

CareFirst Formulary 2

2026

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.

**CareFirst Formulary 2 (non-ACA), 3T (fully-insured) Effective
05/01/2026**

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

AMPHETAMINES

ADDERALL TAB 5MG	3	PA, QL (3 tabs every 1 day); MNPA
ADDERALL TAB 7.5MG	3	PA, QL (3 tabs every 1 day); MNPA
ADDERALL TAB 10MG	3	PA, QL (3 tabs every 1 day); MNPA
ADDERALL TAB 12.5MG	3	PA, QL (3 tabs every 1 day); MNPA
ADDERALL TAB 15MG	3	PA, QL (2 tabs every 1 day); MNPA
ADDERALL TAB 20MG	3	PA, QL (2 tabs every 1 day); MNPA
ADDERALL TAB 30MG	3	PA, QL (1 tab every 1 day); MNPA
ADDERALL XR CAP 5MG	3	PA, QL (3 caps every 1 day); MNPA
ADDERALL XR CAP 10MG	3	PA, QL (3 caps every 1 day); MNPA
ADDERALL XR CAP 15MG	3	PA, QL (1 cap every 1 day); MNPA
ADDERALL XR CAP 20MG	3	PA, QL (1 cap every 1 day); MNPA
ADDERALL XR CAP 25MG	3	PA, QL (1 cap every 1 day); MNPA
ADDERALL XR CAP 30MG	3	PA, QL (1 cap every 1 day); MNPA
ADZENYS XR TAB 3.1MG	3	PA, QL (2 ea every 1 day); MNPA
ADZENYS XR TAB 6.3MG	3	PA, QL (2 ea every 1 day); MNPA
ADZENYS XR TAB 9.4MG	3	PA, QL (2 ea every 1 day); MNPA
ADZENYS XR TAB 12.5MG	3	PA, QL (1 ea every 1 day); MNPA
ADZENYS XR TAB 15.7 MG	3	PA, QL (1 ea every 1 day); MNPA
ADZENYS XR TAB 18.8MG	3	PA, QL (1 ea every 1 day); MNPA
<i>amphetamine sulfate tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine tab extended release disintegrating 3.1 mg</i>	1	QL (2 ea every 1 day)
<i>amphetamine tab extended release disintegrating 6.3 mg</i>	1	QL (2 ea every 1 day)
<i>amphetamine tab extended release disintegrating 9.4 mg</i>	1	QL (2 ea every 1 day)
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	1	QL (1 ea every 1 day)
<i>amphetamine tab extended release disintegrating 15.7 mg</i>	1	QL (1 ea every 1 day)
<i>amphetamine tab extended release disintegrating 18.8 mg</i>	1	QL (1 ea every 1 day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (2 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (2 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (1 tab every 1 day)
ARYNTA SOL 10MG/ML	3	PA; MNPA
DESOXYN TAB 5MG	3	QL (6 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (4 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (2 caps every 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (48 mL every 1 day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (2 tabs every 1 day)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (2 tabs every 1 day)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (1 tab every 1 day)
DYANAVEL XR SUS 2.5MG/ML	3	PA, QL (8 mL every 1 day); MNPA
DYANAVEL XR TAB 5MG	3	PA, QL (2 tabs every 1 day); MNPA
DYANAVEL XR TAB 10MG	3	PA, QL (2 tabs every 1 day); MNPA
DYANAVEL XR TAB 15MG	3	PA, QL (1 tab every 1 day); MNPA
DYANAVEL XR TAB 20MG	3	PA, QL (1 tab every 1 day); MNPA
EVEKEO TAB 5MG	3	PA, QL (4 tabs every 1 day); MNPA
EVEKEO TAB 10MG	3	PA, QL (4 tabs every 1 day); MNPA
<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)
MYDAYIS CAP 12.5MG	3	PA; MNPA
MYDAYIS CAP 25MG	3	PA; MNPA
MYDAYIS CAP 37.5MG	3	PA, QL (1 cap every 1 day); MNPA

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

ANALEPTICS

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

ADIPEX-P CAP 37.5MG	3	PA, QL (1 unit every 1 day); Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	PA, QL (1 unit every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
QSYMIA CAP 11.25-69	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits

ANTI-OBESITY AGENTS

<i>orlistat cap 120 mg</i>	1	PA, QL (90 caps per 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	3	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY TAB 1.5MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 4MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 9MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
WEGOVY TAB 25MG	2	PA, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
ZEPBOUND INJ 2.5/0.5	2	PA, QL (1 package per 28 days); MNPA; Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
ZEPBOUND INJ 5/0.5ML	2	PA, QL (1 package per 28 days); MNPA; Coverage is subject to your plan/benefits
ZEPBOUND INJ 7.5/0.5	2	PA, QL (1 package per 28 days); MNPA; Coverage is subject to your plan/benefits
ZEPBOUND INJ 10/0.5ML	2	PA, QL (1 package per 28 days); MNPA; Coverage is subject to your plan/benefits
ZEPBOUND INJ 12.5/0.5	2	PA, QL (1 package per 28 days); MNPA; Coverage is subject to your plan/benefits
ZEPBOUND INJ 15/0.5ML	2	PA, QL (1 package per 28 days); MNPA; Coverage is subject to your plan/benefits

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
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.		
APTENSIO XR CAP 10MG	3	PA, QL (2 caps every 1 day); MNPA
APTENSIO XR CAP 15MG	3	PA, QL (2 caps every 1 day); MNPA
APTENSIO XR CAP 20MG	3	PA, QL (2 caps every 1 day); MNPA
APTENSIO XR CAP 30MG	3	PA, QL (2 caps every 1 day); MNPA
APTENSIO XR CAP 40MG	3	PA, QL (1 cap every 1 day); MNPA
APTENSIO XR CAP 50MG	3	PA, QL (1 cap every 1 day); MNPA
APTENSIO XR CAP 60MG	3	PA, QL (1 cap every 1 day); MNPA
<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)
CONCERTA TAB 18MG	3	PA, QL (2 tabs every 1 day); MNPA
CONCERTA TAB 27MG	3	PA, QL (2 tabs every 1 day); MNPA
CONCERTA TAB 36MG	3	PA, QL (2 tabs every 1 day); MNPA
CONCERTA TAB 54MG	3	PA, QL (1 tab every 1 day); MNPA
DAYTRANA DIS 10MG/9HR	3	PA, QL (1 patch every 1 day); MNPA
DAYTRANA DIS 15MG/9HR	3	PA, QL (1 ea every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA DIS 20MG/9HR	3	PA, QL (1 patch every 1 day); MNPA
DAYTRANA DIS 30MG/9HR	3	PA, QL (1 patch every 1 day); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 10MG	3	QL (2 tabs every 1 day)
FOCALIN XR CAP 10MG	3	PA, QL (2 caps every 1 day); MNPA
FOCALIN XR CAP 15MG	3	PA, QL (2 caps every 1 day); MNPA
FOCALIN XR CAP 20MG	3	PA, QL (2 caps every 1 day); MNPA
FOCALIN XR CAP 25MG	3	PA, QL (1 cap every 1 day); MNPA
FOCALIN XR CAP 30MG	3	PA, QL (1 cap every 1 day); MNPA
FOCALIN XR CAP 40MG	3	PA, QL (1 cap every 1 day); MNPA
JORNAY PM CAP 20MG ER	3	PA, QL (2 caps every 1 day); MNPA
JORNAY PM CAP 40MG ER	3	PA, QL (2 caps every 1 day); MNPA
JORNAY PM CAP 60MG ER	3	PA, QL (1 cap every 1 day); MNPA
JORNAY PM CAP 80MG ER	3	PA, QL (1 cap every 1 day); MNPA
JORNAY PM CAP 100MG ER	3	PA, QL (1 cap every 1 day); MNPA
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)

Drug Name	Drug Tier	Requirements/Limits
<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 diffusion 27 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er diffusion 36 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er diffusion 54 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate td patch 10 mg/9hr</i>	1	QL (1 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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)
NUVIGIL TAB 50MG	3	PA; MNPA
NUVIGIL TAB 150MG	3	PA; MNPA
NUVIGIL TAB 200MG	3	PA; MNPA
NUVIGIL TAB 250MG	3	PA; MNPA
PROVIGIL TAB 100MG	3	PA; MNPA
PROVIGIL TAB 200MG	3	PA; MNPA
QUILLICHEW CHW 20MG ER	3	PA; MNPA
QUILLICHEW CHW 30MG ER	3	PA; MNPA
QUILLICHEW CHW 40MG ER	3	PA, QL (1 tab every 1 day); MNPA
QUILLIVANT SUS 25MG/5ML	3	PA, QL (14 mL every 1 day); MNPA
RITALIN LA CAP 10MG	3	PA, QL (2 caps every 1 day); MNPA
RITALIN LA CAP 20MG	3	PA, QL (2 caps every 1 day); MNPA
RITALIN LA CAP 30MG	3	PA, QL (2 caps every 1 day); MNPA
RITALIN LA CAP 40MG	3	PA, QL (1 cap every 1 day); MNPA
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

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

AMEBICIDES

AMEBICIDES

SOLOSEC GRA 2GM	3	PA; MNPA
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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)
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (10 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 10/0.1ML	2	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 20/0.2ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-FKJP KIT 20/0.4ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

Drug Name	Drug Tier	Requirements/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.
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 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-PLAQ INJ PSORIASI	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	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.

Drug Name	Drug Tier	Requirements/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.
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.

Drug Name	Drug Tier	Requirements/Limits
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.
XELJANZ XR TAB 11MG	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP INJ 10MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	3	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 20MG	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	3	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	3	PA, QL (4 pens every 28 days)
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)
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	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA INJ 162/0.9	3	PA, QL (0.143 pens every 1 day); MNPA
AVTOZMA INJ 162/0.9	3	PA, QL (0.143 syringes every 1 day); MNPA
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.

Drug Name	Drug Tier	Requirements/Limits
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	
ARTHROTEC 50 TAB	3	PA; MNPA
ARTHROTEC 75 TAB	3	PA; MNPA
CELEBREX CAP 50MG	3	PA; MNPA
CELEBREX CAP 100MG	3	PA; MNPA
CELEBREX CAP 200MG	3	PA; MNPA
CELEBREX CAP 400MG	3	PA; MNPA
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
<i>diclofenac potassium cap 25 mg</i>	1	PA; MNPA
<i>diclofenac potassium tab 25 mg</i>	1	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	PA; MNPA
<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	
<i>fenoprofen calcium cap 400 mg</i>	1	PA; MNPA
<i>fenoprofen calcium tab 600 mg</i>	1	PA; MNPA
FENOPROFEN CAP 200MG	3	PA; MNPA
<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	
INDOCIN SUS 25MG/5ML	3	PA; MNPA
<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 suppos 50 mg</i>	1	PA; MNPA
<i>indomethacin susp 25 mg/5ml</i>	1	
<i>ketoprofen cap 25 mg</i>	1	PA; MNPA
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	PA; MNPA
<i>ketorolac tromethamine tab 10 mg</i>	1	
LURBIPR TAB 100MG	3	
<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 cap 5 mg</i>	1	PA; MNPA
<i>meloxicam cap 10 mg</i>	1	PA; MNPA
<i>meloxicam susp 7.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	PA; MNPA
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	PA; MNPA
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	PA; MNPA
NAPRELAN TAB 500MG CR	3	PA; MNPA
NAPRELAN TAB 750MG CR	3	PA; MNPA
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 sodium tab er 24hr 375 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen susp 125 mg/5ml</i>	1	PA; MNPA
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	PA; MNPA
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	1	PA; MNPA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	1	PA; MNPA
<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	
SPRIX SPR 15.75MG	3	PA; MNPA
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 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	
ZYNRELEF INJ 400-12MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 10/20/30	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 20MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 30MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA XR TAB 75MG	2	PA, QL (1 tab every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA/XR TAB 28 DAY	2	PA, QL (41 tablets every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 cap 50-300 mg</i>	1	PA; MNPA
<i>butalbital-acetaminophen tab 50-300 mg</i>	1	PA; MNPA
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	PA; MNPA
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	PA; MNPA
<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	
FIORICET CAP	3	PA; MNPA

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

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)
DISKETS TAB 40MG	3	
<i>fentanyl citrate buccal tab 200 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
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
HYDRO/NACL INJ 100/100	3	PA; MNPA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (60 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
HYDROMO/NACL INJ 50/50ML	3	PA; MNPA
HYDROMORPHON INJ 30/30ML	3	PA; MNPA
HYDROMORPHON INJ 50/50ML	3	PA; MNPA
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
HYSINGLA ER TAB 20 MG	2	PA, QL (1 tab every 1 day); MNPA
HYSINGLA ER TAB 30 MG	2	PA, QL (1 tab every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 40 MG	2	PA, QL (1 tab every 1 day); MNPA
HYSINGLA ER TAB 60 MG	2	PA, QL (1 tab every 1 day); MNPA
HYSINGLA ER TAB 80 MG	2	PA, QL (1 tab every 1 day); MNPA
HYSINGLA ER TAB 100 MG	2	PA; MNPA
HYSINGLA ER TAB 120 MG	2	PA; MNPA
<i>levorphanol tartrate tab 2 mg</i>	1	PA; MNPA
<i>levorphanol tartrate tab 3 mg</i>	1	PA; MNPA
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA, 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
NUCYNTA ER TAB 50MG	3	PA, QL (60 tabs every 25 days); MNPA
NUCYNTA ER TAB 100MG	3	PA, QL (60 tabs every 25 days); MNPA
NUCYNTA ER TAB 150MG	3	PA, QL (60 tabs every 25 days); MNPA
NUCYNTA ER TAB 200MG	3	PA, QL (60 tabs every 25 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 250MG	3	PA, QL (60 tabs every 25 days); MNPA
NUCYNTA TAB 50MG	3	PA, QL (120 tabs every 25 days); MNPA
NUCYNTA TAB 75MG	3	PA, QL (90 tabs every 25 days); MNPA
NUCYNTA TAB 100MG	3	PA, QL (60 tabs every 25 days); MNPA
<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)
<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)
OXYCONTIN TAB 10MG ER	3	PA; MNPA
OXYCONTIN TAB 15MG ER	3	PA; MNPA
OXYCONTIN TAB 20MG ER	3	PA; MNPA
OXYCONTIN TAB 30MG ER	3	PA; MNPA
OXYCONTIN TAB 40MG ER	3	PA; MNPA
OXYCONTIN TAB 60MG ER	3	PA; MNPA
OXYCONTIN TAB 80MG ER	3	PA; MNPA
<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)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA; MNPA
ROXICODONE TAB 15MG	3	PA, QL (120 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TAB 30MG	3	PA, QL (60 tabs every 25 days)
<i>tapentadol hcl tab 50 mg</i>	1	PA, QL (120 tabs every 25 days)
<i>tapentadol hcl tab 75 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>tapentadol hcl tab 100 mg</i>	1	PA, QL (60 tabs every 25 days)
TAPENTADOL TAB 50MG ER	3	PA; MNPA
TAPENTADOL TAB 100MG ER	3	PA; MNPA
TAPENTADOL TAB 150MG ER	3	PA; MNPA
TAPENTADOL TAB 200MG ER	3	PA; MNPA
TAPENTADOL TAB 250MG ER	3	PA; MNPA
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	1	PA; MNPA
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	1	PA; MNPA
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	1	PA; MNPA
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>tramadol hcl tab 100 mg</i>	1	PA; MNPA
<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); MNPA
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps every 25 days); MNPA
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 25 days); MNPA
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 25 days); MNPA
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 25 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
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	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	PA
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	PA
FIORICET CAP CODEINE	3	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-325 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)
<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)
PERCOCET TAB 2.5-325	3	PA, QL (12 tabs every 1 day); MNPA
PERCOCET TAB 5-325MG	3	PA, QL (12 tabs every 1 day); MNPA
PERCOCET TAB 7.5-325	3	PA, QL (8 tabs every 1 day); MNPA
PERCOCET TAB 10-325MG	3	PA, QL (6 tabs every 1 day); MNPA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (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	PA, QL (2 bottles every 25 days)
BUTRANS DIS 5MCG/HR	3	PA; MNPA
BUTRANS DIS 7.5/HR	3	PA; MNPA
BUTRANS DIS 10MCG/HR	3	PA; MNPA
BUTRANS DIS 15MCG/HR	3	PA; MNPA
BUTRANS DIS 20MCG/HR	3	PA; MNPA
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
SUBOXONE MIS 2-0.5MG	3	PA; MNPA
SUBOXONE MIS 4-1MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 8-2MG	3	PA; MNPA
SUBOXONE MIS 12-3MG	3	PA; MNPA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

ANDROGENS-ANABOLIC

ANDROGENS

ANDROGEL GEL 1.62%	3	PA; MNPA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
FORTESTA GEL 10MG/ACT	3	PA; MNPA
JATENZO CAP 158MG	3	PA; MNPA
JATENZO CAP 198MG	3	PA; MNPA
JATENZO CAP 237MG	3	PA; MNPA
KYZATREX CAP 200MG	3	PA; MNPA
<i>methyltestosterone cap 10 mg</i>	1	
<i>methyltestosterone oral tab 10 mg</i>	1	
NATESTO GEL 5.5MG	2	PA
TESTIM GEL 1%(50MG)	3	PA; MNPA
<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
VOGELXO GEL 1%(50MG)	3	PA; MNPA
VOGELXO GEL PUMP 1%	3	PA; MNPA
XYOSTED INJ 50/0.5ML	3	PA; MNPA
XYOSTED INJ 75/0.5ML	3	PA; MNPA
XYOSTED INJ 100/0.5	3	PA; MNPA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	1	
CORTENEMA ENE 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
UCERIS AER 2MG/ACT	3	
RECTAL COMBINATIONS		
ANALPRAM HC CRE 1-1%	3	
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM HC LOT 2.5%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUCORT-HC SUP 25MG	3	
ANUSOL-HC CRE 2.5%	3	
ANUSOL-HC SUP 25MG	3	
HEMMOREX-HC SUP 25MG	3	
HEMMOREX-HC SUP 30MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
CONTEPO INJ 6GM	3	PA; MNPA
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-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	
URELLE TAB	3	
UROGESIC- TAB BLUE	3	
VILAMIT MB CAP 118MG	3	
VILEVEV MB TAB 81MG	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)

Drug Name	Drug Tier	Requirements/Limits
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PENEMS		
ORLYNVAH TAB 500-500	3	
URINARY ANTI-INFECTIVES		
BLUJEP A TAB 750MG	3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
MACRODANTIN CAP 25MG	3	PA; MNPA
MACRODANTIN CAP 50MG	3	PA; MNPA
MACRODANTIN CAP 100MG	3	PA; MNPA
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i>	1	PA; MNPA
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	3	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	3	
<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	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTI-ANXIETY AGENTS		
ANTI-ANXIETY 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	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
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	
ATIVAN INJ 2MG/ML	3	PA; MNPA
ATIVAN INJ 4MG/ML	3	PA; MNPA
ATIVAN TAB 0.5MG	3	PA; MNPA
ATIVAN TAB 1MG	3	PA; MNPA
ATIVAN TAB 2MG	3	PA; MNPA
<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	

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG	3	PA; MNPA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG	3	PA; MNPA
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	

ANTIARRHYTHMICS TYPE III

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (8 mL every 1 day)
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ANTI-ASTHMATIC - 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 28 days)
NUCALA INJ 40MG/0.4	2	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 pens every 28 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)
INCRUSE ELPT INH 62.5MCG	3	PA, QL (1 blister every 1 day); MNPA
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	1	QL (1 package every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA CAP HANDIHLR	1	PA, QL (1 package every 25 days); Brand preferred over generic
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 25 days)
TUDORZA PRES AER 400/ACT	3	PA, QL (2 packages every 25 days); MNPA
YUPELRI NEB 175/3ML	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
SINGULAIR CHW 4MG	3	PA; MNPA
SINGULAIR CHW 5MG	3	PA; MNPA
SINGULAIR GRA 4MG	3	PA; MNPA
SINGULAIR TAB 10MG	3	PA; MNPA
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	PA; MNPA
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	3	PA; MNPA
DALIRESP TAB 500MCG	3	PA; MNPA
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ALVESCO AER 80MCG	3	PA, QL (3 packages every 25 days); MNPA
ALVESCO AER 160MCG	3	PA, QL (2 packages every 25 days); MNPA
ARNUIITY ELPT INH 50MCG	3	PA, QL (1 package every 25 days); MNPA
ARNUIITY ELPT INH 100MCG	3	PA, QL (1 blister every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	3	PA, QL (1 blister every 1 day); MNPA
ASMANEX 14 AER 220MCG	3	PA; MNPA
ASMANEX 30 AER 110MCG	3	PA, QL (2 packages every 25 days); MNPA
ASMANEX 30 AER 220MCG	3	PA, QL (4 packages every 25 days); MNPA
ASMANEX 60 AER 220MCG	3	PA, QL (2 packages every 25 days); MNPA
ASMANEX 120 AER 220MCG	3	PA, QL (1 package every 25 days); MNPA
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>beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)</i>	3	
<i>beclomethasone diprop inhal aers 100 mcg/act (80/delivery)</i>	3	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (4 mL every 1 day)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (6 mL every 1 day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (2 mL every 1 day)
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	1	QL (1 blister every 1 day)
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	1	QL (1 blister every 1 day)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</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)
QVAR REDIIHA AER 80MCG	3	PA, QL (2 packages every 25 days); MNPA
QVAR REDIIHAL AER 40MCG	3	PA, QL (2 packages every 25 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	3	PA, QL (2 inhalations every 1 day); MNPA
ADVAIR DISKU AER 250/50	3	PA, QL (2 inhalations every 1 day); MNPA
ADVAIR DISKU AER 500/50	3	PA, QL (2 inhalations every 1 day); MNPA
ADVAIR HFA AER 45/21	3	PA, QL (1 package every 25 days); MNPA
ADVAIR HFA AER 115/21	3	PA, QL (1 package every 25 days); MNPA
ADVAIR HFA AER 230/21	3	PA, QL (1 package every 25 days); MNPA
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 inhal aero 108 mcg/act (90mcg base equiv)</i>	1	PA, QL (2 packages every 25 days); MNPA
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (4 ea every 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (4 mL every 1 day)
BEVESPI AER 9-4.8MCG	3	PA, QL (1 package every 25 days); MNPA
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
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)
DULERA AER 50-5MCG	3	PA, QL (1 package every 28 days); MNPA
DULERA AER 100-5MCG	3	PA, QL (1 package every 25 days); MNPA
DULERA AER 200-5MCG	3	PA, QL (1 package every 25 days); MNPA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	PA, QL (2 inhalations every 1 day); MNPA
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	PA, QL (2 inhalations every 1 day); MNPA
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	PA, QL (2 inhalations every 1 day); MNPA
<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)
PROAIR RESPI AER	3	PA, QL (2 packages every 25 days); MNPA
PROVENTIL AER HFA	3	PA, QL (2 packages every 25 days); MNPA

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)
SYMBICORT AER 80-4.5	3	PA, QL (1 package every 25 days); MNPA
SYMBICORT AER 160-4.5	3	PA, QL (1 package every 25 days); MNPA
<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)
VENTOLIN HFA AER	3	PA, QL (2 packages every 25 days); MNPA
VENTOLIN HFA AER	3	PA, QL (6 packages every 25 days); MNPA
XOPENEX HFA AER	3	PA, QL (2 packages every 25 days); MNPA

XANTHINES

THEO-24 CAP 100MG CR	3	PA; MNPA
THEO-24 CAP 200MG CR	3	PA; MNPA
THEO-24 CAP 300MG CR	3	PA; MNPA
THEO-24 CAP 400MG ER	3	PA; MNPA
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 100 mg</i>	1	PA; MNPA
<i>theophylline tab er 12hr 200 mg</i>	1	PA; MNPA
<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	

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
PRADAXA CAP 75MG	3	PA; MNPA
PRADAXA CAP 110MG	3	PA; MNPA
PRADAXA CAP 150MG	3	PA; MNPA
PRADAXA PAK 20MG	3	PA; MNPA
PRADAXA PAK 30MG	3	PA; MNPA
PRADAXA PAK 40MG	3	PA; MNPA
PRADAXA PAK 50MG	3	PA; MNPA
PRADAXA PAK 110MG	3	PA; MNPA
PRADAXA PAK 150MG	3	PA; MNPA
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	3	
FYCOMPA TAB 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	
FYCOMPA TAB 12MG	3	
<i>perampanel susp 0.5 mg/ml</i>	1	
<i>perampanel tab 2 mg</i>	1	
<i>perampanel tab 4 mg</i>	1	
<i>perampanel tab 6 mg</i>	1	
<i>perampanel tab 8 mg</i>	1	
<i>perampanel tab 10 mg</i>	1	
<i>perampanel tab 12 mg</i>	1	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
ONFI SUS 2.5MG/ML	3	PA; MNPA
ONFI TAB 10MG	3	PA; MNPA
ONFI TAB 20MG	3	PA; MNPA
VALTOCO SPR 5MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 cartons every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	PA; MNPA
BANZEL TAB 200MG	3	PA; MNPA
BANZEL TAB 400MG	3	PA; MNPA
<i>brivaracetam oral soln 10 mg/ml</i>	1	
<i>brivaracetam tab 10 mg</i>	1	
<i>brivaracetam tab 25 mg</i>	1	
<i>brivaracetam tab 50 mg</i>	1	
<i>brivaracetam tab 75 mg</i>	1	
<i>brivaracetam tab 100 mg</i>	1	
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 chew tab 200 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	PA; MNPA
<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>eslicarbazepine acetate tab 200 mg</i>	1	
<i>eslicarbazepine acetate tab 400 mg</i>	1	
<i>eslicarbazepine acetate tab 600 mg</i>	1	
<i>eslicarbazepine acetate tab 800 mg</i>	1	
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tab 600 mg</i>	1	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every 1 day)
KEPPRA SOL 100MG/ML	3	PA; MNPA
KEPPRA TAB 250MG	3	PA; MNPA
KEPPRA TAB 500MG	3	PA; MNPA
KEPPRA TAB 750MG	3	PA; MNPA
KEPPRA TAB 1000MG	3	PA; MNPA
KEPPRA XR TAB 500MG	3	PA; MNPA
KEPPRA XR TAB 750MG	3	PA; MNPA
<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	
LAMICTAL CHW 5MG	3	PA; MNPA
LAMICTAL CHW 25MG	3	PA; MNPA
LAMICTAL KIT START 35	3	PA; MNPA
LAMICTAL KIT START 49	3	PA; MNPA
LAMICTAL KIT START 98	3	PA; MNPA
LAMICTAL ODT KIT	3	PA; MNPA
LAMICTAL ODT TAB 25MG	3	PA; MNPA
LAMICTAL ODT TAB 50MG	3	PA; MNPA
LAMICTAL ODT TAB 100MG	3	PA; MNPA
LAMICTAL ODT TAB 200MG	3	PA; MNPA
LAMICTAL TAB 25MG	3	PA; MNPA
LAMICTAL TAB 100MG	3	PA; MNPA
LAMICTAL TAB 150MG	3	PA; MNPA
LAMICTAL TAB 200MG	3	PA; MNPA
LAMICTAL XR KIT	3	PA; MNPA
LAMICTAL XR TAB 25MG	3	PA; MNPA
LAMICTAL XR TAB 50MG	3	PA; MNPA
LAMICTAL XR TAB 100MG	3	PA; MNPA
LAMICTAL XR TAB 200MG	3	PA; MNPA
LAMICTAL XR TAB 250MG	3	PA; MNPA
LAMICTAL XR TAB 300MG	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 disintegrating soluble 250 mg</i>	1	
<i>levetiracetam tab disintegrating soluble 500 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	PA; MNPA
LYRICA CAP 50MG	3	PA; MNPA
LYRICA CAP 75MG	3	PA; MNPA
LYRICA CAP 100MG	3	PA; MNPA
LYRICA CAP 150MG	3	PA; MNPA
LYRICA CAP 200MG	3	PA; MNPA
LYRICA CAP 225MG	3	PA; MNPA
LYRICA CAP 300MG	3	PA; MNPA
LYRICA SOL 20MG/ML	3	PA, QL (30 mL every 1 day); MNPA
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
<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 cap er 24hr sprinkle 25 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	PA; MNPA
<i>topiramate oral soln 25 mg/ml</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate sprinkle cap 50 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300/5ML	3	PA; MNPA
TRILEPTAL TAB 150MG	3	PA; MNPA
TRILEPTAL TAB 300MG	3	PA; MNPA
TRILEPTAL TAB 600MG	3	PA; MNPA
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
VIMPAT SOL 10MG/ML	3	PA; MNPA
VIMPAT TAB 50MG	3	PA; MNPA
VIMPAT TAB 100MG	3	PA; MNPA
VIMPAT TAB 150MG	3	PA; MNPA
VIMPAT TAB 200MG	3	PA; MNPA
ZONEGRAN CAP 25MG	3	PA; MNPA
ZONEGRAN CAP 100MG	3	PA; MNPA
<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 TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
DILANTIN CAP 30MG	3	PA; MNPA
DILANTIN CAP 100MG	3	PA; MNPA
DILANTIN CHW 50MG	3	PA; MNPA
DILANTIN-125 SUS 125/5ML	3	PA; MNPA
<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		
DEPAKOTE ER TAB 250MG	3	PA; MNPA
DEPAKOTE ER TAB 500MG	3	PA; MNPA
DEPAKOTE SPR CAP 125MG	3	PA; MNPA
DEPAKOTE TAB 125MG DR	3	PA; MNPA
DEPAKOTE TAB 250MG DR	3	PA; MNPA
DEPAKOTE TAB 500MG DR	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	2	QL (2 tabs every 1 day)
AUVELITY TAB 45-105MG	2	ST, QL (2 tabs every 1 day)

ANTIDEPRESSANTS - MISC.

APLENZIN TAB 174MG	3	PA; MNPA
APLENZIN TAB 348MG	3	PA; MNPA
APLENZIN TAB 522MG	3	PA; MNPA
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>bupropion hcl tab er 24hr 450 mg</i>	1	PA; MNPA
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	PA; MNPA
WELLBUTRIN TAB XL 300MG	3	PA; MNPA

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)

Drug Name	Drug Tier	Requirements/Limits
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 cap 30 mg</i>	1	
<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	
ESCITALOPRAM CAP 15MG	3	PA; MNPA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	1	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tab 100 mg</i>	1	
LEXAPRO TAB 5MG	3	PA; MNPA
LEXAPRO TAB 10MG	3	PA; MNPA
LEXAPRO TAB 20MG	3	PA; MNPA
<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	
PAXIL CR TAB 12.5MG	3	PA; MNPA
PAXIL CR TAB 25MG	3	PA; MNPA
PAXIL CR TAB 37.5MG	3	PA; MNPA
PAXIL SUS 10MG/5ML	3	PA; MNPA
PAXIL TAB 10MG	3	PA; MNPA
PAXIL TAB 20MG	3	PA; MNPA
PAXIL TAB 30MG	3	PA; MNPA
PAXIL TAB 40MG	3	PA; MNPA
PROZAC CAP 10MG	3	PA; MNPA
PROZAC CAP 20MG	3	PA; MNPA
PROZAC CAP 40MG	3	PA; MNPA
<i>sertraline hcl cap 150 mg</i>	1	
<i>sertraline hcl cap 200 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	
ZOLOFT CON 20MG/ML	3	PA; MNPA
ZOLOFT TAB 25MG	3	PA; MNPA
ZOLOFT TAB 50MG	3	PA; MNPA
ZOLOFT TAB 100MG	3	PA; MNPA

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	

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD TAB 10MG	3	PA; MNPA
VIIBRYD TAB 20MG	3	PA; MNPA
VIIBRYD TAB 40MG	3	PA; MNPA
<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)

CYMBALTA CAP 20MG	3	PA; MNPA
CYMBALTA CAP 30MG	3	PA; MNPA
CYMBALTA CAP 60MG	3	PA; MNPA
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	PA; MNPA
EFFEXOR XR CAP 75MG	3	PA; MNPA
EFFEXOR XR CAP 150MG	3	PA; MNPA
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
PRISTIQ TAB 25MG	3	PA; MNPA
PRISTIQ TAB 50MG	3	PA; MNPA
PRISTIQ TAB 100MG	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 37.5 mg (base equivalent)</i>	1	PA; MNPA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	PA; MNPA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	PA; MNPA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	

TRICYCLIC AGENTS

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

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

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC - AMYLIN ANALOGS

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

ANTIDIABETIC COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<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
INVOKAMET TAB 50-500MG	3	ST, PA; MNPA
INVOKAMET TAB 50-1000	3	ST, PA; MNPA
INVOKAMET TAB 150-500	3	ST, PA; MNPA
INVOKAMET TAB 150-1000	3	ST, PA; MNPA
INVOKAMET XR TAB 50-500MG	3	ST, PA; MNPA
INVOKAMET XR TAB 50-1000	3	ST, PA; MNPA
INVOKAMET XR TAB 150-500	3	ST, PA; MNPA
INVOKAMET XR TAB 150-1000	3	ST, PA; MNPA
JANUMET TAB 50-500MG	3	ST; MNPA
JANUMET TAB 50-1000	3	ST; MNPA
JANUMET XR TAB 50-500MG	3	ST; MNPA
JANUMET XR TAB 50-1000	3	ST; MNPA
JANUMET XR TAB 100-1000	3	ST; MNPA
JENTADUETO TAB 2.5-500	3	ST, PA; MNPA
JENTADUETO TAB 2.5-850	3	ST, PA; MNPA
JENTADUETO TAB 2.5-1000	3	ST, PA; MNPA
JENTADUETO TAB XR	3	ST, PA; MNPA
<i>linagliptin-metformin hcl tab 2.5-500 mg</i>	1	ST
<i>linagliptin-metformin hcl tab 2.5-850 mg</i>	1	ST
<i>linagliptin-metformin hcl tab 2.5-1000 mg</i>	1	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	
QTERN TAB 5-5MG	3	ST, PA; MNPA
QTERN TAB 10-5MG	3	ST, PA; MNPA
<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
SEGLUROMET TAB 7.5-500	3	ST, PA; MNPA
SOLIQUA INJ 100/33	2	QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST

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

BIGUANIDES

GLUMETZA TAB 500MG	3	PA; MNPA
GLUMETZA TAB 1000MG	3	PA; MNPA
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 625 mg</i>	1	PA; MNPA
<i>metformin hcl tab 750 mg</i>	1	PA; MNPA
<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	
<i>metformin hcl tab er 24hr modified release 500 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	PA; MNPA
RIOMET SOL 500/5ML	3	PA; MNPA

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	3	PA; MNPA
<i>glucagon for inj 1 mg</i>	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS INJ 1/0.2ML	2	
<i>mifepristone tab 300 mg</i>	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	3	ST; MNPA
JANUVIA TAB 50MG	3	ST; MNPA
JANUVIA TAB 100MG	3	ST; MNPA
ONGLYZA TAB 5MG	3	ST, PA; MNPA
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST
<i>sitagliptin tab 100 mg</i>	3	ST; MNPA
TRADJENTA TAB 5MG	3	ST, PA; MNPA
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
BYDUREON BC INJ 2/0.85ML	3	PA, QL (4 auto-injectors every 30 days); MNPA
BYETTA INJ 5MCG	3	PA, QL (1 pen every 30 days); MNPA
BYETTA INJ 10MCG	3	PA, QL (1 pen every 30 days); MNPA
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 25 days)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
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)
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days); MNPA

INSULIN

APIDRA INJ SOLOSTAR	3	PA; MNPA
APIDRA INJ U-100	3	PA; MNPA
BASAGLAR KWP INJ 100/ML	3	PA; MNPA
BASAGLAR TMP INJ 100/ML	3	PA; MNPA
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMALOG INJ 100/ML	3	PA; MNPA
HUMALOG JR INJ 100/ML	3	PA; MNPA
HUMALOG KWPN INJ 100/ML	3	PA; MNPA
HUMALOG KWPN INJ 200/ML	3	PA; MNPA
HUMALOG MIX INJ 50/50	3	PA; MNPA
HUMALOG MIX INJ 50/50KWP	3	PA; MNPA
HUMALOG MIX INJ 75/25KWP	3	PA; MNPA
HUMALOG MIX SUS 75/25	3	PA; MNPA
HUMULIN INJ 70/30	3	PA, OTC; MNPA
HUMULIN INJ 70/30KWP	3	PA, OTC; MNPA
HUMULIN N INJ U-100	3	PA, OTC; MNPA
HUMULIN N INJ U-100KWP	3	PA, OTC; MNPA
HUMULIN R INJ U-100	3	PA, OTC; MNPA
HUMULIN R INJ U-500	2	
HUMULIN R INJ U-500KWP	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
LEVEMIR INJ	3	PA; MNPA
LEVEMIR INJ FLEXPEN	3	PA; MNPA
NOVOLIN70/30 INJ RELION	3	PA, OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN INJ 70/30 FP	3	PA, OTC; MNPA
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ 100 UNIT	3	PA, OTC; MNPA
NOVOLIN N INJ RELION	3	PA, OTC; MNPA
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ 100 UNIT	3	PA, OTC; MNPA
NOVOLIN R INJ RELION	3	PA, OTC; MNPA
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		
ACTOS TAB 15MG	3	PA; MNPA
ACTOS TAB 30MG	3	PA; MNPA
ACTOS TAB 45MG	3	PA; MNPA
<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, PA; Brand preferred over generic
FARXIGA TAB 10MG	2	ST, PA; Brand preferred over generic
INVOKANA TAB 100MG	3	ST, PA; MNPA
INVOKANA TAB 300MG	3	ST, PA; MNPA
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
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SULFONYLUREAS

<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG	3	PA; MNPA
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ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

BIONARA CAP ULTRA	3	PA; MNPA
MICROVARA CAP	3	PA; MNPA
MICROVERA TAB	3	PA; MNPA
MICROWELL CAP	3	PA; MNPA
NEXIVA CAP	3	PA; MNPA
PROBENTRA CAP	3	PA; MNPA
PROBIONYX CAP	3	PA; MNPA
VALYRA CAP	3	PA; MNPA
ZELAC CAP	3	PA; MNPA

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

RESTORA RX CAP 60-1.25	3	
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ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA

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

ANTIDOTES AND SPECIFIC ANTAGONISTS

RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	0	QL (2 cartons every 30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	0	QL (2 cartons every 30 days)
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	0	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	0	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	0	
<i>naltrexone hcl tab 50 mg</i>	0	
NARCAN SPR 4MG	0	QL (2 cartons every 30 days)
REZENOPY SPR 10MG	3	PA; MNPA
VIVITROL INJ 380MG	3	QL (1 injection every 28 days)

ANTIEMETICS

5-HT₃ RECEPTOR ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TRANSDERM-SC DIS 1MG/3DAY	3	PA; MNPA
<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	
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 ea every 21 days)
EMEND BIPACK PAK 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC CAP 125 & 80	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
<i>flucytosine cap 250 mg</i>	1	
<i>flucytosine cap 500 mg</i>	1	PA; MNPA
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 165 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 74.5MG	3	PA; MNPA
CRESEMBA CAP 186MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	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	
NOXAFIL PAK 300MG	3	PA; MNPA
NOXAFIL SUS 40MG/ML	3	PA; MNPA
NOXAFIL TAB 100MG	3	PA; MNPA
<i>posaconazole susp 40 mg/ml</i>	1	PA
<i>posaconazole tab delayed release 100 mg</i>	1	PA; MNPA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VIVJOA CAP 150MG	3	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

ANTI-HISTAMINES

ANTI-HISTAMINES - ALKYLAMINES

<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	1	PA; MNPA
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ANTI-HISTAMINES - ETHANOLAMINES

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

ANTI-HISTAMINES - NON-SEDATING

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

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	ST
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA CAP 1GM	3	PA; MNPA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	1	PA; Brand preferred over generic
VASCEPA CAP 1GM	1	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID GRA 5GM	3	

Drug Name	Drug Tier	Requirements/Limits
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 50 mg</i>	1	PA; MNPA
<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 130 mg</i>	1	PA; MNPA
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 40 mg</i>	1	PA; MNPA
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 120 mg</i>	1	PA; MNPA
<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	
FENOGLIDE TAB 120MG	3	PA; MNPA
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	
TRICOR TAB 48MG	3	PA; MNPA
TRICOR TAB 145MG	3	PA; MNPA
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

HMG COA REDUCTASE INHIBITORS

ALTOPREV TAB 20MG ER	3	PA; MNPA
ALTOPREV TAB 40MG ER	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
ALTOPREV TAB 60MG ER	3	PA; MNPA
<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	
CRESTOR TAB 5MG	0	PA; MNPA
CRESTOR TAB 10MG	0	PA; MNPA
CRESTOR TAB 20MG	3	PA; MNPA
CRESTOR TAB 40MG	3	PA; MNPA
<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
LESCOL XL TAB 80MG	0	PA; MNPA
LIPITOR TAB 10MG	0	PA; MNPA
LIPITOR TAB 20MG	0	PA; MNPA
LIPITOR TAB 40MG	3	PA; MNPA
LIPITOR TAB 80MG	3	PA; MNPA
LIVALO TAB 1MG	0	PA; MNPA
LIVALO TAB 2MG	0	PA; MNPA
LIVALO TAB 4MG	0	PA; MNPA
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	0	
<i>pitavastatin calcium tab 2 mg</i>	0	
<i>pitavastatin calcium tab 4 mg</i>	0	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<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	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	PA; MNPA

NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	PA; MNPA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

LEROCHOL SOL 300/1.2M	3	PA
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

ALTACE CAP 2.5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
EPANED SOL 1MG/ML	3	PA; MNPA
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	

AGENTS FOR PHEOCHROMOCYTOMA

DEMSEER CAP 250MG	3	PA, QL (16 caps every 1 day)
DIBENZYLIN CAP 10MG	3	
<i>metyrosine cap 250 mg</i>	1	PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TAB 4MG	3	PA; MNPA
ATACAND TAB 8MG	3	PA; MNPA
ATACAND TAB 16MG	3	PA; MNPA
ATACAND TAB 32MG	3	PA; MNPA
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	PA; MNPA
<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	
COZAAR TAB 25MG	3	PA; MNPA
COZAAR TAB 50MG	3	PA; MNPA
COZAAR TAB 100MG	3	PA; MNPA
DIOVAN TAB 40MG	3	PA; MNPA
DIOVAN TAB 80MG	3	PA; MNPA
DIOVAN TAB 160MG	3	PA; MNPA
DIOVAN TAB 320MG	3	PA; MNPA
EDARBI TAB 40MG	3	PA; MNPA
EDARBI TAB 80MG	3	PA; MNPA
<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	
MICARDIS TAB 20MG	3	PA; MNPA
MICARDIS TAB 40MG	3	PA; MNPA
MICARDIS TAB 80MG	3	PA; MNPA
<i>olmesartan medoxomil tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIADRENERGIC ANTIHYPERTENSIVES

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

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	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	
ATACAND HCT TAB 16-12.5	3	PA; MNPA
ATACAND HCT TAB 32-12.5	3	PA; MNPA
ATACAND HCT TAB 32-25MG	3	PA; MNPA
<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	
AZOR TAB 5-20MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
AZOR TAB 5-40MG	3	PA; MNPA
AZOR TAB 10-20MG	3	PA; MNPA
AZOR TAB 10-40MG	3	PA; MNPA
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
BENICAR HCT TAB 20-12.5	3	PA; MNPA
BENICAR HCT TAB 40-12.5	3	PA; MNPA
BENICAR HCT TAB 40-25MG	3	PA; MNPA
<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	
DIOVAN HCT TAB 80-12.5	3	PA; MNPA
DIOVAN HCT TAB 160-12.5	3	PA; MNPA
DIOVAN HCT TAB 160-25MG	3	PA; MNPA
DIOVAN HCT TAB 320-12.5	3	PA; MNPA
DIOVAN HCT TAB 320-25MG	3	PA; MNPA
EDARBYCLOR TAB 40-12.5	3	PA; MNPA
EDARBYCLOR TAB 40-25MG	3	PA; MNPA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
EXFORGE HCT TAB 5-160-12.5	3	PA; MNPA
EXFORGE HCT TAB 5-160-25	3	PA; MNPA
EXFORGE HCT TAB 10-160-12.5	3	PA; MNPA
EXFORGE HCT TAB 10-160-25	3	PA; MNPA
EXFORGE HCT TAB 10-320-25	3	PA; MNPA
EXFORGE TAB 5-160MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TAB 5-320MG	3	PA; MNPA
EXFORGE TAB 10-160MG	3	PA; MNPA
EXFORGE TAB 10-320MG	3	PA; MNPA
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
HYZAAR TAB 50-12.5	3	PA; MNPA
HYZAAR TAB 100-12.5	3	PA; MNPA
HYZAAR TAB 100-25	3	PA; MNPA
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
MICARDIS HCT TAB 40/12.5	3	PA; MNPA
MICARDIS HCT TAB 80-25MG	3	PA; MNPA
MICARDIS HCT TAB 80/12.5	3	PA; MNPA
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
DARAPRIM TAB 25MG	3	PA; MNPA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>hydroxychloroquine sulfate tab 400 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>lomustine cap 10 mg</i>	0	
<i>lomustine cap 40 mg</i>	0	
<i>lomustine cap 100 mg</i>	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	\$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	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA
XELODA TAB 500MG	0	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	0	PA, QL (84 caps every 21 days)
FRUZAQLA CAP 5MG	0	PA, QL (21 caps every 21 days)
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
TAGRISSE TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSE TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (4 tabs every 1 day)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (2 tabs every 1 day)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LIFYORLI CAP 125MG DS	3	PA

Drug Name	Drug Tier	Requirements/Limits
LIFYORLI CAP 150MG DS	3	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	
NILANDRON TAB 150MG	0	PA; MNPA
<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		
<i>pomalidomide cap 1 mg</i>	0	PA, QL (21 caps every 21 days)
<i>pomalidomide cap 2 mg</i>	0	PA, QL (21 caps every 21 days)
<i>pomalidomide cap 3 mg</i>	0	PA, QL (21 caps every 21 days)
<i>pomalidomide cap 4 mg</i>	0	PA, QL (21 caps every 21 days)
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 tabs every 28 days); 10mg Therapy Pack

Drug Name	Drug Tier	Requirements/Limits
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 40MG	0	PA, QL (8 tabs every 28 days); Twice Weekly
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 (5 tabs every 21 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
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)
AUGTYRO CAP 160MG	0	PA, QL (2 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
BRUKINSA TAB 160MG	0	PA, QL (2 tabs every 1 day)
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
<i>dasatinib tab 20 mg</i>	0	PA, QL (3 tabs every 1 day)
<i>dasatinib tab 50 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 70 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 80 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 100 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 140 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (1 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 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)
GOMEKLI CAP 1MG	0	PA, QL (42 caps every 21 days)
GOMEKLI CAP 2MG	0	PA, QL (84 caps every 21 days)
GOMEKLI TAB 1MG	0	PA, QL (168 tabs every 21 days)
IBRANCE CAP 75MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps every 21 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs every 21 days)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 100MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs every 21 days)
IBTROZI CAP 200MG	0	PA, QL (3 caps every 1 day)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 days)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG	0	PA, QL (6 tabs every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (3 caps every 21 days)

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 4MG	0	PA, QL (3 caps every 21 days)
OJJAARA TAB 100MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 150MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 200MG	0	PA, QL (1 tab every 1 day)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	0	PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (3 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA, QL (3 tabs every 1 day)
RETEVMO TAB 80MG	0	PA, QL (4 tabs every 1 day)
RETEVMO TAB 120MG	0	PA, QL (2 tabs every 1 day)
RETEVMO TAB 160MG	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TRUQAP PAK 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	0	PA, QL (64 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TURALIO CAP 125MG	0	PA, QL (4 caps every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (56 tabs every 21 days)
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
VORANIGO TAB 10MG	0	PA, QL (2 tabs every 1 day)
VORANIGO TAB 40MG	0	PA, QL (1 tab every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA
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	
MATULANE CAP 50MG	0	
<i>tretinoin cap 10 mg</i>	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
<i>mesna tab 400 mg</i>	0	
MESNEX TAB 400MG	0	

Drug Name	Drug Tier	Requirements/Limits
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	
NOURIANZ TAB 20MG	3	PA; MNPA
NOURIANZ TAB 40MG	3	PA; MNPA
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		
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, QL (20 cartridges every 28 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa cap er 23.75-95 mg</i>	1	QL (12 tabs every 30 days)
<i>carbidopa & levodopa cap er 36.25-145 mg</i>	1	
<i>carbidopa & levodopa cap er 48.75-195 mg</i>	1	
<i>carbidopa & levodopa cap er 61.25-245 mg</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	

Drug Name	Drug Tier	Requirements/Limits
<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	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
GOCOVRI CAP 68.5MG	3	PA; MNPA
INBRIJA CAP 42MG	2	PA, QL (10 caps every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB 129MG	3	PA; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ZELAPAR ODT TAB 1.25MG	3	

Drug Name	Drug Tier	Requirements/Limits
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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	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	
LATUDA TAB 20MG	3	PA; MNPA
LATUDA TAB 40MG	3	PA; MNPA
LATUDA TAB 60MG	3	PA; MNPA
LATUDA TAB 80MG	3	PA; MNPA
LATUDA TAB 120MG	3	PA; MNPA
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	PA, QL (1 tab every 1 day)
VRAYLAR CAP 0.5MG	2	
VRAYLAR CAP 0.75MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
FANAPT PAK PACK A	3	PA; MNPA
FANAPT PAK PACK B	3	PA; MNPA
FANAPT PAK PACK C	3	PA; MNPA
FANAPT TAB 1MG	3	PA; MNPA
FANAPT TAB 2MG	3	PA; MNPA
FANAPT TAB 4MG	3	PA; MNPA
FANAPT TAB 6MG	3	PA; MNPA
FANAPT TAB 8MG	3	PA; MNPA
FANAPT TAB 10MG	3	PA; MNPA
FANAPT TAB 12MG	3	PA; MNPA
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	PA; MNPA
SEROQUEL XR TAB 150MG	3	PA; MNPA
SEROQUEL XR TAB 200MG	3	PA; MNPA
SEROQUEL XR TAB 300MG	3	PA; MNPA
SEROQUEL XR TAB 400MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	

DIHYDROINDOLONES

<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	

MUSCARINIC AGENTS

COBENFY CAP 50-20MG	3	
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	

PHENOTHIAZINES

<i>chlorpromazine hcl conc 30 mg/ml</i>	1	
<i>chlorpromazine hcl conc 100 mg/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY TAB 2MG	3	PA; MNPA
ABILIFY TAB 5MG	3	PA; MNPA
ABILIFY TAB 10MG	3	PA; MNPA
ABILIFY TAB 15MG	3	PA; MNPA
ABILIFY TAB 20MG	3	PA; MNPA
ABILIFY TAB 30MG	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE SOL 10%	3	
GLUTARALDEHY SOL 25%	3	
HYDROGEN PER SOL 30%	3	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	
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)
APRETUDE SUS 600MG ER	0	QL (2 vials every 90 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
CABENUVA SUS 400-600	2	QL (1 kit every 30 days)
CABENUVA SUS 600-900	2	
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
<i>darunavir tab 600 mg</i>	1	QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	2	QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	1	QL (1 cap every 1 day)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (680 mL every 28 days)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
<i>etravirine tab 100 mg</i>	1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	3	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	QL (60 vials every 30 days)
GENVOYA TAB	2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
KALETRA SOL	3	QL (16 mL every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	1	QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (1 tab every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 675/150	3	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	3	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	1	QL (2 tabs every 1 day)
<i>ritonavir tab 100 mg</i>	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	PA, QL (2 tabs every 1 day)
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 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
TROGARZO INJ 150MG/ML	3	
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
YEZTUGO INJ 463.5MG	2	QL (4 vials every 126 days)
YEZTUGO TAB 300MG	2	QL (8 tabs every 4 days)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
<i>zidovudine cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	3	PA, QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
PREVYMIS TAB 480MG	3	Max 224-day supply per 365 days

Drug Name	Drug Tier	Requirements/Limits
VALCYTE SOL 50MG/ML	3	PA, QL (38.134 mL every 1 day); MNPA
VALCYTE TAB 450MG	3	PA, QL (4 tabs every 1 day); MNPA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day)

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	3	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	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 (2 tabs every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	2	PA, QL (2 tabs every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	1	
<i>ribavirin tab 200 mg</i>	1	
SOVALDI PAK 150MG	3	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	3	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	3	PA, QL (2 tabs every 1 day)
SOVALDI TAB 400MG	3	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
VALTREX TAB 1GM	3	PA; MNPA
VALTREX TAB 500MG	3	PA; MNPA

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (40 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (20 caps every 90 days)
TAMIFLU CAP 75MG	3	QL (20 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (360 mL every 90 days)
XOFLUZA TAB 40MG	3	PA, QL (2 tabs every 90 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA TAB 80MG	3	PA, QL (2 tabs every 90 days); MNPA
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	PA
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<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 CR CAP 10MG	3	PA; MNPA
COREG CR CAP 20MG	3	PA; MNPA
COREG CR CAP 40MG	3	PA; MNPA
COREG CR CAP 80MG	3	PA; MNPA
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>labetalol hcl tab 400 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	PA; MNPA
BYSTOLIC TAB 5MG	3	PA; MNPA
BYSTOLIC TAB 10MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TAB 20MG	3	PA; MNPA
LOPRESSOR SOL 10MG/ML	3	
LOPRESSOR TAB 12.5MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<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 12.5 mg</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	
TOPROL XL TAB 25MG	3	PA; MNPA
TOPROL XL TAB 50MG	3	PA; MNPA
TOPROL XL TAB 100MG	3	PA; MNPA
TOPROL XL TAB 200MG	3	PA; MNPA
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	3	PA; MNPA
BETAPACE AF TAB 120MG	3	PA; MNPA
BETAPACE AF TAB 160MG	3	PA; MNPA
BETAPACE TAB 80MG	3	PA; MNPA
BETAPACE TAB 120MG	3	PA; MNPA
BETAPACE TAB 160MG	3	PA; MNPA
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	PA; MNPA
INDERAL LA CAP 80MG	3	PA; MNPA
INDERAL LA CAP 120MG	3	PA; MNPA
INDERAL LA CAP 160MG	3	PA; MNPA
INDERAL XL CAP 80MG	3	PA; MNPA
INDERAL XL CAP 120MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
INNOPRAN XL CAP 80MG	3	PA; MNPA
INNOPRAN XL CAP 120MG	3	PA; MNPA
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<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	
CARDIZEM CD CAP 120MG/24	3	PA; MNPA
CARDIZEM CD CAP 180MG/24	3	PA; MNPA
CARDIZEM CD CAP 240MG/24	3	PA; MNPA
CARDIZEM CD CAP 300MG/24	3	PA; MNPA
CARDIZEM CD CAP 360MG/24	3	PA; MNPA
CARDIZEM LA TAB 120MG	3	PA; MNPA
CARDIZEM LA TAB 180MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TAB 240MG	3	PA; MNPA
CARDIZEM LA TAB 300MG/24	3	PA; MNPA
CARDIZEM LA TAB 360MG	3	PA; MNPA
CARDIZEM LA TAB 420MG/24	3	PA; MNPA
CARDIZEM TAB 30MG	3	PA; MNPA
CARDIZEM TAB 60MG	3	PA; MNPA
CARDIZEM TAB 120MG	3	PA; MNPA
<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	
<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>diltiazem hcl tab er 24hr 120 mg</i>	1	PA; MNPA
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	PA; MNPA
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	PA; MNPA
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	PA; MNPA
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	PA; MNPA
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NORLIQVA SOL 1MG/ML	3	PA
NORVASC TAB 2.5MG	3	PA; MNPA
NORVASC TAB 5MG	3	PA; MNPA
NORVASC TAB 10MG	3	PA; MNPA
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG	3	
PROCARDIA XL TAB 60MG	3	
PROCARDIA XL TAB 90MG	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<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 0.25MG	3	PA; MNPA
LANOXIN TAB 0.125MG	3	PA; MNPA
LANOXIN TAB 0.0625MG	3	

INOTROPES

DOPAMINE/D5W INJ 3.2MG/ML	3	PA; MNPA
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CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<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	

Drug Name	Drug Tier	Requirements/Limits
<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	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	PA, QL (1 ea every 1 day)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	
<i>sacubitril-valsartan tab 49-51 mg</i>	1	
<i>sacubitril-valsartan tab 97-103 mg</i>	1	
IMPOTENCE AGENTS		
<i>avanafil tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 200 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 28 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CIALIS TAB 5MG	3	ST, PA, QL (1 tab every 1 day); MNPA; Coverage is subject to your plan/benefits
CIALIS TAB 10MG	3	PA, QL (6 tabs every 25 days); MNPA; Coverage is subject to your plan/benefits
CIALIS TAB 20MG	3	PA, QL (6 tabs every 25 days); MNPA; Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 2-CRTDG KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX 6-CRTDG 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

Drug Name	Drug Tier	Requirements/Limits
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
STENDRA TAB 50MG	3	PA, QL (6 tabs every 25 days); MNPA; Coverage is subject to your plan/benefits
STENDRA TAB 100MG	3	PA, QL (6 tabs every 25 days); MNPA; Coverage is subject to your plan/benefits
STENDRA TAB 200MG	3	PA, QL (6 tabs every 25 days); MNPA; 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
<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>vardeafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardeafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>varденаfil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
VIAGRA TAB 25MG	3	PA, QL (6 tabs every 25 days); MNPA; Coverage is subject to your plan/benefits
VIAGRA TAB 50MG	3	PA, QL (6 tabs every 25 days); MNPA; Coverage is subject to your plan/benefits
VIAGRA TAB 100MG	3	PA, QL (6 tabs every 25 days); MNPA; Coverage is subject to your plan/benefits
VYBRIQUE MIS 25MG	3	PA; MNPA; Coverage is subject to your plan/benefits
VYBRIQUE MIS 50MG	3	PA; MNPA; Coverage is subject to your plan/benefits
VYBRIQUE MIS 75MG	3	PA; MNPA; Coverage is subject to your plan/benefits
VYBRIQUE MIS 100MG	3	PA; MNPA; Coverage is subject to your plan/benefits

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
TYVASO DPI POW 16-32-48	2	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32MCG	2	PA, QL (4 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 48MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	2	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 80MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW INST KIT	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW MAIN KIT	2	PA, QL (8 ea every 1 day)
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)
YUTREPIA CAP 26.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	2	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	2	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	3	PA, QL (1 kit every 21 days)
WINREVAIR INJ 60MG	3	PA, QL (1 kit every 21 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab for oral susp 32 mg</i>	1	PA, QL (4 tabs every 1 day)
OPSUMIT TAB 10MG	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)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML	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)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	2	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	3	PA
CORLANOR TAB 7.5MG	3	PA
<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 250 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	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
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		
BALCOLTRA TAB 0.1-20	0	PA; MNPA
BEYAZ TAB	0	PA; MNPA
NEXTSTELLIS TAB 3-14.2MG	0	
TAYTULLA CAP 1MG/20MC	0	PA; MNPA
YASMIN 28 TAB 3-0.03MG	0	PA; MNPA
YAZ TAB 3-0.02MG	0	PA; MNPA
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING MIS	0	PA; MNPA
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	0	QL (1 every 300 days)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	0	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
MIRENA IUD SYSTEM	0	QL (1 every 300 days)
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
BETA-PHOS/AC INJ 3-3MG/ML	3	PA; MNPA
BETAMETH COM INJ 7MG/ML	3	PA; MNPA
BETAMETH INJ 12MG/2ML	3	PA; MNPA
<i>budesonide delayed release particles cap 3 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>deflazacort susp 22.75 mg/ml</i>	1	PA, QL (1.8 mL every 1 day)
<i>deflazacort tab 6 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	1	PA, QL (1 tab every 1 day)

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	PA; MNPA
<i>prednisolone sod 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	
PREDNISOLONE TAB 10MG ODT	3	
PREDNISOLONE TAB 15MG ODT	3	
PREDNISOLONE TAB 30MG ODT	3	
PREDNISONONE CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab delayed release 1 mg</i>	1	
<i>prednisone tab delayed release 2 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	
RAYOS TAB 1MG	3	PA; MNPA
RAYOS TAB 2MG	3	PA; MNPA
RAYOS TAB 5MG	3	PA; MNPA
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
UCERIS TAB 9MG	1	PA; Brand preferred over generic
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	PA, QL (30 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	PA, QL (6 tabs every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	PA, QL (60 mL every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	PA, QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	PA, QL (45 mL every 1 day), OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 3%	3	
NEBUSAL NEB 6%	3	
PULMOSAL NEB 7%	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	
ACANYA GEL 1.2-2.5%	3	PA, QL (1.667 gm every 1 day); MNPA
ACZONE GEL 5%	3	PA; MNPA
ACZONE GEL 7.5%	3	PA; MNPA
ADAPAL/BEN P PAD 0.1-2.5%	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
<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 pads 0.1%</i>	1	PA; MNPA
<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
ARAZLO LOT 0.045%	3	PA; MNPA
ATRALIN GEL 0.05%	3	PA
AVAR CLEANSE LIQ 10-5%	3	
AVAR LS LIQ 10-2%	3	
AVAR-E EMOLL CRE 10-5%	3	
AVAR-E LS CRE 10-2%	3	
AZELEX CRE 20%	3	PA; MNPA
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 25 days)
BENZEPRO LIQ CREAMY	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (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% (twice-daily)</i>	1	PA, QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate soln 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate swab 1%</i>	1	
<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 0.3% PMP	3	PA
DIFFERIN LOT 0.1%	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
EPSOLAY CRE 5%	3	PA; MNPA
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)
FABIOR AER 0.1%	3	PA; MNPA
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 25 mg</i>	1	PA; MNPA
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 35 mg</i>	1	PA; MNPA
<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	
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	3	PA; MNPA
RETIN-A MICR GEL 0.1%PUMP	3	PA; MNPA
RETIN-A MICR GEL 0.04%	3	PA; MNPA
RETIN-A MICR GEL 0.04%PMP	3	PA; MNPA
RETIN-A MICR GEL 0.06%PMP	3	PA; MNPA
RETIN-A MICR GEL 0.08%PMP	3	PA; MNPA
SOD SUL/SULF EMU 10-5%	3	
SSS CRE 10%-5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
SULFACLEANSE SUS 8-4%	3	
SULFAMEZ EMU 10-1%	3	
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	PA
TWYNEO CRE 0.1-3%	2	PA
VANOXIDE-HC LOT 5-0.5%	3	PA; MNPA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ZIANA GEL	3	PA; MNPA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA; MNPA
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)
<i>diclofenac sodium soln 2%</i>	1	PA; MNPA
FLECTOR DIS 1.3%	3	
PENNSAID SOL 2%	3	PA; MNPA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin calcium cream 2%</i>	1	PA, QL (30 gm every 25 days); MNPA
<i>mupirocin oint 2%</i>	1	QL (30 gm every 25 days)
NEO-SYNALAR CRE	3	PA; MNPA
XEPI CRE 1%	3	PA

Drug Name	Drug Tier	Requirements/Limits
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 soln 1%</i>	1	PA, QL (120 mL every 25 days); MNPA
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (2 gm every 1 day)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	QL (70 gm every 25 days)
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
IODOQUIMEZ CRE 1-1.9%	3	
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
<i>iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%</i>	3	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole foam 2%</i>	1	PA, QL (100 gm every 25 days); MNPA
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
<i>luliconazole cream 1%</i>	1	PA, QL (60 gm every 25 days); MNPA
LUZU CRE 1%	3	QL (60 gm every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl gel 2%</i>	1	QL (60 gm every 25 days)
NAFTIN GEL 1%	3	QL (120 gm every 25 days)
NAFTIN GEL 2%	3	QL (60 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>oxiconazole nitrate cream 1%</i>	1	PA, QL (60 gm every 25 days); MNPA
OXISTAT CRE 1%	3	QL (60 gm every 25 days)
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
<i>tavaborole soln 5%</i>	1	PA; MNPA
VUSION OIN	3	QL (100 gm every 25 days)
VYTONNE CRE 1-1.9%	3	

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene gel 1%</i>	1	PA
CARAC CRE 0.5%	3	PA; MNPA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 0.5%</i>	1	PA; MNPA
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
KLISYRI OIN 1% (250)	3	
KLISYRI OIN 1% (350)	3	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	3	PA, QL (4 gm every 1 day)

ANTIPRURITICS - TOPICAL

<i>doxepin hcl cream 5%</i>	1	ST, PA, QL (45 gm every 25 days); MNPA
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	
CALCIPOTRIEN AER 0.005%	3	PA; MNPA
<i>calcipotriene cream 0.005%</i>	1	PA; MNPA
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
<i>calcitriol oint 3 mcg/gm</i>	1	PA; MNPA

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
ICOTYDE TAB 200MG	3	PA; MNPA
<i>methoxsalen rapid cap 10 mg</i>	1	
PYZCHIVA INJ 45/0.5ML	2	PA, QL (1 pen every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	2	PA, QL (1 vial every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA INJ 90MG/ML	2	PA, QL (1 pen every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI INJ 150MG/ML	2	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SORILUX AER 0.005%	3	PA; MNPA
SPEVIGO INJ 150/1ML	3	PA, QL (2 syringes every 28 days)
SPEVIGO INJ 300/2ML	3	PA, QL (1 syringe every 28 days)
STELARA INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45/0.5ML	2	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TAZORAC CRE 0.1%	3	PA; MNPA
TAZORAC CRE 0.05%	3	PA; MNPA
TAZORAC GEL 0.1%	3	PA; MNPA
TAZORAC GEL 0.05%	3	PA; MNPA
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.
VECTICAL OIN 3MCG/GM	3	PA; MNPA
VTAMA CRE 1%	2	PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 45/0.5ML	2	PA, QL (4 vials every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
PLEXION NS SHA 9.8%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir cream 5%</i>	1	PA; MNPA
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
XERESE CRE 5-1%	3	PA; MNPA
ZOVIRAX CRE 5%	3	

Drug Name	Drug Tier	Requirements/Limits
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	
SILVER NITRA SOL 0.5%	3	
<i>silver nitrate soln 0.5%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (4 gm every 1 day)
APEXICON E CRE 0.05%	3	PA, QL (4 gm every 1 day); MNPA
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate oint 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (4 mL every 1 day)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	PA; MNPA
<i>clobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate emulsion foam 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>clobetasol propionate spray 0.05%</i>	1	PA, QL (4 mL every 1 day); MNPA
CLOBEX LOT 0.05%	3	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	3	QL (4 mL every 1 day)
CLOBEX SPR 0.05%	3	PA, QL (4 mL every 1 day); MNPA
<i>clocortolone pivalate cream 0.1%</i>	1	PA, QL (4 gm every 1 day); MNPA
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORDRAN 80X3 TAP 4MCG/CM	3	PA, QL (240 gm every 25 days); MNPA
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 gel 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA
<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 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA
<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)
<i>diflorasone diacetate cream 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA
<i>diflorasone diacetate oint 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
DUOBRII LOT	3	PA; MNPA
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 0.1%</i>	1	PA, QL (4 gm every 1 day); MNPA
<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>flurandrenolide cream 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA
<i>flurandrenolide lotion 0.05%</i>	1	PA, QL (4 mL every 1 day); MNPA
<i>fluticasone propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate oint 0.005%</i>	1	QL (4 gm every 1 day)
<i>halcinonide cream 0.1%</i>	1	PA, QL (4 gm every 1 day); MNPA
<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)
HALOG OIN 0.1%	3	PA, QL (4 gm every 1 day); MNPA
<i>hydrocortisone acetate cream 2.5%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate lotion 0.1%</i>	1	PA, QL (4 mL every 1 day); MNPA
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone cream 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone lotion 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone oint 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone soln 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (4 gm every 1 day)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LEXETTE AER 0.05%	3	PA, QL (4 gm every 1 day); MNPA
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
<i>mometasone furoate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	

Drug Name	Drug Tier	Requirements/Limits
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
TACLONEX SUS	3	PA
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	PA, QL (4 gm every 1 day); MNPA
<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 0.05%</i>	1	PA, QL (4 gm every 1 day); MNPA
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
TRIVIX KIT	3	
ULTRAVATE LOT 0.05%	3	PA, QL (4 mL every 1 day); MNPA
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	3	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	3	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)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 200/1.14	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
DERMACURE CRE 41%	3	
URACIN CRE 20%	3	PA; MNPA
UREA CRE 41%	3	PA; MNPA
<i>urea cream 39%</i>	1	
<i>urea cream 40%</i>	1	
<i>urea cream 41%</i>	1	
<i>urea cream 41%</i>	1	PA; MNPA
<i>urea cream 45%</i>	1	
<i>urea cream 47%</i>	1	
UREDEB CRE 39%	3	
XUREA CRE 39%	3	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (3 gm every 1 day)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	2	PA, QL (2 pens every 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	PA
<i>imiquimod cream 5%</i>	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	3	PA
ZYCLARA PUMP CRE 2.5%	3	PA
ZYCLARA PUMP CRE 3.75%	3	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	ST, PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
<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		
BENSAL HP OIN	3	PA; MNPA
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
KERALYT SHA 6%	3	
PODOCON-25 SOL	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
SALICYLIC AC GEL 6%	3	PA; MNPA
SALICYLIC AC LIQ 27.5%	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	
YCANTH SOL 0.7%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CETACAINE AER	3	
COLLAVERA GEL 2%	3	PA, QL (30 gm every 25 days); MNPA
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 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 (3 injections every 25 days)
LIDOCAINE OIN 5%	3	QL (50 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<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-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
LIDOMAX GEL 2%	3	PA, QL (30 gm every 25 days); MNPA
LIDOTHOL ES PAD 4-5%	3	PA; MNPA
LIDOVARA GEL 2.8%	3	PA; MNPA
PLIAGLIS CRE 7-7%	3	PA, QL (30 gm every 25 days); MNPA
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 0.3%	2	QL (2 gm every 1 day)
ZORYVE CRE 0.05%	2	ST, QL (60 grams every 25 days)
ZORYVE CRE 0.15%	2	ST, QL (60 grams every 25 days)
ZORYVE MIS 0.3%	2	QL (2 gm every 1 day)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA
FINACEA AER 15%	2	PA
<i>ivermectin cream 1%</i>	1	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	PA; MNPA
NORITATE CRE 1%	3	PA; MNPA
ORACEA CAP 40MG	1	PA; Brand preferred over generic
RHOFADE CRE 1%	3	PA; MNPA
ZILXI AER 1.5%	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
PERMETHRIN CRE 5%	3	PA; MNPA
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
COAL TAR SOL 20%	3	
WOUND CARE PRODUCTS		
REG GRANEX GEL 0.01%	3	PA, QL (2 gm every 1 day)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
A1C NOW+ PROF KIT SYSTEM	0	
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	PA, QL (5 strips every 1 day), OTC; MNPA
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
ACCUTREND TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
ADVANCE TES INTUITIO	0	PA, QL (5 strips every 1 day), OTC; MNPA
ADVANCE TES MICRO-DW	0	PA, QL (5 strips every 1 day), OTC; MNPA
ADVOCATE TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
ADVOCATE TES REDI-COD	0	PA, QL (5 strips every 1 day), OTC; MNPA
ADVOCATE TES REDICODE	0	PA, QL (5 strips every 1 day), OTC; MNPA
AGAMATRIX TES AMP	0	PA, QL (5 strips every 1 day), OTC; MNPA
AGAMATRIX TES JAZZ	0	PA, QL (5 strips every 1 day), OTC; MNPA
AGAMATRIX TES PRESTO	0	PA, QL (5 strips every 1 day), OTC; MNPA
ASSURE 3 TES	0	PA, QL (5 strips every 1 day), OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
ASSURE 4 TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
ASSURE II TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
ASSURE II TES CHECK	0	PA, QL (5 strips every 1 day), OTC; MNPA
ASSURE PRISM TES MULTI	0	PA, QL (5 strips every 1 day), OTC; MNPA
ASSURE PRO TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
ASSURE TES PLATINUM	0	PA, QL (5 strips every 1 day), OTC; MNPA
AUTOCODE TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
BIOTEL CARE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
BLOOD GLUCOS TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
BLOOD GLUCOS TES 333	0	PA, QL (5 strips every 1 day), OTC; MNPA
BLOOD GLUCOS TES LE1	0	PA, QL (5 strips every 1 day), OTC; MNPA
BLOOD GLUCOS TES PREMIUM	0	PA, QL (5 strips every 1 day), OTC; MNPA
BLOOD GLUCOS TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
BLULINK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
CARESENS N TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
CARESENS N TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
CARESENS S TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
CARETOUCH MIS TST STRP	0	PA, QL (5 strips every 1 day), OTC; MNPA
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
CLEVER CHEK TES AUTO CD	0	PA, QL (5 strips every 1 day), OTC; MNPA
CLEVER CHEK TES TALK	0	PA, QL (5 strips every 1 day), OTC; MNPA
CLEVER CHEK TES VOICE	0	PA, QL (5 strips every 1 day), OTC; MNPA
CLEVER CHOIC TES MICRO	0	PA, QL (5 strips every 1 day), OTC; MNPA
CLEVR CHOICE TES AUTO-CD	0	PA, QL (5 strips every 1 day), OTC; MNPA
CLEVR CHOICE TES NOCODE	0	PA, QL (5 strips every 1 day), OTC; MNPA
CONFIRM/MICR TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
CONTOUR PLUS TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
CONTOUR TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
CONTOUR TES NEXT	0	PA, QL (5 strips every 1 day), OTC; MNPA
COOL BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
CVS ADVANCED TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
CVS GLUCOSE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
CVS GLUCOSE TES TEST STR	0	PA, QL (5 strips every 1 day), OTC; MNPA
CVS KETONE TES CARE	0	OTC
CVS TRUE MET TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
D-CARE BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day); MNPA
DIASTIX TES STRIPS	0	OTC
DIATHRIVE MIS TEST STR	0	PA, QL (5 strips every 1 day), OTC; MNPA
DIATHRIVE+ MIS TEST STR	0	PA, QL (5 strips every 1 day), OTC; MNPA
DIATRUE PLUS TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
DUO-CARE TES	0	PA, QL (5 strips every 1 day), OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
EASY MAX GLC TES STRIP	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY PLUS II TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY STEP TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY TALK TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY TALK TES PLUS II	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY TOUCH TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY TOUCH TES HEALTHPR	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY TOUCH TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY TRAK II TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASY TRAK TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASYGLUCO TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASYMAX 15 TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASYMAX TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASYPRO PLUS TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
EASYPRO TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
ELEMENT TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
ELEMNT COMPA TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
EMBRACE EVO TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
EMBRACE PRO TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
EMBRACE TALK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
EMBRACE TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
EMBRACE WAVE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
EVOLUTION TES AUTOCODE	0	PA, QL (5 strips every 1 day), OTC; MNPA
FIFTY50 GLUC TES 2.0	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA 6 MIS CONNECT	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA 6CON TES GTEL	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA ADVANCE TES PRO	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA D15G TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA D20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA D40/G31 TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA G20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA G30/V10 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA GD20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA GD50 TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA GTEL TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
FORA TN'G TES TN'G VOI	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA V10 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA V12 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA V20 TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORA V30A TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORACARE TES GD40	0	PA, QL (5 strips every 1 day), OTC; MNPA
FORACARE TES PREM V10	0	PA, QL (5 strips every 1 day), OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
FORACARE TES TST N GO	0	PA, QL (5 strips every 1 day), OTC; MNPA
FREESTYLE TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
FREESTYLE TES INSULINX	0	PA, QL (5 strips every 1 day), OTC; MNPA
FREESTYLE TES LITE	0	PA, QL (5 strips every 1 day), OTC; MNPA
FREESTYLE TES PREC NEO	0	PA, QL (5 strips every 1 day), OTC; MNPA
GE100 BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
GENULTIMATE TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
GHT TEST TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCO PERFEC TES 3	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCOCARD 01 TES PLUS	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCOCARD 01 TES SENSOR	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCOCARD TES EXPRESSI	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCOCARD TES SHINE	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCOCARD TES VITAL	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCOCARD TES X-SENSOR	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCOCOM TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
GLUCONAVII TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
GNP TRU METR TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
GNP TRUETRAC TES SMRT SYS	0	PA, QL (5 strips every 1 day), OTC; MNPA
GOJJI BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
GOJJI BLOOD TES KETONE	0	OTC
GOJJI STRIPS MIS W/LANCET	0	PA, QL (5 strips every 1 day), OTC; MNPA
HW EMBRACE TES PRO	0	PA, QL (5 strips every 1 day), OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
HW EMBRACE TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
IGLUPOSE TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
IHEALTH BLOO TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
IN TOUCH TES BLOOD	0	PA, QL (5 strips every 1 day), OTC; MNPA
INFINITY TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
INFINITY TES VOICE	0	PA, QL (5 strips every 1 day), OTC; MNPA
KETO-DIASTIX TES	0	PA, OTC; MNPA
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
KETOSTIX TES STRIP	0	PA, OTC; MNPA
KROGER BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
LIBERTY TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
MEIJER BLOOD TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
MEIJER TES TRUETEST	0	PA, QL (5 strips every 1 day), OTC; MNPA
MEIJER TES TRUETRAC	0	PA, QL (5 strips every 1 day), OTC; MNPA
MICRODOT TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
MICRODOT TES XTRA	0	PA, QL (5 strips every 1 day), OTC; MNPA
MM BLULINK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
MULTISTIX 10 TES SG	0	OTC
MYGLUCOHEALT TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
NEUTEK 2TEK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
NO CODING TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
NOVA MAX PLS TES KETONE	0	OTC
NOVA MAX TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
ON CALL TES EXPRESS	0	PA, QL (5 strips every 1 day), OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
ONE DROP TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
ONETOUCH TES ULT BLUE	0	PA, QL (5 strips every 1 day), OTC; MNPA
ONETOUCH TES ULTRA	0	PA, QL (5 strips every 1 day), OTC; MNPA
ONETOUCH TES VERIO	0	PA, QL (5 strips every 1 day), OTC; MNPA
OPTIUMEZ TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
PIP BLOOD TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
POCKETCHEM TES EZ	0	PA, QL (5 strips every 1 day), OTC; MNPA
PRECISION TES XTRA	0	PA, QL (5 strips every 1 day), OTC; MNPA
PRECISN XTRA TES KETONE	0	OTC
PREMIUM BLOO MIS GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
PRO VOICE TES V8/V9	0	PA, QL (5 strips every 1 day), OTC; MNPA
PRODIGY NO TES CODING	0	PA, QL (5 strips every 1 day), OTC; MNPA
PTS PANELS TES EGLU	0	PA, QL (5 strips every 1 day), OTC; MNPA
QUICKTEK TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
QUINTET AC TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
QUINTET TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
REFUAH PLUS TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
RELION PLATN TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
RELION PREMI TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
RELION PRIME TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
RELION PRIME TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
RELION TES KETONE	0	OTC
RELION TES ULTIMA	0	PA, QL (5 strips every 1 day), OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
RIGHTEST TES GS100	0	PA, QL (5 strips every 1 day), OTC; MNPA
RIGHTEST TES GS300	0	PA, QL (5 strips every 1 day), OTC; MNPA
RIGHTEST TES GS550	0	PA, QL (5 strips every 1 day), OTC; MNPA
RIGHTEST TES GT333	0	PA, QL (5 strips every 1 day), OTC; MNPA
SMART SENSE TES TEST	0	PA, QL (5 strips every 1 day), OTC; MNPA
SMARTEST TES BLD GLUC	0	PA, QL (5 strips every 1 day), OTC; MNPA
SOLUS V2 TES AUDIBLE	0	PA, QL (5 strips every 1 day), OTC; MNPA
SUPREME TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
TRU METRIX TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
TRUE FOCUS MIS BLOOD	0	PA, QL (5 strips every 1 day), OTC; MNPA
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC; MNPA
TRUETEST TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
TRUETRACK TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
TRUETRACK TES STRIPS	0	PA, QL (5 strips every 1 day), OTC; MNPA
UNISTRIP1 TES GENERIC	0	PA, QL (5 strips every 1 day), OTC; MNPA
VERASENS TES	0	PA, QL (5 strips every 1 day), OTC; MNPA
VIVAGUARD TES INO	0	PA, QL (5 strips every 1 day), OTC; MNPA

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2
CREON CAP 6000UNIT	2
CREON CAP 12000UNT	2
CREON CAP 24000UNT	2

Drug Name	Drug Tier	Requirements/Limits
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	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<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	
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Drug Name	Drug Tier	Requirements/Limits
<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	
DYRENIUM CAP 50MG	3	PA; MNPA
DYRENIUM CAP 100MG	3	PA; MNPA
<i>spironolactone susp 25 mg/5ml</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
HEMICLOR TAB 12.5MG	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONSITY INJ 560/2.24	2	PA, QL (1 pen every 28 days)
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
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	
MIACALCIN INJ 200/ML	3	PA; MNPA
MIACALCIN INJ 400/2ML	3	PA; MNPA
<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	
TERIPARATIDE INJ 560/2.24	2	PA, QL (1 pen every 28 days)
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	2	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	3	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	3	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	3	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1 injection every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	3	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	3	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
<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); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (10 cartridges every 28 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (7 cartridges every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	2	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA
GANIRELIX AC INJ 250/0.5	1	PA; 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)
EGRIFTA WR KIT 11.6MG	3	PA, QL (4 vials every 28 days)
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

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
SOGROYA INJ 5MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	2	PA, QL (4 pens every 28 days)
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
OSPHENA TAB 60MG	3	PA; MNPA
<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	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	3	
METABOLIC MODIFIERS		
AVLAYAH INJ 150MG	3	PA
<i>betaine powder for oral solution</i>	1	PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	1	PA
CARNITOR SF SOL 1GM/10ML	3	PA; MNPA
CARNITOR SOL 1GM/10ML	3	PA; MNPA
CARNITOR TAB 330MG	3	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>glycerol phenylbutyrate liquid 1.1 gm/ml</i>	1	PA
KYGEVVI POW 2GM/2GM	3	PA; MNPA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
LOARGYS INJ 2/0.4ML	3	PA; MNPA
MYALEPT INJ 11.3MG	3	PA, QL (1 vial every 1 day)
<i>nitisinone cap 2 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM	2	PA, QL (672 gm (8 bottles) every 30 days)
REVCOVI INJ 1.6MG/ML	3	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	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)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
YORVIPATH INJ 168/0.56	3	PA, QL (2 pens every 28 days)
YORVIPATH INJ 294/0.98	3	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
YORVIPATH INJ 420/1.4	3	PA, QL (2 pens every 28 days)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	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	
DESMODA SOL 0.05/ML	3	PA; MNPA
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
VASOPRESSIN INJ 20UNT/ML	3	PA; MNPA
VASOPRESSIN INJ 200/10ML	3	PA; MNPA
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)

Drug Name	Drug Tier	Requirements/Limits
<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
SAMSCA TAB 30MG	3	PA
<i>tolvaptan (hyponatremia) tab 15 mg</i>	1	PA
<i>tolvaptan (hyponatremia) tab 30 mg</i>	1	PA
<i>tolvaptan tab 15 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA
<i>tolvaptan tab therapy pack 15 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	PA, QL (2 tabs every 1 day)

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	3	PA; MNPA
COMBIPATCH DIS	2	
COVARYX HS TAB	3	
COVARYX TAB 1.25-2.5	3	
DUAVEE TAB 0.45-20	2	
EEMT HS TAB	3	
EEMT TAB 1.25-2.5	3	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
ESTRATEST HS TAB	3	
MYFEMBREE TAB	2	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	PA; MNPA
CLIMARA DIS 0.05MG	3	PA; MNPA
CLIMARA DIS 0.06MG	3	PA; MNPA
CLIMARA DIS 0.025MG	3	PA; MNPA
CLIMARA DIS 0.075MG	3	PA; MNPA
CLIMARA DIS 0.0375MG	3	PA; MNPA
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	3	PA; MNPA
DIVIGEL GEL 0.25MG	3	PA; MNPA
DIVIGEL GEL 0.75MG	3	PA; MNPA
DIVIGEL GEL 1.25MG	3	PA; MNPA
DIVIGEL GEL 1MG/GM	3	PA; MNPA
ELESTRIN GEL 0.06%	3	PA; MNPA
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
ESTROGEL GEL 0.06%	3	
<i>estrogens, conjugated tab 0.3 mg</i>	1	
<i>estrogens, conjugated tab 0.9 mg</i>	1	
<i>estrogens, conjugated tab 0.45 mg</i>	1	
<i>estrogens, conjugated tab 0.625 mg</i>	1	
<i>estrogens, conjugated tab 1.25 mg</i>	1	
EVAMIST SPR 1.53MG	3	PA; MNPA
MENEST TAB 0.3MG	3	PA; MNPA
MENEST TAB 0.625MG	3	PA; MNPA
MENEST TAB 1.25MG	3	PA; MNPA
MENEST TAB 2.5MG	3	PA; MNPA
MENOSTAR DIS 14MCG	3	PA; MNPA
MINIVELLE DIS 0.1MG	3	PA; MNPA
MINIVELLE DIS 0.05MG	3	PA; MNPA
MINIVELLE DIS 0.025MG	3	PA; MNPA
MINIVELLE DIS 0.075MG	3	PA; MNPA
MINIVELLE DIS 0.0375MG	3	PA; MNPA
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	3	PA; MNPA
PREMARIN TAB 0.9MG	3	PA; MNPA
PREMARIN TAB 0.45MG	3	PA; MNPA
PREMARIN TAB 0.625MG	3	PA; MNPA
PREMARIN TAB 1.25MG	3	PA; MNPA
VIVELLE-DOT DIS 0.1MG	3	PA; MNPA
VIVELLE-DOT DIS 0.05MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT DIS 0.025MG	3	PA; MNPA
VIVELLE-DOT DIS 0.075MG	3	PA; MNPA
VIVELLE-DOT DIS 0.0375MG	3	PA; MNPA

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin hcl tab 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.

5-HT4 RECEPTOR AGONISTS

<i>prucalopride succinate tab 1 mg (base equivalent)</i>	1	
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	1	

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	3	
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA

GALLSTONE SOLUBILIZING AGENTS

<i>chenodiol tab 250 mg</i>	1	PA, QL (7 tabs every 1 day)
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

AMITIZA CAP 8MCG	3	PA; MNPA
AMITIZA CAP 24MCG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
HEPATOTROPICS		
REZDIFFRA TAB 60MG	3	
REZDIFFRA TAB 80MG	3	
REZDIFFRA TAB 100MG	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 INJ 200MG/ML	2	PA, QL (4 syringes every 28 days); MNPA
CIMZIA PREFL KIT 200MG/ML	2	PA, QL (2 kits every 28 days); MNPA
CIMZIA START KIT 200MG/ML	2	PA, QL (2 kits every 28 days); MNPA
COLAZAL CAP 750MG	3	PA; MNPA
DELZICOL CAP 400MG	3	PA; MNPA
DIPENTUM CAP 250MG	3	
ENTYVIO PEN INJ 108/0.68	3	PA, QL (2 syringes every 28 days); MNPA
LIALDA TAB 1.2GM	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
PENTASA CAP 250MG CR	3	PA; MNPA
PENTASA CAP 500MG CR	3	PA; MNPA
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.
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	
TREMFYA INJ 200/2ML	2	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	2	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	2	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
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>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTROXON TAB 0.5MG	3	
LOTROXON 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	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
RELISTOR INJ 8/0.4ML	3	PA; MNPA
RELISTOR INJ 12/0.6ML	3	PA; MNPA
RELISTOR TAB 150MG	3	PA; MNPA
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	2	PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	1	
FOSRENOL CHW 500MG	3	PA; MNPA
FOSRENOL CHW 750MG	3	PA; MNPA
FOSRENOL CHW 1000MG	3	PA; MNPA
FOSRENOL POW 750MG	3	PA; MNPA
FOSRENOL POW 1000MG	3	PA; MNPA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	PA; MNPA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	PA; MNPA
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	PA; MNPA
RENVELA POW 0.8GM	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
RENVELA POW 2.4GM	3	PA; MNPA
RENVELA TAB 800MG	3	PA; MNPA
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	PA; MNPA
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)
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMIN/NACL INJ 100/10ML	3	PA; MNPA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
CYTRA K GRA CRYSTALS	1	
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</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	
TRICITRATES SOL	3	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	2	PA, QL (2 tabs every 1 day)
FILSPARI TAB 400MG	2	PA, QL (1 tab every 1 day)
VANRAFIA TAB 0.75MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	PA; MNPA
RIMSO-50 SOL 50%	3	PA; MNPA
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	
JALYN CAP	3	PA; MNPA
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	PA; MNPA
RAPAFLO CAP 8MG	3	PA; MNPA
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	PA; MNPA
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		
LITHOSTAT TAB 250MG	3	PA; MNPA
<i>tiopronin tab 100 mg</i>	1	PA
<i>tiopronin tab delayed release 100 mg</i>	1	PA
<i>tiopronin tab delayed release 100 mg</i>	1	PA
<i>tiopronin tab delayed release 300 mg</i>	1	PA
<i>tiopronin tab delayed release 300 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 200 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL (4 tabs every 1 day)
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ULORIC TAB 40MG	3	PA; MNPA
ULORIC TAB 80MG	3	PA; MNPA
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 (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 28 days)
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 FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	3	PA, QL (1 syringe per 30 days)
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
ORLADEYO PAK 72MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 96MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 108MG	2	PA, QL (1 packet every 1 day)
ORLADEYO PAK 132MG	2	PA, QL (1 packet every 1 day)
TAKHZYRO INJ 150MG/ML	2	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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	3	
BRILINTA TAB 90MG	3	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	PA; MNPA
<i>cilostazol tab 100 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	PA; MNPA
<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	
PLAVIX TAB 75MG	3	PA; MNPA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<i>ticagrelor tab 60 mg</i>	1	
<i>ticagrelor tab 90 mg</i>	1	
ZONTIVITY TAB 2.08MG	3	PA; MNPA

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	
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	

Drug Name	Drug Tier	Requirements/Limits
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid tab 1 mg</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	2	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	2	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET SPR CAP 10MG	2	PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG	2	PA
DOPTELET TAB 20MG	2	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	1	PA, QL (4 packets every 1 day)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	1	PA, QL (6 packets every 1 day)
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
EPOGEN INJ 20000/ML	3	PA; MNPA
FULPHILA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
NEULASTA INJ 4/0.4ML	3	PA; MNPA
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	2	PA
PROCRIT INJ 3000/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 10000/ML	2	PA
PROCRIT INJ 20000/ML	2	PA
PROCRIT INJ 40000/ML	2	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

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

HEMOSTATICS - TOPICAL

ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
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	
SILENOR TAB 3MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
SILENOR TAB 6MG	3	PA; MNPA
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	PA; MNPA
EDLUAR SUB 10MG	3	PA; MNPA
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
HALCION TAB 0.25MG	3	
LUNESTA TAB 1MG	3	PA; MNPA
LUNESTA TAB 2MG	3	PA; MNPA
LUNESTA TAB 3MG	3	PA; MNPA
MIDAZOL-NACL SOL 100/100	3	PA; MNPA
MIDAZOLAM SOL /NACL	3	PA; MNPA
<i>quazepam tab 15 mg</i>	1	PA; MNPA
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 sl tab 1.75 mg</i>	1	PA; MNPA
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TAB 20MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (5 mL every 1 day)
<i>ramelteon tab 8 mg</i>	1	
ROZEREM TAB 8MG	3	PA; MNPA
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (1 cap every 1 day)

LAXATIVES

LAXATIVE COMBINATIONS

CLENPIQ SOL	0	\$0 copay for members age 45 through 75
GOLYTELY SOL	3	PA; MNPA
MOVIPREP SOL	0	PA; MNPA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	PA; MNPA
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	\$0 copay for members age 45 through 75
SUPREP BOWEL SOL PREP KIT	0	PA; MNPA

LAXATIVES - MISCELLANEOUS

<i>lactulose oral crystal packet 10 gm</i>	1	
<i>lactulose oral crystal packet 10 gm</i>	1	PA; MNPA
<i>lactulose oral crystal packet 20 gm</i>	1	
<i>lactulose oral crystal packet 20 gm</i>	1	PA; MNPA
<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 200/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
E.E.S. GRAN SUS 200/5ML	3	PA; MNPA
ERYPED SUS 200/5ML	3	PA; MNPA
ERYPED SUS 400/5ML	3	PA; MNPA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	3	
DIFICID TAB 200MG	3	
<i>fidaxomicin tab 200 mg</i>	1	
MEDICAL DEVICES AND SUPPLIES		
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
ADV LANCING MIS DEVICE	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVOCATE SAFE MIS LANC 26G	0	OTC
ADVOCATE LIQ HIGH	0	OTC
ADVOCATE LIQ LOW	0	OTC
ADVOCATE MIS LANC 30G	0	OTC
ADVOCATE MIS LANC DEV	0	OTC
ADVOCATE MIS LANCETS	0	OTC
ADVOCATE+ SOL REDI-COD	0	OTC
AGAMATRIX MIS 33G	0	OTC
AGAMATRIX SOL HIGH	0	OTC
AGAMATRIX SOL LEVEL 2	0	OTC
AGAMATRIX SOL LEVEL 4	0	OTC
AGAMATRIX SOL NORM/HGH	0	OTC
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	0	OTC
AQUALANCE MIS 30G	0	OTC
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	0	OTC
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS S LIQ CON A/B	0	PA, OTC; MNPA
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTOUR HIGH LIQ CONTROL	0	OTC
CONTOUR LOW LIQ CONTROL	0	OTC
CONTOUR NEXT SOL LEVEL 1	0	OTC
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS P-AC/21G	0	OTC
EASY TOUCH MIS P-AC/23G	0	OTC
EASY TOUCH MIS P-AC/26G	0	OTC
EASY TOUCH MIS P-AC/28G	0	OTC
EASY TOUCH MIS P-AC/30G	0	OTC
EASY TOUCH MIS TWST/28G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS TWST/30G	0	OTC
EASY TOUCH MIS TWST/32G	0	OTC
EASY TOUCH MIS TWST/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASYPHASE HGH SOL CONTROL	0	OTC
EASYPHASE LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE HIGH LIQ CONTROL	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
ENLITE GLUCO MIS SENSOR	0	ST, PA, QL (3 sensors every 30 days); MNPA
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
EVERSENSE365 MIS SENSOR	0	PA; MNPA
EVERSENSE365 MIS TRANSMTR	0	PA; MNPA
EVERSENSE E3 MIS SENSOR	0	PA, QL (3 sensors every 30 days); MNPA
EVERSENSE E3 MIS TRANSMTR	0	PA; MNPA
EVERSENSE MIS SENSOR	0	PA, QL (3 sensors every 30 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
EVERSENSE MIS TRANSMTR	0	PA; MNPA
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FREESTYLE LB KIT 2/SENSOR	0	PA, QL (3 sensors every 30 days); MNPA
FREESTYLE LB KIT 2PLS/SEN	0	PA; MNPA
FREESTYLE LB KIT 3/SENSOR	0	PA, QL (3 sensors every 30 days); MNPA
FREESTYLE LB KIT 3PLS/SEN	0	PA; MNPA
FREESTYLE LB KIT 14D/SEN	0	PA, QL (3 sensors every 30 days); MNPA
FREESTYLE LB MIS 2/READER	0	PA; MNPA
FREESTYLE LB MIS 3/READER	0	PA; MNPA
FREESTYLE LB MIS 14D/RDR	0	PA; MNPA
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
FREESTYLE MIS READER	0	PA; MNPA
FREESTYLE MIS UNISTICK	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN 4 MIS SENSOR	0	PA; MNPA
GUARDIAN 4 MIS TRANSMIT	0	PA; MNPA
GUARDIAN CON MIS TRANSMIT	0	PA; MNPA
GUARDIAN MIS LINK 3	0	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
GUARDIAN MIS SENSOR 3	0	PA, QL (3 sensors every 30 days); MNPA
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS REPL PED	0	PA; MNPA
GUARDIAN RT MIS TST PLUG	0	
HAEMOLANCE MIS HIGH FLO	0	OTC
HAEMOLANCE MIS LOW FLOW	0	OTC
HAEMOLANCE MIS PLUS	0	OTC
HAEMOLANCE MIS PLUS LOW	0	OTC
HAEMOLANCE MIS PLUS MAX	0	OTC
HAEMOLANCE MIS PLUS PED	0	OTC
HAEMOLANCE MIS RETRACT	0	OTC
HC LANCING MIS DEVICE	0	OTC
HYPOLANCE KIT LANCING	0	OTC
IN TOUCH LAN MIS 30G	0	OTC
IN TOUCH LAN MIS DEVICE	0	OTC
IN TOUCH SOL GLUCOSE	0	OTC
INCONTROL MIS LANC 28G	0	OTC
INCONTROL MIS LANC 30G	0	OTC
INCONTROL MIS LANC 33G	0	OTC
INCONTROL MIS LANC DEV	0	OTC
INFINITY SOL HIGH CON	0	PA, OTC; MNPA
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
KT TAPE MIS CGM PTCH	0	PA; MNPA
LANCET CARRY MIS CASE	0	OTC
LANCET DEVIC MIS 30G	0	OTC
LANCET DEVIC MIS ADJUST	0	OTC
LANCET MICRO MIS THIN 33G	0	OTC
LANCET STAND MIS 21G	0	OTC
LANCET SUPER MIS THIN 30G	0	OTC
LANCET ULTRA MIS THIN 30G	0	OTC
LANCET WITH MIS EJECTOR	0	OTC
LANCETS MICR MIS THIN 33G	0	OTC
LANCETS MIS	0	OTC
LANCETS MIS 21G	0	OTC
LANCETS MIS 21G COLR	0	OTC
LANCETS MIS 26G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS 28G	0	OTC
LANCETS MIS 28G THIN	0	OTC
LANCETS MIS 30G	0	OTC
LANCETS MIS 33G	0	OTC
LANCETS MIS ORIGINAL	0	OTC
LANCETS MIS THIN	0	OTC
LANCETS MIS THIN 26G	0	OTC
LANCETS MIS THIN 30G	0	OTC
LANCETS SUPR MIS THIN 28G	0	OTC
LANCETS THIN MIS	0	OTC
LANCETS THIN MIS 26G	0	OTC
LANCETS ULTR MIS THIN	0	OTC
LANCETS ULTR MIS THIN 31G	0	OTC
LANCING DEVI MIS	0	OTC
LANCING DEVI MIS 25G	0	OTC
LANCING DEVI MIS 30G	0	OTC
LANCING MIS DEVICE	0	OTC
LANZO MIS LANCING	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MICROLET NXT MIS LANC 28G	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MINIMED 630G MIS TRANSMIT	0	ST, PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
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
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA
OMNIPOD 5 L2 KIT INTRO G6	0	PA
OMNIPOD 5 L2 MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA
OMNIPOD MIS CLASSIC	0	PA
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH DEL MIS LANC DEV	0	PA, OTC; MNPA
ONETOUCH DEL MIS PLUS 30G	0	PA, OTC; MNPA
ONETOUCH DEL MIS PLUS 33G	0	PA, OTC; MNPA
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
ONETOUCH US MIS 2 30G	0	PA, OTC; MNPA
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PSS SAFE LAN MIS	0	OTC
PSS SEL LANC MIS	0	OTC
PSS SEL PLAT MIS	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PURE COMFORT MIS 30G LAN	0	PA, OTC; MNPA
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC
READYLANCE MIS 26G	0	OTC
READYLANCE MIS 28G	0	OTC
READYLANCE MIS 30G	0	OTC
REALITY MIS LANCETS	0	OTC
REALITY TRIG MIS LANCETS	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RELION KIT LANCING	0	OTC
RELION LANCE MIS THIN 26G	0	OTC
RELION LANCE MIS THIN 30G	0	OTC
RELION LANCI MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTEST ALT MIS ADAPTOR	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
RIGHTEST MIS GD500	0	OTC
RIGHTEST MIS GL300	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SAFE-T-LANCE MIS 21G	0	OTC
SAFE-T-LANCE MIS 25G	0	OTC
SAFE-T-LANCE MIS HI FLOW	0	OTC
SAFE-T-LANCE MIS LOW FLOW	0	OTC
SAFE-T-LANCE MIS NOR FLOW	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SIMPLERA MIS SYNC SEN	0	ST, PA; MNPA
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SMART SENSE MIS LANC 21G	0	OTC
SMART SENSE MIS LANC 26G	0	OTC
SMART SENSE MIS LANC 30G	0	OTC
SMART SENSE MIS LANC 33G	0	OTC
SMARTEST MIS LANCETS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 MIS LANC 28G	0	OTC
SOLUS V2 MIS LANC 30G	0	OTC
SOLUS V2 MIS LANC DEV	0	OTC
SOLUS V2 SOL HIGH	0	OTC
SOLUS V2 SOL LOW	0	OTC
STERILANCE MIS TL 28G	0	OTC
STERILANCE MIS TL 30G	0	OTC
STERILANCE MIS TL 32G	0	OTC
SUPER THIN MIS LANC 28G	0	OTC
SUPER THIN MIS LANCETS	0	OTC
SUPREME II LIQ HIGH/LOW	0	OTC
SURE COMFORT MIS LANC 18G	0	OTC
SURE COMFORT MIS LANC 21G	0	OTC
SURE COMFORT MIS LANC 23G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT MIS LANC 30G	0	OTC
SURE COMFORT MIS LANC PEN	0	OTC
SURE COMFORT MIS LANCETS	0	OTC
SUREFLEX MIS LANCETS	0	OTC
SURELITE MIS LANCETS	0	OTC
TAI DOC SOL NORM CON	0	OTC
TECHLITE AST MIS LANCETS	0	OTC
TECHLITE MIS LANC 26G	0	OTC
TECHLITE MIS LANCETS	0	OTC
TGT LANCET MIS 26G	0	OTC
TGT LANCET MIS 30G	0	OTC
TGT LANCET MIS 33G	0	OTC
TGT LANCING MIS DEVICE	0	OTC
THIN LANCETS MIS 26G	0	OTC
THIN LANCETS MIS 30G	0	OTC
THINLETS GP MIS 26G	0	OTC
TOPCARE MIS LANC 33G	0	OTC
TRAVEL LANCE MIS ADV 28G	0	OTC
TRUE COM LAN MIS SAFE 30G	0	OTC
TRUE COM LAN MIS TWST 30G	0	OTC
TRUE METRIX SOL LEVEL 1	0	OTC
TRUE METRIX SOL LEVEL 2	0	OTC
TRUE METRIX SOL LEVEL 3	0	OTC
TRUEDRAW MIS LANC DEV	0	OTC
TRUPLUS LANC MIS 26G	0	OTC
TRUPLUS LANC MIS 28G	0	OTC
TRUPLUS LANC MIS 30G	0	OTC
TRUPLUS LANC MIS 33G	0	OTC
TWIIIST KIT REFILL	0	PA
TWIIIST KIT STARTER	0	PA
TWIIIST REFIL KIT INFUSION	0	PA
TWIST LANCET MIS 30G	0	OTC
TWIST LANCET MIS 30G MULT	0	OTC
ULTI-LANCE MIS CLR TIP	0	OTC
ULTILET MIS 26G	0	OTC
ULTILET MIS 28G	0	OTC
ULTILET MIS 30G	0	OTC
ULTILET MIS 33G	0	OTC
ULTILET MIS LANCETS	0	OTC
ULTILET MIS SAFETY	0	OTC
ULTILET SAFE MIS 21G	0	OTC
ULTRA THIN MIS 28G	0	OTC
ULTRA THIN MIS 30G	0	OTC
ULTRA THIN MIS 31G	0	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ULTRA THIN MIS 33G	0	OTC
ULTRA THIN MIS LAN 31G	0	OTC
ULTRA THIN MIS LANC 28G	0	OTC
ULTRA THIN MIS LANC 30G	0	OTC
ULTRA THIN MIS LANCETS	0	OTC
UNILET EX II MIS 28G	0	OTC
UNILET EXCEL MIS 23G	0	OTC
UNILET G.P MIS SUPR 23G	0	OTC
UNILET G.P. MIS 21G	0	OTC
UNILET GP 28 MIS ULT THIN	0	OTC
UNILET LANC MIS 33G	0	OTC
UNILET LANCE MIS 21G	0	OTC
UNILET LANCE MIS 28G	0	OTC
UNILET LANCE MIS 33G	0	OTC
UNILET LANCT MIS 28G	0	OTC
UNILET LANCT MIS 30G	0	OTC
UNILET LANCT MIS 33G	0	OTC
UNILET MICRO MIS 33G	0	OTC
UNILET MIS 21G	0	OTC
UNILET SUPER MIS 23G	0	OTC
UNILET SUPER MIS G.P. 23G	0	OTC
UNISTIK 1 MIS 2.4MM	0	OTC
UNISTIK 1 MIS 3.0MM	0	OTC
UNISTIK 2 MIS	0	OTC
UNISTIK 2 MIS 1.8MM	0	OTC
UNISTIK 2 MIS 2.4MM	0	OTC
UNISTIK 2 MIS COMFORT	0	OTC
UNISTIK 2 MIS EXTRA	0	OTC
UNISTIK 2 MIS NEONATAL	0	OTC
UNISTIK 2 MIS NORMAL	0	OTC
UNISTIK 2 MIS SUPER	0	OTC
UNISTIK 3 MIS 1.8MM	0	OTC
UNISTIK 3 MIS COMFORT	0	OTC
UNISTIK 3 MIS EXTRA	0	OTC
UNISTIK 3 MIS GENT 30G	0	OTC
UNISTIK 3 MIS NEONATAL	0	OTC
UNISTIK 3 MIS NORMAL	0	OTC
UNISTIK 23G MIS NORMAL	0	OTC
UNISTIK CZT MIS COMFORT	0	OTC
UNISTIK CZT MIS NORMAL	0	OTC
UNISTIK PRO MIS LANC 21G	0	OTC
UNISTIK PRO MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 30G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
V-GO 20 KIT	0	PA; MNPA
V-GO 30 KIT	0	PA; MNPA
V-GO 40 KIT	0	PA; MNPA
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-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVX STERIL PAD ALCHOL	0	OTC

PARENTERAL THERAPY SUPPLIES

ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AQINJECT PEN MIS 31GX3/16	0	PA; MNPA
AQINJECT PEN MIS 32GX5/32	0	PA; MNPA
ASSURE ID MIS 30GX5/16	0	PA, OTC; MNPA
ASSURE ID MIS 30GX5MM	0	PA, OTC; MNPA
ASSURE ID MIS 31GX5MM	0	PA, OTC; MNPA
AUM MINI PEN MIS 32GX4MM	0	PA, OTC; MNPA
AUM MINI PEN MIS 32GX5MM	0	PA, OTC; MNPA
AUM MINI PEN MIS 32GX6MM	0	PA, OTC; MNPA
AUM MINI PEN MIS 32GX8MM	0	PA, OTC; MNPA
AUM MINI PEN MIS 33GX4MM	0	PA, OTC; MNPA
AUM MINI PEN MIS 33GX5MM	0	PA, OTC; MNPA
AUM MINI PEN MIS 33GX6MM	0	PA, OTC; MNPA
AUM READYGRD MIS 32GX4MM	0	PA, OTC; MNPA
AUM SAFETY MIS 31GX4MM	0	PA, OTC; MNPA
AUM SAFETY MIS 31GX5MM	0	PA, OTC; MNPA
AUTOPEN MIS 1 UNIT	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD BLUNT FIL MIS 18GX1"	3	
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	PA; MNPA
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	PA, OTC; MNPA
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREFINE MIS 31GX8MM	0	PA, OTC; MNPA
CAREFINE MIS 32GX4MM	0	PA, OTC; MNPA
CAREFINE MIS 32GX5MM	0	PA, OTC; MNPA
CAREFINE MIS 32GX6MM	0	PA, OTC; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS 31GX5MM	0	PA, OTC; MNPA
CARETOUCH MIS 31GX6MM	0	PA, OTC; MNPA
CARETOUCH MIS 31GX8MM	0	PA, OTC; MNPA
CARETOUCH MIS 32GX4MM	0	PA, OTC; MNPA
CARETOUCH MIS 32GX5MM	0	PA, OTC; MNPA
CEQUR SIMPL KIT PATCH 2U	0	
CEQUR SIMPL MIS INSERTER	0	
CLICKFINE MIS 31GX1/4"	0	PA, OTC; MNPA
CLICKFINE MIS 31GX3/16	0	PA, OTC; MNPA
CLICKFINE MIS 31GX5/16	0	PA, OTC; MNPA
CLICKFINE MIS 31GX8MM	0	PA, OTC; MNPA
CLICKFINE MIS 32GX5/32	0	PA, OTC; MNPA
COMFORT EZ MIS 29GX12MM	0	PA, OTC; MNPA
COMFORT EZ MIS 30GX8MM	0	PA, OTC; MNPA
COMFORT EZ MIS 31GX4MM	0	PA, OTC; MNPA
COMFORT EZ MIS 31GX5/16	0	PA, OTC; MNPA
COMFORT EZ MIS 31GX5MM	0	PA, OTC; MNPA
COMFORT EZ MIS 31GX6MM	0	PA, OTC; MNPA
COMFORT EZ MIS 31GX8MM	0	PA, OTC; MNPA
COMFORT EZ MIS 32GX4MM	0	PA, OTC; MNPA
COMFORT EZ MIS 32GX5MM	0	PA, OTC; MNPA
COMFORT EZ MIS 32GX6MM	0	PA, OTC; MNPA
COMFORT EZ MIS 32GX8MM	0	PA, OTC; MNPA
COMFORT EZ MIS 33GX4MM	0	PA, OTC; MNPA
COMFORT EZ MIS 33GX5MM	0	PA, OTC; MNPA
COMFORT EZ MIS 33GX6MM	0	PA, OTC; MNPA
COMFORT EZ MIS 33GX8MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 31GX4MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 31GX5MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 31GX6MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 31GX8MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 32GX4MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 32GX5MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 32GX6MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 32GX8MM	0	PA, OTC; MNPA
COMFORT TOUC MIS 33GX1/4"	0	PA, OTC; MNPA
COMFORT TOUC MIS 33GX3/16	0	PA, OTC; MNPA
COMFORT TOUC MIS 33GX5/32	0	PA, OTC; MNPA
DIATHRIVE MIS 31GX5MM	0	PA, OTC; MNPA
DIATHRIVE MIS 31GX6MM	0	PA, OTC; MNPA
DIATHRIVE MIS 31GX8MM	0	PA, OTC; MNPA
DIATHRIVE MIS 32GX4MM	0	PA, OTC; MNPA
DROPLET MICR MIS 34GX9/64	0	PA, OTC; MNPA
DROPSAFE SIC MIS 25GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE SIC MIS 25GX5/8"	3	
EASY COMFORT MIS 31GX1/4"	0	PA, OTC; MNPA
EASY COMFORT MIS 31GX3/16	0	PA, OTC; MNPA
EASY COMFORT MIS 31GX5/16	0	PA, OTC; MNPA
EASY COMFORT MIS 31GX5MM	0	PA, OTC; MNPA
EASY COMFORT MIS 31GX6MM	0	PA, OTC; MNPA
EASY COMFORT MIS 32GX4MM	0	PA, OTC; MNPA
EASY COMFORT MIS 32GX5/32	0	PA, OTC; MNPA
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASY TOUCH MIS 29GX1/2"	0	PA, OTC; MNPA
EASY TOUCH MIS 29GX5MM	0	PA, OTC; MNPA
EASY TOUCH MIS 29GX8MM	0	PA, OTC; MNPA
EASY TOUCH MIS 30G	0	PA, OTC; MNPA
EASY TOUCH MIS 31GX1/4"	0	PA, OTC; MNPA
EASY TOUCH MIS 31GX3/16	0	PA, OTC; MNPA
EASY TOUCH MIS 31GX5/16	0	PA, OTC; MNPA
EASY TOUCH MIS 32GX1/4"	0	PA, OTC; MNPA
EASY TOUCH MIS 32GX3/16	0	PA, OTC; MNPA
EASY TOUCH MIS 32GX5/32	0	PA, OTC; MNPA
EASY TOUCH MIS 32GX5MM	0	PA, OTC; MNPA
EASY TOUCH MIS 32GX6MM	0	PA, OTC; MNPA
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
EMBECTA AUTO MIS DUO	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA NANO MIS 32GX4MM	0	PA, OTC; MNPA
EMBECTA UF MIS 29GX12.7	0	OTC
EMBECTA UF MIS 31GX5MM	0	OTC
EMBECTA UF MIS 31GX8MM	0	OTC
EMBECTA UF MIS 32GX6MM	0	OTC
FIFTY50 MIS 31GX3/16	0	PA, OTC; MNPA
FIFTY50 MIS 31GX5/16	0	PA, OTC; MNPA
FIFTY50 MIS 31GX5MM	0	PA, OTC; MNPA
FIFTY50 PEN MIS 31GX8MM	0	PA, OTC; MNPA
FIFTY50 PEN MIS 32GX4MM	0	PA, OTC; MNPA
FIFTY50 PEN MIS 32GX6MM	0	PA, OTC; MNPA
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
FILTER NEEDL MIS 20GX1.5"	3	
GNP ULTICARE MIS 31GX5/16	0	PA, OTC; MNPA
GNP ULTICARE MIS 31GX5MM	0	PA, OTC; MNPA
GNP ULTICARE MIS 32GX1/4"	0	PA, OTC; MNPA
GNP ULTICARE MIS 32GX5/32	0	PA, OTC; MNPA
HM INSULIN S MIS 0.3/31G	0	PA, OTC; MNPA
HM INSULIN S MIS 1ML/30G	0	PA, OTC; MNPA
HM ULTICARE MIS 31GX8MM	0	PA, OTC; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
HYPONEDDLE MIS 30GX3/4"	3	
IN CONTROL MIS 31GX3/16	0	PA, OTC; MNPA
IN CONTROL MIS 31GX5MM	0	PA, OTC; MNPA
IN CONTROL MIS 31GX6MM	0	PA, OTC; MNPA
IN CONTROL MIS 31GX8MM	0	PA, OTC; MNPA
INCONTROL MIS 29GX12MM	0	PA, OTC; MNPA
INCONTROL MIS 31GX6MM	0	PA, OTC; MNPA
INCONTROL MIS 31GX8MM	0	PA, OTC; MNPA
INCONTROL MIS 32GX4MM	0	PA, OTC; MNPA
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INS SY 0.3ML MIS 31GX5/16	0	PA, OTC; MNPA
INS SY 0.5ML MIS 30GX1/2"	0	PA, OTC; MNPA
INS SY 0.5ML MIS 30GX5/16	0	PA, OTC; MNPA
INS SY 1/2ML MIS 30GX1/2"	0	PA, OTC; MNPA
INS SYR 1ML MIS 30GX1/2"	0	PA, OTC; MNPA
INS SYR 1ML MIS 30GX5/16	0	PA, OTC; MNPA
INS SYR 1ML MIS 31GX5/16	0	PA, OTC; MNPA
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
INSULIN SRYG MIS 1ML/32G	0	PA, OTC; MNPA
INSULIN SYR MIS BARR 1ML	0	PA, OTC; MNPA
INSULIN SYRI MIS 0.3/31G	0	PA, OTC; MNPA
INSUPEN32G MIS 32GX6MM	0	PA, OTC; MNPA
INSUPEN MIS 29GX12MM	0	PA, OTC; MNPA
INSUPEN MIS 31GX5MM	0	PA, OTC; MNPA
INSUPEN MIS 31GX8MM	0	PA, OTC; MNPA
INSUPEN MIS 32GX4MM	0	PA, OTC; MNPA
J-TIP KIT KIT ADAPTERS	0	
LITETOUCH MIS 29GX12.7	0	PA, OTC; MNPA
LITETOUCH MIS 31GX8MM	0	PA, OTC; MNPA
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
MAGELLAN SYR MIS 23GX1"	3	
MAXICOMFORT MIS 27GX1/2	0	PA, OTC; MNPA
MAXICOMFORT MIS 27GX1/2"	0	PA, OTC; MNPA
MAXICOMFORT MIS 31GX1/4"	0	PA, OTC; MNPA
MM PENTIPS MIS 29GX12MM	0	PA; MNPA
MM PENTIPS MIS 31GX5MM	0	PA; MNPA
MM PENTIPS MIS 31GX8MM	0	PA; MNPA
MM PENTIPS MIS 32GX4MM	0	PA; MNPA
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOFINE MIS 32GX6MM	0	PA, OTC; MNPA
NOVOFINE PLS MIS 32GX4MM	0	PA, OTC; MNPA
NOVOPEN ECHO MIS	0	
PEN NEEDLE MIS 29GX1/2"	0	PA, OTC; MNPA
PEN NEEDLE MIS 29GX3/16	0	PA, OTC; MNPA
PEN NEEDLE MIS 29GX5/16	0	PA, OTC; MNPA
PEN NEEDLE MIS 31GX3/16	0	PA, OTC; MNPA
PEN NEEDLE MIS 31GX4MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 31GX5/16	0	PA, OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE MIS 31GX5MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 31GX6MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 31GX8MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 32GX1/4"	0	PA, OTC; MNPA
PEN NEEDLE MIS 32GX4MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 32GX5/32	0	PA, OTC; MNPA
PEN NEEDLE MIS 32GX5MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 32GX6MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 33GX4MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 33GX5/32	0	PA, OTC; MNPA
PEN NEEDLE MIS 33GX5MM	0	PA, OTC; MNPA
PEN NEEDLE MIS 33GX6MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 29GX1/2"	0	PA, OTC; MNPA
PEN NEEDLES MIS 29GX12.7	0	PA, OTC; MNPA
PEN NEEDLES MIS 29GX12MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 30GX3/16	0	PA, OTC; MNPA
PEN NEEDLES MIS 30GX5/16	0	PA, OTC; MNPA
PEN NEEDLES MIS 30GX5MM	0	PA; MNPA
PEN NEEDLES MIS 30GX5MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 30GX8MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 31GX1/4"	0	PA, OTC; MNPA
PEN NEEDLES MIS 31GX3/16	0	PA, OTC; MNPA
PEN NEEDLES MIS 31GX5/16	0	PA, OTC; MNPA
PEN NEEDLES MIS 31GX5MM	0	OTC
PEN NEEDLES MIS 31GX5MM	0	PA; MNPA
PEN NEEDLES MIS 31GX5MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 31GX6MM	0	OTC
PEN NEEDLES MIS 31GX6MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 31GX8MM	0	OTC
PEN NEEDLES MIS 31GX8MM	0	PA; MNPA
PEN NEEDLES MIS 31GX8MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX1/4	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX1/4"	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX3/16	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX4MM	0	OTC
PEN NEEDLES MIS 32GX4MM	0	PA; MNPA
PEN NEEDLES MIS 32GX4MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX5/16	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX5/32	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX5MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 32GX6MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 33GX4MM	0	PA, OTC; MNPA
PEN NEEDLES MIS 33GX5/32	0	PA, OTC; MNPA
PEN NEEDLES MIS 33GX5MM	0	PA, OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 33GX6MM	0	PA, OTC; MNPA
PENTIPS MIS 29GX12MM	0	PA; MNPA
PENTIPS MIS 29GX12MM	0	PA, OTC; MNPA
PENTIPS MIS 31GX5MM	0	PA; MNPA
PENTIPS MIS 31GX5MM	0	PA, OTC; MNPA
PENTIPS MIS 31GX6MM	0	PA, OTC; MNPA
PENTIPS MIS 31GX8MM	0	PA; MNPA
PENTIPS MIS 31GX8MM	0	PA, OTC; MNPA
PENTIPS MIS 32GX4MM	0	PA; MNPA
PENTIPS MIS 32GX4MM	0	PA, OTC; MNPA
PENTIPS MIS 32GX6MM	0	PA, OTC; MNPA
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	
PIP PEN NEED MIS 32GX4MM	0	PA, OTC; MNPA
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	
PREVENT DROP MIS 31GX1/4"	0	PA, OTC; MNPA
PREVENT DROP MIS 31GX5/16	0	PA, OTC; MNPA
PREVENT SAFE MIS 31GX1/4"	0	PA, OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
PREVENT SAFE MIS 31GX5/16	0	PA, OTC; MNPA
PRO COMFORT MIS 0.5/30G	0	PA, OTC; MNPA
PRO COMFORT MIS 0.5/31G	0	PA, OTC; MNPA
PRO COMFORT MIS 1ML/30G	0	PA, OTC; MNPA
PRO COMFORT MIS 1ML/31G	0	PA, OTC; MNPA
PRO COMFORT MIS 32GX4MM	0	PA; MNPA
PRO COMFORT MIS 32GX5MM	0	PA; MNPA
PRO COMFORT MIS 32GX6MM	0	PA, OTC; MNPA
PRO COMFORT MIS 32GX8MM	0	PA, OTC; MNPA
PURE COMFORT MIS 31GX5MM	0	PA, OTC; MNPA
PURE COMFORT MIS 31GX6MM	0	PA, OTC; MNPA
PURE COMFORT MIS 32GX4MM	0	PA, OTC; MNPA
PURE COMFORT MIS 32GX5MM	0	PA, OTC; MNPA
PURE COMFORT MIS 32GX6MM	0	PA, OTC; MNPA
PURE COMFORT MIS 32GX8MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 31GX6MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 31GX8MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 32GX4MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 32GX5MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 32GX6MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 32GX8MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 33GX4MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 33GX5MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 33GX6MM	0	PA, OTC; MNPA
QUICK TOUCH MIS 33GX8MM	0	PA, OTC; MNPA
RA PEN NEEDL MIS 31GX3/16	0	PA, OTC; MNPA
RAYA SURE MIS 29GX12MM	0	PA, OTC; MNPA
RAYA SURE MIS 31GX4MM	0	PA, OTC; MNPA
RAYA SURE MIS 31GX5MM	0	PA, OTC; MNPA
RAYA SURE MIS 31GX6MM	0	PA, OTC; MNPA
RAYA SURE MIS 31GX8MM	0	PA, OTC; MNPA
RELION PEN MIS 29GX12MM	0	PA, OTC; MNPA
RELION PEN MIS 31GX1/4"	0	PA, OTC; MNPA
RELION PEN MIS 31GX5/16	0	PA, OTC; MNPA
RELION PEN MIS 31GX6MM	0	PA, OTC; MNPA
RELION PEN MIS 31GX8MM	0	PA, OTC; MNPA
RELION PEN MIS 32GX4MM	0	PA, OTC; MNPA
RELION PEN MIS 32GX5/32	0	PA, OTC; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SECURES SAFE MIS 0.5/29G	0	PA, OTC; MNPA
SECURES SAFE MIS 29GX1/2"	0	PA, OTC; MNPA
SECURES SAFE MIS 30GX5/16	0	PA, OTC; MNPA
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SURE COMFORT MIS 0.5/31G	0	PA, OTC; MNPA
SURE COMFORT MIS 29GX1/2"	0	PA, OTC; MNPA
SURE COMFORT MIS 30GX5/16	0	PA, OTC; MNPA
SURE COMFORT MIS 31GX1/4	0	PA; MNPA
SURE COMFORT MIS 31GX3/16	0	PA, OTC; MNPA
SURE COMFORT MIS 31GX5/16	0	PA, OTC; MNPA
SURE COMFORT MIS 31GX6MM	0	PA, OTC; MNPA
SURE COMFORT MIS 32GX5/32	0	PA; MNPA
SURE COMFORT MIS 32GX5/32	0	PA, OTC; MNPA
SURE COMFORT MIS 32GX6MM	0	PA, OTC; MNPA
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
SYRG/NEEDLE MIS 29GX12.5	0	PA; MNPA
SYRG/NEEDLE MIS 31GX8MM	0	PA; MNPA
140ML SYRING MIS CATH TIP	3	
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE BARR MIS LUER 1ML	3	OTC
SYRINGE BARR MIS LUER 3ML	3	OTC
SYRINGE BARR MIS UNI 3ML	3	OTC
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
SYRINGE MIS 0.5/30G	0	PA, OTC; MNPA
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
1ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.5"	3	
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
3ML SYRINGE MIS 25GX5/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 28GX1/2"	3	OTC
1ML SYRINGE MIS 29G	0	PA, OTC; MNPA
1ML SYRINGE MIS 30G	0	PA, OTC; MNPA
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
20ML SYRINGE MIS ECC LUER	3	
60ML SYRINGE MIS ECC TIP	3	
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC
60ML SYRINGE MIS LUER LOK	3	
3ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
6ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	

Drug Name	Drug Tier	Requirements/Limits
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
1ST TIER UNI MIS 29GX12MM	0	PA, OTC; MNPA
1ST TIER UNI MIS 31GX5MM	0	PA, OTC; MNPA
1ST TIER UNI MIS 31GX6MM	0	PA, OTC; MNPA
1ST TIER UNI MIS 31GX8MM	0	PA, OTC; MNPA
1ST TIER UNI MIS 32GX4MM	0	PA, OTC; MNPA
TIER UNI PLS MIS 31GX8MM	0	PA, OTC; MNPA
TOOMEY SYRIN MIS 70ML	3	
TRUE COMFORT MIS 32GX4MM	0	PA, OTC; MNPA
ULTICARE MIC MIS 32GX4MM	0	PA, OTC; MNPA
ULTICARE MIS 30GX3/16	0	PA, OTC; MNPA
ULTICARE MIS 30GX5/16	0	PA, OTC; MNPA
ULTICARE PEN MIS 31GX5MM	0	PA, OTC; MNPA
ULTICARE PEN MIS 31GX6MM	0	PA, OTC; MNPA
ULTICARE PEN MIS 31GX8MM	0	PA, OTC; MNPA
ULTIGUARD MIS 31GX5MM	0	PA, OTC; MNPA
ULTIGUARD MIS 31GX6MM	0	PA, OTC; MNPA
ULTIGUARD MIS 31GX8MM	0	PA, OTC; MNPA
ULTIGUARD MIS 32GX4MM	0	PA, OTC; MNPA
ULTIGUARD MIS 32GX6MM	0	PA, OTC; MNPA
ULTILET PEN MIS 29GX12.7	0	PA, OTC; MNPA
ULTILET PEN MIS 31GX5MM	0	PA, OTC; MNPA
ULTILET PEN MIS 31GX8MM	0	PA, OTC; MNPA
ULTILET PEN MIS 32GX4MM	0	PA, OTC; MNPA
ULTRA FLO MIS 31GX5MM	0	PA, OTC; MNPA
ULTRA FLO MIS 31GX8MM	0	PA, OTC; MNPA
ULTRA FLO MIS PEN NEED	0	PA, OTC; MNPA
UNIFINE PLUS MIS 31GX1/4"	0	PA, OTC; MNPA
UNIFINE PLUS MIS 31GX3/16	0	PA, OTC; MNPA
UNIFINE PLUS MIS 31GX5/16	0	PA, OTC; MNPA
UNIFINE PLUS MIS 32GX5/32	0	PA, OTC; MNPA
UNIFINE PLUS MIS 33GX5/32	0	PA, OTC; MNPA
UNIFINE PNTP MIS 29GX12MM	0	PA, OTC; MNPA
UNIFINE PNTP MIS 30GX3/16	0	PA, OTC; MNPA
UNIFINE PNTP MIS 31GX3/16	0	PA, OTC; MNPA
UNIFINE PNTP MIS 31GX5/16	0	PA, OTC; MNPA
UNIFINE PNTP MIS 31GX5MM	0	PA, OTC; MNPA

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PNTP MIS 31GX6MM	0	PA, OTC; MNPA
UNIFINE PNTP MIS 31GX8MM	0	PA, OTC; MNPA
UNIFINE PNTP MIS 32GX4MM	0	PA, OTC; MNPA
UNIFINE PNTP MIS 32GX5/32	0	PA, OTC; MNPA
UNIFINE PNTP MIS 32GX6MM	0	PA, OTC; MNPA
UNIFINE PNTP MIS 33GX4MM	0	PA, OTC; MNPA
UNIFINE PROT MIS 30GX5MM	0	PA, OTC; MNPA
UNIFINE PROT MIS 30GX8MM	0	PA, OTC; MNPA
UNIFINE PROT MIS 32GX4MM	0	PA, OTC; MNPA
UNIFINE SAFE MIS 31GX5MM	0	PA, OTC; MNPA
UNIFINE SAFE MIS 31GX6MM	0	PA, OTC; MNPA
UNIFINE SAFE MIS 31GX8MM	0	PA, OTC; MNPA
UNIFINE SAFE MIS 32GX4MM	0	PA, OTC; MNPA
UNIFINE ULTR MIS 31GX5MM	0	PA, OTC; MNPA
UNIFINE ULTR MIS 31GX6MM	0	PA, OTC; MNPA
UNIFINE ULTR MIS 31GX8MM	0	PA, OTC; MNPA
UNIFINE ULTR MIS 32GX4MM	0	PA, OTC; MNPA
VENT NEEDLE MIS 18GX1"	3	OTC
VERIFINE PEN MIS 29GX12MM	0	PA, OTC; MNPA
VERIFINE PEN MIS 31GX5MM	0	PA, OTC; MNPA
VERIFINE PEN MIS 31GX8MM	0	PA, OTC; MNPA
VERIFINE PEN MIS 32GX4MM	0	PA, OTC; MNPA
VERIFINE PEN MIS 32GX6MM	0	PA, OTC; MNPA
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
ZEV RX MIS 31GX5MM	0	PA, OTC; MNPA
ZEV RX MIS 31GX6MM	0	PA, OTC; MNPA
ZEV RX MIS 31GX8MM	0	PA, OTC; MNPA
ZEV RX MIS 32GX4MM	0	PA, OTC; MNPA

RESPIRATORY THERAPY SUPPLIES

AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
MICROSPACER MIS	3	
OPTICHAMBER MIS DIA LG	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX CHAMB MIS PEDI MAS	3	
VORTEX VALVD MIS CHAMBER	3	
VORTEX VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML	3	ST, QL (1 injector every 25 days); MNPA
AIMOVIG INJ 140MG/ML	3	ST, QL (1 injector every 25 days); MNPA
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)
EMGALITY INJ 120MG/ML	2	PA, QL (2 syringes every 25 days)
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 COMBINATIONS		
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	1	PA; MNPA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	PA; MNPA
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	PA, QL (9 tabs every 25 days); MNPA
TREXIMET TAB 85-500MG	3	PA, QL (9 tabs every 25 days); MNPA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	PA, QL (8 mL every 25 days); MNPA
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8.01 mL every 30 days)
TRUDHESA AER 0.725MG	3	PA; MNPA
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	PA; MNPA
<i>diclofenac potassium (migraine) packet 50 mg</i>	1	PA; MNPA
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)

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (24 injections every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
MAXALT TAB 10MG	3	PA, QL (18 tabs every 25 days); MNPA
MAXALT-MLT TAB 10MG	3	PA, QL (18 tabs every 25 days); MNPA
<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)
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)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (36 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (24 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
TOSYMRA SOL 10MG	2	
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 2.5 mg</i>	1	PA, QL (12 tabs every 30 days); MNPA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	PA, QL (12 tabs every 30 days); MNPA
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)

MINERALS & ELECTROLYTES

POTASSIUM

EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
K-TAB TAB 20MEQ	3	
KLOR-CON 8 TAB 8MEQ ER	3	
KLOR-CON 10 TAB 10MEQ ER	3	
POKONZA SOL 5%	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 15 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

DEPEN TITRA TAB 250MG	3	
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i>	1	

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS

PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
REGIOCIT SOL	3	

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (21 caps every 21 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (21 caps every 21 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
VYVGART INJ HYTRULO	2	PA, QL (4 syringes every 28 days)

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
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 TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<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	PA
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	3	PA; MNPA
LOKELMA PAK 10GM	3	PA; MNPA
<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 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	3	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	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)
NYSTATIN SUS 100000	3	PA; MNPA
<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		
CLINPRO 5000 PST 1.1%	3	
FLUORIDEX PST 1.1%	3	
FLUORMX 5000 PST 1.1%	3	
JUST RIGHT PST 5000	3	
PREVDNT 5000 CRE 1.1% PLS	3	PA; MNPA
PREVDNT 5000 GEL 1.1% DRY	3	PA; MNPA
PREVDNT 5000 GEL 1.1-5%	3	PA; MNPA
PREVDNT 5000 PST 1.1%	3	PA; MNPA
PREVDNT 5000 PST 1.1% KID	3	PA; MNPA
PREVIDENT GEL 1.1% BER	3	PA; MNPA
PREVIDENT GEL 1.1% MIN	3	PA; MNPA
PREVIDENT SOL 0.2%	3	PA; MNPA
SF 5000 PLUS CRE 1.1%	3	
SF GEL 1.1%	3	
SODIUM FLUOR CRE 5000 PPM	3	
SODIUM FLUOR PST 5000 PPM	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	
MULTIVITAMINS		
PRENATAL VITAMINS		
ALTRIXA OB TAB	3	PA; MNPA
ATABEX EC TAB 29-1MG	3	PA; MNPA
ATABEX OB TAB 29-1MG	3	PA; MNPA
AZESCO TAB 13-1MG	3	PA; MNPA
C-NATE DHA CAP 28-1-200	3	PA; MNPA
CITRANATAL CAP HARMONY	3	PA; MNPA
CITRANATAL CAP MEDLEY	3	PA; MNPA
CITRANATAL MIS 90 DHA	3	PA; MNPA
CITRANATAL MIS B-CALM	3	PA; MNPA
CITRANATAL PAK ASSURE	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
CL PRENATAL TAB 28-0.8MG	3	OTC
CO-NATAL FA TAB 29-1MG	3	PA; MNPA
COMPLETE NAT PAK DHA	3	PA; MNPA
COMPLETENATE CHW	3	PA; MNPA
CONCEPT DHA CAP	3	PA; MNPA
CONCEPT OB CAP	3	PA; MNPA
DERMACINRX TAB PRETRATE	3	PA; MNPA
ENBRACE HR CAP	3	PA; MNPA
EQL PRENATAL TAB FORMULA	3	OTC
FOLATEXCEL TAB	3	PA; MNPA
FOLIVANE-OB CAP	3	PA; MNPA
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
INATAL GT TAB	1	
JENLIVA CAP	3	PA; MNPA
KOSHR PRENAT TAB 30-1MG	3	PA; MNPA
KP PRENATAL TAB MULTIVIT	3	OTC
M-NATAL PLUS TAB	3	PA; MNPA
MASONATAL TAB	3	OTC
MATERNACEL TAB	3	PA; MNPA
MATERVIA CAP	3	PA; MNPA
NATACHEW CHW	3	PA; MNPA
NATAL PNV TAB	3	PA; MNPA
NATALCHEW CHW	3	
NEEVO DHA CAP 27-1.13	3	PA; MNPA
NEO-VITAL RX TAB	3	PA; MNPA
NEOMATERNA TAB	3	PA; MNPA
NEONATAL 19 TAB	3	PA; MNPA
NEONATAL FE TAB	3	PA; MNPA
NEONATAL PLS TAB 27-1MG	3	PA; MNPA
NEONATAL TAB COMPLETE	3	PA; MNPA
NEONATAL TAB COMPLTE	3	PA; MNPA
NEONATAL TAB PLUS	3	PA; MNPA
NEONATAL/DHA MIS	3	PA; MNPA
NESTABS DHA PAK	3	PA; MNPA
NESTABS ONE CAP	3	PA; MNPA
NESTABS TAB	3	PA; MNPA
NIVA-PLUS TAB	3	PA; MNPA
OB COMPLETE CAP ONE	3	PA; MNPA
OB COMPLETE CAP PETITE	3	PA; MNPA
OB COMPLETE TAB	3	PA; MNPA
OB COMPLETE TAB PREMIER	3	PA; MNPA
OB COMPLETE/ CAP DHA	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
ONE VITE TAB 1MG PLUS	3	PA; MNPA
PNV 27-CA/FE TAB /FA	3	PA; MNPA
PNV TAB 20-1 TAB	3	PA; MNPA
PNV-DHA CAP DOCUSATE	3	PA; MNPA
PNV-OMEGA CAP	3	PA; MNPA
PREGEN DHA CAP	3	PA; MNPA
PREGENNA TAB	3	PA; MNPA
PREMESISRX TAB	3	PA; MNPA
PRENA1 CHW	3	PA; MNPA
PRENA1 PEARL CAP	3	PA; MNPA
PRENA 1 TRUE MIS	3	PA; MNPA
PRENAISSANCE CAP	3	PA; MNPA
PRENAISSANCE CAP PLUS	3	PA; MNPA
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
PRENATAL 19 CHW 29-1MG	3	PA; MNPA
PRENATAL 19 CHW TAB	1	
PRENATAL 19 TAB 29-1MG	3	PA; MNPA
PRENATAL PLS MIS MV + DHA	3	PA; MNPA
PRENATAL TAB	3	OTC
PRENATAL TAB 27-1MG	3	PA; MNPA
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB IRON	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL TAB PLUS	3	PA; MNPA
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
PRENATAL-U CAP 106.5-1	3	PA; MNPA
PRENATE AM TAB 1MG	3	PA; MNPA
PRENATE CAP ENHANCE	3	PA; MNPA
PRENATE CAP ESSENT	3	PA; MNPA
PRENATE CAP PIXIE	3	PA; MNPA
PRENATE CAP RESTORE	3	PA; MNPA
PRENATE CHW 0.6-0.4	3	PA; MNPA
PRENATE DHA CAP	3	PA; MNPA
PRENATE MINI CAP	3	PA; MNPA
PRENATE TAB ELITE	3	PA; MNPA
PRENATOL-M TAB 27-1.2MG	3	PA; MNPA
PRENATRIX TAB	3	PA; MNPA
PRENATRYL TAB	3	PA; MNPA
PRENATVITE TAB COMPLETE	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
PRENATVITE TAB PLUS	3	PA; MNPA
PRENATVITE TAB RX	3	PA; MNPA
PRIMACARE CAP	3	PA; MNPA
PROVIDA OB CAP	3	PA; MNPA
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
RELEVIA TAB 27-1MG	3	PA; MNPA
RELNATE DHA CAP	3	PA; MNPA
SE-NATAL 19 CHW	3	PA; MNPA
SE-NATAL 19 TAB	3	PA; MNPA
SELECT-OB CHW	3	PA; MNPA
SELECT-OB+ PAK DHA	3	PA; MNPA
TARON-C DHA CAP	3	PA; MNPA
THRIVITE RX TAB 29-1MG	3	PA; MNPA
TRICARE TAB PRENATAL	3	PA; MNPA
TRINATAL RX TAB 1	3	PA; MNPA
TRINATE TAB	1	
TRISTART DHA CAP	3	PA; MNPA
VINATE DHA CAP 27-1.13	3	PA; MNPA
VITAFOL CAP ULTRA	3	PA; MNPA
VITAFOL CHW GUMMIES	3	PA; MNPA
VITAFOL FE+ CAP	3	PA; MNPA
VITAFOL STRP MIS 1MG	3	PA; MNPA
VITAFOL-NANO TAB	3	PA; MNPA
VITAFOL-OB PAK +DHA	3	PA; MNPA
VITAFOL-OB TAB 65-1MG	3	PA; MNPA
VITAFOL-ONE CAP	3	PA; MNPA
VITALARA TAB	3	PA; MNPA
VITAMED MD CAP ONE RX	3	PA; MNPA
VITAPEARL CAP	3	PA; MNPA
VITATHELY TAB	3	PA; MNPA
VITATRUE MIS	3	PA; MNPA
WESCAP-C DHA CAP	3	PA; MNPA
WESCAP-PN CAP DHA	3	PA; MNPA
WESNATAL DHA PAK COMPLETE	3	PA; MNPA
WESNATE DHA CAP	3	PA; MNPA
WESTAB PLUS TAB 27-1MG	3	PA; MNPA
WESTGEL DHA CAP	3	PA; MNPA
ZALVIT TAB 13-1MG	3	PA; MNPA
ZIPHEX TAB 13-1MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
AMRIX CAP 15MG	3	PA; MNPA
AMRIX CAP 30MG	3	PA; MNPA
ATMEKSI SUS 750/5ML	3	PA
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA, QL (84 tabs every 25 days); MNPA
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 25 days)
<i>chlorzoxazone tab 250 mg</i>	1	PA; MNPA
<i>chlorzoxazone tab 375 mg</i>	1	PA; MNPA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>chlorzoxazone tab 750 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
<i>metaxalone tab 400 mg</i>	1	PA; MNPA
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	PA; MNPA
<i>methocarbamol tab 1000 mg</i>	1	
ONTRALFY SOL 2MG/5ML	3	PA; MNPA
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX CAP 8MG	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	
MUSCLE RELAXANT COMBINATIONS		
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	1	PA; MNPA
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)
DYMISTA SPR 137-50	3	PA, QL (1 package every 25 days); MNPA
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)
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)
OMNARIS SPR	3	PA, QL (1 package every 25 days); MNPA
QNASL AER 80MCG	3	PA, QL (1 package every 25 days); MNPA
QNASL CHILD SPR 40MCG	3	PA, QL (1 package every 25 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
XHANCE MIS 93MCG	2	PA, QL (2 packages every 25 days)
ZETONNA AER 37MCG	3	PA, QL (1 package every 25 days); MNPA
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	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	
DEPOLARIZING MUSCLE RELAXANTS		
SUCCINYLCHOL INJ 20MG/ML	3	PA; MNPA
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
DAYBUE STIX POW 5000MG	3	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 6000MG	3	PA, QL (4 packets every 1 day)
DAYBUE STIX POW 8000MG	3	PA, QL (2 packets every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	3	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	PA; MNPA
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5% OP	3	PA; MNPA
BETIMOL SOL 0.25% OP	3	PA; MNPA
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	

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN SOL 0.2/0.5%	3	PA; MNPA
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 OCU SOL 0.5% OP	3	PA; MNPA
TIMOPTIC OCU SOL 0.25% OP	3	PA; MNPA
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN SOL 2.5% OP	3	
ALTAFRIN SOL 10% OP	3	
ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth oint 1%</i>	1	
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
TROP-CYC-PE DRO 1-1-2.5%	3	PA; MNPA
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	
YUVEZZI SOL 2.75-0.1	3	PA; MNPA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% OP	2	

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P SOL 0.15% OP	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
BIMATO/BRIMO SOL DORZOLAM	3	PA; MNPA
<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		
AZASITE SOL 1%	3	PA; MNPA
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	PA; Brand preferred over generic
BETADINE SOL 5% OP	3	
CILOXAN OIN 0.3% OP	3	PA; MNPA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	PA; MNPA
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</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	
MOXIFLOXACIN INJ 0.1%	3	PA; MNPA
NATACYN SUS 5% OP	3	
<i>neomycin-bacitracin-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyxin-garamicid 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	
TOBRA/VANCO SOL 1-2.5%	3	PA; MNPA
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
XDEMVIY DRO 0.25%	2	PA
ZIRGAN GEL 0.15%	3	PA; MNPA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
VEVYE DRO 0.1%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	3	PA; MNPA
ROCKLATAN DRO	3	PA; MNPA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
ALTACAIN SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
TETRACAIN SOL 0.5% OP	3	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	PA; MNPA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
FLAREX SUS 0.1% OP	3	PA; MNPA
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	3	PA; MNPA
FML LIQUIFLM SUS 0.1% OP	3	PA; MNPA
INVELTYS SUS 1%	3	PA; MNPA
LOTEMAX GEL 0.5%	3	PA; MNPA
LOTEMAX OIN 0.5%	3	PA; MNPA
LOTEMAX SM GEL 0.38%	3	PA; MNPA
LOTEMAX SUS 0.5%	3	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
MAXIDEX SUS 0.1% OP	3	PA; MNPA
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 FORTE SUS 1% OP	3	PA; MNPA
PRED MILD SUS 0.12% OP	3	PA; MNPA
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	PA; MNPA
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	3	PA; MNPA
OPHTHALMIC SURGICAL AIDS		
CLEARVISC SOL 25MG/ML	3	PA; MNPA
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45% OP	3	PA; MNPA
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	
BEPREVE DRO 1.5% OP	3	PA; MNPA
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
BROMSITE DRO 0.075%OP	3	PA; MNPA
<i>cromolyn sodium ophth soln 4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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% OP	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 DRO 0.07% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.01%</i>	1	
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01% OP	3	PA; MNPA
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
TRAVATAN Z DRO 0.004%	3	PA; MNPA
<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		
CIPRO HC SUS 0.2-1%OT	3	PA; MNPA
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	PA; MNPA
<i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</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	

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	
OXYTOCIN INJ 30UN/3ML	3	PA; MNPA
OXYTOCN/NACL INJ 30/500ML	3	PA; MNPA
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TAB 185MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
PIP/TAZ/NACL INJ 3-0.375G	3	PA; MNPA

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	
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PROGESTINS

PROGESTINS

<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	
PROMETRIUM CAP 100MG	3	PA; MNPA
PROMETRIUM CAP 200MG	3	PA; MNPA
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)

Drug Name	Drug Tier	Requirements/Limits
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	PA, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	PA, QL (18 mL every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)

ANTIDEMENTIA AGENTS

ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<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	QL (12 tabs every 30 days)
<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	
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMENDA TAB 5-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
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		
<i>milnacipran hcl tab 12.5 mg</i>	1	
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	1	
<i>milnacipran hcl tab 25 mg</i>	1	
<i>milnacipran hcl tab 50 mg</i>	1	
<i>milnacipran hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	2	PA, QL (4 tabs every 1 day)
INGREZZA CAP 40-80MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	2	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (2 tabs every 1 day)

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	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)
BETASERON INJ 0.3MG	2	PA, QL (14 kits every 28 days)
<i>cladribine tab therapy pack 10 mg (4 tabs)</i>	1	PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (5 tabs)</i>	1	PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (6 tabs)</i>	1	PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (7 tabs)</i>	1	PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (8 tabs)</i>	1	PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (9 tabs)</i>	1	PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (10 tabs)</i>	1	PA, QL (20 tabs every 270 days)
COPAXONE INJ 40MG/ML	3	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)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (2 ea every 1 day)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL (1 cap every 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL (1 injection every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>teriflunomide tab 7 mg</i>	1	PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	2	PA, QL (4 caps every 1 day); MNPA
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 450 mg</i>	1	QL (3 tabs every 1 day)
<i>gabapentin (once-daily) tab 600 mg</i>	1	QL (3 tabs every 1 day)
<i>gabapentin (once-daily) tab 750 mg</i>	1	QL (2 tabs every 1 day)
<i>gabapentin (once-daily) tab 900 mg</i>	1	QL (2 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<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)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	PA; MNPA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	PA; MNPA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	3	PA; MNPA
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	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	PA, QL (2 tabs every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
HORIZANT TAB 600MG ER	3	PA, QL (2 tabs every 1 day); MNPA

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	
CHANTIX PAK 1MG	0	PA; MNPA
CHANTIX TAB 0.5& 1MG	0	PA; MNPA
CHANTIX TAB 0.5MG	0	PA; MNPA
CHANTIX TAB 1MG	0	PA; MNPA
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	3	PA, QL (4 syringes every 28 days)
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VASOMOTOR SYMPTOM AGENTS

<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	PA; MNPA
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RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

ALYFTREK TAB	3	PA, QL (2 tabs every 1 day)
ALYFTREK TAB 4-20-50	3	PA, QL (3 tabs every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>pirfenidone tab 267 mg</i>	1	PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 534 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	1	PA, QL (3 tabs every 1 day)

SULFONAMIDES

SULFONAMIDES

<i>sulfadiazine tab 500 mg</i>	1	
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TETRACYCLINES

AMINOMETHYLCYCLINES

NUZYRA TAB 150MG	3	
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TETRACYCLINES

<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
DORYX MPC TAB 60MG	3	PA; MNPA
DORYX MPC TAB 120MG	3	PA; MNPA
<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 50 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab 75 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 150 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 80 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 200 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 45 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 55 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 65 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 80 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 90 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 105 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 115 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 135 mg</i>	1	PA; MNPA
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 SUS 25MG/5ML	3	

THYROID AGENTS

ANTITHYROID AGENTS

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

THYROID HORMONES

ARMOUR THYRO TAB 240MG	3	PA; MNPA
ARMOUR THYRO TAB 300MG	3	PA; MNPA
CYTOMEL TAB 5MCG	3	PA; MNPA
CYTOMEL TAB 25MCG	3	PA; MNPA
CYTOMEL TAB 50MCG	3	PA; MNPA
<i>levothyroxine sodium cap 50 mcg</i>	1	PA; MNPA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	PA; MNPA
NP THYROID TAB 30MG	3	PA; MNPA
NP THYROID TAB 60MG	3	PA; MNPA
NP THYROID TAB 90MG	3	PA; MNPA
NP THYROID TAB 120MG	3	PA; MNPA
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	
TIROSINT CAP 13MCG	3	PA; MNPA
TIROSINT CAP 25MCG	3	PA; MNPA
TIROSINT CAP 37.5MCG	3	PA; MNPA
TIROSINT CAP 44MCG	3	PA; MNPA
TIROSINT CAP 50MCG	3	PA; MNPA
TIROSINT CAP 62.5MCG	3	PA; MNPA
TIROSINT CAP 75MCG	3	PA; MNPA
TIROSINT CAP 88MCG	3	PA; MNPA
TIROSINT CAP 100MCG	3	PA; MNPA
TIROSINT CAP 112MCG	3	PA; MNPA
TIROSINT CAP 125MCG	3	PA; MNPA
TIROSINT CAP 137MCG	3	PA; MNPA
TIROSINT CAP 150MCG	3	PA; MNPA
TIROSINT CAP 175MCG	3	PA; MNPA
TIROSINT CAP 200MCG	3	PA; MNPA
TIROSINT-SOL SOL 13MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 25MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 37.5/ML	3	PA; MNPA
TIROSINT-SOL SOL 44MCG/ML	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOL 50MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 62.5/ML	3	PA; MNPA
TIROSINT-SOL SOL 75MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 88MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 100MCG	3	PA; MNPA
TIROSINT-SOL SOL 112MCG	3	PA; MNPA
TIROSINT-SOL SOL 125MCG	3	PA; MNPA
TIROSINT-SOL SOL 137MCG	3	PA; MNPA
TIROSINT-SOL SOL 150MCG	3	PA; MNPA
TIROSINT-SOL SOL 175MCG	3	PA; MNPA
TIROSINT-SOL SOL 200MCG	3	PA; MNPA

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	
<i>dicyclomine hcl tab 20 mg</i>	1	PA; MNPA
<i>dicyclomine hcl tab 40 mg</i>	1	PA; MNPA
DONNATAL ELX GRAPE	3	
DONNATAL ELX MINT	3	
DONNATAL TAB 16.2MG	3	
GLYCOPYRROL INJ 0.2MG/ML	3	PA; MNPA
GLYCOPYRROL INJ 0.4/2ML	3	PA; MNPA
GLYCOPYRROLA TAB 1.5MG	3	PA; MNPA
<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	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	PA; MNPA
LEVBID TAB 0.375 ER	3	

Drug Name	Drug Tier	Requirements/Limits
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
LIBRAX CAP 5-2.5MG	3	PA; MNPA
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
NULEV TAB 0.125MG	3	
OSCIMIN SUB 0.125MG	3	
OSCIMIN TAB 0.125MG	3	
<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	
PHENOHYTRO ELX	3	
PHENOHYTRO TAB	3	
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		
CARAFATE SUS 1GM/10ML	3	PA; MNPA
CARAFATE TAB 1GM	3	PA; MNPA
<i>sucralfate susp 1 gm/10ml</i>	1	PA; MNPA
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
ACIPHEX TAB 20MG	3	PA, QL (90 tabs every year); MNPA
DEXILANT CAP 30MG DR	3	PA, QL (90 caps every year); MNPA
DEXILANT CAP 60MG DR	3	PA, QL (90 caps every year); MNPA
<i>dexlansoprazole cap delayed release 30 mg</i>	1	PA, QL (90 caps every year); MNPA
<i>dexlansoprazole cap delayed release 60 mg</i>	1	PA, QL (90 caps every year); MNPA
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	PA, QL (90 caps every year); MNPA
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	PA, QL (90 ea every year); MNPA
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	PA, QL (90 ea every year); MNPA
NEXIUM CAP 20MG	3	PA, QL (90 caps every year); MNPA
NEXIUM CAP 40MG	3	PA, QL (90 caps every year); MNPA
NEXIUM GRA 2.5MG DR	3	PA, QL (90 packets every year); MNPA
NEXIUM GRA 5MG DR	3	PA, QL (90 packets every year); MNPA
NEXIUM GRA 10MG DR	3	PA, QL (90 packets every year); MNPA
NEXIUM GRA 20MG DR	3	PA, QL (90 packets every year); MNPA
NEXIUM GRA 40MG DR	3	PA, QL (90 packets every year); MNPA
<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)
PANTOPRAZOLE INJ SOD 40MG	3	QL (90 vials every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	1	PA, QL (90 packets every year); MNPA
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
PREVACID CAP 30MG DR	3	PA, QL (90 caps every year); MNPA

Drug Name	Drug Tier	Requirements/Limits
PREVACID TAB 15MG STB	3	PA, QL (90 ea every year); MNPA
PREVACID TAB 30MG STB	3	PA, QL (90 ea every year); MNPA
PRILOSEC POW 2.5MG	3	PA, QL (90 packets every year); MNPA
PRILOSEC POW 10MG	3	PA, QL (90 packets every year); MNPA
PROTONIX INJ 40MG	3	QL (90 vials every year)
PROTONIX PAK 40MG	3	PA, QL (90 packets every year); MNPA
PROTONIX TAB 20MG	3	PA, QL (90 tabs every year); MNPA
PROTONIX TAB 40MG	3	PA, QL (90 tabs every year); MNPA
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	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	PA, QL (90 caps every year); MNPA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	PA, QL (90 caps every year); MNPA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	PA, QL (90 packets every year); MNPA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	PA, QL (90 packets every year); MNPA
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	

Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAP 20-1100	3	PA, QL (90 caps every year); MNPA
ZEGERID CAP 40-1100	3	PA, QL (90 caps every year); MNPA
ZEGERID POW 20-1680	3	PA, QL (90 packets every year); MNPA
ZEGERID POW 40-1680	3	PA, QL (90 packets every year); MNPA

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 LA CAP 2MG	3	PA; MNPA
DETROL LA CAP 4MG	3	PA; MNPA
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
GELNIQUE GEL 10%	3	ST
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	3	ST, PA; MNPA
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	3	PA; MNPA
TOVIAZ TAB 8MG	3	PA; MNPA
<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	ST
<i>mirabegron tab er 24 hr 25 mg</i>	1	
<i>mirabegron tab er 24 hr 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ SUS 8MG/ML	3	ST, PA; MNPA
MYRBETRIQ TAB 25MG	3	PA; MNPA
MYRBETRIQ TAB 50MG	3	PA; MNPA

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	
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VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

FEM PH GEL	3	
INTRAROSA SUP 6.5MG	3	PA; MNPA

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 ESTROGENS

ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.01%</i>	1	
ESTRING MIS 7.5/24HR	3	PA; MNPA
FEMRING MIS 0.1MG/24	3	PA; MNPA
FEMRING MIS 0.05/24H	3	PA; MNPA
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	3	PA; MNPA
VAGIFEM TAB 10MCG	1	PA; Brand preferred over generic

VAGINAL PROGESTINS

CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone vaginal insert 100 mg</i>	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
<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 0.3 mg/0.3ml (1:1000)</i>	1	PA, QL (6 pens every 300 days); MNPA
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	PA, QL (6 pens every 300 days); MNPA
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (6 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	3	PA, QL (6 pens every 300 days); MNPA
EPIPEN-JR INJ 0.15MG	3	PA, QL (6 pens every 300 days); MNPA
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	PA, QL (6 caps every 1 day)
<i>droxidopa cap 200 mg</i>	1	PA, QL (6 caps every 1 day)
<i>droxidopa cap 300 mg</i>	1	PA, QL (6 caps every 1 day)
VASOPRESSORS		
ADRENALIN INJ 1MG/ML	3	PA; MNPA
ADRENALIN INJ 4MG/250	3	PA; MNPA
ADRENALIN INJ 8/250ML	3	PA; MNPA
ADRENALIN INJ 30/30ML	3	PA; MNPA
ADRENALIN SOL 2/250ML	3	PA; MNPA
<i>epinephrine inj 1 mg/ml</i>	1	
<i>epinephrine inj 1 mg/ml</i>	1	QL (6 injections every 300 days)
EPINEPHRINE INJ /NACL	3	PA; MNPA
<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		
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<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
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AKTEN GEL 3.5% OP.....	213	<i>aliskiren fumarate tab 150 mg (base</i>	
AKYNZEO CAP 300-0.5	66	<i>equivalent)</i>	78
<i>albendazole tab 200 mg</i>	32	<i>aliskiren fumarate tab 300 mg (base</i>	
<i>albuterol sulfate inhal aero 108 mcg/act</i>		<i>equivalent)</i>	78
<i>(90mcg base equiv)</i>	41	ALLERGIST KIT 0.5/28G.....	183
<i>albuterol sulfate soln nebu 0.083% (2.5</i>		ALLERGIST KIT 1MLX27G.....	183
<i>mg/3ml)</i>	41	ALLERGIST KIT 1MLX28G.....	183
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>		<i>allopurinol tab 100 mg</i>	160
.....	41	<i>allopurinol tab 200 mg</i>	160
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>		<i>allopurinol tab 300 mg</i>	160
<i>(base equiv)</i>	41	<i>almotriptan malate tab 12.5 mg</i>	198
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>		<i>almotriptan malate tab 6.25 mg</i>	198
<i>(base equiv)</i>	41	ALOCRI SOL 2%	214
<i>albuterol sulfate syrup 2 mg/5ml</i>	41	ALOMIDE SOL 0.1% OP	214
<i>albuterol sulfate tab 2 mg</i>	41	ALORA DIS 0.025MG	153
<i>albuterol sulfate tab 4 mg</i>	41	ALORA DIS 0.075MG	153
ALCAINE SOL 0.5% OP	213	ALORA DIS 0.1MG	153
<i>alclometasone dipropionate cream 0.05%</i>		<i>alose tron hcl tab 0.5 mg (base equiv)</i>	158
.....	129	<i>alose tron hcl tab 1 mg (base equiv)</i>	158
<i>alclometasone dipropionate oint 0.05%</i>	129	ALPHAGAN P SOL 0.1% OP	211
ALCOHOL PAD	182	ALPHAGAN P SOL 0.15% OP	212
ALCOHOL PAD 70%	182	ALPRAZOLAM CON 1 MG/ML.....	36
ALCOHOL PAD PREP.....	182	<i>alprazolam orally disintegrating tab 0.25</i>	
ALCOHOL PADS PAD 70%	182	<i>mg</i>	36
ALCOHOL PREP PAD.....	182	<i>alprazolam orally disintegrating tab 0.5 mg</i>	
ALCOHOL PREP PAD 70%.....	182	36
ALCOHOL PREP PAD MED 70%	182	<i>alprazolam orally disintegrating tab 1 mg</i> .	36
ALCOHOL PREP PAD PADS 70%	182	<i>alprazolam orally disintegrating tab 2 mg</i> 36	
ALCOHOL SWAB PAD	182	<i>alprazolam tab 0.25 mg</i>	36
ALCOHOL SWAB PAD 70%	182	<i>alprazolam tab 0.5 mg</i>	36
ALCOHOL SWAB PAD EX-THICK	182	<i>alprazolam tab 1 mg</i>	36

<i>alprazolam tab 2 mg</i>	36	<i>amiodarone hcl tab 200 mg</i>	37
<i>alprazolam tab er 24hr 0.5 mg</i>	36	<i>amiodarone hcl tab 400 mg</i>	38
<i>alprazolam tab er 24hr 1 mg</i>	36	AMITIZA CAP 24MCG.....	155
<i>alprazolam tab er 24hr 2 mg</i>	36	AMITIZA CAP 8MCG	155
<i>alprazolam tab er 24hr 3 mg</i>	36	<i>amitriptyline hcl tab 100 mg</i>	57
ALREX SUS 0.2%	213	<i>amitriptyline hcl tab 10 mg</i>	57
ALTACAINE SOL 0.5% OP	213	<i>amitriptyline hcl tab 150 mg</i>	57
ALTACE CAP 10MG	71	<i>amitriptyline hcl tab 25 mg</i>	57
ALTACE CAP 2.5MG.....	71	<i>amitriptyline hcl tab 50 mg</i>	57
ALTAFRIN SOL 10% OP	211	<i>amitriptyline hcl tab 75 mg</i>	57
ALTAFRIN SOL 2.5% OP	211	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-10 mg</i>	109
ALTOPREV TAB 20MG ER	69	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-20 mg</i>	109
ALTOPREV TAB 40MG ER	69	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-40 mg</i>	109
ALTOPREV TAB 60MG ER.....	70	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>	109
ALTRIXA OB TAB	204	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-10 mg</i>	108
ALUNBRIG PAK	84	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	108
ALUNBRIG TAB 180MG.....	84	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	108
ALUNBRIG TAB 30MG	84	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>	108
ALUNBRIG TAB 90MG	84	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>	108
ALVAIZ TAB 18MG.....	163	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>	109
ALVAIZ TAB 36MG	163	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	109
ALVAIZ TAB 54MG	163	<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>20 mg</i>	75
ALVAIZ TAB 9MG	163	<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>40 mg</i>	75
ALVESCO AER 160MCG.....	39	<i>amlodipine besylate-benazepril hcl cap 2.5-</i> <i>10 mg</i>	75
ALVESCO AER 80MCG	39	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>10 mg</i>	75
<i>alvimopan cap 12 mg</i>	158	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>20 mg</i>	75
ALYFTREK TAB.....	223	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>40 mg</i>	75
ALYFTREK TAB 4-20-50.....	223		
<i>amantadine hcl cap 100 mg</i>	89		
<i>amantadine hcl soln 50 mg/5ml</i>	89		
<i>amantadine hcl tab 100 mg</i>	89		
AMBIEN CR TAB 12.5MG.....	165		
AMBIEN CR TAB 6.25MG	165		
AMBIEN TAB 10MG	165		
AMBIEN TAB 5MG.....	165		
<i>ambrisentan tab 10 mg</i>	113		
<i>ambrisentan tab 5 mg</i>	113		
<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	145		
<i>amiloride hcl tab 5 mg</i>	146		
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	164		
<i>aminocaproic acid tab 1000 mg</i>	164		
<i>aminocaproic acid tab 500 mg</i>	164		
<i>amiodarone hcl tab 100 mg</i>	37		

<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	75	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	216
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	75	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	216
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	75	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	216
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	75	<i>amoxicillin (trihydrate) tab 500 mg</i>	216
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	105	<i>amoxicillin (trihydrate) tab 875 mg</i>	216
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	105	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	216
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	105	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	216
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	75	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	216
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	75	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	216
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	75	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	216
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	75	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	75	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	75	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	75	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	75	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	75	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	2
<i>amoxapine tab 100 mg</i>	57	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	2
<i>amoxapine tab 150 mg</i>	57	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	2
<i>amoxapine tab 25 mg</i>	57	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	2
<i>amoxapine tab 50 mg</i>	57	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	230	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2
<i>amoxicillin (trihydrate) cap 250 mg</i>	216	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2
<i>amoxicillin (trihydrate) cap 500 mg</i>	216	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2
<i>amoxicillin (trihydrate) chew tab 125 mg</i> 216			
<i>amoxicillin (trihydrate) chew tab 250 mg</i> 216			
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	216		

<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	ANALPRAM HC LOT 2.5%	32
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	ANALPRAM-HC LOT 2.5%	32
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	ANALPRM SNGL CRE HC 2.5-1	32
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	ANAPROX DS TAB 550MG	17
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	ANASPAZ TAB 0.125MG	227
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	<i>anastrozole tab 1 mg</i>	82
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	ANCOBON CAP 250MG	66
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	ANCOBON CAP 500MG	66
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	ANDEMBRY INJ 200/1.2	161
<i>amphetamine sulfate tab 10 mg</i>	1	ANDROGEL GEL 1.62%	31
<i>amphetamine sulfate tab 5 mg</i>	1	ANGELIQ TAB 0.25-0.5	152
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	2	ANGELIQ TAB 0.5-1MG	152
<i>amphetamine tab extended release disintegrating 15.7 mg</i>	2	ANORO ELLIPT AER 62.5-25	41
<i>amphetamine tab extended release disintegrating 18.8 mg</i>	2	ANUCORT-HC SUP 25MG	32
<i>amphetamine tab extended release disintegrating 3.1 mg</i>	2	ANUSOL-HC CRE 2.5%	32
<i>amphetamine tab extended release disintegrating 6.3 mg</i>	2	ANUSOL-HC SUP 25MG	32
<i>amphetamine tab extended release disintegrating 9.4 mg</i>	2	ANZEMET TAB 50MG	65
<i>ampicillin cap 500 mg</i>	216	APEXICON E CRE 0.05%	129
AMPYRA TAB 10MG	220	APIDRA INJ SOLOSTAR	62
AMRIX CAP 15MG	208	APIDRA INJ U-100	62
AMRIX CAP 30MG	208	APLENZIN TAB 174MG	53
ANAFRANIL CAP 25MG	57	APLENZIN TAB 348MG	53
ANAFRANIL CAP 50MG	57	APLENZIN TAB 522MG	53
ANAFRANIL CAP 75MG	57	<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	89
<i>anagrelide hcl cap 0.5 mg</i>	162	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	212
<i>anagrelide hcl cap 1 mg</i>	162	<i>aprepitant capsule 125 mg</i>	66
ANALPRAM HC CRE 1-1%	32	<i>aprepitant capsule 40 mg</i>	66
ANALPRAM-HC CRE 1-1%	32	<i>aprepitant capsule 80 mg</i>	66
ANALPRAM HC CRE 2.5-1%	32	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	66
		APRETUDE SUS 600MG ER	98
		APRISO CAP 0.375GM	156
		APTENSIO XR CAP 10MG	7
		APTENSIO XR CAP 15MG	7
		APTENSIO XR CAP 20MG	7
		APTENSIO XR CAP 30MG	7
		APTENSIO XR CAP 40MG	7
		APTENSIO XR CAP 50MG	7
		APTENSIO XR CAP 60MG	7
		APTIOM TAB 200MG	47
		APTIOM TAB 400MG	47
		APTIOM TAB 600MG	47

APTIOM TAB 800MG	47	<i>armodafinil tab 200 mg</i>	7
AQINJECT PEN MIS 31GX3/16.....	183	<i>armodafinil tab 250 mg</i>	7
AQINJECT PEN MIS 32GX5/32	183	<i>armodafinil tab 50 mg</i>	7
AQUALANCE MIS 30G.....	168	ARMOUR THYRO TAB 240MG.....	225
ARANESP INJ 100MCG	163	ARMOUR THYRO TAB 300MG	225
ARANESP INJ 10MCG.....	163	ARNICA TIN FLOWER	135
ARANESP INJ 150MCG.....	163	ARNUITY ELPT INH 100MCG	39
ARANESP INJ 200MCG.....	163	ARNUITY ELPT INH 200MCG	40
ARANESP INJ 25MCG	163	ARNUITY ELPT INH 50MCG	39
ARANESP INJ 300MCG.....	163	AROMASIN TAB 25MG.....	82
ARANESP INJ 40MCG	163	ARTHROTEC 50 TAB.....	17
ARANESP INJ 500MCG.....	163	ARTHROTEC 75 TAB	17
ARANESP INJ 60MCG	163	ARTISS SOL 10ML	164
ARAVAL TAB 10MG	20	ARTISS SOL 2ML	164
ARAVAL TAB 20MG.....	21	ARTISS SOL 4ML	164
ARAZLO LOT 0.045%.....	119	ARYNTA SOL 10MG/ML.....	2
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	41	ARZOL SILVER MIS NITR APP	129
ARICEPT TAB 10MG.....	218	<i>asenapine maleate sl tab 10 mg (base</i> <i>equiv)</i>	94
ARICEPT TAB 23MG.....	218	<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	94
ARICEPT TAB 5MG.....	218	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	94
ARIKAYCE SUS.....	10	ASMANEX 120 AER 220MCG	40
ARIMIDEX TAB 1MG.....	82	ASMANEX 14 AER 220MCG	40
<i>aripiprazole orally disintegrating tab 10 mg</i>	97	ASMANEX 30 AER 110MCG.....	40
<i>aripiprazole orally disintegrating tab 15 mg</i>	97	ASMANEX 30 AER 220MCG	40
<i>aripiprazole oral solution 1 mg/ml</i>	97	ASMANEX 60 AER 220MCG	40
<i>aripiprazole tab 10 mg</i>	97	ASMANEX HFA AER 100 MCG	40
<i>aripiprazole tab 15 mg</i>	97	ASMANEX HFA AER 200 MCG	40
<i>aripiprazole tab 20 mg</i>	97	ASMANEX HFA AER 50MCG	40
<i>aripiprazole tab 2 mg</i>	97	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	162
<i>aripiprazole tab 30 mg</i>	97	ASSURE 3 LIQ CONTROL	168
<i>aripiprazole tab 5 mg</i>	97	ASSURE 3 TES.....	136
ARISTADA INJ 1064MG	97	ASSURE 4 LIQ LEVEL1/2.....	168
ARISTADA INJ 441MG/1.	97	ASSURE 4 TES.....	137
ARISTADA INJ 662MG/2	97	ASSURE CMFRT MIS 28G.....	168
ARISTADA INJ 882MG/3	97	ASSURE DOSE SOL NORM/HGH	168
ARISTADA INJ INITIO	97	ASSURE DOSE SOL NORMAL.....	168
ARIXTRA INJ 10/0.8ML.....	44	ASSURE ID MIS 30GX5/16.....	183
ARIXTRA INJ 2.5/0.5.....	44	ASSURE ID MIS 30GX5MM	183
ARIXTRA INJ 5/0.4ML	44	ASSURE ID MIS 31GX5MM	183
ARIXTRA INJ 7.5/0.6.....	44	ASSURE II LIQ LEVEL 1	168
<i>armodafinil tab 150 mg</i>	7		

ASSURE II LIQ LEVEL1/2	168	<i>atomoxetine hcl cap 100 mg (base equiv) ..</i>	6
ASSURE II TES	137	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	6
ASSURE II TES CHECK	137	<i>atomoxetine hcl cap 18 mg (base equiv).....</i>	6
ASSURE LANCE MIS 21G	168	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	6
ASSURE LANCE MIS 28G	168	<i>atomoxetine hcl cap 40 mg (base equiv)....</i>	6
ASSURE LANCE MIS LOW FLOW.....	168	<i>atomoxetine hcl cap 60 mg (base equiv)....</i>	6
ASSURE LANCE MIS MICRO.....	168	<i>atomoxetine hcl cap 80 mg (base equiv)....</i>	6
ASSURE LANCE MIS SAFE 25G.....	168	<i>atorvastatin calcium tab 10 mg (base</i>	
ASSURE LANCE MIS SAFE 30G.....	168	<i>equivalent)</i>	70
ASSURE PRISM SOL LEVEL1/2.....	168	<i>atorvastatin calcium tab 20 mg (base</i>	
ASSURE PRISM TES MULTI.....	137	<i>equivalent)</i>	70
ASSURE PRO LIQ LEVEL1/2	168	<i>atorvastatin calcium tab 40 mg (base</i>	
ASSURE PRO TES	137	<i>equivalent)</i>	70
ASSURE TES PLATINUM.....	137	<i>atorvastatin calcium tab 80 mg (base</i>	
ASTAGRAF XL CAP 0.5MG	201	<i>equivalent)</i>	70
ASTAGRAF XL CAP 1MG	201	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
ASTAGRAF XL CAP 5MG.....	201	<i>.....</i>	79
ATABEX EC TAB 29-1MG.....	204	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
ATABEX OB TAB 29-1MG	204	<i>.....</i>	79
ATACAND HCT TAB 16-12.5	75	<i>atovaquone susp 750 mg/5ml</i>	33
ATACAND HCT TAB 32-12.5	75	ATRALIN GEL 0.05%	119
ATACAND HCT TAB 32-25MG.....	75	<i>atropine sulfate ophth oint 1%</i>	211
ATACAND TAB 16MG	73	<i>atropine sulfate ophth soln 1%</i>	211
ATACAND TAB 32MG.....	73	ATROPINE SUL SOL 1% OP.....	211
ATACAND TAB 4MG.....	73	ATROVENT HFA AER 17MCG	38
ATACAND TAB 8MG.....	73	AUGMENTIN SUS 125/5ML	217
<i>atazanavir sulfate cap 150 mg (base equiv)</i>		AUGMENTIN SUS ES-600	217
<i>.....</i>	98	AUGTYRO CAP 160MG	84
<i>atazanavir sulfate cap 200 mg (base equiv)</i>		AUGTYRO CAP 40MG.....	84
<i>.....</i>	98	AUM ALCOHOL PAD PREP 70%	182
<i>atazanavir sulfate cap 300 mg (base equiv)</i>		AUM MINI PEN MIS 32GX4MM	183
<i>.....</i>	98	AUM MINI PEN MIS 32GX5MM	183
ATELVIA TAB.....	147	AUM MINI PEN MIS 32GX6MM	183
<i>atenolol & chlorthalidone tab 100-25 mg..</i>	75	AUM MINI PEN MIS 32GX8MM	183
<i>atenolol & chlorthalidone tab 50-25 mg ...</i>	75	AUM MINI PEN MIS 33GX4MM	183
<i>atenolol tab 100 mg.....</i>	103	AUM MINI PEN MIS 33GX5MM	183
<i>atenolol tab 25 mg.....</i>	103	AUM MINI PEN MIS 33GX6MM	183
<i>atenolol tab 50 mg</i>	103	AUM READYGRD MIS 32GX4MM	183
ATIVAN INJ 2MG/ML	36	AUM SAFETY MIS 31GX4MM.....	183
ATIVAN INJ 4MG/ML.....	36	AUM SAFETY MIS 31GX5MM.....	183
ATIVAN TAB 0.5MG.....	36	AURORA LANCE MIS 30G.....	168
ATIVAN TAB 1MG.....	36	AURORA LANCE MIS THIN 23G.....	168
ATIVAN TAB 2MG	36	AURYXIA TAB 210MG	158
ATMEKSI SUS 750/5ML	208	AUSTEDO TAB 12MG.....	220

AUSTEDO TAB 6MG	220	<i>azathioprine tab 50 mg</i>	202
AUSTEDO TAB 9MG	220	<i>azathioprine tab 75 mg</i>	202
AUTOCODE TES BLD GLUC	137	<i>azelaic acid gel 15%</i>	135
AUTO LANCET MIS	168	<i>azelastine hcl-fluticasone prop nasal spray</i>	
AUTO-LANCET MIS.....	168	<i>137-50 mcg/act.....</i>	209
AUTO-LANCET MIS MINI	168	<i>azelastine hcl nasal spray 0.1% (137</i>	
AUTOLET II KIT CLINISAF	168	<i>mcg/spray)</i>	209
AUTOLET LANC MIS DEVICE.....	168	<i>azelastine hcl ophth soln 0.05%.....</i>	214
AUTOLET LITE KIT.....	168	AZELEX CRE 20%.....	119
AUTOLET LITE KIT CLINISAF	168	AZESCO TAB 13-1MG	204
AUTOLET LITE KIT STARTER.....	169	AZILECT TAB 0.5MG	91
AUTOLET MINI MIS	169	AZILECT TAB 1MG	91
AUTOLET PLAT MIS 1.8MM	169	<i>azithromycin for susp 100 mg/5ml</i>	166
AUTOLET PLAT MIS 2.4MM.....	169	<i>azithromycin for susp 200 mg/5ml.....</i>	166
AUTOLET PLAT MIS 3.0MM	169	<i>azithromycin powd pack for susp 1 gm ...</i>	166
AUTOLET PLUS MIS.....	169	<i>azithromycin tab 250 mg.....</i>	166
AUTOPEN MIS 1-21UNIT	184	<i>azithromycin tab 500 mg</i>	166
AUTOPEN MIS 1 UNIT	183	<i>azithromycin tab 600 mg</i>	166
AUTOPEN MIS 2-42UNIT	184	AZOPT SUS 1% OP	214
AUTOPEN MIS 2 UNIT.....	184	AZOR TAB 10-20MG	76
AUTOSHIELD MIS 30GX5MM.....	184	AZOR TAB 10-40MG.....	76
AUVELITY TAB 45-105MG	53	AZOR TAB 5-20MG.....	75
AUVI-Q INJ 0.15MG	233	AZOR TAB 5-40MG.....	76
AUVI-Q INJ 0.1MG	233	AZSTARYS CAP 26.1-5.2	7
AUVI-Q INJ 0.3MG.....	233	AZSTARYS CAP 39.2-7.8	7
AVALIDE TAB 150-12.5	75	AZSTARYS CAP 52.3-10.	7
AVALIDE TAB 300-12.5	75	AZULFIDINE TAB 500MG	156
<i>avanafil tab 100 mg</i>	109	AZULFIDINE TAB 500MG EN	156
<i>avanafil tab 200 mg</i>	109	B	
<i>avanafil tab 50 mg.....</i>	109	<i>bacitracin ophth oint 500 unit/gm</i>	212
AVAPRO TAB 150MG.....	73	<i>bacitracin-polymyxin b ophth oint.....</i>	212
AVAPRO TAB 300MG.....	73	<i>bacitracin-polymyxin-neomycin-hc ophth</i>	
AVAPRO TAB 75MG	73	<i>oint 1%</i>	213
AVAR CLEANSE LIQ 10-5%	119	<i>baclofen oral soln 10 mg/5ml.....</i>	208
AVAR-E EMOLL CRE 10-5%	119	<i>baclofen oral soln 5 mg/5ml</i>	208
AVAR-E LS CRE 10-2%	119	<i>baclofen tab 10 mg</i>	208
AVAR LS LIQ 10-2%	119	<i>baclofen tab 15 mg</i>	208
AVLAYAH INJ 150MG.....	149	<i>baclofen tab 20 mg.....</i>	208
AVODART CAP 0.5MG	160	<i>baclofen tab 5 mg.....</i>	208
AVONEX PEN KIT 30MCG	220	BACTRIM DS TAB 800-160.....	33
AVONEX PREFL KIT 30MCG	220	BACTRIM TAB 400-80MG.....	33
AVTOZMA INJ 162/0.9.....	16	BALCOLTRA TAB 0.1-20	115
AZASITE SOL 1%.....	212	<i>balsalazide disodium cap 750 mg.....</i>	156
<i>azathioprine tab 100 mg</i>	202	BALVERSA TAB 3MG.....	84

BALVERSA TAB 4MG	84	BELLA/OPIUM SUP 16.2-60	227
BALVERSA TAB 5MG	84	BELSOMRA TAB 10MG	165
BANZEL SUS 40MG/ML.....	47	BELSOMRA TAB 15MG	165
BANZEL TAB 200MG.....	47	BELSOMRA TAB 20MG	166
BANZEL TAB 400MG.....	47	BELSOMRA TAB 5MG.....	165
BAQSIMI ONE POW 3MG/DOSE	60	<i>benazepril & hydrochlorothiazide tab 10-</i>	
BAQSIMI TWO POW 3MG/DOSE	60	<i>12.5 mg.....</i>	76
BARACLUDE SOL.....	101	<i>benazepril & hydrochlorothiazide tab 20-</i>	
BASAGLAR KWP INJ 100/ML	62	<i>12.5 mg.....</i>	76
BASAGLAR TMP INJ 100/ML.....	62	<i>benazepril & hydrochlorothiazide tab 20-25</i>	
BAXDELA TAB 450MG	155	<i>mg</i>	76
BD 5ML SYRG MIS LUER-LOK.....	184	<i>benazepril & hydrochlorothiazide tab 5-</i>	
BD BLNT FILL MIS 18GX1.5	184	<i>6.25 mg.....</i>	76
BD BLUNT FIL MIS 18GX1	184	<i>benazepril hcl tab 10 mg</i>	71
BD ECLIPSE MIS 18GX1.5	184	<i>benazepril hcl tab 20 mg.....</i>	71
BD ECLIPSE MIS 23GX1	184	<i>benazepril hcl tab 40 mg</i>	71
BD HYPO NEED MIS 18GX1	184	<i>benazepril hcl tab 5 mg.....</i>	71
BD HYPO NEED MIS 18GX1.5.....	184	BENICAR HCT TAB 20-12.5	76
BD HYPO NEED MIS 22GX1.5	184	BENICAR HCT TAB 40-12.5	76
BD INTEGRA MIS 25GX1.....	184	BENICAR HCT TAB 40-25MG	76
BD MICROTAIN MIS LANCETS.....	169	BENICAR TAB 5MG.....	73
BD NEEDLES MIS 18GX1.5.....	184	BENLYSTA INJ 200MG/ML	203
BD NEEDLES MIS 22GX1.5	184	BENSAL HP OIN.....	134
BD PEN MINI MIS	184	BENZALKONIUM SOL NF	98
BD PEN MIS.....	184	BENZAMYCIN GEL 5-3%	119
BD PLASTIPAK MIS 3ML	184	BENZEPRO LIQ CREAMY	119
BD PRECISION MIS 23GX1.5.....	184	BENZNIDAZOLE TAB 100MG	32
BD SAFETY MIS 23GX1.5.....	184	BENZNIDAZOLE TAB 12.5MG.....	32
BD SWAB REG PAD SNGL USE.....	182	<i>benzonatate cap 100 mg</i>	117
BD ULTRAFINE INSULIN		<i>benzonatate cap 150 mg</i>	117
SYRINGES/NEEDLES	184	<i>benzonatate cap 200 mg</i>	117
BD ULTRAFINE PEN NEEDLES	184	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
<i>beclomethasone diprop inhal aero soln 40</i>		<i>.....</i>	119
<i>mcg/act (50/valve).....</i>	40	<i>benzoyl peroxide foam 9.8%.....</i>	119
<i>beclomethasone diprop inhal aers 100</i>		<i>benzoyl peroxide gel 8%.....</i>	119
<i>mcg/act (80/delivery)</i>	40	<i>benzoyl peroxide-hydrocortisone lotion 5-</i>	
BELBUCA MIS 150MCG	30	<i>0.5%.....</i>	119
BELBUCA MIS 300MCG.....	30	<i>benztropine mesylate tab 0.5 mg</i>	89
BELBUCA MIS 450MCG.....	30	<i>benztropine mesylate tab 1 mg</i>	89
BELBUCA MIS 600MCG	30	<i>benztropine mesylate tab 2 mg.....</i>	89
BELBUCA MIS 750MCG.....	30	<i>bepotastine besilate ophth soln 1.5%</i>	214
BELBUCA MIS 75MCG	30	BEPREVE DRO 1.5% OP	214
BELBUCA MIS 900MCG	30	BESIVANCE SUS 0.6%	212
BELLA/OPIUM SUP 16.2-30	227	BESREMI SOL 500MCG.....	88

BETADINE SOL 5% OP.....	212	BEVESPI AER 9-4.8MCG	41
<i>betaine powder for oral solution</i>	149	<i>bexarotene cap 75 mg</i>	88
<i>betamethasone dipropionate augmented cream 0.05%</i>	129	<i>bexarotene gel 1%</i>	123
<i>betamethasone dipropionate augmented gel 0.05%</i>	129	BEYAZ TAB.....	115
<i>betamethasone dipropionate augmented lotion 0.05%</i>	129	<i>bicalutamide tab 50 mg</i>	82
<i>betamethasone dipropionate augmented oint 0.05%</i>	129	BIDIL TAB	109
<i>betamethasone dipropionate cream 0.05%</i>	129	BIJUVA CAP 0.5-100.....	152
<i>betamethasone dipropionate lotion 0.05%</i>	129	BIJUVA CAP 1-100MG.....	152
<i>betamethasone dipropionate oint 0.05%</i>	129	BIKTARVY TAB	98
<i>betamethasone valerate aerosol foam 0.12%</i>	129	BILTRICIDE TAB 600MG	32
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	129	BIMATO/BRIMO SOL DORZOLAM.....	212
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	129	<i>bimatoprost ophth soln 0.01%</i>	215
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	129	<i>bimatoprost ophth soln 0.03%</i>	215
BETAMETH COM INJ 7MG/ML.....	115	BINOSTO TAB 70MG	147
BETAMETH INJ 12MG/2ML	115	BIONARA CAP ULTRA.....	64
BETAPACE AF TAB 120MG	104	BIOTEL CARE TES STRIPS.....	137
BETAPACE AF TAB 160MG	104	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	230
BETAPACE AF TAB 80MG	104	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	76
BETAPACE TAB 120MG.....	104	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	76
BETAPACE TAB 160MG.....	104	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	76
BETAPACE TAB 80MG	104	<i>bisoprolol fumarate tab 10 mg</i>	103
BETA-PHOS/AC INJ 3-3MG/ML.....	115	<i>bisoprolol fumarate tab 5 mg</i>	103
BETASERON INJ 0.3MG	220	BLOOD GLUCOS TES	137
<i>betaxolol hcl ophth soln 0.5%</i>	210	BLOOD GLUCOS TES 333.....	137
<i>betaxolol hcl tab 10 mg</i>	103	BLOOD GLUCOS TES LE1	137
<i>betaxolol hcl tab 20 mg</i>	103	BLOOD GLUCOS TES PREMIUM	137
<i>bethanechol chloride tab 10 mg</i>	232	BLOOD GLUCOS TES STRIPS	137
<i>bethanechol chloride tab 25 mg</i>	232	BLUJEP A TAB 750MG.....	34
<i>bethanechol chloride tab 50 mg</i>	232	BLULINK LIQ HIGH/LOW	169
<i>bethanechol chloride tab 5 mg</i>	232	BLULINK TES STRIPS	137
BETIMOL SOL 0.25% OP.....	210	BLUNT CANNUL MIS 20GX1.5.....	184
BETIMOL SOL 0.5% OP	210	BLUNT CANNUL MIS 21GX1.....	184
BETOPTIC-S SUS 0.25% OP	210	BONJESTA TAB 20-20MG.....	66
		BONSITY INJ 560/2.24.....	147
		<i>bosentan tab 125 mg</i>	113
		<i>bosentan tab 62.5 mg</i>	113
		<i>bosentan tab for oral susp 32 mg</i>	113
		BOSULIF CAP 100MG.....	84
		BOSULIF CAP 50MG	84
		BOSULIF TAB 100MG	84

BOSULIF TAB 400MG	84	BROMSITE DRO 0.075%OP	214
BOSULIF TAB 500MG	84	BROVANA NEB 15MCG	42
BRAFTOVI CAP 75MG	85	BRUKINSA CAP 80MG	85
BREATHE EASE MIS LG MASK	197	BRUKINSA TAB 160MG	85
BREATHE EASE MIS MED MASK.....	197	BRYHALI LOT 0.01%	129
BREATHE EASE MIS SM MASK	197	<i>budesonide delayed release particles cap 3</i>	
BREATHERITE MIS MDI CHMB.....	197	<i>mg.....</i>	115
BREO ELLIPTA INH 100-25.....	41	<i>budesonide-formoterol fumarate dihyd</i>	
BREO ELLIPTA INH 200-25.....	41	<i>aerosol 160-4.5 mcg/act</i>	42
BREO ELLIPTA INH 50-25MCG	41	<i>budesonide-formoterol fumarate dihyd</i>	
BREXAFEMME TAB 150MG	66	<i>aerosol 80-4.5 mcg/act.....</i>	42
BREZTRI AERO AER SPHERE	42	<i>budesonide inhalation susp 0.25 mg/2ml</i>	40
BRILINTA TAB 60MG	162	<i>budesonide inhalation susp 0.5 mg/2ml ..</i>	40
BRILINTA TAB 90MG	162	<i>budesonide inhalation susp 1 mg/2ml</i>	40
<i>brimonidine tartrate gel 0.33% (base</i>		<i>budesonide rectal foam 2 mg/act</i>	31
<i>equivalent)</i>	135	<i>bumetanide tab 0.5 mg</i>	145
<i>brimonidine tartrate ophth soln 0.1%.....</i>	212	<i>bumetanide tab 1 mg</i>	146
<i>brimonidine tartrate ophth soln 0.15% ...</i>	212	<i>bumetanide tab 2 mg.....</i>	146
<i>brimonidine tartrate ophth soln 0.2%</i>	212	BUMEX TAB 0.5MG.....	146
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
<i>soln 0.2-0.5%.....</i>	210	<i>mg (base equiv).....</i>	30
<i>brinzolamide ophth susp 1%</i>	214	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>brivaracetam oral soln 10 mg/ml</i>	47	<i>0.5 mg (base equiv)</i>	30
<i>brivaracetam tab 100 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>brivaracetam tab 10 mg</i>	47	<i>mg (base equiv).....</i>	30
<i>brivaracetam tab 25 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>brivaracetam tab 50 mg.....</i>	47	<i>mg (base equiv).....</i>	30
<i>brivaracetam tab 75 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
BRIVIACT SOL 10MG/ML.....	47	<i>mg (base equiv).....</i>	30
BRIVIACT TAB 100MG.....	47	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
BRIVIACT TAB 10MG	47	<i>mg (base equiv).....</i>	30
BRIVIACT TAB 25MG.....	47	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
BRIVIACT TAB 50MG	47	<i>.....</i>	30
BRIVIACT TAB 75MG.....	47	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
<i>bromfenac sodium ophth soln 0.07% (base</i>		<i>.....</i>	30
<i>equivalent)</i>	214	<i>buprenorphine td patch weekly 10 mcg/hr</i>	
<i>bromfenac sodium ophth soln 0.075%</i>		<i>.....</i>	30
<i>(base equivalent)</i>	214	<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>bromfenac sodium ophth soln 0.09% (base</i>		<i>.....</i>	30
<i>equiv) (once-daily).....</i>	214	<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>.....</i>	30
<i>equivalent)</i>	89	<i>buprenorphine td patch weekly 5 mcg/hr</i>	30
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>equivalent)</i>	89	<i>.....</i>	30

<i>bupropion hcl (smoking deterrent) tab er</i>	BYSTOLIC TAB 2.5MG.....	103
12hr 150 mg.....	BYSTOLIC TAB 20MG.....	104
<i>bupropion hcl tab 100 mg</i>	BYSTOLIC TAB 5MG.....	103
<i>bupropion hcl tab 75 mg</i>	C	
<i>bupropion hcl tab er 12hr 100 mg</i>	CABENUVA SUS 400-600.....	98
<i>bupropion hcl tab er 12hr 150 mg</i>	CABENUVA SUS 600-900.....	98
<i>bupropion hcl tab er 12hr 200 mg</i>	<i>cabergoline tab 0.5 mg</i>	151
<i>bupropion hcl tab er 24hr 150 mg</i>	CABOMETYX TAB 20MG.....	85
<i>bupropion hcl tab er 24hr 300 mg</i>	CABOMETYX TAB 40MG.....	85
<i>bupropion hcl tab er 24hr 450 mg</i>	CABOMETYX TAB 60MG.....	85
<i>bupirone hcl tab 10 mg</i>	CADUET TAB 10-10MG.....	109
<i>bupirone hcl tab 15 mg</i>	CADUET TAB 10-20MG.....	109
<i>bupirone hcl tab 30 mg</i>	CADUET TAB 10-40MG.....	109
<i>bupirone hcl tab 5 mg</i>	CADUET TAB 10-80MG.....	109
<i>bupirone hcl tab 7.5 mg</i>	CADUET TAB 5-10MG.....	109
<i>butalbital-acetaminophen-caffeine cap 50-</i>	CADUET TAB 5-20MG.....	109
300-40 mg.....	CADUET TAB 5-40MG.....	109
<i>butalbital-acetaminophen-caffeine cap 50-</i>	CADUET TAB 5-80MG.....	109
325-40 mg.....	<i>caffeine citrate oral soln 60 mg/3ml (10</i>	
<i>butalbital-acetaminophen-caffeine tab 50-</i>	<i>mg/ml base equiv)</i>	4
325-40 mg.....	CALCIPOTRIEN AER 0.005%.....	123
<i>butalbital-acetaminophen-caff w/ cod cap</i>	<i>calcipotriene-betamethasone dipropionate</i>	
50-300-40-30 mg.....	<i>susp 0.005-0.064%</i>	129
<i>butalbital-acetaminophen-caff w/ cod cap</i>	<i>calcipotriene cream 0.005%</i>	123
50-325-40-30 mg.....	<i>calcipotriene oint 0.005%</i>	123
<i>butalbital-acetaminophen cap 50-300 mg</i>	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	123
.....	<i>calcitonin (salmon) inj 200 unit/ml</i>	147
<i>butalbital-acetaminophen tab 50-300 mg</i>	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
.....	.....	147
<i>butalbital-acetaminophen tab 50-325 mg</i>	<i>calcitriol cap 0.25 mcg</i>	149
<i>butalbital-aspirin-caffeine cap 50-325-40</i>	<i>calcitriol cap 0.5 mcg</i>	149
<i>mg</i>	<i>calcitriol oint 3 mcg/gm</i>	123
<i>butalbital-aspirin-caff w/ codeine cap 50-</i>	<i>calcitriol oral soln 1 mcg/ml</i>	149
325-40-30 mg.....	<i>calcium acetate (phosphate binder) cap</i>	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	667 mg (169 mg ca).....	158
BUTRANS DIS 10MCG/HR.....	CALQUENCE TAB 100MG.....	85
BUTRANS DIS 15MCG/HR.....	CAMBIA POW 50MG.....	198
BUTRANS DIS 20MCG/HR.....	CAMZYOS CAP 10MG.....	108
BUTRANS DIS 5MCG/HR.....	CAMZYOS CAP 15MG.....	108
BUTRANS DIS 7.5/HR.....	CAMZYOS CAP 2.5MG.....	108
BYDUREON BC INJ 2/0.85ML.....	CAMZYOS CAP 5MG.....	108
BYETTA INJ 10MCG.....	CANASA SUP 1000MG.....	156
BYETTA INJ 5MCG.....	<i>candesartan cilexetil-hydrochlorothiazide</i>	
BYSTOLIC TAB 10MG.....	<i>tab 16-12.5 mg</i>	76

<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	76	<i>carbidopa & levodopa cap er 23.75-95 mg</i>	89
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	76	<i>carbidopa & levodopa cap er 36.25-145 mg</i>	89
<i>candesartan cilexetil tab 16 mg</i>	73	<i>carbidopa & levodopa cap er 48.75-195 mg</i>	89
<i>candesartan cilexetil tab 32 mg</i>	73	<i>carbidopa & levodopa cap er 61.25-245 mg</i>	89
<i>candesartan cilexetil tab 4 mg</i>	73	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	89
<i>candesartan cilexetil tab 8 mg</i>	73	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	89
<i>capecitabine tab 150 mg</i>	80	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	89
<i>capecitabine tab 500 mg</i>	80	<i>carbidopa & levodopa tab 10-100 mg</i>	89
CAPLYTA CAP 10.5MG	92	<i>carbidopa & levodopa tab 25-100 mg</i>	90
CAPLYTA CAP 21MG	92	<i>carbidopa & levodopa tab 25-250 mg</i>	90
CAPLYTA CAP 42MG	92	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	90
CAPRELSA TAB 100MG	85	<i>carbidopa & levodopa tab er 50-200 mg</i> .	90
CAPRELSA TAB 300MG.....	85	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	90
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	76	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	90
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	76	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	90
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	76	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	90
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	76	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	90
<i>captopril tab 100 mg</i>	72	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	90
<i>captopril tab 12.5 mg</i>	71	<i>carbidopa tab 25 mg</i>	89
<i>captopril tab 25 mg</i>	72	<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	67
<i>captopril tab 50 mg</i>	72	<i>carbinoxamine maleate soln 4 mg/5ml</i>	67
CARAC CRE 0.5%.....	123	<i>carbinoxamine maleate tab 4 mg</i>	67
CARAFATE SUS 1GM/10ML.....	228	<i>carbinoxamine maleate tab 6 mg</i>	67
CARAFATE TAB 1GM	228	CARDIOCOM MIS LANCING.....	169
<i>carbamazepine cap er 12hr 100 mg</i>	47	CARDIZEM CD CAP 120MG/24.....	105
<i>carbamazepine cap er 12hr 200 mg</i>	47	CARDIZEM CD CAP 180MG/24.....	105
<i>carbamazepine cap er 12hr 300 mg</i>	47	CARDIZEM CD CAP 240MG/24	105
<i>carbamazepine chew tab 100 mg</i>	47	CARDIZEM CD CAP 300MG/24.....	105
<i>carbamazepine chew tab 200 mg</i>	47	CARDIZEM CD CAP 360MG/24.....	105
<i>carbamazepine susp 100 mg/5ml</i>	47	CARDIZEM LA TAB 120MG	105
<i>carbamazepine tab 200 mg</i>	47		
<i>carbamazepine tab er 12hr 100 mg</i>	47		
<i>carbamazepine tab er 12hr 200 mg</i>	47		
<i>carbamazepine tab er 12hr 400 mg</i>	47		
CARBATROL CAP 100MG.....	47		
CARBATROL CAP 200MG.....	47		
CARBATROL CAP 300MG.....	47		

CARDIZEM LA TAB 180MG	105	CARETOUCH MIS 32GX5MM	185
CARDIZEM LA TAB 240MG	106	CARETOUCH MIS EJECTOR.....	169
CARDIZEM LA TAB 300MG/24	106	CARETOUCH MIS LANC 26G	169
CARDIZEM LA TAB 360MG	106	CARETOUCH MIS LANC 28G	169
CARDIZEM LA TAB 420MG/24	106	CARETOUCH MIS LANC 30G	169
CARDIZEM TAB 120MG	106	CARETOUCH MIS TST STRP	137
CARDIZEM TAB 30MG	106	CARETOUCH MIS TWIST 28.....	169
CARDIZEM TAB 60MG	106	CARETOUCH MIS TWIST 30.....	169
CARDURA TAB 1MG	74	CARETOUCH MIS TWIST 33.....	169
CARDURA TAB 2MG.....	74	CARETOUCH PAD ALCOHOL.....	182
CARDURA TAB 4MG.....	74	<i>carglumic acid soluble tab 200 mg</i>	149
CARDURA TAB 8MG.....	74	<i>carisoprodol tab 250 mg</i>	208
CARDURA XL TAB 4MG	160	<i>carisoprodol tab 350 mg</i>	208
CARDURA XL TAB 8MG	160	CARNITOR SF SOL 1GM/10ML.....	149
CAREFINE MIS 31GX8MM	184	CARNITOR SOL 1GM/10ML	149
CAREFINE MIS 32GX4MM	184	CARNITOR TAB 330MG	149
CAREFINE MIS 32GX5MM	184	<i>carteolol hcl ophth soln 1%</i>	210
CAREFINE MIS 32GX6MM	184	<i>carvedilol phosphate cap er 24hr 10 mg</i> .103	
CAREONE ADV MIS LANCING	169	<i>carvedilol phosphate cap er 24hr 20 mg</i> 103	
CAREONE LANC MIS 30G.....	169	<i>carvedilol phosphate cap er 24hr 40 mg</i> 103	
CAREONE LANC MIS THIN 23G.....	169	<i>carvedilol phosphate cap er 24hr 80 mg</i> 103	
CAREPOINT SA MIS 23GX1.....	184	<i>carvedilol tab 12.5 mg</i>	103
CAREPOINT SA MIS 23GX11/2	184	<i>carvedilol tab 25 mg</i>	103
CAREPOINT SA MIS 25GX1.....	184	<i>carvedilol tab 3.125 mg</i>	103
CAREPOINT SA MIS 25GX11/2	184	<i>carvedilol tab 6.25 mg</i>	103
CAREPOINT SA MIS 25GX5/8.....	184	CASODEX TAB 50MG.....	82
CAREPOINT SY MIS 20GX1.....	184	CATAPRES-TTS DIS 0.1/24HR	74
CAREPOINT SY MIS 20GX1.5	184	CATAPRES-TTS DIS 0.2/24HR	74
CAREPOINT SY MIS 22G X 1	184	CATAPRES-TTS DIS 0.3/24HR	74
CAREPOINT SY MIS 22GX1.5.....	184	CAVERJECT IM KIT 10MCG.....	110
CAREPOINT SY MIS 23GX1.....	184	CAVERJECT IM KIT 20MCG	110
CAREPOINT SY MIS 23GX1.5.....	184	CAVERJECT INJ 20MCG	110
CAREPOINT SY MIS 25GX1.....	184	CAVERJECT INJ 40MCG	110
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CARESENS 30G MIS LANCETS	169	<i>cefaclor cap 500 mg</i>	114
CARESENS N TES	137	CEFACLOR ER TAB 500MG.....	114
CARESENS N TES GLUCOSE	137	<i>cefaclor for susp 250 mg/5ml</i>	114
CARESENS S LIQ CON A/B.....	169	<i>cefadroxil cap 500 mg</i>	114
CARESENS SOL CONTROL.....	169	<i>cefadroxil for susp 250 mg/5ml</i>	114
CARESENS S TES BLD GLUC	137	<i>cefadroxil for susp 500 mg/5ml</i>	114
CARETOUCH MIS 31GX5MM.....	185	<i>cefadroxil tab 1 gm</i>	114
CARETOUCH MIS 31GX6MM.....	185	<i>cefdinir cap 300 mg</i>	115
CARETOUCH MIS 31GX8MM.....	185	<i>cefdinir for susp 125 mg/5ml</i>	115
CARETOUCH MIS 32GX4MM	185	<i>cefdinir for susp 250 mg/5ml</i>	115

<i>cefixime cap 400 mg</i>	115	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	67
<i>cefixime for susp 100 mg/5ml</i>	115	.....	67
<i>cefixime for susp 200 mg/5ml</i>	115	CETRAXAL SOL 0.2%	215
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	115	<i>cetorelix acetate for inj kit 0.25 mg</i>	148
.....	115	<i>cevimeline hcl cap 30 mg</i>	204
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	115	CHANTIX PAK 1MG.....	223
.....	115	CHANTIX TAB 0.5& 1MG	223
<i>cefpodoxime proxetil tab 100 mg</i>	115	CHANTIX TAB 0.5MG.....	223
<i>cefpodoxime proxetil tab 200 mg</i>	115	CHANTIX TAB 1MG.....	223
<i>cefprozil for susp 125 mg/5ml</i>	114	CHEMET CAP 100MG.....	64
<i>cefprozil for susp 250 mg/5ml</i>	114	CHEMSTRIP 10 TES MD.....	137
<i>cefprozil tab 250 mg</i>	114	CHEMSTRIP 2 TES GP.....	137
<i>cefprozil tab 500 mg</i>	114	CHEMSTRIP 5 TES OB	137
<i>cefuroxime axetil tab 250 mg</i>	115	CHEMSTRIP 7 TES.....	137
<i>cefuroxime axetil tab 500 mg</i>	115	CHEMSTRIP 9 TES STRIPS.....	137
CELEBREX CAP 100MG	17	CHEMSTRIP K TES	137
CELEBREX CAP 200MG.....	17	CHEMSTRIP TES -10 SG	137
CELEBREX CAP 400MG	17	CHEMSTRIP TES UGK.....	137
CELEBREX CAP 50MG	17	<i>chenodiol tab 250 mg</i>	155
<i>celecoxib cap 100 mg</i>	17	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>celecoxib cap 200 mg</i>	17	<i>mg</i>	219
<i>celecoxib cap 400 mg</i>	17	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>celecoxib cap 50 mg</i>	17	<i>mg</i>	219
CELEXA TAB 10MG	54	<i>chlordiazepoxide hcl cap 10 mg</i>	36
CELEXA TAB 20MG	54	<i>chlordiazepoxide hcl cap 25 mg</i>	36
CELEXA TAB 40MG	54	<i>chlordiazepoxide hcl cap 5 mg</i>	36
CELLCEPT CAP 250MG.....	202	<i>chlordiazepoxide hcl-clidinium bromide</i>	
CELLCEPT SUS 200MG/ML.....	202	<i>cap 5-2.5 mg</i>	227
CELLCEPT TAB 500MG	202	CHLORHEX GLU SOL 20%	98
CELONTIN CAP 300MG.....	52	<i>chlorhexidine gluconate soln 0.12%</i>	203
CEM-UREA SOL 45%	133	<i>chloroquine phosphate tab 250 mg</i>	79
<i>cephalexin cap 250 mg</i>	114	<i>chloroquine phosphate tab 500 mg</i>	79
<i>cephalexin cap 500 mg</i>	114	<i>chlorpromazine hcl conc 100 mg/ml</i>	96
<i>cephalexin cap 750 mg</i>	114	<i>chlorpromazine hcl conc 30 mg/ml</i>	96
<i>cephalexin for susp 125 mg/5ml</i>	114	<i>chlorpromazine hcl inj 25 mg/ml</i>	96
<i>cephalexin for susp 250 mg/5ml</i>	114	<i>chlorpromazine hcl inj 50 mg/2ml</i>	96
<i>cephalexin tab 250 mg</i>	114	<i>chlorpromazine hcl tab 100 mg</i>	96
<i>cephalexin tab 500 mg</i>	114	<i>chlorpromazine hcl tab 10 mg</i>	96
CEQUR SIMPL KIT PATCH 2U	185	<i>chlorpromazine hcl tab 200 mg</i>	96
CEQUR SIMPL MIS INSERTER	185	<i>chlorpromazine hcl tab 25 mg</i>	96
CERDELGA CAP 84MG.....	162	<i>chlorpromazine hcl tab 50 mg</i>	96
CERVIDIL VAG MIS 10MG INS	216	<i>chlorthalidone tab 25 mg</i>	146
CETACAINE AER.....	134	<i>chlorthalidone tab 50 mg</i>	146
		<i>chlorzoxazone tab 250 mg</i>	208

<i>chlorzoxazone tab 375 mg</i>	208	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>chlorzoxazone tab 500 mg</i>	208	0.3-0.1%	215
<i>chlorzoxazone tab 750 mg</i>	208	<i>ciprofloxacin-fluocinolone acetone (pf) otic</i>	
CHOLBAM CAP 250MG	155	<i>soln 0.3-0.025%</i>	215
CHOLBAM CAP 50MG	155	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>cholestyramine light powder 4 gm/dose</i> ..68		<i>equivalent)</i>	212
.....	68	<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>cholestyramine powder 4 gm/dose</i>	68	<i>equivalent)</i>	215
<i>cholestyramine powder packets 4 gm</i>.....68		<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	
<i>choline fenofibrate cap dr 135 mg</i>		.....	155
<i>(fenofibric acid equiv)</i>	69	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	
<i>choline fenofibrate cap dr 45 mg (fenofibric</i>		.....	155
<i>acid equiv)</i>	69	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
CIALIS TAB 10MG	110	.....	155
CIALIS TAB 20MG	110	<i>ciprofloxacin-hydrocortisone otic susp 0.2-</i>	
CIALIS TAB 5MG	110	<i>1%</i>	215
CIBINQO TAB 100MG	132	CIPRO HC SUS 0.2-1%OT	215
CIBINQO TAB 200MG	132	CIPRO TAB 250MG	155
CIBINQO TAB 50MG	132	CIPRO TAB 500MG	155
<i>ciclopirox gel 0.77%</i>	122	<i>citalopram hydrobromide cap 30 mg</i>	54
<i>ciclopirox olamine cream 0.77% (base</i>		<i>citalopram hydrobromide oral soln 10</i>	
<i>equiv)</i>	122	<i>mg/5ml</i>	54
<i>ciclopirox olamine susp 0.77% (base equiv)</i>		<i>citalopram hydrobromide tab 10 mg (base</i>	
.....	122	<i>equiv)</i>	54
<i>ciclopirox shampoo 1%</i>	122	<i>citalopram hydrobromide tab 20 mg (base</i>	
<i>ciclopirox solution 8%</i>	122	<i>equiv)</i>	54
<i>cilostazol tab 100 mg</i>	162	<i>citalopram hydrobromide tab 40 mg (base</i>	
<i>cilostazol tab 50 mg</i>	162	<i>equiv)</i>	54
CILOXAN OIN 0.3% OP	212	CITRANATAL CAP HARMONY	204
CIMDUO TAB 300-300	98	CITRANATAL CAP MEDLEY	204
<i>cimetidine hcl soln 300 mg/5ml</i>	228	CITRANATAL MIS 90 DHA	204
<i>cimetidine tab 300 mg</i>	228	CITRANATAL MIS B-CALM	204
<i>cimetidine tab 400 mg</i>	228	CITRANATAL PAK ASSURE	204
<i>cimetidine tab 800 mg</i>	228	<i>cladribine tab therapy pack 10 mg (10 tabs)</i>	
CIMZIA INJ 200MG/ML	156	.....	220
CIMZIA PREFL KIT 200MG/ML	156	<i>cladribine tab therapy pack 10 mg (4 tabs)</i>	
CIMZIA START KIT 200MG/ML	156	.....	220
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	149	<i>cladribine tab therapy pack 10 mg (5 tabs)</i>	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	149	.....	220
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	149	<i>cladribine tab therapy pack 10 mg (6 tabs)</i>	
CIPRO (10%) SUS 500MG/5	155	.....	220
CIPRO (5%) SUS 250MG/5	155	<i>cladribine tab therapy pack 10 mg (7 tabs)</i>	
		.....	220

<i>cladribine tab therapy pack 10 mg (8 tabs)</i>	220	CLIMARA DIS 0.1MG	153
<i>cladribine tab therapy pack 10 mg (9 tabs)</i>	220	CLIMARA PRO DIS WEEKLY	152
CLARINEX-D TAB 2.5-120	118	CLINDAGEL GEL 1%.....	119
CLARINEX TAB 5MG	67	<i>clindamycin hcl cap 150 mg</i>	34
<i>clarithromycin for susp 125 mg/5ml</i>	167	<i>clindamycin hcl cap 300 mg</i>	34
<i>clarithromycin for susp 250 mg/5ml</i>	167	<i>clindamycin hcl cap 75 mg</i>	34
<i>clarithromycin tab 250 mg</i>	167	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	34
<i>clarithromycin tab 500 mg</i>	167	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-2.5%</i>	119
<i>clarithromycin tab er 24hr 500 mg</i>	167	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-3.75%</i>	119
CLEANLET 28G MIS LANCETS.....	169	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1-5%</i>	119
CLEARVISC SOL 25MG/ML	214	<i>clindamycin phosphate foam 1%</i>	119
<i>clemastine fumarate syrup 0.67 mg/5ml</i> <i>(0.5 mg/5ml base eq)</i>	67	<i>clindamycin phosphate gel 1% (twice-daily)</i>	119
CLENPIQ SOL.....	166	<i>clindamycin phosphate lotion 1%</i>	119
CLEOCIN CAP 150MG	34	<i>clindamycin phosphate soln 1%</i>	119
CLEOCIN CAP 300MG	34	<i>clindamycin phosphate swab 1%</i>	119
CLEOCIN CAP 75MG.....	34	<i>clindamycin phosphate-tretinoin gel 1.2-</i> <i>0.025%</i>	119
CLEOCIN CRE 2% VAG	232	<i>clindamycin phosphate vaginal cream 2%</i>	232
CLEOCIN PED SOL 75MG/5ML	34	<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i>	119
CLEOCIN SUP 100MG	232	CLINDESSE CRE 2%	232
CLEOCIN-T LOT 1%	119	CLINPRO 5000 PST 1.1%.....	204
CLEVER CHECK MIS	169	<i>clobazam suspension 2.5 mg/ml</i>	46
CLEVER CHECK MIS 30G.....	169	<i>clobazam tab 10 mg</i>	46
CLEVER CHEK TES.....	138	<i>clobazam tab 20 mg</i>	46
CLEVER CHEK TES AUTO CD	138	<i>clobetasol propionate cream 0.025%</i>	129
CLEVER CHEK TES TALK	138	<i>clobetasol propionate cream 0.05%</i>	129
CLEVER CHEK TES VOICE	138	<i>clobetasol propionate emollient base cream</i> <i>0.05%</i>	129
CLEVER CHOIC TES MICRO	138	<i>clobetasol propionate emulsion foam</i> <i>0.05%</i>	129
CLEVR CHOICE LIQ HIGH	169	<i>clobetasol propionate foam 0.05%</i>	130
CLEVR CHOICE LIQ LOW	169	<i>clobetasol propionate gel 0.05%</i>	130
CLEVR CHOICE TES AUTO-CD.....	138	<i>clobetasol propionate lotion 0.05%</i>	130
CLEVR CHOICE TES NOCODE.....	138	<i>clobetasol propionate oint 0.05%</i>	130
CLICKFINE MIS 31GX1/4.....	185	<i>clobetasol propionate shampoo 0.05%</i> ..	130
CLICKFINE MIS 31GX3/16	185	<i>clobetasol propionate soln 0.05%</i>	130
CLICKFINE MIS 31GX5/16	185	<i>clobetasol propionate spray 0.05%</i>	130
CLICKFINE MIS 31GX8MM.....	185		
CLICKFINE MIS 32GX5/32	185		
CLIMARA DIS 0.025MG.....	153		
CLIMARA DIS 0.0375MG	153		
CLIMARA DIS 0.05MG.....	153		
CLIMARA DIS 0.06MG.....	153		
CLIMARA DIS 0.075MG.....	153		

CLOBEX LOT 0.05%	130	<i>clozapine orally disintegrating tab 100 mg</i>	94
CLOBEX SHA 0.05%	130	.....	94
CLOBEX SPR 0.05%	130	<i>clozapine orally disintegrating tab 12.5 mg</i>	94
<i>clocortolone pivalate cream 0.1%</i>	130	.....	94
CLODERM CRE 0.1%	130	<i>clozapine orally disintegrating tab 150 mg</i>	94
<i>clomiphene citrate tab 50 mg</i>	148	.....	94
<i>clomipramine hcl cap 25 mg</i>	57	<i>clozapine orally disintegrating tab 200 mg</i>	94
<i>clomipramine hcl cap 50 mg</i>	57	.....	94
<i>clomipramine hcl cap 75 mg</i>	57	<i>clozapine orally disintegrating tab 25 mg</i> ..	94
<i>clonazepam orally disintegrating tab 0.125</i>		<i>clozapine tab 100 mg</i>	94
<i>mg</i>	46	<i>clozapine tab 200 mg</i>	94
<i>clonazepam orally disintegrating tab 0.25</i>		<i>clozapine tab 25 mg</i>	94
<i>mg</i>	46	<i>clozapine tab 50 mg</i>	94
<i>clonazepam orally disintegrating tab 0.5 mg</i>		CLOZARIL TAB 100MG	95
.....	46	CLOZARIL TAB 200MG	95
<i>clonazepam orally disintegrating tab 1 mg</i>		CLOZARIL TAB 25MG	94
.....	46	CLOZARIL TAB 50MG	95
<i>clonazepam orally disintegrating tab 2 mg</i>		CL PRENATAL TAB 28-0.8MG	205
.....	46	C-NATE DHA CAP 28-1-200	204
<i>clonazepam tab 0.5 mg</i>	46	COAGUCHEK MIS LANCETS	169
<i>clonazepam tab 1 mg</i>	46	COAL TAR SOL 20%	136
<i>clonazepam tab 2 mg</i>	46	COARTEM TAB 20-120MG	79
<i>clonidine hcl tab 0.1 mg</i>	74	COBENFY CAP 100-20MG	96
<i>clonidine hcl tab 0.2 mg</i>	74	COBENFY CAP 125-30MG	96
<i>clonidine hcl tab 0.3 mg</i>	74	COBENFY CAP 50-20MG	96
<i>clonidine hcl tab er 12hr 0.1 mg</i>	6	COBENFY STRT CAP PACK	96
<i>clonidine tab er 24hr 0.17 mg</i>	74	<i>codeine sulfate tab 30 mg</i>	22
<i>clonidine td patch weekly 0.1 mg/24hr</i>	74	CODEINE SULF TAB 15MG	22
<i>clonidine td patch weekly 0.2 mg/24hr</i>	74	CODEINE SULF TAB 60MG	22
<i>clonidine td patch weekly 0.3 mg/24hr</i>	74	COLAZAL CAP 750MG	156
<i>clopidogrel bisulfate tab 300 mg (base</i>		<i>colchicine cap 0.6 mg</i>	160
<i>equiv)</i>	162	<i>colchicine tab 0.6 mg</i>	160
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>		<i>colchicine w/ probenecid tab 0.5-500 mg</i>	160
.....	162	.....	160
<i>clorazepate dipotassium tab 15 mg</i>	36	<i>colesevelam hcl packet for susp 3.75 gm</i>	68
<i>clorazepate dipotassium tab 3.75 mg</i>	36	<i>colesevelam hcl tab 625 mg</i>	68
<i>clorazepate dipotassium tab 7.5 mg</i>	36	COLESTID GRA 5GM	68
<i>clotrimazole soln 1%</i>	122	COLESTID TAB 1GM	69
<i>clotrimazole troche 10 mg</i>	203	<i>colestipol hcl granule packets 5 gm</i>	69
<i>clotrimazole w/ betamethasone cream 1-</i>		<i>colestipol hcl granules 5 gm</i>	69
<i>0.05%</i>	122	<i>colestipol hcl tab 1 gm</i>	69
<i>clotrimazole w/ betamethasone lotion 1-</i>		COLLAVERA GEL 2%	134
<i>0.05%</i>	122	COMBIGAN SOL 0.2/0.5%	211
		COMBIPATCH DIS	152

COMBIVENT AER 20-100.....	42	COMPLETENATE CHW.....	205
COMETRIQ KIT 100MG	85	COMPLETE NAT PAK DHA.....	205
COMETRIQ KIT 140MG	85	CO-NATAL FA TAB 29-1MG.....	205
COMETRIQ KIT 60MG.....	85	CONCEPT DHA CAP	205
COMFORT ASSU MIS LANC 28G	169	CONCEPT OB CAP	205
COMFORT ASSU MIS LANC 33G	169	CONCERTA TAB 18MG.....	7
COMFORT EZ MIS 21G.....	169	CONCERTA TAB 27MG	7
COMFORT EZ MIS 23G.....	169	CONCERTA TAB 36MG	7
COMFORT EZ MIS 28G.....	169	CONCERTA TAB 54MG	7
COMFORT EZ MIS 29GX12MM.....	185	CONDYLOX GEL 0.5%.....	134
COMFORT EZ MIS 30GX8MM	185	CONFIRM/MICR TES GLUCOSE.....	138
COMFORT EZ MIS 31GX4MM	185	CONTEPO INJ 6GM	33
COMFORT EZ MIS 31GX5/16	185	CONTOUR HIGH LIQ CONTROL.....	169
COMFORT EZ MIS 31GX5MM	185	CONTOUR LOW LIQ CONTROL	169
COMFORT EZ MIS 31GX6MM	185	CONTOUR NEXT SOL LEVEL 1.....	169
COMFORT EZ MIS 31GX8MM	185	CONTOUR NEXT SOL LEVEL 2.....	169
COMFORT EZ MIS 32GX4MM	185	CONTOUR NORM LIQ CONTROL	169
COMFORT EZ MIS 32GX5MM	185	CONTOUR PLUS TES BLD GLUC.....	138
COMFORT EZ MIS 32GX6MM	185	CONTOUR TES BLD GLUC	138
COMFORT EZ MIS 32GX8MM	185	CONTOUR TES NEXT	138
COMFORT EZ MIS 33GX4MM	185	CONTROL HIGH SOL UNISTRIP.....	169
COMFORT EZ MIS 33GX5MM	185	CONTROL LOW SOL UNISTRIP.....	170
COMFORT EZ MIS 33GX6MM	185	CONTROL NORM SOL EASY STP	170
COMFORT EZ MIS 33GX8MM	185	CONTROL SOL LIQ HI/MID/L.....	170
COMFORTOUCH MIS LANCET.....	169	CONTROL SOL LIQ HIGH/LOW	170
COMFORT TCH MIS LANC 28G	169	CONTROL SOL LIQ LEVEL 2	170
COMFORT TCH MIS LANC 30G	169	CONTROL SOL NORMAL	170
COMFORT TCH MIS LANC 31G.....	169	CONZIP CAP 100MG.....	22
COMFORT TOUC MIS 31GX4MM.....	185	CONZIP CAP 200MG.....	23
COMFORT TOUC MIS 31GX5MM.....	185	CONZIP CAP 300MG.....	23
COMFORT TOUC MIS 31GX6MM.....	185	COOL BLOOD TES GLUCOSE.....	138
COMFORT TOUC MIS 31GX8MM.....	185	COOL CONTROL SOL A	170
COMFORT TOUC MIS 32GX4MM	185	COOL CONTROL SOL B.....	170
COMFORT TOUC MIS 32GX5MM	185	COPAXONE INJ 40MG/ML.....	220
COMFORT TOUC MIS 32GX6MM	185	CORDRAN 80X3 TAP 4MCG/CM	130
COMFORT TOUC MIS 32GX8MM	185	COREG CR CAP 10MG	103
COMFORT TOUC MIS 33GX1/4.....	185	COREG CR CAP 20MG	103
COMFORT TOUC MIS 33GX3/16.....	185	COREG CR CAP 40MG	103
COMFORT TOUC MIS 33GX5/32	185	COREG CR CAP 80MG	103
COMFRT TOUCH PAD ALC PREP	182	COREG TAB 12.5MG.....	103
COMPACT SPAC MIS CHAMBER	197	COREG TAB 25MG	103
COMPACT SPAC MIS LG MASK	197	COREG TAB 3.125MG	103
COMPACT SPAC MIS MD MASK	197	COREG TAB 6.25MG.....	103
COMPACT SPAC MIS SM MASK.....	197	CORLANOR SOL 5MG/5ML	114

CORLANOR TAB 5MG	114	CRINONE GEL 4% VAG.....	232
CORLANOR TAB 7.5MG.....	114	CRINONE GEL 8% VAG.....	232
CORN SYP	217	<i>cromolyn sodium ophth soln 4%.....</i>	214
CORTANE-B LOT.....	130	<i>cromolyn sodium oral conc 100 mg/5ml</i>	155
CORTEF TAB 10MG.....	115	<i>cromolyn sodium soln nebu 20 mg/2ml...38</i>	
CORTEF TAB 20MG	115	<i>crotamiton lotion 10%</i>	136
CORTEF TAB 5MG.....	115	CURITY PREP PAD ALCOHOL	182
CORTENEMA ENE 100MG.....	31	CUVPOSA SOL 1MG/5ML	227
CORTIFOAM AER 90MG	32	CVS ADVANCED TES GLUCOSE	138
CORTISPORIN SUS -TC OTIC	215	CVS GLUCOSE TES STRIPS	138
CORTROPHIN INJ 40/0.5ML	147	CVS GLUCOSE TES TEST STR	138
CORTROPHIN INJ 80UNT/ML	147, 148	CVS KETONE TES CARE.....	138
COSENTYX INJ 150MG/ML	124	CVS LANCETS MIS 21G	170
COSENTYX INJ 300DOSE.....	124	CVS LANCETS MIS 30G	170
COSENTYX INJ 75MG/0.5	124	CVS LANCETS MIS 33G.....	170
COSENTYX PEN INJ 150MG/ML.....	124	CVS LANCETS MIS ORIGINAL.....	170
COSENTYX PEN INJ 300DOSE	125	CVS LANCETS MIS THIN 26G.....	170
COSENTYX UNO INJ 300/2ML	125	CVS LANCETS MIS THIN 30G	170
COSOPT PF SOL 2%-0.5%	211	CVS LANCETS MIS THIN 33G.....	170
COSOPT SOL 2-0.5%OP	211	CVS LANCING MIS DEVICE	170
COVARYX HS TAB.....	152	CVS TRUE MET TES GLUCOSE.....	138
COVARYX TAB 1.25-2.5	152	<i>cyanocobalamin inj 1000 mcg/ml.....</i>	163
COZAAR TAB 100MG	73	<i>cyanocobalamin nasal spray 500</i>	
COZAAR TAB 25MG	73	<i>mcg/0.1ml.....</i>	163
COZAAR TAB 50MG	73	<i>cyclobenzaprine hcl cap er 24hr 15 mg ..208</i>	
CRENESSITY CAP 100MG.....	148	<i>cyclobenzaprine hcl cap er 24hr 30 mg .208</i>	
CRENESSITY CAP 25MG.....	148	<i>cyclobenzaprine hcl tab 10 mg</i>	208
CRENESSITY CAP 50MG.....	148	<i>cyclobenzaprine hcl tab 5 mg.....</i>	208
CRENESSITY SOL 50MG/ML.....	148	<i>cyclobenzaprine hcl tab 7.5 mg.....</i>	208
CREON CAP 12000UNT.....	144	CYCLOGYL SOL 0.5% OP	211
CREON CAP 24000UNT.....	144	CYCLOGYL SOL 1% OP	211
CREON CAP 3000UNIT	144	CYCLOGYL SOL 2% OP.....	211
CREON CAP 36000UNT.....	145	CYCLOMYDRIL SOL OP	211
CREON CAP 6000UNIT	144	<i>cyclopentolate hcl ophth soln 1%</i>	211
CRESEMBA CAP 186MG	66	<i>cyclophosphamide cap 25 mg.....</i>	80
CRESEMBA CAP 74.5MG	66	<i>cyclophosphamide cap 50 mg.....</i>	80
CRESTOR TAB 10MG.....	70	CYCLOPHOSPH TAB 25MG.....	80
CRESTOR TAB 20MG	70	CYCLOPHOSPH TAB 50MG.....	80
CRESTOR TAB 40MG	70	<i>cycloserine cap 250 mg.....</i>	80
CRESTOR TAB 5MG	70	CYCLOSET TAB 0.8MG	61
CREXONT CAP 35-140MG	90	<i>cyclosporine cap 100 mg.....</i>	202
CREXONT CAP 52.5-210.....	90	<i>cyclosporine cap 25 mg.....</i>	202
CREXONT CAP 70-280MG.....	90	<i>cyclosporine modified cap 100 mg</i>	202
CREXONT CAP 87.5-350.....	90	<i>cyclosporine modified cap 25 mg</i>	202

<i>cyclosporine modified cap 50 mg</i>	202	<i>darunavir tab 800 mg</i>	98
<i>cyclosporine modified oral soln 100 mg/ml</i>	202	<i>dasatinib tab 100 mg</i>	85
CYMBALTA CAP 20MG	56	<i>dasatinib tab 140 mg</i>	85
CYMBALTA CAP 30MG	56	<i>dasatinib tab 20 mg</i>	85
CYMBALTA CAP 60MG	56	<i>dasatinib tab 50 mg</i>	85
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	68	<i>dasatinib tab 70 mg</i>	85
<i>cyproheptadine hcl tab 4 mg</i>	68	<i>dasatinib tab 80 mg</i>	85
CYSTAGON CAP 150MG	159	DAYBUE SOL 200MG/ML	210
CYSTAGON CAP 50MG.....	159	DAYBUE STIX POW 5000MG	210
CYSTARAN SOL 0.44%	215	DAYBUE STIX POW 6000MG	210
CYTOMEL TAB 25MCG.....	225	DAYBUE STIX POW 8000MG	210
CYTOMEL TAB 50MCG.....	225	DAYPRO TAB 600MG	17
CYTOMEL TAB 5MCG	225	DAYTRANA DIS 10MG/9HR.....	7
CYTOTEC TAB 100MCG	230	DAYTRANA DIS 15MG/9HR.....	7
CYTOTEC TAB 200MCG.....	230	DAYTRANA DIS 20MG/9HR	8
CYTRA K GRA CRYSTALS	159	DAYTRANA DIS 30MG/9HR.....	8
D		D-CARE BLOOD TES GLUCOSE	138
<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq)</i>	45	DDAVP TAB 0.1MG.....	151
<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	45	DDAVP TAB 0.2MG.....	151
<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq)</i>	45	DEBACTEROL SOL 30-50%.....	203
<i>dalfampridine tab er 12hr 10 mg</i>	220	<i>deferasirox granules packet 180 mg</i>	64
DALIRESP TAB 250MCG.....	39	<i>deferasirox granules packet 360 mg</i>	65
DALIRESP TAB 500MCG	39	<i>deferasirox granules packet 90 mg</i>	64
<i>danazol cap 100 mg</i>	31	<i>deferasirox tab 180 mg</i>	65
<i>danazol cap 200 mg</i>	31	<i>deferasirox tab 360 mg</i>	65
<i>danazol cap 50 mg</i>	31	<i>deferasirox tab 90 mg</i>	65
DANTRIUM CAP 25MG	209	<i>deferasirox tab for oral susp 125 mg</i>	65
<i>dantrolene sodium cap 100 mg</i>	209	<i>deferasirox tab for oral susp 250 mg</i>	65
<i>dantrolene sodium cap 25 mg</i>	209	<i>deferasirox tab for oral susp 500 mg</i>	65
<i>dantrolene sodium cap 50 mg</i>	209	<i>deferiprone tab 1000 mg</i>	65
<i>dapsone gel 5%</i>	119	<i>deferiprone tab 500 mg</i>	65
<i>dapsone gel 7.5%</i>	119	<i>deflazacort susp 22.75 mg/ml</i>	115
<i>dapsone tab 100 mg</i>	34	<i>deflazacort tab 18 mg</i>	115
<i>dapsone tab 25 mg</i>	34	<i>deflazacort tab 30 mg</i>	116
DARAPRIM TAB 25MG	79	<i>deflazacort tab 36 mg</i>	116
<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i>	231	<i>deflazacort tab 6 mg</i>	115
<i>darifenacin hydrobromide tab er 24hr 7.5</i> <i>mg (base equiv)</i>	231	DELESTROGEN INJ 10MG/ML	153
<i>darunavir tab 600 mg</i>	98	DELESTROGEN INJ 20MG/ML.....	153
		DELESTROGEN INJ 40MG/ML.....	153
		DELZICOL CAP 400MG	156
		<i>demeclocycline hcl tab 150 mg</i>	224
		<i>demeclocycline hcl tab 300 mg</i>	224
		DEM SER CAP 250MG.....	73
		DENAVIR CRE 1%	128

DEPAKOTE ER TAB 250MG.....	52	DESOXYN TAB 5MG	2
DEPAKOTE ER TAB 500MG	52	<i>desvenlafaxine succinate tab er 24hr 100</i>	
DEPAKOTE SPR CAP 125MG.....	52	<i>mg (base equiv)</i>	56
DEPAKOTE TAB 125MG DR	52	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
DEPAKOTE TAB 250MG DR	52	<i>(base equiv)</i>	56
DEPAKOTE TAB 500MG DR.....	52	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
DEPEN TITRA TAB 250MG.....	201	<i>(base equiv)</i>	56
DEPO-ESTRADI INJ 5MG/ML.....	153	DESVENLAFAX TAB 100MG ER	56
DERMACINRX TAB PRETRATE.....	205	DESVENLAFAX TAB 50MG ER.....	56
DERMACURE CRE 41%	133	DETROL LA CAP 2MG.....	231
DERMA-SMOOTH OIL /FS BODY.....	130	DETROL LA CAP 4MG.....	231
DERMA-SMOOTH OIL /FS SCLP	130	DETROL TAB 1MG.....	231
DERMOTIC OIL 0.01%.....	216	DETROL TAB 2MG.....	231
DESCOVY TAB 120-15MG.....	98	DEXAMETHASON CON 1MG/ML.....	116
DESCOVY TAB 200/25MG	98	<i>dexamethasone elixir 0.5 mg/5ml.....</i>	116
<i>desipramine hcl tab 100 mg</i>	57	<i>dexamethasone sodium phosphate ophth</i>	
<i>desipramine hcl tab 10 mg.....</i>	57	<i>soln 0.1%</i>	213
<i>desipramine hcl tab 150 mg.....</i>	57	<i>dexamethasone soln 0.5 mg/5ml</i>	116
<i>desipramine hcl tab 25 mg</i>	57	<i>dexamethasone tab 0.5 mg</i>	116
<i>desipramine hcl tab 50 mg</i>	57	<i>dexamethasone tab 0.75 mg.....</i>	116
<i>desipramine hcl tab 75 mg</i>	57	<i>dexamethasone tab 1.5 mg.....</i>	116
<i>desloratadine tab 5 mg</i>	67	<i>dexamethasone tab 1 mg</i>	116
<i>desloratadine tab orally disintegrating 2.5</i>		<i>dexamethasone tab 2 mg</i>	116
<i>mg</i>	67	<i>dexamethasone tab 4 mg</i>	116
<i>desloratadine tab orally disintegrating 5 mg</i>		<i>dexamethasone tab 6 mg</i>	116
<i>.....</i>	68	<i>dexamethasone tab therapy pack 1.5 mg</i>	
DESMODA SOL 0.05/ML	151	<i>(21)</i>	116
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
<i>0.01%</i>	151	<i>(35)</i>	116
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
<i>0.01% (refrigerated).....</i>	151	<i>(51)</i>	116
<i>desmopressin acetate tab 0.1 mg</i>	151	<i>dexchlorpheniramine maleate oral soln 2</i>	
<i>desmopressin acetate tab 0.2 mg</i>	151	<i>mg/5ml</i>	67
<i>desonide cream 0.05%</i>	130	DEXCOM G6 MIS RECEIVER.....	170
<i>desonide gel 0.05%</i>	130	DEXCOM G6 MIS SENSOR.....	170
<i>desonide lotion 0.05%.....</i>	130	DEXCOM G6 MIS TRANSMIT	170
<i>desonide oint 0.05%.....</i>	130	DEXCOM G7 MIS RECEIVER.....	170
DESOWEN CRE 0.05%.....	130	DEXCOM G7 MIS SENSOR.....	170
<i>desoximetasone cream 0.05%</i>	130	DEXCOM G7 MIS SNSR 15D.....	170
<i>desoximetasone cream 0.25%</i>	130	DEXEDRINE CAP 10MG CR	2
<i>desoximetasone gel 0.05%</i>	130	DEXEDRINE CAP 15MG CR	2
<i>desoximetasone oint 0.05%</i>	130	DEXILANT CAP 30MG DR	228
<i>desoximetasone oint 0.25%</i>	130	DEXILANT CAP 60MG DR	228
<i>desoximetasone spray 0.25%</i>	130		

<i>dexlansoprazole cap delayed release 30 mg</i>	228	DIASCREEN 9 MIS	170
<i>dexlansoprazole cap delayed release 60 mg</i>	228	DIASCREEN MIS 1B	170
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	8	DIASCREEN MIS 1G	170
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	8	DIASCREEN MIS 1K	170
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	8	DIASCREEN MIS 2GK	170
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	8	DIASCREEN MIS 2GP	170
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	8	DIASCREEN MIS 4NL	170
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	8	DIASCREEN MIS 4OBL	170
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	8	DIASCREEN MIS 4PH	170
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	8	DIASCREEN MIS CONTROL	170
<i>dexmethylphenidate hcl tab 10 mg</i>	8	DIASTIX TES STRIPS	138
<i>dexmethylphenidate hcl tab 2.5 mg</i>	8	DIATHRIVE+ MIS TEST STR	138
<i>dexmethylphenidate hcl tab 5 mg</i>	8	DIATHRIVE LIQ CONTROL	170
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	3	DIATHRIVE MIS 31GX5MM	185
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	3	DIATHRIVE MIS 31GX6MM	185
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	DIATHRIVE MIS 31GX8MM	185
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	3	DIATHRIVE MIS 32GX4MM	185
<i>dextroamphetamine sulfate tab 10 mg</i>	3	DIATHRIVE MIS LANCETS	170
<i>dextroamphetamine sulfate tab 15 mg</i>	3	DIATHRIVE MIS LANCING	170
<i>dextroamphetamine sulfate tab 2.5 mg</i>	3	DIATHRIVE MIS TEST STR	138
<i>dextroamphetamine sulfate tab 20 mg</i>	3	DIATHRIVE MIS UT 30G	171
<i>dextroamphetamine sulfate tab 30 mg</i>	3	DIATRUE CONT SOL LEVEL 1	171
<i>dextroamphetamine sulfate tab 5 mg</i>	3	DIATRUE CONT SOL LEVEL 2	171
<i>dextroamphetamine sulfate tab 7.5 mg</i>	3	DIATRUE CONT SOL LEVEL 3	171
DHIVY TAB 25-100MG	90	DIATRUE PLUS TES STRIPS	138
DIASCREEN 10 MIS	170	<i>diazepam conc 5 mg/ml</i>	36
DIASCREEN 3 MIS	170	<i>diazepam oral soln 1 mg/ml</i>	36
DIASCREEN 5 MIS	170	<i>diazepam rectal gel delivery system 10 mg</i>	46
DIASCREEN 6 MIS	170	<i>diazepam rectal gel delivery system 2.5 mg</i>	46
DIASCREEN 7 MIS	170	<i>diazepam rectal gel delivery system 20 mg</i>	46
DIASCREEN 8 MIS	170	<i>diazepam tab 10 mg</i>	36
		<i>diazepam tab 2 mg</i>	36
		<i>diazepam tab 5 mg</i>	36
		<i>diazoxide susp 50 mg/ml</i>	60
		DIBENZYLINE CAP 10MG	73
		<i>dichlorphenamide tab 50 mg</i>	145
		DICLEGIS TAB 10-10MG	66
		<i>diclofenac epolamine patch 1.3%</i>	121
		<i>diclofenac potassium (migraine) packet 50 mg</i>	198
		<i>diclofenac potassium cap 25 mg</i>	17

<i>diclofenac potassium tab 25 mg</i>	17	DILANTIN CAP 30MG.....	52
<i>diclofenac potassium tab 50 mg</i>	17	DILANTIN CHW 50MG	52
<i>diclofenac sodium (actinic keratoses) gel</i>		DILAUDID LIQ 1MG/ML	23
3%.....	123	DILAUDID TAB 2MG.....	23
<i>diclofenac sodium ophth soln 0.1%</i>	215	DILAUDID TAB 4MG	23
<i>diclofenac sodium soln 1.5%</i>	121	DILAUDID TAB 8MG	23
<i>diclofenac sodium soln 2%</i>	121	<i>diltiazem hcl cap er 12hr 120 mg</i>	106
<i>diclofenac sodium tab delayed release 25</i>		<i>diltiazem hcl cap er 12hr 60 mg</i>	106
<i>mg</i>	17	<i>diltiazem hcl cap er 12hr 90 mg</i>	106
<i>diclofenac sodium tab delayed release 50</i>		<i>diltiazem hcl cap er 24hr 120 mg</i>	106
<i>mg</i>	17	<i>diltiazem hcl cap er 24hr 180 mg</i>	106
<i>diclofenac sodium tab delayed release 75</i>		<i>diltiazem hcl cap er 24hr 240 mg</i>	106
<i>mg</i>	18	<i>diltiazem hcl coated beads cap er 24hr 120</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	18	<i>mg</i>	106
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl coated beads cap er 24hr 180</i>	
<i>release 50-0.2 mg</i>	18	<i>mg</i>	106
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl coated beads cap er 24hr 240</i>	
<i>release 75-0.2 mg</i>	18	<i>mg</i>	106
<i>dicloxacillin sodium cap 250 mg</i>	217	<i>diltiazem hcl coated beads cap er 24hr 300</i>	
<i>dicloxacillin sodium cap 500 mg</i>	217	<i>mg</i>	106
<i>dicyclomine hcl cap 10 mg</i>	227	<i>diltiazem hcl coated beads cap er 24hr 360</i>	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	227	<i>mg</i>	106
<i>dicyclomine hcl tab 20 mg</i>	227	<i>diltiazem hcl extended release beads cap</i>	
<i>dicyclomine hcl tab 40 mg</i>	227	<i>er 24hr 120 mg</i>	106
DIFFERIN CRE 0.1%.....	119	<i>diltiazem hcl extended release beads cap</i>	
DIFFERIN GEL 0.3% PMP.....	119	<i>er 24hr 180 mg</i>	106
DIFFERIN LOT 0.1%.....	119	<i>diltiazem hcl extended release beads cap</i>	
DIFICID SUS.....	167	<i>er 24hr 240 mg</i>	106
DIFICID TAB 200MG	167	<i>diltiazem hcl extended release beads cap</i>	
<i>diflorasone diacetate cream 0.05%</i>	130	<i>er 24hr 300 mg</i>	106
<i>diflorasone diacetate oint 0.05%</i>	130	<i>diltiazem hcl extended release beads cap</i>	
DIFLUCAN SUS 40MG/ML	67	<i>er 24hr 360 mg</i>	106
DIFLUCAN TAB 100MG	67	<i>diltiazem hcl extended release beads cap</i>	
DIFLUCAN TAB 200MG	67	<i>er 24hr 420 mg</i>	106
<i>diflunisal tab 500 mg</i>	22	<i>diltiazem hcl tab 120 mg</i>	106
<i>difluprednate ophth emulsion 0.05%</i>	213	<i>diltiazem hcl tab 30 mg</i>	106
<i>digoxin oral soln 0.05 mg/ml</i>	108	<i>diltiazem hcl tab 60 mg</i>	106
<i>digoxin tab 125 mcg (0.125 mg)</i>	108	<i>diltiazem hcl tab 90 mg</i>	106
<i>digoxin tab 250 mcg (0.25 mg)</i>	108	<i>diltiazem hcl tab er 24hr 120 mg</i>	106
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	108	<i>diltiazem hcl tab er 24hr 180 mg</i>	106
<i>dihydroergotamine mesylate nasal spray 4</i>		<i>diltiazem hcl tab er 24hr 240 mg</i>	106
<i>mg/ml</i>	198	<i>diltiazem hcl tab er 24hr 300 mg</i>	106
DILANTIN-125 SUS 125/5ML	52	<i>diltiazem hcl tab er 24hr 360 mg</i>	106
DILANTIN CAP 100MG	52	<i>diltiazem hcl tab er 24hr 420 mg</i>	106

<i>dimethyl fumarate capsule delayed release</i>	
120 mg	220
<i>dimethyl fumarate capsule delayed release</i>	
240 mg	220
<i>dimethyl fumarate capsule dr starter pack</i>	
120 mg & 240 mg	221
DIOVAN HCT TAB 160-12.5	76
DIOVAN HCT TAB 160-25MG.....	76
DIOVAN HCT TAB 320-12.5.....	76
DIOVAN HCT TAB 320-25MG	76
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DIOVAN TAB 40MG	73
DIOVAN TAB 80MG	73
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<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
mg/5ml.....	64
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
mg	64
DIPROLENE OIN 0.05%.....	130
<i>dipyridamole tab 25 mg.....</i>	162
<i>dipyridamole tab 50 mg.....</i>	162
<i>dipyridamole tab 75 mg.....</i>	162
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<i>disopyramide phosphate cap 100 mg</i>	37
<i>disopyramide phosphate cap 150 mg</i>	37
<i>disulfiram tab 250 mg</i>	217
<i>disulfiram tab 500 mg</i>	217
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sprinkle 125 mg	52
<i>divalproex sodium tab delayed release 125</i>	
mg.....	52
<i>divalproex sodium tab delayed release 250</i>	
mg.....	52
<i>divalproex sodium tab delayed release 500</i>	
mg.....	52
<i>divalproex sodium tab er 24 hr 250 mg</i>	53
<i>divalproex sodium tab er 24 hr 500 mg</i>	53
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DIVIGEL GEL 0.5MG.....	153
DIVIGEL GEL 0.75MG.....	153
DIVIGEL GEL 1.25MG.....	153
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<i>dofetilide cap 125 mcg (0.125 mg)</i>	38
<i>dofetilide cap 250 mcg (0.25 mg)</i>	38
<i>dofetilide cap 500 mcg (0.5 mg)</i>	38
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 10 mg</i>	218
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg</i>	218
<i>donepezil hydrochloride tab 10 mg</i>	218
<i>donepezil hydrochloride tab 23 mg</i>	218
<i>donepezil hydrochloride tab 5 mg</i>	218
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DORYX MPC TAB 120MG	224
DORYX MPC TAB 60MG.....	224
<i>dorzolamide hcl ophth soln 2%</i>	215
<i>dorzolamide hcl-timolol maleate ophth soln</i>	
2-0.5%	211
<i>dorzolamide hcl-timolol maleate pf ophth</i>	
soln 2-0.5%	211
DORZOLAMIDE SOL 2% OP.....	215
DOVATO TAB 50-300MG.....	98
<i>doxazosin mesylate tab 1 mg.....</i>	74
<i>doxazosin mesylate tab 2 mg</i>	74
<i>doxazosin mesylate tab 4 mg.....</i>	74
<i>doxazosin mesylate tab 8 mg.....</i>	74
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	
.....	164
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	
.....	164
<i>doxepin hcl cap 100 mg</i>	57
<i>doxepin hcl cap 10 mg.....</i>	57
<i>doxepin hcl cap 150 mg.....</i>	57
<i>doxepin hcl cap 25 mg</i>	57
<i>doxepin hcl cap 50 mg</i>	57
<i>doxepin hcl cap 75 mg</i>	57
<i>doxepin hcl conc 10 mg/ml</i>	58
<i>doxepin hcl cream 5%</i>	123
<i>doxercalciferol cap 0.5 mcg</i>	149

<i>doxercalciferol cap 1 mcg</i>	149	DROXIA CAP 200MG	162
<i>doxercalciferol cap 2.5 mcg</i>	149	DROXIA CAP 300MG	162
<i>doxycycline hyclate cap 100 mg</i>	224	DROXIA CAP 400MG	162
<i>doxycycline hyclate cap 50 mg</i>	224	<i>droxidopa cap 100 mg</i>	233
<i>doxycycline hyclate tab 100 mg</i>	224	<i>droxidopa cap 200 mg</i>	233
<i>doxycycline hyclate tab 150 mg</i>	224	<i>droxidopa cap 300 mg</i>	233
<i>doxycycline hyclate tab 20 mg</i>	224	DRYSOL SOL 20%.....	135
<i>doxycycline hyclate tab 50 mg</i>	224	DUAVEE TAB 0.45-20	152
<i>doxycycline hyclate tab 75 mg</i>	224	DUETACT TAB 30-2MG	58
<i>doxycycline hyclate tab delayed release</i>		DUETACT TAB 30-4MG	58
<i>100 mg</i>	224	DUEXIS TAB 800-26.6	18
<i>doxycycline hyclate tab delayed release</i>		DULERA AER 100-5MCG.....	42
<i>150 mg</i>	224	DULERA AER 200-5MCG.....	42
<i>doxycycline hyclate tab delayed release</i>		DULERA AER 50-5MCG	42
<i>200 mg</i>	224	<i>duloxetine hcl enteric coated pellets cap 20</i>	
<i>doxycycline hyclate tab delayed release 50</i>		<i>mg (base eq)</i>	56
<i>mg</i>	224	<i>duloxetine hcl enteric coated pellets cap 30</i>	
<i>doxycycline hyclate tab delayed release 75</i>		<i>mg (base eq)</i>	56
<i>mg</i>	224	<i>duloxetine hcl enteric coated pellets cap 40</i>	
<i>doxycycline hyclate tab delayed release 80</i>		<i>mg (base eq)</i>	56
<i>mg</i>	224	<i>duloxetine hcl enteric coated pellets cap 60</i>	
<i>doxycycline monohydrate cap 100 mg</i> ...224		<i>mg (base eq)</i>	56
<i>doxycycline monohydrate cap 150 mg</i> ...224		DUOBRII LOT.....	130
<i>doxycycline monohydrate cap 50 mg</i> ....224		DUO-CARE LIQ LEVEL1/2.....	171
<i>doxycycline monohydrate cap 75 mg</i>....224		DUO-CARE TES.....	138
<i>doxycycline monohydrate for susp 25</i>		DUPIXENT INJ 200/1.14.....	133
<i>mg/5ml</i>	224	DUPIXENT INJ 200MG	133
<i>doxycycline monohydrate tab 100 mg</i> ...225		DUPIXENT INJ 300/2ML	133
<i>doxycycline monohydrate tab 150 mg</i> ...225		DUREZOL EMU 0.05%	213
<i>doxycycline monohydrate tab 50 mg</i> ....224		<i>dutasteride cap 0.5 mg</i>	160
<i>doxycycline monohydrate tab 75 mg</i> ....224		<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	
<i>doxylamine-pyridoxine tab delayed release</i>		160
<i>10-10 mg</i>	66	DYANAVEL XR SUS 2.5MG/ML.....	3
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<i>dronabinol cap 10 mg</i>	66	DYANAVEL XR TAB 15MG.....	3
<i>dronabinol cap 2.5 mg</i>	66	DYANAVEL XR TAB 20MG.....	3
<i>dronabinol cap 5 mg</i>	66	DYANAVEL XR TAB 5MG	3
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DROPLET PERS MIS LANC 30G	171	E.E.S. GRAN SUS 200/5ML	167
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EASIVENT MIS MASK SM	197	EASY TALK TES BLD GLUC	139
EASY COMFORT MIS 30G	171	EASY TALK TES PLUS II	139
EASY COMFORT MIS 31GX1/4	186	EASY TOUCH LIQ HIGH/LOW	171
EASY COMFORT MIS 31GX3/16	186	EASY TOUCH MIS	171
EASY COMFORT MIS 31GX5/16	186	EASY TOUCH MIS /EJECTOR	171
EASY COMFORT MIS 31GX5MM	186	EASY TOUCH MIS 29GX1/2	186
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<i>fenofibrate cap 50 mg</i>	69	FENTORA TAB 600MCG	23
<i>fenofibrate micronized cap 130 mg</i>	69	FENTORA TAB 800MCG	23
<i>fenofibrate micronized cap 134 mg</i>	69	<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	
<i>fenofibrate micronized cap 200 mg</i>	69	.....	158
<i>fenofibrate micronized cap 43 mg</i>	69	<i>fesoterodine fumarate tab er 24hr 4 mg</i> .	231
<i>fenofibrate micronized cap 67 mg</i>	69	<i>fesoterodine fumarate tab er 24hr 8 mg</i> .	231
<i>fenofibrate tab 120 mg</i>	69	FETZIMA CAP 120MG.....	56
<i>fenofibrate tab 145 mg</i>	69	FETZIMA CAP 20MG	56
<i>fenofibrate tab 160 mg</i>	69	FETZIMA CAP 40MG	56
<i>fenofibrate tab 40 mg</i>	69	FETZIMA CAP 80MG	56
<i>fenofibrate tab 48 mg</i>	69	FETZIMA CAP TITRATIO	56
<i>fenofibrate tab 54 mg</i>	69	FIASP FLEX INJ TOUCH	62
<i>fenofibric acid tab 105 mg</i>	69	FIASP INJ 100/ML.....	62
<i>fenofibric acid tab 35 mg</i>	69	FIASP PENFIL INJ U-100	62
FENOGLIDE TAB 120MG	69	FIBRICOR TAB 105MG.....	69
FENOGLIDE TAB 40MG	69	FIBRICOR TAB 35MG	69
<i>fenopropfen calcium cap 400 mg</i>	18	<i>fidaxomicin tab 200 mg</i>	167
<i>fenopropfen calcium tab 600 mg</i>	18	FIFTY50 GLUC TES 2.0	140
FENOPROFEN CAP 200MG	18	FIFTY50 MIS 31GX3/16	186
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	23	FIFTY50 MIS 31GX5/16	186
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	23	FIFTY50 MIS 31GX5MM.....	186
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	23	FIFTY50 PEN MIS 31GX8MM	186
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	23	FIFTY50 PEN MIS 32GX4MM	186
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	23	FIFTY50 PEN MIS 32GX6MM	186
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	23	FIFTY50 PREP PAD PADS	183
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	23	FIFTY50 SAFE MIS LANCETS.....	173
<i>fentanyl td patch 72hr 100 mcg/hr</i>	23	FILL NEEDLE MIS 18GX1.5	186
<i>fentanyl td patch 72hr 12 mcg/hr</i>	23	FILSPARI TAB 200MG	159
<i>fentanyl td patch 72hr 25 mcg/hr</i>	23	FILSPARI TAB 400MG	159
		FILTER NEEDL MIS 18GX1.5	186
		FILTER NEEDL MIS 20GX1.5	187
		FINACEA AER 15%.....	135
		<i>finasteride tab 5 mg</i>	160
		FINGERSTIX MIS LANCETS.....	173
		<i>ingolimod hcl cap 0.5 mg (base equiv)</i> ..	221
		FIORICET CAP	22

FIORICET CAP CODEINE.....	29	<i>fluorouracil cream 5%</i>	123
FIRDAPSE TAB 10MG	79	<i>fluorouracil soln 2%</i>	123
FLAGYL CAP 375MG	33	<i>fluorouracil soln 5%</i>	123
FLAREX SUS 0.1% OP	213	<i>fluoxetine hcl (pmdd) tab 10 mg</i>	222
<i>flavoxate hcl tab 100 mg</i>	232	<i>fluoxetine hcl (pmdd) tab 20 mg</i>	222
<i>flecainide acetate tab 100 mg</i>	37	<i>fluoxetine hcl cap 10 mg</i>	54
<i>flecainide acetate tab 150 mg</i>	37	<i>fluoxetine hcl cap 20 mg</i>	54
<i>flecainide acetate tab 50 mg</i>	37	<i>fluoxetine hcl cap 40 mg</i>	54
FLECTOR DIS 1.3%	121	<i>fluoxetine hcl cap delayed release 90 mg</i>	54
FLEXICHAMBER MIS.....	197	<i>fluoxetine hcl solution 20 mg/5ml</i>	54
FLEXICHAMBER MIS MASK LRG	197	<i>fluoxetine hcl tab 10 mg</i>	54
FLEXICHAMBER MIS MASK SM.....	197	<i>fluoxetine hcl tab 20 mg</i>	54
FLOMAX CAP 0.4MG.....	160	<i>fluoxetine hcl tab 60 mg</i>	54
<i>fluconazole for susp 10 mg/ml</i>	67	<i>fluphenazine decanoate inj 25 mg/ml</i>	96
<i>fluconazole for susp 40 mg/ml</i>	67	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	96
<i>fluconazole tab 100 mg</i>	67	<i>fluphenazine hcl inj 2.5 mg/ml</i>	96
<i>fluconazole tab 150 mg</i>	67	<i>fluphenazine hcl oral conc 5 mg/ml</i>	96
<i>fluconazole tab 200 mg</i>	67	<i>fluphenazine hcl tab 10 mg</i>	96
<i>fluconazole tab 50 mg</i>	67	<i>fluphenazine hcl tab 1 mg</i>	96
<i>flucytosine cap 250 mg</i>	66	<i>fluphenazine hcl tab 2.5 mg</i>	96
<i>flucytosine cap 500 mg</i>	66	<i>fluphenazine hcl tab 5 mg</i>	96
<i>fludrocortisone acetate tab 0.1 mg</i>	117	<i>flurandrenolide cream 0.05%</i>	131
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>		<i>flurandrenolide lotion 0.05%</i>	131
.....	209	<i>flurbiprofen sodium ophth soln 0.03%</i> ...	215
<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	216	<i>flurbiprofen tab 100 mg</i>	18
<i>fluocinolone acetonide cream 0.01%</i>	130	<i>flurbiprofen tab 50 mg</i>	18
<i>fluocinolone acetonide cream 0.025%</i> ...	130	<i>fluticasone furoate aerosol powder breath</i>	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>		<i>activ 100 mcg/act</i>	40
.....	130	<i>fluticasone furoate aerosol powder breath</i>	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>		<i>activ 200 mcg/act</i>	40
.....	131	<i>fluticasone furoate aerosol powder breath</i>	
<i>fluocinolone acetonide oint 0.025%</i>	131	<i>activ 50 mcg/act</i>	40
<i>fluocinolone acetonide soln 0.01%</i>	131	<i>fluticasone propionate cream 0.05%</i>	131
<i>fluocinonide cream 0.05%</i>	131	<i>fluticasone propionate hfa inhal aero 44</i>	
<i>fluocinonide cream 0.1%</i>	131	<i>mcg/act</i>	40
<i>fluocinonide emulsified base cream 0.05%</i>		<i>fluticasone propionate lotion 0.05%</i>	131
.....	131	<i>fluticasone propionate nasal susp 50</i>	
<i>fluocinonide gel 0.05%</i>	131	<i>mcg/act</i>	209
<i>fluocinonide oint 0.05%</i>	131	<i>fluticasone propionate oint 0.005%</i>	131
<i>fluocinonide soln 0.05%</i>	131	<i>fluticasone-salmeterol aer powder ba 100-</i>	
FLUORIDEX PST 1.1%	204	<i>50 mcg/act</i>	42
FLUORMX 5000 PST 1.1%	204	<i>fluticasone-salmeterol aer powder ba 250-</i>	
<i>fluorometholone ophth susp 0.1%</i>	213	<i>50 mcg/act</i>	42
<i>fluorouracil cream 0.5%</i>	123		

<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	42	FORACARE GDH SOL NORMAL	173
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	70	FORACARE TES GD40.....	140
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	70	FORACARE TES PREM V10	140
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	70	FORACARE TES TST N GO.....	141
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	54	FORA CONTROL SOL HIGH	173
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	54	FORA CONTROL SOL LOW	173
<i>fluvoxamine maleate tab 100 mg</i>	55	FORA CONTROL SOL NORMAL	173
<i>fluvoxamine maleate tab 25 mg</i>	54	FORA D15G TES BLD GLUC	140
<i>fluvoxamine maleate tab 50 mg</i>	54	FORA D20 TES BLD GLUC	140
FML FORTE SUS 0.25% OP	213	FORA D40/G31 TES GLUCOSE.....	140
FML LIQUIFLM SUS 0.1% OP	213	FORA G20 TES BLD GLUC	140
FOCALIN TAB 10MG	8	FORA G30/V10 TES BLD GLUC	140
FOCALIN TAB 2.5MG.....	8	FORA GD20 TES BLD GLUC.....	140
FOCALIN TAB 5MG.....	8	FORA GD50 TES	140
FOCALIN XR CAP 10MG.....	8	FORA GTEL TES BLD GLUC	140
FOCALIN XR CAP 15MG.....	8	FORA GTEL TES KETONE.....	140
FOCALIN XR CAP 20MG	8	FORA LANCETS MIS 30G	173
FOCALIN XR CAP 25MG	8	FORA MIS LANCETS	173
FOCALIN XR CAP 30MG	8	FORA MIS LANCING.....	173
FOCALIN XR CAP 40MG.....	8	FORA TEST GO TES ADV VOIC	140
FOLATEXCEL TAB	205	FORA TN'G TES TN'G VOI.....	140
<i>folic acid tab 1 mg</i>	163	FORA V10 TES BLD GLUC	140
FOLIVANE-OB CAP	205	FORA V12 TES BLD GLUC.....	140
FOLLISTIM AQ INJ 300UNIT	148	FORA V20 TES BLD GLUC.....	140
FOLLISTIM AQ INJ 600UNIT	148	FORA V30A TES BLD GLUC	140
FOLLISTIM AQ INJ 900UNIT	148	FORFIVO XL TAB 450MG.....	53
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	44	FORMALDEHYDE SOL 10%.....	98
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	44	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	42
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	44	FORTESTA GEL 10MG/ACT.....	31
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	44	FOSAMAX + D TAB 70-2800	147
FORA 6CON TES GTEL	140	FOSAMAX + D TAB 70-5600	147
FORA 6 MIS CONNECT	140	FOSAMAX TAB 70MG.....	147
FORA ADVANCE TES PRO	140	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	99
FORA BLOOD TES GLUCOSE	140	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	34
FORACARE GDH SOL HIGH	173	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	77
FORACARE GDH SOL LOW	173	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	77
		<i>fosinopril sodium tab 10 mg</i>	72
		<i>fosinopril sodium tab 20 mg</i>	72
		<i>fosinopril sodium tab 40 mg</i>	72

FOSRENOL CHW 1000MG.....	158	FYCOMPA TAB 10MG.....	46
FOSRENOL CHW 500MG.....	158	FYCOMPA TAB 12MG.....	46
FOSRENOL CHW 750MG.....	158	FYCOMPA TAB 2MG.....	45
FOSRENOL POW 1000MG.....	158	FYCOMPA TAB 4MG.....	46
FOSRENOL POW 750MG.....	158	FYCOMPA TAB 6MG.....	46
FRAGMIN INJ 10000/ML.....	45	FYCOMPA TAB 8MG.....	46
FRAGMIN INJ 12500UNT.....	45	G	
FRAGMIN INJ 15000UNT.....	45	<i>gabapentin (once-daily) tab 300 mg.....</i>	222
FRAGMIN INJ 18000UNT.....	45	<i>gabapentin (once-daily) tab 450 mg.....</i>	222
FRAGMIN INJ 2500/0.2.....	45	<i>gabapentin (once-daily) tab 600 mg.....</i>	222
FRAGMIN INJ 2500/ML.....	45	<i>gabapentin (once-daily) tab 750 mg.....</i>	222
FRAGMIN INJ 5000/0.2.....	45	<i>gabapentin (once-daily) tab 900 mg.....</i>	222
FRAGMIN INJ 7500/0.3.....	45	<i>gabapentin cap 100 mg.....</i>	47
FRAGMIN INJ 95000UNT.....	45	<i>gabapentin cap 300 mg.....</i>	47
FREESTYLE LB KIT 14D/SEN.....	173	<i>gabapentin cap 400 mg.....</i>	47
FREESTYLE LB KIT 2/SENSOR.....	173	<i>gabapentin oral soln 250 mg/5ml.....</i>	47
FREESTYLE LB KIT 2PLS/SEN.....	173	<i>gabapentin tab 600 mg.....</i>	48
FREESTYLE LB KIT 3/SENSOR.....	173	<i>gabapentin tab 800 mg.....</i>	48
FREESTYLE LB KIT 3PLS/SEN.....	173	GALAFOLD CAP 123MG.....	149
FREESTYLE LB MIS 14D/RDR.....	173	<i>galantamine hydrobromide cap er 24hr 16</i>	
FREESTYLE LB MIS 2/READER.....	173	<i>mg.....</i>	218
FREESTYLE LB MIS 3/READER.....	173	<i>galantamine hydrobromide cap er 24hr 24</i>	
FREESTYLE LIQ CONTROL.....	173	<i>mg.....</i>	218
FREESTYLE MIS LANCETS.....	173	<i>galantamine hydrobromide cap er 24hr 8</i>	
FREESTYLE MIS READER.....	173	<i>mg.....</i>	218
FREESTYLE MIS UNISTICK.....	173	<i>galantamine hydrobromide oral soln 4</i>	
FREESTYLE TES.....	141	<i>mg/ml.....</i>	218
FREESTYLE TES INSULINX.....	141	<i>galantamine hydrobromide tab 12 mg.....</i>	218
FREESTYLE TES LITE.....	141	<i>galantamine hydrobromide tab 4 mg.....</i>	218
FREESTYLE TES PREC NEO.....	141	<i>galantamine hydrobromide tab 8 mg.....</i>	218
FROVA TAB 2.5MG.....	199	GANIRELIX AC INJ 250/0.5.....	148
<i>frovatriptan succinate tab 2.5 mg (base</i>		GASTROCROM CON 100/5ML.....	155
<i>equivalent).....</i>	199	<i>gatifloxacin ophth soln 0.5%.....</i>	212
FRUZAQLA CAP 1MG.....	81	GATTEX KIT 5MG.....	159
FRUZAQLA CAP 5MG.....	81	GAVRETO CAP 100MG.....	85
FT PRENATAL TAB 28-0.8MG.....	205	GE100 BLOOD TES GLUCOSE.....	141
FULPHILA INJ 6/0.6ML.....	163	GE100 CONTRL SOL NORMAL.....	173
<i>furosemide oral soln 10 mg/ml.....</i>	146	<i>gefitinib tab 250 mg.....</i>	82
<i>furosemide oral soln 8 mg/ml.....</i>	146	GELFILM MIS OP.....	214
<i>furosemide tab 20 mg.....</i>	146	GELNIQUE GEL 10%.....	231
<i>furosemide tab 40 mg.....</i>	146	<i>gemfibrozil tab 600 mg.....</i>	69
<i>furosemide tab 80 mg.....</i>	146	GEMTESA TAB 75MG.....	231
FUZEON INJ 90MG.....	99	<i>gentamicin sulfate cream 0.1%.....</i>	121
FYCOMPA SUS 0.5MG/ML.....	45	<i>gentamicin sulfate oint 0.1%.....</i>	121

<i>gentamicin sulfate ophth soln 0.3%</i>	212	<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	58
GENTEEL LANC KIT BLUE	173	<i>glipizide-metformin hcl tab 5-500 mg</i>	58
GENTEEL MIS LANCETS.....	173	<i>glipizide tab 10 mg</i>	64
GENTEEL MIS NOZZLES	173	<i>glipizide tab 5 mg</i>	64
GENTEEL PLUS MIS BLACK.....	173	<i>glipizide tab er 24hr 10 mg</i>	64
GENTEEL PLUS MIS BLUE	173	<i>glipizide tab er 24hr 2.5 mg</i>	64
GENTEEL PLUS MIS PINK.....	173	<i>glipizide tab er 24hr 5 mg</i>	64
GENTEEL PLUS MIS PURPLE	173	GLOBAL 28G MIS LANCETS	174
GENTEEL PLUS MIS WHITE	173	GLOBAL 30G MIS LANCETS.....	174
GENTEEL TIPS MIS BLUE	173	GLOBAL LANC MIS DEVICE.....	174
GENTEEL TIPS MIS CLEAR.....	173	GLOBAL PREP PAD PADS.....	183
GENTEEL TIPS MIS GREEN	174	GLUCAGEN INJ HYPOKIT	60
GENTEEL TIPS MIS ORANGE.....	174	<i>glucagon for inj 1 mg</i>	60
GENTEEL TIPS MIS RAINBOW	174	GLUC CONTROL LIQ NORMAL	174
GENTEEL TIPS MIS VIOLET.....	174	GLUC CONTROL SOL	174
GENTEEL TIPS MIS YELLOW	174	GLUC CONTROL SOL MID	174
GENTLE-LET MIS 26G.....	174	GLUC CONTROL SOL NORMAL	174
GENTLE-LET MIS 28G.....	174	GLUCOCARD 01 LIQ NORM/HGH.....	174
GENTLE-LET MIS LANCETS.....	174	GLUCOCARD 01 SOL NORMAL.....	174
GENTLE-LET MIS PLATFORM	174	GLUCOCARD 01 TES PLUS	141
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GENVOYA TAB	99	GLUCOCARD LIQ LEVEL 1.....	174
GEODON CAP 20MG	92	GLUCOCARD SOL NORMAL.....	174
GEODON CAP 40MG.....	92	GLUCOCARD SOL SHINE	174
GEODON CAP 60MG.....	92	GLUCOCARD TES EXPRESSI.....	141
GEODON CAP 80MG.....	92	GLUCOCARD TES SHINE	141
GEODON INJ 20MG.....	92	GLUCOCARD TES VITAL.....	141
GHT TEST TES STRIPS	141	GLUCOCARD TES X-SENSOR	141
GILOTRIF TAB 20MG	82	GLUCOCOM MIS 28G	174
GILOTRIF TAB 30MG.....	82	GLUCOCOM MIS 30G	174
GILOTRIF TAB 40MG.....	82	GLUCOCOM MIS 33G	174
GLARGIN YFGN INJ 100U/ML.....	62	GLUCOCOM TES	141
GLARGIN YFGN SOL 100U/ML	62	GLUCOCOM TES HIGH CON	174
<i>glatiramer acetate soln prefilled syringe 20</i> <i>mg/ml</i>	221	GLUCOCOM TES NORM CON	174
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	221	GLUCONAVII TES STRIPS	141
GLEOSTINE CAP 100MG	80	GLUCO PERFEC TES 3.....	141
GLEOSTINE CAP 10MG	80	GLUCOTROL XL TAB 10MG.....	64
GLEOSTINE CAP 40MG	80	GLUCOTROL XL TAB 2.5MG	64
<i>glimepiride tab 1 mg</i>	64	GLUCOTROL XL TAB 5MG	64
<i>glimepiride tab 2 mg</i>	64	GLUMETZA TAB 1000MG.....	60
<i>glimepiride tab 4 mg</i>	64	GLUMETZA TAB 500MG.....	60
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	58	<i>glutamine (sickle cell) powd pack 5 gm</i> ..	162
		GLUTARALDEHY SOL 25%	98
		<i>glyburide-metformin tab 1.25-250 mg</i>	58

<i>glyburide-metformin tab 2.5-500 mg</i>	59	GOMEKLI CAP 1MG	85
<i>glyburide-metformin tab 5-500 mg</i>	59	GOMEKLI CAP 2MG.....	85
<i>glyburide micronized tab 1.5 mg</i>	64	GOMEKLI TAB 1MG.....	85
<i>glyburide micronized tab 3 mg</i>	64	GOODSENSE MIS LANC 26G.....	174
<i>glyburide micronized tab 6 mg</i>	64	GOODSENSE MIS LANC 30G.....	174
<i>glyburide tab 1.25 mg</i>	64	GOODSENSE MIS LANC 33G.....	174
<i>glyburide tab 2.5 mg</i>	64	GOODSENSE MIS LANC DVC	174
<i>glyburide tab 5 mg</i>	64	GORDOFILM SOL	134
<i>glycerol phenylbutyrate liquid 1.1 gm/ml</i>	149	GRALISE TAB 300MG.....	222
GLYCOPYRROLA TAB 1.5MG.....	227	GRALISE TAB 450MG.....	222
<i>glycopyrrolate inj pf soln prefilled syringe</i>		GRALISE TAB 600MG	222
<i>0.2 mg/ml</i>	227	GRALISE TAB 750MG.....	222
<i>glycopyrrolate inj pf soln pref syr 0.4</i>		GRALISE TAB 900MG	222
<i>mg/2ml (0.2 mg/ml)</i>	227	<i>granisetron hcl tab 1 mg</i>	65
<i>glycopyrrolate oral soln 1 mg/5ml</i>	227	GRASTEK SUB 2800BAU.....	10
<i>glycopyrrolate tab 1 mg</i>	227	<i>griseofulvin microsize susp 125 mg/5ml</i> ...66	
<i>glycopyrrolate tab 2 mg</i>	227	<i>griseofulvin microsize tab 500 mg</i>	66
GLYCOPYRROL INJ 0.2MG/ML.....	227	<i>griseofulvin ultramicrosize tab 125 mg</i> ....66	
GLYCOPYRROL INJ 0.4/2ML.....	227	<i>griseofulvin ultramicrosize tab 165 mg</i> ....66	
GLYXAMBI TAB 10-5 MG	59	<i>griseofulvin ultramicrosize tab 250 mg</i>.....66	
GLYXAMBI TAB 25-5 MG.....	59	<i>guaifenesin-codeine soln 100-10 mg/5ml</i> 118	
GNP ALCOHOL PAD SWABS.....	183	<i>guanfacine hcl tab 1 mg</i>	74
GNP LANCETS MIS 21G	174	<i>guanfacine hcl tab 2 mg</i>	74
GNP LANCETS MIS 28G	174	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
GNP LANCETS MIS 30G	174	<i>equiv)</i>	6
GNP LANCETS MIS 33G	174	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
GNP LANCETS MIS THIN 26G	174	<i>equiv)</i>	6
GNP LANCING MIS DEVICE	174	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
GNP PRENATAL TAB 28-0.8MG	205	<i>equiv)</i>	6
GNP PRENATAL TAB FOLIC AC	205	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
GNP TRUETRAC TES SMRT SYS.....	141	<i>equiv)</i>	6
GNP TRU METR TES STRIPS	141	GUARDIAN 4 MIS SENSOR	174
GNP ULTICARE MIS 31GX5/16.....	187	GUARDIAN 4 MIS TRANSMIT	174
GNP ULTICARE MIS 31GX5MM	187	GUARDIAN CON MIS TRANSMIT	174
GNP ULTICARE MIS 32GX1/4	187	GUARDIAN MIS LINK 3	174
GNP ULTICARE MIS 32GX5/32	187	GUARDIAN MIS SENSOR 3.....	175
GOCOVRI CAP 68.5MG	90	GUARDIAN RT MIS CHARGER.....	175
GOJJI BLOOD TES GLUCOSE	141	GUARDIAN RT MIS REPL PED	175
GOJJI BLOOD TES KETONE	141	GUARDIAN RT MIS TST PLUG	175
GOJJI CNTRL SOL NORMAL	174	GVOKE HYPO 1 INJ 0.5/.1ML	60
GOJJI LANCET MIS 30G	174	GVOKE HYPO 1 INJ 1/0.2ML	60
GOJJI MIS LANC DEV	174	GVOKE HYPO 2 INJ 0.5/.1ML	60
GOJJI STRIPS MIS W/LANCET	141	GVOKE HYPO 2 INJ 1/0.2ML.....	60
GOLYTELY SOL.....	166	GVOKE KIT SOL 1/0.2ML	60

GVOKE PFS INJ 1/0.2ML	61	HEMMOREX-HC SUP 25MG.....	32
GYNAZOLE-1 CRE 2%	232	HEMMOREX-HC SUP 30MG	32
H		<i>heparin sodium (porcine) inj 10000 unit/ml</i>	
HAEGARDA INJ 2000UNIT	161	45
HAEGARDA INJ 3000UNIT	161	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	45
HAEMOLANCE MIS HIGH FLO	175	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	
HAEMOLANCE MIS LOW FLOW	175	45
HAEMOLANCE MIS PLUS	175	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
HAEMOLANCE MIS PLUS LOW.....	175	45
HAEMOLANCE MIS PLUS MAX.....	175	<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	
HAEMOLANCE MIS PLUS PED.....	175	45
HAEMOLANCE MIS RETRACT.....	175	<i>heparin sodium (porcine) pf inj 5000</i>	
<i>halcinonide cream 0.1%</i>	131	<i>unit/0.5ml.....</i>	45
HALCION TAB 0.25MG.....	165	HETLIOZ CAP 20MG	166
HALDOL DECAN INJ 100MG/ML	94	HETLIOZ LQ SUS 4MG/ML	166
HALDOL DECAN INJ 50MG/ML.....	94	HIPREX TAB 1GM	34
<i>halobetasol propionate cream 0.05%</i>	131	HM INSULIN S MIS 0.3/31G	187
<i>halobetasol propionate oint 0.05%</i>	131	HM INSULIN S MIS 1ML/30G.....	187
HALOG OIN 0.1%.....	131	HM ULTICARE MIS 31GX8MM.....	187
<i>haloperidol decanoate im soln 100 mg/ml</i>		HOLD CHAMBER MIS ADLT LG	197
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<i>haloperidol decanoate im soln 50 mg/ml</i>	94	HOLD CHAMBER MIS SMALL	197
<i>haloperidol lactate inj 5 mg/ml</i>	94	<i>homatropine hbr ophth soln 5%</i>	211
<i>haloperidol lactate oral conc 2 mg/ml</i>	94	HORIZANT TAB 300MG ER	222
<i>haloperidol tab 0.5 mg</i>	94	HORIZANT TAB 600MG ER	223
<i>haloperidol tab 10 mg</i>	94	HUMALOG INJ 100/ML.....	62
<i>haloperidol tab 1 mg</i>	94	HUMALOG JR INJ 100/ML	62
<i>haloperidol tab 20 mg</i>	94	HUMALOG KWPN INJ 100/ML	62
<i>haloperidol tab 2 mg</i>	94	HUMALOG KWPN INJ 200/ML.....	62
<i>haloperidol tab 5 mg</i>	94	HUMALOG MIX INJ 50/50	62
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HARVONI TAB 45-200MG.....	101	HUMALOG MIX SUS 75/25.....	62
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HYCAMTIN CAP 1MG	89	<i>hydrocodone bitartrate tab er 24hr deter</i>	
<i>hydralazine hcl tab 100 mg</i>	79	120 mg	24
<i>hydralazine hcl tab 10 mg</i>	79	<i>hydrocodone bitartrate tab er 24hr deter 20</i>	
<i>hydralazine hcl tab 25 mg</i>	79	mg	24
<i>hydralazine hcl tab 50 mg.....</i>	79	<i>hydrocodone bitartrate tab er 24hr deter 30</i>	
HYDREA CAP 500MG	88	mg	24
HYDRO/NACL INJ 100/100	23	<i>hydrocodone bitartrate tab er 24hr deter 40</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	146	mg	24
<i>hydrochlorothiazide tab 12.5 mg</i>	146	<i>hydrocodone bitartrate tab er 24hr deter 60</i>	
<i>hydrochlorothiazide tab 25 mg.....</i>	146	mg	24
<i>hydrochlorothiazide tab 50 mg</i>	146	<i>hydrocodone bitartrate tab er 24hr deter 80</i>	
<i>hydrocodone-acetaminophen soln 10-325</i>		mg	24
mg/15ml.....	29	<i>hydrocodone-ibuprofen tab 10-200 mg ...</i>	29
<i>hydrocodone-acetaminophen soln 7.5-325</i>		<i>hydrocodone-ibuprofen tab 5-200 mg</i>	29
mg/15ml.....	29	<i>hydrocodone-ibuprofen tab 7.5-200 mg..</i>	29
<i>hydrocodone-acetaminophen tab 10-300</i>		<i>hydrocod polst-chlorphen polst er susp 10-</i>	
mg	29	8 mg/5ml	118
<i>hydrocodone-acetaminophen tab 10-325</i>		<i>hydrocortisone acetate cream 2.5%</i>	131
mg	29	<i>hydrocortisone acetate suppos 25 mg</i>	32
<i>hydrocodone-acetaminophen tab 5-300</i>		<i>hydrocortisone acetate suppos 30 mg</i>	32
mg	29	<i>hydrocortisone acetate w/ pramoxine</i>	
<i>hydrocodone-acetaminophen tab 5-325</i>		perianal cream 1-1%.....	32
mg	29	<i>hydrocortisone acetate w/ pramoxine</i>	
<i>hydrocodone-acetaminophen tab 7.5-300</i>		perianal cream 2.5-1%.....	32
mg	29	<i>hydrocortisone butyrate cream 0.1%</i>	131
<i>hydrocodone-acetaminophen tab 7.5-325</i>		<i>hydrocortisone butyrate lotion 0.1%</i>	131
mg	29	<i>hydrocortisone butyrate oint 0.1%.....</i>	131
<i>hydrocodone bitart-homatropine</i>		<i>hydrocortisone butyrate soln 0.1%</i>	131
methylbromide tab 5-1.5 mg.....	118	<i>hydrocortisone cream 2.5%</i>	131
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methylbrom soln 5-1.5 mg/5ml	117	<i>hydrocortisone lotion 2.5%.....</i>	131
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	23	<i>hydrocortisone oint 2.5%</i>	131
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	24	<i>hydrocortisone perianal cream 2.5%</i>	32
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>		<i>hydrocortisone sodium succinate pf for inj</i>	
.....	24	100 mg	116
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>		<i>hydrocortisone soln 2.5%</i>	131
.....	24	<i>hydrocortisone tab 10 mg</i>	116
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>		<i>hydrocortisone tab 20 mg.....</i>	116
.....	24	<i>hydrocortisone tab 5 mg</i>	116
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>		<i>hydrocortisone valerate cream 0.2%</i>	131
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<i>hydromorphone hcl tab 2 mg</i>	24	HYPO NEEDLE MIS 20GX1.5.....	187
<i>hydromorphone hcl tab 4 mg</i>	24	HYPO NEEDLE MIS 21GX1.....	187
<i>hydromorphone hcl tab 8 mg</i>	24	HYPO NEEDLE MIS 21GX1.5.....	187
<i>hydromorphone hcl tab er 24hr 12 mg</i>	24	HYPO NEEDLE MIS 21GX2.....	187
<i>hydromorphone hcl tab er 24hr 16 mg</i>	24	HYPO NEEDLE MIS 22GX1.....	187
<i>hydromorphone hcl tab er 24hr 32 mg</i>	24	HYPO NEEDLE MIS 22GX1.5.....	187
<i>hydromorphone hcl tab er 24hr 8 mg</i>	24	HYPO NEEDLE MIS 23GX1.....	187
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<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ...227		HYRIMOZ INJ 40/0.4ML.....	12
<i>hyoscyamine sulfate tab 0.125 mg</i>	227	HYRIMOZ INJ 40/0.8ML.....	13
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<i>equivalent)</i>	86	INDERAL LA CAP 60MG.....	104
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<i>equivalent)</i>	86	INDERAL XL CAP 120MG	104
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<i>imipramine hcl tab 25 mg</i>	58	INDOCIN SUS 25MG/5ML.....	18
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<i>imipramine pamoate cap 100 mg</i>	58	<i>indomethacin cap 50 mg</i>	18
<i>imipramine pamoate cap 125 mg</i>	58	<i>indomethacin cap er 75 mg</i>	18
<i>imipramine pamoate cap 150 mg</i>	58	<i>indomethacin suppos 50 mg</i>	18
<i>imipramine pamoate cap 75 mg</i>	58	<i>indomethacin susp 25 mg/5ml</i>	18
<i>imiquimod cream 3.75%</i>	133	INFINITY SOL HIGH CON	175
<i>imiquimod cream 5%</i>	133	INFINITY SOL NORM CON	175
IMITREX INJ 4MG/0.5	199	INFINITY TES BLD GLUC	142
IMITREX INJ 6MG/0.5	199	INFINITY TES VOICE	142
IMITREX TAB 100MG	199	INFNTY VOICE LIQ LEVEL 2	175
IMITREX TAB 25MG	199	INGREZZA CAP 40-80MG	220
IMITREX TAB 50MG.....	199	INGREZZA CAP 40MG	220
IMPAVIDO CAP 50MG	33	INGREZZA CAP 60MG	220
IMURAN TAB 50MG	202	INGREZZA CAP 80MG	220
IMVEXXY MAIN SUP 10MCG.....	232	INLYTA TAB 1MG	81
IMVEXXY MAIN SUP 4MCG.....	232	INLYTA TAB 5MG	81
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IMVEXXY STRT SUP 4MCG	232	INNOPRAN XL CAP 80MG.....	105
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INSPIREASE MIS DD SYST	197	INVOKAMET XR TAB 150-500	59
INSPIREASE MIS RES BAG	197	INVOKAMET XR TAB 50-1000	59
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INSPRA TAB 50MG.....	79	INVOKANA TAB 100MG.....	63
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INS SYR 1ML MIS 31GX5/16	188	<i>cream 1-1.9%</i>	122
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INSULIN SRYG MIS 1ML/32G.....	188	<i>mg/3ml</i>	42
INSULIN SYRI MIS 0.3/31G.....	188	<i>ipratropium bromide hfa inhal aerosol 17</i>	
INSULIN SYR MIS BARR 1ML	188	<i>mcg/act</i>	38
INSUPEN32G MIS 32GX6MM	188	<i>ipratropium bromide inhal soln 0.02%</i>	39
INSUPEN MIS 29GX12MM.....	188	<i>ipratropium bromide nasal soln 0.03% (21</i>	
INSUPEN MIS 31GX5MM	188	<i>mcg/spray)</i>	209
INSUPEN MIS 31GX8MM.....	188	<i>ipratropium bromide nasal soln 0.06% (42</i>	
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IN TOUCH LAN MIS 30G.....	175	IQIRVO TAB 80MG	158
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INTRAROSA SUP 6.5MG	232	<i>12.5 mg</i>	77
INTUNIV TAB 1MG.....	6	<i>irbesartan tab 150 mg</i>	73
INTUNIV TAB 2MG	6	<i>irbesartan tab 300 mg</i>	73
INTUNIV TAB 3MG	6	<i>irbesartan tab 75 mg</i>	73
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<i>isoniazid tab 100 mg</i>	80	JANUMET TAB 50-1000.....	59
<i>isoniazid tab 300 mg</i>	80	JANUMET TAB 50-500MG.....	59
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<i>isosorbide dinitrate tab 10 mg</i>	35	JANUVIA TAB 100MG.....	61
<i>isosorbide dinitrate tab 20 mg</i>	35	JANUVIA TAB 25MG.....	61
<i>isosorbide dinitrate tab 30 mg</i>	35	JANUVIA TAB 50MG.....	61
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<i>isosorbide mononitrate tab 10 mg</i>	35	JATENZO CAP 158MG.....	31
<i>isosorbide mononitrate tab 20 mg</i>	35	JATENZO CAP 198MG.....	31
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<i>isosorbide mononitrate tab er 24hr 30 mg</i>	35	JENLIVA CAP.....	205
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	35	JENTADUETO TAB 2.5-1000.....	59
<i>isotretinoin cap 10 mg</i>	120	JENTADUETO TAB 2.5-500.....	59
<i>isotretinoin cap 20 mg</i>	120	JENTADUETO TAB 2.5-850.....	59
<i>isotretinoin cap 25 mg</i>	120	JENTADUETO TAB XR.....	59
<i>isotretinoin cap 30 mg</i>	120	JORNAY PM CAP 100MG ER.....	8
<i>isotretinoin cap 35 mg</i>	120	JORNAY PM CAP 20MG ER.....	8
<i>isotretinoin cap 40 mg</i>	120	JORNAY PM CAP 40MG ER.....	8
<i>isradipine cap 2.5 mg</i>	106	JORNAY PM CAP 60MG ER.....	8
<i>isradipine cap 5 mg</i>	107	JORNAY PM CAP 80MG ER.....	8
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<i>itraconazole cap 100 mg</i>	67	JUST RIGHT PST 5000.....	204
<i>itraconazole oral soln 10 mg/ml</i>	67	K	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	114	KALETRA SOL.....	99
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	114	KALYDECO GRA 13.4MG.....	223
<i>ivermectin cream 1%</i>	135	KALYDECO GRA 5.8MG.....	223
<i>ivermectin tab 3 mg</i>	32	KALYDECO PAK 25MG.....	223
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<i>ketoconazole foam 2%</i>	<i>122</i>	KROGER LANCE MIS THIN.....	<i>175</i>
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PAXIL CR TAB 12.5MG	55	PEN NEEDLE MIS 31GX8MM	190
PAXIL CR TAB 25MG	55	PEN NEEDLE MIS 32GX1/4	190
PAXIL CR TAB 37.5MG	55	PEN NEEDLE MIS 32GX4MM	190
PAXIL SUS 10MG/5ML	55	PEN NEEDLE MIS 32GX5/32	190
PAXIL TAB 10MG	55	PEN NEEDLE MIS 32GX5MM	190
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<i>pazopanib hcl tab 200 mg (base equiv)</i>	87	PEN NEEDLES MIS 29GX12.7	190
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	228	PEN NEEDLES MIS 29GX12MM	190
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	228	PEN NEEDLES MIS 30GX3/16	190
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	166	PEN NEEDLES MIS 30GX8MM	190
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	166	PEN NEEDLES MIS 31GX1/4	190
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	166	PEN NEEDLES MIS 31GX3/16	190
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<i>penicillamine cap 250 mg</i>	201	PEN NEEDLES MIS 31GX6MM	190
<i>penicillamine tab 250 mg</i>	201	PEN NEEDLES MIS 31GX8MM	190
<i>penicillin v potassium for soln 125 mg/5ml</i>	216	PEN NEEDLES MIS 32GX1/4	190
<i>penicillin v potassium for soln 250 mg/5ml</i>	216	PEN NEEDLES MIS 32GX3/16	190
<i>penicillin v potassium tab 250 mg</i>	216	PEN NEEDLES MIS 32GX4MM	190
<i>penicillin v potassium tab 500 mg</i>	216	PEN NEEDLES MIS 32GX5/16	190
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<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	59	<i>POCKETCHEM SOL EZ</i>	177
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<i>pirfenidone tab 534 mg</i>	224	<i>POLY HUB MIS 27GX1/2</i>	191
<i>pirfenidone tab 801 mg</i>	224	<i>POLY HUB MIS 27GX1.25</i>	191
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<i>pitavastatin calcium tab 4 mg</i>	70	<i>pomalidomide cap 2 mg</i>	83
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<i>PLEXION LOT 9.8-4.8%</i>	120	67
<i>PLEXION NS SHA 9.8%</i>	128	<i>pot & sod citrates w/ cit ac soln 550-500-</i>	
<i>PLIAGLIS CRE 7-7%</i>	135	<i>334 mg/5ml</i>	159
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<i>PNV-DHA CAP DOCUSATE</i>	206	<i>potassium chloride cap er 8 meq</i>	200

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<i>potassium chloride microencapsulated crys er tab 15 meq</i>	200	<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	91
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	201	<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	91
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	201	<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	91
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PRADAXA CAP 75MG	45	<i>pravastatin sodium tab 10 mg</i>	70
PRADAXA PAK 110MG	45	<i>pravastatin sodium tab 20 mg</i>	70
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PRADAXA PAK 20MG	45	<i>pravastatin sodium tab 80 mg</i>	70
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<i>pregabalin cap 50 mg</i>	50	mg	206
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PRODIGY NO TES CODING	143	<i>propranolol hcl tab 60 mg</i>	105
PRODIGY SOL HIGH.....	178	<i>propranolol hcl tab 80 mg</i>	105
PRODIGY SOL LOW	178	<i>propylthiouracil tab 50 mg</i>	225
<i>progesterone cap 100 mg.....</i>	217	PROSCAR TAB 5MG	160
<i>progesterone cap 200 mg.....</i>	217	PROTONIX INJ 40MG	230
<i>progesterone im in oil 50 mg/ml</i>	217	PROTONIX PAK 40MG.....	230
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<i>5 mg/5ml</i>	118	PROVIGIL TAB 100MG	10
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<i>propafenone hcl tab 300 mg</i>	37	PULMICORT INH 90MCG	40
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PX LANCETS MIS 33G	178	<i>quetiapine fumarate tab 25 mg</i>	95
PYLERA CAP	230	<i>quetiapine fumarate tab 300 mg</i>	95
<i>pyrazinamide tab 500 mg</i>	80	<i>quetiapine fumarate tab 400 mg</i>	95
PYRIDIDIUM TAB 100MG.....	160	<i>quetiapine fumarate tab 50 mg</i>	95
PYRIDIDIUM TAB 200MG	160	<i>quetiapine fumarate tab er 24hr 150 mg</i> ..	95
<i>pyridostigmine bromide oral soln 60</i>		<i>quetiapine fumarate tab er 24hr 200 mg</i> ..	95
<i>mg/5ml</i>	79	<i>quetiapine fumarate tab er 24hr 300 mg</i> ..	95
<i>pyridostigmine bromide tab 60 mg</i>	79	<i>quetiapine fumarate tab er 24hr 400 mg</i> ..	95
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QNASL CHILD SPR 40MCG	209	<i>quinapril hcl tab 10 mg</i>	72
QSYMIA CAP 11.25-69	5	<i>quinapril hcl tab 20 mg</i>	72
QSYMIA CAP 15-92MG.....	5	<i>quinapril hcl tab 40 mg</i>	72
QSYMIA CAP 3.75-23	4	<i>quinapril hcl tab 5 mg</i>	72
QSYMIA CAP 7.5-46MG.....	4	<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	
QTERN TAB 10-5MG.....	59	<i>mg</i>	78
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<i>quazepam tab 15 mg</i>	165		

<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	<i>rasagiline mesylate tab 1 mg (base equiv).</i>
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RELION PRIME TES GLUCOSE.....	143	RETEVMO TAB 80MG.....	87
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RELNATE DHA CAP.....	207	RETIN-A MICR GEL 0.08%PMP.....	120
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<i>rifabutin cap 150 mg</i>	80	<i>rel susp 37.5 mg</i>	93
<i>rifampin cap 150 mg</i>	80	<i>risperidone microspheres for im extended</i>	
<i>rifampin cap 300 mg</i>	80	<i>rel susp 50 mg</i>	94
RIGHTEST ALT MIS ADAPTOR	178	<i>risperidone orally disintegrating tab 0.25</i>	
RIGHTEST LIQ HIGH CON	178	<i>mg</i>	94
RIGHTEST LIQ NORM CON	178	<i>risperidone orally disintegrating tab 0.5 mg</i>	
RIGHTEST MIS GD500.....	178	94
RIGHTEST MIS GL300	178	<i>risperidone orally disintegrating tab 1 mg</i>	94
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RIGHTEST TES GS300	144	<i>risperidone orally disintegrating tab 3 mg</i>	94
RIGHTEST TES GS550	144	<i>risperidone orally disintegrating tab 4 mg</i>	94
RIGHTEST TES GT333	144	<i>risperidone soln 1 mg/ml</i>	94
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>		<i>risperidone tab 0.25 mg</i>	94
.....	100	<i>risperidone tab 0.5 mg</i>	94
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<i>riluzole tab 50 mg</i>	210	<i>risperidone tab 2 mg</i>	94
<i>rimantadine hydrochloride tab 100 mg</i> ..	102	<i>risperidone tab 3 mg</i>	94
RIMSO-50 SOL 50%	160	<i>risperidone tab 4 mg</i>	94
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RINVOQ TAB 15MG ER.....	14	RITALIN LA CAP 20MG.....	10
RINVOQ TAB 30MG ER	14	RITALIN LA CAP 30MG.....	10
RINVOQ TAB 45MG ER	14	RITALIN LA CAP 40MG.....	10
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<i>risedronate sodium tab 150 mg</i>	147	RITALIN TAB 20MG.....	10
<i>risedronate sodium tab 30 mg</i>	147	RITALIN TAB 5MG	10
<i>risedronate sodium tab 35 mg</i>	147	RITEFLO MIS	197
<i>risedronate sodium tab 5 mg</i>	147	<i>ritonavir tab 100 mg</i>	100
<i>risedronate sodium tab delayed release 35</i>		<i>rivaroxaban for susp 1 mg/ml</i>	44
<i>mg</i>	147	<i>rivaroxaban tab 2.5 mg</i>	44
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RISPERDAL INJ 37.5MG	93	<i>rivastigmine tartrate cap 3 mg (base</i>	
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RISPERDAL TAB 0.5MG	93	<i>equivalent)</i>	219
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RISPERDAL TAB 4MG	93	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .	219
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<i>risperidone microspheres for im extended</i>		<i>10 mg (base eq)</i>	199
<i>rel susp 25 mg</i>	93		

<i>rizatriptan benzoate oral disintegrating tab</i>	
5 mg (base eq)	199
<i>rizatriptan benzoate tab 10 mg (base</i>	
<i>equivalent)</i>	199
<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>equivalent)</i>	199
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ROCALTROL CAP 0.5MCG	150
ROCALTROL SOL 1MCG/ML	150
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<i>ropinirole hydrochloride tab 0.5 mg</i>	91
<i>ropinirole hydrochloride tab 1 mg</i>	91
<i>ropinirole hydrochloride tab 2 mg</i>	91
<i>ropinirole hydrochloride tab 3 mg</i>	91
<i>ropinirole hydrochloride tab 4 mg</i>	91
<i>ropinirole hydrochloride tab 5 mg</i>	91
<i>ropinirole hydrochloride tab er 24hr 12 mg</i>	
<i>(base equivalent)</i>	91
<i>ropinirole hydrochloride tab er 24hr 2 mg</i>	
<i>(base equivalent)</i>	91
<i>ropinirole hydrochloride tab er 24hr 4 mg</i>	
<i>(base equivalent)</i>	91
<i>ropinirole hydrochloride tab er 24hr 6 mg</i>	
<i>(base equivalent)</i>	91
<i>ropinirole hydrochloride tab er 24hr 8 mg</i>	
<i>(base equivalent)</i>	91
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<i>rosuvastatin calcium tab 20 mg</i>	71
<i>rosuvastatin calcium tab 40 mg</i>	71
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RYBELSUS TAB 14MG	62
RYBELSUS TAB 3MG.....	61
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SALAGEN TAB 7.5MG	204	<i>1000 mg</i>	59
SALICYLIC AC GEL 6%	134	<i>saxagliptin-metformin hcl tab er 24hr 5-</i>	
<i>salicylic acid er film-forming soln 28.5%</i>	134	<i>1000 mg</i>	59
<i>salicylic acid film forming liquid 27.5%</i> ...	134	<i>saxagliptin-metformin hcl tab er 24hr 5-500</i>	
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SANDIMMUNE SOL 100MG/ML.....	202	SELECT-LITE MIS LANC DEV.....	179
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SANDOSTATIN INJ 500MCG	152	SELECT-OB CHW	207
SANDOSTATIN INJ 50MCG/ML	152	<i>selegiline hcl cap 5 mg</i>	91
SANTYL OIN 250/GM	133	<i>selegiline hcl tab 5 mg</i>	91
SAPHRIS SUB 10MG	95	<i>selenium sulfide lotion 2.5%</i>	128
SAPHRIS SUB 2.5MG.....	95	<i>selenium sulfide shampoo 2.25%</i>	128
SAPHRIS SUB 5MG.....	95	<i>selenium sulfide shampoo 2.3%</i>	128
<i>sapropterin dihydrochloride powder packet</i>		SE-NATAL 19 CHW	207
<i>100 mg</i>	150	SE-NATAL 19 TAB	207
<i>sapropterin dihydrochloride powder packet</i>		SENSIPAR TAB 30MG.....	150
<i>500 mg</i>	150	SENSIPAR TAB 60MG	150
<i>sapropterin dihydrochloride tab 100 mg</i>	150	SENSIPAR TAB 90MG	150
SAPSCARE MIS TWIST	179	SEREVENT DIS AER 50MCG.....	43
SAPS CARE PAD ALCOHOL.....	183	SERNIVO SPR 0.05%	132
SAPS HEALTH MIS TWIST	179	SEROQUEL TAB 100MG	95
SAPS HEALTH PAD ALCOHOL.....	183	SEROQUEL TAB 200MG	95
SAPS TWIST MIS 30G.....	179	SEROQUEL TAB 25MG.....	95
SAVELLA MIS TITR PAK.....	220	SEROQUEL TAB 300MG	95
SAVELLA TAB 100MG	220	SEROQUEL TAB 400MG	95
SAVELLA TAB 12.5MG	220	SEROQUEL TAB 50MG.....	95
SAVELLA TAB 25MG	220	SEROQUEL XR TAB 150MG	95
SAVELLA TAB 50MG.....	220	SEROQUEL XR TAB 200MG	95
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	61	SEROQUEL XR TAB 300MG	95

SEROQUEL XR TAB 400MG	95	<i>simvastatin tab 10 mg</i>	71
SEROQUEL XR TAB 50MG.....	95	<i>simvastatin tab 20 mg</i>	71
SEROSTIM INJ 4MG.....	149	<i>simvastatin tab 40 mg</i>	71
SEROSTIM INJ 5MG.....	149	<i>simvastatin tab 5 mg</i>	71
SEROSTIM INJ 6MG.....	149	<i>simvastatin tab 80 mg</i>	71
<i>sertraline hcl cap 150 mg</i>	55	SINEMET TAB 10-100MG.....	91
<i>sertraline hcl cap 200 mg</i>	55	SINEMET TAB 25-100MG	91
<i>sertraline hcl oral concentrate for solution</i>		SINGLE-LET MIS 23G.....	179
<i>20 mg/ml</i>	55	SINGULAIR CHW 4MG	39
<i>sertraline hcl tab 100 mg</i>	55	SINGULAIR CHW 5MG	39
<i>sertraline hcl tab 25 mg</i>	55	SINGULAIR GRA 4MG	39
<i>sertraline hcl tab 50 mg</i>	55	SINGULAIR TAB 10MG	39
<i>sevelamer carbonate packet 0.8 gm</i>	159	<i>sirolimus oral soln 1 mg/ml</i>	203
<i>sevelamer carbonate packet 2.4 gm</i>	159	<i>sirolimus tab 0.5 mg</i>	203
<i>sevelamer carbonate tab 800 mg</i>	159	<i>sirolimus tab 1 mg</i>	203
<i>sevelamer hcl tab 400 mg</i>	159	<i>sirolimus tab 2 mg</i>	203
<i>sevelamer hcl tab 800 mg</i>	159	SIRTURO TAB 100MG.....	80
SF 5000 PLUS CRE 1.1%	204	SIRTURO TAB 20MG	80
SF GEL 1.1%	204	<i>sitagliptin tab 100 mg</i>	61
SFROWASA ENE 4GM	157	SITAVIG TAB 50MG	102
SHARP CONTAI MIS	193	SIVEXTRO TAB 200MG.....	34
SHARPS CONT MIS 14QT	193	SKYCLARYS CAP 50MG	210
SIGNIFOR INJ 0.3MG/ML.....	152	SKYLA IUD 13.5MG.....	115
SIGNIFOR INJ 0.6MG/ML	152	SKYRIZI INJ 150MG/ML	126
SIGNIFOR INJ 0.9MG/ML	152	SKYRIZI INJ 180/1.2.....	157
SIKLOS TAB 1000MG.....	162	SKYRIZI INJ 360/2.4	157
SIKLOS TAB 100MG	162	SKYRIZI PEN INJ 150MG/ML.....	126
<i>sildenafil citrate for suspension 10 mg/ml</i>		SLIP TIP 1ML MIS.....	193
.....	113	SLIP TIP 3ML MIS	193
<i>sildenafil citrate tab 100 mg</i>	111	SMARTEST MIS LANCETS	179
<i>sildenafil citrate tab 20 mg</i>	113	SMARTEST SOL CONTROL.....	179
<i>sildenafil citrate tab 25 mg</i>	111	SMARTEST TES BLD GLUC.....	144
<i>sildenafil citrate tab 50 mg</i>	111	SMART SENSE MIS LANC 21G.....	179
SILENOR TAB 3MG	164	SMART SENSE MIS LANC 26G.....	179
SILENOR TAB 6MG	165	SMART SENSE MIS LANC 30G.....	179
<i>silodosin cap 4 mg</i>	160	SMART SENSE MIS LANC 33G.....	179
<i>silodosin cap 8 mg</i>	160	SMART SENSE TES TEST	144
SILVADENE CRE 1%	129	SM LANCETS MIS 33G.....	179
SILVER NITRA SOL 0.5%.....	129	<i>sodium chloride soln nebu 0.9%</i>	118
<i>silver nitrate soln 0.5%</i>	129	<i>sodium chloride soln nebu 10%</i>	118
<i>silver sulfadiazine cream 1%</i>	129	<i>sodium chloride soln nebu 3%</i>	118
SIMBRINZA SUS 1-0.2%.....	212	<i>sodium chloride soln nebu 7%</i>	118
SIMPLE DIAG MIS LANCING.....	179	<i>sodium citrate & citric acid soln 500-334</i>	
SIMPLERA MIS SYNC SEN	179	<i>mg/5ml</i>	159

SODIUM FLUOR CRE 5000 PPM.....	204	SOLUS V2 TES AUDIBLE.....	144
<i>sodium fluoride cream 1.1%</i>	204	SOMA TAB 250MG.....	208
<i>sodium fluoride gel 1.1% (0.5% f)</i>	204	SOMA TAB 350MG.....	208
<i>sodium fluoride paste 1.1%</i>	204	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>sodium fluoride-potassium nitrate gel 1.1-</i>		<i>equivalent)</i>	87
<i>5%</i>	204	SORILUX AER 0.005%	126
<i>sodium fluoride rinse 0.2%</i>	204	<i>sotalol hcl (afib/afl) tab 120 mg</i>	105
SODIUM FLUOR PST 5000 PPM	204	<i>sotalol hcl (afib/afl) tab 160 mg</i>	105
<i>sodium oxybate oral solution 500 mg/ml</i>		<i>sotalol hcl (afib/afl) tab 80 mg</i>	105
.....	218	<i>sotalol hcl tab 120 mg</i>	105
<i>sodium phenylbutyrate oral powder 3</i>		<i>sotalol hcl tab 160 mg</i>	105
<i>gm/teaspoonful</i>	150	<i>sotalol hcl tab 240 mg</i>	105
<i>sodium phenylbutyrate tab 500 mg</i>	150	<i>sotalol hcl tab 80 mg</i>	105
<i>sodium polystyrene sulfonate powder ...</i>	203	SOTYLIZE SOL 5MG/ML	105
<i>sodium polystyrene sulfonate rectal susp</i>		SOVALDI PAK 150MG.....	101
<i>30 gm/120ml</i>	203	SOVALDI PAK 200MG.....	101
<i>sodium polystyrene sulfonate susp 15</i>		SOVALDI TAB 200MG.....	101
<i>gm/60ml</i>	203	SOVALDI TAB 400MG.....	101
SOD SUL/SULF EMU 10-5%.....	120	SPACE CHAMBR MIS ANTI-STA.....	197
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>		SPACE CHAMBR MIS LARGE	197
<i>3.13-1.6 gm/177ml</i>	166	SPACE CHAMBR MIS MEDIUM	197
SOFTCLIX MIS LANCETS	179	SPACE CHAMBR MIS SMALL.....	197
SOGROYA INJ 10MG/1.5.....	149	SPEVIGO INJ 150/1ML	126
SOGROYA INJ 15MG/1.5	149	SPEVIGO INJ 300/2ML.....	126
SOGROYA INJ 5MG/1.5.....	149	<i>spinosad susp 0.9%</i>	136
<i>solifenacin succinate tab 10 mg</i>	231	SPIRIVA CAP HANDIHLR.....	39
<i>solifenacin succinate tab 5 mg</i>	231	SPIRIVA RESP AER 1.25MCG.....	39
SOLIQUA INJ 100/33.....	59	SPIRIVA RESP AER 2.5MCG	39
SOLODYN TAB 105MG.....	225	<i>spironolactone & hydrochlorothiazide tab</i>	
SOLODYN TAB 115MG.....	225	<i>25-25 mg</i>	145
SOLODYN TAB 55MG	225	<i>spironolactone susp 25 mg/5ml</i>	146
SOLODYN TAB 65MG	225	<i>spironolactone tab 100 mg</i>	146
SOLODYN TAB 80MG	225	<i>spironolactone tab 25 mg</i>	146
SOLOSEC GRA 2GM.....	10	<i>spironolactone tab 50 mg</i>	146
SOLTAMOX SOL 10MG/5ML.....	83	SPORANOX CAP 100MG	67
SOLU-CORTEF INJ 1000MG.....	117	SPORANOX SOL 10MG/ML.....	67
SOLU-CORTEF INJ 100MG	117	SPRAVATO SOL 56MG DOS	54
SOLU-CORTEF INJ 250MG.....	117	SPRAVATO SOL 84MG DOS	54
SOLU-CORTEF INJ 500MG	117	SPRIX SPR 15.75MG	19
SOLUS V2 MIS LANC 28G	179	SSS CRE 10%-5%	120
SOLUS V2 MIS LANC 30G	179	STELARA INJ 45/0.5ML	126, 127
SOLUS V2 MIS LANC DEV	179	STELARA INJ 90MG/ML	127
SOLUS V2 SOL HIGH.....	179	STENDRA TAB 100MG	111
SOLUS V2 SOL LOW	179	STENDRA TAB 200MG.....	111

STENDRA TAB 50MG	111	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
STERILANCE MIS TL 28G	179	10-5%	120
STERILANCE MIS TL 30G	179	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
STERILANCE MIS TL 32G	179	9.8-4.8%	120
STIOLTO AER 2.5-2.5	43	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>	
STIVARGA TAB 40MG	87	4.5%	120
STRATTERA CAP 100MG	7	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>	
STRATTERA CAP 10MG	6	4%	120
STRATTERA CAP 18MG.....	6	<i>sulfacetamide sodium w/ sulfur cream 10-</i>	
STRATTERA CAP 25MG.....	6	2%.....	121
STRATTERA CAP 40MG.....	6	<i>sulfacetamide sodium w/ sulfur cream 10-</i>	
STRATTERA CAP 60MG.....	7	5%	121
STRATTERA CAP 80MG.....	7	<i>sulfacetamide sodium w/ sulfur cream 9.8-</i>	
STRENSIQ INJ 18/0.45	150	4.8%	120
STRENSIQ INJ 28/0.7ML	150	<i>sulfacetamide sodium w/ sulfur emulsion</i>	
STRENSIQ INJ 40MG/ML	150	10-1%.....	121
STRENSIQ INJ 80/0.8ML.....	150	<i>sulfacetamide sodium w/ sulfur foam 10-</i>	
STRIVERDI AER 2.5MCG.....	43	5%	121
STROMECTOL TAB 3MG	32	<i>sulfacetamide sodium w/ sulfur lotion 10-</i>	
SUBOXONE MIS 12-3MG	31	5%	121
SUBOXONE MIS 2-0.5MG	30	<i>sulfacetamide sodium w/ sulfur lotion 9.8-</i>	
SUBOXONE MIS 4-1MG.....	30	4.8%	121
SUBOXONE MIS 8-2MG.....	31	<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	
SUCCINYLCHOL INJ 20MG/ML	210	.....	121
SUCRAID SOL 8500/ML.....	145	<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	
<i>sucralfate susp 1 gm/10ml</i>	228	.....	121
<i>sucralfate tab 1 gm</i>	228	SULFACLEANSE SUS 8-4%	121
SULAR TAB 17MG ER	107	<i>sulfadiazine tab 500 mg</i>	224
SULAR TAB 34MG ER	107	<i>sulfamethoxazole-trimethoprim susp 200-</i>	
SULAR TAB 8.5MG ER	107	40 mg/5ml.....	33
<i>sulconazole nitrate cream 1%</i>	123	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>sulconazole nitrate solution 1%</i>	123	mg.....	33
<i>sulfacetamide sodium cleansing gel 10%</i>		<i>sulfamethoxazole-trimethoprim tab 800-</i>	
.....	128	160 mg	33
<i>sulfacetamide sodium liquid 10%</i>	128	SULFAMEZ EMU 10-1%.....	121
<i>sulfacetamide sodium lotion 10% (acne)</i>	120	SULFAMYLON CRE 85MG/GM	129
<i>sulfacetamide sodium ophth oint 10%</i>	212	<i>sulfasalazine tab 500 mg</i>	157
<i>sulfacetamide sodium ophth soln 10%</i>	212	<i>sulfasalazine tab delayed release 500 mg</i>	
<i>sulfacetamide sodium-prednisolone ophth</i>		.....	157
<i>soln 10-0.23(0.25)%</i>	214	SULF LIME SOL	136
<i>sulfacetamide sodium shampoo 10%</i>	128	<i>sulindac tab 150 mg</i>	19
<i>sulfacetamide sodium shampoo 9.8%</i>	128	<i>sulindac tab 200 mg</i>	19
<i>sulfacetamide sodium w/ sulfur cleanser</i>		SUMADAN WASH LIQ 9-4.5%	121
10-2%	120		

<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	198	SURE COMFORT MIS LANC 30G.....	180
<i>sumatriptan nasal spray 20 mg/act</i>	199	SURE COMFORT MIS LANCETS.....	180
<i>sumatriptan nasal spray 5 mg/act</i>	199	SURE COMFORT MIS LANC PEN.....	180
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	199	SUREFLEX MIS LANCETS.....	180
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	200	SURELITE MIS LANCETS.....	180
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	200	SYMBICORT AER 160-4.5.....	43
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	200	SYMBICORT AER 80-4.5.....	43
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	200	SYMBYAX CAP 3-25MG.....	219
<i>sumatriptan succinate tab 100 mg</i>	200	SYMBYAX CAP 6-25MG.....	219
<i>sumatriptan succinate tab 25 mg</i>	200	SYMDEKO TAB 100-150.....	224
<i>sumatriptan succinate tab 50 mg</i>	200	SYMDEKO TAB 50-75MG.....	223
SUMAXIN PAD 10-4%.....	121	SYMFI LO TAB.....	100
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	87	SYMFI TAB.....	100
<i>sunitinib malate cap 25 mg (base equivalent)</i>	87	SYMLINPEN 60 INJ 1000MCG.....	58
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	87	SYMLNPEN 120 INJ 1000MCG.....	58
<i>sunitinib malate cap 50 mg (base equivalent)</i>	87	SYMPROIC TAB 0.2MG.....	158
SUNOSI TAB 150MG.....	7	SYMTUZA TAB.....	100
SUNOSI TAB 75MG.....	7	SYNALAR CRE 0.025%.....	132
SUPER THIN MIS LANC 28G.....	179	SYNALAR OIN 0.025%.....	132
SUPER THIN MIS LANCETS.....	179	SYNAREL SOL 2MG/ML.....	149
SUPREME II LIQ HIGH/LOW.....	179	SYNJARDY TAB.....	59
SUPREME TES.....	144	SYNJARDY TAB 12.5-500.....	59
SUPREP BOWEL SOL PREP KIT.....	166	SYNJARDY TAB 5-1000MG.....	59
SURE COMFORT MIS 0.5/31G.....	193	SYNJARDY TAB 5-500MG.....	59
SURE COMFORT MIS 29GX1/2.....	193	SYNJARDY XR TAB.....	59
SURE COMFORT MIS 30GX5/16.....	193	SYNJARDY XR TAB 10-1000.....	59
SURE COMFORT MIS 31GX1/4.....	193	SYNJARDY XR TAB 25-1000.....	60
SURE COMFORT MIS 31GX3/16.....	193	SYNJARDY XR TAB 5-1000MG.....	59
SURE COMFORT MIS 31GX5/16.....	193	SYNTHROID TAB 100MCG.....	226
SURE COMFORT MIS 31GX6MM.....	193	SYNTHROID TAB 112MCG.....	226
SURE COMFORT MIS 32GX5/32.....	193	SYNTHROID TAB 125MCG.....	226
SURE COMFORT MIS 32GX6MM.....	193	SYNTHROID TAB 137MCG.....	226
SURE COMFORT MIS LANC 18G.....	179	SYNTHROID TAB 150MCG.....	226
SURE COMFORT MIS LANC 21G.....	179	SYNTHROID TAB 175MCG.....	226
SURE COMFORT MIS LANC 23G.....	179	SYNTHROID TAB 200MCG.....	226
		SYNTHROID TAB 25MCG.....	226
		SYNTHROID TAB 300MCG.....	226
		SYNTHROID TAB 50MCG.....	226
		SYNTHROID TAB 75MCG.....	226
		SYNTHROID TAB 88MCG.....	226
		SYRG/NDL 3ML MIS 22G X 1.....	193
		SYRG/NDL 3ML MIS 25GX5/8.....	193
		SYRG/NEEDLE MIS 29GX12.5.....	193
		SYRG/NEEDLE MIS 31GX8MM.....	193

SYRINGE BARR MIS LUER 1ML.....	193	TAPENTADOL TAB 100MG ER	28
SYRINGE BARR MIS LUER 3ML	193	TAPENTADOL TAB 150MG ER	28
SYRINGE BARR MIS UNI 3ML	193	TAPENTADOL TAB 200MG ER	28
SYRINGE LUER MIS -LOK 1ML.....	193	TAPENTADOL TAB 250MG ER.....	28
SYRINGE MIS 0.5/30G.....	193	TAPENTADOL TAB 50MG ER.....	28
T		TARCEVA TAB 100MG	82
TABLOID TAB 40MG	81	TARON-C DHA CAP	207
TACHOSIL PAD 4.8X4.8	164	<i>tasimelteon capsule 20 mg</i>	166
TACHOSIL PAD 9.5X4.8	164	TASMAR TAB 100MG	89
TACLONEX SUS	132	<i>tavaborole soln 5%</i>	123
<i>tacrolimus cap 0.5 mg</i>	203	TAVNEOS CAP 10MG	161
<i>tacrolimus cap 1 mg</i>	203	TAYTULLA CAP 1MG/20MC.....	115
<i>tacrolimus cap 5 mg</i>	203	<i>tazarotene cream 0.05%</i>	127
<i>tacrolimus oint 0.03%</i>	134	<i>tazarotene cream 0.1%</i>	127
<i>tacrolimus oint 0.1%</i>	134	<i>tazarotene gel 0.05%</i>	127
<i>tadalafil tab 10 mg</i>	111	<i>tazarotene gel 0.1%</i>	127
<i>tadalafil tab 2.5 mg</i>	111	TAZORAC CRE 0.05%.....	127
<i>tadalafil tab 20 mg</i>	111	TAZORAC CRE 0.1%.....	127
<i>tadalafil tab 20 mg (pah)</i>	113	TAZORAC GEL 0.05%.....	127
<i>tadalafil tab 5 mg</i>	111	TAZORAC GEL 0.1%	127
TADLIQ SUS 20MG/5ML.....	113	TB SYRINGE MIS 0.5/28G.....	194
TAFINLAR CAP 50MG	87	TECHLITE AST MIS LANCETS	180
TAFINLAR CAP 75MG	87	TECHLITE MIS LANC 26G	180
TAFINLAR TAB 10MG	87	TECHLITE MIS LANCETS	180
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	215	TEGRETOL SUS 100/5ML	50
TAGRISSE TAB 40MG.....	82	TEGRETOL TAB 200MG.....	50
TAGRISSE TAB 80MG.....	82	TEGRETOL-XR TAB 100MG.....	50
TAI DOC SOL NORM CON	180	TEGRETOL-XR TAB 200MG	50
TAKHZYRO INJ 150MG/ML.....	161	TEGRETOL-XR TAB 400MG.....	50
TAKHZYRO INJ 300/2ML	162	TEGSEDI INJ 284/1.5	223
TALICIA CAP	230	TEKTURNA TAB 150MG	78
TAMIFLU CAP 30MG	102	TEKTURNA TAB 300MG	78
TAMIFLU CAP 45MG	102	<i>telmisartan-amlodipine tab 40-10 mg</i>	78
TAMIFLU CAP 75MG.....	102	<i>telmisartan-amlodipine tab 40-5 mg</i>	78
TAMIFLU SUS 6MG/ML.....	102	<i>telmisartan-amlodipine tab 80-10 mg</i>	78
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	83	<i>telmisartan-amlodipine tab 80-5 mg</i>	78
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	83	<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	78
<i>tamsulosin hcl cap 0.4 mg</i>	160	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	78
<i>tapentadol hcl tab 100 mg</i>	28	<i>telmisartan-hydrochlorothiazide tab 80-25</i> <i>mg</i>	78
<i>tapentadol hcl tab 50 mg</i>	28	<i>telmisartan tab 20 mg</i>	74
<i>tapentadol hcl tab 75 mg</i>	28	<i>telmisartan tab 40 mg</i>	74

<i>telmisartan tab 80 mg</i>	74	<i>testosterone td gel 20.25 mg/1.25gm</i> (1.62%).....	31
<i>temazepam cap 15 mg</i>	165	<i>testosterone td gel 20.25 mg/act (1.62%)</i>	31
<i>temazepam cap 22.5 mg</i>	165	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	31
<i>temazepam cap 30 mg</i>	165	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	31
<i>temazepam cap 7.5 mg</i>	165	<i>testosterone td gel 50 mg/5gm (1%)</i>	31
TEMBEXA SUS 10MG/ML.....	103	<i>testosterone td soln 30 mg/act</i>	31
TEMBEXA TAB 100MG	103	<i>tetrabenazine tab 12.5 mg</i>	220
<i>temozolomide cap 100 mg</i>	80	<i>tetrabenazine tab 25 mg</i>	220
<i>temozolomide cap 140 mg</i>	80	<i>tetracaine hcl ophth soln 0.5%</i>	213
<i>temozolomide cap 180 mg</i>	80	TETRACAINE SOL 0.5% OP	213
<i>temozolomide cap 20 mg</i>	80	<i>tetracycline hcl cap 250 mg</i>	225
<i>temozolomide cap 250 mg</i>	80	<i>tetracycline hcl cap 500 mg</i>	225
<i>temozolomide cap 5 mg</i>	80	TEZSPIRE INJ 210MG	38
<i>tenofovir disoproxil fumarate tab 300 mg</i>	100	TGT LANCET MIS 26G	180
TENORETIC TAB 100	78	TGT LANCET MIS 30G.....	180
TENORETIC TAB 50.....	78	TGT LANCET MIS 33G	180
TENORMIN TAB 100MG.....	104	TGT LANCING MIS DEVICE	180
TENORMIN TAB 25MG.....	104	THALOMID CAP 100MG.....	201
TENORMIN TAB 50MG.....	104	THALOMID CAP 50MG.....	201
<i>terazosin hcl cap 10 mg (base equivalent)</i>	74	THEO-24 CAP 100MG CR	43
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..	74	THEO-24 CAP 200MG CR	43
<i>terazosin hcl cap 2 mg (base equivalent)</i> .	74	THEO-24 CAP 300MG CR	43
<i>terazosin hcl cap 5 mg (base equivalent)</i> .	74	THEO-24 CAP 400MG ER.....	43
<i>terbinafine hcl tab 250 mg</i>	66	<i>theophylline elixir 80 mg/15ml</i>	43
<i>terbutaline sulfate tab 2.5 mg</i>	43	<i>theophylline soln 80 mg/15ml</i>	43
<i>terbutaline sulfate tab 5 mg</i>	43	<i>theophylline tab er 12hr 100 mg</i>	43
<i>terconazole vaginal cream 0.4%</i>	232	<i>theophylline tab er 12hr 200 mg</i>	43
<i>terconazole vaginal cream 0.8%</i>	232	<i>theophylline tab er 12hr 300 mg</i>	43
<i>terconazole vaginal suppos 80 mg</i>	232	<i>theophylline tab er 12hr 450 mg</i>	43
<i>teriflunomide tab 14 mg</i>	222	<i>theophylline tab er 24hr 400 mg</i>	43
<i>teriflunomide tab 7 mg</i>	222	<i>theophylline tab er 24hr 600 mg</i>	43
TERIPARATIDE INJ 560/2.24	147	THIN LANCETS MIS 26G	180
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	147	THIN LANCETS MIS 30G.....	180
TESTIM GEL 1%(50MG)	31	THINLETS GP MIS 26G.....	180
<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	31	<i>thioridazine hcl tab 100 mg</i>	97
<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	31	<i>thioridazine hcl tab 10 mg</i>	97
<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	31	<i>thioridazine hcl tab 25 mg</i>	97
<i>testosterone td gel 10mg/act (2%)</i>	31	<i>thioridazine hcl tab 50 mg</i>	97
<i>testosterone td gel 12.5 mg/act (1%)</i>	31	<i>thiothixene cap 10 mg</i>	98
		<i>thiothixene cap 1 mg</i>	98
		<i>thiothixene cap 2 mg</i>	98
		<i>thiothixene cap 5 mg</i>	98

THRIVITE RX TAB 29-1MG.....	207	TIROSINT CAP 13MCG.....	226
<i>tiagabine hcl tab 12 mg</i>	52	TIROSINT CAP 150MCG.....	226
<i>tiagabine hcl tab 16 mg</i>	52	TIROSINT CAP 175MCG.....	226
<i>tiagabine hcl tab 2 mg</i>	52	TIROSINT CAP 200MCG.....	226
<i>tiagabine hcl tab 4 mg</i>	52	TIROSINT CAP 25MCG.....	226
TIAZAC CAP 120MG/24.....	107	TIROSINT CAP 37.5MCG.....	226
TIAZAC CAP 180MG/24.....	107	TIROSINT CAP 44MCG.....	226
TIAZAC CAP 240MG/24.....	107	TIROSINT CAP 50MCG.....	226
TIAZAC CAP 300MG/24.....	107	TIROSINT CAP 62.5MCG.....	226
TIAZAC CAP 360MG/24.....	107	TIROSINT CAP 75MCG.....	226
TIAZAC CAP 420MG/24.....	107	TIROSINT CAP 88MCG.....	226
TIBSOVO TAB 250MG.....	87	TIROSINT-SOL SOL 100MCG.....	227
<i>ticagrelor tab 60 mg</i>	162	TIROSINT-SOL SOL 112MCG.....	227
<i>ticagrelor tab 90 mg</i>	162	TIROSINT-SOL SOL 125MCG.....	227
TIER UNI PLS MIS 31GX8MM.....	195	TIROSINT-SOL SOL 137MCG.....	227
TIKOSYN CAP 125MCG.....	38	TIROSINT-SOL SOL 13MCG/ML.....	226
TIKOSYN CAP 250MCG.....	38	TIROSINT-SOL SOL 150MCG.....	227
TIKOSYN CAP 500MCG.....	38	TIROSINT-SOL SOL 175MCG.....	227
<i>timolol maleate ophth gel forming soln</i>		TIROSINT-SOL SOL 200MCG.....	227
0.25%.....	211	TIROSINT-SOL SOL 25MCG/ML.....	226
<i>timolol maleate ophth gel forming soln</i>		TIROSINT-SOL SOL 37.5/ML.....	226
0.5%.....	211	TIROSINT-SOL SOL 44MCG/ML.....	226
<i>timolol maleate ophth soln 0.25%</i>	211	TIROSINT-SOL SOL 50MCG/ML.....	227
<i>timolol maleate ophth soln 0.5%</i>	211	TIROSINT-SOL SOL 62.5/ML.....	227
<i>timolol maleate ophth soln 0.5% (once-</i>		TIROSINT-SOL SOL 75MCG/ML.....	227
<i>daily)</i>	211	TIROSINT-SOL SOL 88MCG/ML.....	227
<i>timolol maleate preservative free ophth soln</i>		TISSEEL KIT 10ML.....	164
0.25%.....	211	TISSEEL KIT 2ML.....	164
<i>timolol maleate preservative free ophth soln</i>		TISSEEL KIT 4ML.....	164
0.5%.....	211	TISSEEL SOL 10ML.....	164
<i>timolol maleate tab 10 mg</i>	105	TISSEEL SOL 2ML.....	164
<i>timolol maleate tab 20 mg</i>	105	TISSEEL SOL 4ML.....	164
<i>timolol maleate tab 5 mg</i>	105	TIVICAY PD TAB 5MG.....	100
TIMOPTIC OCU SOL 0.25% OP.....	211	TIVICAY TAB 50MG.....	100
TIMOPTIC OCU SOL 0.5% OP.....	211	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	208
<i>tinidazole tab 250 mg</i>	33	.....	208
<i>tinidazole tab 500 mg</i>	33	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	208
<i>tiopronin tab 100 mg</i>	160	.....	208
<i>tiopronin tab delayed release 100 mg</i>	160	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	208
<i>tiopronin tab delayed release 300 mg</i>	160	.....	208
TIROSINT CAP 100MCG.....	226	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	208
TIROSINT CAP 112MCG.....	226	.....	208
TIROSINT CAP 125MCG.....	226	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	208
TIROSINT CAP 137MCG.....	226	.....	208

TOBRA/VANCO SOL 1-2.5%	212	<i>topiramate cap er 24hr sprinkle 200 mg ...</i>	51
TOBRADEX OIN 0.3-0.1%.....	214	<i>topiramate cap er 24hr sprinkle 25 mg</i>	51
TOBRADEX ST SUS 0.3-0.05	214	<i>topiramate cap er 24hr sprinkle 50 mg</i>	51
<i>tobramycin-dexamethasone ophth susp</i>		<i>topiramate oral soln 25 mg/ml.....</i>	51
0.3-0.1%	214	<i>topiramate sprinkle cap 15 mg</i>	51
<i>tobramycin nebu soln 300 mg/4ml</i>	10	<i>topiramate sprinkle cap 25 mg</i>	51
<i>tobramycin nebu soln 300 mg/5ml</i>	10	<i>topiramate sprinkle cap 50 mg</i>	51
<i>tobramycin ophth soln 0.3%</i>	212	<i>topiramate tab 100 mg</i>	51
TOBEX OIN 0.3% OP	212	<i>topiramate tab 200 mg</i>	51
<i>tolcapone tab 100 mg</i>	89	<i>topiramate tab 25 mg</i>	51
<i>tolmetin sodium tab 600 mg</i>	19	<i>topiramate tab 50 mg</i>	51
<i>tolterodine tartrate cap er 24hr 2 mg</i>	231	TOPROL XL TAB 100MG	104
<i>tolterodine tartrate cap er 24hr 4 mg</i>	231	TOPROL XL TAB 200MG.....	104
<i>tolterodine tartrate tab 1 mg.....</i>	231	TOPROL XL TAB 25MG	104
<i>tolterodine tartrate tab 2 mg</i>	231	TOPROL XL TAB 50MG	104
<i>tolvaptan (hyponatremia) tab 15 mg</i>	152	<i>toremifene citrate tab 60 mg (base</i>	
<i>tolvaptan (hyponatremia) tab 30 mg</i>	152	<i>equivalent).....</i>	83
<i>tolvaptan tab 15 mg</i>	152	<i>toremide tab 100 mg</i>	146
<i>tolvaptan tab 30 mg</i>	152	<i>toremide tab 10 mg</i>	146
<i>tolvaptan tab therapy pack 15 mg</i>	152	<i>toremide tab 20 mg.....</i>	146
<i>tolvaptan tab therapy pack 30 & 15 mg ...</i>	152	<i>toremide tab 5 mg</i>	146
<i>tolvaptan tab therapy pack 45 & 15 mg ...</i>	152	TOSYMRA SOL 10MG	200
<i>tolvaptan tab therapy pack 60 & 30 mg ..</i>	152	TOUJEO MAX INJ 300/ML	63
<i>tolvaptan tab therapy pack 90 & 30 mg ..</i>	152	TOUJEO SOLO INJ 300/ML	63
TOOMEY SYRIN MIS 70ML	195	TOVIAZ TAB 4MG	231
TOPAMAX SPR CAP 15MG.....	50	TOVIAZ TAB 8MG	231
TOPAMAX SPR CAP 25MG	50	TPOXX CAP 200MG.....	103
TOPAMAX TAB 100MG.....	50	TRADJENTA TAB 5MG	61
TOPAMAX TAB 200MG	50	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	
TOPAMAX TAB 25MG.....	50	.....	29
TOPAMAX TAB 50MG.....	50	<i>tramadol hcl cap er 24hr biphasic release</i>	
TOPCARE MIS LANC 33G	180	<i>100 mg</i>	28
TOPICORT CRE 0.05%	132	<i>tramadol hcl cap er 24hr biphasic release</i>	
TOPICORT CRE 0.25%.....	132	<i>200 mg.....</i>	28
TOPICORT GEL 0.05%.....	132	<i>tramadol hcl cap er 24hr biphasic release</i>	
TOPICORT OIN 0.05%	132	<i>300 mg.....</i>	28
TOPICORT OIN 0.25%	132	<i>tramadol hcl oral soln 5 mg/ml</i>	28
TOPICORT SPR 0.25%.....	132	<i>tramadol hcl tab 100 mg</i>	28
<i>topiramate cap er 24hr 100 mg.....</i>	51	<i>tramadol hcl tab 50 mg</i>	28
<i>topiramate cap er 24hr 200 mg</i>	51	<i>tramadol hcl tab er 24hr 100 mg</i>	28
<i>topiramate cap er 24hr 25 mg.....</i>	50	<i>tramadol hcl tab er 24hr 200 mg</i>	28
<i>topiramate cap er 24hr 50 mg</i>	51	<i>tramadol hcl tab er 24hr 300 mg</i>	28
<i>topiramate cap er 24hr sprinkle 100 mg</i>	51	<i>tramadol hcl tab er 24hr biphasic release</i>	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	51	<i>100 mg</i>	28

<i>tramadol hcl tab er 24hr biphasic release</i>		TREXALL TAB 10MG.....	81
200 mg.....	28	TREXALL TAB 15MG.....	81
<i>tramadol hcl tab er 24hr biphasic release</i>		TREXALL TAB 5MG.....	81
300 mg.....	28	TREXALL TAB 7.5MG.....	81
<i>trandolapril tab 1 mg</i>	72	TREXIMET TAB 85-500MG.....	198
<i>trandolapril tab 2 mg</i>	72	<i>triamcinolone acetoneide aerosol soln 0.147</i>	
<i>trandolapril tab 4 mg</i>	72	mg/gm.....	132
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>		<i>triamcinolone acetoneide cream 0.025%</i>	132
.....	78	<i>triamcinolone acetoneide cream 0.1%</i>	132
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>		<i>triamcinolone acetoneide cream 0.5%</i>	132
.....	78	<i>triamcinolone acetoneide dental paste 0.1%</i>	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>		.....	204
.....	78	<i>triamcinolone acetoneide lotion 0.025%</i> ..	132
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>		<i>triamcinolone acetoneide lotion 0.1%</i>	132
.....	78	<i>triamcinolone acetoneide oint 0.025%</i>	132
<i>tranexamic acid tab 650 mg</i>	164	<i>triamcinolone acetoneide oint 0.05%</i>	132
TRANSDERM-SC DIS 1MG/3DAY.....	66	<i>triamcinolone acetoneide oint 0.1%</i>	132
<i>tranylcypromine sulfate tab 10 mg</i>	54	<i>triamcinolone acetoneide oint 0.5%</i>	132
TRAVATAN Z DRO 0.004%.....	215	<i>triamterene & hydrochlorothiazide cap</i>	
TRAVEL LANCE MIS ADV 28G	180	37.5-25 mg	145
<i>travoprost ophth soln 0.004%</i>		<i>triamterene & hydrochlorothiazide tab 37.5-</i>	
<i>(benzalkonium free) (bak free)</i>	215	25 mg.....	145
<i>trazodone hcl tab 100 mg</i>	55	<i>triamterene & hydrochlorothiazide tab 75-</i>	
<i>trazodone hcl tab 150 mg</i>	55	50 mg	145
<i>trazodone hcl tab 300 mg</i>	55	<i>triamterene cap 100 mg</i>	146
<i>trazodone hcl tab 50 mg</i>	55	<i>triamterene cap 50 mg</i>	146
TRECTOR TAB 250MG	80	<i>triazolam tab 0.125 mg</i>	165
TRELEGY AER 100MCG.....	43	<i>triazolam tab 0.25 mg</i>	165
TRELEGY AER 200MCG.....	43	TRIBENZOR TAB	78
TREMFYA INJ 100MG/ML.....	127	TRICARE TAB PRENATAL	207
TREMFYA INJ 200/2ML	157	TRICITRATES SOL	159
TRESIBA FLEX INJ 100UNIT	63	TRICOR TAB 145MG	69
TRESIBA FLEX INJ 200UNIT.....	63	TRICOR TAB 48MG.....	69
TRESIBA INJ 100UNIT	63	<i>trientine hcl cap 250 mg</i>	201
<i>tretinoin cap 10 mg</i>	88	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>tretinoin cream 0.025%</i>	121	<i>equivalent)</i>	97
<i>tretinoin cream 0.05%</i>	121	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>tretinoin cream 0.1%</i>	121	<i>equivalent)</i>	97
<i>tretinoin gel 0.01%</i>	121	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>tretinoin gel 0.025%</i>	121	<i>equivalent)</i>	97
<i>tretinoin gel 0.05%</i>	121	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>tretinoin microsphere gel 0.04%</i>	121	<i>equivalent)</i>	97
<i>tretinoin microsphere gel 0.08%</i>	121	<i>trifluridine ophth soln 1%</i>	213
<i>tretinoin microsphere gel 0.1%</i>	121	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ...	89

<i>trihexyphenidyl hcl tab 2 mg</i>	89	TRUE METRIX TES GLUCOSE	144
<i>trihexyphenidyl hcl tab 5 mg</i>	89	TRUETEST TES.....	144
TRIJARDY XR TAB	60	TRUETRACK TES	144
TRIKAFTA PAK 59.5MG	224	TRUETRACK TES STRIPS	144
TRIKAFTA PAK 75MG	224	TRULANCE TAB 3MG.....	155
TRIKAFTA TAB	224	TRULICITY INJ 0.75/0.5.....	62
TRILEPTAL SUS 300/5ML	51	TRULICITY INJ 1.5/0.5.....	62
TRILEPTAL TAB 150MG	51	TRULICITY INJ 3/0.5	62
TRILEPTAL TAB 300MG	51	TRULICITY INJ 4.5/0.5.....	62
TRILEPTAL TAB 600MG	51	TRU METRIX TES STRIPS	144
TRILIPIX CAP 135MG.....	69	TRUPLUS LANC MIS 26G.....	180
TRILIPIX CAP 45MG	69	TRUPLUS LANC MIS 28G.....	180
<i>trimethobenzamide hcl cap 300 mg</i>	66	TRUPLUS LANC MIS 30G.....	180
<i>trimethoprim tab 100 mg</i>	33	TRUPLUS LANC MIS 33G.....	180
<i>trimipramine maleate cap 100 mg</i>	58	TRUQAP PAK 160MG.....	87
<i>trimipramine maleate cap 25 mg</i>	58	TRUQAP PAK 200MG.....	87
<i>trimipramine maleate cap 50 mg</i>	58	TRUQAP TAB 160MG.....	87
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TRINATE TAB	207	TRUZONE PEAK MIS FLOW MTR.....	197
TRINTELLIX TAB 10MG	56	TUDORZA PRES AER 400/ACT.....	39
TRINTELLIX TAB 20MG.....	56	TUKYSA TAB 150MG	82
TRINTELLIX TAB 5MG.....	56	TUKYSA TAB 50MG.....	82
TRISTART DHA CAP	207	TURALIO CAP 125MG.....	88
TRIUMEQ PD TAB	100	TURPENTINE SOL SPIRITS.....	134
TRIUMEQ TAB.....	100	TWIIST KIT REFILL	180
TRIVIX KIT	132	TWIIST KIT STARTER.....	180
TROGARZO INJ 150MG/ML	100	TWIIST REFIL KIT INFUSION.....	180
TROKENDI XR CAP 100MG	51	TWIST LANCET MIS 30G	180
TROKENDI XR CAP 200MG	51	TWIST LANCET MIS 30G MULT	180
TROKENDI XR CAP 25MG	51	TWYNEO CRE 0.1-3%	121
TROKENDI XR CAP 50MG.....	51	TYBOST TAB 150MG.....	100
TROP-CYC-PE DRO 1-1-2.5%	211	TYKERB TAB 250MG.....	88
<i>trospium chloride cap er 24hr 60 mg</i>	231	TYMLOS INJ.....	147
<i>trospium chloride tab 20 mg</i>	231	TYVASO DPI POW 16-32-48.....	112
TRUDHESA AER 0.725MG.....	198	TYVASO DPI POW 16MCG	112
TRUE COMFORT MIS 32GX4MM	195	TYVASO DPI POW 32MCG	112
TRUE COMFORT PAD PRO	183	TYVASO DPI POW 48MCG	113
TRUE COM LAN MIS SAFE 30G.....	180	TYVASO DPI POW 64MCG	113
TRUE COM LAN MIS TWST 30G	180	TYVASO DPI POW 80MCG	113
TRUEDRAW MIS LANC DEV	180	TYVASO DPI POW INST KIT	113
TRUE FOCUS MIS BLOOD	144	TYVASO DPI POW MAIN KIT	113
TRUE METRIX SOL LEVEL 1.....	180	TYVASO RF KT SOL 0.6MG/ML.....	113
TRUE METRIX SOL LEVEL 2.....	180	TYVASO SOL 0.6MG/ML	113
TRUE METRIX SOL LEVEL 3.....	180	TYVASO ST KT SOL 0.6MG/ML.....	113

U	
UBRELVY TAB 100MG	198
UBRELVY TAB 50MG	198
UCERIS AER 2MG/ACT	32
UCERIS TAB 9MG	117
ULORIC TAB 40MG	161
ULORIC TAB 80MG	161
ULTICARE MIC MIS 32GX4MM	195
ULTICARE MIS 30GX3/16	195
ULTICARE MIS 30GX5/16	195
ULTICARE PAD ALCOHOL	183
ULTICARE PEN MIS 31GX5MM	195
ULTICARE PEN MIS 31GX6MM	195
ULTICARE PEN MIS 31GX8MM	195
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ULTIGUARD MIS 31GX6MM	195
ULTIGUARD MIS 31GX8MM	195
ULTIGUARD MIS 32GX4MM	195
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ULTI-LANCE MIS CLR TIP	180
ULTILET MIS 26G	180
ULTILET MIS 28G	180
ULTILET MIS 30G	180
ULTILET MIS 33G	180
ULTILET MIS LANCETS	180
ULTILET MIS SAFETY	180
ULTILET PAD ALCOHOL	183
ULTILET PEN MIS 29GX12.7	195
ULTILET PEN MIS 31GX5MM	195
ULTILET PEN MIS 31GX8MM	195
ULTILET PEN MIS 32GX4MM	195
ULTILET SAFE MIS 21G	180
ULTRA FLO MIS 31GX5MM	195
ULTRA FLO MIS 31GX8MM	195
ULTRA FLO MIS PEN NEED	195
ULTRASAL-ER SOL 28.5%	134
ULTRA THIN MIS 28G	180
ULTRA THIN MIS 30G	180
ULTRA THIN MIS 31G	180
ULTRA THIN MIS 33G	181
ULTRA THIN MIS LAN 31G	181
ULTRA THIN MIS LANC 28G	181
ULTRA THIN MIS LANC 30G	181
ULTRA THIN MIS LANCETS	181
ULTRAVATE LOT 0.05%	132
UNIFINE PLUS MIS 31GX1/4	195
UNIFINE PLUS MIS 31GX3/16	195
UNIFINE PLUS MIS 31GX5/16	195
UNIFINE PLUS MIS 32GX5/32	195
UNIFINE PLUS MIS 33GX5/32	195
UNIFINE PNTP MIS 29GX12MM	195
UNIFINE PNTP MIS 30GX3/16	195
UNIFINE PNTP MIS 31GX3/16	195
UNIFINE PNTP MIS 31GX5/16	195
UNIFINE PNTP MIS 31GX5MM	195
UNIFINE PNTP MIS 31GX6MM	196
UNIFINE PNTP MIS 31GX8MM	196
UNIFINE PNTP MIS 32GX4MM	196
UNIFINE PNTP MIS 32GX5/32	196
UNIFINE PNTP MIS 32GX6MM	196
UNIFINE PNTP MIS 33GX4MM	196
UNIFINE PROT MIS 30GX5MM	196
UNIFINE PROT MIS 30GX8MM	196
UNIFINE PROT MIS 32GX4MM	196
UNIFINE SAFE MIS 31GX5MM	196
UNIFINE SAFE MIS 31GX6MM	196
UNIFINE SAFE MIS 31GX8MM	196
UNIFINE SAFE MIS 32GX4MM	196
UNIFINE ULTR MIS 31GX5MM	196
UNIFINE ULTR MIS 31GX6MM	196
UNIFINE ULTR MIS 31GX8MM	196
UNIFINE ULTR MIS 32GX4MM	196
UNILET EXCEL MIS 23G	181
UNILET EX II MIS 28G	181
UNILET G.P. MIS 21G	181
UNILET G.P MIS SUPR 23G	181
UNILET GP 28 MIS ULT THIN	181
UNILET LANCE MIS 21G	181
UNILET LANCE MIS 28G	181
UNILET LANCE MIS 33G	181
UNILET LANC MIS 33G	181
UNILET LANCT MIS 28G	181
UNILET LANCT MIS 30G	181
UNILET LANCT MIS 33G	181
UNILET MICRO MIS 33G	181
UNILET MIS 21G	181
UNILET SUPER MIS 23G	181
UNILET SUPER MIS G.P. 23G	181

UNISTIK 1 MIS 2.4MM.....	181	<i>urea cream 40%</i>	133
UNISTIK 1 MIS 3.0MM.....	181	<i>urea cream 41%</i>	133
UNISTIK 23G MIS NORMAL.....	181	<i>urea cream 45%</i>	133
UNISTIK 2 MIS.....	181	<i>urea cream 47%</i>	133
UNISTIK 2 MIS 1.8MM.....	181	UREDEB CRE 39%	133
UNISTIK 2 MIS 2.4MM	181	URELLE TAB.....	33
UNISTIK 2 MIS COMFORT.....	181	UROCIT-K 10 TAB.....	159
UNISTIK 2 MIS EXTRA	181	UROCIT-K 15 TAB	159
UNISTIK 2 MIS NEONATAL.....	181	UROCIT-K 5 TAB.....	159
UNISTIK 2 MIS NORMAL	181	UROGESIC- TAB BLUE	33
UNISTIK 2 MIS SUPER	181	UROXATRAL TAB 10MG.....	160
UNISTIK 3 MIS 1.8MM.....	181	<i>ursodiol cap 300 mg</i>	155
UNISTIK 3 MIS COMFORT.....	181	<i>ursodiol tab 250 mg</i>	155
UNISTIK 3 MIS EXTRA	181	<i>ursodiol tab 500 mg</i>	155
UNISTIK 3 MIS GENT 30G.....	181	URSO FORTE TAB 500MG	155
UNISTIK 3 MIS NEONATAL.....	181	V	
UNISTIK 3 MIS NORMAL	181	VAGIFEM TAB 10MCG.....	232
UNISTIK CZT MIS COMFORT	181	<i>valacyclovir hcl tab 1 gm</i>	102
UNISTIK CZT MIS NORMAL.....	181	<i>valacyclovir hcl tab 500 mg</i>	102
UNISTIK PRO MIS LANC 21G.....	181	VALCHLOR GEL 0.016%.....	123
UNISTIK PRO MIS LANC 28G	181	VALCYTE SOL 50MG/ML	101
UNISTIK SAFE MIS LANC 28G.....	181	VALCYTE TAB 450MG	101
UNISTIK SAFE MIS LANC 30G.....	181	<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv)</i>	101
UNISTIK TOUC MIS LANC 21G.....	182	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	101
UNISTIK TOUC MIS LANC 23G.....	182	VALIUM TAB 10MG	37
UNISTIK TOUC MIS LANC 28G.....	182	VALIUM TAB 2MG.....	37
UNISTIK TOUC MIS LANC 30G.....	182	VALIUM TAB 5MG.....	37
UNISTRIP1 TES GENERIC	144	<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	53
UNITSTIK PRO MIS LANC 25G	182	<i>valproic acid cap 250 mg</i>	53
UNIVERSAL 1 MIS 33G	182	<i>valsartan-hydrochlorothiazide tab 160-12.5</i> <i>mg</i>	78
UNIVERSAL 1 MIS LANC 26G.....	182	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	78
UNIVERSAL 1 MIS LANC 30G.....	182	<i>valsartan-hydrochlorothiazide tab 320-12.5</i> <i>mg</i>	78
UPTRAVI PACK TAB 200/800.....	113	<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	78
UPTRAVI TAB 1000MCG	113	<i>valsartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	78
UPTRAVI TAB 1200MCG	114	<i>valsartan oral soln 4 mg/ml</i>	74
UPTRAVI TAB 1400MCG.....	114	<i>valsartan tab 160 mg</i>	74
UPTRAVI TAB 1600MCG	114		
UPTRAVI TAB 200MCG.....	113		
UPTRAVI TAB 400MCG.....	113		
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UPTRAVI TAB 800MCG.....	113		
URACIN CRE 20%.....	133		
UREA CRE 41%.....	133		
<i>urea cream 39%</i>	133		

<i>valsartan tab 320 mg</i>	74	VASOTEC TAB 10MG	72
<i>valsartan tab 40 mg</i>	74	VASOTEC TAB 2.5MG	72
<i>valsartan tab 80 mg</i>	74	VASOTEC TAB 20MG	72
VALTOCO SPR 10MG	46	VASOTEC TAB 5MG.....	72
VALTOCO SPR 15MG	46	VECAMYL TAB 2.5MG.....	78
VALTOCO SPR 20MG.....	46	VECTICAL OIN 3MCG/GM	127
VALTOCO SPR 5MG	46	VELPHORO CHW 500MG	159
VALTRESX TAB 1GM	102	VELSIPITY TAB 2MG	158
VALTRESX TAB 500MG.....	102	VELTASSA POW 16.8GM	203
VALYRA CAP	64	VELTASSA POW 1GM.....	203
VANCOCIN CAP 125MG.....	33	VELTASSA POW 25.2GM.....	203
VANCOCIN CAP 250MG.....	33	VELTASSA POW 8.4GM.....	203
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	33	VENCLEXTA TAB 100MG.....	82
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	33	VENCLEXTA TAB 10MG	82
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	33	VENCLEXTA TAB 50MG	82
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	33	VENCLEXTA TAB START PK	82
VANFLYTA TAB 17.7MG.....	88	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	57
VANFLYTA TAB 26.5MG.....	88	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	56
VANOS CRE 0.1%	132	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	56
VANOXIDE-HC LOT 5-0.5%	121	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	57
VANRAFIA TAB 0.75MG.....	159	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	57
VANTAGE LANC MIS DEVICE.....	182	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	57
<i>ardenafil hcl orally disintegrating tab 10 mg</i>	111	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	57
<i>ardenafil hcl tab 10 mg</i>	112	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	57
<i>ardenafil hcl tab 2.5 mg</i>	111	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	57
<i>ardenafil hcl tab 20 mg</i>	112	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	57
<i>ardenafil hcl tab 5 mg</i>	112	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	57
<i>arenicline tartrate tab 0.5 mg (base equiv)</i>	223	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	57
<i>arenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	223	VENTAVIS SOL 10MCG/ML	113
<i>arenicline tartrate tab 1 mg (base equiv)</i>	223	VENTAVIS SOL 20MCG/ML	113
VARUBI TAB 90MG.....	66	VENT NEEDLE MIS 18GX1.....	196
VASCEPA CAP 0.5GM.....	68	VENTOLIN HFA AER	43
VASCEPA CAP 1GM	68		
VASERETIC TAB 10-25MG.....	78		
VASOPRESSIN INJ 200/10ML.....	151		
VASOPRESSIN INJ 20UNT/ML	151		

VEOZAH TAB 45MG.....	149	VERZENIO TAB 200MG.....	88
<i>verapamil hcl cap er 24hr 100 mg</i>	107	VERZENIO TAB 50MG	88
<i>verapamil hcl cap er 24hr 120 mg</i>	107	VESICARE LS SUS 5MG/5ML	231
<i>verapamil hcl cap er 24hr 180 mg</i>	107	VESICARE TAB 10MG.....	231
<i>verapamil hcl cap er 24hr 200 mg</i>	107	VESICARE TAB 5MG	231
<i>verapamil hcl cap er 24hr 240 mg</i>	107	VEVYE DRO 0.1%	213
<i>verapamil hcl cap er 24hr 300 mg</i>	108	VFEND SUS 40MG/ML.....	67
<i>verapamil hcl cap er 24hr 360 mg</i>	108	VFEND TAB 50MG	67
<i>verapamil hcl tab 120 mg</i>	108	V-GO 20 KIT	182
<i>verapamil hcl tab 40 mg</i>	108	V-GO 30 KIT	182
<i>verapamil hcl tab 80 mg</i>	108	V-GO 40 KIT	182
<i>verapamil hcl tab er 120 mg</i>	108	VIAGRA TAB 100MG	112
<i>verapamil hcl tab er 180 mg</i>	108	VIAGRA TAB 25MG	112
<i>verapamil hcl tab er 240 mg</i>	108	VIAGRA TAB 50MG.....	112
VERASENS LIQ LEVEL 1	182	VIBERZI TAB 100MG	158
VERASENS TES.....	144	VIBERZI TAB 75MG	158
VEREGEN OIN 15%.....	121	VIBRAMYCIN SUS 25MG/5ML	225
VERELAN CAP 120MG SR	108	VICTOZA INJ 18MG/3ML	62
VERELAN CAP 180MG SR.....	108	<i>vigabatrin powd pack 500 mg</i>	52
VERELAN CAP 240MG SR	108	<i>vigabatrin tab 500 mg</i>	52
VERELAN CAP 360MG SR	108	VIGAMOX DRO 0.5%	213
VERELAN PM CAP 100MG ER	108	VIIBRYD TAB 10MG.....	56
VERELAN PM CAP 200MG ER	108	VIIBRYD TAB 20MG.....	56
VERELAN PM CAP 300MG ER	108	VIIBRYD TAB 40MG.....	56
VERIFINE LAN MIS MINI 21G.....	182	VILAMIT MB CAP 118MG.....	33
VERIFINE LAN MIS MINI 23G.....	182	<i>vilazodone hcl tab 10 mg</i>	56
VERIFINE LAN MIS MINI 28G.....	182	<i>vilazodone hcl tab 20 mg</i>	56
VERIFINE LAN MIS MINI 30G.....	182	<i>vilazodone hcl tab 40 mg</i>	56
VERIFINE MIS UNIV 28G.....	182	VILEVEV MB TAB 81MG.....	33
VERIFINE MIS UNIV 30G.....	182	VIMOVO TAB 375-20MG.....	19
VERIFINE MIS UNIV 33G.....	182	VIMOVO TAB 500-20MG	19
VERIFINE PEN MIS 29GX12MM	196	VIMPAT SOL 10MG/ML	51
VERIFINE PEN MIS 31GX5MM	196	VIMPAT TAB 100MG	51
VERIFINE PEN MIS 31GX8MM	196	VIMPAT TAB 150MG	51
VERIFINE PEN MIS 32GX4MM	196	VIMPAT TAB 200MG.....	51
VERIFINE PEN MIS 32GX6MM.....	196	VIMPAT TAB 50MG.....	51
VERISAFE MIS 23GX1.5.....	196	VINATE DHA CAP 27-1.13	207
VERISAFE MIS 25GX1.....	196	VIOKACE TAB 10440	145
VERQUVO TAB 10MG	114	VIOKACE TAB 20880.....	145
VERQUVO TAB 2.5MG.....	114	VIRASAL LIQ 27.5%	134
VERQUVO TAB 5MG	114	VIREAD POW 40MG/GM	100
VERSACLOZ SUS 50MG/ML.....	96	VIREAD TAB 150MG.....	100
VERZENIO TAB 100MG	88	VIREAD TAB 200MG.....	100
VERZENIO TAB 150MG.....	88	VIREAD TAB 250MG.....	100

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VISTOGARD PAK 10GM	65	VORTEX VALVD MIS CHAMBER	197
VITAFOL CAP ULTRA	207	VORTEX VALVE MIS CHAMBER.....	197
VITAFOL CHW GUMMIES.....	207	VOSEVI TAB	102
VITAFOL FE+ CAP.....	207	VOWST CAP.....	158
VITAFOL-NANO TAB.....	207	VOXZOGO INJ 0.4MG	151
VITAFOL-OB PAK +DHA.....	207	VOXZOGO INJ 0.56MG	151
VITAFOL-OB TAB 65-1MG.....	207	VOXZOGO INJ 1.2MG.....	151
VITAFOL-ONE CAP.....	207	VRAYLAR CAP 0.5MG.....	92
VITAFOL STRP MIS 1MG	207	VRAYLAR CAP 0.75MG.....	92
VITALARA TAB.....	207	VRAYLAR CAP 1.5MG.....	92
VITAMED MD CAP ONE RX.....	207	VRAYLAR CAP 3MG	92
VITAPEARL CAP	207	VRAYLAR CAP 4.5MG	92
VITATHELY TAB.....	207	VRAYLAR CAP 6MG	92
VITATRUE MIS.....	207	VTAMA CRE 1%.....	127
VITRAKVI CAP 100MG	88	VUMERITY CAP 231MG.....	222
VITRAKVI CAP 25MG	88	VUSION OIN.....	123
VITRAKVI SOL 20MG/ML	88	VYBRIQUE MIS 100MG	112
VIVAGUARD LIQ CONTROL	182	VYBRIQUE MIS 25MG	112
VIVAGUARD MIS 28G	182	VYBRIQUE MIS 50MG.....	112
VIVAGUARD MIS 30G	182	VYBRIQUE MIS 75MG	112
VIVAGUARD MIS LANCING.....	182	VYNDAMAX CAP 61MG	114
VIVAGUARD TES INO.....	144	VYTORIN CRE 1-1.9%	123
VIVELLE-DOT DIS 0.025MG	155	VYTORIN TAB 10-10MG	68
VIVELLE-DOT DIS 0.0375MG	155	VYTORIN TAB 10-20MG.....	68
VIVELLE-DOT DIS 0.05MG	154	VYTORIN TAB 10-40MG	68
VIVELLE-DOT DIS 0.075MG	155	VYTORIN TAB 10-80MG	68
VIVELLE-DOT DIS 0.1MG.....	154	VYVANSE CAP 10MG.....	4
VIVITROL INJ 380MG.....	65	VYVANSE CAP 20MG	4
VIVJOA CAP 150MG	67	VYVANSE CAP 30MG.....	4
VOGELXO GEL 1%(50MG).....	31	VYVANSE CAP 40MG.....	4
VOGELXO GEL PUMP 1%.....	31	VYVANSE CAP 50MG.....	4
VONJO CAP 100MG	88	VYVANSE CAP 60MG.....	4
VOQUEZNA PAK DUAL PAK	230	VYVANSE CAP 70MG.....	4
VOQUEZNA PAK TRIP PK.....	230	VYVANSE CHW 10MG	4
VOQUEZNA TAB 10MG	230	VYVANSE CHW 20MG	4
VOQUEZNA TAB 20MG.....	230	VYVANSE CHW 30MG	4
VORANIGO TAB 10MG	88	VYVANSE CHW 40MG	4
VORANIGO TAB 40MG	88	VYVANSE CHW 50MG	4
<i>voriconazole for susp 40 mg/ml</i>	<i>67</i>	VYVANSE CHW 60MG	<i>4</i>
<i>voriconazole tab 200 mg</i>	<i>67</i>	VYVGART INJ HYTRULO.....	201
<i>voriconazole tab 50 mg.....</i>	<i>67</i>	W	
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VORTEX/MASK MIS TODDLER	197	WAKIX TAB 4.45MG	7

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<i>warfarin sodium tab 1 mg</i>	43	XANAX XR TAB 2MG	37
<i>warfarin sodium tab 2.5 mg</i>	43	XANAX XR TAB 3MG	37
<i>warfarin sodium tab 2 mg</i>	43	XARELTO STAR TAB 15/20MG	44
<i>warfarin sodium tab 3 mg</i>	43	XARELTO SUS 1MG/ML	44
<i>warfarin sodium tab 4 mg</i>	43	XARELTO TAB 10MG	44
<i>warfarin sodium tab 5 mg</i>	43	XARELTO TAB 15MG	44
<i>warfarin sodium tab 6 mg</i>	43	XARELTO TAB 2.5MG.....	44
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WEGOVY INJ 0.5MG.....	5	XCOPRI PAK 150-200	52
WEGOVY INJ 1.7MG.....	5	XCOPRI PAK 50-100MG	51
WEGOVY INJ 1MG.....	5	XCOPRI TAB 100MG.....	52
WEGOVY INJ 2.4MG.....	5	XCOPRI TAB 150MG	52
WEGOVY TAB 1.5MG	5	XCOPRI TAB 200MG	52
WEGOVY TAB 25MG	5	XCOPRI TAB 25MG.....	52
WEGOVY TAB 4MG.....	5	XCOPRI TAB 50MG.....	52
WEGOVY TAB 9MG.....	5	XDEMVY DRO 0.25%	213
WELCHOL PAK 3.75GM.....	69	XELJANZ SOL 1MG/ML	14
WELCHOL TAB 625MG.....	69	XELJANZ TAB 10MG	15
WELLBUTRIN TAB 100MG SR	53	XELJANZ TAB 5MG	15
WELLBUTRIN TAB 150MG SR	53	XELJANZ XR TAB 11MG	15
WELLBUTRIN TAB 200MG SR	53	XELJANZ XR TAB 22MG	15
WELLBUTRIN TAB XL 150MG	53	XELODA TAB 150MG.....	81
WELLBUTRIN TAB XL 300MG	53	XELODA TAB 500MG.....	81
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WESCAP-PN CAP DHA.....	207	XERAC-AC SOL 6.25%	135
WESNATAL DHA PAK COMPLETE	207	XERESE CRE 5-1%	128
WESNATE DHA CAP	207	XERMELO TAB 250MG.....	159
WESTAB PLUS TAB 27-1MG	207	XHANCE MIS 93MCG	210
WESTGEL DHA CAP	207	XIFAXAN TAB 200MG	33
WINLEVI CRE 1%	121	XIFAXAN TAB 550MG	33
WINREVAIR INJ 45MG	113	XIGDUO XR TAB 10-1000.....	60
WINREVAIR INJ 60MG	113	XIGDUO XR TAB 10-500MG.....	60
X		XIGDUO XR TAB 2.5-1000	60
XACIATO GEL 2%	232	XIGDUO XR TAB 5-1000MG.....	60
XALATAN SOL 0.005%	215	XIGDUO XR TAB 5-500MG.....	60
XALKORI CAP 150MG	88	XOFLUZA TAB 40MG.....	102
XALKORI CAP 20MG	88	XOFLUZA TAB 80MG	103
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XANAX TAB 1MG.....	37	XOLAIR INJ 300/2ML.....	38
XANAX XR TAB 0.5MG.....	37	XOLAIR INJ 75/0.5	38

XOPENEX HFA AER	43	<i>zaleplon cap 5 mg</i>	165
XOSPATA TAB 40MG	88	ZALVIT TAB 13-1MG	207
XPOVIO PAK 40MG	83, 84	ZANAFLEX CAP 2MG	208
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XPOVIO PAK 60MG	84	ZANAFLEX CAP 6MG	209
XPOVIO PAK 80MG	84	ZANAFLEX CAP 8MG	209
XTAMPZA ER CAP 13.5MG	28	ZANAFLEX TAB 4MG	209
XTAMPZA ER CAP 18MG	28	ZARONTIN CAP 250MG	52
XTAMPZA ER CAP 27MG	28	ZARONTIN SOL 250/5ML	52
XTAMPZA ER CAP 36MG	28	ZAVESCA CAP 100MG	162
XTAMPZA ER CAP 9MG	28	ZEGALOGUE INJ 0.6/0.6	61
XTANDI CAP 40MG	83	ZEGERID CAP 20-1100	231
XTANDI TAB 40MG	83	ZEGERID CAP 40-1100	231
XTANDI TAB 80MG	83	ZEGERID POW 20-1680	231
XULTOPHY INJ 100/3.6	60	ZEGERID POW 40-1680	231
XUREA CRE 39%	133	ZEJULA TAB 100MG	88
XURIDEN POW 2GM	150	ZEJULA TAB 200MG	88
XYOSTED INJ 100/0.5	31	ZEJULA TAB 300MG	88
XYOSTED INJ 50/0.5ML	31	ZELAC CAP	64
XYOSTED INJ 75/0.5ML	31	ZELAPAR ODT TAB 1.25MG	91
XYWAV SOL 0.5GM/ML	218	ZEMBRACE SYM INJ 3/0.5ML	200
Y		ZEMPLAR CAP 1MCG	151
YASMIN 28 TAB 3-0.03MG	115	ZEMPLAR CAP 2MCG	151
YAZ TAB 3-0.02MG	115	ZENPEP CAP 10000UNT	145
YCANTH SOL 0.7%	134	ZENPEP CAP 15000UNT	145
YESINTEK INJ 45/0.5ML	128	ZENPEP CAP 20000UNT	145
YESINTEK INJ 90MG/ML	128	ZENPEP CAP 25000UNT	145
YEZTUGO INJ 463.5MG	100	ZENPEP CAP 3000UNIT	145
YEZTUGO TAB 300MG	100	ZENPEP CAP 40000UNT	145
YONSA TAB 125MG	83	ZENPEP CAP 5000UNIT	145
YORVIPATH INJ 168/0.56	150	ZENPEP CAP 60000UNT	145
YORVIPATH INJ 294/0.98	150	ZEPBOUND INJ 10/0.5ML	6
YORVIPATH INJ 420/1.4	151	ZEPBOUND INJ 12.5/0.5	6
YUPELRI NEB 175/3ML	39	ZEPBOUND INJ 15/0.5ML	6
YUTREPIA CAP 106MCG	113	ZEPBOUND INJ 2.5/0.5	5
YUTREPIA CAP 26.5MCG	113	ZEPBOUND INJ 5/0.5ML	6
YUTREPIA CAP 53MCG	113	ZEPBOUND INJ 7.5/0.5	6
YUTREPIA CAP 79.5MCG	113	ZEPOSIA 7DAY CAP STR PACK	222
YUVEZZI SOL 2.75-0.1	211	ZEPOSIA CAP 0.92MG	222
Z		ZEPOSIA CAP STR KIT	222
ZACLIR LOT 8%	121	ZESTORETIC TAB 10-12.5	78
<i>zafirlukast tab 10 mg</i>	39	ZESTORETIC TAB 20-12.5	78
<i>zafirlukast tab 20 mg</i>	39	ZESTORETIC TAB 20-25MG	78
<i>zaleplon cap 10 mg</i>	165	ZESTRIL TAB 10MG	73

ZESTRIL TAB 2.5MG	72	ZOCOR TAB 20MG	71
ZESTRIL TAB 20MG	73	ZOCOR TAB 40MG	71
ZESTRIL TAB 30MG	73	ZOKINVY CAP 50MG	203
ZESTRIL TAB 40MG	73	ZOKINVY CAP 75MG.....	203
ZESTRIL TAB 5MG	72	ZOLINZA CAP 100MG	88
ZETIA TAB 10MG.....	71	<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	
ZETONNA AER 37MCG.....	210	.....	200
ZEVALIN KIT Y-90.....	82	<i>zolmitriptan nasal spray 5 mg/spray unit</i>	
ZEVRX MIS 31GX5MM	196	.....	200
ZEVRX MIS 31GX6MM	196	<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	
ZEVRX MIS 31GX8MM	196	.....	200
ZEVRX MIS 32GX4MM.....	196	<i>zolmitriptan orally disintegrating tab 5 mg</i>	
ZEVRX STERIL PAD ALCHOL.....	183	.....	200
ZEVRX TWIST MIS LANC 30G	182	<i>zolmitriptan tab 2.5 mg</i>	200
ZIAGEN SOL 20MG/ML.....	100	<i>zolmitriptan tab 5 mg</i>	200
ZIANA GEL.....	121	ZOLOFT CON 20MG/ML.....	55
<i>zidovudine cap 100 mg.....</i>	100	ZOLOFT TAB 100MG	55
<i>zidovudine syrup 10 mg/ml.....</i>	100	ZOLOFT TAB 25MG	55
<i>zidovudine tab 300 mg.....</i>	100	ZOLOFT TAB 50MG	55
<i>zileuton tab er 12hr 600 mg</i>	39	<i>zolpidem tartrate sl tab 1.75 mg</i>	165
ZILXI AER 1.5%.....	135	<i>zolpidem tartrate sl tab 3.5 mg.....</i>	165
ZIOPTAN DRO 0.0015%	215	<i>zolpidem tartrate tab 10 mg</i>	165
ZIPHEX TAB 13-1MG	207	<i>zolpidem tartrate tab 5 mg.....</i>	165
<i>ziprasidone hcl cap 20 mg</i>	92	<i>zolpidem tartrate tab er 12.5 mg.....</i>	165
<i>ziprasidone hcl cap 40 mg.....</i>	92	<i>zolpidem tartrate tab er 6.25 mg.....</i>	165
<i>ziprasidone hcl cap 60 mg.....</i>	92	ZOMIG SPR 2.5MG	200
<i>ziprasidone hcl cap 80 mg.....</i>	93	ZOMIG SPR 5MG	200
<i>ziprasidone mesylate for inj 20 mg (base</i>		ZONALON CRE 5%.....	123
<i>equivalent).....</i>	93	ZONEGRAN CAP 100MG	51
ZIPSOR CAP 25MG.....	19	ZONEGRAN CAP 25MG	51
ZIRGAN GEL 0.15%.....	213	<i>zonisamide cap 100 mg</i>	51
ZITHRANOL SHA 1%	128	<i>zonisamide cap 25 mg</i>	51
ZITHROMAX POW 1GM PAK	166	<i>zonisamide cap 50 mg</i>	51
ZITHROMAX SUS 200/5ML	166	ZONTIVITY TAB 2.08MG	162
ZITHROMAX TAB 250MG.....	167	ZORTRESS TAB 0.25MG.....	203
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ZITHROMAX TAB TRI-PAK.....	167	ZORTRESS TAB 0.75MG.....	203
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ZITUVIMET XR TAB 50-1000.....	60	ZORYVE MIS 0.3%.....	135
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ZUBSOLV SUB 0.7-0.18.....	31	ZYPREXA RELP INJ 210MG	96
ZUBSOLV SUB 1.4-0.36	31	ZYPREXA RELP INJ 300MG	96
ZUBSOLV SUB 11.4-2.9	31	ZYPREXA RELP INJ 405MG	96
ZUBSOLV SUB 2.9-0.71	31	ZYPREXA TAB 10MG	96
ZUBSOLV SUB 5.7-1.4	31	ZYPREXA TAB 15MG	96
ZUBSOLV SUB 8.6-2.1	31	ZYPREXA TAB 2.5MG.....	96
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ZYCLARA PUMP CRE 3.75%.....	133	ZYPREXA ZYDI TAB 20MG	96
ZYFLO TAB 600MG	39	ZYPREXA ZYDI TAB 5MG.....	96
ZYKADIA TAB 150MG.....	88	ZYVOX SUS 100MG/5M.....	34
ZYLET SUS 0.5-0.3%	214	ZYVOX TAB 600MG.....	34
ZYNRELEF INJ 400-12MG	19		

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(UPDATED 4/15/2025)

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Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

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

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

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

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للأخريين الاتصال بالرقم 855-258-6518 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمتترجم فوري.

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

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

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

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

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

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

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké mkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwughị ụgwọ ọbụla. Ndi ọ̀tù ga akpọ ọnuogugụ ekwenti di na àzụ Kààdị njirimara ndi ọ̀tù ha. Ndi ọ̀zọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pja 0. Mgbe onye ozi zara, kwuo asụsụ ichorọ, a ga ejikota gị na onye ntughari asụsụ.

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

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

Baa'ákonínizin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoolkálí dóó bee ida'ii'aahí háidíí shíí t'áá bich'í'jii' ha'át'íshíí ádadiilíihgíí biyi'. Díí bee baa dahane'í dóó t'áá jiiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bii hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní baaah béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáfti'í biba' asdáago niléí ó bii adíłchííd hodoo'niidjii'. Naalnishí haadzíí'go, saad nínízinígíí bee bii hodíilnih dóó ata' yáfti'í bich'í' ni'doolnih.

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

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

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

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

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

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

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

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

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