

CareFirst Formulary 2

2025

This formulary is for members of an employer group with 51 or more employees OR individuals or families who have a “grandfathered” plan (purchased before the March 23, 2010 Affordable Care Act date). 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 three drug tiers which determines the price you pay.

Using Your Formulary

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

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

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

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

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

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

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

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

Tier 0: \$0 Drugs	<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.

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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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	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 200MG ER	2	QL (3 caps every 1 day)
STRATTERA CAP 10MG	3	QL (4 caps every 1 day)
STRATTERA CAP 18MG	3	QL (4 caps every 1 day)
STRATTERA CAP 25MG	3	QL (4 caps every 1 day)
STRATTERA CAP 40MG	3	QL (2 caps every 1 day)
STRATTERA CAP 60MG	3	QL (1 cap every 1 day)
STRATTERA CAP 80MG	3	QL (1 cap every 1 day)
STRATTERA CAP 100MG	3	QL (1 cap every 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	2	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	2	PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>armodafinil tab 150 mg</i>	1	PA, QL (1 tab every 1 day)
<i>armodafinil tab 200 mg</i>	1	PA, QL (1 tab every 1 day)
<i>armodafinil tab 250 mg</i>	1	PA, QL (1 tab every 1 day)
AZSTARYS CAP 26.1-5.2	2	QL (1 cap every 1 day)
AZSTARYS CAP 39.2-7.8	2	QL (1 cap every 1 day)
AZSTARYS CAP 52.3-10.	2	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 (2 tabs every 1 day)
<i>modafinil tab 200 mg</i>	1	PA, QL (2 tabs every 1 day)
RITALIN LA CAP 10MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 20MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 30MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 40MG	3	QL (1 cap every 1 day)
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	3	PA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (8 mL every 1 day); MNPA
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (10 mL every 1 day); MNPA
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.8ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ SENS INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-CROH INJ UC SP	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PED INJ CROHNS	2	PA, QL (Not for daily use); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSOR/UVE	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	2	PA, QL (Not for daily use); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	2	PA, QL (12 mL every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 15MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 45MG ER	2	PA, QL (Not for daily use); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
XELJANZ SOL 1MG/ML	2	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	2	PA, QL (4 injections every 28 days)
RASUVO INJ 10MG	2	PA, QL (4 injections every 28 days)
RASUVO INJ 12.5MG	2	PA, QL (4 injections every 28 days)
RASUVO INJ 15MG	2	PA, QL (4 injections every 28 days)
RASUVO INJ 17.5MG	2	PA, QL (4 injections every 28 days)
RASUVO INJ 20MG	2	PA, QL (4 pens every 28 days); MNPA
RASUVO INJ 22.5MG	2	PA, QL (4 injections every 28 days)
RASUVO INJ 25MG	2	PA, QL (4 injections every 28 days)
RASUVO INJ 30MG	2	PA, QL (4 injections every 28 days)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	

Drug Name	Drug Tier	Requirements/Limits
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 150/1.14	2	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	2	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	2	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
NALFON TAB 600MG	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin cap 300 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 20MG	2	PA, QL (2 tabs every 1 day)
OTEZLA TAB 30MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	2	PA, QL (4 syringes every 28 days)
ORENCIA INJ 50/0.4ML	2	PA, QL (4 syringes every 28 days)
ORENCIA INJ 87.5/0.7	2	PA, QL (4 syringes every 28 days)
ORENCIA INJ 125MG/ML	2	PA, QL (4 syringes every 28 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	2	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL INJ 50MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI INJ 50MG/ML	2	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	2	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

ANALGESICS - NONNARCOTIC**ANALGESIC COMBINATIONS**

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

SALICYLATES

<i>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)

Drug Name	Drug Tier	Requirements/Limits
CONZIP CAP 200MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 300MG	3	PA, QL (30 caps every 25 days)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every 1 day)
DILAUDID TAB 2MG	3	PA, QL (180 tabs every 25 days)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every 1 day)
DILAUDID TAB 8MG	3	PA, QL (60 tabs every 25 days)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, 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)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA

Drug Name	Drug Tier	Requirements/Limits
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (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 (2 caps every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (120 supp every 25 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (16 mL every 1 day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 20 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 30 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 40 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 60 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 80 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (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 1 day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	PA, QL (60 mL every 25 days)
METHADOSE SF CON 10MG/ML	3	PA, 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)

Drug Name	Drug Tier	Requirements/Limits
<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, QL (180 supp every 25 days)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (180 supp every 25 days)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (120 supp every 25 days)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (90 supp every 25 days)
<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)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (90 ea every 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (90 ea every 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (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
<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 25 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)

Drug Name	Drug Tier	Requirements/Limits
<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 (4 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (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
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 25 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	
<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)

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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
<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	
UCERIS AER 2MG/ACT	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
PROCTOCORT SUP 30MG	3	
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i>	1	
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	PA, QL (9 tabs every 90 days)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
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
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	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	
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		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin cap er 2.5 mg</i>	1	
<i>nitroglycerin cap er 6.5 mg</i>	1	
<i>nitroglycerin cap er 9 mg</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR 400MCG	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANSIETY AGENTS**ANTIANSIETY AGENTS - MISC.**

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	3	PA
TIKOSYN CAP 250MCG	3	PA
TIKOSYN CAP 500MCG	3	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (8 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 pen every 56 days)
NUCALA INJ 40MG/0.4	2	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 pens every 28 day)
NUCALA INJ 100MG/ML	2	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	2	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 (2 packages every 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 packages every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 package every 25 days)
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (2 ea every 1 day)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (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)

Drug Name	Drug Tier	Requirements/Limits
<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 (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day); MNPA
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day); MNPA
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
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	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	

Drug Name	Drug Tier	Requirements/Limits
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	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	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

Drug Name	Drug Tier	Requirements/Limits
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
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	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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)
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	3	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)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)
NEURONTIN TAB 600MG	3	QL (6 tabs every 1 day)
NEURONTIN TAB 800MG	3	QL (4 tabs every 1 day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	QL (4 caps every 1 day)
<i>pregabalin cap 50 mg</i>	1	QL (4 caps every 1 day)
<i>pregabalin cap 75 mg</i>	1	QL (4 caps every 1 day)
<i>pregabalin cap 100 mg</i>	1	QL (4 caps every 1 day)
<i>pregabalin cap 150 mg</i>	1	QL (4 caps every 1 day)
<i>pregabalin cap 200 mg</i>	1	QL (3 caps every 1 day)
<i>pregabalin cap 225 mg</i>	1	QL (2 caps every 1 day)
<i>pregabalin cap 300 mg</i>	1	QL (2 caps every 1 day)
<i>pregabalin soln 20 mg/ml</i>	1	QL (30 mL every 1 day)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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); MNPA
<i>vigabatrin tab 500 mg</i>	1	PA, QL (6 tabs every 1 day); MNPA

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	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG	2	PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<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	
FLUOXETINE TAB 60MG	3	
<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)		
DESVENLAFAX TAB 50MG ER	3	

Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate cap 100 mg</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
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
SOLIQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days)
ZITUVIMET TAB 50-500MG	2	ST
ZITUVIMET TAB 50-1000	2	ST
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
<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); MNPA
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

Drug Name	Drug Tier	Requirements/Limits
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST
ZITUVIO TAB 100MG	2	ST
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	QL (3 pens every 28 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 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 (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
INSULIN		
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	

Drug Name	Drug Tier	Requirements/Limits
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA; MNPA
<i>deferasirox granules packet 180 mg</i>	1	PA; MNPA
<i>deferasirox granules packet 360 mg</i>	1	PA; MNPA
<i>deferasirox tab 90 mg</i>	1	PA; MNPA
<i>deferasirox tab 180 mg</i>	1	PA; MNPA
<i>deferasirox tab 360 mg</i>	1	PA; MNPA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA; MNPA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA; MNPA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA; MNPA
<i>deferiprone tab 500 mg</i>	1	PA; MNPA
<i>deferiprone tab 1000 mg</i>	1	PA; MNPA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PAK 10GM	2	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	
<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		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 ea every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	QL (2 vials every 21 days)
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		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 21 days)
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
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)
EMEND CAP 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 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
SPORANOX CAP 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
SPORANOX SOL 10MG/ML	3	
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	
ANTIHISTAMINES		
ANTIHISTAMINES - 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	
<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

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	3	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
<i>metirosine cap 250 mg</i>	1	PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine tab er 24hr 0.17 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
INSPIRA TAB 25MG	3	
INSPIRA TAB 50MG	3	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	3	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (4 tabs every 1 day)
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	3	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
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)
TAGRISO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISO 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)

Drug Name	Drug Tier	Requirements/Limits
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	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 (30 tabs every 1 day)
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)
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)
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	3	PA

Drug Name	Drug Tier	Requirements/Limits
BESREMI SOL 500MCG	2	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	3	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
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, QL (20 cartridges every 28 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	2	PA, QL (10 caps every 1 day)
KYNMOBI MIS 10MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 15MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 20MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 25MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 30MG	2	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	

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

Drug Name	Drug Tier	Requirements/Limits
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<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); MNPA
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (1 cap every 1 day); MNPA
BIKTARVY TAB	2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	3	QL (2 tabs every 1 day)
<i>darunavir tab 600 mg</i>	1	QL (2 tabs every 1 day); MNPA
<i>darunavir tab 800 mg</i>	1	QL (1 tab every 1 day); MNPA
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

Drug Name	Drug Tier	Requirements/Limits
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); MNPA
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (1 tab every 1 day); MNPA
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day); MNPA
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (1 tab every 1 day); MNPA; \$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); MNPA
<i>etravirine tab 200 mg</i>	1	QL (2 tabs every 1 day); MNPA
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); MNPA
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)

Drug Name	Drug Tier	Requirements/Limits
<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); MNPA
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (10 tabs every 1 day); MNPA
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (4 tabs every 1 day); MNPA
<i>maraviroc tab 150 mg</i>	1	QL (2 tabs every 1 day); MNPA
<i>maraviroc tab 300 mg</i>	1	QL (4 tabs every 1 day); MNPA
<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); MNPA
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	3	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	MNPA
BARACLUDE SOL	3	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day); MNPA
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day); MNPA
EPCLUSA PAK 150-37.5	2	PA, QL (1 packet every 1 day)
EPCLUSA PAK 200-50MG	2	PA, QL (2 packets every 1 day)
EPCLUSA TAB 200-50MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); MNPA; Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5, 6

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

HERPES AGENTS

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

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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<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	

CARDIOVASCULAR AGENTS - MISC.**CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP 2.5MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	3	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	3	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<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	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	PA, QL (1 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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 28 days)
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
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<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	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
TYVASO DPI POW 16-32-48	2	PA, QL (252 cartridges every 28 days)
TYVASO DPI POW 16-32MCG	2	PA, QL (196 cartridges every 28 days)
TYVASO DPI POW 16MCG	2	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 32-48MCG	2	PA, QL (224 cartridges every 28 days)
TYVASO DPI POW 32MCG	2	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 48MCG	2	PA, QL (112 cartridges every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 64MCG	2	PA, QL (112 cartridges every 28 days)
TYVASO RF KT SOL 0.6MG/ML	2	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	2	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	2	PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML	3	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	3	PA, QL (9 mL every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>ambrisentan tab 10 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>bosentan tab 62.5 mg</i>	1	PA, QL (2 tabs every 1 day); MNPA
<i>bosentan tab 125 mg</i>	1	PA, QL (2 tabs every 1 day); MNPA
OPSUMIT TAB 10MG	2	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); MNPA
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (12 tabs every 1 day); MNPA
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (2 tabs every 1 day); MNPA
TADLIQ SUS 20MG/5ML	2	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	2	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 1MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	2	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	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	3	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
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>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
QUARTETTE TAB	3	
SAFYRAL TAB	3	

Drug Name	Drug Tier	Requirements/Limits
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	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
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); MNPA
<i>deflazacort tab 6 mg</i>	1	PA, QL (2 tabs every 1 day); MNPA
<i>deflazacort tab 18 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>deflazacort tab 30 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>deflazacort tab 36 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	MNPA; 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)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TUZISTRA XR SUS	3	QL (20 mL every 1 day)
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
ATRALIN GEL 0.05%	3	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (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)
CLINDAGEL GEL 1%	3	QL (60 mL every 30 days)
<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	PA, QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (2 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate soln 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (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 30 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	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	
<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	PA, QL (150 mL every 21 days)
FLECTOR DIS 1.3%	3	
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
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, QL (4 mL every 21 days)
KERYDIN SOL 5%	3	PA, QL (4 mL every 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
LOPROX SHA 1%	3	QL (120 mL every 25 days)
LUZU CRE 1%	3	QL (60 gm every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl gel 2%</i>	1	QL (60 gm every 25 days)
NAFTIN GEL 1%	2	QL (120 gm every 25 days)
NAFTIN GEL 2%	2	QL (60 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
OXISTAT CRE 1%	3	QL (60 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)
VYSTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	PA; MNPA
<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%	3	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
<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	2	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	2	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

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis 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	2	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOTYKTU TAB 6MG	2	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	3	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	2	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45MG/0.5	2	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
<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	2	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.
TREMFYA INJ 100MG/ML	2	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)

Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	3	
<i>silver sulfadiazine cream 1%</i>	1	
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)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
LUXIQ AER 0.12%	3	QL (4 gm 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	
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)

Drug Name	Drug Tier	Requirements/Limits
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
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>triamcinolone acetonide cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
TRIDESILON CRE 0.05%	3	QL (4 gm every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
VERDESO AER 0.05%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	2	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	2	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 100/0.67	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200/1.14	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
OPZELURA CRE 1.5%	2	PA

Drug Name	Drug Tier	Requirements/Limits
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 (3 gm every 1 day)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	3	
ZYCLARA PUMP CRE 2.5%	3	
ZYCLARA PUMP CRE 3.75%	3	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
<i>salicylic acid er film-forming soln 28.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	

Drug Name	Drug Tier	Requirements/Limits
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 (10 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	QL (3 ea every 1 day)
<i>lidocaine patch 5%</i>	1	QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
LIDODERM DIS 5%	3	QL (3 ea every 1 day)
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
METROCREAM CRE 0.75%	3	

Drug Name	Drug Tier	Requirements/Limits
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	MNPA; Brand preferred over generic
SOOLANTRA CRE 1%	1	PA; MNPA; 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		
REGANEX GEL 0.01%	3	PA, QL (2 gm every 1 day)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
ONETOUCH TES ULTRA	0	QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
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	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS***CARBONIC ANHYDRASE INHIBITORS***

<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	3	PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	3	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	3	PA, QL (2 cartridges every 28 days)
NATPARA INJ 50MCG	3	PA, QL (2 cartridges every 28 days)
NATPARA INJ 75MCG	3	PA, QL (2 cartridges every 28 days)
NATPARA INJ 100MCG	3	PA, QL (2 cartridges every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
TYMLOS INJ	2	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ GEL	3	PA
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	2	PA, QL (15 cartridges every 28 days)
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (10 cartridges every 28 days)
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (7 cartridges every 28 days)
MENOPUR INJ 75UNIT	2	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA; MNPA
GANIRELIX AC INJ 250/0.5	1	PA; MNPA; Brand preferred over generic
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (1 vial every 1 day)
GROWTH HORMONES		
HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM INJ 6MG	3	PA
SOGROYA INJ 5MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	2	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	3	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
<i>raloxifene hcl tab 60 mg</i>	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA; MNPA
<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; MNPA
<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	2	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	3	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	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM	2	PA, QL (672 gm (8 bottles) every 30 days)
REVCIVI INJ 1.6MG/ML	3	
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA; MNPA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA; MNPA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA; MNPA
SENSIPAR TAB 30MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (798 gm every 30 days); MNPA
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (40 tabs every 1 day); MNPA
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	3	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
NOCDURNA SUB 55.3MCG	3	
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	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	3	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	3	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	3	PA, QL (2 tabs every 1 day); MNPA
SAMSCA TAB 30MG	3	PA, QL (1 tab every 1 day); MNPA
<i>tolvaptan tab 15 mg</i>	1	PA; MNPA
<i>tolvaptan tab 30 mg</i>	1	PA, QL (1 tab every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	2	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
DELESTROGEN INJ 10MG/ML	3	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	

Drug Name	Drug Tier	Requirements/Limits
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	PA
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
ESTROGEL GEL 0.06%	3	
EVAMIST SPR 1.53MG	3	
MENOSTAR DIS 14MCG	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	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	1	

Drug Name	Drug Tier	Requirements/Limits
<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)		
<i>TRULANCE TAB 3MG</i>	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
<i>CHOLBAM CAP 50MG</i>	3	PA
<i>CHOLBAM CAP 250MG</i>	3	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
<i>OCALIVA TAB 5MG</i>	3	PA, QL (1 tab every 1 day)
<i>OCALIVA TAB 10MG</i>	3	PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
<i>CHENODAL TAB 250MG</i>	3	PA
<i>URSO 250 TAB 250MG</i>	3	
<i>URSO FORTE TAB 500MG</i>	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	
<i>GASTROCROM CON 100/5ML</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<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	3	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	3	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
CIMZIA PREFL KIT 200MG/ML	2	PA, QL (2 kits every 28 days)
CIMZIA START KIT 200MG/ML	2	PA, QL (1 kit every 28 days)
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	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
VELSIPITY TAB 2MG	2	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosecron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosecron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
SYMPROIC TAB 0.2MG	2	PA
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	

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	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	

Drug Name	Drug Tier	Requirements/Limits
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; MNPA
<i>tiopronin tab delayed release 100 mg</i>	1	PA; MNPA
<i>tiopronin tab delayed release 300 mg</i>	1	PA; MNPA
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); MNPA; Brand preferred over generic
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	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
HEMLIBRA INJ 300/2ML	3	PA
HEMLIBRA SOL 12/0.4ML	3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (135 mL every 90 days); MNPA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (45 syringes every 90 days); MNPA
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA INJ 3000UNIT	3	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	2	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	3	PA, QL (6 caps every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA, QL (2 caps every 1 day)
<i>miglustat cap 100 mg</i>	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	3	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAP 400MG	3	
ENDARI POW 5GM	2	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 tab 1 mg</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET TAB 20MG	2	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	2	PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	2	PA, QL (2 syringes every 28 days)
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	2	PA; MNPA
PROCRIT INJ 3000/ML	2	PA; MNPA
PROCRIT INJ 4000/ML	2	PA; MNPA
PROCRIT INJ 10000/ML	2	PA; MNPA
PROCRIT INJ 20000/ML	2	PA; MNPA
PROCRIT INJ 40000/ML	2	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	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	

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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	2	
DAYVIGO TAB 10MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	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)

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	3	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
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

Drug Name	Drug Tier	Requirements/Limits
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
ADVCATE SAFE MIS LANC 26G	0	OTC
ADVOCATE LIQ HIGH	0	OTC
ADVOCATE LIQ LOW	0	OTC
ADVOCATE MIS LANC 30G	0	OTC
ADVOCATE MIS LANC DEV	0	OTC
ADVOCATE MIS LANCETS	0	OTC
ADVOCATE+ SOL REDI-COD	0	OTC
AGAMATRIX MIS 33G	0	OTC
AGAMATRIX SOL HIGH	0	OTC
AGAMATRIX SOL LEVEL 2	0	OTC
AGAMATRIX SOL LEVEL 4	0	OTC
AGAMATRIX SOL NORM/HGH	0	OTC
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	0	OTC
AQUALANCE MIS 30G	0	OTC
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	0	OTC
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET 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
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

Drug Name	Drug Tier	Requirements/Limits
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTOUR HIGH LIQ CONTROL	0	OTC
CONTOUR LOW LIQ CONTROL	0	OTC
CONTOUR NEXT SOL LEVEL 1	0	OTC
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HI/MID/L	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC
DEXCOM G6 MIS RECEIVER	0	ST
DEXCOM G6 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	ST
DEXCOM G7 MIS RECEIVER	0	ST
DEXCOM G7 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS 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
EASYSTEP HGH SOL CONTROL	0	OTC
EASYSTEP LOW SOL CONTROL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
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

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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA, QL (1 kit every 999 days)
OMNIPOD 5 DX MIS POD G7G6	0	PA, QL (10 pods every month)
OMNIPOD 5 G7 KIT INTRO	0	PA, QL (1 kit every 999 days)
OMNIPOD 5 G7 MIS PODS	0	PA, QL (10 pods every month)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LB KIT INTRO G6	0	PA
OMNIPOD 5 LB MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA, QL (1 kit every 999 days)
OMNIPOD DASH KIT PDM	0	PA, QL (1 kit every 999 days)
OMNIPOD DASH MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods every month)
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
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
SUREFLEX MIS LANCETS	0	OTC
SURELITE MIS LANCETS	0	OTC
TAI DOC SOL NORM CON	0	OTC
TECHLITE AST MIS LANCETS	0	OTC
TECHLITE MIS LANC 26G	0	OTC
TECHLITE MIS LANCETS	0	OTC
TGT LANCET MIS 26G	0	OTC
TGT LANCET MIS 30G	0	OTC
TGT LANCET MIS 33G	0	OTC
TGT LANCING MIS DEVICE	0	OTC
THIN LANCETS MIS 26G	0	OTC
THIN LANCETS MIS 30G	0	OTC
THINLETS GP MIS 26G	0	OTC
TOPCARE MIS LANC 33G	0	OTC
TRAVEL LANCE MIS 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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
UNISTIK CZT MIS COMFORT	0	OTC
UNISTIK CZT MIS NORMAL	0	OTC
UNISTIK PRO MIS LANC 21G	0	OTC
UNISTIK PRO MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 30G	0	OTC
UNISTIK TOUC MIS LANC 21G	0	OTC
UNISTIK TOUC MIS LANC 23G	0	OTC
UNISTIK TOUC MIS LANC 28G	0	OTC
UNISTIK TOUC MIS LANC 30G	0	OTC
UNITSTIK PRO MIS LANC 25G	0	OTC
UNIVERSAL 1 MIS 33G	0	OTC
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
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
ZEVRX STERIL PAD ALCHOL	0	OTC

PARENTERAL THERAPY SUPPLIES

ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
BD ECLIPSE MIS 23GX1"	3	
BD ECLIPSE MIS 25GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD 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	
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CEQR SIMPL KIT PATCH 2U	0	
CEQR SIMPL KIT STARTER	0	
DROPSAFE MIS SICURA	3	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
EASYPPOINT MIS 25GX5/8"	3	
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
HUBER NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 14GX1"	3	
HYPO NEEDLE MIS 14GX1.5"	3	
HYPO NEEDLE MIS 14GX2"	3	
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	

Drug Name	Drug Tier	Requirements/Limits
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	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
1M ALLR SYR MIS 27GX1/2"	3	OTC
MAGELLAN SYR MIS 23GX1"	3	
MULIT-DRAW MIS 22GX1.5"	3	OTC
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOPEN ECHO MIS	0	
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SIMPLICITY MIS INSERTER	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
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 LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.25	3	

Drug Name	Drug Tier	Requirements/Limits
1ML SYRINGE MIS 25GX5/8"	3	
3ML SYRINGE MIS 25GX5/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 28GX1/2"	3	OTC
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
20ML SYRINGE MIS ECC LUER	3	
60ML SYRINGE MIS ECC TIP	3	
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC
60ML SYRINGE MIS LUER LOK	3	
3ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
3ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
TOOMEY SYRIN MIS 70ML	3	
ULTIGUARD MIS 32GX4MM	0	OTC
ULTIGUARD MIS 32GX6MM	0	OTC
VENT NEEDLE MIS 18GX1"	3	OTC
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	

Drug Name	Drug Tier	Requirements/Limits
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	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
MICROSPACER MIS	3	
OPTICHAMBER MIS DIA LG	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	

Drug Name	Drug Tier	Requirements/Limits
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX 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
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 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)

MIGRAINE PRODUCTS

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

SEROTONIN AGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (24 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
<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	2	QL (16 nosepieces every 25 days)
RELPAX TAB 20MG	3	QL (12 tabs every 30 days)
RELPAX TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (36 injections every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	2	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 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	3	
<i>penicillamine cap 250 mg</i>	1	MNPA
<i>penicillamine tab 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i>	1	MNPA
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
REGIOCIT SOL	3	
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (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	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	3	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	PA, QL (4 injections every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	QL (3 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	

Drug Name	Drug Tier	Requirements/Limits
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
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	
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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package every 25 days)
PATANASE SPR 0.6%	3	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package every 25 days)
XHANCE MIS 93MCG	3	PA, QL (2 packages every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
<i>epinephrine hcl nasal soln 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	2	PA, QL (50 mL every 28 days)
RADICAVA ORS SUS STARTER	2	PA, QL (50 mL every 28 days)
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (2 bottles every 24 days)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	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	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ophth soln 0.3%</i>	1	QL (4 mL every 25 days)
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; MNPA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA; MNPA
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	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
CLOBETASOL SUS 0.05%	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX SUS 0.3-0.1%	3	
<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	
AZOPT SUS 1% OP	3	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	3	PA, QL (4 bottles every 28 days)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PROLENSA SOL 0.07%	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	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	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUS 125/5ML	3	
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	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<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	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
LYBALVI TAB 5-10MG	3	
LYBALVI TAB 10-10MG	3	
LYBALVI TAB 15-10MG	3	
LYBALVI TAB 20-10MG	3	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG	2	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	2	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB 30MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	2	PA, QL (1 ea every 1 day)
AUSTEDO XR TAB TITR KIT	2	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	2	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (4 tabs every 1 day); MNPA
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (2 tabs every 1 day); MNPA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	PA, QL (2 tabs every 1 day)
AVONEX PEN KIT 30MCG	2	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	2	PA, QL (4 syringes every 28 days)
BAFIERTAM CAP 95MG	2	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	2	PA, QL (14 kits every 28 days); MNPA
COPAXONE INJ 40MG/ML	2	PA, QL (12 syringes 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); MNPA
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (2 caps every 1 day); MNPA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (2 ea every 1 day); MNPA
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL (1 cap every 1 day); MNPA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL (1 injection every 1 day); MNPA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 injections every 28 days)
KESIMPTA INJ 20/.4ML	2	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 tabs every 270 days)

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	2	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	2	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	3	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	3	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	3	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	3	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	3	PA, QL (1 pack every 28 days)
PONVORY TAB 20MG	3	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	3	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	2	PA, QL (12 injections every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>teriflunomide tab 7 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>teriflunomide tab 14 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
VUMERITY CAP 231MG	2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	2	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	1	QL (5 tabs every 1 day)
<i>gabapentin (once-daily) tab 600 mg</i>	1	QL (3 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (2 tabs every 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	2	PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	3	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	3	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	3	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	3	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	3	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	3	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	3	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	3	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	3	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	3	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	2	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	PA, QL (9 caps every 1 day); MNPA
<i>pirfenidone tab 267 mg</i>	1	PA, QL (9 tabs every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tab 801 mg</i>	1	PA, QL (3 tabs every 1 day); MNPA
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	QL (4 caps every 1 day)
<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	

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

Drug Name	Drug Tier	Requirements/Limits
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TOXOIDS**TOXOID COMBINATIONS**

ADACEL INJ	3
BOOSTRIX INJ	3
DAPTACEL INJ	3
DIP/TET PED INJ 25-5LFU	3
INFANRIX INJ	3
KINRIX INJ	3
PEDIARIX INJ 0.5ML	3
PENTACEL INJ	3
QUADRACEL INJ	3
QUADRACEL INJ 0.5ML	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
<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

Drug Name	Drug Tier	Requirements/Limits
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	
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)

Drug Name	Drug Tier	Requirements/Limits
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	\$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	
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	
GELNIQUE GEL 10%	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	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	
VIRAL VACCINES		
ABRYSCO INJ 120MCG	3	
AFLURIA INJ 2024-25	3	
COMIRNATY INJ 30/0.3ML	3	
COMIRNATY INJ 2024-25	3	
FLUAD INJ 2024-25	3	
FLUARIX INJ 2024-25	3	
FLUBLOK INJ 2024-25	3	
FLUCELVAX INJ 2024-25	3	
FLULAVAL INJ 2024-25	3	
FLUMIST NASA LIQ 2024-25	3	
FLUZONE HD INJ 2024-25	3	
FLUZONE INJ 2024-25	3	
MODERNA INJ 2024-25	3	
MRESVIA INJ 50MCG	3	
PFIZER 5-11Y INJ 2024-25	3	
PFIZER 6M-4Y INJ 2024-25	3	
SPIKEVAX INJ 2024-25	3	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 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	MNPA; Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.1MG	3	QL (3 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 (3 pens every 300 days)

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

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<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	90	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	59
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	90	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	59
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	90	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	59
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	59	<i>amoxapine tab 100 mg</i>	43
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	59	<i>amoxapine tab 150 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	59	<i>amoxapine tab 25 mg</i>	43
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	59	<i>amoxapine tab 50 mg</i>	43
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	59	<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	183
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	59	<i>amoxicillin (trihydrate) cap 250 mg</i>	171
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	59	<i>amoxicillin (trihydrate) cap 500 mg</i>	171
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	59	<i>amoxicillin (trihydrate) chew tab 125 mg</i> .	171
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	59	<i>amoxicillin (trihydrate) chew tab 250 mg</i> .	171
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	59	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	171
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	87	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	171
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	87	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	171
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	87	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	171
		<i>amoxicillin (trihydrate) tab 500 mg</i>	171
		<i>amoxicillin (trihydrate) tab 875 mg</i>	171
		<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	171
		<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	171
		<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	171

<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	171
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	171
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	171
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	171
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	171
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	171
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	171
<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
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1

<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>amphetamine sulfate tab 10 mg</i>	1
<i>amphetamine sulfate tab 5 mg</i>	1
<i>ampicillin cap 500 mg</i>	171
<i>AMPYRA TAB 10MG</i>	175
<i>ANACAINE OIN</i>	113
<i>ANAFRANIL CAP 25MG</i>	44
<i>ANAFRANIL CAP 50MG</i>	44
<i>ANAFRANIL CAP 75MG</i>	44
<i>anagrelide hcl cap 0.5 mg</i>	129
<i>anagrelide hcl cap 1 mg</i>	129
<i>ANALPRAM-HC CRE 1-1%</i>	23
<i>ANALPRAM HC CRE 2.5-1%</i>	23
<i>ANALPRAM-HC LOT 2.5%</i>	23
<i>ANALPRM SNGL CRE HC 2.5-1</i>	23
<i>ANAPROX DS TAB 550MG</i>	11
<i>ANASPAZ TAB 0.125MG</i>	181
<i>anastrozole tab 1 mg</i>	66
<i>ANCOBON CAP 250MG</i>	51
<i>ANCOBON CAP 500MG</i>	51
<i>ANDRODERM DIS 2MG/24HR</i>	23
<i>ANDRODERM DIS 4MG/24HR</i>	23
<i>ANGELIQ TAB 0.25-0.5</i>	122
<i>ANGELIQ TAB 0.5-1MG</i>	122
<i>ANNOVERA MIS</i>	97
<i>ANORO ELLIPT AER 62.5-25</i>	32
<i>ANUSOL-HC CRE 2.5%</i>	24
<i>ANZEMET TAB 50MG</i>	50
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	71
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	167
<i>aprepitant capsule 125 mg</i>	51
<i>aprepitant capsule 40 mg</i>	51
<i>aprepitant capsule 80 mg</i>	51
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	51
<i>APRISO CAP 0.375GM</i>	125
<i>APTiom TAB 200MG</i>	36
<i>APTiom TAB 400MG</i>	36
<i>APTiom TAB 600MG</i>	36

APTIOM TAB 800MG	36	ARMOUR THYRO TAB 120MG	180
AQUALANCE MIS 30G	135	ARMOUR THYRO TAB 15MG	180
ARANESP INJ 100MCG	130	ARMOUR THYRO TAB 180MG	180
ARANESP INJ 10MCG	130	ARMOUR THYRO TAB 240MG	180
ARANESP INJ 150MCG	130	ARMOUR THYRO TAB 300MG	180
ARANESP INJ 200MCG	130	ARMOUR THYRO TAB 30MG	180
ARANESP INJ 25MCG	130	ARMOUR THYRO TAB 60MG	180
ARANESP INJ 300MCG	130	ARMOUR THYRO TAB 90MG	180
ARANESP INJ 40MCG	130	ARNICA TIN FLOWER	113
ARANESP INJ 500MCG	130	AROMASIN TAB 25MG	66
ARANESP INJ 60MCG	130	ARTISS SOL 10ML	131
ARAVA TAB 10MG	14	ARTISS SOL 2ML	131
ARAVA TAB 20MG	14	ARTISS SOL 4ML	131
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i>		ARZOL SILVER MIS NITR APP	108
<i>(base equiv)</i>	32	<i>asenapine maleate sl tab 10 mg (base</i>	
ARICEPT TAB 10MG	173	<i>equiv)</i>	76
ARICEPT TAB 23MG	173	<i>asenapine maleate sl tab 2.5 mg (base</i>	
ARICEPT TAB 5MG	172	<i>equiv)</i>	76
ARIKAYCE SUS	5	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	
ARIMIDEX TAB 1MG	66	.....	76
<i>aripiprazole orally disintegrating tab 10 mg</i>		ASMANEX HFA AER 100 MCG	31
.....	79	ASMANEX HFA AER 200 MCG	31
<i>aripiprazole orally disintegrating tab 15 mg</i>		ASMANEX HFA AER 50MCG	31
.....	79	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
<i>aripiprazole oral solution 1 mg/ml</i>	79	.....	129
<i>aripiprazole tab 10 mg</i>	79	ASSURE 3 LIQ CONTROL	135
<i>aripiprazole tab 15 mg</i>	79	ASSURE 4 LIQ LEVEL1/2	135
<i>aripiprazole tab 20 mg</i>	79	ASSURE CMFRT MIS 28G	135
<i>aripiprazole tab 2 mg</i>	79	ASSURE DOSE SOL NORM/HGH	135
<i>aripiprazole tab 30 mg</i>	79	ASSURE DOSE SOL NORMAL	135
<i>aripiprazole tab 5 mg</i>	79	ASSURE II LIQ LEVEL 1	135
ARISTADA INJ 1064MG	79	ASSURE II LIQ LEVEL1/2	135
ARISTADA INJ 441MG/1.	79	ASSURE LANCE MIS 21G	135
ARISTADA INJ 662MG/2	79	ASSURE LANCE MIS 28G	135
ARISTADA INJ 882MG/3	79	ASSURE LANCE MIS LOW FLOW	135
ARISTADA INJ INITIO	79	ASSURE LANCE MIS MICRO	135
ARIXTRA INJ 10/0.8ML	34	ASSURE LANCE MIS SAFE 25G	135
ARIXTRA INJ 2.5/0.5	34	ASSURE LANCE MIS SAFE 30G	135
ARIXTRA INJ 5/0.4ML	34	ASSURE PRISM SOL LEVEL1/2	135
ARIXTRA INJ 7.5/0.6	34	ASSURE PRO LIQ LEVEL1/2	135
<i>armodafinil tab 150 mg</i>	3	ASTAGRAF XL CAP 0.5MG	161
<i>armodafinil tab 200 mg</i>	3	ASTAGRAF XL CAP 1MG	161
<i>armodafinil tab 250 mg</i>	3	ASTAGRAF XL CAP 5MG	161
<i>armodafinil tab 50 mg</i>	3		

<i>atazanavir sulfate cap 150 mg (base equiv)</i>	AURYXIA TAB 210MG	126
.....80	AUSTEDO TAB 12MG	174
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	AUSTEDO TAB 6MG.....	174
.....80	AUSTEDO TAB 9MG.....	174
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	AUSTEDO XR TAB 12MG	174
.....80	AUSTEDO XR TAB 18MG	174
ATELVIA TAB	AUSTEDO XR TAB 24MG.....	174
117	AUSTEDO XR TAB 30MG ER.....	175
<i>atenolol & chlorthalidone tab 100-25 mg</i>	AUSTEDO XR TAB 36MG ER.....	175
59	AUSTEDO XR TAB 42MG ER.....	175
<i>atenolol & chlorthalidone tab 50-25 mg</i>	AUSTEDO XR TAB 48MG ER.....	175
59	AUSTEDO XR TAB 6MG.....	174
<i>atenolol tab 100 mg</i>	AUSTEDO XR TAB TITR KIT	175
86	AUTO LANCET MIS	135
<i>atenolol tab 25 mg</i>	AUTO-LANCET MIS.....	135
85	AUTO-LANCET MIS MINI	135
<i>atenolol tab 50 mg</i>	AUTOLET II KIT CLINISAF.....	136
86	AUTOLET IMPR MIS LANC DEV	136
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	AUTOLET LANC MIS DEVICE.....	136
2	AUTOLET LITE KIT	136
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	AUTOLET LITE KIT CLINISAF	136
2	AUTOLET LITE KIT STARTER	136
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	AUTOLET MINI MIS	136
2	AUTOLET PLAT MIS 1.8MM	136
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	AUTOLET PLAT MIS 2.4MM.....	136
2	AUTOLET PLAT MIS 3.0MM	136
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	AUTOLET PLUS MIS	136
2	AUTOLET PLUS MIS LANC DEV	136
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	AUTOPEN MIS 1-21UNIT	150
2	AUTOPEN MIS 1 UNIT	150
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	AUTOPEN MIS 2-42UNIT	150
2	AUTOPEN MIS 2 UNIT.....	150
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	AUTOSHIELD MIS 30GX5MM	150
54	AUVI-Q INJ 0.15MG.....	185, 186
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	AUVI-Q INJ 0.1MG	185
54	AUVI-Q INJ 0.3MG	185
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	AVALIDE TAB 150-12.5.....	59
54	AVALIDE TAB 300-12.5.....	59
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	AVAPRO TAB 150MG.....	57
54	AVAPRO TAB 300MG.....	57
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	AVAPRO TAB 75MG	57
62	AVAR-E LS CRE 10-2%.....	100
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	AVAR LS LIQ 10-2%	100
62	AVODART CAP 0.5MG.....	127
<i>atovaquone susp 750 mg/5ml</i>		
25		
ATRALIN GEL 0.05%		
100		
<i>atropine sulfate ophth oint 1%</i>		
167		
<i>atropine sulfate ophth soln 1%</i>		
167		
ATROPINE SUL SOL 1% OP		
167		
ATROVENT HFA AER 17MCG		
30		
AUGMENTIN SUS 125/5ML		
172		
AUGMENTIN SUS ES-600		
172		
AUGMENTIN TAB 500MG		
172		
AUGTYRO CAP 40MG		
67		
AUM ALCOHOL PAD PREP 70%.....		
150		
AURORA LANCE MIS 30G		
135		
AURORA LANCE MIS THIN 23G		
135		

AVONEX PEN KIT 30MCG.....	175	BAQSIMI TWO POW 3MG/DOSE	46
AVONEX PREFL KIT 30MCG.....	175	BARACLUDE SOL.....	83
AYGESTIN TAB 5MG.....	172	BAXDELA TAB 450MG.....	123
<i>azathioprine tab 100 mg</i>	162	BD 5ML SYRG MIS LUER-LOK.....	150
<i>azathioprine tab 50 mg</i>	161	BD BLNT FILL MIS 18GX1.5	150
<i>azathioprine tab 75 mg</i>	161	BD ECLIPSE MIS 18GX1.5	150
<i>azelaic acid gel 15%</i>	113	BD ECLIPSE MIS 23GX1.....	151
<i>azelastine hcl-fluticasone prop nasal spray</i> <i>137-50 mcg/act</i>	165	BD ECLIPSE MIS 25GX1.....	151
<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i>	165	BD HYPO NEED MIS 18GX1.....	151
<i>azelastine hcl ophth soln 0.05%</i>	169	BD HYPO NEED MIS 18GX1.5.....	151
AZILECT TAB 0.5MG	74	BD HYPO NEED MIS 22GX1.5	151
AZILECT TAB 1MG.....	74	BD INTEGRA MIS 25GX1.....	151
<i>azithromycin for susp 100 mg/5ml</i>	133	BD MICROTAIN MIS LANCETS.....	136
<i>azithromycin for susp 200 mg/5ml</i>	133	BD NEEDLES MIS 18GX1.5.....	151
<i>azithromycin powd pack for susp 1 gm</i> ...	133	BD NEEDLES MIS 22GX1.5	151
<i>azithromycin tab 250 mg</i>	133	BD PEN MINI MIS	151
<i>azithromycin tab 500 mg</i>	133	BD PEN MIS.....	151
<i>azithromycin tab 600 mg</i>	133	BD PLASTIPAK MIS 3ML.....	151
AZOPT SUS 1% OP	169	BD PRECISION MIS 23GX1.5.....	151
AZSTARYS CAP 26.1-5.2	3	BD SWAB REG PAD SNGL USE	150
AZSTARYS CAP 39.2-7.8	3	BD U-500 MIS 31GX6MM.....	151
AZSTARYS CAP 52.3-10.....	3	BD ULTRAFINE INSULIN	
AZULFIDINE TAB 500MG	125	SYRINGES/NEEDLES	151
AZULFIDINE TAB 500MG EN	125	BD ULTRAFINE PEN NEEDLES	151
B		BELBUCA MIS 150MCG.....	22
<i>bacitracin ophth oint 500 unit/gm</i>	167	BELBUCA MIS 300MCG.....	22
<i>bacitracin-polymyxin b ophth oint</i>	167	BELBUCA MIS 450MCG.....	22
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>ointment 1%</i>	168	BELBUCA MIS 600MCG.....	22
<i>baclofen oral soln 10 mg/5ml</i>	164	BELBUCA MIS 750MCG	22
<i>baclofen oral soln 5 mg/5ml</i>	164	BELBUCA MIS 75MCG.....	22
<i>baclofen tab 10 mg</i>	164	BELBUCA MIS 900MCG.....	22
<i>baclofen tab 20 mg</i>	164	BELLA/OPIUM SUP 16.2-30.....	181
<i>baclofen tab 5 mg</i>	164	BELLA/OPIUM SUP 16.2-60.....	181
BACTRIM DS TAB 800-160	24	BELSOMRA TAB 10MG	132
BACTRIM TAB 400-80MG.....	24	BELSOMRA TAB 15MG	132
BAFIERTAM CAP 95MG	175	BELSOMRA TAB 20MG.....	132
<i>balsalazide disodium cap 750 mg</i>	125	BELSOMRA TAB 5MG.....	132
BALVERSA TAB 3MG.....	67	<i>benazepril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	59
BALVERSA TAB 4MG.....	67	<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	59
BALVERSA TAB 5MG.....	67	<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	60
BAQSIMI ONE POW 3MG/DOSE	46		

<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	59	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	109
<i>benazepril hcl tab 10 mg</i>	56	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	109
<i>benazepril hcl tab 20 mg</i>	56	BETASERON INJ 0.3MG	175
<i>benazepril hcl tab 40 mg</i>	56	<i>betaxolol hcl ophth soln 0.5%</i>	166
<i>benazepril hcl tab 5 mg</i>	56	<i>betaxolol hcl tab 10 mg</i>	86
BENLYSTA INJ 200MG/ML	163	<i>betaxolol hcl tab 20 mg</i>	86
BENZALKONIUM SOL NF	80	<i>bethanechol chloride tab 10 mg</i>	184
BENZAMYCIN GEL 5-3%	100	<i>bethanechol chloride tab 25 mg</i>	184
BENZNIDAZOLE TAB 100MG	24	<i>bethanechol chloride tab 50 mg</i>	184
BENZNIDAZOLE TAB 12.5MG.....	24	<i>bethanechol chloride tab 5 mg</i>	184
<i>benzonatate cap 100 mg</i>	99	BETOPTIC-S SUS 0.25% OP	166
<i>benzonatate cap 150 mg</i>	99	<i>bexarotene cap 75 mg</i>	71
<i>benzonatate cap 200 mg</i>	99	<i>bexarotene gel 1%</i>	104
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	100	<i>bicalutamide tab 50 mg</i>	66
<i>benzoyl peroxide foam 9.8%</i>	100	BIDIL TAB	90
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	100	BIJUVA CAP 0.5-100	122
<i>benztropine mesylate tab 0.5 mg</i>	71	BIJUVA CAP 1-100MG.....	122
<i>benztropine mesylate tab 1 mg</i>	71	BIKTARVY TAB	80
<i>benztropine mesylate tab 2 mg</i>	71	BILTRICIDE TAB 600MG.....	24
<i>bepotastine besilate ophth soln 1.5%</i>	169	<i>bimatoprost ophth soln 0.03%</i>	170
BESIVANCE SUS 0.6%.....	167	BIMZELX INJ 160MG/ML	104
BESREMI SOL 500MCG	71	BINOSTO TAB 70MG	117
BETADINE SOL 5% OP	167	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	183
<i>betaine powder for oral solution</i>	119	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	60
<i>betamethasone dipropionate augmented cream 0.05%</i>	108	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	60
<i>betamethasone dipropionate augmented gel 0.05%</i>	108	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	60
<i>betamethasone dipropionate augmented lotion 0.05%</i>	108	<i>bisoprolol fumarate tab 10 mg</i>	86
<i>betamethasone dipropionate augmented oint 0.05%</i>	109	<i>bisoprolol fumarate tab 5 mg</i>	86
<i>betamethasone dipropionate cream 0.05%</i>	109	BLEPHAMIDE OIN S.O.P.....	168
<i>betamethasone dipropionate lotion 0.05%</i>	109	BLULINK LIQ HIGH/LOW	136
<i>betamethasone valerate aerosol foam 0.12%</i>	109	BLUNT CANNUL MIS 20GX1.5	151
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	109	BLUNT CANNUL MIS 21GX1.....	151
		BONJESTA TAB 20-20MG	50
		BOOSTRIX INJ	181
		<i>bosentan tab 125 mg</i>	93
		<i>bosentan tab 62.5 mg</i>	93
		BOSULIF CAP 100MG.....	67
		BOSULIF CAP 50MG.....	67

BOSULIF TAB 100MG	68	<i>budesonide-formoterol fumarate dihyd</i>	
BOSULIF TAB 400MG	68	<i>aerosol 160-4.5 mcg/act</i>	32
BOSULIF TAB 500MG	68	<i>budesonide-formoterol fumarate dihyd</i>	
BRAFTOVI CAP 75MG.....	68	<i>aerosol 80-4.5 mcg/act.....</i>	32
BREATHE EASE MIS LG MASK	157	<i>budesonide inhalation susp 0.25 mg/2ml</i>	31
BREATHE EASE MIS MED MASK.....	157	<i>budesonide inhalation susp 0.5 mg/2ml ...</i>	31
BREATHE EASE MIS SM MASK	157	<i>budesonide inhalation susp 1 mg/2ml</i>	31
BREATHERITE MIS MDI CHMB.....	157	<i>budesonide rectal foam 2 mg/act</i>	23
BREO ELLIPTA INH 100-25	32	<i>bumetanide tab 0.5 mg</i>	116
BREO ELLIPTA INH 200-25	32	<i>bumetanide tab 1 mg</i>	116
BREO ELLIPTA INH 50-25MCG.....	32	<i>bumetanide tab 2 mg.....</i>	116
BREXAFEMME TAB 150MG.....	51	BUMEX TAB 0.5MG.....	116
BREZTRI AERO AER SPHERE.....	32	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
BRILINTA TAB 60MG	129	<i>mg (base equiv)</i>	22
BRILINTA TAB 90MG	129	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>brimonidine tartrate gel 0.33% (base</i>		<i>0.5 mg (base equiv)</i>	22
<i>equivalent)</i>	113	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>brimonidine tartrate ophth soln 0.1%</i>	167	<i>mg (base equiv)</i>	22
<i>brimonidine tartrate ophth soln 0.15% ...</i>	167	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>brimonidine tartrate ophth soln 0.2%.....</i>	167	<i>mg (base equiv)</i>	22
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
<i>soln 0.2-0.5%</i>	166	<i>mg (base equiv)</i>	22
<i>brinzolamide ophth susp 1%</i>	169	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
BRIVIACT SOL 10MG/ML.....	36	<i>mg (base equiv)</i>	22
BRIVIACT TAB 100MG.....	36	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
BRIVIACT TAB 10MG	36	.....	22
BRIVIACT TAB 25MG.....	36	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
BRIVIACT TAB 50MG	36	.....	22
BRIVIACT TAB 75MG.....	36	<i>buprenorphine td patch weekly 10 mcg/hr</i>	
<i>bromfenac sodium ophth soln 0.07% (base</i>		.....	22
<i>equivalent)</i>	169	<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>bromfenac sodium ophth soln 0.075%</i>		.....	22
<i>(base equivalent)</i>	170	<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>bromfenac sodium ophth soln 0.09% (base</i>		.....	22
<i>equiv) (once-daily).....</i>	169	<i>buprenorphine td patch weekly 5 mcg/hr</i>	22
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>equivalent).....</i>	72	.....	22
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>equivalent).....</i>	72	<i>12hr 150 mg.....</i>	177
BROVANA NEB 15MCG	32	<i>bupropion hcl tab 100 mg</i>	40
BRUKINSA CAP 80MG	68	<i>bupropion hcl tab 75 mg</i>	40
BRYHALI LOT 0.01%.....	109	<i>bupropion hcl tab er 12hr 100 mg</i>	40
<i>budesonide delayed release particles cap 3</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	41
<i>mg</i>	97	<i>bupropion hcl tab er 12hr 200 mg.....</i>	41

<i>bupropion hcl tab er 24hr 150 mg</i>	41	<i>calcitriol oral soln 1 mcg/ml</i>	119
<i>bupropion hcl tab er 24hr 300 mg</i>	41	<i>calcium acetate (phosphate binder) cap</i>	
<i>bupirone hcl tab 10 mg</i>	27	667 mg (169 mg ca)	126
<i>bupirone hcl tab 15 mg</i>	27	CALQUENCE CAP 100MG	68
<i>bupirone hcl tab 30 mg</i>	27	CALQUENCE TAB 100MG.....	68
<i>bupirone hcl tab 5 mg</i>	27	CAMZYOS CAP 10MG	89
<i>bupirone hcl tab 7.5 mg</i>	27	CAMZYOS CAP 15MG	89
<i>butalbital-acetaminophen-caffeine tab 50-</i>		CAMZYOS CAP 2.5MG.....	89
325-40 mg	15	CAMZYOS CAP 5MG.....	89
<i>butalbital-acetaminophen-caff w/ cod cap</i>		CANASA SUP 1000MG	125
50-300-40-30 mg.....	21	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>butalbital-acetaminophen-caff w/ cod cap</i>		tab 16-12.5 mg	60
50-325-40-30 mg	21	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>butalbital-acetaminophen tab 50-325 mg</i>	15	tab 32-12.5 mg	60
<i>butalbital-aspirin-caffeine cap 50-325-40</i>		<i>candesartan cilexetil-hydrochlorothiazide</i>	
mg	15	tab 32-25 mg	60
<i>butalbital-aspirin-caff w/ codeine cap 50-</i>		<i>candesartan cilexetil tab 16 mg</i>	57
325-40-30 mg	21	<i>candesartan cilexetil tab 32 mg</i>	57
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	22	<i>candesartan cilexetil tab 4 mg</i>	57
C		<i>candesartan cilexetil tab 8 mg</i>	57
<i>cabergoline tab 0.5 mg</i>	121	<i>capecitabine tab 150 mg</i>	64
CABOMETRYX TAB 20MG.....	68	<i>capecitabine tab 500 mg</i>	64
CABOMETRYX TAB 40MG.....	68	CAPEX SHA 0.01%	109
CABOMETRYX TAB 60MG.....	68	CAPLYTA CAP 10.5MG	74
CADUET TAB 10-10MG	90	CAPLYTA CAP 21MG	74
CADUET TAB 10-20MG.....	90	CAPLYTA CAP 42MG	74
CADUET TAB 10-40MG.....	90	CAPRELSA TAB 100MG	68
CADUET TAB 10-80MG.....	90	CAPRELSA TAB 300MG	68
CADUET TAB 5-10MG	90	<i>captopril & hydrochlorothiazide tab 25-15</i>	
CADUET TAB 5-20MG	90	mg	60
CADUET TAB 5-40MG	90	<i>captopril & hydrochlorothiazide tab 25-25</i>	
CADUET TAB 5-80MG	90	mg	60
<i>caffeine citrate oral soln 60 mg/3ml (10</i>		<i>captopril & hydrochlorothiazide tab 50-15</i>	
mg/ml base equiv)	2	mg	60
CALAN SR TAB 120MG.....	87	<i>captopril & hydrochlorothiazide tab 50-25</i>	
CALAN SR TAB 180MG	87	mg	60
CALAN SR TAB 240MG.....	87	<i>captopril tab 100 mg</i>	56
<i>calcipotriene oint 0.005%</i>	104	<i>captopril tab 12.5 mg</i>	56
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	104	<i>captopril tab 25 mg</i>	56
<i>calcitonin (salmon) inj 200 unit/ml</i>	117	<i>captopril tab 50 mg</i>	56
<i>calcitonin (salmon) nasal soln 200 unit/act</i>		CAPVAXIVE INJ 0.5ML.....	184
.....	117	<i>carbamazepine cap er 12hr 100 mg</i>	36
<i>calcitriol cap 0.25 mcg</i>	119	<i>carbamazepine cap er 12hr 200 mg</i>	36
<i>calcitriol cap 0.5 mcg</i>	119	<i>carbamazepine cap er 12hr 300 mg</i>	36

<i>carbamazepine chew tab 100 mg</i>	36	CAREONE ADV MIS LANCING.....	136
<i>carbamazepine susp 100 mg/5ml</i>	36	CAREONE LANC MIS 30G.....	136
<i>carbamazepine tab 200 mg</i>	36	CAREONE LANC MIS THIN 23G.....	136
<i>carbamazepine tab er 12hr 100 mg</i>	36	CAREPOINT SA MIS 23GX1.....	151
<i>carbamazepine tab er 12hr 200 mg</i>	36	CAREPOINT SA MIS 23GX11/2.....	151
<i>carbamazepine tab er 12hr 400 mg</i>	36	CAREPOINT SA MIS 25GX1.....	151
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CARBATROL CAP 200MG.....	36	CAREPOINT SA MIS 25GX5/8.....	151
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<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	72	CAREPOINT SY MIS 20GX1.5.....	151
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	72	CAREPOINT SY MIS 22G X 1.....	151
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	72	CAREPOINT SY MIS 22GX1.5.....	151
<i>carbidopa & levodopa tab 10-100 mg</i>	72	CAREPOINT SY MIS 23GX1.....	151
<i>carbidopa & levodopa tab 25-100 mg</i>	72	CAREPOINT SY MIS 23GX1.5.....	151
<i>carbidopa & levodopa tab 25-250 mg</i>	72	CAREPOINT SY MIS 25GX1.....	151
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	72	CAREPOINT SY MIS 60ML.....	151
<i>carbidopa & levodopa tab er 50-200 mg</i> ..	72	CARESENS 30G MIS LANCETS.....	136
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	72	CARESENS SOL CONTROL.....	136
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	72	CARETOUCH MIS EJECTOR.....	136
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	72	CARETOUCH MIS LANC 26G.....	136
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	72	CARETOUCH MIS LANC 28G.....	136
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	72	CARETOUCH MIS LANC 30G.....	136
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	72	CARETOUCH MIS TWIST 28.....	136
<i>carbidopa tab 25 mg</i>	71	CARETOUCH MIS TWIST 30.....	136
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	52	CARETOUCH MIS TWIST 33.....	136
<i>carbinoxamine maleate soln 4 mg/5ml</i>	52	CARETOUCH PAD ALCOHOL.....	150
<i>carbinoxamine maleate tab 4 mg</i>	52	<i>carglumic acid soluble tab 200 mg</i>	119
CARDIOCOM MIS LANCING.....	136	<i>carisoprodol tab 350 mg</i>	164
CARDURA TAB 1MG.....	58	<i>carteolol hcl ophth soln 1%</i>	166
CARDURA TAB 2MG.....	58	<i>carvedilol phosphate cap er 24hr 10 mg</i> ..	85
CARDURA TAB 4MG.....	58	<i>carvedilol phosphate cap er 24hr 20 mg</i> ..	85
CARDURA TAB 8MG.....	58	<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	85
CARDURA XL TAB 4MG.....	127	<i>carvedilol phosphate cap er 24hr 80 mg</i> ..	85
CARDURA XL TAB 8MG.....	127	<i>carvedilol tab 12.5 mg</i>	85
		<i>carvedilol tab 25 mg</i>	85
		<i>carvedilol tab 3.125 mg</i>	85
		<i>carvedilol tab 6.25 mg</i>	85
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CAYA DPR	134	<i>cephalexin cap 750 mg</i>	94
<i>cefaclor cap 250 mg</i>	94	<i>cephalexin for susp 125 mg/5ml</i>	94
<i>cefaclor cap 500 mg</i>	94	<i>cephalexin for susp 250 mg/5ml</i>	94
CEFACLOR ER TAB 500MG	94	<i>cephalexin tab 250 mg</i>	94
<i>cefaclor for susp 125 mg/5ml</i>	94	<i>cephalexin tab 500 mg</i>	94
<i>cefaclor for susp 250 mg/5ml</i>	94	CEQUR SIMPL KIT PATCH 2U	151
<i>cefaclor for susp 375 mg/5ml</i>	94	CEQUR SIMPL KIT STARTER	151
<i>cefadroxil cap 500 mg</i>	94	CERDELGA CAP 84MG.....	129
<i>cefadroxil for susp 250 mg/5ml</i>	94	CERVIDIL VAG MIS 10MG INS	171
<i>cefadroxil for susp 500 mg/5ml</i>	94	CETACAINE AER	113
<i>cefadroxil tab 1 gm</i>	94	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	52
<i>cefdinir cap 300 mg</i>	95	CETRAXAL SOL 0.2%	170
<i>cefdinir for susp 125 mg/5ml</i>	95	<i>cetorelix acetate for inj kit 0.25 mg</i>	118
<i>cefdinir for susp 250 mg/5ml</i>	95	<i>cevimeline hcl cap 30 mg</i>	164
<i>cefixime cap 400 mg</i>	95	CHEMET CAP 100MG.....	49
<i>cefixime for susp 100 mg/5ml</i>	95	CHEMSTRIP K TES.....	114
<i>cefixime for susp 200 mg/5ml</i>	95	CHEMSTRIP TES UGK	114
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	95	CHENODAL TAB 250MG.....	124
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	95	<i>chlordiazepoxide-amitriptyline tab 10-25</i> <i>mg</i>	174
<i>cefpodoxime proxetil tab 100 mg</i>	95	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i> <i>mg</i>	174
<i>cefpodoxime proxetil tab 200 mg</i>	95	<i>chlordiazepoxide hcl cap 10 mg</i>	28
<i>cefprozil for susp 125 mg/5ml</i>	94	<i>chlordiazepoxide hcl cap 25 mg</i>	28
<i>cefprozil for susp 250 mg/5ml</i>	94	<i>chlordiazepoxide hcl cap 5 mg</i>	28
<i>cefprozil tab 250 mg</i>	94	<i>chlordiazepoxide hcl-clidinium bromide</i> <i>cap 5-2.5 mg</i>	181
<i>cefprozil tab 500 mg</i>	94	CHLORHEX GLU SOL 20%	80
<i>cefuroxime axetil tab 250 mg</i>	94	<i>chlorhexidine gluconate soln 0.12%</i>	163
<i>cefuroxime axetil tab 500 mg</i>	94	<i>chloroquine phosphate tab 250 mg</i>	62
<i>celecoxib cap 100 mg</i>	11	<i>chloroquine phosphate tab 500 mg</i>	62
<i>celecoxib cap 200 mg</i>	11	<i>chlorpromazine hcl inj 25 mg/ml</i>	78
<i>celecoxib cap 400 mg</i>	11	<i>chlorpromazine hcl inj 50 mg/2ml</i>	78
<i>celecoxib cap 50 mg</i>	11	<i>chlorpromazine hcl tab 100 mg</i>	78
CELEXA TAB 10MG.....	41	<i>chlorpromazine hcl tab 10 mg</i>	78
CELEXA TAB 20MG	41	<i>chlorpromazine hcl tab 200 mg</i>	78
CELEXA TAB 40MG.....	41	<i>chlorpromazine hcl tab 25 mg</i>	78
CELLCEPT CAP 250MG.....	162	<i>chlorpromazine hcl tab 50 mg</i>	78
CELLCEPT SUS 200MG/ML.....	162	<i>chlorthalidone tab 25 mg</i>	117
CELLCEPT TAB 500MG.....	162	<i>chlorthalidone tab 50 mg</i>	117
CELONTIN CAP 300MG	40	<i>chlorzoxazone tab 500 mg</i>	164
CEM-UREA SOL 45%.....	112	CHOLBAM CAP 250MG	124
CENTANY OIN 2%.....	102		
<i>cephalexin cap 250 mg</i>	94		

CHOLBAM CAP 50MG	124	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	124
<i>cholestyramine light powder 4 gm/dose</i> ..	53	.....	124
<i>cholestyramine light powder packets 4 gm</i>	53	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	124
.....	53	.....	124
<i>cholestyramine powder 4 gm/dose</i>	53	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	124
<i>cholestyramine powder packets 4 gm</i>	53	.....	124
<i>choline fenofibrate cap dr 135 mg</i>		<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	124
<i>(fenofibric acid equiv)</i>	53	.....	124
<i>choline fenofibrate cap dr 45 mg (fenofibric</i>		CIPRO TAB 250MG	123
<i>acid equiv)</i>	53	CIPRO TAB 500MG	123
CIBINQO TAB 100MG	111	<i>citalopram hydrobromide oral soln 10</i>	
CIBINQO TAB 200MG	111	<i>mg/5ml</i>	41
CIBINQO TAB 50MG.....	111	<i>citalopram hydrobromide tab 10 mg (base</i>	
<i>ciclopirox gel 0.77%</i>	103	<i>equiv)</i>	41
<i>ciclopirox olamine cream 0.77% (base</i>		<i>citalopram hydrobromide tab 20 mg (base</i>	
<i>equiv)</i>	103	<i>equiv)</i>	41
<i>ciclopirox olamine susp 0.77% (base equiv)</i>		<i>citalopram hydrobromide tab 40 mg (base</i>	
.....	103	<i>equiv)</i>	41
<i>ciclopirox shampoo 1%</i>	103	CLARINEX-D TAB 2.5-120	99
<i>ciclopirox solution 8%</i>	103	CLARINEX TAB 5MG	52
<i>cilostazol tab 100 mg</i>	129	<i>clarithromycin for susp 125 mg/5ml</i>	133
<i>cilostazol tab 50 mg</i>	129	<i>clarithromycin for susp 250 mg/5ml</i>	133
CIMDUO TAB 300-300	80	<i>clarithromycin tab 250 mg</i>	133
<i>cimetidine hcl soln 300 mg/5ml</i>	182	<i>clarithromycin tab 500 mg</i>	133
<i>cimetidine tab 300 mg</i>	182	<i>clarithromycin tab er 24hr 500 mg</i>	133
<i>cimetidine tab 400 mg</i>	182	CLEANLET 28G MIS LANCETS.....	136
<i>cimetidine tab 800 mg</i>	182	<i>clemastine fumarate syrup 0.67 mg/5ml</i>	
CIMZIA PREFL KIT 200MG/ML	125	<i>(0.5 mg/5ml base eq)</i>	52
CIMZIA START KIT 200MG/ML.....	125	<i>clemastine fumarate tab 2.68 mg</i>	52
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	119	CLENPIQ SOL.....	133
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	119	CLEOCIN CAP 150MG	25
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	119	CLEOCIN CAP 300MG	25
CIPRO (10%) SUS 500MG/5	123	CLEOCIN CAP 75MG.....	25
CIPRO (5%) SUS 250MG/5	123	CLEOCIN CRE 2% VAG.....	185
<i>ciprofloxacin-dexamethasone otic susp</i>		CLEOCIN PED SOL 75MG/5ML	26
<i>0.3-0.1%</i>	170	CLEOCIN SUP 100MG.....	185
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		CLEOCIN-T LOT 1%	100
<i>(5%) (5 gm/100ml)</i>	123	CLEVER CHECK MIS	136
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		CLEVER CHECK MIS 30G.....	136
<i>(10%) (10 gm/100ml)</i>	124	CLEVR CHOICE LIQ HIGH	136
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		CLEVR CHOICE LIQ LOW	136
<i>equivalent)</i>	167	CLIMARA PRO DIS WEEKLY	122
<i>ciprofloxacin hcl otic soln 0.2% (base</i>		CLINDAGEL GEL 1%.....	100
<i>equivalent)</i>	170	<i>clindamycin hcl cap 150 mg</i>	26

<i>clindamycin hcl cap 300 mg</i>	26	<i>clonazepam orally disintegrating tab 0.25 mg</i>	35
<i>clindamycin hcl cap 75 mg</i>	26	<i>clonazepam orally disintegrating tab 0.5 mg</i>	35
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	26	<i>clonazepam orally disintegrating tab 1 mg</i>	35
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	101	<i>clonazepam orally disintegrating tab 2 mg</i>	35
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	101	<i>clonazepam tab 0.5 mg</i>	35
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	101	<i>clonazepam tab 1 mg</i>	35
<i>clindamycin phosphate foam 1%</i>	100	<i>clonazepam tab 2 mg</i>	35
<i>clindamycin phosphate gel 1%</i>	100	<i>clonidine hcl tab 0.1 mg</i>	58
<i>clindamycin phosphate lotion 1%</i>	100	<i>clonidine hcl tab 0.2 mg</i>	58
<i>clindamycin phosphate soln 1%</i>	101	<i>clonidine hcl tab 0.3 mg</i>	58
<i>clindamycin phosphate swab 1%</i>	101	<i>clonidine hcl tab er 12hr 0.1 mg</i>	2
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	101	<i>clonidine tab er 24hr 0.17 mg</i>	58
<i>clindamycin phosphate vaginal cream 2%</i>	185	<i>clonidine td patch weekly 0.1 mg/24hr</i>	58
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	100	<i>clonidine td patch weekly 0.2 mg/24hr</i>	58
<i>CLINDESSE CRE 2%</i>	185	<i>clonidine td patch weekly 0.3 mg/24hr</i>	58
<i>clobazam suspension 2.5 mg/ml</i>	35	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	129
<i>clobazam tab 10 mg</i>	35	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	129
<i>clobazam tab 20 mg</i>	35	<i>clorazepate dipotassium tab 15 mg</i>	28
<i>clobetasol propionate cream 0.05%</i>	109	<i>clorazepate dipotassium tab 3.75 mg</i>	28
<i>clobetasol propionate emollient base cream 0.05%</i>	109	<i>clorazepate dipotassium tab 7.5 mg</i>	28
<i>clobetasol propionate foam 0.05%</i>	109	<i>clotrimazole troche 10 mg</i>	163
<i>clobetasol propionate gel 0.05%</i>	109	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	103
<i>clobetasol propionate lotion 0.05%</i>	109	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	103
<i>clobetasol propionate oint 0.05%</i>	109	<i>clozapine orally disintegrating tab 100 mg</i>	76
<i>clobetasol propionate shampoo 0.05%</i> ..	109	<i>clozapine orally disintegrating tab 12.5 mg</i>	76
<i>clobetasol propionate soln 0.05%</i>	109	<i>clozapine orally disintegrating tab 150 mg</i>	77
<i>CLOBETASOL SUS 0.05%</i>	168	<i>clozapine orally disintegrating tab 200 mg</i>	77
<i>CLOBEX LOT 0.05%</i>	109	<i>clozapine orally disintegrating tab 25 mg</i> ..	76
<i>CLOBEX SHA 0.05%</i>	109	<i>clozapine tab 100 mg</i>	77
<i>CLODERM CRE 0.1%</i>	109	<i>clozapine tab 200 mg</i>	77
<i>clomiphene citrate tab 50 mg</i>	118	<i>clozapine tab 25 mg</i>	77
<i>clomipramine hcl cap 25 mg</i>	44	<i>clozapine tab 50 mg</i>	77
<i>clomipramine hcl cap 50 mg</i>	44		
<i>clomipramine hcl cap 75 mg</i>	44		
<i>clonazepam orally disintegrating tab 0.125 mg</i>	35		

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<i>codeine sulfat tab 30 mg</i>	15	CONTOUR NEXT SOL LEVEL 2	137
CODEINE SULF TAB 15MG	15	CONTOUR NORM LIQ CONTROL.....	137
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<i>colchicine tab 0.6 mg</i>	128	CONTROL LOW SOL UNISTRIP	137
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	128	CONTROL NORM SOL EASY STP	137
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<i>colesevelam hcl tab 625 mg</i>	53	CONTROL SOL LIQ HIGH/LOW.....	137
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<i>colestipol hcl granule packets 5 gm</i>	53	COOL CONTROL SOL A.....	137
<i>colestipol hcl granules 5 gm</i>	53	COOL CONTROL SOL B.....	137
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COMETRIQ KIT 100MG	68	COREG TAB 25MG.....	85
COMETRIQ KIT 140MG	68	COREG TAB 3.125MG.....	85
COMETRIQ KIT 60MG.....	68	COREG TAB 6.25MG	85
COMFORT ASSU MIS LANC 28G	136	CORGARD TAB 20MG.....	86
COMFORT ASSU MIS LANC 33G	136	CORGARD TAB 40MG.....	86
COMFORT EZ MIS 21G.....	136	CORGARD TAB 80MG.....	86
COMFORT EZ MIS 23G	136	CORLANOR SOL 5MG/5ML	94
COMFORT EZ MIS 28G	136	CORLANOR TAB 5MG.....	94
COMFORT MIS LANCETS	136	CORLANOR TAB 7.5MG.....	94
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COMFORT TCH MIS LANC 30G	136	CORTEF TAB 10MG.....	97
COMFORT TCH MIS LANC 31G	137	CORTEF TAB 20MG.....	97
COMFRT TOUCH PAD ALC PREP	150	CORTEF TAB 5MG	97
COMIRNATY INJ 2024-25	184	CORTENEMA ENE 100MG	23
COMIRNATY INJ 30/0.3ML.....	184	CORTIFOAM AER 90MG	23
COMPACT SPAC MIS CHAMBER	157	CORTISPORIN SUS -TC OTIC.....	170
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COSENTYX INJ 75MG/0.5.....	105	CYCLOPHOSPH TAB 50MG.....	63
COSENTYX PEN INJ 150MG/ML.....	105	<i>cycloserine cap 250 mg</i>	63
COSENTYX PEN INJ 300DOSE	106	CYCLOSET TAB 0.8MG.....	47
COSENTYX UNO INJ 300/2ML.....	106	<i>cyclosporine cap 100 mg</i>	162
COSOFT PF SOL 2%-0.5%	166	<i>cyclosporine cap 25 mg</i>	162
COSOFT SOL 2-0.5%OP	166	<i>cyclosporine modified cap 100 mg</i>	162
COTELLIC TAB 20MG	68	<i>cyclosporine modified cap 25 mg</i>	162
CREON CAP 12000UNT	115	<i>cyclosporine modified cap 50 mg</i>	162
CREON CAP 24000UNT.....	115	<i>cyclosporine modified oral soln 100 mg/ml</i>	162
CREON CAP 3000UNIT	115	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	52
CREON CAP 36000UNT.....	115	<i>cyproheptadine hcl tab 4 mg</i>	52
CREON CAP 6000UNIT	115	CYSTAGON CAP 150MG	127
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<i>cromolyn sodium oral conc 100 mg/5ml</i> 124		CYTOTEC TAB 200MCG	183
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<i>crotamiton lotion 10%</i>	114	<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq)</i>	35
CURITY PREP PAD ALCOHOL.....	150	<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	35
CUVPOSA SOL 1MG/5ML	181	<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq)</i>	35
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CVS LANCETS MIS 30G.....	137	<i>danazol cap 200 mg</i>	23
CVS LANCETS MIS 33G.....	137	<i>danazol cap 50 mg</i>	23
CVS LANCETS MIS ORIGINAL	137	DANTRIUM CAP 25MG.....	165
CVS LANCETS MIS THIN 26G.....	137	<i>dantrolene sodium cap 100 mg</i>	165
CVS LANCETS MIS THIN 30G.....	137	<i>dantrolene sodium cap 25 mg</i>	165
CVS LANCETS MIS THIN 33G.....	137	<i>dantrolene sodium cap 50 mg</i>	165
CVS LANCING MIS DEVICE.....	137	<i>dapsone gel 5%</i>	101
<i>cyanocobalamin inj 1000 mcg/ml</i>	130	<i>dapsone gel 7.5%</i>	101
<i>cyanocobalamin nasal spray 500</i> <i>mcg/0.1ml</i>	130	<i>dapsone tab 100 mg</i>	25
<i>cyclobenzaprine hcl tab 10 mg</i>	164	<i>dapsone tab 25 mg</i>	25
<i>cyclobenzaprine hcl tab 5 mg</i>	164	DAPTACEL INJ	181
CYCLOGYL SOL 0.5% OP	167	<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i>	183
CYCLOGYL SOL 1% OP	167	<i>darifenacin hydrobromide tab er 24hr 7.5</i> <i>mg (base equiv)</i>	183
CYCLOGYL SOL 2% OP.....	167	<i>darunavir tab 600 mg</i>	80
CYCLOMYDRIL SOL OP	167	<i>darunavir tab 800 mg</i>	80
<i>cyclopentolate hcl ophth soln 0.5%</i>	167	DAYBUE SOL 200MG/ML	166
<i>cyclopentolate hcl ophth soln 1%</i>	167		
<i>cyclopentolate hcl ophth soln 2%</i>	167		
<i>cyclophosphamide cap 25 mg</i>	64		
<i>cyclophosphamide cap 50 mg</i>	64		
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DAYPRO TAB 600MG.....	11	<i>desloratadine tab 5 mg</i>	52
DAYVIGO TAB 10MG.....	132	<i>desloratadine tab orally disintegrating 2.5</i>	
DAYVIGO TAB 5MG.....	132	<i>mg.....</i>	52
DDAVP TAB 0.1MG.....	120	<i>desloratadine tab orally disintegrating 5 mg</i>	
DDAVP TAB 0.2MG.....	120	<i>.....</i>	52
DEBACTEROL SOL 30-50%.....	163	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox granules packet 180 mg</i>	49	<i>0.01%</i>	120
<i>deferasirox granules packet 360 mg</i>	49	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox granules packet 90 mg</i>	49	<i>0.01% (refrigerated).....</i>	120
<i>deferasirox tab 180 mg.....</i>	49	<i>desmopressin acetate tab 0.1 mg</i>	120
<i>deferasirox tab 360 mg.....</i>	49	<i>desmopressin acetate tab 0.2 mg.....</i>	120
<i>deferasirox tab 90 mg</i>	49	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
<i>deferasirox tab for oral susp 125 mg</i>	49	<i>0.02/0.01 mg(21/5)</i>	95
<i>deferasirox tab for oral susp 250 mg</i>	49	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<i>deferasirox tab for oral susp 500 mg</i>	49	<i>0.025/0.15-0.025mg-mg</i>	95
<i>deferiprone tab 1000 mg</i>	49	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>	
<i>deferiprone tab 500 mg</i>	49	<i>30 mcg.....</i>	95
<i>deflazacort susp 22.75 mg/ml.....</i>	97	<i>desonide cream 0.05%</i>	109
<i>deflazacort tab 18 mg</i>	97	<i>desonide lotion 0.05%</i>	109
<i>deflazacort tab 30 mg</i>	97	<i>desonide oint 0.05%.....</i>	109
<i>deflazacort tab 36 mg</i>	97	DESOWEN CRE 0.05%.....	109
<i>deflazacort tab 6 mg.....</i>	97	<i>desoximetasone cream 0.05%</i>	109
DELESTROGEN INJ 10MG/ML.....	122	<i>desoximetasone cream 0.25%</i>	109
DELESTROGEN INJ 20MG/ML.....	122	<i>desoximetasone gel 0.05%</i>	109
DELESTROGEN INJ 40MG/ML.....	122	<i>desoximetasone oint 0.25%</i>	109
<i>demeclocycline hcl tab 150 mg</i>	179	<i>desoximetasone spray 0.25%</i>	109
<i>demeclocycline hcl tab 300 mg</i>	179	DESOXYN TAB 5MG.....	1
DEMSEER CAP 250MG.....	57	<i>desvenlafaxine succinate tab er 24hr 100</i>	
DENAVIR CRE 1%	108	<i>mg (base equiv).....</i>	43
DEPEN TITRA TAB 250MG	161	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
DEPO-ESTRADI INJ 5MG/ML.....	122	<i>(base equiv).....</i>	43
DEPO-PROVERA INJ 150MG/ML	97	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
DEPO-SQ PROV INJ 104	97	<i>(base equiv).....</i>	43
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DERMA-SMOOTH OIL /FS SCLP	109	DESVENLAFAX TAB 50MG ER.....	42
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DESCOVY TAB 200/25MG.....	80	DEXAMETHASON CON 1MG/ML.....	97
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<i>desipramine hcl tab 10 mg.....</i>	44	<i>dexamethasone sodium phosphate ophth</i>	
<i>desipramine hcl tab 150 mg</i>	44	<i>soln 0.1%.....</i>	169
<i>desipramine hcl tab 25 mg</i>	44	<i>dexamethasone soln 0.5 mg/5ml.....</i>	97
<i>desipramine hcl tab 50 mg.....</i>	44	<i>dexamethasone tab 0.5 mg.....</i>	97
<i>desipramine hcl tab 75 mg</i>	44	<i>dexamethasone tab 0.75 mg.....</i>	98

<i>dexamethasone tab 1.5 mg</i>	98	<i>dextroamphetamine sulfate tab 10 mg</i>	1
<i>dexamethasone tab 1 mg</i>	98	<i>dextroamphetamine sulfate tab 15 mg</i>	2
<i>dexamethasone tab 2 mg</i>	98	<i>dextroamphetamine sulfate tab 2.5 mg</i>	1
<i>dexamethasone tab 4 mg</i>	98	<i>dextroamphetamine sulfate tab 20 mg</i>	2
<i>dexamethasone tab 6 mg</i>	98	<i>dextroamphetamine sulfate tab 30 mg</i>	2
<i>dexamethasone tab therapy pack 1.5 mg</i> <i>(21)</i>	98	<i>dextroamphetamine sulfate tab 5 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg</i> <i>(35)</i>	98	<i>dextroamphetamine sulfate tab 7.5 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg</i> <i>(51)</i>	98	DHIVY TAB 25-100MG.....	72
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DEXCOM G6 MIS SENSOR	137	DIASTAT ACDL GEL 5-10MG.....	35
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DEXCOM G7 MIS RECEIVER	137	DIASTIX TES STRIPS.....	114
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DEXEDRINE CAP 10MG CR.....	1	DIATHRIVE MIS LANCETS.....	137
DEXEDRINE CAP 15MG CR.....	1	DIATHRIVE MIS LANCING.....	137
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	3	DIATHRIVE MIS UT 30G.....	137
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	3	DIATRUE CONT SOL LEVEL 1.....	137
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	3	DIATRUE CONT SOL LEVEL 2	137
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	3	DIATRUE CONT SOL LEVEL 3	137
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	3	<i>diazepam conc 5 mg/ml</i>	28
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	3	<i>diazepam oral soln 1 mg/ml</i>	28
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	3	<i>diazepam rectal gel delivery system 10 mg</i>	35
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> 3		<i>diazepam rectal gel delivery system 2.5 mg</i>	35
<i>dexmethylphenidate hcl tab 10 mg</i>	3	<i>diazepam rectal gel delivery system 20 mg</i>	35
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3	<i>diazepam tab 10 mg</i>	28
<i>dexmethylphenidate hcl tab 5 mg</i>	3	<i>diazepam tab 2 mg</i>	28
<i>dextroamphetamine sulfate cap er 24hr 10</i> <i>mg</i>	1	<i>diazepam tab 5 mg</i>	28
<i>dextroamphetamine sulfate cap er 24hr 15</i> <i>mg</i>	1	<i>diazoxide susp 50 mg/ml</i>	46
<i>dextroamphetamine sulfate cap er 24hr 5</i> <i>mg</i>	1	DIBENZYLINE CAP 10MG.....	57
<i>dextroamphetamine sulfate oral solution 5</i> <i>mg/5ml</i>	1	<i>dichlorphenamide tab 50 mg</i>	115
		DICLEGIS TAB 10-10MG.....	50
		<i>diclofenac epolamine patch 1.3%</i>	102
		<i>diclofenac potassium tab 50 mg</i>	12
		<i>diclofenac sodium (actinic keratoses) gel</i> <i>3%</i>	104
		<i>diclofenac sodium ophth soln 0.1%</i>	170
		<i>diclofenac sodium soln 1.5%</i>	102
		<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>	12
		<i>diclofenac sodium tab delayed release 50</i> <i>mg</i>	12

<i>diclofenac sodium tab delayed release 75 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	87
<i>diclofenac sodium tab er 24hr 100 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	87
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	87
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	12	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	87
<i>dicloxacillin sodium cap 250 mg</i>	172	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	88
<i>dicloxacillin sodium cap 500 mg</i>	172	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	88
<i>dicyclomine hcl cap 10 mg</i>	181	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	88
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	181	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	88
<i>dicyclomine hcl tab 20 mg</i>	181	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	88
<i>DIFFERIN CRE 0.1%</i>	101	<i>diltiazem hcl tab 120 mg</i>	88
<i>DIFFERIN GEL 0.1%</i>	101	<i>diltiazem hcl tab 30 mg</i>	88
<i>DIFFERIN GEL 0.3%</i>	101	<i>diltiazem hcl tab 60 mg</i>	88
<i>DIFICID SUS</i>	134	<i>diltiazem hcl tab 90 mg</i>	88
<i>DIFICID TAB 200MG</i>	134	<i>dimethyl fumarate capsule delayed release 120 mg</i>	175
<i>DIFLUCAN SUS 10MG/ML</i>	51	<i>dimethyl fumarate capsule delayed release 240 mg</i>	175
<i>DIFLUCAN SUS 40MG/ML</i>	51	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	175
<i>DIFLUCAN TAB 100MG</i>	51	<i>DIP/TET PED INJ 25-5LFU</i>	181
<i>DIFLUCAN TAB 150MG</i>	51	<i>DIPENTUM CAP 250MG</i>	125
<i>DIFLUCAN TAB 200MG</i>	51	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	49
<i>DIFLUCAN TAB 50MG</i>	51	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	49
<i>diflunisal tab 500 mg</i>	15	<i>DIPROLENE OIN 0.05%</i>	109
<i>difluprednate ophth emulsion 0.05%</i>	169	<i>dipyridamole tab 25 mg</i>	129
<i>digoxin oral soln 0.05 mg/ml</i>	89	<i>dipyridamole tab 50 mg</i>	129
<i>digoxin tab 125 mcg (0.125 mg)</i>	89	<i>dipyridamole tab 75 mg</i>	129
<i>digoxin tab 250 mcg (0.25 mg)</i>	89	<i>disopyramide phosphate cap 100 mg</i>	29
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	89	<i>disopyramide phosphate cap 150 mg</i>	29
<i>DILAUDID LIQ 1MG/ML</i>	16	<i>disulfiram tab 250 mg</i>	172
<i>DILAUDID TAB 2MG</i>	16	<i>disulfiram tab 500 mg</i>	172
<i>DILAUDID TAB 4MG</i>	16	<i>DITROPAN XL TAB 10MG</i>	183
<i>DILAUDID TAB 8MG</i>	16	<i>DITROPAN XL TAB 5MG</i>	183
<i>diltiazem hcl cap er 12hr 120 mg</i>	87		
<i>diltiazem hcl cap er 12hr 60 mg</i>	87		
<i>diltiazem hcl cap er 12hr 90 mg</i>	87		
<i>diltiazem hcl cap er 24hr 120 mg</i>	87		
<i>diltiazem hcl cap er 24hr 180 mg</i>	87		
<i>diltiazem hcl cap er 24hr 240 mg</i>	87		
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	87		
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	87		

DIURIL SUS 250/5ML	117	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	
<i>divalproex sodium cap delayed release</i>		.....	131
<i>sprinkle 125 mg</i>	40	<i>doxepin hcl cap 100 mg</i>	44
<i>divalproex sodium tab delayed release 125</i>		<i>doxepin hcl cap 10 mg</i>	44
<i>mg</i>	40	<i>doxepin hcl cap 150 mg</i>	44
<i>divalproex sodium tab delayed release 250</i>		<i>doxepin hcl cap 25 mg</i>	44
<i>mg</i>	40	<i>doxepin hcl cap 50 mg</i>	44
<i>divalproex sodium tab delayed release 500</i>		<i>doxepin hcl cap 75 mg</i>	44
<i>mg</i>	40	<i>doxepin hcl conc 10 mg/ml</i>	44
<i>divalproex sodium tab er 24 hr 250 mg</i>	40	<i>doxercalciferol cap 0.5 mcg</i>	119
<i>divalproex sodium tab er 24 hr 500 mg</i>	40	<i>doxercalciferol cap 1 mcg</i>	119
DIVIGEL GEL 0.25MG	122	<i>doxercalciferol cap 2.5 mcg</i>	119
DIVIGEL GEL 0.5MG	122	<i>doxycycline hyclate cap 100 mg</i>	179
DIVIGEL GEL 0.75MG	122	<i>doxycycline hyclate cap 50 mg</i>	179
DIVIGEL GEL 1.25MG	122	<i>doxycycline hyclate tab 100 mg</i>	179
DIVIGEL GEL 1MG/GM	122	<i>doxycycline hyclate tab 20 mg</i>	179
<i>dofetilide cap 125 mcg (0.125 mg)</i>	29	<i>doxycycline monohydrate cap 100 mg</i> ...	179
<i>dofetilide cap 250 mcg (0.25 mg)</i>	29	<i>doxycycline monohydrate cap 50 mg</i>	179
<i>dofetilide cap 500 mcg (0.5 mg)</i>	29	<i>doxycycline monohydrate for susp 25</i>	
<i>donepezil hydrochloride orally</i>		<i>mg/5ml</i>	179
<i>disintegrating tab 10 mg</i>	173	<i>doxycycline monohydrate tab 100 mg</i>	179
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate tab 150 mg</i>	179
<i>disintegrating tab 5 mg</i>	173	<i>doxycycline monohydrate tab 50 mg</i>	179
<i>donepezil hydrochloride tab 10 mg</i>	173	<i>doxycycline monohydrate tab 75 mg</i>	179
<i>donepezil hydrochloride tab 23 mg</i>	173	<i>doxylamine-pyridoxine tab delayed release</i>	
<i>donepezil hydrochloride tab 5 mg</i>	173	<i>10-10 mg</i>	50
DONNATAL ELX GRAPE.....	181	DRISDOL CAP 50000UNT	186
DONNATAL ELX MINT.....	181	<i>dronabinol cap 10 mg</i>	50
DONNATAL TAB 16.2MG	181	<i>dronabinol cap 2.5 mg</i>	50
DOPTLET TAB 20MG.....	130	<i>dronabinol cap 5 mg</i>	50
DORAL TAB 15MG	132	DROPLET GENT MIS LANCING	137
<i>dorzolamide hcl ophth soln 2%</i>	170	DROPLET LANC MIS 30G.....	137
<i>dorzolamide hcl-timolol maleate ophth soln</i>		DROPLET LANC MIS DEVICE.....	137
<i>2-0.5%</i>	166	DROPLET PERS MIS LANC 30G	137
<i>dorzolamide hcl-timolol maleate pf ophth</i>		DROPSAFE MIS SICURA.....	151
<i>soln 2-0.5%</i>	166	<i>drospirenone-ethinyl estradiol tab 3-0.02</i>	
DORZOLAMIDE SOL 2%.....	170	<i>mg</i>	95
DOVATO TAB 50-300MG.....	81	<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>doxazosin mesylate tab 1 mg</i>	58	<i>mg</i>	95
<i>doxazosin mesylate tab 2 mg</i>	58	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>doxazosin mesylate tab 4 mg</i>	58	<i>tab 3-0.02-0.451 mg</i>	95
<i>doxazosin mesylate tab 8 mg</i>	58	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>		<i>tab 3-0.03-0.451 mg</i>	95
.....	131	DROXIA CAP 200MG	129

DROXIA CAP 300MG	129	EASY PLUS II SOL HIGH.....	138
DROXIA CAP 400MG.....	130	EASY PLUS II SOL LOW	138
<i>droxidopa cap 100 mg</i>	186	EASYPOINT MIS 18GX1.....	151
<i>droxidopa cap 200 mg</i>	186	EASYPOINT MIS 18GX1.5	151
<i>droxidopa cap 300 mg</i>	186	EASYPOINT MIS 22GX1.5.....	151
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<i>duloxetine hcl enteric coated pellets cap 20</i> <i>mg (base eq)</i>	43	EASY TALK PL SOL HIGH	138
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg (base eq)</i>	43	EASY TALK PL SOL LOW.....	138
<i>duloxetine hcl enteric coated pellets cap 40</i> <i>mg (base eq)</i>	43	EASY TALK SOL HIGH	138
<i>duloxetine hcl enteric coated pellets cap 60</i> <i>mg (base eq)</i>	43	EASY TALK SOL LOW	138
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DUPIXENT INJ 100/0.67	111	EASY TOUCH LIQ HIGH/LOW	138
DUPIXENT INJ 200/1.14	111	EASY TOUCH MIS.....	138
DUPIXENT INJ 200MG.....	111	EASY TOUCH MIS /EJECTOR.....	138
DUPIXENT INJ 300/2ML.....	111	EASY TOUCH MIS LANC/21G	138
DUREZOL EMU 0.05%	169	EASY TOUCH MIS LANC/23G	138
<i>dutasteride cap 0.5 mg</i>	127	EASY TOUCH MIS LANC/26G	138
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	127	EASY TOUCH MIS LANC/28G	138
E		EASY TOUCH MIS LANC/30G	138
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<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	81	<i>emtricitabine caps 200 mg</i>	81
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		<i>etodolac tab er 24hr 400 mg</i>	12
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<i>fluocinolone acetonide soln 0.01%</i>	<i>fluvastatin sodium cap 20 mg (base equivalent)</i>
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.....132114
<i>flurbiprofen sodium ophth soln 0.03%</i>	FORA LANCETS MIS 30G
.....170139
<i>flurbiprofen tab 100 mg</i>	FORA MIS LANCETS
.....12139
<i>flurbiprofen tab 50 mg</i>	FORA MIS LANCING
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<i>fluticasone propionate lotion 0.05%</i>	
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<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	60
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	60
<i>fosinopril sodium tab 10 mg</i>	56
<i>fosinopril sodium tab 20 mg</i>	56
<i>fosinopril sodium tab 40 mg</i>	56
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<i>gabapentin (once-daily) tab 600 mg</i>	177
<i>gabapentin cap 100 mg</i>	36
<i>gabapentin cap 300 mg</i>	36
<i>gabapentin cap 400 mg</i>	36
<i>gabapentin oral soln 250 mg/5ml</i>	36
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<i>gentamicin sulfate ophth oint 0.3%</i>	167	<i>glipizide-metformin hcl tab 5-500 mg</i>	45
<i>gentamicin sulfate ophth soln 0.3%</i>	168	<i>glipizide tab 10 mg</i>	49
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GENTEEL TIPS MIS CLEAR	140	GLUC CONTROL LIQ NORMAL	140
GENTEEL TIPS MIS GREEN	140	GLUC CONTROL SOL	140
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GLARGIN YFGN SOL 100U/ML	48	GLUTARALDEHY SOL 25%	80
<i>glatiramer acetate soln prefilled syringe 20</i> <i>mg/ml</i>	175	<i>glyburide-metformin tab 1.25-250 mg</i>	45
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	175	<i>glyburide-metformin tab 2.5-500 mg</i>	45
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GLEOSTINE CAP 10MG	64	<i>glyburide micronized tab 1.5 mg</i>	49
GLEOSTINE CAP 40MG	64	<i>glyburide micronized tab 3 mg</i>	49
<i>glimepiride tab 1 mg</i>	48	<i>glyburide micronized tab 6 mg</i>	49
<i>glimepiride tab 2 mg</i>	48	<i>glyburide tab 1.25 mg</i>	49
<i>glimepiride tab 4 mg</i>	49	<i>glyburide tab 2.5 mg</i>	49
		<i>glyburide tab 5 mg</i>	49

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mg/2ml (0.2 mg/ml)	181
<i>glycopyrrolate oral soln 1 mg/5ml</i>	181
<i>glycopyrrolate tab 1 mg</i>	181
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<i>griseofulvin ultramicrosize tab 250 mg</i>	51
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	99
<i>guanfacine hcl tab 1 mg</i>	58
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<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
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<i>halobetasol propionate oint 0.05%</i>	110
<i>haloperidol decanoate im soln 100 mg/ml</i>	
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<i>haloperidol decanoate im soln 50 mg/ml</i>	76
<i>haloperidol lactate inj 5 mg/ml</i>	76
<i>haloperidol lactate oral conc 2 mg/ml</i>	76
<i>haloperidol tab 0.5 mg</i>	76
<i>haloperidol tab 10 mg</i>	76
<i>haloperidol tab 1 mg</i>	76
<i>haloperidol tab 20 mg</i>	76
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HEMLIBRA INJ 150/ML.....	128	hydrocodone-acetaminophen tab 5-300 mg	21
HEMLIBRA INJ 300/2ML	128	hydrocodone-acetaminophen tab 5-325 mg	21
HEMLIBRA INJ 30MG/ML.....	128	hydrocodone-acetaminophen tab 7.5-300 mg	21
HEMLIBRA INJ 60/0.4.....	128	hydrocodone-acetaminophen tab 7.5-325 mg	21
HEMLIBRA SOL 12/0.4ML	128	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	99
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	34	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	99
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<i>heparin sodium (porcine) inj 20000 unit/ml</i>	34	hydrocodone bitartrate cap er 12hr 15 mg.	17
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	34	hydrocodone bitartrate cap er 12hr 20 mg	17
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	34	hydrocodone bitartrate cap er 12hr 30 mg	17
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HLTHY ACCNTS MIS LANC 30G	141	hydrocodone bitartrate tab er 24hr deter 20 mg	17
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<i>hydralazine hcl tab 10 mg</i>	62		
<i>hydralazine hcl tab 25 mg</i>	62		
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<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>99	<i>hyoscyamine sulfate soln 0.125 mg/ml</i>181
<i>hydrocortisone acetate suppos 25 mg</i>24	<i>hyoscyamine sulfate tab 0.125 mg</i>181
<i>hydrocortisone acetate suppos 30 mg</i>24	<i>hyoscyamine sulfate tab disint 0.125 mg</i> .181
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>24	HYPERSAL NEB 3.5%.....100
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>24	HYPERSAL NEB 7%100
<i>hydrocortisone butyrate cream 0.1%</i>110	HYPOLANCE KIT LANCING.....141
<i>hydrocortisone butyrate oint 0.1%</i>110	HYPO NEEDLE MIS 14GX1152
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<i>hydrocortisone cream 2.5%</i>110	HYPO NEEDLE MIS 14GX2152
<i>hydrocortisone enema 100 mg/60ml</i>23	HYPO NEEDLE MIS 16GX1152
<i>hydrocortisone lotion 2.5%</i>110	HYPO NEEDLE MIS 16GX1.5.....152
<i>hydrocortisone oint 2.5%</i>110	HYPO NEEDLE MIS 16GX3/4152
<i>hydrocortisone perianal cream 2.5%</i>24	HYPO NEEDLE MIS 16GX5/8152
<i>hydrocortisone tab 10 mg</i>98	HYPO NEEDLE MIS 18GX1152
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<i>hydrocortisone valerate oint 0.2%</i>110	HYPO NEEDLE MIS 20GX1152
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>171	HYPO NEEDLE MIS 20GX1.5152
<i>hydrogen peroxide soln 30%</i>80	HYPO NEEDLE MIS 21GX1152
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<i>ibuprofen tab 400 mg</i>	12	<i>indapamide tab 2.5 mg</i>	117
<i>ibuprofen tab 600 mg</i>	12	<i>indomethacin cap 25 mg</i>	12
<i>ibuprofen tab 800 mg</i>	12	<i>indomethacin cap 50 mg</i>	12
<i>icatibant acetate subcutaneous soln pref</i>		<i>indomethacin cap er 75 mg</i>	12
<i>syr 30 mg/3ml</i>	128	<i>indomethacin suppos 50 mg</i>	12
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MEDLANCE PLS MIS LITE 25G.....	143	<i>meperidine hcl oral soln 50 mg/5ml</i>	18
MEDLANCE PLS MIS UNIV 21G	143	<i>meperidine hcl tab 50 mg</i>	18
MEDROL TAB 16MG	98	MEPHYTON TAB 5MG	186
MEDROL TAB 2MG	98	<i>meprobamate tab 200 mg</i>	28
MEDROL TAB 4MG	98	<i>meprobamate tab 400 mg</i>	28
MEDROL TAB 8MG	98	MEPRON SUS	25
<i>medroxyprogesterone acetate im susp 150</i>		<i>mercaptapurine tab 50 mg</i>	64
<i>mg/ml</i>	97	<i>mesalamine cap dr 400 mg</i>	125
<i>medroxyprogesterone acetate im susp</i>		<i>mesalamine cap er 24hr 0.375 gm</i>	125
<i>prefilled syr 150 mg/ml</i>	97	<i>mesalamine cap er 500 mg</i>	125
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>mesalamine enema 4 gm</i>	125
.....	172	<i>mesalamine rectal enema 4 gm & cleanser</i>	
<i>medroxyprogesterone acetate tab 2.5 mg</i>		<i>wipe kit</i>	125
.....	172	<i>mesalamine suppos 1000 mg</i>	125
<i>medroxyprogesterone acetate tab 5 mg</i>	172	<i>mesalamine tab delayed release 1.2 gm</i>	125
<i>mefenamic acid cap 250 mg</i>	12	<i>mesalamine tab delayed release 800 mg</i>	
<i>mefloquine hcl tab 250 mg</i>	62	125
<i>megestrol acetate susp 40 mg/ml</i>	66	MESNEX TAB 400MG	71
<i>megestrol acetate susp 625 mg/5ml</i>	172	MESTINON SOL 60MG/5ML	63
<i>megestrol acetate tab 20 mg</i>	66	MESTINON TAB 60MG.....	63
<i>megestrol acetate tab 40 mg</i>	66	MESTINON TAB TIMESPAN	63
MEIJER LANCE MIS COLOR	143	<i>metaxalone tab 800 mg</i>	164
MEIJER LANCE MIS UNIV 21G	143	<i>metformin hcl oral soln 500 mg/5ml</i>	46
MEIJER LANCE MIS UNIV 30G	143	<i>metformin hcl tab 1000 mg</i>	46
MEIJER LANCE MIS UNIVERSA.....	143	<i>metformin hcl tab 500 mg</i>	46
MEIJER MIS LANCETS.....	143	<i>metformin hcl tab 850 mg</i>	46
MEKINIST SOL 0.05/ML	69	<i>metformin hcl tab er 24hr 500 mg</i>	46
MEKTOVI TAB 15MG	69	<i>metformin hcl tab er 24hr 750 mg</i>	46
<i>meloxicam susp 7.5 mg/5ml</i>	12	<i>methadone hcl conc 10 mg/ml</i>	18
<i>meloxicam tab 15 mg</i>	12	<i>methadone hcl soln 10 mg/5ml</i>	18
<i>meloxicam tab 7.5 mg</i>	12	<i>methadone hcl soln 5 mg/5ml</i>	18

<i>methadone hcl tab 10 mg</i>	18	<i>methscopolamine bromide tab 5 mg</i>	182
<i>methadone hcl tab 5 mg</i>	18	<i>methsuximide cap 300 mg</i>	40
<i>methadone hcl tab for oral susp 40 mg</i>	18	<i>methyldopa tab 250 mg</i>	58
METHADOSE CON 10MG/ML.....	18	<i>methyldopa tab 500 mg</i>	58
METHADOSE SF CON 10MG/ML	18	<i>methylergonovine maleate tab 0.2 mg</i>	171
<i>methamphetamine hcl tab 5 mg</i>	2	METHYLIN SOL 10MG/5ML.....	4
<i>methazolamide tab 25 mg</i>	115	METHYLIN SOL 5MG/5ML	4
<i>methazolamide tab 50 mg</i>	115	<i>methylphenidate hcl cap er 10 mg (cd)</i>	4
<i>methenamine hippurate tab 1 gm</i>	26	<i>methylphenidate hcl cap er 20 mg (cd)</i>	4
<i>methenamine-hyoscamine-meth blue-sod</i> <i>phos tab 81.6 mg</i>	25	<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	4
<i>methenamine-hyosc-meth blue-benz acid-</i> <i>phenyl sal tab 81.6mg</i>	25	<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	4
<i>methenamine-hyosc-meth blue-sod phos-</i> <i>phen sal cap 118 mg</i>	25	<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	4
<i>methenamine-hyosc-meth blue-sod phos-</i> <i>phen sal cap 120 mg</i>	25	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	4
<i>methenamine-hyosc-meth blue-sod phos-</i> <i>phen sal tab 81 mg</i>	25	<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	4
<i>methenamine-hyos-meth blue-sod phos-</i> <i>phen sal tab 81.6 mg</i>	25	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	4
<i>methenamine mandelate tab 0.5 gm</i>	26	<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	4
<i>methenamine mandelate tab 1 gm</i>	26	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	4
<i>methimazole tab 10 mg</i>	179	<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	4
<i>methimazole tab 5 mg</i>	179	<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	4
METHITEST TAB 10MG	23	<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	4
<i>methocarbamol tab 1000 mg</i>	164	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	4
<i>methocarbamol tab 500 mg</i>	164	<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	4
<i>methocarbamol tab 750 mg</i>	164	<i>methylphenidate hcl cap er 30 mg (cd)</i>	4
<i>methotrexate sodium for inj 1 gm</i>	64	<i>methylphenidate hcl cap er 40 mg (cd)</i>	4
<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i>	64	<i>methylphenidate hcl cap er 50 mg (cd)</i>	4
<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	64	<i>methylphenidate hcl cap er 60 mg (cd)</i>	4
<i>methotrexate sodium inj pf 1000 mg/40ml</i> <i>(25 mg/ml)</i>	64	<i>methylphenidate hcl chew tab 10 mg</i>	4
<i>methotrexate sodium inj pf 250 mg/10ml</i> <i>(25 mg/ml)</i>	64	<i>methylphenidate hcl chew tab 2.5 mg</i>	4
<i>methotrexate sodium inj pf 50 mg/2ml (25</i> <i>mg/ml)</i>	64	<i>methylphenidate hcl chew tab 5 mg</i>	4
<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	64	<i>methylphenidate hcl soln 10 mg/5ml</i>	4
<i>methoxsalen rapid cap 10 mg</i>	106	<i>methylphenidate hcl soln 5 mg/5ml</i>	4
<i>methscopolamine bromide tab 2.5 mg</i> ...	182	<i>methylphenidate hcl tab 10 mg</i>	4
		<i>methylphenidate hcl tab 20 mg</i>	4

<i>methylphenidate hcl tab 5 mg</i>	4	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	60
<i>methylphenidate hcl tab er 10 mg</i>	4	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	86
<i>methylphenidate hcl tab er 20 mg</i>	4	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	86
<i>methylphenidate hcl tab er 24hr 18 mg</i>	4	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	86
<i>methylphenidate hcl tab er 24hr 27 mg</i>	4	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	86
<i>methylphenidate hcl tab er 24hr 36 mg</i>	4	<i>metoprolol tartrate tab 100 mg</i>	86
<i>methylphenidate hcl tab er 24hr 54 mg</i>	4	<i>metoprolol tartrate tab 25 mg</i>	86
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	4	<i>metoprolol tartrate tab 37.5 mg</i>	86
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	4	<i>metoprolol tartrate tab 50 mg</i>	86
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	4	<i>metoprolol tartrate tab 75 mg</i>	86
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	4	<i>METROCREAM CRE 0.75%</i>	113
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	5	<i>METROGEL GEL 1%</i>	114
<i>methylphenidate td patch 10 mg/9hr</i>	5	<i>METROLOTION LOT 0.75%</i>	114
<i>methylphenidate td patch 15 mg/9hr</i>	5	<i>metronidazole cap 375 mg</i>	24
<i>methylphenidate td patch 20 mg/9hr</i>	5	<i>metronidazole cream 0.75%</i>	114
<i>methylphenidate td patch 30 mg/9hr</i>	5	<i>metronidazole gel 0.75%</i>	114
<i>methylprednisolone tab 16 mg</i>	98	<i>metronidazole gel 1%</i>	114
<i>methylprednisolone tab 32 mg</i>	98	<i>metronidazole lotion 0.75%</i>	114
<i>methylprednisolone tab 4 mg</i>	98	<i>metronidazole tab 250 mg</i>	24
<i>methylprednisolone tab 8 mg</i>	98	<i>metronidazole tab 500 mg</i>	24
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	98	<i>metronidazole vaginal gel 0.75%</i>	185
<i>methyltestosterone cap 10 mg</i>	23	<i>metyrosine cap 250 mg</i>	57
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	124	<i>mexiletine hcl cap 150 mg</i>	29
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	124	<i>mexiletine hcl cap 200 mg</i>	29
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	125	<i>mexiletine hcl cap 250 mg</i>	29
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	124	<i>miconazole nitrate vaginal suppos 200 mg</i>	185
<i>metolazone tab 10 mg</i>	117	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	103
<i>metolazone tab 2.5 mg</i>	117	<i>MICROCHAMBER MIS</i>	157
<i>metolazone tab 5 mg</i>	117	<i>MICRODOT CON SOL HIGH/LOW</i>	143
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	61	<i>MICROLET MIS LANCETS</i>	143
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	61	<i>MICROLET MIS NEXT</i>	143
		<i>MICROSPACER MIS</i>	157
		<i>MICRO THIN MIS LANC 33G</i>	143
		<i>midodrine hcl tab 10 mg</i>	186
		<i>midodrine hcl tab 2.5 mg</i>	186
		<i>midodrine hcl tab 5 mg</i>	186
		<i>MIFEPREX TAB 200MG</i>	121

<i>mifepristone tab 200 mg</i>	121	<i>misoprostol tab 200 mcg</i>	183
<i>mifepristone tab 300 mg</i>	46	MITIGARE CAP 0.6MG.....	128
<i>miglitol tab 100 mg</i>	45	MITOSOL KIT 0.2MG.....	168
<i>miglitol tab 25 mg</i>	45	MM LANCING MIS DEVICE	143
<i>miglitol tab 50 mg</i>	45	MM TWIST MIS LANCETS.....	143
<i>miglustat cap 100 mg</i>	129	MOBILE LANCE MIS 30G	143
MIGRANAL SPR 4MG/ML	158	<i>modafinil tab 100 mg</i>	5
MINI LANCING MIS DEVICE.....	143	<i>modafinil tab 200 mg</i>	5
MINIPRESS CAP 1MG	58	MODERNA INJ 2024-25	184
MINIPRESS CAP 2MG	58	<i>moexipril hcl tab 15 mg</i>	56
MINIPRESS CAP 5MG	58	<i>moexipril hcl tab 7.5 mg</i>	56
<i>minocycline hcl cap 100 mg</i>	179	<i>molindone hcl tab 10 mg</i>	78
<i>minocycline hcl cap 50 mg</i>	179	<i>molindone hcl tab 25 mg</i>	78
<i>minocycline hcl cap 75 mg</i>	179	<i>molindone hcl tab 5 mg</i>	78
<i>minocycline hcl tab 100 mg</i>	179	<i>mometasone furoate cream 0.1%</i>	110
<i>minocycline hcl tab 50 mg</i>	179	<i>mometasone furoate oint 0.1%</i>	110
<i>minocycline hcl tab 75 mg</i>	179	<i>mometasone furoate solution 0.1% (lotion)</i>	110
<i>minocycline hcl tab er 24hr biphasic release</i> <i>105 mg</i>	179	MONOLET MIS LANCETS.....	143
<i>minocycline hcl tab er 24hr biphasic release</i> <i>135 mg</i>	179	MONOLET OPD MIS LANCETS	143
<i>minoxidil tab 10 mg</i>	62	MONOLETTOR MIS LANCETS.....	143
<i>minoxidil tab 2.5 mg</i>	62	<i>montelukast sodium chew tab 4 mg (base</i> <i>equiv)</i>	30
<i>mirabegron tab er 24 hr 25 mg</i>	184	<i>montelukast sodium chew tab 5 mg (base</i> <i>equiv)</i>	31
<i>mirabegron tab er 24 hr 50 mg</i>	184	<i>montelukast sodium oral granules packet 4</i> <i>mg (base equiv)</i>	31
MIRAPEX ER TAB 0.375MG.....	72	<i>montelukast sodium tab 10 mg (base equiv)</i>	31
MIRAPEX ER TAB 0.75MG	72	MONUROL PAK GRANULES.....	26
MIRAPEX ER TAB 1.5MG	72	<i>morphine sulfate beads cap er 24hr 120 mg</i>	18
MIRAPEX ER TAB 2.25MG	72	<i>morphine sulfate beads cap er 24hr 30 mg</i>	18
MIRAPEX ER TAB 3.75MG	72	<i>morphine sulfate beads cap er 24hr 45 mg</i>	18
MIRAPEX ER TAB 3MG.....	72	<i>morphine sulfate beads cap er 24hr 60 mg</i>	18
MIRAPEX ER TAB 4.5MG	72	<i>morphine sulfate beads cap er 24hr 75 mg</i>	18
MIRCETTE TAB 28 DAY.....	95	<i>morphine sulfate beads cap er 24hr 90 mg</i>	18
<i>mirtazapine orally disintegrating tab 15 mg</i>	40	<i>morphine sulfate cap er 24hr 100 mg</i>	19
<i>mirtazapine orally disintegrating tab 30 mg</i>	40	<i>morphine sulfate cap er 24hr 10 mg</i>	18
<i>mirtazapine orally disintegrating tab 45 mg</i>	40		
<i>mirtazapine tab 15 mg</i>	40		
<i>mirtazapine tab 30 mg</i>	40		
<i>mirtazapine tab 45 mg</i>	40		
<i>mirtazapine tab 7.5 mg</i>	40		
<i>misoprostol tab 100 mcg</i>	183		

<i>morphine sulfate cap er 24hr 20 mg</i>	18	MULIT-DRAW MIS 22GX1.5	153
<i>morphine sulfate cap er 24hr 30 mg</i>	18	MULTAQ TAB 400MG	29
<i>morphine sulfate cap er 24hr 50 mg</i>	18	MULTI-LANCET KIT DEVICE	143
<i>morphine sulfate cap er 24hr 60 mg</i>	18	MULTI-LANCET MIS DEVICE	143
<i>morphine sulfate cap er 24hr 80 mg</i>	19	<i>mupirocin oint 2%</i>	103
<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	19	MUSE SUP 1000MCG	91
<i>morphine sulfate oral soln 10 mg/5ml</i>	19	MUSE SUP 250MCG	91
<i>morphine sulfate oral soln 20 mg/5ml</i>	19	MUSE SUP 500MCG	91
<i>morphine sulfate suppos 10 mg</i>	19	MYALEPT INJ 11.3MG	119
<i>morphine sulfate suppos 20 mg</i>	19	MYAMBUTOL TAB 400MG	63
<i>morphine sulfate suppos 30 mg</i>	19	MYCOBUTIN CAP 150MG	63
<i>morphine sulfate suppos 5 mg</i>	19	<i>mycophenolate mofetil cap 250 mg</i>	162
<i>morphine sulfate tab 15 mg</i>	19	<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i>	162
<i>morphine sulfate tab 30 mg</i>	19	<i>mycophenolate mofetil tab 500 mg</i>	162
<i>morphine sulfate tab er 100 mg</i>	19	<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	162
<i>morphine sulfate tab er 15 mg</i>	19	<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	162
<i>morphine sulfate tab er 200 mg</i>	19	MYFEMBREE TAB	122
<i>morphine sulfate tab er 30 mg</i>	19	MYFORTIC TAB 180MG	162
<i>morphine sulfate tab er 60 mg</i>	19	MYFORTIC TAB 360MG	162
MOUNJARO INJ 10MG/0.5	47	MYGLUCOHEALT MIS LANC 30G	143
MOUNJARO INJ 12.5/0.5	47	MYGLUCOHEALT SOL LO/NL/HI	143
MOUNJARO INJ 15MG/0.5	47	MYLERAN TAB 2MG	64
MOUNJARO INJ 2.5/0.5	47	MYSOLINE TAB 250MG	37
MOUNJARO INJ 5MG/0.5	47	MYSOLINE TAB 50MG	37
MOUNJARO INJ 7.5/0.5	47	N	
MOVANTIK TAB 12.5MG	126	<i>nabumetone tab 500 mg</i>	12
MOVANTIK TAB 25MG	126	<i>nabumetone tab 750 mg</i>	12
<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i> <i>(2 times daily)</i>	168	<i>nadolol tab 20 mg</i>	86
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	168	<i>nadolol tab 40 mg</i>	86
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	124	<i>nadolol tab 80 mg</i>	86
MPD SFTY LAN MIS 21G	143	NAFRINSE DLY SOL /NEUTRAL	164
MPD SFTY LAN MIS 23G	143	NAFRINSE SOL DAILY	164
MPD SFTY LAN MIS 28G	143	NAFRINSE WK SOL 0.2%	164
MPD SFTY LAN MIS 30G	143	<i>naftifine hcl cream 1%</i>	103
MRESVIA INJ 50MCG	184	<i>naftifine hcl cream 2%</i>	103
MS CONTIN TAB 100MG ER	19	<i>naftifine hcl gel 2%</i>	103
MS CONTIN TAB 15MG ER	19	NAFTIN GEL 1%	103
MS CONTIN TAB 200MG ER	19	NAFTIN GEL 2%	103
MS CONTIN TAB 30MG ER	19	NALFON CAP 400MG	12
MS CONTIN TAB 60MG ER	19	NALFON TAB 600MG	13
		<i>naloxone hcl inj 0.4 mg/ml</i>	50

<i>naloxone hcl inj 4 mg/10ml</i>	50	<i>neбиволол hcl tab 2.5 mg (base equivalent)</i>	86
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	50	.....	86
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	50	<i>neбиволол hcl tab 20 mg (base equivalent)</i>	86
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	50	<i>neбиволол hcl tab 5 mg (base equivalent)</i> ..	86
<i>naltrexone hcl tab 50 mg</i>	50	NEBUSAL NEB 6%	100
NAMENDA TAB 10MG.....	173	NEEDLES MIS 18GX1	153
NAMENDA TAB 5-10MG.....	173	NEEDLES MIS 18GX1.5	153
NAMENDA TAB 5MG	173	NEEDLES MIS 22GX1.5	154
NAMENDA XR CAP 14MG	173	NEEDLES MIS 23GX1.5	154
NAMENDA XR CAP 21MG	173	NEEDLES MIS 25GX1.....	154
NAMENDA XR CAP 28MG.....	173	<i>nefazodone hcl tab 100 mg</i>	42
NAMENDA XR CAP 7MG	173	<i>nefazodone hcl tab 150 mg</i>	42
NAMZARIC CAP	173	<i>nefazodone hcl tab 200 mg</i>	42
NAMZARIC CAP 14-10MG	173	<i>nefazodone hcl tab 250 mg</i>	42
NAMZARIC CAP 21-10MG	173	<i>nefazodone hcl tab 50 mg</i>	42
NAMZARIC CAP 28-10MG	173	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	168
NAMZARIC CAP 7-10MG.....	173	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	168
NAPROSYN SUS 125/5ML.....	13	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	169
NAPROSYN TAB 500MG.....	13	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	169
<i>naproxen sodium tab 275 mg</i>	13	<i>neomycin-polymyxin-hc ophth susp</i>	169
<i>naproxen sodium tab 550 mg</i>	13	<i>neomycin-polymyxin-hc otic soln 1%</i>	170
<i>naproxen tab 250 mg</i>	13	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	170
<i>naproxen tab 375 mg</i>	13	<i>neomycin sulfate tab 500 mg</i>	5
<i>naproxen tab 500 mg</i>	13	NEORAL CAP 100MG.....	162
<i>naproxen tab ec 375 mg</i>	13	NEORAL CAP 25MG.....	162
<i>naproxen tab ec 500 mg</i>	13	NEORAL SOL 100MG/ML.....	162
<i>naratriptan hcl tab 1 mg (base equiv)</i>	159	NERLYNX TAB 40MG.....	69
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ..	159	NEUPRO DIS 1MG/24HR	72
NARDIL TAB 15MG	41	NEUPRO DIS 2MG/24HR	73
NASCOBAL SPR 500MCG	130	NEUPRO DIS 3MG/24HR	73
NATACYN SUS 5% OP.....	168	NEUPRO DIS 4MG/24HR	73
NATAZIA TAB	96	NEUPRO DIS 6MG/24HR	73
<i>nateglinide tab 120 mg</i>	48	NEUPRO DIS 8MG/24HR	73
<i>nateglinide tab 60 mg</i>	48	NEURONTIN CAP 100MG	37
NATESTO GEL 5.5MG.....	23	NEURONTIN CAP 300MG.....	38
NATPARA INJ 100MCG.....	117	NEURONTIN CAP 400MG	38
NATPARA INJ 25MCG.....	117	NEURONTIN SOL 250/5ML.....	38
NATPARA INJ 50MCG.....	117	NEURONTIN TAB 600MG	38
NATPARA INJ 75MCG.....	117	NEURONTIN TAB 800MG	38
NATROBA SUS 0.9%	114		
NAYZILAM SPR 5MG.....	36		
<i>neбиволол hcl tab 10 mg (base equivalent)</i> 86			

NEUTEK 2TEK SOL CONTROL.....	143	<i>nisoldipine tab er 24hr 40 mg</i>	88
<i>nevirapine susp 50 mg/5ml</i>	82	<i>nisoldipine tab er 24hr 8.5 mg</i>	88
<i>nevirapine tab 200 mg</i>	82	<i>nitazoxanide tab 500 mg</i>	25
<i>nevirapine tab er 24hr 100 mg</i>	82	<i>nitisinone cap 10 mg</i>	119
<i>nevirapine tab er 24hr 400 mg</i>	82	<i>nitisinone cap 20 mg</i>	119
NEXLETOL TAB 180MG.....	52	<i>nitisinone cap 2 mg</i>	119
NEXLIZET TAB 180/10MG.....	53	<i>nitisinone cap 5 mg</i>	119
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	55	NITRO-BID OIN 2%	27
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	55	NITRO-DUR DIS 0.1MG/HR.....	27
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	55	NITRO-DUR DIS 0.2MG/HR.....	27
NIASPAN TAB 1000 ER	55	NITRO-DUR DIS 0.3MG/HR.....	27
<i>nicardipine hcl cap 20 mg</i>	88	NITRO-DUR DIS 0.4MG/HR.....	27
<i>nicardipine hcl cap 30 mg</i>	88	NITRO-DUR DIS 0.6MG/HR.....	27
<i>nicotine polacrilex gum 2 mg</i>	177	NITRO-DUR DIS 0.8MG/HR.....	27
<i>nicotine polacrilex gum 4 mg</i>	177	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	26
<i>nicotine polacrilex lozenge 2 mg</i>	177	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	26
<i>nicotine polacrilex lozenge 4 mg</i>	177	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	26
<i>nicotine td patch 24hr 14 mg/24hr</i>	177	<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	26
<i>nicotine td patch 24hr 21 mg/24hr</i>	177	<i>nitrofurantoin susp 25 mg/5ml</i>	26
<i>nicotine td patch 24hr 7 mg/24hr</i>	177	<i>nitroglycerin cap er 2.5 mg</i>	27
NICOTROL INH	177	<i>nitroglycerin cap er 6.5 mg</i>	27
NICOTROL NS SPR 10MG/ML	178	<i>nitroglycerin cap er 9 mg</i>	27
<i>nifedipine cap 10 mg</i>	88	<i>nitroglycerin oint 0.4%</i>	24
<i>nifedipine cap 20 mg</i>	88	<i>nitroglycerin sl tab 0.3 mg</i>	27
<i>nifedipine tab er 24hr 30 mg</i>	88	<i>nitroglycerin sl tab 0.4 mg</i>	27
<i>nifedipine tab er 24hr 60 mg</i>	88	<i>nitroglycerin sl tab 0.6 mg</i>	27
<i>nifedipine tab er 24hr 90 mg</i>	88	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	27
<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i>	88	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	27
<i>nifedipine tab er 24hr osmotic release 60</i> <i>mg</i>	88	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	27
<i>nifedipine tab er 24hr osmotic release 90</i> <i>mg</i>	88	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	27
<i>nilutamide tab 150 mg</i>	66	<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	27
<i>nimodipine cap 30 mg</i>	88	NITROLINGUAL SPR 400MCG.....	27
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<i>nisoldipine tab er 24hr 20 mg</i>	88	NIVESTYM INJ 300/0.5.....	130
<i>nisoldipine tab er 24hr 25.5 mg</i>	88	NIVESTYM INJ 300MCG	130
<i>nisoldipine tab er 24hr 30 mg</i>	88	NIVESTYM INJ 480/0.8.....	130
<i>nisoldipine tab er 24hr 34 mg</i>	88		

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<i>nizatidine cap 150 mg</i>	182	<i>norethindrone tab 0.35 mg</i>	97
<i>nizatidine cap 300 mg</i>	182	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	96
NOCDURNA SUB 27.7MCG	120	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	96
NOCDURNA SUB 55.3MCG	121	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	96
NORDITROPIN INJ 10/1.5ML	118	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	96
NORDITROPIN INJ 15/1.5ML	118	NORM-JECT MIS LUER LOK	154
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NORDITROPIN INJ 5/1.5ML	118	NORPACE CAP 150MG CR	29
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	97	NORPRAMIN TAB 10MG	44
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	96	NORPRAMIN TAB 25MG	44
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	96	<i>nortriptyline hcl cap 10 mg</i>	44
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	96	<i>nortriptyline hcl cap 25 mg</i>	44
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	96	<i>nortriptyline hcl cap 50 mg</i>	44
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	96	<i>nortriptyline hcl cap 75 mg</i>	44
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	96	<i>nortriptyline hcl soln 10 mg/5ml</i>	44
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<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	96	NOVA MAX PLS TES KETONE	114
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	96	NOVA SAFETY MIS LANC 23G	143
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	96	NOVA SAFETY MIS LANC 28G	143
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	96	NOVA SUREFLX MIS LANC DEV	143
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	96	NOVA SURE MIS LANCETS	143
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	96	NOVOLIN INJ 70/30	48
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	96	NOVOLIN INJ 70/30 FP	48
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	122	NOVOLIN N INJ 100 UNIT	48
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	122	NOVOLIN N INJ U-100	48
<i>norethindrone acetate tab 5 mg</i>	172	NOVOLIN R INJ 100 UNIT	48
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	96	NOVOLIN R INJ U-100	48
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	96	NOVOLOG INJ 100/ML	48
		NOVOLOG INJ FLEXPEN	48
		NOVOLOG INJ PENFILL	48
		NOVOLOG MIX INJ 70/30	48
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NUBEQA TAB 300MG	66	<i>ofloxacin ophth soln 0.3%</i>	168
NUCALA INJ 100MG/ML	30	<i>ofloxacin otic soln 0.3%</i>	170
NUCALA INJ 40MG/0.4.....	30	<i>ofloxacin tab 300 mg</i>	124
NUCORT LOT 2%	110	<i>ofloxacin tab 400 mg</i>	124
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NUPLAZID TAB 10MG.....	75	<i>olanzapine-fluoxetine hcl cap 12-50 mg</i> ..	174
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<i>unit/gm-%</i>	103	<i>olanzapine orally disintegrating tab 5 mg</i> ..77	
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<i>unit/gm-%</i>	103	<i>olanzapine tab 15 mg</i>	77
NYVEPRIA INJ 6/0.6ML	130	<i>olanzapine tab 2.5 mg</i>	77
o		<i>olanzapine tab 20 mg</i>	77
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<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	121	<i>hydrochlorothiazide tab 20-5-12.5 mg</i> ...61	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	121	<i>hydrochlorothiazide tab 40-10-12.5 mg</i> ..61	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	121	<i>hydrochlorothiazide tab 40-10-25 mg</i> ...61	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	121	<i>hydrochlorothiazide tab 40-5-12.5 mg</i> ...61	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	121	<i>hydrochlorothiazide tab 40-5-25 mg</i>	61
<i>octreotide acetate subcutaneous soln pref</i>		<i>olmesartan medoxomil-</i>	
<i>syr 100 mcg/ml</i>	121	<i>hydrochlorothiazide tab 20-12.5 mg</i>	61
<i>octreotide acetate subcutaneous soln pref</i>		<i>olmesartan medoxomil-</i>	
<i>syr 500 mcg/ml</i>	121	<i>hydrochlorothiazide tab 40-12.5 mg</i>	61
<i>octreotide acetate subcutaneous soln pref</i>		<i>olmesartan medoxomil-</i>	
<i>syr 50 mcg/ml</i>	121	<i>hydrochlorothiazide tab 40-25 mg</i>	61
OCUFLOX DRO 0.3% OP	168	<i>olmesartan medoxomil tab 20 mg</i>	57
ODACTRA SUB	5	<i>olmesartan medoxomil tab 40 mg</i>	57
ODEFSEY TAB.....	82	<i>olmesartan medoxomil tab 5 mg</i>	57
ODOMZO CAP 200MG.....	65	<i>olopatadine hcl nasal soln 0.6%</i>	165

OLUX AER 0.05%	110	<i>opium tincture 1% (10 mg/ml) (morphine</i>	
OMECLAMOX- MIS PAK	183	<i>equiv)</i>	49
<i>omega-3-acid ethyl esters cap 1 gm</i>	53	OPSUMIT TAB 10MG	93
<i>omeprazole cap delayed release 10 mg ..</i>	182	OPSYNVI TAB 10-20MG	90
<i>omeprazole cap delayed release 20 mg ..</i>	182	OPSYNVI TAB 10-40MG	90
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<i>ondansetron hcl oral soln 4 mg/5ml</i>	50	ORENCIA INJ 125MG/ML	14
<i>ondansetron hcl tab 24 mg.....</i>	50	ORENCIA INJ 50/0.4ML.....	14
<i>ondansetron hcl tab 4 mg.....</i>	50	ORENCIA INJ 87.5/0.7.....	14
<i>ondansetron hcl tab 8 mg.....</i>	50	ORENITRAM TAB 0.125MG	92
<i>ondansetron orally disintegrating tab 4 mg</i>	50	ORENITRAM TAB 0.25MG	92
.....	50	ORENITRAM TAB 1MG	92
<i>ondansetron orally disintegrating tab 8 mg</i>	50	ORENITRAM TAB 2.5MG	92
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ONETOUCH TES ULTRA.....	114	ORGOVYX TAB 120MG.....	66
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<i>orphenadrine citrate tab er 12hr 100 mg</i> .	164	<i>oxycodone hcl cap 5 mg</i>	19
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	84	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	19
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	84	<i>oxycodone hcl soln 5 mg/5ml</i>	19
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	85	<i>oxycodone hcl tab 10 mg</i>	20
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	85	<i>oxycodone hcl tab 15 mg</i>	20
OTEZLA TAB 10/20.....	13	<i>oxycodone hcl tab 20 mg</i>	20
OTEZLA TAB 10/20/30	13	<i>oxycodone hcl tab 30 mg</i>	20
OTEZLA TAB 20MG	13	<i>oxycodone hcl tab 5 mg</i>	19
OTEZLA TAB 30MG	13	<i>oxycodone hcl tab abuse deter 15 mg</i>	20
OVACE PLUS CRE 10%.....	108	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	20
OVACE PLUS GEL 10% WASH.....	108	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	20
OVACE PLUS LIQ 10% WASH.....	108	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	20
OVACE PLUS LOT 9.8%	108	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	20
OVACE PLUS SHA 10%.....	108	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	21
OVACE WASH LIQ 10%	108	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	21
OVIDE LOT 0.5%	114	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	21
<i>oxandrolone tab 10 mg</i>	23	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	21
<i>oxandrolone tab 2.5 mg</i>	23	<i>oxymorphone hcl tab 10 mg</i>	20
<i>oxaprozin cap 300 mg</i>	13	<i>oxymorphone hcl tab 5 mg</i>	20
<i>oxaprozin tab 600 mg</i>	13	OZEMPIC INJ 2/1.5ML.....	47
<i>oxazepam cap 10 mg</i>	28	OZEMPIC INJ 2MG/3ML.....	47
<i>oxazepam cap 15 mg</i>	28	OZEMPIC INJ 4MG/3ML.....	47
<i>oxazepam cap 30 mg</i>	28	OZEMPIC INJ 8MG/3ML.....	47
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<i>oxcarbazepine tab 150 mg</i>	38	<i>paliperidone tab er 24hr 1.5 mg</i>	75
<i>oxcarbazepine tab 300 mg</i>	38	<i>paliperidone tab er 24hr 3 mg</i>	75
<i>oxcarbazepine tab 600 mg</i>	38	<i>paliperidone tab er 24hr 6 mg</i>	75
OXERVATE SOL 20MCG/ML	168	<i>paliperidone tab er 24hr 9 mg</i>	75
<i>oxiconazole nitrate cream 1%</i>	103	<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	50
OXISTAT CRE 1%.....	103	PAMELOR CAP 10MG	44
OXISTAT LOT 1%.....	104	PAMELOR CAP 25MG	44
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<i>oxybutynin chloride solution 5 mg/5ml</i> ...	183	PANCREAZE CAP 16800UNT	115
<i>oxybutynin chloride tab 5 mg</i>	183	PANCREAZE CAP 21000UNT	115
<i>oxybutynin chloride tab er 24hr 10 mg</i>	183	PANCREAZE CAP 2600UNIT	115
<i>oxybutynin chloride tab er 24hr 15 mg</i>	183		

PANCREAZE CAP 37000	115	<i>peniclovir cream 1%</i>	108
PANCREAZE CAP 4200UNIT.....	115	<i>penicillamine cap 250 mg</i>	161
PANDEL CRE 0.1%	110	<i>penicillamine tab 250 mg</i>	161
PANRETIN GEL 0.1%.....	104	<i>penicillin v potassium for soln 125 mg/5ml</i>	171
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	182	<i>penicillin v potassium for soln 250 mg/5ml</i>	171
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	182	<i>penicillin v potassium tab 250 mg</i>	171
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	182	<i>penicillin v potassium tab 500 mg</i>	171
<i>paricalcitol cap 1 mcg</i>	119	PENTACEL INJ.....	181
<i>paricalcitol cap 2 mcg</i>	119	<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	22
<i>paricalcitol cap 4 mcg</i>	120	<i>pentoxifylline tab er 400 mg</i>	129
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<i>paroxetine hcl tab 10 mg</i>	42	PERFECT POIN MIS LANC 28G	144
<i>paroxetine hcl tab 20 mg</i>	42	PERFECT POIN MIS LANC 30G.....	144
<i>paroxetine hcl tab 30 mg</i>	42	PERFOROMIST NEB 20MCG	32
<i>paroxetine hcl tab 40 mg</i>	42	PERIDEX SOL 0.12%.....	163
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	42	<i>perindopril erbumine tab 2 mg</i>	56
<i>paroxetine hcl tab er 24hr 25 mg</i>	42	<i>perindopril erbumine tab 4 mg</i>	56
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	42	<i>perindopril erbumine tab 8 mg</i>	56
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<i>pazopanib hcl tab 200 mg (base equiv)</i>	69	<i>perphenazine-amitriptyline tab 4-25 mg</i> .174	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037- 0.0194-0.0065 mg/5ml</i>	182	<i>perphenazine-amitriptyline tab 4-50 mg</i> 174	
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	133	PERSERIS INJ 120MG	75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	133	PERSERIS INJ 90MG	75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	133	PERTZYE CAP 16000U	115
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PHARM TRAY MIS 3ML/LL	154	<i>pioglitazone hcl tab 15 mg (base equiv)</i> ...	48
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<i>phenazopyridine hcl tab 200 mg</i>	128	PIP LANCETS MIS 30G	144
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<i>phenobarbital elixir 20 mg/5ml</i>	131	PIQRAY 250MG TAB DOSE	69
<i>phenobarbital tab 100 mg</i>	131	PIQRAY 300MG TAB DOSE	69
<i>phenobarbital tab 15 mg</i>	131	<i>pirfenidone cap 267 mg</i>	178
<i>phenobarbital tab 16.2 mg</i>	131	<i>pirfenidone tab 267 mg</i>	178
<i>phenobarbital tab 30 mg</i>	131	<i>pirfenidone tab 801 mg</i>	179
<i>phenobarbital tab 32.4 mg</i>	131	<i>piroxicam cap 10 mg</i>	13
<i>phenobarbital tab 60 mg</i>	131	<i>piroxicam cap 20 mg</i>	13
<i>phenobarbital tab 64.8 mg</i>	131	<i>pitavastatin calcium tab 1 mg</i>	54
<i>phenobarbital tab 97.2 mg</i>	131	<i>pitavastatin calcium tab 2 mg</i>	54
<i>phenoxybenzamine hcl cap 10 mg</i>	57	<i>pitavastatin calcium tab 4 mg</i>	54
<i>phenylephrine hcl ophth soln 10%</i>	167	PLAQUENIL TAB 200MG	63
<i>phenylephrine hcl ophth soln 2.5%</i>	167	PLEGRIDY INJ	176
<i>phenytoin chew tab 50 mg</i>	40	PLEGRIDY INJ PEN.....	176
<i>phenytoin sodium extended cap 100 mg</i> .	40	PLEGRIDY INJ STARTER	176
<i>phenytoin sodium extended cap 200 mg</i> .	40	PLEGRIDY PEN INJ STARTER.....	176
<i>phenytoin sodium extended cap 300 mg</i> .	40	PLEXION CLTH PAD 9.8-4.8%.....	101
<i>phenytoin susp 125 mg/5ml</i>	40	PLEXION CRE 9.8-4.8%	101
PHEXXI GEL.....	185	PLEXION LIQ 9.8-4.8%	101
PHOSLYRA SOL.....	126	PLEXION LOT 9.8-4.8%	101
PHOSPHOLINE SOL 0.125%OP	167	POCKET CHAMB MIS	157
<i>phytonadione tab 5 mg</i>	186	POCKETCHEM SOL EZ	144
<i>pilocarpine hcl ophth soln 1%</i>	167	POCKET SPACE MIS	157
<i>pilocarpine hcl ophth soln 2%</i>	167	PODOCON-25 SOL	112
<i>pilocarpine hcl ophth soln 4%</i>	167	<i>podofilox gel 0.5%</i>	112
<i>pilocarpine hcl tab 5 mg</i>	164	<i>podofilox soln 0.5%</i>	112
<i>pilocarpine hcl tab 7.5 mg</i>	164	POLY HUB MIS 18GX1	154
<i>pimecrolimus cream 1%</i>	112	POLY HUB MIS 18GX1.5.....	154
<i>pimozide tab 1 mg</i>	177	POLY HUB MIS 20GX1	154
<i>pimozide tab 2 mg</i>	177	POLY HUB MIS 21GX1	154
<i>pindolol tab 10 mg</i>	86	POLY HUB MIS 21GX1.5	154
<i>pindolol tab 5 mg</i>	86	POLY HUB MIS 22GX1.....	154
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .	45	POLY HUB MIS 22GX1.5	154
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .	45	POLY HUB MIS 23GX1.....	154

POLY HUB MIS 23GX1.5	154	<i>potassium citrate tab er 15 meq (1620 mg)</i>	127
POLY HUB MIS 25GX1.....	154	.....	127
POLY HUB MIS 25GX1.5	154	<i>potassium citrate tab er 5 meq (540 mg)</i>	127
POLY HUB MIS 25GX5/8.....	154	POVIDONE IOD SOL 5%.....	168
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POLY HUB MIS 27GX1.25	154	73
POLY HUB MIS 30GX1/2	154	<i>pramipexole dihydrochloride tab 0.25 mg</i>	73
<i>polymyxin b-trimethoprim ophth soln</i>		.....	73
10000 unit/ml-0.1%.....	168	<i>pramipexole dihydrochloride tab 0.5 mg</i>	73
POMALYST CAP 1MG.....	66	<i>pramipexole dihydrochloride tab 0.75 mg</i>	73
POMALYST CAP 2MG	66	.....	73
POMALYST CAP 3MG	67	<i>pramipexole dihydrochloride tab 1.5 mg</i>	73
POMALYST CAP 4MG	67	<i>pramipexole dihydrochloride tab 1 mg</i>	73
PONVORY TAB 20MG.....	176	<i>pramipexole dihydrochloride tab er 24hr</i>	
PONVORY TAB STARTER.....	176	0.375 mg.....	73
<i>posaconazole susp 40 mg/ml</i>	51	<i>pramipexole dihydrochloride tab er 24hr</i>	
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<i>pot & sod citrates w/ cit ac soln 550-500-</i>		<i>pramipexole dihydrochloride tab er 24hr 1.5</i>	
<i>334 mg/5ml</i>	127	mg.....	73
<i>potassium chloride cap er 10 meq</i>	160	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 8 meq</i>	160	2.25 mg	73
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>er tab 10 meq</i>	160	3.75 mg	73
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr 3</i>	
<i>er tab 15 meq</i>	160	mg.....	73
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>er tab 20 meq</i>	160	4.5 mg	73
<i>potassium chloride oral soln 10% (20</i>		PRAMOSONE CRE 1-1%	110
<i>meq/15ml)</i>	160	PRAMOSONE CRE 1-2.5%	110
<i>potassium chloride oral soln 20% (40</i>		PRAMOSONE LOT 1%	110
<i>meq/15ml)</i>	160	PRAMOSONE LOT 2.5%	110
<i>potassium chloride powder packet 20 meq</i>		PRAMOSONE OIN 1%.....	110
.....	160	PRAMOSONE OIN 2.5%.....	110
<i>potassium chloride tab er 10 meq</i>	160	<i>pramoxine-hc cream 1-2.5%</i>	110
<i>potassium chloride tab er 20 meq (1500</i>		<i>prasugrel hcl tab 10 mg (base equiv)</i>	129
<i>mg)</i>	160	<i>prasugrel hcl tab 5 mg (base equiv)</i>	129
<i>potassium chloride tab er 8 meq (600 mg)</i>		<i>pravastatin sodium tab 10 mg</i>	54
.....	160	<i>pravastatin sodium tab 20 mg</i>	55
<i>potassium citrate & citric acid powder pack</i>		<i>pravastatin sodium tab 40 mg</i>	55
3300-1002 mg.....	127	<i>pravastatin sodium tab 80 mg</i>	55
<i>potassium citrate & citric acid soln 1100-</i>		<i>praziquantel tab 600 mg</i>	24
334 mg/5ml	127	<i>prazosin hcl cap 1 mg</i>	58
<i>potassium citrate tab er 10 meq (1080 mg)</i>		<i>prazosin hcl cap 2 mg</i>	58
.....	127	<i>prazosin hcl cap 5 mg</i>	58

PRECISION LIQ GLUC/KET	144	<i>pregabalin cap 50 mg</i>	38
PRECISN XTRA TES KETONE	115	<i>pregabalin cap 75 mg</i>	38
PRECOSE TAB 100MG	45	<i>pregabalin soln 20 mg/ml</i>	38
PRECOSE TAB 25MG	45	<i>pregabalin tab er 24hr 165 mg</i>	177
PRECOSE TAB 50MG	45	<i>pregabalin tab er 24hr 330 mg</i>	177
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<i>prednicarbate oint 0.1%</i>	110	PREMARIN INJ 25MG	123
<i>prednisolone acetate ophth susp 1%</i>	169	PREMPHASE TAB	122
<i>prednisolone sodium phosphate oral soln</i> <i>25 mg/5ml (base eq)</i>	98	PREMPRO TAB.....	122
<i>prednisolone sod phos orally disintegr tab</i> <i>10 mg (base eq)</i>	98	PREMPRO TAB 0.3-1.5.....	122
<i>prednisolone sod phos orally disintegr tab</i> <i>15 mg (base eq)</i>	98	PREMPRO TAB 0.45-1.5	122
<i>prednisolone sod phos orally disintegr tab</i> <i>30 mg (base eq)</i>	98	PREMPRO TAB 0.625-5.....	122
<i>prednisolone sod phosphate oral soln 15</i> <i>mg/5ml (base equiv)</i>	98	PREPIDIL GEL 0.5MG/3G.....	171
<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	98	PREP PADS PAD.....	150
<i>prednisolone soln 15 mg/5ml</i>	98	PRETOMANID TAB 200MG	63
PREDNISOLONE SUS 1%.....	169	PREVYMIS TAB 240MG	83
<i>prednisolone tab 5 mg</i>	98	PREVYMIS TAB 480MG	83
PREDNISON CON 5MG/ML	98	PREZCOBIX TAB 800-150.....	82
<i>prednisone oral soln 5 mg/5ml</i>	98	PRIFTIN TAB 150MG.....	63
<i>prednisone tab 10 mg</i>	99	<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i>	63
<i>prednisone tab 1 mg</i>	98	PRIMAQUINE TAB 26.3MG.....	63
<i>prednisone tab 2.5 mg</i>	98	<i>primidone tab 250 mg</i>	38
<i>prednisone tab 20 mg</i>	99	<i>primidone tab 50 mg</i>	38
<i>prednisone tab 50 mg</i>	99	PRISMASOL SOL 0/0/1.2.....	161
<i>prednisone tab 5 mg</i>	99	PRISMASOL SOL 0/2.5	161
<i>prednisone tab therapy pack 10 mg (21)</i> ...99		PRISMASOL SOL 2/0.....	161
<i>prednisone tab therapy pack 10 mg (48)</i> ..99		PRISMASOL SOL 2/3.5.....	161
<i>prednisone tab therapy pack 5 mg (21)</i>99		PRISMASOL SOL 4/0/1.2	161
<i>prednisone tab therapy pack 5 mg (48)</i> ...99		PRISMASOL SOL 4/2.5	161
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PREFEST TAB	122	<i>probenecid tab 500 mg</i>	128
<i>pregabalin cap 100 mg</i>	38	PROCARDIA XL TAB 30MG CR.....	88
<i>pregabalin cap 150 mg</i>	38	PROCARDIA XL TAB 60MG CR.....	88
<i>pregabalin cap 200 mg</i>	38	PROCARDIA XL TAB 90MG CR.....	88
<i>pregabalin cap 225 mg</i>	38	<i>prochlorperazine edisylate inj 10 mg/2ml</i> .79	
<i>pregabalin cap 25 mg</i>	38	<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i>	79
<i>pregabalin cap 300 mg</i>	38	<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	79
		<i>prochlorperazine suppos 25 mg</i>	79
		PRO COMFORT MIS 31G	144
		PRO COMFORT MIS LANC 30G.....	144

PRO COMFORT MIS LANCETS	144	<i>propafenone hcl tab 225 mg</i>	29
PRO COMFORT PAD ALCOHOL	150	<i>propafenone hcl tab 300 mg</i>	29
PROCORT CRE	24	<i>proparacaine hcl ophth soln 0.5%</i>	168
PROCRIT INJ 10000/ML	130	<i>propranolol hcl cap er 24hr 120 mg</i>	86
PROCRIT INJ 2000/ML	130	<i>propranolol hcl cap er 24hr 160 mg</i>	86
PROCRIT INJ 20000/ML.....	130	<i>propranolol hcl cap er 24hr 60 mg</i>	86
PROCRIT INJ 3000/ML	130	<i>propranolol hcl cap er 24hr 80 mg</i>	86
PROCRIT INJ 4000/ML.....	130	<i>propranolol hcl oral soln 20 mg/5ml</i>	87
PROCRIT INJ 40000/ML	130	<i>propranolol hcl oral soln 40 mg/5ml</i>	87
PROCTOCORT SUP 30MG	24	<i>propranolol hcl tab 10 mg</i>	87
PROCTOFOAM AER HC 1%	24	<i>propranolol hcl tab 20 mg</i>	87
PRODIGY MIS 26G	144	<i>propranolol hcl tab 40 mg</i>	87
PRODIGY MIS 28G	144	<i>propranolol hcl tab 60 mg</i>	87
PRODIGY MIS LANC DEV.....	144	<i>propranolol hcl tab 80 mg</i>	87
PRODIGY SOL HIGH.....	144	<i>propylthiouracil tab 50 mg</i>	180
PRODIGY SOL LOW	144	PROSCAR TAB 5MG.....	127
<i>progesterone cap 100 mg</i>	172	PROTONIX INJ 40MG.....	182
<i>progesterone cap 200 mg</i>	172	<i>protriptyline hcl tab 10 mg</i>	44
<i>progesterone im in oil 50 mg/ml</i>	172	<i>protriptyline hcl tab 5 mg</i>	44
PROGLYCEM SUS 50MG/ML	46	PROVERA TAB 10MG	172
PROGRAF CAP 0.5MG.....	162	PROVERA TAB 2.5MG.....	172
PROGRAF CAP 1MG.....	162	PROVERA TAB 5MG	172
PROGRAF CAP 5MG	162	PRUDOXIN CRE 5%	104
PROGRAF CAP 5MG	162	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
PROGRAF GRA 0.2MG.....	162	<i>mg/5ml</i>	99
PROGRAF GRA 1MG.....	162	PSS SAFE LAN MIS.....	144
PROLENSA SOL 0.07%	170	PSS SEL LANC MIS.....	145
<i>promethazine & phenylephrine syrup 6.25-</i>		PSS SEL PLAT MIS	145
<i>5 mg/5ml</i>	99	PULMICORT INH 180MCG.....	31
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	99	PULMICORT INH 90MCG	31
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	52	PULMICORT SUS 0.25MG/2	31
<i>promethazine hcl suppos 12.5 mg</i>	52	PULMICORT SUS 0.5MG/2	31
<i>promethazine hcl suppos 25 mg</i>	52	PULMICORT SUS 1MG/2ML	31
<i>promethazine hcl suppos 50 mg</i>	52	PULMOZYME SOL 1MG/ML	178
<i>promethazine hcl tab 12.5 mg</i>	52	PURE COMFORT MIS 30G LAN	145
<i>promethazine hcl tab 25 mg</i>	52	PURE COMFORT PAD.....	150
<i>promethazine hcl tab 50 mg</i>	52	PURIXAN SUS 20MG/ML.....	64
<i>promethazine-phenylephrine-codeine</i>		PX LANCETS MIS 28G	145
<i>syrup 6.25-5-10 mg/5ml</i>	99	PX LANCETS MIS 33G	145
<i>promethazine w/ codeine syrup 6.25-10</i>		PX LANCETS MIS ULT THIN	145
<i>mg/5ml</i>	99	PYLERA CAP	183
<i>propafenone hcl cap er 12hr 225 mg</i>	29	<i>pyrazinamide tab 500 mg</i>	63
<i>propafenone hcl cap er 12hr 325 mg</i>	29	PYRIDIDIUM TAB 100MG	128
<i>propafenone hcl cap er 12hr 425 mg</i>	29	PYRIDIDIUM TAB 200MG	128
<i>propafenone hcl tab 150 mg</i>	29		

<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	63
<i>pyridostigmine bromide tab 60 mg</i>	63
<i>pyridostigmine bromide tab er 180 mg</i>	63
<i>pyrimethamine tab 25 mg</i>	63
PYROGALL ACD OIN	112
Q	
QBRELIS SOL 1MG/ML	56
QBREXZA PAD 2.4%	113
QC ALCOHOL PAD SWABS	150
QC LANCETS MIS 28G	145
QC LANCETS MIS 30G	145
QC LANCING MIS DEVICE	145
QELBREE CAP 100MG ER	3
QELBREE CAP 150MG ER	3
QELBREE CAP 200MG ER	3
QUADRACEL INJ	181
QUADRACEL INJ 0.5ML	181
QUALAQUIN CAP 324MG	63
QUARTETTE TAB	96
QUDEXY XR CAP 100/24HR	38
QUDEXY XR CAP 150/24HR	38
QUDEXY XR CAP 200/24HR	38
QUDEXY XR CAP 25/24HR	38
QUDEXY XR CAP 50/24HR	38
QUESTRAN POW 4GM	53
QUESTRAN POW 4GM LITE	53
<i>quetiapine fumarate tab 100 mg</i>	77
<i>quetiapine fumarate tab 150 mg</i>	77
<i>quetiapine fumarate tab 200 mg</i>	77
<i>quetiapine fumarate tab 25 mg</i>	77
<i>quetiapine fumarate tab 300 mg</i>	77
<i>quetiapine fumarate tab 400 mg</i>	77
<i>quetiapine fumarate tab 50 mg</i>	77
<i>quetiapine fumarate tab er 24hr 150 mg</i>	77
<i>quetiapine fumarate tab er 24hr 200 mg</i>	77
<i>quetiapine fumarate tab er 24hr 300 mg</i>	77
<i>quetiapine fumarate tab er 24hr 400 mg</i>	77
<i>quetiapine fumarate tab er 24hr 50 mg</i>	77
QUICKTEK LIQ SOLUTION	145
<i>quinapril hcl tab 10 mg</i>	56
<i>quinapril hcl tab 20 mg</i>	56
<i>quinapril hcl tab 40 mg</i>	56
<i>quinapril hcl tab 5 mg</i>	56

<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	61
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	61
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	61
<i>quinidine gluconate tab er 324 mg</i>	29
<i>quinine sulfate cap 324 mg</i>	63
QUINTET CONT SOL HGH/NORM	145
QULIPTA TAB 10MG	158
QULIPTA TAB 30MG	158
QULIPTA TAB 60MG	158
QUVIVIQ TAB 25MG	132
QUVIVIQ TAB 50MG	132
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RA ALCOHOL PAD SWABS	150
RABEPRAZOLE CAP 10MG DR	183
<i>rabeprazole sodium ec tab 20 mg</i>	183
RADICAVA ORS SUS 105/5ML	166
RADICAVA ORS SUS STARTER	166
RADIOGARDASE CAP 0.5GM	49
RA E-ZJECT MIS 28G	145
RA E-ZJECT MIS THIN 26G	145
RA E-ZJECT MIS THIN 28G	145
RA E-ZJECT MIS ULT THIN	145
RAGWITEK SUB	5
<i>raloxifene hcl tab 60 mg</i>	119
<i>ramelteon tab 8 mg</i>	132
<i>ramipril cap 1.25 mg</i>	56
<i>ramipril cap 10 mg</i>	57
<i>ramipril cap 2.5 mg</i>	57
<i>ramipril cap 5 mg</i>	57
RANEXA TAB 1000MG	26
RANEXA TAB 500MG	26
<i>ranolazine tab er 12hr 1000 mg</i>	26
<i>ranolazine tab er 12hr 500 mg</i>	26
RAPAMUNE SOL 1MG/ML	162
RAPAMUNE TAB 0.5MG	162
RAPAMUNE TAB 1MG	162
RAPAMUNE TAB 2MG	162
RAPID-SAFE MIS LANCING	145
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	74
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	74

RASUVO INJ 10MG.....	10	REMERON SLTB TAB 30MG	40
RASUVO INJ 12.5MG.....	10	REMERON SLTB TAB 45MG	40
RASUVO INJ 15MG.....	10	REMERON TAB 15MG.....	40
RASUVO INJ 17.5MG.....	10	REMERON TAB 30MG.....	40
RASUVO INJ 20MG.....	10	RENAGEL TAB 800MG	126
RASUVO INJ 22.5MG	10	<i>repaglinide tab 0.5 mg</i>	48
RASUVO INJ 25MG	10	<i>repaglinide tab 1 mg</i>	48
RASUVO INJ 30MG.....	10	<i>repaglinide tab 2 mg</i>	48
RASUVO INJ 7.5MG	10	REPATHA INJ 140MG/ML	55
RAZADYNE ER CAP 16MG.....	173	REPATHA PUSH INJ 420/3.5	55
RAZADYNE ER CAP 24MG	173	REPATHA SURE INJ 140MG/ML.....	55
RAZADYNE ER CAP 8MG	173	RESTASIS EMU 0.05% OP	168
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READYLANCE MIS 23G	145	RESTORA RX CAP 60-1.25	49
READYLANCE MIS 26G	145	RESTORIL CAP 15MG.....	132
READYLANCE MIS 28G	145	RESTORIL CAP 22.5MG.....	132
READYLANCE MIS 30G.....	145	RESTORIL CAP 30MG.....	132
REALITY MIS LANCETS	145	RESTORIL CAP 7.5MG	132
REALITY SWAB PAD.....	150	RETACRIT INJ 10000UNT	131
REALITY TRIG MIS LANCETS	145	RETACRIT INJ 20000UNI.....	131
REBIF INJ 22/0.5	176	RETACRIT INJ 2000UNIT.....	130
REBIF INJ 44/0.5	176	RETACRIT INJ 3000UNIT	130
REBIF REBIDO INJ 22/0.5	176	RETACRIT INJ 40000UNT	131
REBIF REBIDO INJ 44/0.5	176	RETACRIT INJ 4000UNIT.....	130
REBIF REBIDO INJ TITRATN	176	RETEVMO CAP 40MG.....	69
REBIF TITRTN INJ PACK	176	RETEVMO CAP 80MG.....	69
RECTIV OIN 0.4%.....	24	RETEVMO TAB 120MG.....	69
REFUAH PLUS SOL CONTROL	145	RETEVMO TAB 160MG.....	69
REGIOCIT SOL	161	RETEVMO TAB 40MG	69
REGLAN TAB 10MG.....	125	RETEVMO TAB 80MG	69
REGLAN TAB 5MG	125	RETIN-A CRE 0.025%.....	101
REGRANEX GEL 0.01%.....	114	RETIN-A CRE 0.05%.....	101
RELENZA MIS DISKHALE.....	85	RETIN-A CRE 0.1%.....	101
RELION KIT LANCING.....	145	RETIN-A GEL 0.01%.....	101
RELION LANCE MIS THIN 26G	145	RETIN-A GEL 0.025%.....	101
RELION LANCE MIS THIN 30G.....	145	RETROVIR CAP 100MG.....	82
RELION LANCI MIS DEVICE	145	RETROVIR SYP 50MG/5ML.....	82
RELION MICRO MIS THIN 33G	145	REVCovi INJ 1.6MG/ML	120
RELION TES KETONE.....	115	REVLIMID CAP 10MG	161
RELION ULTRA MIS THIN 30G	145	REVLIMID CAP 15MG.....	161
RELION ULTRA MIS THIN PLS.....	145	REVLIMID CAP 2.5MG	161
RELPAx TAB 20MG.....	159	REVLIMID CAP 20MG.....	161
RELPAx TAB 40MG.....	159	REVLIMID CAP 25MG.....	161
REMERON SLTB TAB 15MG	40	REVLIMID CAP 5MG	161

REXULTI TAB 0.25MG	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 0.5MG	79	<i>rel susp 25 mg</i>	76
REXULTI TAB 1MG.....	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 2MG.....	79	<i>rel susp 37.5 mg</i>	76
REXULTI TAB 3MG.....	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 4MG.....	79	<i>rel susp 50 mg</i>	76
REYVOW TAB 100MG.....	159	<i>risperidone orally disintegrating tab 0.25</i>	
REYVOW TAB 50MG.....	159	<i>mg</i>	76
<i>ribavirin cap 200 mg</i>	84	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>ribavirin tab 200 mg</i>	84	.....	76
RIDAURA CAP 3MG.....	10	<i>risperidone orally disintegrating tab 1 mg</i> .	76
<i>rifabutin cap 150 mg</i>	63	<i>risperidone orally disintegrating tab 2 mg</i>	76
<i>rifampin cap 150 mg</i>	63	<i>risperidone orally disintegrating tab 3 mg</i>	76
<i>rifampin cap 300 mg</i>	63	<i>risperidone orally disintegrating tab 4 mg</i>	76
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RIGHTEST LIQ HIGH CON	145	<i>risperidone tab 0.25 mg</i>	76
RIGHTEST LIQ NORM CON.....	145	<i>risperidone tab 0.5 mg</i>	76
RIGHTEST MIS GD500.....	145	<i>risperidone tab 1 mg</i>	76
RIGHTEST MIS GL300	145	<i>risperidone tab 2 mg</i>	76
RILUTEK TAB 50MG.....	166	<i>risperidone tab 3 mg</i>	76
<i>riluzole tab 50 mg</i>	166	<i>risperidone tab 4 mg</i>	76
<i>rimantadine hydrochloride tab 100 mg</i>	85	RITALIN LA CAP 10MG	5
RINVOQ LQ SOL 1MG/ML	8	RITALIN LA CAP 20MG	5
RINVOQ TAB 15MG ER	8	RITALIN LA CAP 30MG	5
RINVOQ TAB 30MG ER	8	RITALIN LA CAP 40MG	5
RINVOQ TAB 45MG ER.....	9	RITALIN TAB 10MG	5
<i>risedronate sodium tab 150 mg</i>	118	RITALIN TAB 20MG	5
<i>risedronate sodium tab 30 mg</i>	118	RITALIN TAB 5MG.....	5
<i>risedronate sodium tab 35 mg</i>	118	RITEFLO MIS	157
<i>risedronate sodium tab 5 mg</i>	118	<i>ritonavir tab 100 mg</i>	82
<i>risedronate sodium tab delayed release 35</i>		<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>mg</i>	118	<i>equivalent)</i>	174
RISPERDAL INJ 12.5MG	75	<i>rivastigmine tartrate cap 3 mg (base</i>	
RISPERDAL INJ 25MG.....	75	<i>equivalent)</i>	174
RISPERDAL INJ 37.5MG	75	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
RISPERDAL INJ 50MG	75	<i>equivalent)</i>	174
RISPERDAL SOL 1MG/ML.....	75	<i>rivastigmine tartrate cap 6 mg (base</i>	
RISPERDAL TAB 0.5MG.....	75	<i>equivalent)</i>	174
RISPERDAL TAB 1MG	75	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	174
RISPERDAL TAB 2MG.....	75	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .	174
RISPERDAL TAB 3MG.....	75	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .	174
RISPERDAL TAB 4MG	75	<i>rizatriptan benzoate oral disintegrating tab</i>	
<i>risperidone microspheres for im extended</i>		<i>10 mg (base eq)</i>	159
<i>rel susp 12.5 mg</i>	76		

<i>rizatriptan benzoate oral disintegrating tab</i>	RYBELSUS TAB 3MG	47
5 mg (base eq)	RYBELSUS TAB 7MG	47
<i>rizatriptan benzoate tab 10 mg (base</i>	RYDAPT CAP 25MG	69
equivalent)	RYTARY CAP 145MG	73
159	RYTARY CAP 195MG	74
<i>rizatriptan benzoate tab 5 mg (base</i>	RYTARY CAP 245MG	74
equivalent)	RYTARY CAP 95MG.....	73
159	RYTHMOL SR CAP 225MG	29
ROCALTROL CAP 0.25MCG	RYTHMOL SR CAP 325MG	29
120	RYTHMOL SR CAP 425MG.....	29
ROCALTROL CAP 0.5MCG		
120	S	
ROCALTROL SOL 1MCG/ML	SAFE-T-LANCE MIS 21G.....	145
120	SAFE-T-LANCE MIS 25G	145
<i>roflumilast tab 250 mcg</i>	SAFE-T-LANCE MIS HI FLOW	145
31	SAFE-T-LANCE MIS LOW FLOW	145
<i>roflumilast tab 500 mcg</i>	SAFE-T-LANCE MIS NOR FLOW	145
31	SAFE-T-PRO MIS LANCETS.....	145
<i>ropinirole hydrochloride tab 0.25 mg</i>	SAFE-T-PRO MIS PLUS	146
73	SAFETY 21G MIS LANCETS.....	146
<i>ropinirole hydrochloride tab 0.5 mg</i>	SAFETY 23G MIS LANCETS	146
73	SAFETY 28G MIS LANCETS	146
<i>ropinirole hydrochloride tab 1 mg</i>	SAFETY 30G MIS LANCETS.....	146
73	SAFETYGLIDE MIS 21GX1.5.....	154
<i>ropinirole hydrochloride tab 2 mg</i>	SAFETY MIS LANCETS	146
73	SAFETY NEEDL MIS 22GX1.5.....	154
<i>ropinirole hydrochloride tab 3 mg</i>	SAFTY NEEDLE MIS 18GX1.....	154
73	SAFTY NEEDLE MIS 18GX1.5	154
<i>ropinirole hydrochloride tab 4 mg</i>	SAFTY NEEDLE MIS 19GX1.....	154
73	SAFTY NEEDLE MIS 19GX1.5	154
<i>ropinirole hydrochloride tab 5 mg</i>	SAFTY NEEDLE MIS 20GX1.....	154
73	SAFTY NEEDLE MIS 20GX1.5.....	155
<i>ropinirole hydrochloride tab er 24hr 12 mg</i>	SAFTY NEEDLE MIS 21GX1.....	155
(base equivalent)	SAFTY NEEDLE MIS 21GX1.5.....	155
73	SAFTY NEEDLE MIS 21GX5/8	155
<i>ropinirole hydrochloride tab er 24hr 2 mg</i>	SAFTY NEEDLE MIS 22GX1	155
(base equivalent)	SAFTY NEEDLE MIS 22GX1.5	155
73	SAFTY NEEDLE MIS 23GX1	155
<i>ropinirole hydrochloride tab er 24hr 4 mg</i>	SAFTY NEEDLE MIS 23GX5/8	155
(base equivalent)	SAFTY NEEDLE MIS 25GX1	155
73	SAFTY NEEDLE MIS 25GX5/8	155
<i>ropinirole hydrochloride tab er 24hr 6 mg</i>	SAFYRAL TAB.....	96
(base equivalent)	SALAGEN TAB 5MG.....	164
73	SALAGEN TAB 7.5MG.....	164
<i>ropinirole hydrochloride tab er 24hr 8 mg</i>	<i>salicylic acid er film-forming soln 28.5%</i> .112	
(base equivalent)		
73		
<i>rosuvastatin calcium tab 10 mg</i>		
55		
<i>rosuvastatin calcium tab 20 mg</i>		
55		
<i>rosuvastatin calcium tab 40 mg</i>		
55		
<i>rosuvastatin calcium tab 5 mg</i>		
55		
ROWASA KIT 4GM		
125		
ROXICODONE TAB 15MG		
20		
ROXICODONE TAB 30MG		
20		
ROZLYTREK CAP 100MG.....		
69		
ROZLYTREK CAP 200MG.....		
69		
ROZLYTREK PAK 50MG		
69		
RUCONEST INJ 2100UNIT		
129		
<i>rufinamide susp 40 mg/ml</i>		
38		
<i>rufinamide tab 200 mg</i>		
38		
<i>rufinamide tab 400 mg</i>		
38		
RUKOBIA TAB 600MG ER.....		
82		
RYBELSUS TAB 14MG		
47		

<i>salicylic acid film forming liquid 27.5%</i>	112	<i>saxagliptin-metformin hcl tab er 24hr 5-500</i>	
<i>salicylic acid foam 6%</i>	112	<i>mg</i>	45
<i>salicylic acid gel 6%</i>	112	SB ALCOHOL PAD PREP	150
<i>salicylic acid shampoo 6%</i>	112	SB LANCETS MIS THIN.....	146
<i>salicylic acid soln 26%</i>	112	SB LANCETS MIS ULTR THN	146
SALIMEZ FORT CRE 10%	112	<i>scopolamine td patch 72hr 1 mg/3days</i>	50
<i>salsalate tab 500 mg</i>	15	SELECT-LITE KIT DEV/LANC	146
<i>salsalate tab 750 mg</i>	15	SELECT-LITE MIS LANC DEV	146
SALVAX AER 6%	112	<i>selegiline hcl cap 5 mg</i>	74
SAMSCA TAB 15MG.....	121	<i>selegiline hcl tab 5 mg</i>	74
SAMSCA TAB 30MG.....	121	<i>selenium sulfide lotion 2.5%</i>	108
SANCUSO DIS 3.1MG	50	<i>selenium sulfide shampoo 2.25%</i>	108
SANDIMMUNE CAP 100MG.....	162	<i>selenium sulfide shampoo 2.3%</i>	108
SANDIMMUNE CAP 25MG.....	162	SENSIPAR TAB 30MG.....	120
SANDIMMUNE SOL 100MG/ML.....	163	SENSIPAR TAB 60MG.....	120
SANDOSTATIN INJ 100MCG	121	SENSIPAR TAB 90MG.....	120
SANDOSTATIN INJ 500MCG	121	SEREVENT DIS AER 50MCG.....	33
SANDOSTATIN INJ 50MCG/ML	121	SERNIVO SPR	110
SANTYL OIN 250/GM.....	112	SERNIVO SPR 0.05%.....	110
SAPHRIS SUB 10MG	77	SEROQUEL TAB 100MG	78
SAPHRIS SUB 2.5MG.....	77	SEROQUEL TAB 200MG	78
SAPHRIS SUB 5MG	77	SEROQUEL TAB 25MG	77
<i>sapropterin dihydrochloride powder packet</i>		SEROQUEL TAB 300MG	78
<i>100 mg</i>	120	SEROQUEL TAB 400MG	78
<i>sapropterin dihydrochloride powder packet</i>		SEROQUEL TAB 50MG.....	77
<i>500 mg</i>	120	SEROSTIM INJ 4MG	118
<i>sapropterin dihydrochloride tab 100 mg</i>	120	SEROSTIM INJ 5MG.....	118
SAPSCARE MIS TWIST	146	SEROSTIM INJ 6MG.....	119
SAPS CARE PAD ALCOHOL	150	<i>sertraline hcl oral concentrate for solution</i>	
SAPS HEALTH MIS TWIST	146	<i>20 mg/ml</i>	42
SAPS HEALTH PAD ALCOHOL	150	<i>sertraline hcl tab 100 mg</i>	42
SAPS TWIST MIS 30G.....	146	<i>sertraline hcl tab 25 mg</i>	42
SAVELLA MIS TITR PAK	174	<i>sertraline hcl tab 50 mg</i>	42
SAVELLA TAB 100MG.....	174	<i>sevelamer carbonate packet 0.8 gm</i>	126
SAVELLA TAB 12.5MG	174	<i>sevelamer carbonate packet 2.4 gm</i>	126
SAVELLA TAB 25MG.....	174	<i>sevelamer carbonate tab 800 mg</i>	126
SAVELLA TAB 50MG.....	174	<i>sevelamer hcl tab 400 mg</i>	127
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	46	<i>sevelamer hcl tab 800 mg</i>	127
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	46	SFROWASA ENE 4GM	125
<i>saxagliptin-metformin hcl tab er 24hr 2.5-</i>		SHARP CONTAI MIS	155
<i>1000 mg</i>	45	SHARPS CONT MIS 14QT	155
<i>saxagliptin-metformin hcl tab er 24hr 5-</i>		SHOPKO LANC MIS DEVICE.....	146
<i>1000 mg</i>	45	SIGNIFOR INJ 0.3MG/ML	121
		SIGNIFOR INJ 0.6MG/ML	121

SIGNIFOR INJ 0.9MG/ML	121	SMART SENSE MIS LANC 30G.....	146
SIKLOS TAB 1000MG.....	130	SMART SENSE MIS LANC 33G.....	146
SIKLOS TAB 100MG	130	SM LANCETS MIS 33G	146
<i>sildenafil citrate for suspension 10 mg/ml</i>	93	SM TRUEDRAW MIS LANC DEV.....	146
<i>sildenafil citrate tab 100 mg</i>	91	<i>sodium chloride soln nebu 0.9%</i>	100
<i>sildenafil citrate tab 20 mg</i>	93	<i>sodium chloride soln nebu 10%</i>	100
<i>sildenafil citrate tab 25 mg</i>	91	<i>sodium chloride soln nebu 3%</i>	100
<i>sildenafil citrate tab 50 mg</i>	91	<i>sodium chloride soln nebu 7%</i>	100
<i>silodosin cap 4 mg</i>	127	<i>sodium citrate & citric acid soln 500-334</i>	
<i>silodosin cap 8 mg</i>	127	<i>mg/5ml</i>	127
SILVADENE CRE 1%.....	108	<i>sodium fluoride cream 1.1%</i>	164
SILVER NITRA SOL 0.5%.....	108	<i>sodium fluoride gel 1.1% (0.5% f)</i>	164
<i>silver sulfadiazine cream 1%</i>	108	<i>sodium fluoride paste 1.1%</i>	164
SIMBRINZA SUS 1-0.2%	167	<i>sodium fluoride-potassium nitrate gel 1.1-</i>	
SIMPLE DIAG MIS LANCING.....	146	<i>5%</i>	164
SIMPLICITY MIS INSERTER	155	<i>sodium fluoride rinse 0.2%</i>	164
<i>simvastatin tab 10 mg</i>	55	<i>sodium phenylbutyrate oral powder 3</i>	
<i>simvastatin tab 20 mg</i>	55	<i>gm/teaspoonful</i>	120
<i>simvastatin tab 40 mg</i>	55	<i>sodium phenylbutyrate tab 500 mg</i>	120
<i>simvastatin tab 5 mg</i>	55	<i>sodium polystyrene sulfonate powder</i>	163
<i>simvastatin tab 80 mg</i>	55	<i>sodium polystyrene sulfonate rectal susp</i>	
SINEMET TAB 10-100MG	74	<i>30 gm/120ml</i>	163
SINEMET TAB 25-100MG	74	<i>sodium polystyrene sulfonate susp 15</i>	
SINGLE-LET MIS 23G.....	146	<i>gm/60ml</i>	163
<i>sirolimus oral soln 1 mg/ml</i>	163	SOD SUL/SULF EMU 10-5%	101
<i>sirolimus tab 0.5 mg</i>	163	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
<i>sirolimus tab 1 mg</i>	163	<i>3.13-1.6 gm/177ml</i>	133
<i>sirolimus tab 2 mg</i>	163	SOFTCLIX MIS LANCETS	146
SIRTURO TAB 100MG.....	63	SOGROYA INJ 10MG/1.5	119
SIRTURO TAB 20MG.....	63	SOGROYA INJ 15MG/1.5	119
SITAVIG TAB 50MG.....	84	SOGROYA INJ 5MG/1.5.....	119
SIVEXTRO TAB 200MG	26	<i>solifenacin succinate tab 10 mg</i>	183
SKYCLARYS CAP 50MG	166	<i>solifenacin succinate tab 5 mg</i>	183
SKYRIZI INJ 150MG/ML	106	SOLIQUA INJ 100/33.....	45
SKYRIZI INJ 180/1.2.....	125	SOLODYN TAB 105MG	179
SKYRIZI INJ 360/2.4	126	SOLODYN TAB 115MG	179
SKYRIZI PEN INJ 150MG/ML.....	106	SOLODYN TAB 55MG	179
SLIP TIP 1ML MIS.....	155	SOLODYN TAB 65MG.....	179
SLIP TIP 3ML MIS	155	SOLODYN TAB 80MG.....	179
SM ALCOHOL PAD PREP.....	150	SOLTAMOX SOL 10MG/5ML	66
SMARTEST MIS LANCETS	146	SOLU-CORTEF INJ 1000MG	99
SMARTEST SOL CONTROL	146	SOLU-CORTEF INJ 100MG.....	99
SMART SENSE MIS LANC 21G.....	146	SOLU-CORTEF INJ 250MG	99
SMART SENSE MIS LANC 26G.....	146	SOLU-CORTEF INJ 500MG.....	99

SOLUS V2 MIS LANC 28G	146	SPRYCEL TAB 140MG	70
SOLUS V2 MIS LANC 30G	146	SPRYCEL TAB 20MG	70
SOLUS V2 MIS LANC DEV	146	SPRYCEL TAB 50MG	70
SOLUS V2 SOL HIGH	146	SPRYCEL TAB 70MG	70
SOLUS V2 SOL LOW	146	SPRYCEL TAB 80MG	70
SOMA TAB 250MG	164	STALEVO 100 TAB	74
SOMA TAB 350MG	164	STALEVO 125 TAB	74
SOOLANTRA CRE 1%	114	STALEVO 150 TAB	74
<i>sorafenib tosylate tab 200 mg (base</i>		STALEVO 200 TAB	74
<i>equivalent)</i>	69	STALEVO 50 TAB	74
<i>sotalol hcl (afib/afl) tab 120 mg</i>	87	STALEVO 75 TAB	74
<i>sotalol hcl (afib/afl) tab 160 mg</i>	87	<i>stavudine cap 15 mg</i>	82
<i>sotalol hcl (afib/afl) tab 80 mg</i>	87	<i>stavudine cap 20 mg</i>	82
<i>sotalol hcl tab 120 mg</i>	87	<i>stavudine cap 30 mg</i>	82
<i>sotalol hcl tab 160 mg</i>	87	<i>stavudine cap 40 mg</i>	82
<i>sotalol hcl tab 240 mg</i>	87	STELARA INJ 45MG/0.5	107
<i>sotalol hcl tab 80 mg</i>	87	STELARA INJ 90MG/ML	107
SOTYKTU TAB 6MG	106	STERILANCE MIS TL 28G	146
SOTYLIZE SOL 5MG/ML	87	STERILANCE MIS TL 30G	146
SOVALDI PAK 150MG	84	STERILANCE MIS TL 32G	146
SOVALDI PAK 200MG	84	STIOLTO AER 2.5-2.5	33
SOVALDI TAB 200MG	84	STIVARGA TAB 40MG	70
SOVALDI TAB 400MG	84	STRATTERA CAP 100MG	3
SPACE CHAMBR MIS ANTI-STA	157	STRATTERA CAP 10MG	3
SPACE CHAMBR MIS LARGE	157	STRATTERA CAP 18MG	3
SPACE CHAMBR MIS MEDIUM	157	STRATTERA CAP 25MG	3
SPACE CHAMBR MIS SMALL	157	STRATTERA CAP 40MG	3
SPEVIGO INJ 150/1ML	106	STRATTERA CAP 60MG	3
SPIKEVAX INJ 2024-25	184	STRATTERA CAP 80MG	3
<i>spinosad susp 0.9%</i>	114	STRENSIQ INJ 18/0.45	120
SPIRIVA AER 1.25MCG	30	STRENSIQ INJ 28/0.7ML	120
SPIRIVA CAP HANDIHLR	30	STRENSIQ INJ 40MG/ML	120
SPIRIVA SPR 2.5MCG	30	STRENSIQ INJ 80/0.8ML	120
<i>spironolactone & hydrochlorothiazide tab</i>		STRIVERDI AER 2.5MCG	33
<i>25-25 mg</i>	116	STROMECTOL TAB 3MG	24
<i>spironolactone susp 25 mg/5ml</i>	116	SUCRAID SOL 8500/ML	115
<i>spironolactone tab 100 mg</i>	116	<i>sucrafate tab 1 gm</i>	182
<i>spironolactone tab 25 mg</i>	116	SULAR TAB 17MG ER	89
<i>spironolactone tab 50 mg</i>	116	SULAR TAB 34MG ER	89
SPORANOX CAP 100MG	51	SULAR TAB 8.5MG ER	89
SPORANOX SOL 10MG/ML	52	<i>sulconazole nitrate cream 1%</i>	104
SPRAVATO SOL 56MG DOS	41	<i>sulconazole nitrate solution 1%</i>	104
SPRAVATO SOL 84MG DOS	41	<i>sulfacetamide sodium cleansing gel 10%</i>	
SPRYCEL TAB 100MG	70	.....	108

<i>sulfacetamide sodium liquid 10%</i>	108	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	25
<i>sulfacetamide sodium lotion 10% (acne)</i>	101	SULFAMYLLON CRE 85MG/GM	108
<i>sulfacetamide sodium ophth oint 10%</i>	168	<i>sulfasalazine tab 500 mg</i>	126
<i>sulfacetamide sodium ophth soln 10%</i> ...	168	<i>sulfasalazine tab delayed release 500 mg</i>	126
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	169	SULF LIME SOL.....	114
<i>sulfacetamide sodium shampoo 10%</i>	108	<i>sulindac tab 150 mg</i>	13
<i>sulfacetamide sodium shampoo 9.8%</i>	108	<i>sulindac tab 200 mg</i>	13
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	102	SUMADAN WASH LIQ 9-4.5%	102
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	102	<i>sumatriptan nasal spray 20 mg/act</i>	159
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	102	<i>sumatriptan nasal spray 5 mg/act</i>	159
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	102	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	159
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	101	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	159
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	101	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	159
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	102	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	159
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	102	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	160
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	102	<i>sumatriptan succinate tab 100 mg</i>	160
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	102	<i>sumatriptan succinate tab 25 mg</i>	160
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	102	<i>sumatriptan succinate tab 50 mg</i>	160
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	102	SUMAXIN PAD 10-4%.....	102
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	102	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	70
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	102	<i>sunitinib malate cap 25 mg (base equivalent)</i>	70
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	102	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	70
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	102	<i>sunitinib malate cap 50 mg (base equivalent)</i>	70
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	25	SUNOSI TAB 150MG	3
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	25	SUNOSI TAB 75MG	3
		SUPER THIN MIS LANC 28G.....	146
		SUPER THIN MIS LANCETS	146
		SUPREME II LIQ HIGH/LOW	146
		SURE COMFORT MIS LANC 18G	146
		SURE COMFORT MIS LANC 21G	146
		SURE COMFORT MIS LANC 23G	146
		SURE COMFORT MIS LANC 30G	146
		SURE COMFORT MIS LANCETS.....	146
		SURE COMFORT MIS LANC PEN	146

SUREFLEX MIS LANCETS.....	147	TACHOSIL PAD 4.8X4.8.....	131
SURELITE MIS LANCETS.....	147	TACHOSIL PAD 9.5X4.8.....	131
SUSTIVA CAP 200MG.....	82	TACLONEX OIN.....	111
SUSTIVA CAP 50MG.....	82	TACLONEX SUS.....	111
SYMBYAX CAP 3-25MG.....	174	<i>tacrolimus cap 0.5 mg</i>	163
SYMBYAX CAP 6-25MG.....	174	<i>tacrolimus cap 1 mg</i>	163
SYMDEKO TAB 100-150.....	178	<i>tacrolimus cap 5 mg</i>	163
SYMDEKO TAB 50-75MG.....	178	<i>tacrolimus oint 0.03%</i>	112
SYMFI LO TAB.....	82	<i>tacrolimus oint 0.1%</i>	112
SYMFI TAB.....	82	<i>tadalafil tab 10 mg</i>	92
SYMLINPEN 60 INJ 1000MCG.....	45	<i>tadalafil tab 2.5 mg</i>	91
SYMLNPEN 120 INJ 1000MCG.....	45	<i>tadalafil tab 20 mg</i>	92
SYMPROIC TAB 0.2MG.....	126	<i>tadalafil tab 20 mg (pah)</i>	93
SYMTUZA TAB.....	82	<i>tadalafil tab 5 mg</i>	91
SYNALAR CRE 0.025%.....	111	TADLIQ SUS 20MG/5ML.....	93
SYNALAR OIN 0.025%.....	111	TAFINLAR TAB 10MG.....	70
SYNALAR SOL 0.01%.....	111	<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	170
SYNAREL SOL 2MG/ML.....	119	TAGRISSE TAB 40MG.....	65
SYNERA DIS 70-70MG.....	113	TAGRISSE TAB 80MG.....	65
SYNJARDY TAB.....	45	TAI DOC SOL NORM CON.....	147
SYNJARDY TAB 12.5-500.....	45	TAKHZYRO INJ 150MG/ML.....	129
SYNJARDY TAB 5-1000MG.....	45	TAKHZYRO INJ 300/2ML.....	129
SYNJARDY TAB 5-500MG.....	45	TALICIA CAP.....	183
SYNJARDY XR TAB.....	46	TAMIFLU CAP 30MG.....	85
SYNJARDY XR TAB 10-1000.....	46	TAMIFLU CAP 45MG.....	85
SYNJARDY XR TAB 25-1000.....	46	TAMIFLU CAP 75MG.....	85
SYNJARDY XR TAB 5-1000MG.....	46	TAMIFLU SUS 6MG/ML.....	85
SYNTHROID TAB 100MCG.....	180	<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	66
SYNTHROID TAB 112MCG.....	180	<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	66
SYNTHROID TAB 125MCG.....	180	<i>tamsulosin hcl cap 0.4 mg</i>	127
SYNTHROID TAB 137MCG.....	180	TARCEVA TAB 100MG.....	65
SYNTHROID TAB 150MCG.....	180	TARCEVA TAB 150MG.....	65
SYNTHROID TAB 175MCG.....	180	<i>tasimelteon capsule 20 mg</i>	132
SYNTHROID TAB 200MCG.....	180	TASMAR TAB 100MG.....	71
SYNTHROID TAB 25MCG.....	180	TAVNEOS CAP 10MG.....	129
SYNTHROID TAB 300MCG.....	180	<i>tazarotene cream 0.1%</i>	107
SYNTHROID TAB 50MCG.....	180	<i>tazarotene gel 0.05%</i>	107
SYNTHROID TAB 75MCG.....	180	<i>tazarotene gel 0.1%</i>	107
SYNTHROID TAB 88MCG.....	180	TB SYRINGE MIS 0.5/28G.....	156
SYRG/NDL 3ML MIS 22G X 1.....	155	TDVAX INJ 2-2 LF.....	181
SYRG/NDL 3ML MIS 25GX5/8.....	155	TECHLITE AST MIS LANCETS.....	147
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TECHLITE MIS LANC 26G	147	<i>terazosin hcl cap 2 mg (base equivalent)</i> .58
TECHLITE MIS LANCETS.....	147	<i>terazosin hcl cap 5 mg (base equivalent)</i> .58
TEGSEDI INJ 284/1.5.....	178	<i>terbinafine hcl tab 250 mg</i>.....51
TEKTURNA HCT TAB 150-12.5.....	61	<i>terbutaline sulfate tab 2.5 mg</i>.....33
TEKTURNA HCT TAB 150-25MG.....	61	<i>terbutaline sulfate tab 5 mg</i>.....33
TEKTURNA HCT TAB 300-12.5.....	61	<i>terconazole vaginal cream 0.4%</i>.....185
TEKTURNA HCT TAB 300-25MG.....	61	<i>terconazole vaginal cream 0.8%</i>.....185
TEKTURNA TAB 150MG	62	<i>terconazole vaginal suppos 80 mg</i> .....185
TEKTURNA TAB 300MG	62	<i>teriflunomide tab 14 mg</i> .....177
<i>telmisartan-amlodipine tab 40-10 mg</i>	61	<i>teriflunomide tab 7 mg</i>.....177
<i>telmisartan-amlodipine tab 40-5 mg</i>	61	<i>teriparatide soln pen-inj 600 mcg/2.4ml</i> .118
<i>telmisartan-amlodipine tab 80-10 mg</i>	61	<i>testosterone cypionate im inj in oil 100</i>
<i>telmisartan-amlodipine tab 80-5 mg</i>	61	<i>mg/ml</i> .....23
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>testosterone cypionate im inj in oil 200</i>
<i>12.5 mg</i>	61	<i>mg/ml</i> .....23
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>		<i>testosterone enanthate im inj in oil 200</i>
<i>mg</i>	61	<i>mg/ml</i> .....23
<i>telmisartan-hydrochlorothiazide tab 80-25</i>		<i>testosterone td gel 10mg/act (2%)</i>.....23
<i>mg</i>	61	<i>testosterone td gel 12.5 mg/act (1%)</i> .....23
<i>telmisartan tab 20 mg</i>	57	<i>testosterone td gel 20.25 mg/1.25gm</i>
<i>telmisartan tab 40 mg</i>	57	<i>(1.62%)</i>.....23
<i>telmisartan tab 80 mg</i>	58	<i>testosterone td gel 20.25 mg/act (1.62%)</i> 23
<i>temazepam cap 15 mg</i>	132	<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....23
<i>temazepam cap 22.5 mg</i>	132	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>
<i>temazepam cap 30 mg</i>	132	.....23
<i>temazepam cap 7.5 mg</i>	132	<i>testosterone td gel 50 mg/5gm (1%)</i> .....23
TEMBEXA SUS 10MG/ML	85	<i>testosterone td soln 30 mg/act</i>.....23
TEMBEXA TAB 100MG	85	TET/DIP TOX INJ 2-2 LF.....181
TEMODAR CAP 250MG	64	<i>tetrabenazine tab 12.5 mg</i> .....175
<i>temozolomide cap 100 mg</i>	64	<i>tetrabenazine tab 25 mg</i>.....175
<i>temozolomide cap 140 mg</i>	64	<i>tetracaine hcl ophth soln 0.5%</i>.....168
<i>temozolomide cap 180 mg</i>	64	<i>tetracycline hcl cap 250 mg</i>.....179
<i>temozolomide cap 20 mg</i>	64	<i>tetracycline hcl cap 500 mg</i>.....179
<i>temozolomide cap 250 mg</i>	64	TEXACORT SOL 2.5%.....111
<i>temozolomide cap 5 mg</i>	64	TEZSPIRE INJ 210MG
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TENORETIC TAB 50	61	TGT LANCING MIS DEVICE.....
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TENORMIN TAB 25MG.....	86	THALOMID CAP 150MG.....
TENORMIN TAB 50MG	86	THALOMID CAP 200MG
<i>terazosin hcl cap 10 mg (base equivalent)</i> 58		THALOMID CAP 50MG
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..58		<i>theophylline elixir 80 mg/15ml</i> .....33

<i>theophylline soln 80 mg/15ml</i>	33	<i>timolol maleate tab 5 mg</i>	87
<i>theophylline tab er 12hr 300 mg</i>	33	TIMOPTIC SOL 0.25% OP	166
<i>theophylline tab er 12hr 450 mg</i>	33	TIMOPTIC SOL 0.5% OP	166
<i>theophylline tab er 24hr 400 mg</i>	33	TIMOPTIC-XE SOL 0.25% OP	167
<i>theophylline tab er 24hr 600 mg</i>	33	TIMOPTIC-XE SOL 0.5% OP	167
THIN LANCETS MIS 26G	147	<i>tinidazole tab 250 mg</i>	24
THIN LANCETS MIS 30G	147	<i>tinidazole tab 500 mg</i>	24
THINLETS GP MIS 26G	147	<i>tiopronin tab 100 mg</i>	128
<i>thioridazine hcl tab 100 mg</i>	79	<i>tiopronin tab delayed release 100 mg</i>	128
<i>thioridazine hcl tab 10 mg</i>	79	<i>tiopronin tab delayed release 300 mg</i>	128
<i>thioridazine hcl tab 25 mg</i>	79	TISSEEL KIT 10ML	131
<i>thioridazine hcl tab 50 mg</i>	79	TISSEEL KIT 2ML	131
<i>thiothixene cap 10 mg</i>	80	TISSEEL KIT 4ML	131
<i>thiothixene cap 1 mg</i>	79	TISSEEL SOL 10ML	131
<i>thiothixene cap 2 mg</i>	80	TISSEEL SOL 2ML	131
<i>thiothixene cap 5 mg</i>	80	TISSEEL SOL 4ML	131
<i>tiagabine hcl tab 12 mg</i>	39	TIVICAY PD TAB 5MG	82
<i>tiagabine hcl tab 16 mg</i>	39	TIVICAY TAB 10MG	82
<i>tiagabine hcl tab 2 mg</i>	39	TIVICAY TAB 25MG	82
<i>tiagabine hcl tab 4 mg</i>	39	TIVICAY TAB 50MG	82
TIAZAC CAP 120MG/24	89	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	164
TIAZAC CAP 180MG/24	89	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	164
TIAZAC CAP 240MG/24	89	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	164
TIAZAC CAP 300MG/24	89	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	165
TIAZAC CAP 360MG/24	89	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	165
TIAZAC CAP 420MG/24	89	TOBRADEX OIN 0.3-0.1%	169
TIBSOVO TAB 250MG	70	TOBRADEX SUS 0.3-0.1%	169
TIKOSYN CAP 125MCG	29	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	169
TIKOSYN CAP 250MCG	29	<i>tobramycin nebu soln 300 mg/4ml</i>	5
TIKOSYN CAP 500MCG	29	<i>tobramycin nebu soln 300 mg/5ml</i>	5
<i>timolol maleate ophth gel forming soln</i> 0.25%	166	<i>tobramycin ophth soln 0.3%</i>	168
<i>timolol maleate ophth gel forming soln</i> 0.5%	166	TOBREX OIN 0.3% OP	168
<i>timolol maleate ophth soln 0.25%</i>	166	<i>tolcapone tab 100 mg</i>	71
<i>timolol maleate ophth soln 0.5%</i>	166	<i>tolmetin sodium cap 400 mg</i>	13
<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i>	166	<i>tolmetin sodium tab 600 mg</i>	13
<i>timolol maleate preservative free ophth soln</i> 0.25%	166	<i>tolterodine tartrate cap er 24hr 2 mg</i>	183
<i>timolol maleate preservative free ophth soln</i> 0.5%	166	<i>tolterodine tartrate cap er 24hr 4 mg</i>	184
<i>timolol maleate tab 10 mg</i>	87	<i>tolterodine tartrate tab 1 mg</i>	184
<i>timolol maleate tab 20 mg</i>	87	<i>tolterodine tartrate tab 2 mg</i>	184
		<i>tolvaptan tab 15 mg</i>	121

<i>tolvaptan tab 30 mg</i>	121	<i>tramadol hcl tab er 24hr biphasic release</i>	
TOOMEY SYRIN MIS 70ML	156	200 mg	20
TOPAMAX SPR CAP 15MG	38	<i>tramadol hcl tab er 24hr biphasic release</i>	
TOPAMAX SPR CAP 25MG	38	300 mg	20
TOPAMAX TAB 100MG	38	<i>trandolapril tab 1 mg</i>	57
TOPAMAX TAB 200MG	38	<i>trandolapril tab 2 mg</i>	57
TOPAMAX TAB 25MG	38	<i>trandolapril tab 4 mg</i>	57
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TOPICORT CRE 0.25%	111	61
TOPICORT GEL 0.05%.....	111	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
TOPICORT OIN 0.05%	111	61
TOPICORT OIN 0.25%.....	111	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
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<i>topiramate cap er 24hr 100 mg</i>	38	<i>tranexamic acid tab 650 mg</i>	131
<i>topiramate cap er 24hr 200 mg</i>	38	TRANXENE T TAB 7.5MG.....	29
<i>topiramate cap er 24hr 25 mg</i>	38	<i>tranylcypromine sulfate tab 10 mg</i>	41
<i>topiramate cap er 24hr 50 mg</i>	38	TRAVEL LANCE MIS 30G	147
<i>topiramate sprinkle cap 15 mg</i>	38	TRAVEL LANCE MIS ADV 28G.....	147
<i>topiramate sprinkle cap 25 mg</i>	39	<i>travoprost ophth soln 0.004%</i>	
<i>topiramate tab 100 mg</i>	39	(<i>benzalkonium free</i>) (<i>bak free</i>)	170
<i>topiramate tab 200 mg</i>	39	<i>trazodone hcl tab 100 mg</i>	42
<i>topiramate tab 25 mg</i>	39	<i>trazodone hcl tab 150 mg</i>	42
<i>topiramate tab 50 mg</i>	39	<i>trazodone hcl tab 300 mg</i>	42
<i>toremifene citrate tab 60 mg (base</i>		<i>trazodone hcl tab 50 mg</i>	42
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<i>toremide tab 10 mg</i>	116	TRELEGY AER 200MCG	33
<i>toremide tab 20 mg</i>	116	TREMFYA INJ 100MG/ML.....	107
<i>toremide tab 5 mg</i>	116	TRESIBA FLEX INJ 100UNIT	48
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TOUJEO SOLO INJ 300/ML	48	TRESIBA INJ 100UNIT	48
TPOXX CAP 200MG	85	<i>tretinoin cap 10 mg</i>	71
<i>tramadol-acetaminophen tab 37.5-325 mg</i>		<i>tretinoin cream 0.025%</i>	102
.....	21	<i>tretinoin cream 0.05%</i>	102
<i>tramadol hcl oral soln 5 mg/ml</i>	20	<i>tretinoin cream 0.1%</i>	102
<i>tramadol hcl tab 50 mg</i>	20	<i>tretinoin gel 0.01%</i>	102
<i>tramadol hcl tab er 24hr 100 mg</i>	20	<i>tretinoin gel 0.025%</i>	102
<i>tramadol hcl tab er 24hr 200 mg</i>	20	<i>tretinoin gel 0.05%</i>	102
<i>tramadol hcl tab er 24hr 300 mg</i>	20	<i>tretinoin microsphere gel 0.04%</i>	102
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>tretinoin microsphere gel 0.08%</i>	102
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<i>triamcinolone acetonide cream 0.025%</i> ..	111	TRILIPIX CAP 45MG	54
<i>triamcinolone acetonide cream 0.1%</i>	111	<i>trimethobenzamide hcl cap 300 mg</i>	50
<i>triamcinolone acetonide cream 0.5%</i>	111	<i>trimethoprim tab 100 mg</i>	24
<i>triamcinolone acetonide dental paste 0.1%</i>	164	<i>trimipramine maleate cap 100 mg</i>	45
<i>triamcinolone acetonide lotion 0.025%</i>	111	<i>trimipramine maleate cap 25 mg</i>	44
<i>triamcinolone acetonide lotion 0.1%</i>	111	<i>trimipramine maleate cap 50 mg</i>	44
<i>triamcinolone acetonide oint 0.025%</i>	111	TRINTELLIX TAB 10MG	42
<i>triamcinolone acetonide oint 0.1%</i>	111	TRINTELLIX TAB 20MG.....	42
<i>triamcinolone acetonide oint 0.5%</i>	111	TRINTELLIX TAB 5MG.....	42
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<i>triamterene cap 100 mg</i>	117	TROKENDI XR CAP 100MG	39
<i>triamterene cap 50 mg</i>	116	TROKENDI XR CAP 200MG.....	39
<i>triazolam tab 0.125 mg</i>	132	TROKENDI XR CAP 25MG	39
<i>triazolam tab 0.25 mg</i>	132	TROKENDI XR CAP 50MG	39
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TRIBENZOR40- TAB 5-25MG	61	TRUECONTROL LIQ LEVEL 0.....	147
TRIDESILON CRE 0.05%.....	111	TRUECONTROL LIQ LEVEL 1.....	147
<i>trientine hcl cap 250 mg</i>	161	TRUEDRAW MIS LANC DEV	147
<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	79	TRUE METRIX SOL LEVEL 1.....	147
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<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	79	TRUE METRIX SOL LEVEL 3	147
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<i>trihexyphenidyl hcl tab 2 mg</i>	71	TRULICITY INJ 3/0.5	47
<i>trihexyphenidyl hcl tab 5 mg</i>	71	TRULICITY INJ 4.5/0.5.....	47
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UNISTIK TOUC MIS LANC 28G.....	149	<i>mg</i>	62
UNISTIK TOUC MIS LANC 30G.....	149	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
UNITSTIK PRO MIS LANC 25G	149	<i>mg</i>	62
UNIVERSAL 1 MIS 33G	149	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
UNIVERSAL 1 MIS LANC 26G.....	149	<i>mg</i>	62
UNIVERSAL 1 MIS LANC 30G	149	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
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UPTRAVI TAB 1200MCG.....	93	<i>mg</i>	62
UPTRAVI TAB 1400MCG.....	93	<i>valsartan oral soln 4 mg/ml</i>	58
UPTRAVI TAB 1600MCG.....	93	<i>valsartan tab 160 mg</i>	58
UPTRAVI TAB 200MCG	93	<i>valsartan tab 320 mg.....</i>	58
UPTRAVI TAB 400MCG	93	<i>valsartan tab 40 mg</i>	58
UPTRAVI TAB 600MCG	93	<i>valsartan tab 80 mg</i>	58
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<i>urea cream 39%</i>	112	VALTOCO SPR 15MG.....	36
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<i>urea cream 45%</i>	112	VALTOCO SPR 5MG	36
<i>urea cream 47%</i>	112	VANCOCIN CAP 125MG.....	25
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UROCIT-K 15 TAB	127	<i>vancomycin hcl cap 125 mg (base</i>	
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UROGESIC- TAB BLUE	25	<i>vancomycin hcl cap 250 mg (base</i>	
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<i>ursodiol cap 300 mg</i>	124	<i>vancomycin hcl for oral soln 25 mg/ml</i>	
<i>ursodiol tab 250 mg</i>	124	<i>(base equivalent).....</i>	25
<i>ursodiol tab 500 mg</i>	124	<i>vancomycin hcl for oral soln 50 mg/ml</i>	
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<i>equiv)</i>	83	<i>vardenafil hcl tab 10 mg</i>	92
<i>valganciclovir hcl tab 450 mg (base</i>		<i>vardenafil hcl tab 2.5 mg.....</i>	92
<i>equivalent).....</i>	83	<i>vardenafil hcl tab 20 mg.....</i>	92
VALIUM TAB 10MG	29	<i>vardenafil hcl tab 5 mg.....</i>	92
VALIUM TAB 2MG.....	29	<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	
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<i>valproate sodium oral soln 250 mg/5ml</i>		<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i>	
<i>(base equiv)</i>	40	<i>mg start pack.....</i>	178

<i>varenicline tartrate tab 1 mg (base equiv)</i>	<i>verapamil hcl cap er 24hr 240 mg</i>	89
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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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 - 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.

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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

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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) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé ìgbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ìjíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ 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 nasasaklawan 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 bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é 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 ozu niile nwere ike ikpo 855-258-6518 wee chere ububu ahuru roo 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'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.