ML SYRINGE MIS 25GX1	159
3ML SYRINGE MIS 25GX1.25.....	159
3ML SYRINGE MIS 27GX1.25	159
3ML SYRINGE MIS CANNULA	159
3ML SYRINGE MIS LUER LOC	159
3ML SYRINGE MIS LUER-LOK.....	159
3ML SYRINGE MIS REG TIP	160
5	
50-60ML SYRN MIS CT EC.....	160
5ML SYRINGE MIS 20GX1	159
5ML SYRINGES MIS 21GX1.....	160
6	
60ML SYRINGE MIS CATH TIP.....	159
60ML SYRINGE MIS ECC TIP.....	159

60ML SYRINGE MIS LUER LOK	159	ACCURETIC TAB 20-12.5.....	60
60ML SYRINGE MIS TOOMEY.....	160	ACCURETIC TAB 20-25MG.....	60
6ML SYRINGE MIS	158	ACCUTREND SOL GLUCOSE.....	134
6ML SYRINGE MIS 18GX1.....	158	<i>acebutolol hcl cap 200 mg</i>	87
6ML SYRINGE MIS REG LUER	160	<i>acebutolol hcl cap 400 mg</i>	87
A		<i>acetaminophen-caffeine-dihydrocodeine</i>	
<i>abacavir sulfate-lamivudine tab 600-300</i>		<i>cap 320.5-30-16 mg</i>	23
<i>mg</i>	81	<i>acetaminophen w/ codeine soln 120-12</i>	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>		<i>mg/5ml</i>	23
.....	81	<i>acetaminophen w/ codeine tab 300-15 mg</i>	
<i>abacavir sulfate tab 300 mg (base equiv)</i> .	81	.....	23
ABILIFY ASIM INJ 720MG	80	<i>acetaminophen w/ codeine tab 300-30 mg</i>	
ABILIFY ASIM INJ 960MG	80	.....	23
ABILIFY MAIN INJ 300MG.....	80	<i>acetaminophen w/ codeine tab 300-60 mg</i>	
ABILIFY MAIN INJ 400MG	80	.....	23
<i>abiraterone acetate tab 250 mg</i>	67	<i>acetazolamide cap er 12hr 500 mg</i>	115
<i>abiraterone acetate tab 500 mg</i>	67	<i>acetazolamide tab 125 mg</i>	115
ABRYSVO INJ 120MCG	189	<i>acetazolamide tab 250 mg</i>	115
ABSORICA CAP 10MG.....	101	<i>acetic acid otic soln 2%</i>	175
ABSORICA CAP 20MG	101	<i>acetylcysteine inhal soln 10%</i>	101
ABSORICA CAP 25MG	101	<i>acetylcysteine inhal soln 20%</i>	101
ABSORICA CAP 30MG	101	<i>acitretin cap 10 mg</i>	105
ABSORICA CAP 35MG	101	<i>acitretin cap 17.5 mg</i>	105
ABSORICA CAP 40MG.....	101	<i>acitretin cap 25 mg</i>	105
<i>acamprosate calcium tab delayed release</i>		ACTHAR INJ GEL	118
<i>333 mg</i>	177	ACTI-LANCE MIS 28G.....	134
<i>acarbose tab 100 mg</i>	46	ACTI-LANCE MIS LITE 28G.....	134
<i>acarbose tab 25 mg</i>	46	ACTI-LANCE MIS SPEC 17G.....	134
<i>acarbose tab 50 mg</i>	46	ACTI-LANCE MIS UNIV 23G.....	134
ACCOLATE TAB 10MG	33	ACTIMMUNE INJ 2MU/0.5	72
ACCOLATE TAB 20MG	33	ACTIQ LOZ 1200MCG	18
ACCU-CHEK KIT FASTCLIX	134	ACTIQ LOZ 1600MCG	18
ACCU-CHEK KIT SOFTCLIX.....	134	ACTIQ LOZ 200MCG.....	18
ACCU-CHEK LIQ GUIDE	134	ACTIQ LOZ 400MCG.....	18
ACCU-CHEK LIQ SMART	134	ACTIQ LOZ 600MCG.....	18
ACCU-CHEK SOL	134	ACTIQ LOZ 800MCG.....	18
ACCU-CHEK TES AVIVA PL.....	114	ACTIVELLA TAB 1-0.5MG	121
ACCU-CHEK TES GUIDE	114	ACTONEL TAB 150MG.....	117
ACCU-CHEK TES SMART	114	ACTONEL TAB 35MG	117
ACCUPRIL TAB 10MG.....	57	ACTOPLUS MET TAB 15-850MG.....	47
ACCUPRIL TAB 20MG.....	57	ACULAR LS SOL 0.4%	174
ACCUPRIL TAB 40MG.....	57	ACULAR SOL 0.5% OP	174
ACCUPRIL TAB 5MG	57	<i>acyclovir cap 200 mg</i>	85
ACCURETIC TAB 10-12.5	60	<i>acyclovir oint 5%</i>	108

<i>acyclovir susp 200 mg/5ml</i>	85	AERCHMBR Z- MIS STAT PLS.....	160
<i>acyclovir tab 400 mg</i>	85	AEROCHAMBER KIT ACTION.....	160
<i>acyclovir tab 800 mg</i>	85	AEROCHAMBER MIS CHAMBER.....	160
ADACEL INJ.....	185	AEROCHAMBER MIS FLOSIGNA.....	160
ADALIMU-ADAZ INJ 40/0.4ML.....	8	AEROCHAMBER MIS HOLDING.....	160
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	101	AEROCHAMBER MIS MTHPIECE.....	160
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	101	AEROCHAMBER MIS MV.....	160
<i>adapalene cream 0.1%</i>	101	AEROCHAMBER MIS PLUS.....	160
<i>adapalene gel 0.1%</i>	101	AEROVENT MIS PLUS.....	160
<i>adapalene gel 0.3%</i>	101	AFLURIA INJ 2024-25.....	189
ADASUVE INH 10MG.....	78	AFLURIA QUAD INJ 2023-24.....	189
ADBRY INJ 150MG/ML.....	111	AGAMATRIX MIS 33G.....	134
ADBRY INJ 300/2ML.....	111	AGAMATRIX SOL HIGH.....	134
<i>adefovir dipivoxil tab 10 mg</i>	84	AGAMATRIX SOL LEVEL 2.....	134
ADEMPAS TAB 0.5MG.....	94	AGAMATRIX SOL LEVEL 4.....	134
ADEMPAS TAB 1.5MG.....	95	AGAMATRIX SOL NORM/HGH.....	135
ADEMPAS TAB 1MG.....	95	AGAMATRIX SOL NORMAL.....	135
ADEMPAS TAB 2.5MG.....	95	AGRYLIN CAP 0.5MG.....	128
ADEMPAS TAB 2MG.....	95	AIMSCO TWIST MIS 32G.....	135
ADIPEX-P CAP 37.5MG.....	2	AIMSCO TWIST MIS 33G.....	135
ADIPEX-P TAB 37.5MG.....	2	AIRSUPRA AER 90-80MCG.....	34
ADJ LANCING MIS DEVICE.....	134	AIRZONE PEAK MIS FLOW MTR.....	161
ADMIX NEEDLE MIS 18GX1.5.....	150	AJOVY INJ 225/1.5.....	162
ADRENALIN SOL 1:1000.....	171	AKLIEF CRE 0.005%.....	101
ADVANCE LIQ CONTROL.....	134	AKTEN GEL 3.5%.....	173
ADVANCE LIQ INTUITIO.....	134	<i>albendazole tab 200 mg</i>	26
ADVANCE NORM LIQ CONTROL.....	134	<i>albuterol sulfate inhal aero 108 mcg/act</i> <i>(90mcg base equiv)</i>	34
ADVATE SAFE MIS LANC 26G.....	134	<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	34
ADV LANCING MIS DEVICE.....	134	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	34
ADVOCATE+ SOL REDI-COD.....	134	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	34
ADVOCATE LIQ HIGH.....	134	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	34
ADVOCATE LIQ LOW.....	134	<i>albuterol sulfate syrup 2 mg/5ml</i>	34
ADVOCATE MIS LANC 30G.....	134	<i>albuterol sulfate tab 2 mg</i>	34
ADVOCATE MIS LANC DEV.....	134	<i>albuterol sulfate tab 4 mg</i>	34
ADVOCATE MIS LANCETS.....	134	ALCAINE SOL 0.5% OP.....	173
ADV TRAVEL MIS LANC 28G.....	134	<i>alclometasone dipropionate cream 0.05%</i>	108
AEMCOLO TAB 194MG.....	27	<i>alclometasone dipropionate oint 0.05%</i>	108
AERCHMBR PLS MIS FLOW-VU.....	160	ALCOH-GLOVE PAD CONTOURE.....	149
AERCHMBR PLS MIS INTERMED.....	160		
AERCHMBR PLS MIS LRG MASK.....	160		
AERCHMBR PLS MIS MED MASK.....	160		
AERCHMBR PLS MIS SM MASK.....	160		

ALCOHOL PAD	149	ALPHAGAN P SOL 0.1%	172
ALCOHOL PAD 70%	149	ALPHAGAN P SOL 0.15%	172
ALCOHOL PAD PREP	149	ALPRAZOLAM CON 1 MG/ML	30
ALCOHOL PADS PAD 70%	149	<i>alprazolam orally disintegrating tab 0.25</i>	
ALCOHOL PREP PAD	149	<i>mg</i>	30
ALCOHOL PREP PAD 70%	149	<i>alprazolam orally disintegrating tab 0.5 mg</i>	
ALCOHOL PREP PAD MED 70%	149	<i>.....</i>	30
ALCOHOL PREP PAD PADS 70%	149	<i>alprazolam orally disintegrating tab 1 mg</i>	30
ALCOHOL SWAB PAD	149	<i>alprazolam orally disintegrating tab 2 mg</i>	30
ALCOHOL SWAB PAD 70%	149	<i>alprazolam tab 0.25 mg</i>	30
ALCOHOL SWAB PAD EX-THICK	149	<i>alprazolam tab 0.5 mg.....</i>	30
ALCOH-WIPE MIS 12.....	149	<i>alprazolam tab 1 mg.....</i>	30
ALDACTAZIDE TAB 25/25	115	<i>alprazolam tab 2 mg</i>	30
ALDACTONE TAB 100MG	116	<i>alprazolam tab er 24hr 0.5 mg</i>	30
ALDACTONE TAB 25MG	116	<i>alprazolam tab er 24hr 1 mg</i>	30
ALDACTONE TAB 50MG.....	116	<i>alprazolam tab er 24hr 2 mg.....</i>	30
ALECENSA CAP 150MG.....	69	<i>alprazolam tab er 24hr 3 mg</i>	30
<i>alendronate sodium oral soln 70 mg/75ml</i>		ALTABAX OIN 1%	103
<i>.....</i>	117	ALTACE CAP 1.25MG	57
<i>alendronate sodium tab 10 mg</i>	117	ALTACE CAP 10MG	57
<i>alendronate sodium tab 35 mg</i>	117	ALTACE CAP 2.5MG.....	57
<i>alendronate sodium tab 5 mg.....</i>	117	ALTACE CAP 5MG	57
<i>alendronate sodium tab 70 mg</i>	117	ALUNBRIG PAK	69
<i>alfuzosin hcl tab er 24hr 10 mg</i>	127	ALUNBRIG TAB 180MG.....	69
ALINIA SUS 100/5ML.....	27	ALUNBRIG TAB 30MG	69
ALINIA TAB 500MG	27	ALUNBRIG TAB 90MG	69
<i>aliskiren fumarate tab 150 mg (base</i>		ALVAIZ TAB 18MG.....	129
<i>equivalent).....</i>	63	ALVAIZ TAB 36MG	129
<i>aliskiren fumarate tab 300 mg (base</i>		ALVAIZ TAB 54MG.....	130
<i>equivalent).....</i>	63	ALVAIZ TAB 9MG	129
ALKERAN TAB 2MG.....	65	<i>alvimopan cap 12 mg.....</i>	126
ALLERGIST KIT 0.5/28G.....	150	<i>amantadine hcl cap 100 mg.....</i>	73
ALLERGIST KIT 1MLX27G	150	<i>amantadine hcl soln 50 mg/5ml</i>	73
ALLERGIST KIT 1MLX28G	150	<i>amantadine hcl tab 100 mg.....</i>	73
ALLERGIST KIT 27GX1/2	150	AMARYL TAB 1MG.....	50
ALLERGY TRAY KIT 27GX1/2.....	150	AMARYL TAB 2MG	50
<i>allopurinol tab 100 mg.....</i>	127	AMARYL TAB 4MG	50
<i>allopurinol tab 300 mg</i>	127	AMBIEN CR TAB 12.5MG.....	131
<i>almotriptan malate tab 12.5 mg</i>	163	AMBIEN CR TAB 6.25MG	131
<i>almotriptan malate tab 6.25 mg</i>	163	AMBIEN TAB 10MG	131
ALOCRI SOL 2%	174	AMBIEN TAB 5MG.....	131
ALOMIDE SOL 0.1% OP	174	AMBI-TRAY MIS.....	135
<i>alose tron hcl tab 0.5 mg (base equiv).....</i>	125	<i>ambrisentan tab 10 mg.....</i>	94
<i>alose tron hcl tab 1 mg (base equiv).....</i>	125	<i>ambrisentan tab 5 mg</i>	94

<i>amcinonide cream 0.1%</i>	109	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	60
<i>amcinonide lotion 0.1%</i>	109	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	60
<i>AMICAR TAB 1000MG</i>	130	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	60
<i>AMICAR TAB 500MG</i>	130	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	60
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	115	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	60
<i>amiloride hcl tab 5 mg</i>	116	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	60
<i>aminocaproic acid oral soln 0.25 gm/ml</i> .130		<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	60
<i>aminocaproic acid tab 1000 mg</i>	130	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	60
<i>aminocaproic acid tab 500 mg</i>	130	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	60
<i>amiodarone hcl tab 100 mg</i>	32	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	88
<i>amiodarone hcl tab 200 mg</i>	32	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	88
<i>amiodarone hcl tab 400 mg</i>	32	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	88
<i>amitriptyline hcl tab 100 mg</i>	45	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	60
<i>amitriptyline hcl tab 10 mg</i>	45	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	61
<i>amitriptyline hcl tab 150 mg</i>	45	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	60
<i>amitriptyline hcl tab 25 mg</i>	45	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	60
<i>amitriptyline hcl tab 50 mg</i>	45	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	61
<i>amitriptyline hcl tab 75 mg</i>	45	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	61
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	91	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	61
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	91	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	61
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	91	<i>amoxapine tab 100 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	91	<i>amoxapine tab 150 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	91		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	91		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	91		
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	91		
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	91		
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	91		
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	91		

<i>amoxapine tab 25 mg</i>	45	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1
<i>amoxapine tab 50 mg</i>	45	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	187	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1
<i>amoxicillin (trihydrate) cap 250 mg</i>	176	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1
<i>amoxicillin (trihydrate) cap 500 mg</i>	176	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	176	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	176	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	176	<i>amphetamine-dextroamphetamine tab 10 mg</i>	1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	176	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	176	<i>amphetamine-dextroamphetamine tab 15 mg</i>	1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	176	<i>amphetamine-dextroamphetamine tab 20 mg</i>	1
<i>amoxicillin (trihydrate) tab 500 mg</i>	176	<i>amphetamine-dextroamphetamine tab 30 mg</i>	1
<i>amoxicillin (trihydrate) tab 875 mg</i>	176	<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	176	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	176	<i>amphetamine sulfate tab 10 mg</i>	1
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	176	<i>amphetamine sulfate tab 5 mg</i>	1
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	176	<i>ampicillin cap 500 mg</i>	176
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	176	<i>AMPYRA TAB 10MG</i>	180
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	176	<i>ANACAINE OIN</i>	113
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	176	<i>ANAFRANIL CAP 25MG</i>	45
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	176	<i>ANAFRANIL CAP 50MG</i>	45
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	176	<i>ANAFRANIL CAP 75MG</i>	45
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	176	<i>anagrelide hcl cap 0.5 mg</i>	128
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	<i>anagrelide hcl cap 1 mg</i>	128
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	<i>ANALPRAM-HC CRE 1-1%</i>	26
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	<i>ANALPRAM HC CRE 2.5-1%</i>	26
		<i>ANALPRAM-HC LOT 2.5%</i>	26
		<i>ANALPRM SNGL CRE HC 2.5-1</i>	26
		<i>ANAPROX DS TAB 550MG</i>	13
		<i>ANASPAZ TAB 0.125MG</i>	185

<i>anastrozole tab 1 mg</i>	67	<i>aripiprazole orally disintegrating tab 10 mg</i>	80
ANCOBON CAP 250MG	53	<i>aripiprazole orally disintegrating tab 15 mg</i>	80
ANCOBON CAP 500MG	53	<i>aripiprazole oral solution 1 mg/ml</i>	80
ANDRODERM DIS 2MG/24HR	25	<i>aripiprazole tab 10 mg</i>	81
ANDRODERM DIS 4MG/24HR	25	<i>aripiprazole tab 15 mg</i>	81
ANNOVERA MIS	98	<i>aripiprazole tab 20 mg</i>	81
ANORO ELLIPT AER 62.5-25	34	<i>aripiprazole tab 2 mg</i>	81
ANUSOL-HC CRE 2.5%	26	<i>aripiprazole tab 30 mg</i>	81
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	73	<i>aripiprazole tab 5 mg</i>	81
APO-VARENICL TAB 0.5MG	182	ARISTADA INJ 1064MG	81
APO-VARENICL TAB 1MG	182	ARISTADA INJ 441MG/1.	81
<i>apraclonidine hcl ophth soln 0.5% (base</i> <i>equivalent)</i>	172	ARISTADA INJ 662MG/2.....	81
<i>aprepitant capsule 125 mg</i>	52	ARISTADA INJ 882MG/3.....	81
<i>aprepitant capsule 40 mg</i>	52	ARISTADA INJ INITIO.....	81
<i>aprepitant capsule 80 mg</i>	52	ARIXTRA INJ 10/0.8ML.....	36
<i>aprepitant capsule therapy pack 80 & 125</i> <i>mg</i>	52	ARIXTRA INJ 2.5/0.5.....	36
APRISO CAP 0.375GM	124	ARIXTRA INJ 5/0.4ML	36
APTIOM TAB 200MG.....	38	ARIXTRA INJ 7.5/0.6.....	36
APTIOM TAB 400MG	38	<i>armodafinil tab 150 mg</i>	5
APTIOM TAB 600MG	38	<i>armodafinil tab 200 mg</i>	6
APTIOM TAB 800MG	38	<i>armodafinil tab 250 mg</i>	6
AQUALANCE MIS 30G.....	135	<i>armodafinil tab 50 mg</i>	5
ARANESP INJ 100MCG	130	ARMOUR THYRO TAB 120MG	184
ARANESP INJ 10MCG.....	130	ARMOUR THYRO TAB 15MG	184
ARANESP INJ 150MCG	130	ARMOUR THYRO TAB 180MG.....	184
ARANESP INJ 200MCG.....	130	ARMOUR THYRO TAB 240MG	184
ARANESP INJ 25MCG	130	ARMOUR THYRO TAB 300MG.....	184
ARANESP INJ 300MCG.....	130	ARMOUR THYRO TAB 30MG	184
ARANESP INJ 40MCG.....	130	ARMOUR THYRO TAB 60MG	184
ARANESP INJ 500MCG.....	130	ARMOUR THYRO TAB 90MG	184
ARANESP INJ 60MCG.....	130	ARNICA TIN FLOWER.....	113
ARAVAL TAB 10MG	15	AROMASIN TAB 25MG.....	67
ARAVAL TAB 20MG.....	15	ARTISS SOL 10ML	131
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	34	ARTISS SOL 2ML	131
ARICEPT TAB 10MG	177	ARTISS SOL 4ML.....	131
ARICEPT TAB 23MG.....	178	ARZOL SILVER MIS NITR APP	108
ARICEPT TAB 5MG.....	177	<i>asenapine maleate sl tab 10 mg (base</i> <i>equiv)</i>	78
ARIKAYCE SUS	8	<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	78
ARIMIDEX TAB 1MG.....	67	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	78

ASMANEX HFA AER 100 MCG	33	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	5
ASMANEX HFA AER 200 MCG.....	33	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	5
ASMANEX HFA AER 50MCG.....	33	<i>atorvastatin calcium tab 10 mg (base</i>	
<i>aspirin chew tab 81 mg</i>	18	<i>equivalent)</i>	56
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>		<i>atorvastatin calcium tab 20 mg (base</i>	
.....	128	<i>equivalent)</i>	56
<i>aspirin tab delayed release 81 mg</i>	18	<i>atorvastatin calcium tab 40 mg (base</i>	
ASSESS METER MIS FULL	161	<i>equivalent)</i>	56
ASSESS METER MIS LOW.....	161	<i>atorvastatin calcium tab 80 mg (base</i>	
ASSURE 3 LIQ CONTROL	135	<i>equivalent)</i>	56
ASSURE 4 LIQ LEVEL1/2.....	135	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
ASSURE CMFRT MIS 28G.....	135	.....	64
ASSURE DOSE SOL NORM/HGH	135	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
ASSURE DOSE SOL NORMAL.....	135	.....	64
ASSURE II LIQ LEVEL 1	135	<i>atovaquone susp 750 mg/5ml</i>	28
ASSURE II LIQ LEVEL1/2	135	<i>atropine sulfate ophth oint 1%</i>	172
ASSURE LANCE MIS 21G	135	<i>atropine sulfate ophth soln 1%</i>	172
ASSURE LANCE MIS 28G	135	ATROPINE SUL SOL 1% OP	172
ASSURE LANCE MIS LOW FLOW.....	135	AUGMENTIN SUS 125/5ML.....	176
ASSURE LANCE MIS MICRO.....	135	AUGMENTIN SUS ES-600	177
ASSURE LANCE MIS SAFE 25G.....	135	AUGMENTIN TAB 500MG.....	177
ASSURE LANCE MIS SAFE 30G.....	135	AUGTYRO CAP 40MG.....	69
ASSURE PRISM SOL LEVEL1/2	135	AUM ALCOHOL PAD PREP 70%.....	149
ASSURE PRO LIQ LEVEL1/2	135	AURORA LANCE MIS 30G.....	135
ASTAGRAF XL CAP 0.5MG	166	AURORA LANCE MIS THIN 23G	135
ASTAGRAF XL CAP 1MG	166	AURYXIA TAB 210MG	126
ASTAGRAF XL CAP 5MG.....	166	AUSTEDO TAB 12MG	179
<i>atazanavir sulfate cap 150 mg (base equiv)</i>		AUSTEDO TAB 6MG.....	179
.....	81	AUSTEDO TAB 9MG.....	179
<i>atazanavir sulfate cap 200 mg (base equiv)</i>		AUSTEDO XR TAB 12MG.....	179
.....	81	AUSTEDO XR TAB 18MG	179
<i>atazanavir sulfate cap 300 mg (base equiv)</i>		AUSTEDO XR TAB 24MG.....	179
.....	81	AUSTEDO XR TAB 30MG ER.....	179
ATELVIA TAB	117	AUSTEDO XR TAB 36MG ER.....	179
<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	61	AUSTEDO XR TAB 42MG ER.....	179
<i>atenolol & chlorthalidone tab 50-25 mg</i>	61	AUSTEDO XR TAB 48MG ER.....	179
<i>atenolol tab 100 mg</i>	87	AUSTEDO XR TAB 6MG.....	179
<i>atenolol tab 25 mg</i>	87	AUSTEDO XR TAB TITR KIT	179
<i>atenolol tab 50 mg</i>	87	AUTOJECT 2 MIS.....	150
<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..	5	AUTO LANCET MIS	135
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	5	AUTO-LANCET MIS.....	135
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	5	AUTO-LANCET MIS MINI	135
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	5	AUTOLET II KIT CLINISAF.....	135
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	5	AUTOLET IMPR MIS LANC DEV	135

AUTOLET LANC MIS DEVICE.....	135	<i>azithromycin tab 500 mg</i>	133
AUTOLET LITE KIT.....	135	<i>azithromycin tab 600 mg</i>	133
AUTOLET LITE KIT CLINISAF.....	135	AZSTARYS CAP 26.1-5.2.....	6
AUTOLET LITE KIT STARTER.....	135	AZSTARYS CAP 39.2-7.8.....	6
AUTOLET MINI MIS.....	135	AZSTARYS CAP 52.3-10.....	6
AUTOLET PLAT MIS 1.8MM.....	135	AZULFIDINE TAB 500MG.....	124
AUTOLET PLAT MIS 2.4MM.....	135	AZULFIDINE TAB 500MG EN.....	124
AUTOLET PLAT MIS 3.0MM.....	135	B	
AUTOLET PLUS MIS.....	135	<i>bacitracin ophth oint 500 unit/gm</i>	173
AUTOLET PLUS MIS LANC DEV.....	135	<i>bacitracin-polymyxin b ophth oint</i>	173
AUTOPEN MIS 1-21UNIT.....	150	<i>bacitracin-polymyxin-neomycin-hc ophth</i>	
AUTOPEN MIS 1 UNIT.....	150	<i>oint 1%</i>	174
AUTOPEN MIS 2-42UNIT.....	150	<i>baclofen oral soln 10 mg/5ml</i>	169
AUTOPEN MIS 2 UNIT.....	150	<i>baclofen oral soln 5 mg/5ml</i>	169
AUTOSHIELD MIS 30GX5MM.....	150	<i>baclofen tab 10 mg</i>	169
AUVI-Q INJ 0.15MG.....	190	<i>baclofen tab 20 mg</i>	169
AUVI-Q INJ 0.1MG.....	190	<i>baclofen tab 5 mg</i>	169
AUVI-Q INJ 0.3MG.....	190	BACTRIM DS TAB 800-160.....	27
AVALIDE TAB 150-12.5.....	61	BACTRIM TAB 400-80MG.....	27
AVALIDE TAB 300-12.5.....	61	BAFIERTAM CAP 95MG.....	180
AVAPRO TAB 150MG.....	59	<i>balsalazide disodium cap 750 mg</i>	124
AVAPRO TAB 300MG.....	59	BALVERSA TAB 3MG.....	69
AVAPRO TAB 75MG.....	59	BALVERSA TAB 4MG.....	69
AVAR-E LS CRE 10-2%.....	101	BALVERSA TAB 5MG.....	69
AVAR LS LIQ 10-2%.....	101	BAQSIMI ONE POW 3MG/DOSE.....	48
AVODART CAP 0.5MG.....	127	BAQSIMI TWO POW 3MG/DOSE.....	48
AVONEX PEN KIT 30MCG.....	180	BARACLUDGE SOL.....	84
AVONEX PREFL KIT 30MCG.....	180	BAXDELA TAB 450MG.....	123
AYGESTIN TAB 5MG.....	177	BD 20ML SYRG MIS LUER-LOK.....	150
<i>azathioprine tab 100 mg</i>	166	BD 5ML SYRG MIS LUER-LOK.....	150
<i>azathioprine tab 50 mg</i>	166	BD BLNT FILL MIS 18GX1.5.....	150
<i>azathioprine tab 75 mg</i>	166	BD ECLIPSE MIS 18GX1.5.....	150
<i>azelaic acid gel 15%</i>	113	BD ECLIPSE MIS 1ML/27G.....	150
<i>azelastine hcl-fluticasone prop nasal spray</i>		BD ECLIPSE MIS 23GX1.....	150
<i>137-50 mcg/act</i>	170	BD ECLIPSE MIS 25GX1.....	150
<i>azelastine hcl nasal spray 0.1% (137</i>		BD ECLIPSE MIS 25GX5/8.....	150
<i>mcg/spray)</i>	170	BD HYPO NEED MIS 16GX1.....	150
<i>azelastine hcl ophth soln 0.05%</i>	174	BD HYPO NEED MIS 18GX1.....	150
AZILECT TAB 0.5MG.....	75	BD HYPO NEED MIS 18GX1.5.....	151
AZILECT TAB 1MG.....	75	BD HYPO NEED MIS 19GX1.....	151
<i>azithromycin for susp 100 mg/5ml</i>	133	BD HYPO NEED MIS 19GX1.5.....	151
<i>azithromycin for susp 200 mg/5ml</i>	133	BD HYPO NEED MIS 21GX1.....	151
<i>azithromycin powd pack for susp 1 gm</i> ...	133	BD HYPO NEED MIS 21GX2.....	151
<i>azithromycin tab 250 mg</i>	133	BD HYPO NEED MIS 22GX1.....	151

BD HYPO NEED MIS 22GX1.5	151	<i>benazepril & hydrochlorothiazide tab 20-</i>	
BD HYPO NEED MIS 23GX1	151	<i>12.5 mg</i>	61
BD HYPO NEED MIS 23GX3/4.....	151	<i>benazepril & hydrochlorothiazide tab 20-25</i>	
BD HYPO NEED MIS 25GX1.5	151	<i>mg</i>	61
BD HYPO NEED MIS 26GX1/2	151	<i>benazepril & hydrochlorothiazide tab 5-</i>	
BD INTEGRA MIS 25GX1.....	151	<i>6.25 mg.....</i>	61
BD MICROTAIN MIS LANCETS.....	135	<i>benazepril hcl tab 10 mg</i>	57
BD NEEDLE MIS 23GX1.....	151	<i>benazepril hcl tab 20 mg.....</i>	57
BD NEEDLE MIS 30GX1/2	151	<i>benazepril hcl tab 40 mg.....</i>	57
BD NEEDLES MIS 16GX1.5.....	151	<i>benazepril hcl tab 5 mg</i>	57
BD NEEDLES MIS 18GX1.5.....	151	BENLYSTA INJ 200MG/ML	168
BD NEEDLES MIS 19GX1.....	151	BENZALKONIUM SOL NF	81
BD NEEDLES MIS 20GX1	151	BENZAMYCIN GEL 5-3%	101
BD NEEDLES MIS 20GX1.5.....	151	BENZNIDAZOLE TAB 100MG	27
BD NEEDLES MIS 21GX1.5.....	151	BENZNIDAZOLE TAB 12.5MG.....	26
BD NEEDLES MIS 22GX1.5	151	<i>benzonatate cap 100 mg.....</i>	100
BD NEEDLES MIS 25GX5/8	151	<i>benzonatate cap 150 mg.....</i>	100
BD NEEDLES MIS 27GX1/2	151	<i>benzonatate cap 200 mg</i>	100
BD NEEDLES MIS 30GX1/2	151	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
BD PEN MINI MIS	151	.....	101
BD PEN MIS.....	151	<i>benzoyl peroxide foam 9.8%.....</i>	101
BD PHLEBOTOM MIS 1.5QT	151	<i>benzoyl peroxide-hydrocortisone lotion 5-</i>	
BD PLASTIPAK MIS 21GX1	151	<i>0.5%.....</i>	101
BD PLASTIPAK MIS 3ML.....	151	<i>benzphetamine hcl tab 50 mg.....</i>	3
BD PRECISION MIS 23GX1.5.....	151	<i>benztropine mesylate tab 0.5 mg</i>	73
BD SHARPS MIS 1.4QT	151	<i>benztropine mesylate tab 1 mg</i>	73
BD SHARPS MIS 3.3QT.....	151	<i>benztropine mesylate tab 2 mg.....</i>	73
BD SHARPS MIS 5.1L	151	<i>bepotastine besilate ophth soln 1.5%</i>	174
BD SWAB REG PAD SNGL USE	149	BESREMI SOL 500MCG	72
BD U-500 MIS 31GX6MM.....	151	BETADINE SOL 5% OP.....	173
BD ULTRAFINE INSULIN		<i>betaine powder for oral solution</i>	119
SYRINGES/NEEDLES	151	<i>betamethasone dipropionate augmented</i>	
BD ULTRAFINE PEN NEEDLES	151	<i>cream 0.05%</i>	109
BELBUCA MIS 150MCG.....	24	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 300MCG.....	24	<i>gel 0.05%</i>	109
BELBUCA MIS 450MCG.....	24	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 600MCG.....	24	<i>lotion 0.05%.....</i>	109
BELBUCA MIS 750MCG.....	24	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 75MCG	24	<i>oint 0.05%</i>	109
BELBUCA MIS 900MCG.....	24	<i>betamethasone dipropionate cream 0.05%</i>	
BELLA/OPIUM SUP 16.2-30	185	.....	109
BELLA/OPIUM SUP 16.2-60	185	<i>betamethasone dipropionate lotion 0.05%</i>	
<i>benazepril & hydrochlorothiazide tab 10-</i>		.....	109
<i>12.5 mg</i>	61		

<i>betamethasone valerate aerosol foam</i>		<i>bosentan tab 62.5 mg</i>	94
0.12%.....	109	BOSULIF CAP 100MG.....	69
<i>betamethasone valerate cream 0.1% (base</i>		BOSULIF CAP 50MG	69
<i>equivalent)</i>	109	BOSULIF TAB 100MG	69
<i>betamethasone valerate lotion 0.1% (base</i>		BOSULIF TAB 400MG	69
<i>equivalent)</i>	109	BOSULIF TAB 500MG	69
<i>betamethasone valerate oint 0.1% (base</i>		BRAFTOVI CAP 75MG.....	69
<i>equivalent)</i>	109	BREATHE EASE MIS LG MASK.....	161
BETASERON INJ 0.3MG.....	180	BREATHE EASE MIS MED MASK	161
<i>betaxolol hcl ophth soln 0.5%</i>	171	BREATHE EASE MIS METER.....	161
<i>betaxolol hcl tab 10 mg</i>	87	BREATHE EASE MIS SM MASK	161
<i>betaxolol hcl tab 20 mg</i>	87	BREATHERITE MIS MDI CHMB	161
<i>bethanechol chloride tab 10 mg</i>	188	BREO ELLIPTA INH 100-25.....	34
<i>bethanechol chloride tab 25 mg</i>	188	BREO ELLIPTA INH 200-25	34
<i>bethanechol chloride tab 50 mg</i>	188	BREO ELLIPTA INH 50-25MCG	34
<i>bethanechol chloride tab 5 mg</i>	188	BREXAFEMME TAB 150MG	52
<i>bexarotene cap 75 mg</i>	72	BREZTRI AERO AER SPHERE	34
<i>bexarotene gel 1%</i>	104	BRILINTA TAB 60MG	128
<i>bicalutamide tab 50 mg</i>	67	BRILINTA TAB 90MG	128
BIDIL TAB.....	91	<i>brimonidine tartrate gel 0.33% (base</i>	
BIJUVA CAP 0.5-100.....	121	<i>equivalent)</i>	113
BIJUVA CAP 1-100MG	121	<i>brimonidine tartrate ophth soln 0.1%</i>	172
BIKTARVY TAB.....	81	<i>brimonidine tartrate ophth soln 0.15%</i>	172
BILTRICIDE TAB 600MG.....	27	<i>brimonidine tartrate ophth soln 0.2%</i>	172
<i>bimatoprost ophth soln 0.03%</i>	175	<i>brimonidine tartrate-timolol maleate ophth</i>	
BIMZELX INJ 160MG/ML	105	<i>soln 0.2-0.5%</i>	171
BINOSTO TAB 70MG	117	<i>brinzolamide ophth susp 1%</i>	174
<i>bismuth subcit-metronidazole-tetracycline</i>		BRIVIACT SOL 10MG/ML.....	38
<i>cap 140-125-125 mg</i>	187	BRIVIACT TAB 100MG.....	38
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		BRIVIACT TAB 10MG	38
<i>6.25 mg</i>	61	BRIVIACT TAB 25MG.....	38
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		BRIVIACT TAB 50MG	38
<i>6.25 mg</i>	61	BRIVIACT TAB 75MG.....	38
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>bromfenac sodium ophth soln 0.07% (base</i>	
<i>mg</i>	61	<i>equivalent)</i>	174
<i>bisoprolol fumarate tab 10 mg</i>	87	<i>bromfenac sodium ophth soln 0.075%</i>	
<i>bisoprolol fumarate tab 5 mg</i>	87	<i>(base equivalent)</i>	175
BLEPHAMIDE OIN S.O.P.....	174	<i>bromfenac sodium ophth soln 0.09% (base</i>	
BLULINK LIQ HIGH/LOW	135	<i>equiv) (once-daily)</i>	175
BLUNT CANNUL MIS 20GX1.5	151	<i>bromocriptine mesylate cap 5 mg (base</i>	
BLUNT CANNUL MIS 21GX1.....	151	<i>equivalent)</i>	73
BONJESTA TAB 20-20MG.....	52	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
BOOSTRIX INJ	185	<i>equivalent)</i>	73
<i>bosentan tab 125 mg</i>	94	BRUKINSA CAP 80MG	69

BRYHALI LOT 0.01%	109	<i>bupropion hcl tab 75 mg</i>	42
<i>budesonide delayed release particles cap 3 mg</i>	98	<i>bupropion hcl tab er 12hr 100 mg</i>	42
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	34	<i>bupropion hcl tab er 12hr 150 mg</i>	43
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	34	<i>bupropion hcl tab er 12hr 200 mg</i>	43
<i>budesonide inhalation susp 0.25 mg/2ml</i>	33	<i>bupropion hcl tab er 24hr 150 mg</i>	43
<i>budesonide inhalation susp 0.5 mg/2ml</i>	33	<i>bupropion hcl tab er 24hr 300 mg</i>	43
<i>budesonide inhalation susp 1 mg/2ml</i>	33	<i>bupirone hcl tab 10 mg</i>	30
<i>budesonide rectal foam 2 mg/act</i>	26	<i>bupirone hcl tab 15 mg</i>	30
BULB IRR SYR MIS 60ML	151	<i>bupirone hcl tab 30 mg</i>	30
<i>bumetanide tab 0.5 mg</i>	116	<i>bupirone hcl tab 5 mg</i>	30
<i>bumetanide tab 1 mg</i>	116	<i>bupirone hcl tab 7.5 mg</i>	30
<i>bumetanide tab 2 mg</i>	116	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	17
BUMEX TAB 0.5MG.....	116	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	23
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	25	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	24
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	24	<i>butalbital-acetaminophen tab 50-325 mg</i>	17
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	25	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	17
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	25	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	24
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	25	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	25
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	25	C	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	24	<i>cabergoline tab 0.5 mg</i>	121
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	24	CABOMETYX TAB 20MG	69
<i>buprenorphine td patch weekly 10 mcg/hr</i>	25	CABOMETYX TAB 40MG.....	69
<i>buprenorphine td patch weekly 15 mcg/hr</i>	25	CABOMETYX TAB 60MG.....	69
<i>buprenorphine td patch weekly 20 mcg/hr</i>	25	CADUET TAB 10-10MG	91
<i>buprenorphine td patch weekly 5 mcg/hr</i>	25	CADUET TAB 10-20MG.....	91
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	25	CADUET TAB 10-40MG.....	91
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	182	CADUET TAB 10-80MG.....	91
<i>bupropion hcl tab 100 mg</i>	42	CADUET TAB 5-10MG	91
		CADUET TAB 5-20MG	91
		CADUET TAB 5-40MG	91
		CADUET TAB 5-80MG	91
		<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2
		CALAN SR TAB 120MG	88
		CALAN SR TAB 180MG	88
		CALAN SR TAB 240MG.....	88
		<i>calcipotriene oint 0.005%</i>	105
		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	105
		<i>calcitonin (salmon) inj 200 unit/ml</i>	117

<i>calcitonin (salmon) nasal soln 200 unit/act</i>	38
.....	117
<i>calcitriol cap 0.25 mcg</i>	119
<i>calcitriol cap 0.5 mcg</i>	119
<i>calcitriol oral soln 1 mcg/ml</i>	119
<i>calcium acetate (phosphate binder) cap</i>	
667 mg (169 mg ca)	126
CALQUENCE CAP 100MG	69
CALQUENCE TAB 100MG	69
CAMZYOS CAP 10MG	91
CAMZYOS CAP 15MG	91
CAMZYOS CAP 2.5MG	91
CAMZYOS CAP 5MG	91
<i>candesartan cilexetil-hydrochlorothiazide</i>	
tab 16-12.5 mg	61
<i>candesartan cilexetil-hydrochlorothiazide</i>	
tab 32-12.5 mg	61
<i>candesartan cilexetil-hydrochlorothiazide</i>	
tab 32-25 mg	61
<i>candesartan cilexetil tab 16 mg</i>	59
<i>candesartan cilexetil tab 32 mg</i>	59
<i>candesartan cilexetil tab 4 mg</i>	59
<i>candesartan cilexetil tab 8 mg</i>	59
<i>capecitabine tab 150 mg</i>	65
<i>capecitabine tab 500 mg</i>	65
CAPRELSA TAB 100MG	69
CAPRELSA TAB 300MG	69
<i>captopril & hydrochlorothiazide tab 25-15</i>	
mg	61
<i>captopril & hydrochlorothiazide tab 25-25</i>	
mg	61
<i>captopril & hydrochlorothiazide tab 50-15</i>	
mg	61
<i>captopril & hydrochlorothiazide tab 50-25</i>	
mg	61
<i>captopril tab 100 mg</i>	57
<i>captopril tab 12.5 mg</i>	57
<i>captopril tab 25 mg</i>	57
<i>captopril tab 50 mg</i>	57
CAPVAXIVE INJ 0.5ML	188
<i>carbamazepine cap er 12hr 100 mg</i>	38
<i>carbamazepine cap er 12hr 200 mg</i>	38
<i>carbamazepine cap er 12hr 300 mg</i>	38
<i>carbamazepine chew tab 100 mg</i>	38
<i>carbamazepine susp 100 mg/5ml</i>	38
<i>carbamazepine tab 200 mg</i>	38
<i>carbamazepine tab er 12hr 100 mg</i>	38
<i>carbamazepine tab er 12hr 200 mg</i>	38
<i>carbamazepine tab er 12hr 400 mg</i>	38
CARBATROL CAP 100MG	38
CARBATROL CAP 200MG	38
CARBATROL CAP 300MG	38
<i>carbidopa & levodopa orally disintegrating</i>	
tab 10-100 mg	73
<i>carbidopa & levodopa orally disintegrating</i>	
tab 25-100 mg	73
<i>carbidopa & levodopa orally disintegrating</i>	
tab 25-250 mg	73
<i>carbidopa & levodopa tab 10-100 mg</i>	73
<i>carbidopa & levodopa tab 25-100 mg</i>	73
<i>carbidopa & levodopa tab 25-250 mg</i>	73
<i>carbidopa & levodopa tab er 25-100 mg</i>	73
<i>carbidopa & levodopa tab er 50-200 mg</i>	73
<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
50-200 mg	73
<i>carbidopa-levodopa-entacapone tabs</i>	
18.75-75-200 mg	73
<i>carbidopa-levodopa-entacapone tabs 25-</i>	
100-200 mg	74
<i>carbidopa-levodopa-entacapone tabs</i>	
31.25-125-200 mg	74
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
150-200 mg	74
<i>carbidopa-levodopa-entacapone tabs 50-</i>	
200-200 mg	74
<i>carbidopa tab 25 mg</i>	73
<i>carbinoxamine maleate extended release</i>	
susp 4 mg/5ml	53
<i>carbinoxamine maleate soln 4 mg/5ml</i>	53
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CAREPOINT SY MIS 22GX1.5.....	152	<i>cefadroxil cap 500 mg</i>	95
CAREPOINT SY MIS 23GX1	152	<i>cefadroxil for susp 250 mg/5ml</i>	95
CAREPOINT SY MIS 23GX1.5.....	152	<i>cefadroxil for susp 500 mg/5ml</i>	95
CAREPOINT SY MIS 25GX1.....	152	<i>cefadroxil tab 1 gm</i>	95
CAREPOINT SY MIS 60ML	152	<i>cefdinir cap 300 mg</i>	96
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<i>carglumic acid soluble tab 200 mg</i>	119	<i>cefprozil tab 500 mg</i>	95
<i>carisoprodol tab 350 mg</i>	169	<i>cefuroxime axetil tab 250 mg</i>	95
<i>carteolol hcl ophth soln 1%</i>	171	<i>cefuroxime axetil tab 500 mg</i>	95
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<i>carvedilol phosphate cap er 24hr 20 mg</i> ..	86	<i>celecoxib cap 200 mg</i>	13
<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	86	<i>celecoxib cap 400 mg</i>	13
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<i>cephalexin cap 500 mg</i>	95	CHOLBAM CAP 50MG.....	123
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<i>cephalexin for susp 250 mg/5ml</i>	95	54
<i>cephalexin tab 250 mg</i>	95	<i>cholestyramine powder 4 gm/dose</i>	55
<i>cephalexin tab 500 mg</i>	95	<i>cholestyramine powder packets 4 gm</i>	55
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CEQUR SIMPL KIT STARTER	152	(<i>fenofibric acid equiv</i>).....	55
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CERVIDIL VAG MIS 10MG INS	176	<i>acid equiv)</i>	55
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<i>cetorelix acetate for inj kit 0.25 mg</i>	118	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cevimeline hcl cap 30 mg</i>	168	<i>equiv)</i>	103
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<i>mg</i>	179	<i>cilostazol tab 50 mg</i>	129
<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>		CIMDUO TAB 300-300	81
<i>mg</i>	179	<i>cimetidine hcl soln 300 mg/5ml</i>	186
<i>chlordiazepoxide hcl cap 10 mg</i>	30	<i>cimetidine tab 300 mg</i>	186
<i>chlordiazepoxide hcl cap 25 mg</i>	30	<i>cimetidine tab 400 mg</i>	186
<i>chlordiazepoxide hcl cap 5 mg</i>	30	<i>cimetidine tab 800 mg</i>	186
<i>chlordiazepoxide hcl-clidinium bromide</i>		CIMZIA PREFL KIT 200MG/ML	124
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<i>chlorhexidine gluconate soln 0.12%</i>	168	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	119
<i>chloroquine phosphate tab 250 mg</i>	64	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	119
<i>chloroquine phosphate tab 500 mg</i>	64	CIPRO (10%) SUS 500MG/5	123
<i>chlorpromazine hcl inj 25 mg/ml</i>	80	CIPRO (5%) SUS 250MG/5	123
<i>chlorpromazine hcl inj 50 mg/2ml</i>	80	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>chlorpromazine hcl tab 100 mg</i>	80	<i>0.3-0.1%</i>	175
<i>chlorpromazine hcl tab 10 mg</i>	80	<i>ciprofloxacin for oral susp 250 mg/5ml</i>	
<i>chlorpromazine hcl tab 200 mg</i>	80	(<i>5%</i>) (<i>5 gm/100ml</i>)	123
<i>chlorpromazine hcl tab 25 mg</i>	80	<i>ciprofloxacin for oral susp 500 mg/5ml</i>	
<i>chlorpromazine hcl tab 50 mg</i>	80	(<i>10%</i>) (<i>10 gm/100ml</i>)	123
<i>chlorthalidone tab 25 mg</i>	116	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>chlorthalidone tab 50 mg</i>	116	<i>equivalent)</i>	173

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	175	<i>clindamycin hcl cap 150 mg</i>	28
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	123	<i>clindamycin hcl cap 300 mg</i>	28
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	123	<i>clindamycin hcl cap 75 mg</i>	28
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	123	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	28
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	123	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	102
CIPRO TAB 250MG	123	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	102
CIPRO TAB 500MG	123	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	102
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	43	<i>clindamycin phosphate foam 1%</i>	101
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	43	<i>clindamycin phosphate gel 1%</i>	101
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	43	<i>clindamycin phosphate lotion 1%</i>	101
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	43	<i>clindamycin phosphate soln 1%</i>	101
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CLARINEX TAB 5MG	54	<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	102
<i>clarithromycin for susp 125 mg/5ml</i>	133	<i>clindamycin phosphate vaginal cream 2%</i>	189
<i>clarithromycin for susp 250 mg/5ml</i>	133	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	101
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<i>clarithromycin tab 500 mg</i>	133	<i>clobazam suspension 2.5 mg/ml</i>	37
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<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	53	<i>clobetasol propionate cream 0.05%</i>	109
<i>clemastine fumarate tab 2.68 mg</i>	54	<i>clobetasol propionate emollient base cream 0.05%</i>	109
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<i>clonidine td patch weekly 0.1 mg/24hr</i>	59	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	127
<i>clonidine td patch weekly 0.2 mg/24hr</i>	59	<i>colesevelam hcl packet for susp 3.75 gm</i>	55
<i>clonidine td patch weekly 0.3 mg/24hr</i>	60	<i>colesevelam hcl tab 625 mg</i>	55
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	129	COLESTID FLA GRA 5/7.5GM.....	55
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	129	COLESTID FLA GRA 5GM.....	55
<i>clorazepate dipotassium tab 15 mg</i>	30	COLESTID GRA 5GM.....	55
<i>clorazepate dipotassium tab 3.75 mg</i>	30	COLESTID POW 5GM.....	55
<i>clorazepate dipotassium tab 7.5 mg</i>	30	COLESTID TAB 1GM.....	55
<i>clotrimazole troche 10 mg</i>	168	<i>colestipol hcl granule packets 5 gm</i>	55
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	104	<i>colestipol hcl granules 5 gm</i>	55
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	104	<i>colestipol hcl tab 1 gm</i>	55
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<i>clozapine tab 25 mg</i>	78	COMFORT ASSU MIS LANC 33G.....	136
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<i>cyclopentolate hcl ophth soln 2%</i>	172	<i>darunavir tab 600 mg</i>	82
<i>cyclophosphamide cap 25 mg</i>	65	<i>darunavir tab 800 mg</i>	82
<i>cyclophosphamide cap 50 mg</i>	65	DAYBUE SOL 200MG/ML	171
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<i>cyclosporine modified cap 100 mg</i>	166	<i>deferasirox granules packet 360 mg</i>	51
<i>cyclosporine modified cap 25 mg</i>	166	<i>deferasirox granules packet 90 mg</i>	51
<i>cyclosporine modified cap 50 mg</i>	166	<i>deferasirox tab 180 mg</i>	51
<i>cyclosporine modified oral soln 100 mg/ml</i>	166	<i>deferasirox tab 360 mg</i>	51
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	54	<i>deferasirox tab 90 mg</i>	51
<i>cyproheptadine hcl tab 4 mg</i>	54	<i>deferasirox tab for oral susp 125 mg</i>	51
CYSTAGON CAP 150MG	127	<i>deferasirox tab for oral susp 250 mg</i>	51
CYSTAGON CAP 50MG	127	<i>deferasirox tab for oral susp 500 mg</i>	51
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CYTOTEC TAB 100MCG	187	<i>deferiprone tab 500 mg</i>	51
CYTOTEC TAB 200MCG	187	<i>deflazacort susp 22.75 mg/ml</i>	98
D		<i>deflazacort tab 18 mg</i>	98
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	37	<i>deflazacort tab 30 mg</i>	98
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	37	<i>deflazacort tab 36 mg</i>	98
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	37	<i>deflazacort tab 6 mg</i>	98
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<i>dapsone tab 100 mg</i>	28	DERMA-SMOOTH OIL /FS SCLP	109
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		<i>desipramine hcl tab 10 mg</i>	45
		<i>desipramine hcl tab 150 mg</i>	46
		<i>desipramine hcl tab 25 mg</i>	46
		<i>desipramine hcl tab 50 mg</i>	46

<i>desipramine hcl tab 75 mg</i>	46	<i>dexamethasone tab 1 mg</i>	99
<i>desloratadine tab 5 mg</i>	54	<i>dexamethasone tab 2 mg</i>	99
<i>desloratadine tab orally disintegrating 2.5 mg</i>	54	<i>dexamethasone tab 4 mg</i>	99
<i>desloratadine tab orally disintegrating 5 mg</i>	54	<i>dexamethasone tab 6 mg</i>	99
<i>desmopressin acetate nasal spray soln 0.01%</i>	120	<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	99
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	120	<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	99
<i>desmopressin acetate tab 0.1 mg</i>	120	<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	99
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<i>desoximetasone cream 0.05%</i>	109	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	6
<i>desoximetasone cream 0.25%</i>	109	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	6
<i>desoximetasone gel 0.05%</i>	109	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	6
<i>desoximetasone oint 0.25%</i>	109	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	6
<i>desoximetasone spray 0.25%</i>	110	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	6
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<i>dexamethasone elixir 0.5 mg/5ml</i>	98	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	174	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1
<i>dexamethasone soln 0.5 mg/5ml</i>	99	<i>dextroamphetamine sulfate tab 10 mg</i>	1
<i>dexamethasone tab 0.5 mg</i>	99		
<i>dexamethasone tab 0.75 mg</i>	99		
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erythromycin pads 2%	102	0.1 mg	122
erythromycin soln 2%.....	102	estradiol & norethindrone acetate tab 1-0.5	
erythromycin stearate tab 250 mg.....	133	mg	122
erythromycin tab 250 mg	133	estradiol gel 0.06% (0.75 mg/1.25 gm	
erythromycin tab 500 mg.....	133	metered-dose pump)	122
erythromycin tab delayed release 250 mg		estradiol tab 0.5 mg.....	122
.....	133	estradiol tab 1 mg.....	122
erythromycin tab delayed release 333 mg		estradiol tab 2 mg	122
.....	133	estradiol td gel 0.25 mg/0.25gm (0.1%) .	122
erythromycin tab delayed release 500 mg		estradiol td gel 0.5 mg/0.5gm (0.1%)	122
.....	133	estradiol td gel 0.75 mg/0.75gm (0.1%) .	122
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escitalopram oxalate soln 5 mg/5ml (base		estradiol td patch twice weekly 0.025	
equiv)	43	mg/24hr	122
escitalopram oxalate tab 10 mg (base		estradiol td patch twice weekly 0.0375	
equiv)	43	mg/24hr	122
escitalopram oxalate tab 20 mg (base		estradiol td patch twice weekly 0.05	
equiv)	43	mg/24hr	122

<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	122	<i>etoposide cap 50 mg</i>	72
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	122	<i>etravirine tab 100 mg</i>	82
<i>estradiol td patch weekly 0.025 mg/24hr</i>	123	<i>etravirine tab 200 mg</i>	82
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	123	EUA PATIENT MIS ASSESS	168
<i>estradiol td patch weekly 0.05 mg/24hr</i>	123	EUCRISA OIN 2%.....	113
<i>estradiol td patch weekly 0.06 mg/24hr</i>	123	EVAMIST SPR 1.53MG.....	123
<i>estradiol td patch weekly 0.075 mg/24hr</i>	123	<i>everolimus tab 0.25 mg</i>	167
<i>estradiol td patch weekly 0.1 mg/24hr</i>	123	<i>everolimus tab 0.5 mg</i>	167
<i>estradiol vaginal cream 0.1 mg/gm</i>	190	<i>everolimus tab 0.75 mg</i>	167
<i>estradiol valerate im in oil 10 mg/ml</i>	123	<i>everolimus tab 10 mg</i>	70
<i>estradiol valerate im in oil 20 mg/ml</i>	123	<i>everolimus tab 1 mg</i>	167
<i>estradiol valerate im in oil 40 mg/ml</i>	123	<i>everolimus tab 2.5 mg</i>	70
<i>eszopiclone tab 1 mg</i>	131	<i>everolimus tab 5 mg</i>	70
<i>eszopiclone tab 2 mg</i>	131	<i>everolimus tab 7.5 mg</i>	70
<i>eszopiclone tab 3 mg</i>	131	<i>everolimus tab for oral susp 2 mg</i>	70
<i>ethacrynic acid tab 25 mg</i>	116	<i>everolimus tab for oral susp 3 mg</i>	70
<i>ethambutol hcl tab 100 mg</i>	64	<i>everolimus tab for oral susp 5 mg</i>	70
<i>ethambutol hcl tab 400 mg</i>	64	EVISTA TAB 60MG.....	119
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<i>ethosuximide soln 250 mg/5ml</i>	42	EVOLUTION SOL NORMAL	139
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<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	96	EXELON DIS 4.6MG/24	178
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	96	EXELON DIS 9.5MG/24	178
<i>etodolac cap 200 mg</i>	14	<i>exemestane tab 25 mg</i>	67
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<i>etodolac tab 500 mg</i>	14	<i>ezetimibe-simvastatin tab 10-10 mg</i>	54
<i>etodolac tab er 24hr 400 mg</i>	14	<i>ezetimibe-simvastatin tab 10-20 mg</i>	54
<i>etodolac tab er 24hr 500 mg</i>	14	<i>ezetimibe-simvastatin tab 10-40 mg</i>	54
<i>etodolac tab er 24hr 600 mg</i>	14	<i>ezetimibe-simvastatin tab 10-80 mg</i>	54
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	98	<i>ezetimibe tab 10 mg</i>	57
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		E-Z JECT MIS 21G	137
		E-Z JECT MIS 21G COLR.....	137
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		E-Z JECT MIS LANC 21G.....	137
		E-Z JECT MIS THIN 26G	137
		EZ-LETS 21G MIS LANCETS	139

EZ-LETS 26G MIS LANCETS	139	<i>fenofibrate tab 54 mg</i>	55
EZ-LETS 28G MIS LANCETS	139	<i>fenofibric acid tab 105 mg</i>	55
EZ-LETS 30G MIS LANCETS	139	<i>fenofibric acid tab 35 mg</i>	55
F		FENOGLIDE TAB 40MG	55
FABHALTA CAP 200MG.....	128	<i>fantanyl citrate buccal tab 100 mcg (base equiv)</i>	18
<i>famciclovir tab 125 mg</i>	85	<i>fantanyl citrate buccal tab 200 mcg (base equiv)</i>	18
<i>famciclovir tab 250 mg</i>	85	<i>fantanyl citrate buccal tab 400 mcg (base equiv)</i>	18
<i>famciclovir tab 500 mg</i>	85	<i>fantanyl citrate buccal tab 600 mcg (base equiv)</i>	18
<i>famotidine for susp 40 mg/5ml</i>	186	<i>fantanyl citrate buccal tab 800 mcg (base equiv)</i>	19
<i>famotidine tab 40 mg</i>	186	<i>fantanyl citrate lozenge on a handle 1200 mcg</i>	19
FARESTON TAB 60MG.....	67	<i>fantanyl citrate lozenge on a handle 1600 mcg</i>	19
FARXIGA TAB 10MG	50	<i>fantanyl citrate lozenge on a handle 200 mcg</i>	19
FARXIGA TAB 5MG.....	50	<i>fantanyl citrate lozenge on a handle 400 mcg</i>	19
FASENRA INJ 10MG/0.5	32	<i>fantanyl citrate lozenge on a handle 600 mcg</i>	19
FASENRA PEN INJ 30MG/ML	32	<i>fantanyl td patch 72hr 100 mcg/hr</i>	19
FASTCLIX MIS LANCETS.....	139	<i>fantanyl td patch 72hr 12 mcg/hr</i>	19
FAVIPIRAVIR TAB 200MG	86	<i>fantanyl td patch 72hr 25 mcg/hr</i>	19
FC2 FEMALE MIS CONDOM	134	<i>fantanyl td patch 72hr 37.5 mcg/hr</i>	19
<i>febuxostat tab 40 mg</i>	127	<i>fantanyl td patch 72hr 50 mcg/hr</i>	19
<i>febuxostat tab 80 mg</i>	127	<i>fantanyl td patch 72hr 62.5 mcg/hr</i>	19
<i>felbamate susp 600 mg/5ml</i>	41	<i>fantanyl td patch 72hr 75 mcg/hr</i>	19
<i>felbamate tab 400 mg</i>	41	<i>fantanyl td patch 72hr 87.5 mcg/hr</i>	19
<i>felbamate tab 600 mg</i>	41	<i>fesoterodine fumarate tab er 24hr 4 mg</i> .188	
FELBATOL SUS 600/5ML.....	41	<i>fesoterodine fumarate tab er 24hr 8 mg</i> .188	
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FELBATOL TAB 600MG	41	FIASP INJ 100/ML.....	49
FELDENE CAP 10MG	14	FIASP PENFIL INJ U-100	49
FELDENE CAP 20MG	14	FIBRICOR TAB 105MG.....	55
<i>felodipine tab er 24hr 10 mg</i>	89	FIBRICOR TAB 35MG	55
<i>felodipine tab er 24hr 2.5 mg</i>	89	FIFTY50 PREP PAD PADS	149
<i>felodipine tab er 24hr 5 mg</i>	89	FIFTY50 SAFE MIS LANCETS	139
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<i>fenofibrate cap 150 mg</i>	55		
<i>fenofibrate micronized cap 134 mg</i>	55		
<i>fenofibrate micronized cap 200 mg</i>	55		
<i>fenofibrate micronized cap 43 mg</i>	55		
<i>fenofibrate micronized cap 67 mg</i>	55		
<i>fenofibrate tab 145 mg</i>	55		
<i>fenofibrate tab 160 mg</i>	55		
<i>fenofibrate tab 48 mg</i>	55		

FILTER NEEDL MIS 18GX1.5	153	<i>fluocinolone acetonide soln 0.01%</i>	110
FILTER NEEDL MIS 20GX1.5	153	<i>fluocinonide cream 0.05%</i>	110
FINACEA AER 15%	113	<i>fluocinonide emulsified base cream 0.05%</i>	110
<i>finasteride tab 5 mg</i>	127	<i>fluocinonide gel 0.05%</i>	110
FINE 30 MIS	139	<i>fluocinonide oint 0.05%</i>	110
FINGERSTIX MIS LANCETS.....	139	<i>fluocinonide soln 0.05%</i>	110
<i> fingolimod hcl cap 0.5 mg (base equiv) ..</i>	180	<i>fluorometholone ophth susp 0.1%</i>	174
FIORICET CAP CODEINE	24	<i>fluorouracil cream 5%</i>	104
FIRDAPSE TAB 10MG	64	<i>fluorouracil soln 2%</i>	104
FLAGYL CAP 375MG	27	<i>fluorouracil soln 5%</i>	104
<i>flavoxate hcl tab 100 mg</i>	188	<i>fluoxetine hcl cap 10 mg</i>	43
<i>flecainide acetate tab 100 mg</i>	31	<i>fluoxetine hcl cap 20 mg</i>	43
<i>flecainide acetate tab 150 mg</i>	31	<i>fluoxetine hcl cap 40 mg</i>	44
<i>flecainide acetate tab 50 mg</i>	31	<i>fluoxetine hcl cap delayed release 90 mg</i>	44
FLEXICHAMBER MIS	161	<i>fluoxetine hcl solution 20 mg/5ml</i>	44
FLEXICHAMBER MIS MASK LRG	161	<i>fluoxetine hcl tab 10 mg</i>	44
FLEXICHAMBER MIS MASK SM.....	161	<i>fluoxetine hcl tab 20 mg</i>	44
FLOMAX CAP 0.4MG	127	<i>fluphenazine decanoate inj 25 mg/ml</i>	80
FLUAD INJ 2024-25	189	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	80
FLUARIX INJ 2024-25.....	189	<i>fluphenazine hcl inj 2.5 mg/ml</i>	80
FLUBLOK INJ 2024-25	189	<i>fluphenazine hcl oral conc 5 mg/ml</i>	80
FLUCELVAX INJ 2024-25.....	189	<i>fluphenazine hcl tab 10 mg</i>	80
FLUCLVX QUAD INJ 2023-24.....	189	<i>fluphenazine hcl tab 1 mg</i>	80
<i>fluconazole for susp 10 mg/ml</i>	53	<i>fluphenazine hcl tab 2.5 mg</i>	80
<i>fluconazole for susp 40 mg/ml</i>	53	<i>fluphenazine hcl tab 5 mg</i>	80
<i>fluconazole tab 100 mg</i>	53	<i>flurazepam hcl cap 15 mg</i>	131
<i>fluconazole tab 150 mg</i>	53	<i>flurazepam hcl cap 30 mg</i>	131
<i>fluconazole tab 200 mg</i>	53	<i>flurbiprofen sodium ophth soln 0.03%</i>	175
<i>fluconazole tab 50 mg</i>	53	<i>flurbiprofen tab 100 mg</i>	14
<i>flucytosine cap 250 mg</i>	53	<i>flurbiprofen tab 50 mg</i>	14
<i>fludrocortisone acetate tab 0.1 mg</i>	100	<i>flutamide cap 125 mg</i>	67
FLULAVAL INJ 2024-25	189	<i>fluticasone propionate cream 0.05%</i>	110
FLULAVAL QUA INJ 2023-24	189	<i>fluticasone propionate lotion 0.05%</i>	110
FLUMIST NASA LIQ 2024-25.....	189	<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	171
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	171	<i>fluticasone propionate oint 0.005%</i>	110
<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	175	<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>	34
<i>fluocinolone acetonide cream 0.01%</i>	110	<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>	34
<i>fluocinolone acetonide cream 0.025%</i>	110	<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>	34
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	110		
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	110		
<i>fluocinolone acetonide oint 0.025%</i>	110		

<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	56	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	34
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	56	FORTEO INJ 600/2.4	117
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	56	FORTISCARE SOL CNTL HI	139
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	44	FORTISCARE SOL CNTL LOW	139
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	44	FORTISCARE SOL CNTL NML	139
<i>fluvoxamine maleate tab 100 mg</i>	44	FOSAMAX + D TAB 70-2800	117
<i>fluvoxamine maleate tab 25 mg</i>	44	FOSAMAX + D TAB 70-5600	117
<i>fluvoxamine maleate tab 50 mg</i>	44	FOSAMAX TAB 70MG	117
FLUZONE HD INJ 2024-25.....	189	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	83
FLUZONE INJ 2024-25	189	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	28
FOCALIN TAB 10MG	6	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	61
FOCALIN TAB 2.5MG.....	6	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	62
FOCALIN TAB 5MG.....	6	<i>fosinopril sodium tab 10 mg</i>	57
<i>folic acid cap 0.8 mg</i>	129	<i>fosinopril sodium tab 20 mg</i>	58
<i>folic acid tab 1 mg</i>	129	<i>fosinopril sodium tab 40 mg</i>	58
<i>folic acid tab 400 mcg</i>	129	FREESTYLE LIQ CONTROL	139
<i>folic acid tab 800 mcg</i>	129	FREESTYLE MIS LANCETS.....	139
FOLLISTIM AQ INJ 300UNIT	118	FROVA TAB 2.5MG.....	163
FOLLISTIM AQ INJ 600UNIT	118	<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	163
FOLLISTIM AQ INJ 900UNIT	118	<i>furosemide oral soln 10 mg/ml</i>	116
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	36	<i>furosemide oral soln 8 mg/ml</i>	116
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	36	<i>furosemide tab 20 mg</i>	116
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	36	<i>furosemide tab 40 mg</i>	116
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	36	<i>furosemide tab 80 mg</i>	116
FORACARE GDH SOL HIGH	139	FUZEON INJ 90MG	83
FORACARE GDH SOL LOW.....	139	FYCOMPA SUS 0.5MG/ML.....	37
FORACARE GDH SOL NORMAL	139	FYCOMPA TAB 10MG.....	37
FORA CONTROL SOL HIGH	139	FYCOMPA TAB 12MG	37
FORA CONTROL SOL LOW	139	FYCOMPA TAB 2MG.....	37
FORA CONTROL SOL NORMAL	139	FYCOMPA TAB 4MG	37
FORA GTEL TES KETONE.....	114	FYCOMPA TAB 6MG	37
FORA LANCETS MIS 30G.....	139	FYCOMPA TAB 8MG	37
FORA MIS LANCETS	139	FYLNETRA INJ 6MG/0.6	130
FORA MIS LANCING	139	G	
FORA TEST GO TES ADV VOIC	114	<i>gabapentin (once-daily) tab 300 mg</i>	181
FORFIVO XL TAB 450MG.....	43	<i>gabapentin (once-daily) tab 600 mg</i>	181
<i>formaldehyde solution 10%</i>	81	<i>gabapentin cap 100 mg</i>	38
		<i>gabapentin cap 300 mg</i>	38

<i>gabapentin cap 400 mg</i>	38	GENTEEL TIPS MIS CLEAR	139
<i>gabapentin oral soln 250 mg/5ml</i>	38	GENTEEL TIPS MIS GREEN	139
<i>gabapentin tab 600 mg</i>	38	GENTEEL TIPS MIS ORANGE.....	139
<i>gabapentin tab 800 mg</i>	38	GENTEEL TIPS MIS RAINBOW	139
GABITRIL TAB 12MG	41	GENTEEL TIPS MIS VIOLET.....	139
GABITRIL TAB 16MG	41	GENTEEL TIPS MIS YELLOW	140
GABITRIL TAB 2MG.....	41	GENTLE-LET MIS 26G	140
GABITRIL TAB 4MG.....	41	GENTLE-LET MIS 28G	140
GALAFOLD CAP 123MG	119	GENTLE-LET MIS LANCETS	140
<i>galantamine hydrobromide cap er 24hr 16</i> <i>mg</i>	178	GENTLE-LET MIS PLATFORM	140
<i>galantamine hydrobromide cap er 24hr 24</i> <i>mg</i>	178	GENVOYA TAB	83
<i>galantamine hydrobromide cap er 24hr 8</i> <i>mg</i>	178	GILOTRIF TAB 20MG.....	67
<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	178	GILOTRIF TAB 30MG.....	67
<i>galantamine hydrobromide tab 12 mg</i>	178	GILOTRIF TAB 40MG.....	67
<i>galantamine hydrobromide tab 4 mg</i>	178	GLARGIN YFGN INJ 100U/ML	49
<i>galantamine hydrobromide tab 8 mg</i>	178	GLARGIN YFGN SOL 100U/ML	49
GANIRELIX AC INJ 250/0.5.....	118	<i>glatiramer acetate soln prefilled syringe 20</i> <i>mg/ml</i>	180
GASTROCROM CON 100/5ML.....	124	<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	180
<i>gatifloxacin ophth soln 0.5%</i>	173	GLEOSTINE CAP 100MG.....	65
GATTEX KIT 5MG	126	GLEOSTINE CAP 10MG	65
GAVRETO CAP 100MG.....	70	GLEOSTINE CAP 40MG	65
GE100 CONTRL SOL NORMAL.....	139	<i>glimepiride tab 1 mg</i>	50
<i>gefitinib tab 250 mg</i>	67	<i>glimepiride tab 2 mg</i>	50
GELFILM MIS OP	174	<i>glimepiride tab 3 mg</i>	50
<i>gemfibrozil tab 600 mg</i>	55	<i>glimepiride tab 4 mg</i>	50
GEMTESA TAB 75MG	188	<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	47
GENERESS FE CHW.....	96	<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	47
<i>gentamicin sulfat cream 0.1%</i>	103	<i>glipizide-metformin hcl tab 5-500 mg</i>	47
<i>gentamicin sulfat oint 0.1%</i>	103	<i>glipizide tab 10 mg</i>	50
<i>gentamicin sulfat ophth oint 0.3%</i>	173	<i>glipizide tab 5 mg</i>	50
<i>gentamicin sulfat ophth soln 0.3%</i>	173	<i>glipizide tab er 24hr 10 mg</i>	50
GENTEEL LANC KIT BLUE	139	<i>glipizide tab er 24hr 2.5 mg</i>	50
GENTEEL MIS LANCETS.....	139	<i>glipizide tab er 24hr 5 mg</i>	50
GENTEEL MIS NOZZLES.....	139	GLOBAL 28G MIS LANCETS.....	140
GENTEEL PLUS MIS BLACK.....	139	GLOBAL 30G MIS LANCETS.....	140
GENTEEL PLUS MIS BLUE.....	139	GLOBAL LANC MIS DEVICE	140
GENTEEL PLUS MIS PINK	139	GLOBAL PREP PAD PADS.....	149
GENTEEL PLUS MIS PURPLE.....	139	<i>glucagon (rdna) for inj kit 1 mg</i>	48
GENTEEL PLUS MIS WHITE	139	GLUC CONTROL LIQ NORMAL	140
GENTEEL TIPS MIS BLUE	139	GLUC CONTROL SOL	140
		GLUC CONTROL SOL MID	140
		GLUC CONTROL SOL NORMAL.....	140

GLUCOCARD 01 LIQ NORM/HGH	140	GNP LANCING MIS DEVICE.....	140
GLUCOCARD 01 SOL NORMAL.....	140	GNP PRENATAL TAB 28-0.8MG	169
GLUCOCARD LIQ LEVEL 1.....	140	GOJJI BLOOD TES KETONE	114
GLUCOCARD SOL NORMAL	140	GOJJI CNTRL SOL NORMAL.....	140
GLUCOCARD SOL SHINE.....	140	GOJJI LANCET MIS 30G	140
GLUCOCOM MIS 28G.....	140	GOJJI MIS LANC DEV.....	140
GLUCOCOM MIS 30G.....	140	GOODSENSE MIS LANC 26G	140
GLUCOCOM MIS 33G.....	140	GOODSENSE MIS LANC 30G	140
GLUCOCOM TES HIGH CON	140	GOODSENSE MIS LANC 33G	140
GLUCOCOM TES NORM CON	140	GOODSENSE MIS LANC DVC.....	140
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GLUCOSE CONT SOL NORMAL.....	140	GRAFCO SILVR MIS NIT APPL	108
GLUCOTROL XL TAB 10MG	51	GRALISE TAB 300MG.....	181
GLUCOTROL XL TAB 2.5MG.....	51	GRALISE TAB 450MG.....	181
GLUCOTROL XL TAB 5MG	51	GRALISE TAB 600MG.....	181
<i>glutamine (sickle cell) powd pack 5 gm ..</i>	129	GRALISE TAB 750MG	182
GLUTARALDEHY SOL 25%	81	GRALISE TAB 900MG	182
<i>glyburide-metformin tab 1.25-250 mg</i>	47	<i>granisetron hcl tab 1 mg</i>	52
<i>glyburide-metformin tab 2.5-500 mg</i>	47	GRASTEK SUB 2800BAU	7
<i>glyburide-metformin tab 5-500 mg</i>	47	<i>griseofulvin microsize susp 125 mg/5ml...</i>	53
<i>glyburide micronized tab 1.5 mg.....</i>	51	<i>griseofulvin microsize tab 500 mg</i>	53
<i>glyburide micronized tab 3 mg</i>	51	<i>griseofulvin ultramicrosize tab 125 mg.....</i>	53
<i>glyburide micronized tab 6 mg</i>	51	<i>griseofulvin ultramicrosize tab 250 mg.....</i>	53
<i>glyburide tab 1.25 mg</i>	51	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	
<i>glyburide tab 2.5 mg.....</i>	51	100
<i>glyburide tab 5 mg.....</i>	51	<i>guanfacine hcl tab 1 mg</i>	60
<i>glycopyrrolate inj pf soln prefilled syringe</i>		<i>guanfacine hcl tab 2 mg.....</i>	60
<i>0.2 mg/ml</i>	186	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
<i>glycopyrrolate inj pf soln pref syr 0.4</i>		<i>equiv).....</i>	5
<i>mg/2ml (0.2 mg/ml).....</i>	186	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
<i>glycopyrrolate oral soln 1 mg/5ml.....</i>	186	<i>equiv).....</i>	5
<i>glycopyrrolate tab 1 mg</i>	186	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
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LANOXIN TAB 0.0625MG	90	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
<i>lansoprazole cap delayed release 15 mg</i>	187	<i>(base equiv)</i>	35
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<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	96	LINZESS CAP 290MCG.....	125
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	97	LINZESS CAP 72MCG	125
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	97	<i>liothyronine sodium tab 25 mcg</i>	185
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	97	<i>liothyronine sodium tab 50 mcg</i>	185
<i>levonorgestrel tab 1.5 mg</i>	98	<i>liothyronine sodium tab 5 mcg</i>	185
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	96	LIPOFEN CAP 150MG.....	55
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	96	LIPOFEN CAP 50MG	55
<i>levothyroxine sodium tab 100 mcg</i>	184	<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	48
<i>levothyroxine sodium tab 112 mcg</i>	184	<i>lisdexamfetamine dimesylate cap 10 mg</i>	2
<i>levothyroxine sodium tab 125 mcg</i>	185	<i>lisdexamfetamine dimesylate cap 20 mg</i> ...	2
<i>levothyroxine sodium tab 137 mcg</i>	185	<i>lisdexamfetamine dimesylate cap 30 mg</i> ...	2
<i>levothyroxine sodium tab 150 mcg</i>	185	<i>lisdexamfetamine dimesylate cap 40 mg</i> ...	2
<i>levothyroxine sodium tab 175 mcg</i>	185	<i>lisdexamfetamine dimesylate cap 50 mg</i> ...	2
<i>levothyroxine sodium tab 200 mcg</i>	185	<i>lisdexamfetamine dimesylate cap 60 mg</i> ...	2
<i>levothyroxine sodium tab 25 mcg</i>	184	<i>lisdexamfetamine dimesylate cap 70 mg</i> ...	2
<i>levothyroxine sodium tab 300 mcg</i>	185	<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2
<i>levothyroxine sodium tab 50 mcg</i>	184	<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2
<i>levothyroxine sodium tab 75 mcg</i>	184	<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2
<i>levothyroxine sodium tab 88 mcg</i>	184	<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2
LEVSIN/SL SUB 0.125MG.....	186	<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2
LEVSIN TAB 0.125MG	186	<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2
LEVULAN KERA SOL 20%.....	104	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	62
LIDO/HYDROCO LOT 5-1%	110	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	62
<i>lidocaine hcl gel 2%</i>	113	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	62
<i>lidocaine hcl laryngotracheal soln 4%</i>	168	<i>lisinopril tab 10 mg</i>	58
<i>lidocaine hcl soln 4%</i>	113	<i>lisinopril tab 2.5 mg</i>	58
<i>lidocaine hcl urethral/mucosal gel 2%</i>	113	<i>lisinopril tab 20 mg</i>	58
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	113	<i>lisinopril tab 30 mg</i>	58
<i>lidocaine hcl viscous soln 2%</i>	168	<i>lisinopril tab 40 mg</i>	58
<i>lidocaine oint 5%</i>	113	<i>lisinopril tab 5 mg</i>	58
<i>lidocaine patch 5%</i>	113	LITETOUCH MIS LANCETS	142
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	113	LITE TOUCH MIS LANCETS	142
LIDODERM DIS 5%.....	113	LITE TOUCH MIS LANC PEN.....	142
LIDOTRAL GEL 5%.....	113	LITFULO CAP 50MG	112
<i>linezolid for susp 100 mg/5ml</i>	28		
<i>linezolid tab 600 mg</i>	28		
LINZESS CAP 145MCG	125		

<i>lithium carbonate cap 150 mg</i>	76	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lithium carbonate cap 300 mg</i>	76	<i>tab 100-12.5 mg</i>	62
<i>lithium carbonate cap 600 mg</i>	76	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lithium carbonate tab 300 mg</i>	76	<i>tab 100-25 mg</i>	62
<i>lithium carbonate tab er 300 mg</i>	76	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lithium carbonate tab er 450 mg</i>	76	<i>tab 50-12.5 mg</i>	62
<i>lithium oral solution 8 meq/5ml</i>	76	<i>losartan potassium tab 100 mg</i>	59
LITHOBID TAB 300MG CR.....	76	<i>losartan potassium tab 25 mg</i>	59
LIVDELZI CAP 10MG	126	<i>losartan potassium tab 50 mg</i>	59
LIVMARLI SOL 19MG/ML	124	LOSEASONIQUE TAB	97
LIVMARLI SOL 9.5MG/ML	124	LOTENSIN HCT TAB 10-12.5.....	62
LIVTENCITY TAB 200MG	84	LOTENSIN HCT TAB 20-12.5	62
LOCOID LIPO CRE 0.1%	110	LOTENSIN HCT TAB 20-25MG	62
LOCOID LOT 0.1%.....	110	LOTENSIN TAB 10MG.....	58
LODOSYN TAB 25MG.....	73	LOTENSIN TAB 20MG	58
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>		LOTENSIN TAB 40MG.....	58
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LO LOESTRIN TAB 1-10-10.....	97	<i>loteprednol etabonate ophth susp 0.2%</i> .174	
LOMAIRA TAB 8MG	3	<i>loteprednol etabonate ophth susp 0.5%</i> .174	
LOMOTIL TAB 2.5MG.....	51	LOTREL CAP 10-20MG.....	62
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LONGS LANCET MIS THIN.....	142	LOTREL CAP 5-10MG.....	62
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LONSURF TAB 15-6.14.....	69	LOTRONEX TAB 0.5MG.....	125
LONSURF TAB 20-8.19.....	69	LOTRONEX TAB 1MG	125
LOPID TAB 600MG.....	55	<i>lovastatin tab 10 mg</i>	56
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		<i>lovastatin tab 20 mg</i>	56
<i>(80-20 mg/ml)</i>	83	<i>lovastatin tab 40 mg</i>	56
<i>lopinavir-ritonavir tab 100-25 mg</i>	83	LOVENOX INJ 100MG/ML.....	37
<i>lopinavir-ritonavir tab 200-50 mg</i>	83	LOVENOX INJ 120/0.8	37
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LOPRESSOR TAB 50MG	87	LOVENOX INJ 30/0.3ML	36
LOPROX SHA 1%	104	LOVENOX INJ 300/3ML	37
<i>lorazepam conc 2 mg/ml</i>	31	LOVENOX INJ 40/0.4ML.....	36
<i>lorazepam tab 0.5 mg</i>	31	LOVENOX INJ 60/0.6ML.....	36
<i>lorazepam tab 1 mg</i>	31	LOVENOX INJ 80/0.8ML	36
<i>lorazepam tab 2 mg</i>	31	<i>loxapine succinate cap 10 mg</i>	78
LORBRENA TAB 100MG.....	70	<i>loxapine succinate cap 25 mg</i>	78
LORBRENA TAB 25MG	70	<i>loxapine succinate cap 50 mg</i>	78
LOREEV XR CAP 1.5MG	31	<i>loxapine succinate cap 5 mg</i>	78
LOREEV XR CAP 1MG.....	31	<i>lubiprostone cap 24 mcg</i>	124
LOREEV XR CAP 2MG	31	<i>lubiprostone cap 8 mcg</i>	124
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LORTAB ELX 10-300MG	24	LUER-LOK MIS SYRG 5ML	155

LUER-LOK SYR MIS 1ML/20G	155	MAVENCLAD PAK 10MG(7).....	180
LUGOLS SOL IODINE.....	81	MAVENCLAD PAK 10MG(8).....	180
LUMAKRAS TAB 120MG	70	MAVENCLAD PAK 10MG(9).....	180
LUMAKRAS TAB 320MG.....	70	MAXITROL OIN 0.1% OP	174
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LUMRYZ PAK 7.5GM	177	MAXZIDE-25 TAB	115
LUMRYZ PAK 9GM	177	MAXZIDE TAB 75-50	115
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<i>lurasidone hcl tab 20 mg</i>	76	MAYZENT TAB 2MG	181
<i>lurasidone hcl tab 40 mg</i>	76	<i>meclizine hcl tab 50 mg</i>	52
<i>lurasidone hcl tab 60 mg</i>	76	<i>meclofenamate sodium cap 100 mg</i>	14
<i>lurasidone hcl tab 80 mg</i>	76	<i>meclofenamate sodium cap 50 mg</i>	14
LYNPARZA TAB 100MG	70	MEDICHOICE MIS LANCET	142
LYNPARZA TAB 150MG	70	MEDISENSE LIQ GLUC-KET	142
LYSODREN TAB 500MG	67	MEDLANCE MIS 30G PLUS.....	142
LYSTEDA TAB 650MG.....	130	MEDLANCE MIS EXTR 21G.....	142
LYVISPAH GRA 10MG.....	170	MEDLANCE MIS LITE 25G.....	142
LYVISPAH GRA 20MG	170	MEDLANCE MIS PLUS	142
LYVISPAH GRA 5MG.....	170	MEDLANCE MIS PLUS 30G.....	142
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MALARONE TAB 250-100	64	MEDROL TAB 16MG	99
MALARONE TAB 62.5-25	64	MEDROL TAB 2MG	99
<i>malathion lotion 0.5%</i>	114	MEDROL TAB 4MG.....	99
<i>maraviroc tab 150 mg</i>	83	MEDROL TAB 8MG.....	99
<i>maraviroc tab 300 mg</i>	83	<i>medroxyprogesterone acetate im susp 150</i>	
MAR-COF CG LIQ 225-7.5	100	mg/ml	98
MARINOL CAP 10MG	52	<i>medroxyprogesterone acetate im susp</i>	
MARINOL CAP 2.5MG	52	prefilled syr 150 mg/ml.....	98
MARINOL CAP 5MG	52	<i>medroxyprogesterone acetate tab 10 mg</i>	
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MATULANE CAP 50MG	72	<i>mefenamic acid cap 250 mg</i>	14
MAVENCLAD PAK 10MG(10)	180	<i>mefloquine hcl tab 250 mg</i>	64
MAVENCLAD PAK 10MG(4).....	180	<i>megestrol acetate susp 40 mg/ml</i>	67
MAVENCLAD PAK 10MG(5).....	180	<i>megestrol acetate susp 625 mg/5ml</i>	177
MAVENCLAD PAK 10MG(6).....	180	<i>megestrol acetate tab 20 mg</i>	67

<i>megestrol acetate tab 40 mg</i>	67	<i>metformin hcl tab 850 mg</i>	48
MEIJER LANCE MIS COLOR	142	<i>metformin hcl tab er 24hr 500 mg</i>	48
MEIJER LANCE MIS UNIV 21G	142	<i>metformin hcl tab er 24hr 750 mg</i>	48
MEIJER LANCE MIS UNIV 30G	142	<i>methadone hcl conc 10 mg/ml</i>	20
MEIJER LANCE MIS UNIVERSA.....	142	<i>methadone hcl soln 10 mg/5ml</i>	20
MEIJER MIS LANCETS.....	143	<i>methadone hcl soln 5 mg/5ml</i>	20
MEKINIST SOL 0.05/ML	70	<i>methadone hcl tab 10 mg</i>	21
MEKTOVI TAB 15MG	70	<i>methadone hcl tab 5 mg</i>	20
<i>meloxicam susp 7.5 mg/5ml</i>	14	<i>methadone hcl tab for oral susp 40 mg</i>	21
<i>meloxicam tab 15 mg</i>	14	METHADOSE CON 10MG/ML	21
<i>meloxicam tab 7.5 mg</i>	14	METHADOSE SF CON 10MG/ML.....	21
<i>melphalan tab 2 mg</i>	65	<i>methamphetamine hcl tab 5 mg</i>	2
<i>memantine hcl cap er 24hr 14 mg</i>	178	<i>methazolamide tab 25 mg</i>	115
<i>memantine hcl cap er 24hr 21 mg</i>	178	<i>methazolamide tab 50 mg</i>	115
<i>memantine hcl cap er 24hr 28 mg</i>	178	<i>methenamine hippurate tab 1 gm</i>	28
<i>memantine hcl cap er 24hr 7 mg</i>	178	<i>methenamine-hyoscamine-meth blue-sod</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	178	<i>phos tab 81.6 mg</i>	27
<i>memantine hcl tab 10 mg</i>	178	<i>methenamine-hyosc-meth blue-benz acid-</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>		<i>phenyl sal tab 81.6mg</i>	27
<i>titration pack</i>	178	<i>methenamine-hyosc-meth blue-sod phos-</i>	
<i>memantine hcl tab 5 mg</i>	178	<i>phen sal cap 118 mg</i>	27
MENOPUR INJ 75UNIT	118	<i>methenamine-hyosc-meth blue-sod phos-</i>	
MENQUADFI INJ.....	188	<i>phen sal cap 120 mg</i>	27
MEPHYTON TAB 5MG.....	191	<i>methenamine-hyosc-meth blue-sod phos-</i>	
<i>meprobamate tab 200 mg</i>	30	<i>phen sal tab 81 mg</i>	27
<i>meprobamate tab 400 mg</i>	30	<i>methenamine-hyos-meth blue-sod phos-</i>	
MEPRON SUS	28	<i>phen sal tab 81.6 mg</i>	27
<i>mercaptapurine tab 50 mg</i>	65	<i>methenamine mandelate tab 0.5 gm</i>	28
<i>mesalamine cap dr 400 mg</i>	125	<i>methenamine mandelate tab 1 gm</i>	28
<i>mesalamine cap er 24hr 0.375 gm</i>	125	<i>methimazole tab 10 mg</i>	184
<i>mesalamine cap er 500 mg</i>	125	<i>methimazole tab 5 mg</i>	184
<i>mesalamine enema 4 gm</i>	125	METHITEST TAB 10MG	25
<i>mesalamine rectal enema 4 gm & cleanser</i>		<i>methocarbamol tab 1000 mg</i>	170
<i>wipe kit</i>	125	<i>methocarbamol tab 500 mg</i>	170
<i>mesalamine suppos 1000 mg</i>	125	<i>methocarbamol tab 750 mg</i>	170
<i>mesalamine tab delayed release 1.2 gm</i> ..	125	<i>methotrexate sodium for inj 1 gm</i>	65
<i>mesalamine tab delayed release 800 mg</i>		<i>methotrexate sodium inj 250 mg/10ml (25</i>	
.....	125	<i>mg/ml)</i>	66
MESNEX TAB 400MG.....	72	<i>methotrexate sodium inj 50 mg/2ml (25</i>	
MESTINON TAB TIMESPAN	64	<i>mg/ml)</i>	65
<i>metaxalone tab 800 mg</i>	170	<i>methotrexate sodium inj pf 1000 mg/40ml</i>	
<i>metformin hcl oral soln 500 mg/5ml</i>	48	<i>(25 mg/ml)</i>	66
<i>metformin hcl tab 1000 mg</i>	48	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>metformin hcl tab 500 mg</i>	48	<i>(25 mg/ml)</i>	66

<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	66	<i>methylphenidate hcl soln 10 mg/5ml</i>	7
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	66	<i>methylphenidate hcl soln 5 mg/5ml</i>	7
<i>methoxsalen rapid cap 10 mg</i>	106	<i>methylphenidate hcl tab 10 mg</i>	7
<i>methscopolamine bromide tab 2.5 mg</i> ...	186	<i>methylphenidate hcl tab 20 mg</i>	7
<i>methscopolamine bromide tab 5 mg</i>	186	<i>methylphenidate hcl tab 5 mg</i>	7
<i>methsuximide cap 300 mg</i>	42	<i>methylphenidate hcl tab er 10 mg</i>	7
<i>methylergonovine maleate tab 0.2 mg</i> ...	176	<i>methylphenidate hcl tab er 20 mg</i>	7
METHYLIN SOL 10MG/5ML	6	<i>methylphenidate hcl tab er 24hr 18 mg</i>	7
METHYLIN SOL 5MG/5ML	6	<i>methylphenidate hcl tab er 24hr 27 mg</i>	7
<i>methylphenidate hcl cap er 10 mg (cd)</i>	6	<i>methylphenidate hcl tab er 24hr 36 mg</i>	7
<i>methylphenidate hcl cap er 20 mg (cd)</i>	6	<i>methylphenidate hcl tab er 24hr 54 mg</i>	7
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	7
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	7
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	7
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	7
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	7
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	6	<i>methylphenidate td patch 10 mg/9hr</i>	7
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	6	<i>methylphenidate td patch 15 mg/9hr</i>	7
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	6	<i>methylphenidate td patch 20 mg/9hr</i>	7
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	6	<i>methylphenidate td patch 30 mg/9hr</i>	7
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	6	<i>methylprednisolone tab 16 mg</i>	99
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	6	<i>methylprednisolone tab 32 mg</i>	99
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	6	<i>methylprednisolone tab 4 mg</i>	99
<i>methylphenidate hcl cap er 30 mg (cd)</i>	6	<i>methylprednisolone tab 8 mg</i>	99
<i>methylphenidate hcl cap er 40 mg (cd)</i>	6	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	99
<i>methylphenidate hcl cap er 50 mg (cd)</i>	6	<i>methyltestosterone cap 10 mg</i>	25
<i>methylphenidate hcl cap er 60 mg (cd)</i>	6	<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	124
<i>methylphenidate hcl chew tab 10 mg</i>	7	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	124
<i>methylphenidate hcl chew tab 2.5 mg</i>	6	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	124
<i>methylphenidate hcl chew tab 5 mg</i>	7	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	124
		<i>metolazone tab 10 mg</i>	117
		<i>metolazone tab 2.5 mg</i>	117
		<i>metolazone tab 5 mg</i>	117

<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	62	<i>midodrine hcl tab 10 mg</i>	190
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	62	<i>midodrine hcl tab 2.5 mg</i>	190
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	62	<i>midodrine hcl tab 5 mg</i>	190
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	87	MIFEPREX TAB 200MG	121
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	87	<i>mifepristone tab 200 mg</i>	121
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	87	<i>mifepristone tab 300 mg</i>	48
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	87	<i>miglitol tab 100 mg</i>	47
<i>metoprolol tartrate tab 100 mg</i>	87	<i>miglitol tab 25 mg</i>	46
<i>metoprolol tartrate tab 25 mg</i>	87	<i>miglitol tab 50 mg</i>	46
<i>metoprolol tartrate tab 37.5 mg</i>	87	<i>miglustat cap 100 mg</i>	129
<i>metoprolol tartrate tab 50 mg</i>	87	MINI LANCING MIS DEVICE	143
<i>metoprolol tartrate tab 75 mg</i>	87	MINIPRESS CAP 1MG	60
METROCREAM CRE 0.75%	114	MINIPRESS CAP 2MG	60
METROLOTION LOT 0.75%	114	MINIPRESS CAP 5MG	60
<i>metronidazole cap 375 mg</i>	27	MINI WRIGHT MIS PFM	161
<i>metronidazole cream 0.75%</i>	114	MINI WRIGHT MIS PFM LOW	161
<i>metronidazole gel 0.75%</i>	114	<i>minocycline hcl cap 100 mg</i>	184
<i>metronidazole gel 1%</i>	114	<i>minocycline hcl cap 50 mg</i>	184
<i>metronidazole lotion 0.75%</i>	114	<i>minocycline hcl cap 75 mg</i>	184
<i>metronidazole tab 250 mg</i>	27	<i>minocycline hcl tab 100 mg</i>	184
<i>metronidazole tab 500 mg</i>	27	<i>minocycline hcl tab 50 mg</i>	184
<i>metronidazole vaginal gel 0.75%</i>	189	<i>minocycline hcl tab 75 mg</i>	184
<i>metyrosine cap 250 mg</i>	59	<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	184
<i>mexiletine hcl cap 150 mg</i>	31	<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	184
<i>mexiletine hcl cap 200 mg</i>	31	<i>minoxidil tab 10 mg</i>	64
<i>mexiletine hcl cap 250 mg</i>	31	<i>minoxidil tab 2.5 mg</i>	64
<i>miconazole nitrate vaginal suppos 200 mg</i>	189	<i>mirabegron tab er 24 hr 25 mg</i>	188
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	104	<i>mirabegron tab er 24 hr 50 mg</i>	188
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MICRODOT CON SOL HIGH/LOW	143	MIRAPEX ER TAB 0.75MG	74
MICROLET MIS LANCETS	143	MIRAPEX ER TAB 1.5MG	74
MICROLET MIS NEXT	143	MIRAPEX ER TAB 2.25MG	74
MICROLIFE MIS PEAK FLO	161	MIRAPEX ER TAB 3.75MG	74
MICROSPACER MIS	161	MIRAPEX ER TAB 3MG	74
MICRO THIN MIS LANC 33G	143	MIRAPEX ER TAB 4.5MG	74
		MIRCETTE TAB 28 DAY	97
		<i>mirtazapine orally disintegrating tab 15 mg</i>	42
		<i>mirtazapine orally disintegrating tab 30 mg</i>	42
		<i>mirtazapine orally disintegrating tab 45 mg</i>	42

<i>mirtazapine tab 15 mg</i>	42	<i>morphine sulfate beads cap er 24hr 30 mg</i>	21
<i>mirtazapine tab 30 mg</i>	42	<i>morphine sulfate beads cap er 24hr 45 mg</i>	21
<i>mirtazapine tab 45 mg</i>	42	<i>morphine sulfate beads cap er 24hr 60 mg</i>	21
<i>mirtazapine tab 7.5 mg</i>	42	<i>morphine sulfate beads cap er 24hr 75 mg</i>	21
<i>misoprostol tab 100 mcg</i>	187	<i>morphine sulfate beads cap er 24hr 90 mg</i>	21
<i>misoprostol tab 200 mcg</i>	187	<i>morphine sulfate cap er 24hr 100 mg</i>	21
MITIGARE CAP 0.6MG.....	127	<i>morphine sulfate cap er 24hr 10 mg</i>	21
MITOSOL KIT 0.2MG.....	173	<i>morphine sulfate cap er 24hr 20 mg</i>	21
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MOBILE LANCE MIS 30G	143	<i>morphine sulfate cap er 24hr 60 mg</i>	21
<i>modafinil tab 100 mg</i>	7	<i>morphine sulfate cap er 24hr 80 mg</i>	21
<i>modafinil tab 200 mg</i>	7	<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	21
<i>moexipril hcl tab 15 mg</i>	58	<i>morphine sulfate oral soln 10 mg/5ml</i>	21
<i>moexipril hcl tab 7.5 mg</i>	58	<i>morphine sulfate oral soln 20 mg/5ml</i>	21
<i>molindone hcl tab 10 mg</i>	79	<i>morphine sulfate suppos 10 mg</i>	21
<i>molindone hcl tab 25 mg</i>	79	<i>morphine sulfate suppos 20 mg</i>	21
<i>molindone hcl tab 5 mg</i>	79	<i>morphine sulfate suppos 30 mg</i>	21
<i>mometasone furoate cream 0.1%</i>	110	<i>morphine sulfate suppos 5 mg</i>	21
<i>mometasone furoate oint 0.1%</i>	110	<i>morphine sulfate tab 15 mg</i>	21
<i>mometasone furoate solution 0.1% (lotion)</i>	110	<i>morphine sulfate tab 30 mg</i>	21
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OPTICHAMBER MIS DIA MD.....	161	<i>oseltamivir phosphate cap 30 mg (base</i> <i>equiv)</i>	86
OPTICHAMBER MIS DIAMOND.....	161	<i>oseltamivir phosphate cap 45 mg (base</i> <i>equiv)</i>	86
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OVACE PLUS LOT 9.8%	108	<i>oxycodone w/ acetaminophen tab 2.5-325</i>	
OVACE PLUS SHA 10%.....	108	<i>mg</i>	24
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OVAL TAPE MIS.....	144	<i>mg</i>	24
OVIDE LOT 0.5%	114	<i>oxycodone w/ acetaminophen tab 7.5-325</i>	
<i>oxandrolone tab 10 mg</i>	25	<i>mg</i>	24
<i>oxandrolone tab 2.5 mg</i>	25	<i>oxymorphone hcl tab 10 mg</i>	23
<i>oxaprozin cap 300 mg</i>	15	<i>oxymorphone hcl tab 5 mg</i>	23
<i>oxaprozin tab 600 mg</i>	15	OZEMPIC INJ 2/1.5ML	49
<i>oxazepam cap 10 mg</i>	31	OZEMPIC INJ 2MG/3ML.....	49
<i>oxazepam cap 15 mg</i>	31	OZEMPIC INJ 4MG/3ML.....	49
<i>oxazepam cap 30 mg</i>	31	OZEMPIC INJ 8MG/3ML.....	49
<i>oxcarbazepine susp 300 mg/5ml (60</i>		P	
<i>mg/ml)</i>	39	<i>paliperidone tab er 24hr 1.5 mg</i>	77
<i>oxcarbazepine tab 150 mg</i>	40	<i>paliperidone tab er 24hr 3 mg</i>	77
<i>oxcarbazepine tab 300 mg</i>	40	<i>paliperidone tab er 24hr 6 mg</i>	77
<i>oxcarbazepine tab 600 mg</i>	40	<i>paliperidone tab er 24hr 9 mg</i>	77
OXERVATE SOL 20MCG/ML	174	<i>palonosetron hcl iv soln 0.25 mg/5ml (base</i>	
<i>oxiconazole nitrate cream 1%</i>	104	<i>equivalent)</i>	52
OXTELLAR XR TAB 150MG.....	40	PAMELOR CAP 10MG.....	46
OXTELLAR XR TAB 300MG.....	40	PAMELOR CAP 25MG.....	46
OXTELLAR XR TAB 600MG.....	40	PAMELOR CAP 50MG.....	46
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<i>oxybutynin chloride tab er 24hr 10 mg</i>188		PANDA MASK MIS MEDIUM.....	162
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<i>oxybutynin chloride tab er 24hr 5 mg</i>188		PANDA MASK MIS SMALL.....	162
<i>oxycodone hcl cap 5 mg</i>	22	PANDEL CRE 0.1%	110
<i>oxycodone hcl conc 100 mg/5ml (20</i>		PANRETIN GEL 0.1%.....	104
<i>mg/ml)</i>	22	<i>pantoprazole sodium ec tab 20 mg (base</i>	
<i>oxycodone hcl soln 5 mg/5ml</i>	22	<i>equiv)</i>	187
<i>oxycodone hcl tab 10 mg</i>	22	<i>pantoprazole sodium ec tab 40 mg (base</i>	
<i>oxycodone hcl tab 15 mg</i>	22	<i>equiv)</i>	187
<i>oxycodone hcl tab 20 mg</i>	22	<i>pantoprazole sodium for iv soln 40 mg</i>	
<i>oxycodone hcl tab 30 mg</i>	22	<i>(base equiv)</i>	187
<i>oxycodone hcl tab 5 mg</i>	22	<i>paricalcitol cap 1 mcg</i>	119
<i>oxycodone hcl tab abuse deter 15 mg</i>.....22		<i>paricalcitol cap 2 mcg</i>	119
<i>oxycodone hcl tab er 12hr deter 10 mg</i>22		<i>paricalcitol cap 4 mcg</i>	119
<i>oxycodone hcl tab er 12hr deter 20 mg</i>22		PARI VORTEX MIS ADL MASK.....	162
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<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	44	<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	25
<i>paroxetine hcl tab 10 mg</i>	44	<i>pentoxifylline tab er 400 mg</i>	128
<i>paroxetine hcl tab 20 mg</i>	44	PEPCID TAB 40MG	186
<i>paroxetine hcl tab 30 mg</i>	44	PERFECT 28G MIS LANCETS	144
<i>paroxetine hcl tab 40 mg</i>	44	PERFECT 30G MIS LANCETS	144
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	44	PERFECT POIN MIS 25GX1.....	156
<i>paroxetine hcl tab er 24hr 25 mg</i>	44	PERFECT POIN MIS LANC 28G	144
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	44	PERFECT POIN MIS LANC 30G	144
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PAXLOVID TAB 300-100.....	84	<i>perindopril erbumine tab 4 mg</i>	58
<i>pazopanib hcl tab 200 mg (base equiv)</i>	71	<i>perindopril erbumine tab 8 mg</i>	58
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	186	<i>permethrin cream 5%</i>	114
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	186	<i>perphenazine-amitriptyline tab 2-10 mg</i> .179	
PC LANCETS MIS 30G.....	144	<i>perphenazine-amitriptyline tab 2-25 mg</i> .179	
PEAK AIR FLO MIS ADLT/PED.....	162	<i>perphenazine-amitriptyline tab 4-10 mg</i> .179	
PEAK A-I-R MIS FLW METR	162	<i>perphenazine-amitriptyline tab 4-25 mg</i> .179	
PEAK FLOW MIS METER	162	<i>perphenazine-amitriptyline tab 4-50 mg</i> 179	
PEAK FLW MTR MIS ADULT	162	<i>perphenazine tab 16 mg</i>	80
PEAK FLW MTR MIS CHILD	162	<i>perphenazine tab 2 mg</i>	80
PEAK FLW MTR MIS UNIVERSL	162	<i>perphenazine tab 4 mg</i>	80
PEDIAPRED SOL 5MG/5ML	99	<i>perphenazine tab 8 mg</i>	80
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	132	PERSERIS INJ 120MG	77
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	132	PERSERIS INJ 90MG	77
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	132	PERSONAL BES MIS FULL RNG	162
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	132	PFIZER BIVAL INJ 5-11Y	189
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<i>penciclovir cream 1%</i>	108	PFIZER BIVAL INJ BA4/BA5	189
<i>penicillamine cap 250 mg</i>	165	PHARMACY COU MIS LANCETS	144
<i>penicillamine tab 250 mg</i>	165	PHARM SYRNG MIS TRAY 1ML.....	156
<i>penicillin v potassium for soln 125 mg/5ml</i>	176	PHARM TRAY MIS 12ML/LL	156
<i>penicillin v potassium for soln 250 mg/5ml</i>	176	PHARM TRAY MIS 1ML/REG	156
<i>penicillin v potassium tab 250 mg</i>	176	PHARM TRAY MIS 20ML/LL.....	156
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		PHENDIMETRAZ CAP 105MG ER.....	3
		<i>phendimetrazine tartrate tab 35 mg</i>	3

<i>phenelzine sulfate tab 15 mg</i>	43	<i>pioglitazone hcl tab 30 mg (base equiv)</i> ...	50
<i>phenobarbital elixir 20 mg/5ml</i>	131	<i>pioglitazone hcl tab 45 mg (base equiv)</i> ...	50
<i>phenobarbital tab 100 mg</i>	131	PIP CONTROL LIQ	144
<i>phenobarbital tab 15 mg</i>	131	PIP LANCETS MIS 28G	144
<i>phenobarbital tab 16.2 mg</i>	131	PIP LANCETS MIS 30G	144
<i>phenobarbital tab 30 mg</i>	131	PIQRAY 200MG TAB DOSE	71
<i>phenobarbital tab 32.4 mg</i>	131	PIQRAY 250MG TAB DOSE	71
<i>phenobarbital tab 60 mg</i>	131	PIQRAY 300MG TAB DOSE	71
<i>phenobarbital tab 64.8 mg</i>	131	<i>pirfenidone cap 267 mg</i>	183
<i>phenobarbital tab 97.2 mg</i>	131	<i>pirfenidone tab 267 mg</i>	183
<i>phenoxybenzamine hcl cap 10 mg</i>	59	<i>pirfenidone tab 801 mg</i>	183
<i>phentermine hcl cap 15 mg</i>	3	<i>piroxicam cap 10 mg</i>	15
<i>phentermine hcl cap 30 mg</i>	3	<i>piroxicam cap 20 mg</i>	15
<i>phentermine hcl cap 37.5 mg</i>	3	PISTON IRRIG MIS 60ML SYR	156
<i>phentermine hcl tab 37.5 mg</i>	3	<i>pitavastatin calcium tab 1 mg</i>	56
<i>phenylephrine hcl ophth soln 10%</i>	172	<i>pitavastatin calcium tab 2 mg</i>	56
<i>phenylephrine hcl ophth soln 2.5%</i>	172	<i>pitavastatin calcium tab 4 mg</i>	56
<i>phenytoin chew tab 50 mg</i>	42	PLAQUENIL TAB 200MG	64
<i>phenytoin sodium extended cap 100 mg</i> .	42	PLEGRIDY INJ.....	181
<i>phenytoin sodium extended cap 200 mg</i> .	42	PLEGRIDY INJ PEN	181
<i>phenytoin sodium extended cap 300 mg</i> .	42	PLEGRIDY INJ STARTER.....	181
<i>phenytoin susp 125 mg/5ml</i>	42	PLEGRIDY PEN INJ STARTER	181
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PHOSPHOLINE SOL 0.125%OP	172	PLEXION CRE 9.8-4.8%	102
<i>phytonadione tab 5 mg</i>	191	PLEXION LIQ 9.8-4.8%.....	102
PIKO 1 MIS ELECTRON	162	PLEXION LOT 9.8-4.8%.....	102
<i>pilocarpine hcl ophth soln 1%</i>	172	POCKET CHAMB MIS	162
<i>pilocarpine hcl ophth soln 2%</i>	172	POCKETCHEM SOL EZ	144
<i>pilocarpine hcl ophth soln 4%</i>	172	POCKET PEAK MIS METER.....	162
<i>pilocarpine hcl tab 5 mg</i>	169	POCKETPEAK MIS MTR LOW.....	162
<i>pilocarpine hcl tab 7.5 mg</i>	169	POCKET SPACE MIS	162
<i>pimecrolimus cream 1%</i>	112	PODOCON-25 SOL	112
<i>pimozide tab 1 mg</i>	182	<i>podofilox gel 0.5%</i>	112
<i>pimozide tab 2 mg</i>	182	<i>podofilox soln 0.5%</i>	112
<i>pindolol tab 10 mg</i>	88	POLY HUB MIS 18GX1	156
<i>pindolol tab 5 mg</i>	88	POLY HUB MIS 18GX1.5	156
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .	47	POLY HUB MIS 20GX1	156
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .	47	POLY HUB MIS 21GX1.....	156, 157
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		POLY HUB MIS 21GX1.5	157
<i>mg</i>	47	POLY HUB MIS 22GX1.....	157
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		POLY HUB MIS 22GX1.5.....	157
<i>mg</i>	47	POLY HUB MIS 23GX1.....	157
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	50	POLY HUB MIS 23GX1.5	157

POLY HUB MIS 25GX1.....	157	<i>potassium citrate tab er 15 meq (1620 mg)</i>	
POLY HUB MIS 25GX1.5	157	.....	126
POLY HUB MIS 25GX5/8.....	157	<i>potassium citrate tab er 5 meq (540 mg)</i>	126
POLY HUB MIS 27GX1/2.....	157	POVIDONE IOD SOL 5%	173
POLY HUB MIS 27GX1.25	157	<i>pramipexole dihydrochloride tab 0.125 mg</i>	
POLY HUB MIS 30GX1/2.....	157	.....	74
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 0.25 mg</i>	
10000 unit/ml-0.1%.....	173	.....	74
POMALYST CAP 1MG.....	68	<i>pramipexole dihydrochloride tab 0.5 mg</i>	74
POMALYST CAP 2MG.....	68	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
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POMALYST CAP 4MG.....	68	<i>pramipexole dihydrochloride tab 1.5 mg</i>	74
PONVORY TAB 20MG	181	<i>pramipexole dihydrochloride tab 1 mg</i>	74
PONVORY TAB STARTER	181	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>posaconazole susp 40 mg/ml</i>	53	0.375 mg.....	75
POSFREA INJ 0.25/5ML	52	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>pot & sod citrates w/ cit ac soln 550-500-</i>		0.75 mg.....	74
334 mg/5ml.....	126	<i>pramipexole dihydrochloride tab er 24hr 1.5</i>	
<i>potassium chloride cap er 10 meq</i>	165	mg.....	75
<i>potassium chloride cap er 8 meq</i>	165	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated crys</i>		2.25 mg	75
<i>er tab 10 meq</i>	165	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated crys</i>		3.75 mg	75
<i>er tab 15 meq</i>	165	<i>pramipexole dihydrochloride tab er 24hr 3</i>	
<i>potassium chloride microencapsulated crys</i>		mg.....	75
<i>er tab 20 meq</i>	165	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride oral soln 10% (20</i>		4.5 mg	75
<i>meq/15ml)</i>	165	PRAMOSONE CRE 1-1%	110
<i>potassium chloride oral soln 20% (40</i>		PRAMOSONE CRE 1-2.5%	110
<i>meq/15ml)</i>	165	PRAMOSONE LOT 1%	110
<i>potassium chloride powder packet 20 meq</i>		PRAMOSONE LOT 2.5%	111
.....	165	PRAMOSONE OIN 1%.....	111
<i>potassium chloride tab er 10 meq</i>	165	PRAMOSONE OIN 2.5%.....	111
<i>potassium chloride tab er 20 meq (1500</i>		<i>pramoxine-hc cream 1-2.5%</i>	111
<i>mg)</i>	165	<i>prasugrel hcl tab 10 mg (base equiv)</i>	129
<i>potassium chloride tab er 8 meq (600 mg)</i>		<i>prasugrel hcl tab 5 mg (base equiv)</i>	129
.....	165	<i>pravastatin sodium tab 10 mg</i>	56
<i>potassium citrate & citric acid powder pack</i>		<i>pravastatin sodium tab 20 mg</i>	56
3300-1002 mg.....	126	<i>pravastatin sodium tab 40 mg</i>	56
<i>potassium citrate & citric acid soln 1100-</i>		<i>pravastatin sodium tab 80 mg</i>	56
334 mg/5ml.....	126	<i>praziquantel tab 600 mg</i>	27
<i>potassium citrate tab er 10 meq (1080 mg)</i>		<i>prazosin hcl cap 1 mg</i>	60
.....	126	<i>prazosin hcl cap 2 mg</i>	60
		<i>prazosin hcl cap 5 mg</i>	60

PRECISIONGLI MIS 27GX1.5	157	<i>pregabalin cap 75 mg</i>	40
PRECISION LIQ GLUC/KET	144	<i>pregabalin soln 20 mg/ml</i>	40
PRECISN XTRA TES KETONE	115	<i>pregabalin tab er 24hr 165 mg</i>	182
PRECOSE TAB 100MG.....	47	<i>pregabalin tab er 24hr 330 mg</i>	182
PRECOSE TAB 25MG	47	<i>pregabalin tab er 24hr 82.5 mg</i>	182
PRECOSE TAB 50MG	47	PREGNYL INJ 10000UNT	118
PRED-G S.O.P OIN OP	174	PREMARIN INJ 25MG	123
PRED-G SUS OP.....	174	PRENATAL TAB	169
<i>prednicarbate oint 0.1%</i>	111	PRENATAL TAB 28-0.8MG	169
<i>prednisolone acetate ophth susp 1%</i>	174	PRENATAL TAB IRON	169
<i>prednisolone sodium phosphate oral soln</i> <i>25 mg/5ml (base eq)</i>	99	PRENATAL TAB MULTIVIT.....	169
<i>prednisolone sod phos orally disinteg tab</i> <i>10 mg (base eq)</i>	99	PRENATAL VIT TAB 28-0.8MG	169
<i>prednisolone sod phos orally disintegr tab</i> <i>15 mg (base eq)</i>	99	PRENATAL VIT TAB MINERALS.....	169
<i>prednisolone sod phos orally disintegr tab</i> <i>30 mg (base eq)</i>	99	<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1</i> <i>mg</i>	169
<i>prednisolone sod phosphate oral soln 15</i> <i>mg/5ml (base equiv)</i>	99	<i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i> <i>mg</i>	169
<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	99	<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	169
<i>prednisolone soln 15 mg/5ml</i>	99	<i>prenatal vit w/ fe fum-methylfolate-fa tab</i> <i>27-0.6-0.4 mg</i>	169
<i>prednisolone tab 5 mg</i>	99	<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i> <i>mg</i>	169
PREDNISON CON 5MG/ML	99	<i>prenat w/o a w/fefum-methfol-fa-dha cap</i> <i>27-0.6-0.4-300 mg</i>	169
<i>prednisone oral soln 5 mg/5ml</i>	99	PREPIDIL GEL 0.5MG/3G.....	176
<i>prednisone tab 10 mg</i>	100	PREP PADS PAD.....	150
<i>prednisone tab 1 mg</i>	100	PRETOMANID TAB 200MG	65
<i>prednisone tab 2.5 mg</i>	100	PREVYMIS TAB 240MG	84
<i>prednisone tab 20 mg</i>	100	PREVYMIS TAB 480MG	84
<i>prednisone tab 50 mg</i>	100	PREZCOBIX TAB 800-150.....	83
<i>prednisone tab 5 mg</i>	100	PRIFTIN TAB 150MG.....	65
<i>prednisone tab therapy pack 10 mg (21)</i> .100		<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i>	64
<i>prednisone tab therapy pack 10 mg (48)</i> 100		PRIMAQUINE TAB 26.3MG.....	64
<i>prednisone tab therapy pack 5 mg (21)</i> ...100		<i>primidone tab 250 mg</i>	40
<i>prednisone tab therapy pack 5 mg (48)</i> ..100		<i>primidone tab 50 mg</i>	40
PRED SOD PHO SOL 1% OP	174	PRISMASOL SOL 0/0/1.2	165
<i>pregabalin cap 100 mg</i>	40	PRISMASOL SOL 0/2.5.....	165
<i>pregabalin cap 150 mg</i>	40	PRISMASOL SOL 2/0	165
<i>pregabalin cap 200 mg</i>	40	PRISMASOL SOL 2/3.5.....	165
<i>pregabalin cap 225 mg</i>	40	PRISMASOL SOL 4/0/1.2	165
<i>pregabalin cap 25 mg</i>	40	PRISMASOL SOL 4/2.5.....	165
<i>pregabalin cap 300 mg</i>	40	PRISMASOL SOL B22GK4/0	166
<i>pregabalin cap 50 mg</i>	40		

<i>probenecid tab 500 mg</i>	128	<i>promethazine hcl suppos 50 mg</i>	54
PROCARDIA XL TAB 30MG CR	90	<i>promethazine hcl tab 12.5 mg</i>	54
PROCARDIA XL TAB 60MG CR	90	<i>promethazine hcl tab 25 mg</i>	54
PROCARDIA XL TAB 90MG CR	90	<i>promethazine hcl tab 50 mg</i>	54
PROCARE MIS ADULT	162	<i>promethazine-phenylephrine-codeine</i>	
PROCARE MIS CHILD	162	<i>syrup 6.25-5-10 mg/5ml</i>	100
<i>prochlorperazine edisylate inj 10 mg/2ml</i> 80		<i>promethazine w/ codeine syrup 6.25-10</i>	
<i>prochlorperazine maleate tab 10 mg (base</i>		<i>mg/5ml</i>	100
<i>equivalent)</i>	80	<i>propafenone hcl cap er 12hr 225 mg</i>	31
<i>prochlorperazine maleate tab 5 mg (base</i>		<i>propafenone hcl cap er 12hr 325 mg</i>	31
<i>equivalent)</i>	80	<i>propafenone hcl cap er 12hr 425 mg</i>	31
<i>prochlorperazine suppos 25 mg</i>	80	<i>propafenone hcl tab 150 mg</i>	31
PRO COMFORT MIS 31G	144	<i>propafenone hcl tab 225 mg</i>	31
PRO COMFORT MIS LANC 30G	144	<i>propafenone hcl tab 300 mg</i>	31
PRO COMFORT MIS LANCETS	144	<i>proparacaine hcl ophth soln 0.5%</i>	173
PRO COMFORT PAD ALCOHOL	150	<i>propranolol hcl cap er 24hr 120 mg</i>	88
PROCRIT INJ 10000/ML	130	<i>propranolol hcl cap er 24hr 160 mg</i>	88
PROCRIT INJ 2000/ML	130	<i>propranolol hcl cap er 24hr 60 mg</i>	88
PROCRIT INJ 20000/ML	130	<i>propranolol hcl cap er 24hr 80 mg</i>	88
PROCRIT INJ 3000/ML	130	<i>propranolol hcl oral soln 20 mg/5ml</i>	88
PROCRIT INJ 4000/ML	130	<i>propranolol hcl oral soln 40 mg/5ml</i>	88
PROCRIT INJ 40000/ML	130	<i>propranolol hcl tab 10 mg</i>	88
PROCTOFOAM AER HC 1%	26	<i>propranolol hcl tab 20 mg</i>	88
PRODIGY MIS 26G	144	<i>propranolol hcl tab 40 mg</i>	88
PRODIGY MIS 28G	144	<i>propranolol hcl tab 60 mg</i>	88
PRODIGY MIS LANC DEV	144	<i>propranolol hcl tab 80 mg</i>	88
PRODIGY SOL HIGH	144	<i>propylthiouracil tab 50 mg</i>	184
PRODIGY SOL LOW	144	PROSCAR TAB 5MG	127
<i>progesterone cap 100 mg</i>	177	PROTONIX INJ 40MG	187
<i>progesterone cap 200 mg</i>	177	<i>protriptyline hcl tab 10 mg</i>	46
<i>progesterone im in oil 50 mg/ml</i>	177	<i>protriptyline hcl tab 5 mg</i>	46
PROGLYCEM SUS 50MG/ML	48	PROVERA TAB 10MG	177
PROGRAF CAP 0.5MG	167	PROVERA TAB 2.5MG	177
PROGRAF CAP 1MG	167	PROVERA TAB 5MG	177
PROGRAF CAP 5MG	167	PRUDOXIN CRE 5%	105
PROGRAF GRA 0.2MG	167	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
PROGRAF GRA 1MG	167	<i>mg/5ml</i>	101
<i>promethazine & phenylephrine syrup 6.25-</i>		PSS SAFE LAN MIS	144
<i>5 mg/5ml</i>	100	PSS SEL LANC MIS	144
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>		PSS SEL PLAT MIS	144
.....	100	PULMICORT INH 180MCG	33
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	54	PULMICORT INH 90MCG	33
<i>promethazine hcl suppos 12.5 mg</i>	54	PULMOZYME SOL 1MG/ML	183
<i>promethazine hcl suppos 25 mg</i>	54	PURE COMFORT MIS 30G LAN	144

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PURE COMFORT PAD.....	150	<i>quetiapine fumarate tab 400 mg</i>	79
PURIXAN SUS 20MG/ML.....	66	<i>quetiapine fumarate tab 50 mg.....</i>	79
PX LANCETS MIS 28G	144	<i>quetiapine fumarate tab er 24hr 150 mg..</i>	79
PX LANCETS MIS 33G	144	<i>quetiapine fumarate tab er 24hr 200 mg..</i>	79
PX LANCETS MIS ULT THIN	144	<i>quetiapine fumarate tab er 24hr 300 mg..</i>	79
PX PRENATAL TAB MULTIVIT	169	<i>quetiapine fumarate tab er 24hr 400 mg..</i>	79
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<i>mg/5ml.....</i>	64	<i>quinapril hcl tab 5 mg.....</i>	58
<i>pyridostigmine bromide tab 60 mg.....</i>	64	<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	
<i>pyridostigmine bromide tab er 180 mg.....</i>	64	<i>mg</i>	62
<i>pyrimethamine tab 25 mg.....</i>	64	<i>quinapril-hydrochlorothiazide tab 20-12.5</i>	
PYROGALL ACD OIN	112	<i>mg</i>	62
Q		<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
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QBREXZA PAD 2.4%.....	113	<i>quinidine gluconate tab er 324 mg.....</i>	31
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<i>quetiapine fumarate tab 150 mg</i>	79	<i>ramipril cap 2.5 mg</i>	58
<i>quetiapine fumarate tab 200 mg</i>	79	<i>ramipril cap 5 mg</i>	58
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RASUVO INJ 30MG	13	<i>repaglinide tab 1 mg</i>	50
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<i>ropinirole hydrochloride tab 0.25 mg</i>	75
<i>ropinirole hydrochloride tab 0.5 mg</i>	75
<i>ropinirole hydrochloride tab 1 mg</i>	75
<i>ropinirole hydrochloride tab 2 mg</i>	75
<i>ropinirole hydrochloride tab 3 mg</i>	75
<i>ropinirole hydrochloride tab 4 mg</i>	75
<i>ropinirole hydrochloride tab 5 mg</i>	75
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	75
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<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	75
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	75
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<i>20 mg/ml</i>	44	<i>simvastatin tab 10 mg</i>	56
<i>sertraline hcl tab 100 mg</i>	44	<i>simvastatin tab 20 mg</i>	56
<i>sertraline hcl tab 25 mg</i>	44	<i>simvastatin tab 40 mg</i>	56
<i>sertraline hcl tab 50 mg</i>	44	<i>simvastatin tab 5 mg</i>	56
<i>sevelamer carbonate packet 0.8 gm</i>	126	<i>simvastatin tab 80 mg</i>	57
<i>sevelamer carbonate packet 2.4 gm</i>	126	SINEMET TAB 10-100MG	75
<i>sevelamer carbonate tab 800 mg</i>	126	SINEMET TAB 25-100MG.....	75
<i>sevelamer hcl tab 400 mg</i>	126	SINGLE-LET MIS 23G.....	146
<i>sevelamer hcl tab 800 mg</i>	126	<i>sirolimus oral soln 1 mg/ml</i>	167
SHARP CONTAI MIS	158	<i>sirolimus tab 0.5 mg</i>	167
SHARPS COLL MIS 0.05GAL	158	<i>sirolimus tab 1 mg</i>	167
SHARPS COLL MIS 5.4QT	158	<i>sirolimus tab 2 mg</i>	167
SHARPS COLL MIS 6.9QT	158	SIRTURO TAB 100MG.....	65
SHARPS COLL MIS 8.2QT	158	SIRTURO TAB 20MG	65
SHARPS CONTA MIS 0.05L.....	158	SITAVIG TAB 50MG.....	85
SHARPS CONT MIS 14QT.....	158	SIVEXTRO TAB 200MG	28
SHARPS CONT MIS 1QUART	158	SKYCLARYS CAP 50MG	171
SHARPS CONT MIS 2QUART.....	158	SKYRIZI INJ 150MG/ML	106
SHARPS CONT MIS 5GAL	158	SKYRIZI INJ 180/1.2.....	125
SHARPS CONT MIS HOME	158	SKYRIZI INJ 360/2.4	125
SHARPS DISP MIS 1 GALLON	158	SKYRIZI PEN INJ 150MG/ML.....	107
SHARPS DISP MIS 1 QUART.....	158	SLIP TIP 1ML MIS.....	158
SHARPS DISP MIS 2 GALLON	158	SLIP TIP 3ML MIS	158
SHARPS DISP MIS 3 GALLON	158	SM ALCOHOL PAD PREP	150
SHARPS UNIV MIS CONTAINES.....	158	SMARTEST MIS LANCETS	146
SHOPKO LANC MIS DEVICE.....	146	SMARTEST SOL CONTROL	146
SIGNIFOR INJ 0.3MG/ML	121	SMART SENSE MIS LANC 21G.....	146
SIGNIFOR INJ 0.6MG/ML	121	SMART SENSE MIS LANC 26G.....	146
SIGNIFOR INJ 0.9MG/ML	121	SMART SENSE MIS LANC 30G.....	146
SIKLOS TAB 1000MG.....	129	SMART SENSE MIS LANC 33G.....	146
SIKLOS TAB 100MG	129	SM LANCETS MIS 33G	146
<i>sildenafil citrate for suspension 10 mg/ml</i> 94		SM PRENATAL TAB VITAMINS	169
<i>sildenafil citrate tab 100 mg</i>	92	SM TRUEDRAW MIS LANC DEV.....	146
<i>sildenafil citrate tab 20 mg</i>	94	<i>sodium chloride soln nebu 0.9%</i>	101
<i>sildenafil citrate tab 25 mg</i>	92	<i>sodium chloride soln nebu 10%</i>	101
<i>sildenafil citrate tab 50 mg</i>	92	<i>sodium chloride soln nebu 3%</i>	101
<i>silodosin cap 4 mg</i>	127	<i>sodium chloride soln nebu 7%</i>	101
<i>silodosin cap 8 mg</i>	127	<i>sodium citrate & citric acid soln 500-334</i>	
SILVADENE CRE 1%.....	108	<i>mg/5ml</i>	127
SILVER NITRA SOL 0.5%.....	108	<i>sodium fluoride cream 1.1%</i>	168

<i>sodium fluoride gel 1.1% (0.5% f)</i>	168	<i>sotalol hcl tab 80 mg</i>	88
<i>sodium fluoride paste 1.1%</i>	168	SOTYKTU TAB 6MG	107
<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>	168	SOTYLIZE SOL 5MG/ML	88
<i>sodium fluoride rinse 0.2%</i>	168	SOVALDI PAK 150MG.....	85
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	120	SOVALDI PAK 200MG.....	85
<i>sodium phenylbutyrate tab 500 mg</i>	120	SOVALDI TAB 200MG	85
<i>sodium polystyrene sulfonate powder</i>	168	SOVALDI TAB 400MG.....	85
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	168	SPACE CHAMBR MIS ANTI-STA	162
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	168	SPACE CHAMBR MIS LARGE	162
SOD SUL/SULF EMU 10-5%.....	102	SPACE CHAMBR MIS MEDIUM	162
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	132	SPACE CHAMBR MIS SMALL	162
SOFTCLIX MIS LANCETS	146	SPACER CHAMB MIS ADULT	162
SOGROYA INJ 10MG/1.5.....	118	SPACER CHAMB MIS CHILD	162
SOGROYA INJ 15MG/1.5	118	SPACER CHAMB MIS INFANT	162
SOGROYA INJ 5MG/1.5.....	118	SPEVIGO INJ 150/1ML	107
<i>solifenacin succinate tab 10 mg</i>	188	<i>spinosad susp 0.9%</i>	114
<i>solifenacin succinate tab 5 mg</i>	188	SPIRIVA AER 1.25MCG	33
SOLIQUA INJ 100/33.....	47	SPIRIVA CAP HANDIHLR	33
SOLTAMOX SOL 10MG/5ML	68	SPIRIVA SPR 2.5MCG.....	33
SOLU-CORTEF INJ 1000MG.....	100	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	115
SOLU-CORTEF INJ 100MG	100	<i>spironolactone susp 25 mg/5ml</i>	116
SOLU-CORTEF INJ 250MG.....	100	<i>spironolactone tab 100 mg</i>	116
SOLU-CORTEF INJ 500MG	100	<i>spironolactone tab 25 mg</i>	116
SOLUS V2 MIS LANC 28G	146	<i>spironolactone tab 50 mg</i>	116
SOLUS V2 MIS LANC 30G	146	SPRAVATO SOL 56MG DOS.....	43
SOLUS V2 MIS LANC DEV	146	SPRAVATO SOL 84MG DOS.....	43
SOLUS V2 SOL HIGH.....	146	SPRYCEL TAB 100MG	71
SOLUS V2 SOL LOW	146	SPRYCEL TAB 140MG	71
SOMA TAB 250MG.....	170	SPRYCEL TAB 20MG.....	71
SOMA TAB 350MG.....	170	SPRYCEL TAB 50MG.....	71
SOOLANTRA CRE 1%	114	SPRYCEL TAB 70MG.....	71
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	71	SPRYCEL TAB 80MG.....	71
<i>sotalol hcl (afib/afl) tab 120 mg</i>	88	STALEVO 100 TAB	75
<i>sotalol hcl (afib/afl) tab 160 mg</i>	88	STALEVO 125 TAB.....	75
<i>sotalol hcl (afib/afl) tab 80 mg</i>	88	STALEVO 150 TAB	75
<i>sotalol hcl tab 120 mg</i>	88	STALEVO 200 TAB.....	75
<i>sotalol hcl tab 160 mg</i>	88	STALEVO 50 TAB	75
<i>sotalol hcl tab 240 mg</i>	88	STALEVO 75 TAB	75
		<i>stavudine cap 15 mg</i>	83
		<i>stavudine cap 20 mg</i>	83
		<i>stavudine cap 30 mg</i>	83
		<i>stavudine cap 40 mg</i>	83
		STELARA INJ 45MG/0.5	107

STELARA INJ 90MG/ML	107	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
STERILANCE MIS TL 28G	146	9.8-4.8%	102
STERILANCE MIS TL 30G	146	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>	
STERILANCE MIS TL 32G	146	4.5%	102
STIOLTO AER 2.5-2.5	35	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>	
STIVARGA TAB 40MG	71	4%	102
STRATTERA CAP 100MG	5	<i>sulfacetamide sodium w/ sulfur cleansing</i>	
STRATTERA CAP 10MG	5	<i>pad 10-4%</i>	103
STRATTERA CAP 18MG	5	<i>sulfacetamide sodium w/ sulfur cream 10-</i>	
STRATTERA CAP 25MG	5	2%	103
STRATTERA CAP 40MG	5	<i>sulfacetamide sodium w/ sulfur cream 10-</i>	
STRATTERA CAP 60MG	5	5%	103
STRATTERA CAP 80MG	5	<i>sulfacetamide sodium w/ sulfur cream 9.8-</i>	
STRENSIQ INJ 18/0.45	120	4.8%	103
STRENSIQ INJ 28/0.7ML	120	<i>sulfacetamide sodium w/ sulfur emulsion</i>	
STRENSIQ INJ 40MG/ML	120	10-1%	103
STRENSIQ INJ 80/0.8ML	120	<i>sulfacetamide sodium w/ sulfur foam 10-</i>	
STRIVERDI AER 2.5MCG	35	5%	103
STROMECTOL TAB 3MG	27	<i>sulfacetamide sodium w/ sulfur lotion 10-</i>	
SUCRAID SOL 8500/ML	115	5%	103
<i>sucralfate tab 1 gm</i>	186	<i>sulfacetamide sodium w/ sulfur lotion 9.8-</i>	
SUFLAVE SOL	132	4.8%	103
SULAR TAB 17MG ER	90	<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	
SULAR TAB 34MG ER	90	.....	103
SULAR TAB 8.5MG ER	90	<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	
<i>sulconazole nitrate cream 1%</i>	104	.....	103
<i>sulconazole nitrate solution 1%</i>	104	<i>sulfamethoxazole-trimethoprim susp 200-</i>	
<i>sulfacetamide sodium cleansing gel 10%</i>		40 mg/5ml	27
.....	108	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>sulfacetamide sodium liquid 10%</i>	108	mg	27
<i>sulfacetamide sodium lotion 10% (acne)</i>	102	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>sulfacetamide sodium ophth oint 10% ...</i>	173	160 mg	27
<i>sulfacetamide sodium ophth soln 10% ...</i>	173	SULFAMYLON CRE 85MG/GM	108
<i>sulfacetamide sodium-prednisolone ophth</i>		<i>sulfasalazine tab 500 mg</i>	125
<i>soln 10-0.23(0.25)%</i>	174	<i>sulfasalazine tab delayed release 500 mg</i>	
<i>sulfacetamide sodium shampoo 10%</i>	108	.....	125
<i>sulfacetamide sodium shampoo 9.8% ...</i>	108	SULF LIME SOL	114
<i>sulfacetamide sodium-sulfur in urea</i>		<i>sulindac tab 150 mg</i>	15
<i>emulsion 10-4%</i>	103	<i>sulindac tab 200 mg</i>	15
<i>sulfacetamide sodium w/ sulfur cleanser</i>		SUMADAN WASH LIQ 9-4.5%	103
10-2%	102	<i>sumatriptan nasal spray 20 mg/act</i>	164
<i>sulfacetamide sodium w/ sulfur cleanser</i>		<i>sumatriptan nasal spray 5 mg/act</i>	164
10-5%	103	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	164

<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	164	SYMPROIC TAB 0.2MG	126
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	164	SYMTUZA TAB.....	83
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	164	SYNALAR CRE 0.025%	111
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	164	SYNALAR OIN 0.025%.....	111
<i>sumatriptan succinate tab 100 mg</i>	164	SYNALAR SOL 0.01%	111
<i>sumatriptan succinate tab 25 mg</i>	164	SYNAREL SOL 2MG/ML.....	119
<i>sumatriptan succinate tab 50 mg</i>	164	SYNERA DIS 70-70MG	113
SUMAXIN PAD 10-4%.....	103	SYNJARDY TAB	47
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	71	SYNJARDY TAB 12.5-500.....	47
<i>sunitinib malate cap 25 mg (base equivalent)</i>	71	SYNJARDY TAB 5-1000MG.....	47
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	71	SYNJARDY TAB 5-500MG	47
<i>sunitinib malate cap 50 mg (base equivalent)</i>	71	SYNJARDY XR TAB	47
SUNOSI TAB 150MG	5	SYNJARDY XR TAB 10-1000	47
SUNOSI TAB 75MG	5	SYNJARDY XR TAB 25-1000.....	47
SUPER THIN MIS LANC 28G	146	SYNJARDY XR TAB 5-1000MG.....	47
SUPER THIN MIS LANCETS	146	SYNTHROID TAB 100MCG.....	185
SUPREME II LIQ HIGH/LOW	146	SYNTHROID TAB 112MCG.....	185
SURE COMFORT MIS LANC 18G	146	SYNTHROID TAB 125MCG	185
SURE COMFORT MIS LANC 21G	146	SYNTHROID TAB 137MCG	185
SURE COMFORT MIS LANC 23G	146	SYNTHROID TAB 150MCG.....	185
SURE COMFORT MIS LANC 30G	146	SYNTHROID TAB 175MCG.....	185
SURE COMFORT MIS LANCETS.....	146	SYNTHROID TAB 200MCG.....	185
SURE COMFORT MIS LANC PEN	146	SYNTHROID TAB 25MCG.....	185
SUREFLEX MIS LANCETS.....	146	SYNTHROID TAB 300MCG.....	185
SURELITE MIS LANCETS.....	146	SYNTHROID TAB 50MCG	185
SUSTIVA CAP 200MG	83	SYNTHROID TAB 75MCG.....	185
SUSTIVA CAP 50MG.....	83	SYNTHROID TAB 88MCG	185
SUTAB TAB.....	132	SYRG/NDL 3ML MIS 22G X 1	158
SYMBYAX CAP 3-25MG.....	179	SYRG/NDL 3ML MIS 23GX1	158
SYMBYAX CAP 6-25MG.....	179	SYRG/NDL 3ML MIS 25GX5/8	158
SYMDEKO TAB 100-150	183	SYRINGE 5ML MIS LUER SLP	158
SYMDEKO TAB 50-75MG	183	SYRINGE LUER MIS -LOK 1ML.....	158
SYMFI LO TAB	83	T	
SYMFI TAB	83	TABLOID TAB 40MG	66
SYMLINPEN 60 INJ 1000MCG.....	47	TACHOSIL PAD 4.8X4.8.....	131
SYMLNPEN 120 INJ 1000MCG	47	TACHOSIL PAD 9.5X4.8	131
		TACLONEX OIN.....	111
		TACLONEX SUS	111
		<i>tacrolimus cap 0.5 mg</i>	167
		<i>tacrolimus cap 1 mg</i>	167
		<i>tacrolimus cap 5 mg</i>	167
		<i>tacrolimus oint 0.03%</i>	112
		<i>tacrolimus oint 0.1%</i>	112
		<i>tadalafil tab 10 mg</i>	93

<i>tadalafil tab 2.5 mg</i>	93	<i>telmisartan-amlodipine tab 40-5 mg</i>	63
<i>tadalafil tab 20 mg</i>	93	<i>telmisartan-amlodipine tab 80-10 mg</i>	63
<i>tadalafil tab 20 mg (pah)</i>	94	<i>telmisartan-amlodipine tab 80-5 mg</i>	63
<i>tadalafil tab 5 mg</i>	93	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
TADLIQ SUS 20MG/5ML	94	<i>12.5 mg</i>	63
TAFINLAR TAB 10MG	71	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
<i>tafluprost preservative free (pf) ophth soln</i>		<i>mg</i>	63
<i>0.0015%</i>	175	<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
TAGRISSO TAB 40MG.....	67	<i>mg</i>	63
TAGRISSO TAB 80MG.....	67	<i>telmisartan tab 20 mg</i>	59
TAI DOC SOL NORM CON.....	146	<i>telmisartan tab 40 mg</i>	59
TAKHZYRO INJ 150MG/ML	128	<i>telmisartan tab 80 mg</i>	59
TAKHZYRO INJ 300/2ML	128	<i>temazepam cap 15 mg</i>	132
TALICIA CAP	187	<i>temazepam cap 22.5 mg</i>	132
TAMIFLU CAP 30MG	86	<i>temazepam cap 30 mg</i>	132
TAMIFLU CAP 45MG	86	<i>temazepam cap 7.5 mg</i>	132
TAMIFLU CAP 75MG	86	TEMBEXA SUS 10MG/ML	86
TAMIFLU SUS 6MG/ML	86	TEMBEXA TAB 100MG.....	86
<i>tamoxifen citrate tab 10 mg (base</i>		TEMODAR CAP 250MG	65
<i>equivalent)</i>	68	<i>temozolomide cap 100 mg</i>	65
<i>tamoxifen citrate tab 20 mg (base</i>		<i>temozolomide cap 140 mg</i>	65
<i>equivalent)</i>	68	<i>temozolomide cap 180 mg</i>	65
<i>tamsulosin hcl cap 0.4 mg</i>	127	<i>temozolomide cap 20 mg</i>	65
TARCEVA TAB 100MG	67	<i>temozolomide cap 250 mg</i>	65
TARCEVA TAB 150MG.....	67	<i>temozolomide cap 5 mg</i>	65
<i>tasimelteon capsule 20 mg</i>	132	TENIVAC INJ 5-2LF.....	185
TASMAR TAB 100MG	73	<i>tenofovir disoproxil fumarate tab 300 mg</i>	83
TAVNEOS CAP 10MG.....	128	TENORETIC TAB 100	63
<i>tazarotene cream 0.1%</i>	107	TENORETIC TAB 50.....	63
<i>tazarotene gel 0.05%</i>	107	TENORMIN TAB 100MG.....	87
<i>tazarotene gel 0.1%</i>	107	TENORMIN TAB 25MG.....	87
TB SYRINGE MIS 0.5/28G.....	160	TENORMIN TAB 50MG	87
TDVAX INJ 2-2 LF.....	185	<i>terazosin hcl cap 10 mg (base equivalent)</i>	
TECHLITE AST MIS LANCETS	146	.....	60
TECHLITE MIS LANC 26G	146	<i>terazosin hcl cap 1 mg (base equivalent)</i> ..	60
TECHLITE MIS LANCETS	146	<i>terazosin hcl cap 2 mg (base equivalent)</i> .	60
TEGSEDI INJ 284/1.5.....	182	<i>terazosin hcl cap 5 mg (base equivalent)</i> .	60
TEKTURNA HCT TAB 150-12.5	63	<i>terbinafine hcl tab 250 mg</i>	53
TEKTURNA HCT TAB 150-25MG	63	<i>terbutaline sulfate tab 2.5 mg</i>	35
TEKTURNA HCT TAB 300-12.5	63	<i>terbutaline sulfate tab 5 mg</i>	35
TEKTURNA HCT TAB 300-25MG	63	<i>terconazole vaginal cream 0.4%</i>	189
TEKTURNA TAB 150MG	63	<i>terconazole vaginal cream 0.8%</i>	189
TEKTURNA TAB 300MG	63	<i>terconazole vaginal suppos 80 mg</i>	189
<i>telmisartan-amlodipine tab 40-10 mg</i>	63	<i>teriflunomide tab 14 mg</i>	181

<i>teriflunomide tab 7 mg</i>	181	<i>thioridazine hcl tab 100 mg</i>	80
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i> .	117	<i>thioridazine hcl tab 10 mg</i>	80
<i>testosterone cypionate im inj in oil 100</i>		<i>thioridazine hcl tab 25 mg</i>	80
<i>mg/ml</i>	26	<i>thioridazine hcl tab 50 mg</i>	80
<i>testosterone cypionate im inj in oil 200</i>		<i>thiothixene cap 10 mg</i>	81
<i>mg/ml</i>	26	<i>thiothixene cap 1 mg</i>	81
<i>testosterone enanthate im inj in oil 200</i>		<i>thiothixene cap 2 mg</i>	81
<i>mg/ml</i>	26	<i>thiothixene cap 5 mg</i>	81
<i>testosterone td gel 10mg/act (2%)</i>	26	<i>tiagabine hcl tab 12 mg</i>	41
<i>testosterone td gel 12.5 mg/act (1%)</i>	26	<i>tiagabine hcl tab 16 mg</i>	41
<i>testosterone td gel 20.25 mg/1.25gm</i>		<i>tiagabine hcl tab 2 mg</i>	41
<i>(1.62%)</i>	26	<i>tiagabine hcl tab 4 mg</i>	41
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	26	TIAZAC CAP 120MG/24.....	90
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	26	TIAZAC CAP 180MG/24.....	90
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>		TIAZAC CAP 240MG/24	90
.....	26	TIAZAC CAP 300MG/24.....	90
<i>testosterone td gel 50 mg/5gm (1%)</i>	26	TIAZAC CAP 360MG/24.....	90
<i>testosterone td soln 30 mg/act</i>	26	TIAZAC CAP 420MG/24.....	90
TET/DIP TOX INJ 2-2 LF.....	185	TIBSOVO TAB 250MG.....	71
<i>tetrabenazine tab 12.5 mg</i>	180	TIKOSYN CAP 125MCG.....	32
<i>tetrabenazine tab 25 mg</i>	180	TIKOSYN CAP 250MCG.....	32
<i>tetracaine hcl ophth soln 0.5%</i>	173	TIKOSYN CAP 500MCG.....	32
<i>tetracycline hcl cap 250 mg</i>	184	<i>timolol maleate ophth gel forming soln</i>	
<i>tetracycline hcl cap 500 mg</i>	184	0.25%	171
TEXACORT SOL 2.5%.....	111	<i>timolol maleate ophth gel forming soln</i>	
TEZSPIRE INJ 210MG	32	0.5%	171
TGT LANCET MIS 26G	146	<i>timolol maleate ophth soln 0.25%</i>	171
TGT LANCET MIS 30G.....	146	<i>timolol maleate ophth soln 0.5%</i>	171
TGT LANCET MIS 33G	146	<i>timolol maleate ophth soln 0.5% (once-</i>	
TGT LANCING MIS DEVICE.....	146	<i>daily)</i>	171
THALOMID CAP 100MG.....	166	<i>timolol maleate preservative free ophth soln</i>	
THALOMID CAP 150MG	166	0.25%	172
THALOMID CAP 200MG	166	<i>timolol maleate preservative free ophth soln</i>	
THALOMID CAP 50MG.....	166	0.5%	172
<i>theophylline elixir 80 mg/15ml</i>	35	<i>timolol maleate tab 10 mg</i>	88
<i>theophylline soln 80 mg/15ml</i>	35	<i>timolol maleate tab 20 mg</i>	88
<i>theophylline tab er 12hr 300 mg</i>	35	<i>timolol maleate tab 5 mg</i>	88
<i>theophylline tab er 12hr 450 mg</i>	35	TIMOPTIC SOL 0.25% OP	172
<i>theophylline tab er 24hr 400 mg</i>	35	TIMOPTIC SOL 0.5% OP	172
<i>theophylline tab er 24hr 600 mg</i>	35	TIMOPTIC-XE SOL 0.25% OP	172
THERANATAL TAB 27-1.....	169	TIMOPTIC-XE SOL 0.5% OP	172
THIN LANCETS MIS 26G	146	<i>tinidazole tab 250 mg</i>	27
THIN LANCETS MIS 30G.....	146	<i>tinidazole tab 500 mg</i>	27
THINLETS GP MIS 26G.....	146	<i>tiopronin tab 100 mg</i>	127

<i>tiopronin tab delayed release 100 mg</i>	127	TOPICORT CRE 0.05%	111
<i>tiopronin tab delayed release 300 mg</i>	127	TOPICORT CRE 0.25%	111
TISSEEL KIT 10ML	131	TOPICORT GEL 0.05%	111
TISSEEL KIT 2ML	131	TOPICORT OIN 0.05%	111
TISSEEL KIT 4ML	131	TOPICORT OIN 0.25%	111
TISSEEL SOL 10ML.....	131	TOPICORT SPR 0.25%	111
TISSEEL SOL 2ML.....	131	<i>topiramate cap er 24hr 100 mg</i>	40
TISSEEL SOL 4ML	131	<i>topiramate cap er 24hr 200 mg</i>	40
TIVICAY PD TAB 5MG	83	<i>topiramate cap er 24hr 25 mg</i>	40
TIVICAY TAB 10MG.....	83	<i>topiramate cap er 24hr 50 mg</i>	40
TIVICAY TAB 25MG	84	<i>topiramate sprinkle cap 15 mg</i>	41
TIVICAY TAB 50MG.....	84	<i>topiramate sprinkle cap 25 mg</i>	41
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	170	<i>topiramate tab 100 mg</i>	41
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	170	<i>topiramate tab 200 mg</i>	41
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	170	<i>topiramate tab 25 mg</i>	41
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	170	<i>topiramate tab 50 mg</i>	41
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	170	<i>toremifene citrate tab 60 mg (base equivalent)</i>	68
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	174	<i>torseamide tab 100 mg</i>	116
<i>tobramycin nebu soln 300 mg/4ml</i>	8	<i>torseamide tab 10 mg</i>	116
<i>tobramycin nebu soln 300 mg/5ml</i>	8	<i>torseamide tab 20 mg</i>	116
<i>tobramycin ophth soln 0.3%</i>	173	<i>torseamide tab 5 mg</i>	116
TOBREX OIN 0.3% OP	173	TOUJEO MAX INJ 300/ML.....	50
TODAY SPONGE MIS	189	TOUJEO SOLO INJ 300/ML	50
<i>tolcapone tab 100 mg</i>	73	TPOXX CAP 200MG	86
<i>tolmetin sodium cap 400 mg</i>	15	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	24
<i>tolmetin sodium tab 600 mg</i>	15	<i>tramadol hcl oral soln 5 mg/ml</i>	23
<i>tolterodine tartrate cap er 24hr 2 mg</i>	188	<i>tramadol hcl tab 50 mg</i>	23
<i>tolterodine tartrate cap er 24hr 4 mg</i>	188	<i>tramadol hcl tab er 24hr 100 mg</i>	23
<i>tolterodine tartrate tab 1 mg</i>	188	<i>tramadol hcl tab er 24hr 200 mg</i>	23
<i>tolterodine tartrate tab 2 mg</i>	188	<i>tramadol hcl tab er 24hr 300 mg</i>	23
<i>tolvaptan tab 15 mg</i>	121	<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	23
<i>tolvaptan tab 30 mg</i>	121	<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	23
TOOMEY SYRIN MIS 70ML.....	160	<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	23
TOPAMAX SPR CAP 15MG.....	40	<i>trandolapril tab 1 mg</i>	58
TOPAMAX SPR CAP 25MG	40	<i>trandolapril tab 2 mg</i>	58
TOPAMAX TAB 100MG.....	40	<i>trandolapril tab 4 mg</i>	58
TOPAMAX TAB 200MG	40	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	63
TOPAMAX TAB 25MG.....	40		
TOPAMAX TAB 50MG	40		
TOPCARE MIS LANC 33G	147		

<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	63	<i>triamcinolone acetonide lotion 0.1%</i>	111
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	63	<i>triamcinolone acetonide oint 0.025%</i>	111
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	63	<i>triamcinolone acetonide oint 0.1%</i>	111
<i>tranexamic acid tab 650 mg</i>	130	<i>triamcinolone acetonide oint 0.5%</i>	111
TRANXENE T TAB 7.5MG	31	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	116
<i>tranylcyromine sulfate tab 10 mg</i>	43	<i>triamterene & hydrochlorothiazide tab 37.5-</i> 25 mg	116
TRAVEL LANCE MIS 30G	147	<i>triamterene & hydrochlorothiazide tab 75-</i> 50 mg	116
TRAVEL LANCE MIS ADV 28G.....	147	<i>triamterene cap 100 mg</i>	116
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free).....	175	<i>triamterene cap 50 mg</i>	116
<i>trazodone hcl tab 100 mg</i>	44	<i>triazolam tab 0.125 mg</i>	132
<i>trazodone hcl tab 150 mg</i>	44	<i>triazolam tab 0.25 mg</i>	132
<i>trazodone hcl tab 300 mg</i>	44	TRIBENZOR20- TAB 5-12.5MG	63
<i>trazodone hcl tab 50 mg</i>	44	TRIBENZOR40- TAB 10-12.5.....	63
TRECTOR TAB 250MG	65	TRIBENZOR40- TAB 10-25MG.....	63
TRELEGY AER 100MCG.....	35	TRIBENZOR40- TAB 5-12.5MG.....	63
TRELEGY AER 200MCG.....	35	TRIBENZOR40- TAB 5-25MG.....	63
TREMFYA INJ 100MG/ML	107, 108	TRIDESILON CRE 0.05%.....	111
TRESIBA FLEX INJ 100UNIT	50	<i>trientine hcl cap 250 mg</i>	165
TRESIBA FLEX INJ 200UNIT	50	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	80
TRESIBA INJ 100UNIT	50	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	80
<i>tretinoin cap 10 mg</i>	72	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	80
<i>tretinoin cream 0.025%</i>	103	<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	80
<i>tretinoin cream 0.05%</i>	103	<i>trifluridine ophth soln 1%</i>	173
<i>tretinoin cream 0.1%</i>	103	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	73
<i>tretinoin gel 0.01%</i>	103	<i>trihexyphenidyl hcl tab 2 mg</i>	73
<i>tretinoin gel 0.025%</i>	103	<i>trihexyphenidyl hcl tab 5 mg</i>	73
<i>tretinoin gel 0.05%</i>	103	TRIJARDY XR TAB	47
<i>tretinoin microsphere gel 0.04%</i>	103	TRIKAFTA PAK 59.5MG.....	183
<i>tretinoin microsphere gel 0.08%</i>	103	TRIKAFTA PAK 75MG	183
<i>tretinoin microsphere gel 0.1%</i>	103	TRIKAFTA TAB.....	183
TREXALL TAB 10MG.....	66	TRILIPIX CAP 135MG.....	55
TREXALL TAB 15MG	66	TRILIPIX CAP 45MG	55
TREXALL TAB 5MG.....	66	<i>trimethobenzamide hcl cap 300 mg</i>	52
TREXALL TAB 7.5MG	66	<i>trimethoprim tab 100 mg</i>	27
<i>triamcinolone acetonide cream 0.025%</i> ..	111	<i>trimipramine maleate cap 100 mg</i>	46
<i>triamcinolone acetonide cream 0.1%</i>	111	<i>trimipramine maleate cap 25 mg</i>	46
<i>triamcinolone acetonide cream 0.5%</i>	111	<i>trimipramine maleate cap 50 mg</i>	46
<i>triamcinolone acetonide dental paste 0.1%</i>	168		
<i>triamcinolone acetonide lotion 0.025%</i>	111		

TRINTELLIX TAB 10MG	44	TYVASO DPI POW 16-32MCG.....	93
TRINTELLIX TAB 20MG	44	TYVASO DPI POW 16MCG.....	93
TRINTELLIX TAB 5MG.....	44	TYVASO DPI POW 32-48MCG.....	94
TRIUMEQ PD TAB	84	TYVASO DPI POW 32MCG	94
TRIUMEQ TAB	84	TYVASO DPI POW 48MCG.....	94
TRIZIVIR TAB	84	TYVASO DPI POW 64MCG.....	94
TROKENDI XR CAP 100MG	41	TYVASO RF KT SOL 0.6MG/ML.....	94
TROKENDI XR CAP 200MG	41	TYVASO SOL 0.6MG/ML.....	94
TROKENDI XR CAP 25MG	41	TYVASO ST KT SOL 0.6MG/ML.....	94
TROKENDI XR CAP 50MG.....	41	U	
<i>tropium chloride cap er 24hr 60 mg</i>	188	UBRELVY TAB 100MG	163
<i>tropium chloride tab 20 mg</i>	188	UBRELVY TAB 50MG	163
TRUE COMFORT MIS LANC 30G	147	UCERIS TAB 9MG.....	100
TRUE COMFORT PAD PRO	150	ULTICARE PAD ALCOHOL.....	150
TRUECONTROL LIQ LEVEL 0.....	147	ULTI-LANCE MIS CLR TIP	147
TRUECONTROL LIQ LEVEL 1.....	147	ULTILET MIS 26G.....	147
TRUEDRAW MIS LANC DEV	147	ULTILET MIS 28G.....	147
TRUE METRIX SOL LEVEL 1.....	147	ULTILET MIS 30G.....	147
TRUE METRIX SOL LEVEL 2	147	ULTILET MIS 33G.....	147
TRUE METRIX SOL LEVEL 3	147	ULTILET MIS LANCETS.....	147
TRULANCE TAB 3MG.....	123	ULTILET MIS SAFETY	147
TRULICITY INJ 0.75/0.5	49	ULTILET PAD ALCOHOL	150
TRULICITY INJ 1.5/0.5	49	ULTILET SAFE MIS 21G	147
TRULICITY INJ 3/0.5	49	ULTRACET TAB 37.5-325	24
TRULICITY INJ 4.5/0.5.....	49	ULTRASAL-ER SOL 28.5%	113
TRUPLUS LANC MIS 26G	147	ULTRA THIN MIS 28G	147
TRUPLUS LANC MIS 28G	147	ULTRA THIN MIS 30G	147
TRUPLUS LANC MIS 30G	147	ULTRA THIN MIS 31G	147
TRUPLUS LANC MIS 33G	147	ULTRA THIN MIS 33G	147
TRUSOPT SOL 2% OP	175	ULTRA THIN MIS LAN 31G	147
TRUZONE PEAK MIS FLOW MTR.....	162	ULTRA THIN MIS LANC 28G.....	147
TUKYSA TAB 150MG	66	ULTRA THIN MIS LANC 30G.....	147
TUKYSA TAB 50MG.....	66	ULTRA THIN MIS LANCETS	147
TURPENTINE SOL SPIRITS	113	UNILET CMFR MIS TCH 28G.....	147
TWIIST KIT REFILL.....	147	UNILET CMFR MIS TCH 30G	147
TWIIST KIT STARTER.....	147	UNILET EXCEL MIS 23G.....	147
TWIIST REFIL KIT INFUSION	147	UNILET EX II MIS 28G.....	147
TWIST LANCET MIS 30G.....	147	UNILET G.P. MIS 21G.....	147
TWIST LANCET MIS 30G MULT	147	UNILET G.P MIS SUPR 23G	147
TWYNEO CRE 0.1-3%	103	UNILET GP 28 MIS ULT THIN	147
TYBOST TAB 150MG	84	UNILET LANCE MIS 21G	148
TYKERB TAB 250MG.....	71	UNILET LANCE MIS 28G.....	148
TYMLOS INJ.....	118	UNILET LANCE MIS 33G.....	148
TYVASO DPI POW 16-32-48.....	93	UNILET LANC MIS 33G.....	148

UNILET LANCT MIS 28G.....	148	UPTRAVI TAB 200MCG	94
UNILET LANCT MIS 30G	148	UPTRAVI TAB 400MCG	94
UNILET LANCT MIS 33G.....	148	UPTRAVI TAB 600MCG	94
UNILET MICRO MIS 33G.....	148	UPTRAVI TAB 800MCG	94
UNILET MIS 21G	148	<i>urea cream 39%</i>	112
UNILET SUPER MIS 23G	148	<i>urea cream 41%</i>	112
UNILET SUPER MIS G.P. 23G.....	148	<i>urea cream 45%</i>	112
UNISTIK 1 MIS 2.4MM	148	<i>urea cream 47%</i>	112
UNISTIK 1 MIS 3.0MM.....	148	UROCIT-K 10 TAB	127
UNISTIK 23G MIS NORMAL	148	UROCIT-K 15 TAB	127
UNISTIK 2 MIS.....	148	UROCIT-K 5 TAB.....	127
UNISTIK 2 MIS 1.8MM	148	UROGESIC- TAB BLUE.....	27
UNISTIK 2 MIS 2.4MM	148	URSO 250 TAB 250MG.....	124
UNISTIK 2 MIS COMFORT	148	<i>ursodiol cap 300 mg</i>	124
UNISTIK 2 MIS EXTRA.....	148	<i>ursodiol tab 250 mg</i>	124
UNISTIK 2 MIS NEONATAL	148	<i>ursodiol tab 500 mg</i>	124
UNISTIK 2 MIS NORMAL	148	URSO FORTE TAB 500MG	124
UNISTIK 2 MIS SUPER.....	148	V	
UNISTIK 3 MIS 1.8MM	148	VABYSMO INJ 6/0.05ML	172
UNISTIK 3 MIS COMFORT	148	VAGIFEM TAB 10MCG	190
UNISTIK 3 MIS EXTRA.....	148	<i>valacyclovir hcl tab 1 gm</i>	86
UNISTIK 3 MIS GENT 30G	148	<i>valacyclovir hcl tab 500 mg</i>	86
UNISTIK 3 MIS NEONATAL	148	VALCHLOR GEL 0.016%	104
UNISTIK 3 MIS NORMAL	148	<i>valganciclovir hcl for soln 50 mg/ml (base</i>	
UNISTIK 3 MIS XTR 21G	148	<i>equiv)</i>	84
UNISTIK CZT MIS COMFORT.....	148	<i>valganciclovir hcl tab 450 mg (base</i>	
UNISTIK CZT MIS NORMAL	148	<i>equivalent)</i>	84
UNISTIK PRO MIS LANC 21G	148	VALIUM TAB 10MG.....	31
UNISTIK PRO MIS LANC 28G	148	VALIUM TAB 2MG.....	31
UNISTIK SAFE MIS LANC 28G	148	VALIUM TAB 5MG	31
UNISTIK SAFE MIS LANC 30G.....	148	<i>valproate sodium oral soln 250 mg/5ml</i>	
UNISTIK TOUC MIS LANC 21G.....	148	<i>(base equiv)</i>	42
UNISTIK TOUC MIS LANC 23G.....	148	<i>valproic acid cap 250 mg</i>	42
UNISTIK TOUC MIS LANC 28G.....	148	<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
UNISTIK TOUC MIS LANC 30G.....	148	<i>mg</i>	63
UNITSTIK PRO MIS LANC 25G	148	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
UNIVERSAL 1 MIS 33G	148	<i>mg</i>	63
UNIVERSAL 1 MIS LANC 26G.....	148	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
UNIVERSAL 1 MIS LANC 30G	149	<i>mg</i>	63
UPTRAVI PACK TAB 200/800	94	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
UPTRAVI TAB 1000MCG.....	94	<i>mg</i>	63
UPTRAVI TAB 1200MCG.....	94	<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
UPTRAVI TAB 1400MCG.....	94	<i>mg</i>	63
UPTRAVI TAB 1600MCG.....	94	<i>valsartan oral soln 4 mg/ml</i>	59

<i>valsartan tab 160 mg</i>	59	VELTASSA POW 16.8GM	168
<i>valsartan tab 320 mg</i>	59	VELTASSA POW 25.2GM	168
<i>valsartan tab 40 mg</i>	59	VELTASSA POW 8.4GM	168
<i>valsartan tab 80 mg</i>	59	VEMLIDY TAB 25MG	85
VALTOCO SPR 10MG	38	VENCLEXTA TAB 100MG	67
VALTOCO SPR 15MG	38	VENCLEXTA TAB 10MG	66
VALTOCO SPR 20MG	38	VENCLEXTA TAB 50MG	66
VALTOCO SPR 5MG	37	VENCLEXTA TAB START PK	67
VANCOCIN CAP 125MG	28	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	45
VANCOCIN CAP 250MG	28	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	45
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	28	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	45
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	28	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	45
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	28	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	45
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	28	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	45
VANFLYTA TAB 17.7MG	71	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	45
VANFLYTA TAB 26.5MG	71	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	45
VANTAGE LANC MIS DEVICE	149	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	45
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	93	VENTAVIS SOL 10MCG/ML	94
<i>vardenafil hcl tab 10 mg</i>	93	VENTAVIS SOL 20MCG/ML	94
<i>vardenafil hcl tab 2.5 mg</i>	93	VENT NEEDLE MIS 18GX1	160
<i>vardenafil hcl tab 20 mg</i>	93	<i>verapamil hcl cap er 24hr 100 mg</i>	90
<i>vardenafil hcl tab 5 mg</i>	93	<i>verapamil hcl cap er 24hr 120 mg</i>	90
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	182	<i>verapamil hcl cap er 24hr 180 mg</i>	90
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	182	<i>verapamil hcl cap er 24hr 200 mg</i>	90
<i>varenicline tartrate tab 1 mg (base equiv)</i>	182	<i>verapamil hcl cap er 24hr 240 mg</i>	90
VASERETIC TAB 10-25MG	63	<i>verapamil hcl cap er 24hr 300 mg</i>	90
VASOTEC TAB 10MG	58	<i>verapamil hcl cap er 24hr 360 mg</i>	90
VASOTEC TAB 2.5MG	58	<i>verapamil hcl tab 120 mg</i>	90
VASOTEC TAB 20MG	58	<i>verapamil hcl tab 40 mg</i>	90
VASOTEC TAB 5MG	58	<i>verapamil hcl tab 80 mg</i>	90
VAXELIS INJ	185	<i>verapamil hcl tab er 120 mg</i>	90
VAXNEUVANCE INJ	188	<i>verapamil hcl tab er 180 mg</i>	90
VCF VAGINAL GEL CONTRACE	189	<i>verapamil hcl tab er 240 mg</i>	90
VCF VAGINAL MIS CONTRACP	189	VERASENS LIQ LEVEL 1	149
VECAMEYL TAB 2.5MG	63	VERELAN CAP 120MG SR	90
VELSIPITY TAB 2MG	125		

VERELAN CAP 180MG SR.....	90	VIREAD TAB 200MG.....	84
VERELAN CAP 240MG SR.....	90	VIREAD TAB 250MG.....	84
VERELAN CAP 360MG SR.....	90	VIREAD TAB 300MG	84
VERELAN PM CAP 100MG ER.....	90	VISTARIL CAP 25MG.....	30
VERELAN PM CAP 200MG ER.....	90	VISTARIL CAP 50MG.....	30
VERELAN PM CAP 300MG ER.....	90	VISTOGARD PAK 10GM	51
VERIFINE LAN MIS MINI 21G.....	149	VITRAKVI CAP 100MG.....	72
VERIFINE LAN MIS MINI 23G.....	149	VITRAKVI CAP 25MG.....	72
VERIFINE LAN MIS MINI 28G.....	149	VITRAKVI SOL 20MG/ML	72
VERIFINE LAN MIS MINI 30G.....	149	VIVAGUARD LIQ CONTROL.....	149
VERIFINE MIS UNIV 28G.....	149	VIVAGUARD MIS 28G	149
VERIFINE MIS UNIV 30G.....	149	VIVAGUARD MIS 30G	149
VERIFINE MIS UNIV 33G.....	149	VIVAGUARD MIS LANCING	149
VERQUVO TAB 10MG	95	VIVI CAP1 MIS	149
VERQUVO TAB 2.5MG.....	95	VIVI CAP MIS.....	149
VERQUVO TAB 5MG.....	95	VIVJOA CAP 150MG	53
VERSACLOZ SUS 50MG/ML	79	VONJO CAP 100MG	72
VERZENIO TAB 100MG	71	VOQUEZNA PAK DUAL PAK	187
VERZENIO TAB 150MG.....	72	VOQUEZNA PAK TRIP PK.....	187
VERZENIO TAB 200MG.....	72	VOQUEZNA TAB 10MG	187
VERZENIO TAB 50MG.....	71	VOQUEZNA TAB 20MG	187
VESICARE LS SUS 5MG/5ML	188	VORANIGO TAB 10MG	72
VFEND SUS 40MG/ML.....	53	VORANIGO TAB 40MG.....	72
VFEND TAB 200MG.....	53	<i>voriconazole for susp 40 mg/ml</i>	53
VFEND TAB 50MG	53	<i>voriconazole tab 200 mg</i>	53
VIBERZI TAB 100MG	126	<i>voriconazole tab 50 mg</i>	53
VIBERZI TAB 75MG	126	VORTEX/MASK MIS CHILDS	162
VIBRAMYCIN CAP 100MG	184	VORTEX/MASK MIS TODDLER	162
VIBRAMYCIN SUS 25MG/5ML.....	184	VORTEX VALVE MIS CHAMBER.....	162
<i>vigabatrin powd pack 500 mg</i>	41	VOSEVI TAB	85
<i>vigabatrin tab 500 mg</i>	41	VOWST CAP.....	126
VIGAFYDE SOL 100MG/ML.....	41	VOXZOGO INJ 0.4MG.....	120
VIGAMOX DRO 0.5%	173	VOXZOGO INJ 0.56MG	120
<i>vilazodone hcl tab 10 mg</i>	44	VOXZOGO INJ 1.2MG.....	120
<i>vilazodone hcl tab 20 mg</i>	44	VRAYLAR CAP 1.5-3MG	76
<i>vilazodone hcl tab 40 mg</i>	44	VRAYLAR CAP 1.5MG.....	76
VIMOVO TAB 375-20MG.....	15	VRAYLAR CAP 3MG	76
VIMOVO TAB 500-20MG	15	VRAYLAR CAP 4.5MG.....	76
VINATE CARE CHW 40-1MG	169	VRAYLAR CAP 6MG	76
VIKACE TAB 10440	115	VTAMA CRE 1%	108
VIKACE TAB 20880.....	115	VUMERITY CAP 231MG	181
VIRASAL LIQ 27.5%	113	VYNDAMAX CAP 61MG	95
VIREAD POW 40MG/GM.....	84	VYTONE CRE 1-1.9%.....	104
VIREAD TAB 150MG	84	VYTORIN TAB 10-10MG	54

VYTORIN TAB 10-20MG.....	54	WIDE-SEAL DPR KIT 80	134
VYTORIN TAB 10-40MG	54	WIDE-SEAL DPR KIT 85.....	134
VYTORIN TAB 10-80MG	54	WIDE-SEAL DPR KIT 90	134
VYVANSE CAP 10MG.....	2	WIDE-SEAL DPR KIT 95.....	134
VYVANSE CAP 20MG	2	WINLEVI CRE 1%	103
VYVANSE CAP 30MG	2	X	
VYVANSE CAP 40MG.....	2	XACIATO GEL 2%.....	189
VYVANSE CAP 50MG	2	XALATAN SOL 0.005%	175
VYVANSE CAP 60MG	2	XALKORI CAP 150MG.....	72
VYVANSE CAP 70MG	2	XALKORI CAP 20MG	72
VYVANSE CHW 10MG	2	XALKORI CAP 50MG	72
VYVANSE CHW 20MG.....	2	XARELTO STAR TAB 15/20MG	36
VYVANSE CHW 30MG.....	2	XARELTO SUS 1MG/ML	36
VYVANSE CHW 40MG	2	XARELTO TAB 10MG	36
VYVANSE CHW 50MG	2	XARELTO TAB 15MG	36
VYVANSE CHW 60MG	2	XARELTO TAB 2.5MG.....	36
W		XARELTO TAB 20MG	36
WAKIX TAB 17.8MG	5	XATMEP SOL 2.5MG/ML.....	66
WAKIX TAB 4.45MG	5	XCOPRI PAK 100-150.....	41
<i>warfarin sodium tab 10 mg</i>	35	XCOPRI PAK 12.5-25	41
<i>warfarin sodium tab 1 mg</i>	35	XCOPRI PAK 150-200	41
<i>warfarin sodium tab 2.5 mg</i>	35	XCOPRI PAK 50-100MG	41
<i>warfarin sodium tab 2 mg</i>	35	XCOPRI TAB 100MG.....	41
<i>warfarin sodium tab 3 mg</i>	35	XCOPRI TAB 150MG.....	41
<i>warfarin sodium tab 4 mg</i>	35	XCOPRI TAB 200MG.....	41
<i>warfarin sodium tab 5 mg</i>	35	XCOPRI TAB 25MG	41
<i>warfarin sodium tab 6 mg</i>	35	XCOPRI TAB 50MG	41
<i>warfarin sodium tab 7.5 mg</i>	35	XELJANZ SOL 1MG/ML	11
WBCOL PREP PAD LARGE	150	XELJANZ TAB 10MG.....	12
WBCOL PREP PAD MEDIUM	150	XELJANZ TAB 5MG.....	11
WEGOVY INJ 0.25MG	4	XELJANZ XR TAB 11MG.....	12
WEGOVY INJ 0.5MG	4	XELJANZ XR TAB 22MG	12
WEGOVY INJ 1.7MG.....	4	XELODA TAB 150MG.....	66
WEGOVY INJ 1MG.....	4	XELODA TAB 500MG.....	66
WEGOVY INJ 2.4MG.....	4	XENICAL CAP 120MG.....	4
WELCHOL PAK 3.75GM.....	55	XENLETA TAB 600MG	28
WELCHOL TAB 625MG.....	55	XEPI CRE 1%.....	103
WELLBUTRIN TAB 100MG SR.....	43	XERAC-AC SOL 6.25%	113
WELLBUTRIN TAB 150MG SR	43	XERMELO TAB 250MG	126
WELLBUTRIN TAB 200MG SR	43	XHANCE MIS 93MCG	171
WIDE-SEAL DPR KIT 60	134	XIFAXAN TAB 550MG	27
WIDE-SEAL DPR KIT 65.....	134	XIGDUO XR TAB 10-1000.....	48
WIDE-SEAL DPR KIT 70.....	134	XIGDUO XR TAB 10-500MG	48
WIDE-SEAL DPR KIT 75.....	134	XIGDUO XR TAB 2.5-1000	47

XIGDUO XR TAB 5-1000MG	47	ZAVESCA CAP 100MG	129
XIGDUO XR TAB 5-500MG	47	ZEGALOGUE INJ 0.6/0.6	48
XIIDRA DRO 5%	173	ZEJULA CAP 100MG	72
XOLAIR INJ 150MG/ML	32	ZEJULA TAB 100MG	72
XOLAIR INJ 300/2ML	32	ZEJULA TAB 200MG	72
XOLAIR INJ 75/0.5	32	ZEJULA TAB 300MG	72
XOPENEX CONC NEB 1.25/0.5	35	ZELBORAF TAB 240MG	72
XOPENEX NEB 0.31MG	35	ZEMBRACE SYM INJ 3/0.5ML	164
XOPENEX NEB 0.63MG	35	ZEMPLAR CAP 1MCG	120
XOPENEX NEB 1.25/3ML	35	ZEMPLAR CAP 2MCG	120
XOSPATA TAB 40MG	72	ZENPEP CAP 10000UNT	115
XPOVIO PAK 40MG	68	ZENPEP CAP 15000UNT	115
XPOVIO PAK 50MG	68	ZENPEP CAP 20000UNT	115
XPOVIO PAK 60MG	68	ZENPEP CAP 25000UNT	115
XPOVIO PAK 80MG	68	ZENPEP CAP 3000UNIT	115
XTAMPZA ER CAP 13.5MG	23	ZENPEP CAP 40000UNT	115
XTAMPZA ER CAP 18MG	23	ZENPEP CAP 5000UNIT	115
XTAMPZA ER CAP 27MG	23	ZENPEP CAP 60000UNT	115
XTAMPZA ER CAP 36MG	23	ZEPBOUND INJ 10/0.5ML	4
XTAMPZA ER CAP 9MG	23	ZEPBOUND INJ 12.5MG	5
XTANDI CAP 40MG	68	ZEPBOUND INJ 15/0.5ML	5
XTANDI TAB 40MG	68	ZEPBOUND INJ 2.5MG	4
XTANDI TAB 80MG	68	ZEPBOUND INJ 5/0.5ML	4
XULTOPHY INJ 100/3.6	48	ZEPBOUND INJ 7.5MG	4
XURIDEN POW 2GM	120	ZEPOSIA 7DAY CAP STR PACK	181
XYOSTED INJ 100/0.5	26	ZEPOSIA CAP 0.92MG	181
XYOSTED INJ 50/0.5	26	ZEPOSIA CAP STR KIT	181
XYOSTED INJ 75/0.5	26	ZESTRIL TAB 10MG	58
XYWAV SOL 0.5GM/ML	177	ZESTRIL TAB 2.5MG	58
Y		ZESTRIL TAB 20MG	58
YONSA TAB 125MG	68	ZESTRIL TAB 30MG	58
YUPELRI SOL	33	ZESTRIL TAB 40MG	58
Z		ZESTRIL TAB 5MG	58
ZACLIR LOT 8%	103	ZEVALIN KIT Y-90	66
<i>zafirlukast tab 10 mg</i>	33	ZEVRX STERIL PAD ALCHOL	150
<i>zafirlukast tab 20 mg</i>	33	ZEVRX TWIST MIS LANC 30G	149
<i>zaleplon cap 10 mg</i>	132	ZIAC TAB 10/6.25	63
<i>zaleplon cap 5 mg</i>	132	ZIAC TAB 2.5/6.25	63
ZANAFLEX CAP 2MG	170	ZIAC TAB 5-6.25MG	63
ZANAFLEX CAP 4MG	170	ZIAGEN SOL 20MG/ML	84
ZANAFLEX CAP 6MG	170	ZIAGEN TAB 300MG	84
ZANAFLEX TAB 4MG	170	<i>zidovudine cap 100 mg</i>	84
ZARONTIN CAP 250MG	42	<i>zidovudine syrup 10 mg/ml</i>	84
ZARONTIN SOL 250/5ML	42	<i>zidovudine tab 300 mg</i>	84

ZIOPTAN DRO 0.0015%	175	ZOMIG TAB 2.5MG	165
<i>ziprasidone hcl cap 20 mg</i>	76	ZOMIG TAB 5MG	165
<i>ziprasidone hcl cap 40 mg</i>	76	ZONALON CRE 5%	105
<i>ziprasidone hcl cap 60 mg</i>	76	<i>zonisamide cap 100 mg</i>	41
<i>ziprasidone hcl cap 80 mg</i>	76	<i>zonisamide cap 25 mg</i>	41
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	76	<i>zonisamide cap 50 mg</i>	41
ZITHRANOL SHA 1%	108	ZORBTIVE INJ 8.8MG	118
ZITHROMAX POW 1GM PAK	133	ZORTRESS TAB 0.25MG	167
ZITHROMAX SUS 100/5ML	133	ZORTRESS TAB 0.5MG	167
ZITHROMAX SUS 200/5ML	133	ZORTRESS TAB 0.75MG	167
ZITHROMAX TAB 250MG	133	ZORTRESS TAB 1MG	167
ZITHROMAX TAB 500MG	133	ZORYVE CRE 0.15%	113
ZITHROMAX TAB TRI-PAK	133	ZORYVE CRE 0.3%	108
ZITHROMAX TAB Z-PAK	133	ZORYVE MIS 0.3%	108
ZITUVIMET TAB 50-1000	48	ZTLIDO PAD 1.8%	113
ZITUVIMET TAB 50-500MG	48	ZUBSOLV SUB 0.7-0.18	25
ZITUVIMET XR TAB 100-1000	48	ZUBSOLV SUB 1.4-0.36	25
ZITUVIMET XR TAB 50-1000	48	ZUBSOLV SUB 11.4-2.9	25
ZITUVIMET XR TAB 50-500MG	48	ZUBSOLV SUB 2.9-0.71	25
ZITUVIO TAB 100MG	48	ZUBSOLV SUB 5.7-1.4	25
ZITUVIO TAB 25MG	48	ZUBSOLV SUB 8.6-2.1	25
ZITUVIO TAB 50MG	48	ZURZUVAE CAP 20MG	43
ZOCOR TAB 10MG	57	ZURZUVAE CAP 25MG	43
ZOCOR TAB 20MG	57	ZURZUVAE CAP 30MG	43
ZOCOR TAB 40MG	57	ZYDELIG TAB 100MG	72
ZOKINVY CAP 50MG	168	ZYDELIG TAB 150MG	72
ZOKINVY CAP 75MG	168	ZYFLO TAB 600MG	33
ZOLINZA CAP 100MG	72	ZYKADIA TAB 150MG	72
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	164	ZYLOPRIM TAB 100MG	128
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	164	ZYLOPRIM TAB 300MG	128
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	164	ZYPREXA INJ 10MG	79
<i>zolmitriptan orally disintegrating tab 5 mg</i>	164	ZYPREXA RELP INJ 210MG	79
<i>zolmitriptan tab 2.5 mg</i>	164	ZYPREXA RELP INJ 300MG	79
<i>zolmitriptan tab 5 mg</i>	164, 165	ZYPREXA RELP INJ 405MG	79
<i>zolpidem tartrate tab 10 mg</i>	132	ZYPREXA TAB 10MG	79
<i>zolpidem tartrate tab 5 mg</i>	132	ZYPREXA TAB 15MG	79
<i>zolpidem tartrate tab er 12.5 mg</i>	132	ZYPREXA TAB 2.5MG	79
<i>zolpidem tartrate tab er 6.25 mg</i>	132	ZYPREXA TAB 20MG	79
ZOMIG SPR 2.5MG	165	ZYPREXA TAB 5MG	79
ZOMIG SPR 5MG	165	ZYPREXA TAB 7.5MG	79
		ZYPREXA ZYDI TAB 10MG	79
		ZYPREXA ZYDI TAB 15MG	79
		ZYPREXA ZYDI TAB 20MG	79
		ZYPREXA ZYDI TAB 5MG	79

ZYVOX SOL 2MG/ML28

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **[carefirst.com/rx](https://www.carefirst.com/rx)**.



10455 Mill Run Circle
Owings Mills, MD 21117

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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 8894 Baltimore, Maryland 21224
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>.

Foreign Language Assistance

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 member identification card. All others may call 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.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀tíléko: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú̀tòfò rẹ̀. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ̀ lófèè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn káàdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bǎ kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bǎ bǎ m̄ kè dε wa m̄ kè nyuεε nyu hwè bǎ wé bǎa kè zi. Ǿ m̄ nì kpé bǎ m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ m̄ dε dyé dε nì bídí-wùdù mú bǎ m̄ kè se wídí dò péè. Kpooò nyò bǎ m̄ dá fúùn-nòbà nìà dε waa I.D. káàò dεín nyε. Nyò tòò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ fò tee bǎ wa kèε m̄ gbo cǎ bǎ m̄ kè nòbà m̄à 0 kèε dyi pàdàìn hwè. Ǿ jǔ kè nyò dò dyi m̄ gǎ jǔǐn, po wuqu m̄ m̄ pòε dyie, kè nyò dò mu bó nìin bǎ Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éí kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éí bikéé'dóo naasbaąs bił adidiilchil. Áká'anidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.