



CareFirst Formulary 2

2024

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 four drug tiers which determines the price you pay.

Using Your Formulary

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

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

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

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

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

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

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

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

Tier 0: \$0 Drugs	<ul style="list-style-type: none">■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none">■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none">■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none">■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Self-Injectable Drugs\$\$\$\$	<ul style="list-style-type: none">■ Self-injectible drugs (excluding insulin) are drugs that do not require professional administration. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
amphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine tab 5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 10 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 15 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 20 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 30 mg	1	QL (1 tab every 1 day)
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)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (2 caps every 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (48 mL every 1 day)
dextroamphetamine sulfate tab 2.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 7.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tab 15 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 20 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 30 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate cap 10 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 20 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 30 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 40 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 50 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 60 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 70 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (1 tab every 1 day)
methamphetamine hcl tab 5 mg	1	QL (6 tabs every 1 day)
VYVANSE CAP 10MG	3	QL (2 caps every 1 day)
VYVANSE CAP 20MG	3	QL (2 caps every 1 day)
VYVANSE CAP 30MG	3	QL (2 caps every 1 day)
VYVANSE CAP 40MG	3	QL (1 cap every 1 day)
VYVANSE CAP 50MG	3	QL (1 cap every 1 day)
VYVANSE CAP 60MG	3	QL (1 cap every 1 day)
VYVANSE CAP 70MG	3	QL (1 cap every 1 day)
VYVANSE CHW 10MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 20MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 30MG	3	QL (2 tabs every 1 day)
VYVANSE CHW 40MG	3	QL (1 tab every 1 day)
VYVANSE CHW 50MG	3	QL (1 tab every 1 day)
VYVANSE CHW 60MG	3	QL (1 tab every 1 day)

ANALEPTICS

caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1
--	---

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

atomoxetine hcl cap 10 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (2 caps every 1 day)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (1 cap every 1 day)
clonidine hcl tab er 12hr 0.1 mg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate td patch 10 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 15 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 20 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 30 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>modafinil tab 100 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>modafinil tab 200 mg</i>	1	PA, QL (2 tabs every 1 day)
RITALIN LA CAP 10MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 20MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 30MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 40MG	3	QL (1 cap every 1 day)
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

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

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

ARIKAYCE SUS	3	PA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (8 mL every 1 day); MNPA
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (10 mL every 1 day); MNPA

ANALGESICS - ANTI-INFLAMMATORY**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
---------------------------	---	--

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

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Not for daily use); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	2	PA, QL (12 mL every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 15MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

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

Drug Name	Drug Tier	Requirements/Limits
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>indomethacin suppos 50 mg</i>	1	
<i>indomethacin susp 25 mg/5ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	

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

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

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

ANALGESICS - NONNARCOTIC**ANALGESIC COMBINATIONS**

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

SALICYLATES

<i>diflunisal tab 500 mg</i>	1
<i>salsalate tab 500 mg</i>	1
<i>salsalate tab 750 mg</i>	1

ANALGESICS - OPIOID**OPIOID AGONISTS**

ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 25 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 25 days)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 25 days)
CONZIP CAP 100MG	3	PA, QL (30 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
CONZIP CAP 200MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 300MG	3	PA, QL (30 caps every 25 days)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every 1 day)
DILAUDID TAB 2MG	3	PA, QL (180 tabs every 25 days)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every 1 day)
DILAUDID TAB 8MG	3	PA, QL (60 tabs every 25 days)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA

Drug Name	Drug Tier	Requirements/Limits
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (120 supp every 25 days)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (16 mL every 1 day)
hydromorphone hcl tab 2 mg	1	PA, QL (180 tabs every 25 days)
hydromorphone hcl tab 4 mg	1	PA, QL (4 tabs every 1 day)
hydromorphone hcl tab 8 mg	1	PA, QL (60 tabs every 25 days)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 32 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 20 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 30 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 40 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 60 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 80 MG	2	PA, QL (1 tab every 1 day)
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (60 mL every 25 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL every 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (7.5 mL every 1 day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	PA, QL (60 mL every 25 days)
METHADOSE SF CON 10MG/ML	3	PA, QL (60 mL every 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (180 supp every 25 days)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (180 supp every 25 days)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (120 supp every 25 days)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (90 supp every 25 days)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (90 ea every 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (90 ea every 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
<i>MS CONTIN TAB 15MG ER</i>	3	PA, QL (90 tabs every 25 days)
<i>MS CONTIN TAB 30MG ER</i>	3	PA, QL (90 tabs every 25 days)
<i>MS CONTIN TAB 60MG ER</i>	3	PA
<i>MS CONTIN TAB 100MG ER</i>	3	PA
<i>MS CONTIN TAB 200MG ER</i>	3	PA
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 25 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (90 mL every 25 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 10 mg	1	PA, QL (180 tabs every 25 days)
oxycodone hcl tab 15 mg	1	PA, QL (120 tabs every 25 days)
oxycodone hcl tab 20 mg	1	PA, QL (90 tabs every 25 days)
oxycodone hcl tab 30 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab abuse deter 5 mg	1	PA
oxycodone hcl tab abuse deter 15 mg	1	PA
oxycodone hcl tab abuse deter 30 mg	1	PA
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (4 tabs every 1 day)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (2 tabs every 1 day)
oxymorphone hcl tab 5 mg	1	PA, QL (180 tabs every 25 days)
oxymorphone hcl tab 10 mg	1	PA, QL (90 tabs every 25 days)
ROXICODONE TAB 15MG	3	PA, QL (120 tabs every 25 days)
ROXICODONE TAB 30MG	3	PA, QL (60 tabs every 25 days)
tramadol hcl oral soln 5 mg/ml	1	
tramadol hcl tab 50 mg	1	PA, QL (180 tabs every 25 days)
tramadol hcl tab er 24hr 100 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 25 days)

OPIOID COMBINATIONS

acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL every 1 day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (390 tabs every 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs every 1 day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs every 1 day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps every 1 day)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
FIORICET CAP CODEINE	3	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs every 1 day)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL every 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs every 1 day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 150MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 450MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl sl tab 2 mg (base equiv)	0	
buprenorphine hcl sl tab 8 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2.4 bottles every 30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
JATENZO CAP 158MG	3	PA
JATENZO CAP 198MG	3	PA
JATENZO CAP 237MG	3	PA
methyltestosterone cap 10 mg	1	
methyltestosterone oral tab 10 mg	1	
NATESTO GEL 5.5MG	2	PA
testosterone cypionate im inj in oil 100 mg/ml	4	PA
testosterone cypionate im inj in oil 200 mg/ml	4	PA
testosterone enanthate im inj in oil 200 mg/ml	4	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
XYOSTED INJ 50/0.5	4	PA
XYOSTED INJ 75/0.5	4	PA
XYOSTED INJ 100/0.5	4	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
UCERIS AER 2MG/ACT	3	
RECTAL COMBINATIONS		
ANALPRAM HC CRE 2.5-1%	3	

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>methenamine-hyos-meth blue-sod phos-phen</i> <i>sal tab 81.6 mg</i>	1	
<i>methenamine-hyosc-meth blue-benz acid-</i> <i>phenyl sal tab 81.6mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen</i> <i>sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen</i> <i>sal cap 120 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen</i> <i>sal tab 81 mg</i>	1	
<i>methenamine-hyoscamine-meth blue-sod phos</i> <i>tab 81.6 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40</i> <i>mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160</i> <i>mg</i>	1	
UROGESIC- TAB BLUE	3	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base</i> <i>equivalent)</i>	1	QL (450 mL every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base</i> <i>equivalent)</i>	1	QL (450 mL every 10 days)
LEPROSTATIC		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SOL 2MG/ML	3	PA
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
ISORDIL TAB 5MG	3	

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

ANTIANXIETY AGENTS**ANTIANXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	1
<i>buspirone hcl tab 7.5 mg</i>	1
<i>buspirone hcl tab 10 mg</i>	1
<i>buspirone hcl tab 15 mg</i>	1
<i>buspirone hcl tab 30 mg</i>	1
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
LOREEV XR CAP 3MG	3	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

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

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	3	PA
TIKOSYN CAP 250MCG	3	PA

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN CAP 500MCG	3	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pen every 28 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 pens every 28 day)
NUCALA INJ 100MG/ML	4	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	4	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
ipratropium bromide inhal soln 0.02%	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 cap every 1 day)
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1	QL (1 ea every 1 day)
YUPELRI SOL	2	QL (3 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
budesonide inhalation susp 0.5 mg/2ml	1	QL (4 mL every 1 day)
budesonide inhalation susp 0.25 mg/2ml	1	QL (6 mL every 1 day)
budesonide inhalation susp 1 mg/2ml	1	QL (2 mL every 1 day)
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 packages every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (2 mL every 1 day)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (4 ea every 1 day)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL every 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL every 30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (2 blisters every 1 day)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day); MNPA
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day); MNPA
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
DULERA AER 50-5MCG	3	QL (1 package every 28 days)
DULERA AER 100-5MCG	3	QL (1 package every 25 days)
DULERA AER 200-5MCG	3	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (4 mL every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (3 ea every 1 day)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XOPENEX CONC NEB 1.25/0.5	3	QL (3 ea every 1 day)
XOPENEX NEB 0.31MG	3	QL (10 mL every 1 day)
XOPENEX NEB 0.63MG	3	QL (10 mL every 1 day)
XOPENEX NEB 1.25/3ML	3	QL (10 mL every 1 day)

XANTHINES

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

ANTICOAGULANTS**COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tab 1 mg</i>	1
<i>warfarin sodium tab 2 mg</i>	1
<i>warfarin sodium tab 2.5 mg</i>	1
<i>warfarin sodium tab 3 mg</i>	1
<i>warfarin sodium tab 4 mg</i>	1
<i>warfarin sodium tab 5 mg</i>	1
<i>warfarin sodium tab 6 mg</i>	1
<i>warfarin sodium tab 7.5 mg</i>	1
<i>warfarin sodium tab 10 mg</i>	1

DIRECT FACTOR XA INHIBITORS

<i>ELIQUIS ST P TAB 5MG</i>	2
<i>ELIQUIS TAB 2.5MG</i>	2
<i>ELIQUIS TAB 5MG</i>	2
<i>XARELTO STAR TAB 15/20MG</i>	2
<i>XARELTO SUS 1MG/ML</i>	2
<i>XARELTO TAB 2.5MG</i>	2
<i>XARELTO TAB 10MG</i>	2
<i>XARELTO TAB 15MG</i>	2
<i>XARELTO TAB 20MG</i>	2

Drug Name	Drug Tier	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	4	
ARIXTRA INJ 5/0.4ML	4	
ARIXTRA INJ 7.5/0.6	4	
ARIXTRA INJ 10/0.8ML	4	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	4	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	4	PA
LOVENOX INJ 30/0.3ML	4	
LOVENOX INJ 40/0.4ML	4	

Drug Name	Drug Tier	Requirements/Limits
LOVENOX INJ 60/0.6ML	4	
LOVENOX INJ 80/0.8ML	4	
LOVENOX INJ 100MG/ML	4	
LOVENOX INJ 120/0.8	4	
LOVENOX INJ 150MG/ML	4	
LOVENOX INJ 300/3ML	4	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
VALTOCO SPR 5MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea every 25 days)

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	3	PA, QL (800 mL every 30 days)
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every 1 day)
<i>gabapentin tab 600 mg</i>	1	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (6 packets every 1 day); MNPA
<i>vigabatrin tab 500 mg</i>	1	PA, QL (6 tabs every 1 day); MNPA

Drug Name	Drug Tier	Requirements/Limits
HYDANTOINS		
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
<i>CELONTIN CAP 300MG</i>	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
<i>ZARONTIN CAP 250MG</i>	3	
<i>ZARONTIN SOL 250/5ML</i>	3	
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>REMERON SLTB TAB 15MG</i>	3	
<i>REMERON SLTB TAB 30MG</i>	3	
<i>REMERON SLTB TAB 45MG</i>	3	
<i>REMERON TAB 15MG</i>	3	
<i>REMERON TAB 30MG</i>	3	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG	2	PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
FLUOXETINE TAB 60MG	3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAK TAB 50MG ER	3	

Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAX TAB 100MG ER	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate cap 100 mg</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
ANTIDIABETIC - AMYLIN ANALOGS		
<i>SYMLINPEN 60 INJ 1000MCG</i>	4	ST
<i>SYMLNPEN 120 INJ 1000MCG</i>	4	ST
ANTIDIABETIC COMBINATIONS		
<i>ACTOPLUS MET TAB 15-850MG</i>	3	
<i>DUETACT TAB 30-2MG</i>	3	
<i>DUETACT TAB 30-4MG</i>	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
<i>GLYXAMBI TAB 10-5 MG</i>	2	ST
<i>GLYXAMBI TAB 25-5 MG</i>	2	ST
<i>JANUMET TAB 50-500MG</i>	2	ST
<i>JANUMET TAB 50-1000</i>	2	ST
<i>JANUMET XR TAB 50-500MG</i>	2	ST
<i>JANUMET XR TAB 50-1000</i>	2	ST
<i>JANUMET XR TAB 100-1000</i>	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	ST
<i>SOLIQUA INJ 100/33</i>	4	ST, QL (10 pens every 30 days)
<i>SYNJARDY TAB</i>	2	ST
<i>SYNJARDY TAB 5-500MG</i>	2	ST

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	4	ST, QL (5 pens every 30 days)
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
<i>glucagon (rdna) for inj kit 1 mg</i>	4	
GVOKE HYPO 1 INJ 0.5/.1ML	4	
GVOKE HYPO 1 INJ 1MG/.2ML	4	
GVOKE HYPO 2 INJ 0.5/.1ML	4	
GVOKE HYPO 2 INJ 1MG/.2ML	4	
GVOKE KIT SOL 1MG/0.2M	4	
GVOKE PFS INJ	4	
<i>mifepristone tab 300 mg</i>	1	PA, QL (4 tabs every 1 day); MNPA
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	4	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
DOPAMINE RECEPTOR AGONISTS - ANTI DIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	4	QL (3 pens every 28 days)
MOUNJARO INJ 2.5/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	4	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	4	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2/1.5ML	4	PA, QL (1 pen every 30 days); Starter Pen
OZEMPIC INJ 2MG/3ML	4	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	4	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	4	PA, QL (1 pen every 25 days)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	4	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	4	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	4	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	4	PA, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	4	PA, QL (3 pens every 30 days)
INSULIN		
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	

Drug Name	Drug Tier	Requirements/Limits
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	

ANTIDIARRHEAL/PROBIOTIC AGENTS**ANTIDIARRHEAL/PROBIOTIC COMBINATIONS**

RESTORA RX CAP 60-1.25	3	
------------------------	---	--

ANTIPERISTALTIC AGENTS

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

ANTIDOTES AND SPECIFIC ANTAGONISTS**ANTIDOTES - CHELATING AGENTS**

CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	1	PA; MNPA
deferasirox granules packet 180 mg	1	PA; MNPA
deferasirox granules packet 360 mg	1	PA; MNPA
deferasirox tab 90 mg	1	PA; MNPA
deferasirox tab 180 mg	1	PA; MNPA
deferasirox tab 360 mg	1	PA; MNPA
deferasirox tab for oral susp 125 mg	1	PA; MNPA
deferasirox tab for oral susp 250 mg	1	PA; MNPA
deferasirox tab for oral susp 500 mg	1	PA; MNPA
deferiprone tab 500 mg	1	PA; MNPA
deferiprone tab 1000 mg	1	PA; MNPA

ANTIDOTES AND SPECIFIC ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	QL (2 cartons every 30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	4	
<i>naloxone hcl inj 4 mg/10ml</i>	4	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	4	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	4	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	4	
<i>naltrexone hcl tab 50 mg</i>	0	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 ea every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	QL (2 vials every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEQ CAP 300-0.5	3	QL (2 caps every 21 days)
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 80 mg	1	QL (4 ea every 21 days)
aprepitant capsule 125 mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 tabs every 21 days)
EMEND CAP 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)

ANTIFUNGALS**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
----------------------	---	------------------------------

ANTIFUNGALS

ANCOBON CAP 250MG	3
ANCOBON CAP 500MG	3
flucytosine cap 250 mg	1
griseofulvin microsize susp 125 mg/5ml	1
griseofulvin microsize tab 500 mg	1
griseofulvin ultramicrosize tab 125 mg	1
griseofulvin ultramicrosize tab 250 mg	1
nystatin tab 500000 unit	1
terbinafine hcl tab 250 mg	1

IMIDAZOLE-RELATED ANTIFUNGALS

DIFLUCAN SUS 10MG/ML	3
DIFLUCAN SUS 40MG/ML	3
DIFLUCAN TAB 100MG	3
DIFLUCAN TAB 150MG	3
DIFLUCAN TAB 200MG	3
fluconazole for susp 10 mg/ml	1
fluconazole for susp 40 mg/ml	1
fluconazole tab 50 mg	1
fluconazole tab 100 mg	1
fluconazole tab 150 mg	1
fluconazole tab 200 mg	1
itraconazole cap 100 mg	1
itraconazole oral soln 10 mg/ml	1
ketoconazole tab 200 mg	1
posaconazole susp 40 mg/ml	1
SPORANOX CAP 100MG	3
SPORANOX SOL 10MG/ML	3
VFEND SUS 40MG/ML	3
VFEND TAB 50MG	3
VFEND TAB 200MG	3

Drug Name	Drug Tier	Requirements/Limits
VIVJOA CAP 150MG	3	
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	

ANTIHISTAMINES**ANTIHISTAMINES - ETHANOLAMINES**

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

ANTIHISTAMINES - NON-SEDATING

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

ANTIHISTAMINES - PHENOTHIAZINES

promethazine hcl oral soln 6.25 mg/5ml	1
promethazine hcl suppos 12.5 mg	1
promethazine hcl suppos 25 mg	1
promethazine hcl suppos 50 mg	1
promethazine hcl tab 12.5 mg	1
promethazine hcl tab 25 mg	1
promethazine hcl tab 50 mg	1

ANTIHISTAMINES - PIPERIDINES

ciproheptadine hcl syrup 2 mg/5ml	1
ciproheptadine hcl tab 4 mg	1

ANTIHYPOLIPIDEMICS**ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL TAB 180MG	2	ST
--------------------	---	----

ANTIHYPOLIPIDEMICS - COMBINATIONS

ezetimibe-simvastatin tab 10-10 mg	1
ezetimibe-simvastatin tab 10-20 mg	1
ezetimibe-simvastatin tab 10-40 mg	1
ezetimibe-simvastatin tab 10-80 mg	1

Drug Name	Drug Tier	Requirements/Limits
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.		
icosapent ethyl cap 0.5 gm	1	PA
icosapent ethyl cap 1 gm	1	PA
omega-3-acid ethyl esters cap 1 gm	1	PA
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	0	
<i>pitavastatin calcium tab 2 mg</i>	0	
<i>pitavastatin calcium tab 4 mg</i>	0	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<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	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	1
----------------------------	---

NICOTINIC ACID DERIVATIVES

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

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML	4	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	4	PA, QL (1 cartridge every 28 days)
REPATHA SURE INJ 140MG/ML	4	PA, QL (3 pens every 28 days)

ANTIHYPERTENSIVES**ACE INHIBITORS**

ACCUPRIL TAB 5MG	3
ACCUPRIL TAB 10MG	3
ACCUPRIL TAB 20MG	3
ACCUPRIL TAB 40MG	3
ALTACE CAP 1.25MG	3
ALTACE CAP 2.5MG	3
ALTACE CAP 5MG	3
ALTACE CAP 10MG	3
<i>benazepril hcl tab 5 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>LOTENSIN TAB 10MG</i>	3	
<i>LOTENSIN TAB 20MG</i>	3	
<i>LOTENSIN TAB 40MG</i>	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	
<i>QBRELIS SOL 1MG/ML</i>	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	
<i>VASOTEC TAB 2.5MG</i>	3	

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	

AGENTS FOR PHEOCHROMOCYTOMA

DEMSER CAP 250MG	3	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
<i>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

AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10- 25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZIAC TAB 10/6.25	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURN TAB 150MG	3	
TEKTURN TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
MYLERAN TAB 2MG	0	
<i>temozolamide cap 5 mg</i>	0	PA
<i>temozolamide cap 20 mg</i>	0	PA
<i>temozolamide cap 100 mg</i>	0	PA
<i>temozolamide cap 140 mg</i>	0	PA
<i>temozolamide cap 180 mg</i>	0	PA
<i>temozolamide cap 250 mg</i>	0	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	0	PA
capecitabine tab 500 mg	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	4	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	4	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	4	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	4	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	4	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	4	\$0 copay based on your plan/benefit
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	\$0 copay based on your plan/benefit
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (4 tabs every 1 day)
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	3	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
gefitinib tab 250 mg	0	PA, QL (1 tab every 1 day)
GILOTTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 150MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (4 tabs every 1 day)
abiraterone acetate tab 500 mg	0	PA, QL (2 tabs every 1 day)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
ORGOVYX TAB 120MG	0	PA, QL (1 tab every 1 day)
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAP 1MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 2MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 3MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 4MG	0	PA, QL (42 caps every 28 days)

ANTINEOPLASTIC - XPO1 INHIBITORS

XPOVIO PAK 40MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 tabs every 28 days); Therapy Pack

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 50MG	0	PA, QL (8 tabs every 28 days); Therapy Pack
XPOVIO PAK 60MG	0	PA, QL (24 tabs every 28 days); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 80MG	0	PA, QL (32 tabs every 28 days); Twice Weekly

ANTINEOPLASTIC COMBINATIONS

INQOVI TAB 35-100MG	0	PA, QL (10 tabs every 25 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECensa CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE CAP 100MG	0	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
COTELLIC TAB 20MG	0	PA, QL (63 tabs every 28 days)
<i>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 ea every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab for oral susp 2 mg</i>	0	PA, QL (2 ea every 1 day)
<i>everolimus tab for oral susp 3 mg</i>	0	PA, QL (3 ea every 1 day)
<i>everolimus tab for oral susp 5 mg</i>	0	PA, QL (2 ea every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
IBRANCE CAP 75MG	0	PA, QL (1 cap every 1 day)
IBRANCE CAP 100MG	0	PA, QL (1 cap every 1 day)
IBRANCE CAP 125MG	0	PA, QL (1 cap every 1 day)
IBRANCE TAB 75MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 100MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 125MG	0	PA, QL (42 tabs every 28 days)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	3	
ITOVEBI TAB 9MG	3	

Drug Name	Drug Tier	Requirements/Limits
KISQALI TAB 200DOSE	0	PA, QL (42 tabs every 28 days)
KISQALI TAB 400DOSE	0	PA, QL (84 tabs every 28 days)
KISQALI TAB 600DOSE	0	PA, QL (126 tabs every 28 days)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG <i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (6 tabs every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 4MG	0	PA, QL (6 ea every 28 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	0	PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (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)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	0	PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 80MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	0	PA, QL (1 tab every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (28 tabs every 21 days)
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
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 CAP 100MG	0	PA, QL (3 caps every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZELBORAF TAB 240MG	0	PA, QL (8 tabs every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYDELIG TAB 100MG	0	PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	0	PA, QL (2 tabs every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	4	PA

Drug Name	Drug Tier	Requirements/Limits
BESREMI SOL 500MCG	4	PA, QL (2 syringes every 28 days)
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
<i>tretinoin cap 10 mg</i>	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	4	PA, QL (20 cartridges every 28 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	2	PA, QL (10 caps every 1 day)
KYNMOBI MIS 10MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 15MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 20MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 25MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 30MG	2	PA, QL (5 films every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	2	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	

BENZISOXAZOLES

INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
<i>HALDOL DECAN INJ 50MG/ML</i>	3	
<i>HALDOL DECAN INJ 100MG/ML</i>	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		
<i>ADASUVE INH 10MG</i>	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	1	
chlorpromazine hcl inj 50 mg/2ml	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution 10%	1	
GLUTARALDEHY SOL 25%	3	
hydrogen peroxide soln 30%	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (30 mL every 1 day)
abacavir sulfate tab 300 mg (base equiv)	1	QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (1 tab every 1 day)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (2 caps every 1 day); MNPA
atazanavir sulfate cap 300 mg (base equiv)	1	QL (1 cap every 1 day); MNPA
BIKTARVY TAB	2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	3	QL (2 tabs every 1 day)
darunavir tab 600 mg	1	QL (2 tabs every 1 day); MNPA
darunavir tab 800 mg	1	QL (1 tab every 1 day); MNPA
DESCOVY TAB 120-15MG	2	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
efavirenz cap 50 mg	1	QL (3 caps every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (16 mL every 1 day); MNPA
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (10 tabs every 1 day); MNPA
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (4 tabs every 1 day); MNPA
<i>maraviroc tab 150 mg</i>	1	QL (2 tabs every 1 day); MNPA
<i>maraviroc tab 300 mg</i>	1	QL (4 tabs every 1 day); MNPA
<i>nevirapine susp 50 mg/5ml</i>	1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (1 tab every 1 day)
<i>ODEFSEY TAB</i>	2	QL (1 tab every 1 day)
<i>PREZCOBIX TAB 800-150</i>	3	QL (1 tab every 1 day)
<i>RETROVIR CAP 100MG</i>	3	QL (6 caps every 1 day)
<i>RETROVIR SYP 50MG/5ML</i>	3	QL (64 mL every 1 day)
<i>ritonavir tab 100 mg</i>	1	QL (12 tabs every 1 day); MNPA
<i>RUKOBIA TAB 600MG ER</i>	3	PA, QL (2 tabs every 1 day)
<i>stavudine cap 15 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	1	QL (2 caps every 1 day)
<i>SUSTIVA CAP 50MG</i>	3	QL (3 caps every 1 day)
<i>SUSTIVA CAP 200MG</i>	3	QL (3 caps every 1 day)
<i>SYMFI LO TAB</i>	3	QL (1 tab every 1 day)
<i>SYMFI TAB</i>	3	QL (1 tab every 1 day)
<i>SYMTUZA TAB</i>	2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (1 tab every 1 day)
<i>TIVICAY PD TAB 5MG</i>	2	QL (12 tabs every 1 day)
<i>TIVICAY TAB 10MG</i>	2	QL (8 tabs every 1 day)
<i>TIVICAY TAB 25MG</i>	2	QL (2 tabs every 1 day)
<i>TIVICAY TAB 50MG</i>	2	QL (2 tabs every 1 day)
<i>TRIUMEQ PD TAB</i>	2	QL (6 tabs every 1 day)
<i>TRIUMEQ TAB</i>	2	QL (1 tab every 1 day)
<i>TRIZIVIR TAB</i>	3	QL (2 tabs every 1 day)
<i>TYBOST TAB 150MG</i>	3	QL (1 tab every 1 day)
<i>VIREAD POW 40MG/GM</i>	3	QL (8 gm every 1 day)
<i>VIREAD TAB 150MG</i>	3	QL (1 tab every 1 day)
<i>VIREAD TAB 200MG</i>	3	QL (1 tab every 1 day)
<i>VIREAD TAB 250MG</i>	3	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
ZIAGEN TAB 300MG	3	QL (2 tabs every 1 day)
<i>zidovudine cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	3	PA, QL (4 tabs every 1 day)
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
PREVYMIS TAB 480MG	3	Max 224-day supply per 365 days
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	MNPA
BARACLUDE SOL	3	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day); MNPA
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day); MNPA
EPCLUSA PAK 150-37.5	2	PA, QL (1 packet every 1 day)
EPCLUSA PAK 200-50MG	2	PA, QL (2 packets every 1 day)
EPCLUSA TAB 200-50MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); MNPA; Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6

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

HERPES AGENTS

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

INFLUENZA AGENTS

oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL every 90 days)

Drug Name	Drug Tier	Requirements/Limits
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (40 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (20 caps every 90 days)
TAMIFLU CAP 75MG	3	QL (20 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (360 mL every 90 days)

MISC. ANTIVIRALS

LAGEVRIA CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	

BETA BLOCKERS**ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1
<i>carvedilol tab 3.125 mg</i>	1
<i>carvedilol tab 6.25 mg</i>	1
<i>carvedilol tab 12.5 mg</i>	1
<i>carvedilol tab 25 mg</i>	1
COREG TAB 3.125MG	3
COREG TAB 6.25MG	3
COREG TAB 12.5MG	3
COREG TAB 25MG	3
<i>labetalol hcl tab 100 mg</i>	1
<i>labetalol hcl tab 200 mg</i>	1
<i>labetalol hcl tab 300 mg</i>	1

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	1
<i>acebutolol hcl cap 400 mg</i>	1
<i>atenolol tab 25 mg</i>	1
<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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

CARDIOTONICS**CARDIAC GLYCOSIDES**

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

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

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	PA, QL (1 ea every 1 day)
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

Drug Name	Drug Tier	Requirements/Limits
<i>avanafil tab 200 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 10MCG	4	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	4	QL (6 vials every 28 days)
CAVERJECT INJ 40MCG	4	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	4	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	4	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<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>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
TYVASO DPI POW 16-32-48	2	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	2	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32-48MCG	2	PA, QL (8 ea every 1 day)
TYVASO DPI POW 32MCG	2	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 32MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	2	PA, QL (112 cartridges every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 64MCG	2	PA, QL (4 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)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

ambrisentan tab 5 mg	1	PA, QL (1 tab every 1 day); MNPA
ambrisentan tab 10 mg	1	PA, QL (1 tab every 1 day); MNPA
bosentan tab 62.5 mg	1	PA, QL (2 tabs every 1 day); MNPA
bosentan tab 125 mg	1	PA, QL (2 tabs every 1 day); MNPA
OPSUMIT TAB 10MG	2	PA, QL (1 tab every 1 day)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

sildenafil citrate for suspension 10 mg/ml	1	PA, QL (784 mL every 30 days); MNPA
sildenafil citrate tab 20 mg	1	PA, QL (12 tabs every 1 day); MNPA
tadalafil tab 20 mg (pah)	1	PA, QL (2 tabs every 1 day); MNPA
TADLIQ SUS 20MG/5ML	2	PA, QL (10 mL every 1 day)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI PACK TAB 200/800	2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	2	PA, QL (2 tabs every 1 day)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	2	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	2	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	PA
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>CEFACLOR ER TAB 500MG</i>	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	

CONTRACECTIVES**COMBINATION CONTRACEPTIVES - ORAL**

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethynodiol diacetate tab 0.15 mg-30 mcg	0	
drospirenone-ethynodiol diacetate-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethynodiol diacetate-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethynodiol diacetate tab 3-0.02 mg	0	
drospirenone-ethynodiol diacetate tab 3-0.03 mg	0	
ethynodiol diacetate & ethynodiol diacetate tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethynodiol diacetate tab 1 mg-50 mcg	0	
GENERESS FE CHW	3	
levonorgestrel & ethynodiol diacetate tab 0.1 mg-20 mcg	0	
levonorgestrel & ethynodiol diacetate tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethynodiol diacetate (continuous) tab 90-20 mcg	0	
levonorgestrel-ethynodiol diacetate tab 0.1 mg-20 mcg (21)	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	
NATAZIA TAB	0	

Drug Name	Drug Tier	Requirements/Limits
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg- 20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75- 35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1- 35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
QUARTETTE TAB	3	
SAFYRAL TAB	3	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
<i>etongestrel-ethynodiol dihydrogesterone va ring 0.12-0.015 mg/24hr</i>	1	QL (13 ea every 300 days)
<i>etongestrel-ethynodiol dihydrogesterone va ring 0.12-0.015 mg/24hr</i>	1	QL (13 rings every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	4	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	4	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	4	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	4	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>deflazacort susp 22.75 mg/ml</i>	1	PA, QL (1.8 mL every 1 day); MNPA
<i>deflazacort tab 6 mg</i>	1	PA, QL (2 tabs every 1 day); MNPA
<i>deflazacort tab 18 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>deflazacort tab 30 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>deflazacort tab 36 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hydrocortisone sodium succinate pf for inj 100 mg	4	PA
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	4	PA
SOLU-CORTEF INJ 250MG	4	PA
SOLU-CORTEF INJ 500MG	4	PA
SOLU-CORTEF INJ 1000MG	4	PA
UCERIS TAB 9MG	1	Brand preferred over generic
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (6 tabs every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
<i>CLARINEX-D TAB 2.5-120</i>	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (60 mL every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL every 1 day)
<i>MAR-COF CG LIQ 225-7.5</i>	3	QL (45 mL every 1 day), OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>TUZISTRA XR SUS</i>	3	QL (20 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.1%	1	PA, OTC
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
AKLIEF CRE 0.005%	2	PA
ATRALIN GEL 0.05%	3	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 25 days)
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47 gm every 25 days)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
CLINDAGEL GEL 1%	3	QL (60 mL every 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (50 gm every 25 days)
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	PA, QL (60 gm every 30 days)
clindamycin phosphate lotion 1%	1	QL (2 mL every 1 day)
clindamycin phosphate soln 1%	1	QL (2 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>DIFFERIN CRE 0.1%</i>	3	PA
<i>DIFFERIN GEL 0.1%</i>	3	PA, OTC
<i>DIFFERIN GEL 0.3%</i>	3	PA
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	2	PA
<i>EPIDUO GEL 0.1-2.5%</i>	2	PA
<i>ERYGEL GEL 2%</i>	3	QL (2 gm every 1 day)
<i>erythromycin gel 2%</i>	1	QL (2 gm every 1 day)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (2 mL every 1 day)
<i>EVOCLIN AER 1%</i>	3	
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
<i>KLARON LOT 10%</i>	3	
<i>ONEXTON GEL 1.2-3.75</i>	3	QL (50 gm every 25 days)
<i>PLEXION CLTH PAD 9.8-4.8%</i>	3	
<i>PLEXION CRE 9.8-4.8%</i>	3	
<i>PLEXION LIQ 9.8-4.8%</i>	3	
<i>PLEXION LOT 9.8-4.8%</i>	3	
<i>RETIN-A CRE 0.1%</i>	3	PA
<i>RETIN-A CRE 0.05%</i>	3	PA
<i>RETIN-A CRE 0.025%</i>	3	PA
<i>RETIN-A GEL 0.01%</i>	3	PA
<i>RETIN-A GEL 0.025%</i>	3	PA
<i>SOD SUL/SULF EMU 10-5%</i>	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	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur foam 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
sulfacetamide sodium-sulfur in urea emulsion 10-4%	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.08%	1	
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	PA, QL (150 mL every 21 days)
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm every 25 days)
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
sulconazole nitrate solution 1%	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)
VYTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	1	PA; MNPA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	3	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SPEVIGO INJ 150/1ML	4	PA, QL (2 syringes every 28 days)
STELARA INJ 45MG/0.5	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45MG/0.5	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
TALTZ INJ 80MG/ML	4	PA, QL (1 pen every 28 days)
TALTZ INJ 80MG/ML	4	PA, QL (1 syringe every 28 days)
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	
<i>tazarotene gel 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	4	PA
TREMFYA INJ 200/20ML	2	PA
VTAMA CRE 1%	2	PA
ZITHRANOL SHA 1%	3	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	

Drug Name	Drug Tier	Requirements/Limits
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	3	
silver sulfadiazine cream 1%	1	
SULFAMYLYON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
GRAFCO SILVR MIS NIT APPL	3	
SILVER NITRA SOL 0.5%	3	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
alclometasone dipropionate oint 0.05%	1	QL (4 gm every 1 day)
amcinonide lotion 0.1%	1	QL (4 mL every 1 day)
betamethasone dipropionate augmented cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented gel 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone dipropionate augmented oint 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone valerate aerosol foam 0.12%	1	QL (4 gm every 1 day)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (4 gm every 1 day)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (4 mL every 1 day)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
CAPEX SHA 0.01%	3	QL (4 mL every 1 day)
clobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate emollient base cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate foam 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate gel 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate lotion 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate shampoo 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate soln 0.05%	1	QL (4 mL every 1 day)
CLOBEX LOT 0.05%	3	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CLOBEX SHA 0.05%	3	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
<i>desonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desonide lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>desonide oint 0.05%</i>	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
<i>desoximetasone cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone cream 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone oint 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone spray 0.25%</i>	1	QL (4 mL every 1 day)
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (4 mL every 1 day)
<i>fluocinonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide soln 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate oint 0.005%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate oint 0.05%</i>	1	QL (4 gm every 1 day)
HC/PRAMOXINE CRE 1-2.35%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone cream 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone lotion 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone oint 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
LUXIQ AER 0.12%	3	QL (4 gm every 1 day)
<i>mometasone furoate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
OLUX AER 0.05%	3	QL (4 gm every 1 day)
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	QL (4 gm every 1 day)
SERNIVO SPR	3	QL (4 mL every 1 day)
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
TEXACORT SOL 2.5%	3	QL (4 mL every 1 day)
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
TRIDESILON CRE 0.05%	3	QL (4 gm every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VERDESO AER 0.05%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	4	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 100/0.67	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
OPZELURA CRE 1.5%	2	PA
EMOLlient/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
urea cream 39%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
LACTIC ACID LOT 10%	3	
ENZYmES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (3 gm every 1 day)
HAIR GROWTH AGENTS		
LITFULo CAP 50MG	3	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	3	PA
ZYCLARA PUMP CRE 2.5%	3	PA
ZYCLARA PUMP CRE 3.75%	3	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST

Drug Name	Drug Tier	Requirements/Limits
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
<i>salicylic acid er film-forming soln 28.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAIN OIN	3	
CETACAIN AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	QL (3 ea every 1 day)
<i>lidocaine patch 5%</i>	1	QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
LIDODERM DIS 5%	3	QL (3 ea every 1 day)
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
ZTLIDO PAD 1.8%	3	PA, QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.15%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA
FINACEA AER 15%	2	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	Brand preferred over generic
RHOFADE CRE 1%	3	PA
SOOLANTRA CRE 1%	1	PA; Brand preferred over generic
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (2 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DAIStIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
MULTISTIX 10 TES SG	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
ONETOUCH TES ULT BLUE	2	QL (5 strips every 1 day), OTC
ONETOUCH TES ULTRA	0	QL (5 strips every 1 day), OTC
ONETOUCH TES VERIO	0	QL (5 strips every 1 day), OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	

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

DIURETICS**CARBONIC ANHYDRASE INHIBITORS**

acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	1	PA, QL (4 tabs every 1 day)
KEVEYIS TAB 50MG	3	PA, QL (4 tabs every 1 day)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 25/25	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	

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 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	4	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4	4	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	4	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 28 days)
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	4	PA, QL (15 cartridges every 28 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	4	PA, QL (10 cartridges every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ INJ 900UNIT	4	PA, QL (7 cartridges every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	4	PA; MNPA
GANIRELIX AC INJ 250/0.5	4	PA; Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	4	PA, QL (1 vial every 1 day)
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	4	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA; MNPA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	1	PA; MNPA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	2	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	4	PA, QL (1 vial every 1 day)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<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	4	
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA; MNPA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA; MNPA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA; MNPA
SENSIPAR TAB 30MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (798 gm every 30 days); MNPA
sodium phenylbutyrate tab 500 mg	1	PA, QL (40 tabs every 1 day); MNPA
STRENSIQ INJ 18/0.45	4	PA
STRENSIQ INJ 28/0.7ML	4	PA
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	4	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	4	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	4	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
mifepristone tab 200 mg	1	\$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA, QL (3 vials every 1 day)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA, QL (3 vials every 1 day)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA, QL (45 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	PA, QL (3 vials every 1 day)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA, QL (9 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	4	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	4	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	4	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	4	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	4	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	4	PA, QL (2 ampules every 1 day)

VASOPRESSIN RECEPTOR ANTAGONISTS

SAMSCA TAB 15MG	3	PA, QL (2 tabs every 1 day); MNPA
SAMSCA TAB 30MG	3	PA, QL (1 tab every 1 day); MNPA
tolvaptan tab 15 mg	1	PA; MNPA
tolvaptan tab 30 mg	1	PA, QL (1 tab every 1 day); MNPA

ESTROGENS**ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	3
ANGELIQ TAB 0.5-1MG	3
ANGELIQ TAB 0.25-0.5	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PRO DIS WEEKLY	2
COMBIPATCH DIS	2
DUAVEE TAB 0.45-20	2
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1
estradiol & norethindrone acetate tab 0.5-0.1 mg	1
estradiol & norethindrone acetate tab 1-0.5 mg	1

Drug Name	Drug Tier	Requirements/Limits
MYFEMBREE TAB	2	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
DELESTROGEN INJ 10MG/ML	4	PA
DELESTROGEN INJ 20MG/ML	4	PA
DELESTROGEN INJ 40MG/ML	4	PA
DEPO-ESTRADI INJ 5MG/ML	4	PA
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	4	PA
estradiol valerate im in oil 20 mg/ml	4	PA
estradiol valerate im in oil 40 mg/ml	4	PA
ESTROGEL GEL 0.06%	3	
EVAMIST SPR 1.53MG	3	
MENOSTAR DIS 14MCG	3	
PREMARIN INJ 25MG	4	PA

FLUOROQUINOLONES**FLUOROQUINOLONES**

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

GASTROINTESTINAL AGENTS - MISC.**AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (C/I/C)**

TRULANCE TAB 3MG	3
------------------	---

Drug Name	Drug Tier	Requirements/Limits
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	3	PA, QL (1 tab every 1 day)
OCALIVA TAB 10MG	3	PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	3	PA
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	3	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	3	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
CIMZIA PREFL KIT 200MG/ML	4	PA, QL (2 kits every 28 days)
CIMZIA START KIT 200MG/ML	4	PA, QL (2 kits every 28 days)

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM CAP 250MG	3	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
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	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
SYMPROIC TAB 0.2MG	2	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
PHOSLYRA SOL	3	
RENAGEL TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	4	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	

Drug Name	Drug Tier	Requirements/Limits
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
PROSTATIC HYPERSTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
tiopronin tab 100 mg	1	PA; MNPA
tiopronin tab delayed release 100 mg	1	PA; MNPA
tiopronin tab delayed release 300 mg	1	PA; MNPA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 200 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	QL (4 tabs every 1 day)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MITIGARE CAP 0.6MG	1	QL (2 caps every 1 day); Brand preferred over generic
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
HEMLIBRA INJ 300/2ML	4	PA
HEMLIBRA SOL 12/0.4ML	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	PA, QL (135 mL every 90 days); MNPA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	PA, QL (45 syringes every 90 days); MNPA
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	4	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	4	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	3	PA, QL (6 caps every 1 day)
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	2	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG	2	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
TAKHYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
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	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	4	PA
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid tab 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET TAB 20MG	2	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	2	PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syringes every 28 days)
MULPLETA TAB 3MG	3	PA, QL (7 tabs every 14 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 syringes every 28 days)
PROCIT INJ 2000/ML	4	PA; MNPA
PROCIT INJ 3000/ML	4	PA; MNPA
PROCIT INJ 4000/ML	4	PA; MNPA
PROCIT INJ 10000/ML	4	PA; MNPA
PROCIT INJ 20000/ML	4	PA; MNPA
PROCIT INJ 40000/ML	4	PA
PROMACTA PAK 25MG	2	PA, QL (6 packets every 1 day)
PROMACTA POW 12.5MG	2	PA, QL (4 packets every 1 day)
PROMACTA TAB 12.5MG	2	PA, QL (2 tabs every 1 day)
PROMACTA TAB 25MG	2	PA, QL (3 tabs every 1 day)
PROMACTA TAB 50MG	2	PA, QL (3 tabs every 1 day)
PROMACTA TAB 75MG	2	PA, QL (2 tabs every 1 day)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

AMICAR TAB 500MG	3
AMICAR TAB 1000MG	3
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1
<i>aminocaproic acid tab 500 mg</i>	1
<i>aminocaproic acid tab 1000 mg</i>	1
LYSTEDA TAB 650MG	3
<i>tranexamic acid tab 650 mg</i>	1

HEMOSTATICS - TOPICAL

ARTISS SOL 2ML	3
ARTISS SOL 4ML	3
ARTISS SOL 10ML	3
TACHOSIL PAD 4.8X4.8	3
TACHOSIL PAD 9.5X4.8	3
TISSEEL KIT 2ML	3
TISSEEL KIT 4ML	3
TISSEEL KIT 10ML	3
TISSEEL SOL 2ML	3
TISSEEL SOL 4ML	3
TISSEEL SOL 10ML	3

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**BARBITURATE HYPNOTICS**

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

HYPNOTICS - TRICYCLIC AGENTS

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

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	3
AMBIEN CR TAB 12.5MG	3
AMBIEN TAB 5MG	3

Drug Name	Drug Tier	Requirements/Limits
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	2	
DAYVIGO TAB 10MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (5 mL every 1 day)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 45 through 75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	3	\$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	

FIDAXOMICIN

DIFICID SUS	2
DIFICID TAB 200MG	2

MEDICAL DEVICES AND SUPPLIES**CONTRACEPTIVES**

CAYA DPR	0	QL (1 each every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
OMNIFLEX DPR	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)

DIABETIC SUPPLIES

ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
ACCU TREND SOL GLUCOSE	0	OTC
ACTI-LANCE MIS 28G	0	OTC
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET IMPR MIS LANC DEV	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
AUTOLET PLUS MIS LANC DEV	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT MIS LANCETS	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
DIASCREEN MIS 2GP	0	OTC
DIASCREEN MIS 4NL	0	OTC
DIASCREEN MIS 4OBL	0	OTC
DIASCREEN MIS 4PH	0	OTC
DIASCREEN MIS CONTROL	0	OTC
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS LANC/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASystep HGH SOL CONTROL	0	OTC
EASystep Low SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GLUCOSE CONT SOL HIGH	0	OTC
GLUCOSE CONT SOL NORMAL	0	OTC
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS TST PLUG	0	
HAEMOLANCE MIS HIGH FLO	0	OTC
HAEMOLANCE MIS LOW FLOW	0	OTC
HAEMOLANCE MIS PLUS	0	OTC
HAEMOLANCE MIS PLUS LOW	0	OTC
HAEMOLANCE MIS PLUS MAX	0	OTC
HAEMOLANCE MIS PLUS PED	0	OTC
HAEMOLANCE MIS RETRACT	0	OTC
HC LANCING MIS DEVICE	0	OTC
HLTHY ACCNTS MIS LANC 30G	0	OTC
HYPOLANCE KIT LANCING	0	OTC
IN TOUCH LAN MIS 30G	0	OTC
IN TOUCH LAN MIS DEVICE	0	OTC
IN TOUCH SOL GLUCOSE	0	OTC
INCONTROL MIS LANC 28G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
INCONTROL MIS LANC 30G	0	OTC
INCONTROL MIS LANC 33G	0	OTC
INCONTROL MIS LANC DEV	0	OTC
INFINITY SOL NORM CON	0	OTC
INFNTY VOICE LIQ LEVEL 2	0	OTC
KINNEY MIS LANCETS	0	OTC
KINNEY THIN MIS LANCETS	0	OTC
KROGER LANCE MIS	0	OTC
KROGER LANCE MIS 26G	0	OTC
KROGER LANCE MIS THIN	0	OTC
KROGER LANCE MIS THIN 30G	0	OTC
LANCET AUTO MIS INJECTOR	0	OTC
LANCET CARRY MIS CASE	0	OTC
LANCET DEVIC MIS 30G	0	OTC
LANCET DEVIC MIS ADJUST	0	OTC
LANCET MICRO MIS THIN 33G	0	OTC
LANCET STAND MIS 21G	0	OTC
LANCET SUPER MIS THIN 30G	0	OTC
LANCET ULTRA MIS 28G	0	OTC
LANCET ULTRA MIS THIN 30G	0	OTC
LANCET WITH MIS EJECTOR	0	OTC
LANCETS MICR MIS THIN 33G	0	OTC
LANCETS MIS	0	OTC
LANCETS MIS 21G	0	OTC
LANCETS MIS 21G COLR	0	OTC
LANCETS MIS 26G	0	OTC
LANCETS MIS 28G	0	OTC
LANCETS MIS 30G	0	OTC
LANCETS MIS 33G	0	OTC
LANCETS MIS ORIGINAL	0	OTC
LANCETS MIS THIN	0	OTC
LANCETS MIS THIN 26G	0	OTC
LANCETS MIS THIN 30G	0	OTC
LANCETS SUPR MIS THIN 28G	0	OTC
LANCETS THIN MIS	0	OTC
LANCETS THIN MIS 26G	0	OTC
LANCETS ULTR MIS THIN	0	OTC
LANCETS ULTR MIS THIN 31G	0	OTC
LANCING DEVI MIS	0	OTC
LANCING DEVI MIS 25G	0	OTC
LANCING DEVI MIS 30G	0	OTC
LANCING MIS DEVICE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
LANZO MIS LANCING	0	OTC
LB LANCET MIS 28G	0	OTC
LB LANCING MIS DEVICE	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS EXTR 21G	0	OTC
MEDLANCE MIS LITE 25G	0	OTC
MEDLANCE MIS PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA, QL (1 kit every 999 days)
OMNIPOD 5 DX MIS POD G7G6	0	PA, QL (10 pods every month)
OMNIPOD 5 G7 KIT INTRO	0	PA, QL (1 kit every 999 days)
OMNIPOD 5 G7 MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD 5 LB KIT INTRO G6	0	PA
OMNIPOD 5 LB MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA, QL (1 kit every 999 days)
OMNIPOD DASH KIT PDM	0	PA, QL (1 kit every 999 days)
OMNIPOD DASH MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods every month)
OMNIPOD PDM KIT CLASSIC	0	PA, QL (1 kit every 999 days)
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH DEL MIS LANC DEV	0	OTC
ONETOUCH DEL MIS PLUS 30G	0	OTC
ONETOUCH DEL MIS PLUS 33G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
ONETOUCH MIS LANC DEV	0	OTC
ONETOUCH US MIS 2 30G	0	OTC
PC LANCETS MIS 30G	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PHARMACY COU MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PSS SAFE LAN MIS	0	OTC
PSS SEL LANC MIS	0	OTC
PSS SEL PLAT MIS	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
PX LANCETS MIS ULT THIN	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTEST ALT MIS ADAPTOR	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
RIGHTEST MIS GD500	0	OTC
RIGHTEST MIS GL300	0	OTC
SAFE-T-LANCE MIS 21G	0	OTC
SAFE-T-LANCE MIS 25G	0	OTC
SAFE-T-LANCE MIS HI FLOW	0	OTC
SAFE-T-LANCE MIS LOW FLOW	0	OTC
SAFE-T-LANCE MIS NOR FLOW	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SHOPKO LANC MIS DEVICE	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SM TRUEDRAW MIS LANC DEV	0	OTC
SMART SENSE MIS LANC 21G	0	OTC
SMART SENSE MIS LANC 26G	0	OTC
SMART SENSE MIS LANC 30G	0	OTC
SMART SENSE MIS LANC 33G	0	OTC
SMARTEST MIS LANCETS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 MIS LANC 28G	0	OTC
SOLUS V2 MIS LANC 30G	0	OTC
SOLUS V2 MIS LANC DEV	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
TWIST LANCET MIS 30G MULT	0	OTC
ULTI-LANCE MIS CLR TIP	0	OTC
ULTILET MIS 26G	0	OTC
ULTILET MIS 28G	0	OTC
ULTILET MIS 30G	0	OTC
ULTILET MIS 33G	0	OTC
ULTILET MIS LANCETS	0	OTC
ULTILET MIS SAFETY	0	OTC
ULTILET SAFE MIS 21G	0	OTC
ULTRA THIN MIS 28G	0	OTC
ULTRA THIN MIS 30G	0	OTC
ULTRA THIN MIS 31G	0	OTC
ULTRA THIN MIS 33G	0	OTC
ULTRA THIN MIS LAN 31G	0	OTC
ULTRA THIN MIS LANC 28G	0	OTC
ULTRA THIN MIS LANC 30G	0	OTC
ULTRA THIN MIS LANCETS	0	OTC
UNILET CMFR MIS TCH 28G	0	OTC
UNILET CMFR MIS TCH 30G	0	OTC
UNILET EX II MIS 28G	0	OTC
UNILET EXCEL MIS 23G	0	OTC
UNILET G.P MIS SUPR 23G	0	OTC
UNILET G.P. MIS 21G	0	OTC
UNILET GP 28 MIS ULT THIN	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS NEONATAL	0	OTC
UNISTIK 2 MIS NORMAL	0	OTC
UNISTIK 2 MIS SUPER	0	OTC
UNISTIK 3 MIS 1.8MM	0	OTC
UNISTIK 3 MIS COMFORT	0	OTC
UNISTIK 3 MIS EXTRA	0	OTC
UNISTIK 3 MIS GENT 30G	0	OTC
UNISTIK 3 MIS NEONATAL	0	OTC
UNISTIK 3 MIS NORMAL	0	OTC
UNISTIK 3 MIS XTR 21G	0	OTC
UNISTIK 23G MIS NORMAL	0	OTC
UNISTIK CZT MIS COMFORT	0	OTC
UNISTIK CZT MIS NORMAL	0	OTC
UNISTIK PRO MIS LANC 21G	0	OTC
UNISTIK PRO MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 30G	0	OTC
UNISTIK TOUC MIS LANC 21G	0	OTC
UNISTIK TOUC MIS LANC 23G	0	OTC
UNISTIK TOUC MIS LANC 28G	0	OTC
UNISTIK TOUC MIS LANC 30G	0	OTC
UNITSTIK PRO MIS LANC 25G	0	OTC
UNIVERSAL 1 MIS 33G	0	OTC
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
V-GO 20 KIT	0	PA, QL (30 pumps every month)
V-GO 30 KIT	0	PA, QL (30 pumps every month)
V-GO 40 KIT	0	PA, QL (30 pumps every month)
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

Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD MIS LANCING	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRONT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
HM STERILE PAD ALCHOL	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
SM ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVRX STERIL PAD ALCHOL	0	OTC
PARENTERAL THERAPY SUPPLIES		
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD ECLIPSE MIS 25GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CEQUR SIMPL KIT PATCH 2U	0	
DROPSAFE MIS SICURA	3	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASYPPOINT MIS 18GX1"	3	OTC
EASYPPOINT MIS 18GX1.5"	3	OTC
EASYPPOINT MIS 22GX1.5"	3	OTC
EASYPPOINT MIS 23GX1"	3	
EASYPPOINT MIS 25GX1"	3	
EASYPPOINT MIS 25GX1"	3	OTC
EASYPPOINT MIS 25GX5/8"	3	
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
HUBER NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 14GX1"	3	
HYPO NEEDLE MIS 14GX1.5"	3	
HYPO NEEDLE MIS 14GX2"	3	
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
1M ALLR SYR MIS 27GX1/2"	3	OTC
MAGELLAN SYR MIS 23GX1"	3	
MULIT-DRAW MIS 22GX1.5"	3	OTC
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOPEN ECHO MIS	0	
PEN NEEDLES MIS 32GX4MM	0	OTC
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SIMPLICITY MIS INSERTER	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
2-3ML SYRING MIS LUER LCK	3	OTC
2-3ML SYRING MIS LUER SLP	3	OTC
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
3ML SYRINGE MIS 25GX5/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 28GX1/2"	3	OTC
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
20ML SYRINGE MIS ECC LUER	3	
60ML SYRINGE MIS ECC TIP	3	
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC
60ML SYRINGE MIS LUER LOK	3	
3ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
3ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	

Drug Name	Drug Tier	Requirements/Limits
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
TOOMEY SYRIN MIS 70ML	3	
VENT NEEDLE MIS 18GX1"	3	OTC
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	

Drug Name	Drug Tier	Requirements/Limits
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 VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	

MIGRAINE PRODUCTS**CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AJOVY INJ 225/1.5	4	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	4	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	4	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	4	PA, QL (2 pens every 25 days)
EMGALITY INJ 120MG/ML	4	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 PRODUCTS

ERGOMAR SUB 2MG	3
-----------------	---

Drug Name	Drug Tier	Requirements/Limits
MIGRANAL SPR 4MG/ML	4	QL (8.01 mL every 30 days)
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	4	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	4	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	4	QL (12 injections every 30 days)
IMITREX INJ 6MG/0.5	4	QL (24 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces every 25 days)
RELPAX TAB 20MG	3	QL (12 tabs every 30 days)
RELPAX TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan nasal spray 5 mg/act	1	QL (30 inhalers every 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 injections every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL (36 injections every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL (24 injections every 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	4	QL (24 injections every 25 days)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 inhalers every 30 days)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 bottles every 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 5 mg	1	QL (12 tabs every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)
ZOMIG TAB 2.5MG	3	QL (12 tabs every 28 days)
ZOMIG TAB 5MG	3	QL (12 tabs every 28 days)

MINERALS & ELECTROLYTES**POTASSIUM**

EFFER-K TAB 10MEQ	3
EFFER-K TAB 20MEQ	3
K-TAB TAB 10MEQ CR	3
K-TAB TAB 20MEQ	3
potassium chloride cap er 8 meq	1
potassium chloride cap er 10 meq	1
potassium chloride microencapsulated crys er tab 10 meq	1

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

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

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

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS

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

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 2.5MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 5MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 10MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 15MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 20MG</i>	0	PA, QL (42 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 25MG	0	PA, QL (42 caps every 28 days)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<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	4	PA, QL (1 syringe every 28 days)
ENVARSUS XR TAB 0.75MG	3	
ENVARSUS XR TAB 1MG	3	
ENVARSUS 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	

Drug Name	Drug Tier	Requirements/Limits
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	3	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	4	PA, QL (4 injections every 28 days)

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	QL (3 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	1	
<i>ORAVIG TAB 50MG</i>	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>DEBACTEROL SOL 30-50%</i>	3	
<i>PERIDEX SOL 0.12%</i>	3	
DENTAL PRODUCTS		
<i>NAFRINSE DLY SOL /NEUTRAL</i>	3	
<i>NAFRINSE SOL DAILY</i>	3	
<i>NAFRINSE WK SOL 0.2%</i>	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	
<i>EVOXAC CAP 30MG</i>	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>SALAGEN TAB 5MG</i>	3	
<i>SALAGEN TAB 7.5MG</i>	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl tab 10 mg	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 1000 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles every 30 days)
olopatadine hcl nasal soln 0.6%	1	QL (1 package every 25 days)
PATANASE SPR 0.6%	3	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package every 25 days)
XHANCE MIS 93MCG	3	PA, QL (2 packages every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	2	PA, QL (50 mL every 28 days)
RADICAVA ORS SUS STARTER	2	PA, QL (50 mL every 28 days)
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (2 bottles every 24 days)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth oint 1%</i>	1	
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
MITOSOL KIT 0.2MG	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA; MNPA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	

Drug Name	Drug Tier	Requirements/Limits
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	3	PA, QL (4 bottles every 28 days)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PROLENSA SOL 0.07%	3	
TRUSOPT SOL 2% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%		1
CORTISPORIN SUS -TC OTIC		3
neomycin-polymyxin-hc otic soln 1%		1
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%		1
OTIC STEROIDS		
DERMOTIC OIL 0.01%		3
fluocinolone acetonide (otic) oil 0.01%		1
hydrocortisone w/ acetic acid otic soln 1-2%		1
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS		3
PREPIDIL GEL 0.5MG/3G		3
OXYTOCICS		
methylergonovine maleate tab 0.2 mg		1
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg		1
amoxicillin (trihydrate) cap 500 mg		1
amoxicillin (trihydrate) chew tab 125 mg		1
amoxicillin (trihydrate) chew tab 250 mg		1
amoxicillin (trihydrate) for susp 125 mg/5ml		1
amoxicillin (trihydrate) for susp 200 mg/5ml		1
amoxicillin (trihydrate) for susp 250 mg/5ml		1
amoxicillin (trihydrate) for susp 400 mg/5ml		1
amoxicillin (trihydrate) tab 500 mg		1
amoxicillin (trihydrate) tab 875 mg		1
ampicillin cap 500 mg		1
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml		1
penicillin v potassium for soln 250 mg/5ml		1
penicillin v potassium tab 250 mg		1
penicillin v potassium tab 500 mg		1
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg		1
amoxicillin & k clavulanate chew tab 400-57 mg		1
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml		1

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
CORN SYP	3	
PROGESTINS		
PROGESTINS		
<i>AYGESTIN TAB 5MG</i>	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	4	
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	

Drug Name	Drug Tier	Requirements/Limits
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	PA
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG	2	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	2	PA, QL (1 ea every 1 day)
AUSTEDO XR TAB TITR KIT	2	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	2	PA, QL (1 cap every 1 day)
tetrabenazine tab 12.5 mg	1	PA, QL (4 tabs every 1 day); MNPA
tetrabenazine tab 25 mg	1	PA, QL (2 tabs every 1 day); MNPA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	PA, QL (2 tabs every 1 day)
AVONEX PEN KIT 30MCG	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 syringes every 28 days)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days); MNPA
COPAXONE INJ 40MG/ML	4	PA, QL (12 syringes every 28 days)
dalfampridine tab er 12hr 10 mg	1	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 caps every 28 days); MNPA

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (2 caps every 1 day); MNPA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (2 ea every 1 day); MNPA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL (1 cap every 1 day); MNPA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA, QL (1 injection every 1 day); MNPA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA, QL (12 injections every 28 days)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	2	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	2	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	4	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	4	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	4	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	4	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	4	PA, QL (1 pack every 28 days)

Drug Name	Drug Tier	Requirements/Limits
PONVORY TAB 20MG	3	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	3	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 injections every 28 days)
<i>teriflunomide tab 7 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
<i>teriflunomide tab 14 mg</i>	1	PA, QL (1 tab every 1 day); MNPA
VUMERTY CAP 231MG	2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	2	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	1	QL (5 tabs every 1 day)
<i>gabapentin (once-daily) tab 600 mg</i>	1	QL (3 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (2 tabs every 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	
<i>nicotine polacrilex gum 2 mg</i>	0	OTC
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year

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

TRANSTHYRETIN AMYLOIDOSIS AGENTS

TEGSEDI INJ 284/1.5	4	PA, QL (4 syringes every 28 days)
---------------------	---	-----------------------------------

RESPIRATORY AGENTS - MISC.**CYSTIC FIBROSIS AGENTS**

KALYDECO GRA 5.8MG	3	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	3	PA, QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TAB 150MG	3	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	3	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	3	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	3	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	3	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	3	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	3	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	3	PA, QL (3 tabs every 1 day)

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	2	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	PA, QL (9 caps every 1 day); MNPA
<i>pirfenidone tab 267 mg</i>	1	PA, QL (9 tabs every 1 day); MNPA
<i>pirfenidone tab 801 mg</i>	1	PA, QL (3 tabs every 1 day); MNPA

SULFONAMIDES**SULFONAMIDES**

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

TETRACYCLINES**AMINOMETHYL CYCLINES**

NUZYRA TAB 150MG	3
------------------	---

TETRACYCLINES

<i>demeclacycline hcl tab 150 mg</i>	1
<i>demeclacycline hcl tab 300 mg</i>	1
<i>doxycycline hyclate cap 50 mg</i>	1
<i>doxycycline hyclate cap 100 mg</i>	1
<i>doxycycline hyclate tab 20 mg</i>	1
<i>doxycycline hyclate tab 100 mg</i>	1
<i>doxycycline monohydrate cap 50 mg</i>	1
<i>doxycycline monohydrate cap 100 mg</i>	1
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1
<i>doxycycline monohydrate tab 50 mg</i>	1
<i>doxycycline monohydrate tab 75 mg</i>	1

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 biphasic release 105 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	1	
<i>SOLODYN TAB 55MG</i>	3	
<i>SOLODYN TAB 65MG</i>	3	
<i>SOLODYN TAB 80MG</i>	3	
<i>SOLODYN TAB 105MG</i>	3	
<i>SOLODYN TAB 115MG</i>	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)
<i>VIBRAMYCIN CAP 100MG</i>	3	
<i>VIBRAMYCIN SUS 25MG/5ML</i>	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

<i>ARMOUR THYRO TAB 15MG</i>	3
<i>ARMOUR THYRO TAB 30MG</i>	3
<i>ARMOUR THYRO TAB 60MG</i>	3
<i>ARMOUR THYRO TAB 90MG</i>	3
<i>ARMOUR THYRO TAB 120MG</i>	3
<i>ARMOUR THYRO TAB 180MG</i>	3
<i>ARMOUR THYRO TAB 240MG</i>	3
<i>ARMOUR THYRO TAB 300MG</i>	3
<i>levothyroxine sodium tab 25 mcg</i>	1
<i>levothyroxine sodium tab 50 mcg</i>	1
<i>levothyroxine sodium tab 75 mcg</i>	1
<i>levothyroxine sodium tab 88 mcg</i>	1
<i>levothyroxine sodium tab 100 mcg</i>	1
<i>levothyroxine sodium tab 112 mcg</i>	1
<i>levothyroxine sodium tab 125 mcg</i>	1

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	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	

TOXOIDS**TOXOID COMBINATIONS**

ADACEL INJ	3
BOOSTRIX INJ	3
DAPTACEL INJ	3
DIP/TET PED INJ 25-5LFU	3
INFANRIX INJ	3
KINRIX INJ	3
PEDIARIX INJ 0.5ML	3
PENTACEL INJ	3
QUADRACEL INJ	3
QUADRACEL INJ 0.5ML	3
TDVAX INJ 2-2 LF	3
TENIVAC INJ 5-2LF	3
TET/DIP TOX INJ 2-2 LF	3
VAXELIS INJ	3

Drug Name	Drug Tier	Requirements/Limits
------------------	------------------	----------------------------

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	3
BELLA/OPIUM SUP 16.2-30	3
BELLA/OPIUM SUP 16.2-60	3
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1
CUVPOSA SOL 1MG/5ML	3
<i>dicyclomine hcl cap 10 mg</i>	1
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1
<i>dicyclomine hcl tab 20 mg</i>	1
DONNATAL ELX GRAPE	3
DONNATAL ELX MINT	3
DONNATAL TAB 16.2MG	3
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	4
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	4
<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
LEVVID TAB 0.375 ER	3
LEVSIN TAB 0.125MG	3
LEVSIN/SL SUB 0.125MG	3
<i>methscopolamine bromide tab 2.5 mg</i>	1
<i>methscopolamine bromide tab 5 mg</i>	1
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1
CIMETIDINE SOL 300/5ML	3
<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

Drug Name	Drug Tier	Requirements/Limits
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
rabeprazole sodium ec tab 20 mg	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	
misoprostol tab 100 mcg	1	\$0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	\$0 copay based on your plan/benefit
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	

Drug Name	Drug Tier	Requirements/Limits
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	

URINARY ANTISPASMODICS**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
GELNIQUE GEL 10%	3	ST
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TAB 75MG	2	ST
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

bethanechol chloride tab 5 mg	1	
-------------------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.1 mg/gm	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)

Drug Name	Drug Tier	Requirements/Limits
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (6 pens every 300 days)

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa cap 100 mg</i>	1	PA, QL (6 caps every 1 day); MNPA
<i>droxidopa cap 200 mg</i>	1	PA, QL (6 caps every 1 day)
<i>droxidopa cap 200 mg</i>	1	PA, QL (6 caps every 1 day); MNPA
<i>droxidopa cap 300 mg</i>	1	PA, QL (6 caps every 1 day); MNPA

VASOPRESSORS

<i>midodrine hcl tab 2.5 mg</i>	1
<i>midodrine hcl tab 5 mg</i>	1
<i>midodrine hcl tab 10 mg</i>	1

VITAMINS**OIL SOLUBLE VITAMINS**

<i>DRISDOL CAP 50000UNT</i>	3
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1
<i>MEPHYTON TAB 5MG</i>	3
<i>phytonadione tab 5 mg</i>	1

Index

1	
12ML SYRINGE MIS 20GX1.5	156
12ML SYRINGE MIS 21GX1.....	156
12ML SYRINGE MIS 21GX1.5	156
12ML SYRINGE MIS 22GX1.5.....	156
12ML SYRINGE MIS LUER-LOC	156
140ML SYRING MIS CATH TIP.....	155
140ML SYRING MIS LUER-LOC	155
140ML SYRING MIS REG TIP.....	155
1M ALLR SYR MIS 27GX1/2	154
1ML ALLR SYR MIS 27GX1/2.....	151
1ML SYRINGE MIS 25GX5/8	156
1ML SYRINGE MIS 28GX1/2	156
1ML SYRINGE MIS LUER SLI	156
1ML SYRINGE MIS LUER SLP	156
1ML SYRINGE MIS SLIP TIP.....	156
1ML TB SYRNG MIS 25GX5/8.....	156
1ML TB SYRNG MIS 26GX3/8.....	156
1ML TB SYRNG MIS 27GX1/2	157
1ML TB SYRNG MIS 28GX1/2.....	157
1ML TB SYRNG MIS LUER LOK	157
1ML TB SYRNG MIS REG LUER	157
2	
20ML SYRINGE MIS ECC LUER	156
20ML SYRINGE MIS SLIP	156
2-3ML SYRING MIS LUER LCK	155
2-3ML SYRING MIS LUER SLP.....	155
3	
30ML SYRINGE MIS LUER LOC	156
3ML LL SYRNG MIS 18GX1.5	153
3ML LL SYRNG MIS 20GX1	153
3ML LL SYRNG MIS 20GX1.5	153
3ML LL SYRNG MIS 20GX3/4.....	153
3ML LL SYRNG MIS 21GX1	153
3ML LL SYRNG MIS 21GX1.5	153
3ML LL SYRNG MIS 22GX1.....	153
3ML LL SYRNG MIS 22GX1.5	153
3ML LL SYRNG MIS 23GX1.....	153
3ML LL SYRNG MIS 23GX1.5	153
3ML LL SYRNG MIS 25GX1.....	153, 154
3ML LL SYRNG MIS 25GX5/8.....	154
3ML LL SYRNG MIS 27GX1.25	154
3ML LUER LOC MIS 21GX1.5.....	154
3ML LUER LOC MIS 22GX1.....	154
3ML LUER LOC MIS 23GX1.5	154
3ML LUER LOC MIS 25GX1	154
3ML LUER LOC MIS 25GX5/8.....	154
3ML SYRINGE MIS 18GX1.5.....	156
3ML SYRINGE MIS 20GX1	156
3ML SYRINGE MIS 21GX1.5	156
3ML SYRINGE MIS 22GX1	156
3ML SYRINGE MIS 22G X 1.....	156
3ML SYRINGE MIS 22GX1.5	156
3 ML SYRINGE MIS 22X1-1/2	156
3ML SYRINGE MIS 23GX1	156
3ML SYRINGE MIS 23GX1.5	156
3ML SYRINGE MIS 25GX1	156
3ML SYRINGE MIS 25GX1.25	156
3ML SYRINGE MIS 25GX5/8.....	156
3ML SYRINGE MIS 27GX1.25	156
3ML SYRINGE MIS CANNULA	156
3ML SYRINGE MIS LUER LOC	156
3ML SYRINGE MIS LUER LOK.....	156
3ML SYRINGE MIS LUER-LOK	156
3ML SYRINGE MIS REG TIP	156
6	
60ML SYRINGE MIS CATH TIP	156
60ML SYRINGE MIS ECC TIP	156
60ML SYRINGE MIS LUER LOK	156
60ML SYRINGE MIS TOOMEY	156
6ML SYRINGE MIS.....	155
6ML SYRINGE MIS 18GX1	155
6ML SYRINGE MIS REG LUER	156
A	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	80
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	80
<i>abacavir sulfate tab 300 mg (base equiv)</i>	80
ABILIFY MAIN INJ 300MG.....	79
ABILIFY MAIN INJ 400MG.....	79
<i>abiraterone acetate tab 250 mg</i>	65
<i>abiraterone acetate tab 500 mg</i>	65
ABSORICA CAP 10MG.....	100
ABSORICA CAP 20MG	100

ABSORICA CAP 25MG	100
ABSORICA CAP 30MG	100
ABSORICA CAP 35MG	100
ABSORICA CAP 40MG	100
<i>acamprostate calcium tab delayed release</i>	
333 mg	172
acarbose tab 100 mg	45
acarbose tab 25 mg	45
acarbose tab 50 mg	45
ACCOLATE TAB 10MG	31
ACCOLATE TAB 20MG	31
ACCU-CHEK KIT FASTCLIX	134
ACCU-CHEK KIT SOFTCLIX	134
ACCU-CHEK LIQ GUIDE	134
ACCU-CHEK LIQ SMART	134
ACCU-CHEK SOL	134
ACCU-CHEK TES AVIVA PL	114
ACCU-CHEK TES GUIDE	114
ACCU-CHEK TES SMART	114
ACCUPRIL TAB 10MG	55
ACCUPRIL TAB 20MG	55
ACCUPRIL TAB 40MG	55
ACCUPRIL TAB 5MG	55
ACCURETIC TAB 10-12.5	58
ACCURETIC TAB 20-12.5	58
ACCURETIC TAB 20-25MG	58
ACCUTREND SOL GLUCOSE	134
acebutolol hcl cap 200 mg	85
acebutolol hcl cap 400 mg	85
<i>acetaminophen-caffeine-dihydrocodeine</i>	
cap 320.5-30-16 mg	21
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	21
<i>acetaminophen w/ codeine tab 300-15 mg</i>	21
<i>acetaminophen w/ codeine tab 300-30 mg</i>	21
<i>acetaminophen w/ codeine tab 300-60 mg</i>	21
acetazolamide cap er 12hr 500 mg	115
acetazolamide tab 125 mg	115
acetazolamide tab 250 mg	115
acetic acid otic soln 2%	170
<i>acetylcysteine inhal soln 10%</i>	100
<i>acetylcysteine inhal soln 20%</i>	100
acitretin cap 10 mg	104
acitretin cap 17.5 mg	104
acitretin cap 25 mg	104
ACTI-LANCE MIS 28G	134
ACTI-LANCE MIS LITE 28G	134
ACTI-LANCE MIS SPEC 17G	134
ACTI-LANCE MIS UNIV 23G	134
ACTIMMUNE INJ 2MU/0.5	70
ACTIQ LOZ 1200MCG	15
ACTIQ LOZ 1600MCG	15
ACTIQ LOZ 200MCG	15
ACTIQ LOZ 400MCG	15
ACTIQ LOZ 600MCG	15
ACTIQ LOZ 800MCG	15
ACTIVELLA TAB 1-0.5MG	121
ACTONEL TAB 150MG	117
ACTONEL TAB 35MG	117
ACTOPLUS MET TAB 15-850MG	45
ACULAR LS SOL 0.4%	169
ACULAR SOL 0.5% OP	169
<i>acyclovir cap 200 mg</i>	84
<i>acyclovir oint 5%</i>	107
<i>acyclovir susp 200 mg/5ml</i>	84
<i>acyclovir tab 400 mg</i>	84
<i>acyclovir tab 800 mg</i>	84
ADACEL INJ	181
ADALIMU-ADAZ INJ 40/0.4ML	5, 6
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	100
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	100
<i>adapalene cream 0.1%</i>	100
<i>adapalene gel 0.1%</i>	100
<i>adapalene gel 0.3%</i>	100
ADASUVE INH 10MG	76
ADBRY INJ 150MG/ML	111
ADBRY INJ 300/2ML	111
<i>adefovir dipivoxil tab 10 mg</i>	83
ADEMPAS TAB 0.5MG	93
ADEMPAS TAB 1.5MG	93
ADEMPAS TAB 1MG	93
ADEMPAS TAB 2.5MG	94
ADEMPAS TAB 2MG	94

ADJ LANCING MIS DEVICE.....	135
ADMIX NEEDLE MIS 18GX1.5.....	151
ADRENALIN SOL 1:1000	166
ADVANCE LIQ CONTROL.....	135
ADVANCE LIQ INTUITIO	135
ADVANCE NORM LIQ CONTROL.....	135
ADVCATE SAFE MIS LANC 26G	135
ADV LANCING MIS DEVICE	135
ADVOCATE+ SOL REDI-COD.....	135
ADVOCATE LIQ HIGH	135
ADVOCATE LIQ LOW	135
ADVOCATE MIS LANC 30G	135
ADVOCATE MIS LANC DEV	135
ADVOCATE MIS LANCETS.....	135
ADV TRAVEL MIS LANC 28G	135
AEMCOLO TAB 194MG	24
AERCHMBR PLS MIS FLOW-VU.....	157
AERCHMBR PLS MIS INTERMED	157
AERCHMBR PLS MIS LRG MASK	157
AERCHMBR PLS MIS MED MASK	157
AERCHMBR PLS MIS SM MASK.....	157
AERCHMBR Z- MIS STAT PLS	157
AEROCHAMBER KIT ACTION.....	157
AEROCHAMBER MIS CHAMBER	157
AEROCHAMBER MIS FLOSIGNA.....	157
AEROCHAMBER MIS HOLDING	157
AEROCHAMBER MIS MTHPIECE	157
AEROCHAMBER MIS MV	157
AEROCHAMBER MIS PLUS	157
AEROVENT MIS PLUS.....	157
AGAMATRIX MIS 33G.....	135
AGAMATRIX SOL HIGH	135
AGAMATRIX SOL LEVEL 2	135
AGAMATRIX SOL LEVEL 4	135
AGAMATRIX SOL NORM/HGH.....	135
AGAMATRIX SOL NORMAL	135
AGRYLIN CAP 0.5MG	129
AIMSCO TWIST MIS 32G.....	135
AIMSCO TWIST MIS 33G.....	135
AIRSUPRA AER 90-80MCG.....	31
AJOVY INJ 225/1.5.....	158
AKLIEF CRE 0.005%.....	100
AKTEN GEL 3.5%.....	169
AKYNZEO CAP 300-0.5.....	50
<i>albendazole tab 200 mg</i>	24
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	31
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	31
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	31
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	31
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	31
<i>albuterol sulfate syrup 2 mg/5ml.....</i>	31
<i>albuterol sulfate tab 2 mg</i>	31
<i>albuterol sulfate tab 4 mg</i>	32
ALCAINE SOL 0.5% OP	169
<i>alclometasone dipropionate cream 0.05%</i>	108
<i>alclometasone dipropionate oint 0.05%.108</i>	
ALCOH-GLOVE PAD CONTOURE	150
ALCOHOL PAD	150
ALCOHOL PAD 70%	150
ALCOHOL PAD PREP	150
ALCOHOL PADS PAD 70%	150
ALCOHOL PREP PAD	150
ALCOHOL PREP PAD 70%	150
ALCOHOL PREP PAD MED 70%	150
ALCOHOL PREP PAD PADS 70%	150
ALCOHOL SWAB PAD	150
ALCOHOL SWAB PAD 70%.....	150
ALCOHOL SWAB PAD EX-THICK	150
ALCOH-WIPE MIS 12	150
ALDACTAZIDE TAB 25/25	115
ALDACTONE TAB 100MG	116
ALDACTONE TAB 25MG.....	116
ALDACTONE TAB 50MG.....	116
ALECENSA CAP 150MG	67
<i>alendronate sodium oral soln 70 mg/75ml</i>	117
<i>alendronate sodium tab 10 mg</i>	117
<i>alendronate sodium tab 35 mg</i>	117
<i>alendronate sodium tab 5 mg.....</i>	117
<i>alendronate sodium tab 70 mg</i>	117
<i>alfuzosin hcl tab er 24hr 10 mg</i>	127
ALINIA SUS 100/5ML	25

ALINIA TAB 500MG.....	25	ALUNBRIG TAB 180MG	67
<i>aliskiren fumarate tab 150 mg (base equivalent).....</i>	62	ALUNBRIG TAB 30MG.....	67
<i>aliskiren fumarate tab 300 mg (base equivalent).....</i>	62	ALUNBRIG TAB 90MG.....	67
ALKERAN TAB 2MG.....	63	ALVAIZ TAB 18MG.....	130
ALLERGIST KIT 0.5/28G	151	ALVAIZ TAB 36MG	130
ALLERGIST KIT 1MLX27G	151	ALVAIZ TAB 54MG	130
ALLERGIST KIT 1MLX28G	151	ALVAIZ TAB 9MG	130
<i>allopurinol tab 100 mg.....</i>	127	<i>alvimopan cap 12 mg.....</i>	126
<i>allopurinol tab 200 mg</i>	127	<i>amantadine hcl cap 100 mg</i>	71
<i>allopurinol tab 300 mg</i>	127	<i>amantadine hcl soln 50 mg/5ml</i>	71
<i>almotriptan malate tab 12.5 mg</i>	159	<i>amantadine hcl tab 100 mg</i>	71
<i>almotriptan malate tab 6.25 mg</i>	159	AMARYL TAB 1MG.....	48
ALOCRIL SOL 2%	170	AMARYL TAB 2MG	48
ALOMIDE SOL 0.1% OP	170	AMARYL TAB 4MG	48
ALORA DIS 0.025MG	122	AMBIEN CR TAB 12.5MG.....	131
ALORA DIS 0.075MG	122	AMBIEN CR TAB 6.25MG	131
ALORA DIS 0.1MG.....	122	AMBIEN TAB 10MG	132
<i>alosetron hcl tab 0.5 mg (base equiv).....</i>	125	AMBIEN TAB 5MG.....	131
<i>alosetron hcl tab 1 mg (base equiv).....</i>	125	<i>ambrisentan tab 10 mg</i>	93
ALPHAGAN P SOL 0.1%	167	<i>ambrisentan tab 5 mg</i>	93
ALPHAGAN P SOL 0.15%	167	<i>amcinonide lotion 0.1%</i>	108
ALPRAZOLAM CON 1 MG/ML.....	28	AMICAR TAB 1000MG.....	131
<i>alprazolam orally disintegrating tab 0.25 mg</i>	28	AMICAR TAB 500MG	131
<i>alprazolam orally disintegrating tab 0.5 mg</i>	28	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	115
<i>alprazolam orally disintegrating tab 1 mg .28</i>		<i>amiloride hcl tab 5 mg</i>	116
<i>alprazolam orally disintegrating tab 2 mg .28</i>		<i>aminocaproic acid oral soln 0.25 gm/ml..131</i>	
<i>alprazolam tab 0.25 mg.....</i>	28	<i>aminocaproic acid tab 1000 mg</i>	131
<i>alprazolam tab 0.5 mg.....</i>	28	<i>aminocaproic acid tab 500 mg.....</i>	131
<i>alprazolam tab 1 mg</i>	28	<i>amiodarone hcl tab 100 mg</i>	29
<i>alprazolam tab 2 mg</i>	28	<i>amiodarone hcl tab 200 mg</i>	29
<i>alprazolam tab er 24hr 0.5 mg</i>	28	<i>amiodarone hcl tab 400 mg</i>	29
<i>alprazolam tab er 24hr 1 mg</i>	28	<i>amitriptyline hcl tab 100 mg</i>	43
<i>alprazolam tab er 24hr 2 mg.....</i>	28	<i>amitriptyline hcl tab 10 mg</i>	43
<i>alprazolam tab er 24hr 3 mg.....</i>	28	<i>amitriptyline hcl tab 150 mg</i>	43
ALTABAX OIN 1%	102	<i>amitriptyline hcl tab 25 mg</i>	43
ALTACE CAP 1.25MG	55	<i>amitriptyline hcl tab 50 mg</i>	43
ALTACE CAP 10MG	55	<i>amitriptyline hcl tab 75 mg</i>	43
ALTACE CAP 2.5MG.....	55	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	90
ALTACE CAP 5MG	55	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg.....</i>	90
ALUNBRIG PAK	67	<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg.....</i>	90

<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 10-80 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 2.5-10 mg</i>	89
<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 2.5-20 mg</i>	89
<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 2.5-40 mg</i>	89
<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 5-10 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 5-20 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 5-40 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium</i>	
<i>tab 5-80 mg</i>	90
<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>20 mg</i>	59
<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>40 mg</i>	59
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>	
<i>10 mg</i>	58
<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>10 mg</i>	58
<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>20 mg</i>	58
<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>40 mg</i>	58
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	59
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	59
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	59
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	59
<i>amlodipine besylate tab 10 mg (base</i>	
<i>equivalent)</i>	87
<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>equivalent)</i>	87
<i>amlodipine besylate tab 5 mg (base</i>	
<i>equivalent)</i>	87
<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>mg</i>	59

<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>mg</i>	59
<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>mg</i>	59
<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>mg</i>	59
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 10-160-12.5 mg</i>	59
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 10-160-25 mg</i>	59
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 10-320-25 mg</i>	59
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 5-160-12.5 mg</i>	59
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 5-160-25 mg</i>	59
<i>amoxapine tab 100 mg</i>	43
<i>amoxapine tab 150 mg</i>	44
<i>amoxapine tab 25 mg</i>	43
<i>amoxapine tab 50 mg</i>	43
<i>amoxicil cap &clarithro tab &lansopraz cap</i>	
<i>dr 500 &500 &30mg</i>	183
<i>amoxicillin (trihydrate) cap 250 mg</i>	171
<i>amoxicillin (trihydrate) cap 500 mg</i>	171
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	171
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	171
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
.....	171
<i>amoxicillin (trihydrate) for susp 200</i>	
<i>mg/5ml</i>	171
<i>amoxicillin (trihydrate) for susp 250</i>	
<i>mg/5ml</i>	171
<i>amoxicillin (trihydrate) for susp 400</i>	
<i>mg/5ml</i>	171
<i>amoxicillin (trihydrate) tab 500 mg</i>	171
<i>amoxicillin (trihydrate) tab 875 mg</i>	171
<i>amoxicillin & k clavulanate chew tab 200-</i>	
<i>28.5 mg</i>	171
<i>amoxicillin & k clavulanate chew tab 400-</i>	
<i>57 mg</i>	171
<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>28.5 mg/5ml</i>	171
<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>62.5 mg/5ml</i>	172

amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	172
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	172
amoxicillin & k clavulanate tab 250-125 mg	172
amoxicillin & k clavulanate tab 500-125 mg	172
amoxicillin & k clavulanate tab 875-125 mg	172
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	172
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1
amphetamine-dextroamphetamine cap er 24hr 10 mg.....	1
amphetamine-dextroamphetamine cap er 24hr 15 mg.....	1
amphetamine-dextroamphetamine cap er 24hr 20 mg.....	1
amphetamine-dextroamphetamine cap er 24hr 25 mg	1
amphetamine-dextroamphetamine cap er 24hr 30 mg	1
amphetamine-dextroamphetamine cap er 24hr 5 mg	1
amphetamine-dextroamphetamine tab 10 mg	1
amphetamine-dextroamphetamine tab 12.5 mg	1
amphetamine-dextroamphetamine tab 15 mg	1
amphetamine-dextroamphetamine tab 20 mg	1
amphetamine-dextroamphetamine tab 30 mg	1
amphetamine-dextroamphetamine tab 5 mg	1

amphetamine-dextroamphetamine tab 7.5 mg	1
amphetamine sulfate tab 10 mg.....	1
amphetamine sulfate tab 5 mg	1
ampicillin cap 500 mg	171
AMPYRA TAB 10MG.....	175
ANACAINE OIN	112
ANAFRANIL CAP 25MG.....	44
ANAFRANIL CAP 50MG.....	44
ANAFRANIL CAP 75MG.....	44
anagrelide hcl cap 0.5 mg	129
anagrelide hcl cap 1 mg	129
ANALPRAM-HC CRE 1-1%.....	24
ANALPRAM HC CRE 2.5-1%.....	23
ANALPRAM-HC LOT 2.5%	24
ANALPRM SNGL CRE HC 2.5-1.....	24
ANAPROX DS TAB 550MG	11
ANASPAZ TAB 0.125MG.....	182
anastrozole tab 1 mg	65
ANCOBON CAP 250MG	51
ANCOBON CAP 500MG	51
ANDRODERM DIS 2MG/24HR	23
ANDRODERM DIS 4MG/24HR	23
ANGELIQ TAB 0.25-0.5	121
ANGELIQ TAB 0.5-1MG	121
ANNOVERA MIS	97
ANORO ELLIPT AER 62.5-25	32
ANUSOL-HC CRE 2.5%.....	24
ANZEMET TAB 50MG	50
apomorphine hcl soln cartridge 30 mg/3ml	71
apraclonidine hcl ophth soln 0.5% (base equivalent)	167
aprepitant capsule 125 mg	51
aprepitant capsule 40 mg	50
aprepitant capsule 80 mg	51
aprepitant capsule therapy pack 80 & 125 mg	51
APRISO CAP 0.375GM	124
APTIOM TAB 200MG	36
APTIOM TAB 400MG	36
APTIOM TAB 600MG	36
APTIOM TAB 800MG	36
AQUALANCE MIS 30G	135

ARANESP INJ 100MCG	130	ARMOUR THYRO TAB 180MG.....	180
ARANESP INJ 10MCG.....	130	ARMOUR THYRO TAB 240MG	180
ARANESP INJ 150MCG	130	ARMOUR THYRO TAB 300MG	180
ARANESP INJ 200MCG.....	130	ARMOUR THYRO TAB 30MG	180
ARANESP INJ 25MCG	130	ARMOUR THYRO TAB 60MG	180
ARANESP INJ 300MCG.....	130	ARMOUR THYRO TAB 90MG	180
ARANESP INJ 40MCG.....	130	ARNICA TIN FLOWER	113
ARANESP INJ 500MCG.....	130	AROMASIN TAB 25MG	65
ARANESP INJ 60MCG	130	ARTISS SOL 10ML	131
ARAVA TAB 10MG	14	ARTISS SOL 2ML	131
ARAVA TAB 20MG.....	14	ARTISS SOL 4ML	131
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	32	ARZOL SILVER MIS NITR APP	108
ARICEPT TAB 10MG	173	<i>asenapine maleate sl tab 10 mg (base equiv)</i>	76
ARICEPT TAB 23MG.....	173	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	76
ARICEPT TAB 5MG.....	173	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	76
ARIKAYCE SUS	5	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	129
ARIMIDEX TAB 1MG.....	65	ASSURE 3 LIQ CONTROL	135
<i>ariPIPrazole orally disintegrating tab 10 mg</i>	79	ASSURE 4 LIQ LEVEL1/2	135
<i>ariPIPrazole orally disintegrating tab 15 mg</i>	79	ASSURE CMFRT MIS 28G.....	135
<i>ariPIPrazole oral solution 1 mg/ml</i>	79	ASSURE DOSE SOL NORM/HGH	135
<i>ariPIPrazole tab 10 mg</i>	79	ASSURE DOSE SOL NORMAL	135
<i>ariPIPrazole tab 15 mg</i>	79	ASSURE II LIQ LEVEL 1	135
<i>ariPIPrazole tab 20 mg</i>	79	ASSURE II LIQ LEVEL1/2	135
<i>ariPIPrazole tab 2 mg</i>	79	ASSURE LANCE MIS 21G	135
<i>ariPIPrazole tab 30 mg</i>	79	ASSURE LANCE MIS 28G	135
<i>ariPIPrazole tab 5 mg</i>	79	ASSURE LANCE MIS LOW FLOW	135
ARISTADA INJ 1064MG	79	ASSURE LANCE MIS MICRO	135
ARISTADA INJ 441MG/1.	79	ASSURE LANCE MIS SAFE 25G	135
ARISTADA INJ 662MG/2	79	ASSURE LANCE MIS SAFE 30G	135
ARISTADA INJ 882MG/3	79	ASSURE PRISM SOL LEVEL1/2	135
ARISTADA INJ INITIO	79	ASSURE PRO LIQ LEVEL1/2	135
ARIXTA INJ 10/0.8ML.....	34	ASTAGRAF XL CAP 0.5MG	162
ARIXTA INJ 2.5/0.5.....	34	ASTAGRAF XL CAP 1MG	162
ARIXTA INJ 5/0.4ML	34	ASTAGRAF XL CAP 5MG.....	162
ARIXTA INJ 7.5/0.6.....	34	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	80
<i>armodafinil tab 150 mg</i>	3	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	80
<i>armodafinil tab 200 mg</i>	3	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	80
<i>armodafinil tab 250 mg</i>	3		
<i>armodafinil tab 50 mg</i>	3		
ARMOUR THYRO TAB 120MG.....	180		
ARMOUR THYRO TAB 15MG	180		

ATELVIA TAB	117
atenolol & chlorthalidone tab 100-25 mg .	59
atenolol & chlorthalidone tab 50-25 mg ..	59
atenolol tab 100 mg	85
atenolol tab 25 mg	85
atenolol tab 50 mg	85
atomoxetine hcl cap 100 mg (base equiv) ..	2
atomoxetine hcl cap 10 mg (base equiv)....	2
atomoxetine hcl cap 18 mg (base equiv)....	2
atomoxetine hcl cap 25 mg (base equiv)	2
atomoxetine hcl cap 40 mg (base equiv)	2
atomoxetine hcl cap 60 mg (base equiv)	2
atomoxetine hcl cap 80 mg (base equiv)	2
atorvastatin calcium tab 10 mg (base equivalent)	54
atorvastatin calcium tab 20 mg (base equivalent)	54
atorvastatin calcium tab 40 mg (base equivalent)	54
atorvastatin calcium tab 80 mg (base equivalent)	54
atovaquone-proguanil hcl tab 250-100 mg	62
atovaquone-proguanil hcl tab 62.5-25 mg	62
atovaquone susp 750 mg/5ml	25
ATRALIN GEL 0.05%	100
atropine sulfate ophth oint 1%	167
atropine sulfate ophth soln 1%.....	167
ATROPINE SUL SOL 1% OP	167
ATROVENT HFA AER 17MCG	30
AUGMENTIN SUS 125/5ML	172
AUGMENTIN SUS ES-600	172
AUGMENTIN TAB 500MG	172
AUGTYRO CAP 40MG	67
AUM ALCOHOL PAD PREP 70%.....	150
AURORA LANCE MIS 30G	135
AURORA LANCE MIS THIN 23G	135
AURYXIA TAB 210MG	126
AUSTEDO TAB 12MG	175
AUSTEDO TAB 6MG.....	175
AUSTEDO TAB 9MG.....	175
AUSTEDO XR TAB 12MG.....	175
AUSTEDO XR TAB 18MG	175
AUSTEDO XR TAB 24MG.....	175
AUSTEDO XR TAB 30MG ER	175
AUSTEDO XR TAB 36MG ER	175
AUSTEDO XR TAB 42MG ER	175
AUSTEDO XR TAB 48MG ER	175
AUSTEDO XR TAB 6MG.....	175
AUSTEDO XR TAB TITR KIT	175
AUTO LANCET MIS	135
AUTO-LANCET MIS	135
AUTO-LANCET MIS MINI	135
AUTOLET II KIT CLINISAF.....	136
AUTOLET IMPR MIS LANC DEV	136
AUTOLET LANC MIS DEVICE.....	136
AUTOLET LITE KIT	136
AUTOLET LITE KIT CLINISAF	136
AUTOLET LITE KIT STARTER	136
AUTOLET MINI MIS	136
AUTOLET PLAT MIS 1.8MM	136
AUTOLET PLAT MIS 2.4MM.....	136
AUTOLET PLAT MIS 3.0MM	136
AUTOLET PLUS MIS	136
AUTOLET PLUS MIS LANC DEV	136
AUTOPEN MIS 1-21UNIT	151
AUTOPEN MIS 1 UNIT	151
AUTOPEN MIS 2-42UNIT	151
AUTOPEN MIS 2 UNIT.....	151
AUTOSHIELD MIS 30GX5MM	151
AUVI-Q INJ 0.15MG.....	186
AUVI-Q INJ 0.1MG	185
AUVI-Q INJ 0.3MG	185
AVALIDE TAB 150-12.5	59
AVALIDE TAB 300-12.5	59
avanafil tab 100 mg.....	90
avanafil tab 200 mg	91
avanafil tab 50 mg	90
AVAPRO TAB 150MG.....	57
AVAPRO TAB 300MG.....	57
AVAPRO TAB 75MG	57
AVAR-E LS CRE 10-2%	100
AVAR LS LIQ 10-2%	100
AVODART CAP 0.5MG.....	127
AVONEX PEN KIT 30MCG	175
AVONEX PREFL KIT 30MCG	175
AYGESTIN TAB 5MG	172

<i>azathioprine tab 100 mg</i>	162
<i>azathioprine tab 50 mg</i>	162
<i>azathioprine tab 75 mg</i>	162
<i>azelaic acid gel 15%</i>	113
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	165
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	165
<i>azelastine hcl ophth soln 0.05%</i>	170
AZILECT TAB 0.5MG	74
AZILECT TAB 1MG.....	74
<i>azithromycin for susp 100 mg/5ml</i>	133
<i>azithromycin for susp 200 mg/5ml</i>	133
<i>azithromycin powd pack for susp 1 gm</i> ...	133
<i>azithromycin tab 250 mg</i>	133
<i>azithromycin tab 500 mg</i>	133
<i>azithromycin tab 600 mg</i>	133
AZOPT SUS 1% OP	170
AZSTARYS CAP 26.1-5.2	3
AZSTARYS CAP 39.2-7.8	3
AZSTARYS CAP 52.3-10.	3
AZULFIDINE TAB 500MG	124
AZULFIDINE TAB 500MG EN	124
B	
<i>bacitracin ophth oint 500 unit/gm</i>	168
<i>bacitracin-polymyxin b ophth oint</i>	168
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	169
<i>baclofen oral soln 10 mg/5ml</i>	164
<i>baclofen oral soln 5 mg/5ml</i>	164
<i>baclofen tab 10 mg</i>	164
<i>baclofen tab 15 mg</i>	164
<i>baclofen tab 20 mg</i>	164
<i>baclofen tab 5 mg</i>	164
BACTRIM DS TAB 800-160.....	25
BACTRIM TAB 400-80MG.....	25
<i>balsalazide disodium cap 750 mg</i>	124
BALVERSA TAB 3MG.....	67
BALVERSA TAB 4MG.....	67
BALVERSA TAB 5MG.....	67
BAQSIMI ONE POW 3MG/DOSE	46
BAQSIMI TWO POW 3MG/DOSE	46
BARACLUDE SOL.....	83
BAXDELA TAB 450MG.....	123
BD 5ML SYRG MIS LUER-LOK.....	151
BD BLNT FILL MIS 18GX1.5	151
BD ECLIPSE MIS 18GX1.5	151
BD ECLIPSE MIS 23GX1.....	151
BD ECLIPSE MIS 25GX1.....	151
BD HYPO NEED MIS 18GX1	151
BD HYPO NEED MIS 18GX1.5.....	151
BD HYPO NEED MIS 22GX1.5	151
BD INTEGRA MIS 25GX1.....	151
BD MICROTAIN MIS LANCETS.....	136
BD NEEDLES MIS 18GX1.5.....	151
BD NEEDLES MIS 22GX1.5	151
BD PEN MINI MIS	151
BD PEN MIS.....	151
BD PLASTIPAK MIS 3ML.....	151
BD PRECISION MIS 23GX1.5.....	151
BD SAFETY MIS 23GX1.5.....	151
BD SWAB REG PAD SNGL USE	150
BD U-500 MIS 31GX6MM	151
BD ULTRAFINE INSULIN	
SYRINGES/NEEDLES	151
BD ULTRAFINE PEN NEEDLES	151
BELBUCA MIS 150MCG.....	22
BELBUCA MIS 300MCG.....	22
BELBUCA MIS 450MCG.....	22
BELBUCA MIS 600MCG.....	22
BELBUCA MIS 750MCG	22
BELBUCA MIS 75MCG.....	22
BELBUCA MIS 900MCG.....	22
BELLA/OPIUM SUP 16.2-30	182
BELLA/OPIUM SUP 16.2-60	182
BELSOMRA TAB 10MG	132
BELSOMRA TAB 15MG	132
BELSOMRA TAB 20MG.....	132
BELSOMRA TAB 5MG	132
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	59
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	59
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	59
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	59
<i>benazepril hcl tab 10 mg</i>	56

<i>benazepril hcl tab 20 mg</i>	56
<i>benazepril hcl tab 40 mg</i>	56
<i>benazepril hcl tab 5 mg</i>	55
BENLYSTA INJ 200MG/ML	163
BENZALKONIUM SOL NF	80
BENZAMYCIN GEL 5-3%	100
BENZNIDAZOLE TAB 100MG	24
BENZNIDAZOLE TAB 12.5MG.....	24
<i>benzonatate cap 100 mg</i>	99
<i>benzonatate cap 150 mg</i>	99
<i>benzonatate cap 200 mg</i>	99
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	100
<i>benzoyl peroxide foam 9.8%</i>	100
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	100
<i>benztropine mesylate tab 0.5 mg</i>	71
<i>benztropine mesylate tab 1 mg</i>	71
<i>benztropine mesylate tab 2 mg</i>	71
<i>bepotastine besilate ophth soln 1.5%</i>	170
BESIVANCE SUS 0.6%.....	168
BESREMI SOL 500MCG	71
BETADINE SOL 5% OP	168
<i>betaine powder for oral solution</i>	119
<i>betamethasone dipropionate augmented cream 0.05%</i>	108
<i>betamethasone dipropionate augmented gel 0.05%</i>	108
<i>betamethasone dipropionate augmented lotion 0.05%</i>	108
<i>betamethasone dipropionate augmented oint 0.05%</i>	108
<i>betamethasone dipropionate cream 0.05%</i>	108
<i>betamethasone dipropionate lotion 0.05%</i>	108
<i>betamethasone valerate aerosol foam 0.12%</i>	108
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	108
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	108
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	108
BETASERON INJ 0.3MG	175
<i>betaxolol hcl ophth soln 0.5%</i>	166
<i>betaxolol hcl tab 10 mg</i>	85
<i>betaxolol hcl tab 20 mg</i>	85
<i>bethanechol chloride tab 10 mg</i>	185
<i>bethanechol chloride tab 25 mg</i>	185
<i>bethanechol chloride tab 50 mg</i>	185
<i>bethanechol chloride tab 5 mg</i>	184
BETOPTIC-S SUS 0.25% OP	166
<i>bexarotene cap 75 mg</i>	71
<i>bexarotene gel 1%</i>	104
<i>bicalutamide tab 50 mg</i>	65
BIDIL TAB	90
BIJUVA CAP 0.5-100.....	121
BIJUVA CAP 1-100MG	121
BIKTARVY TAB.....	80
BILTRICIDE TAB 600MG.....	24
<i>bimatoprost ophth soln 0.03%</i>	170
BINOSTO TAB 70MG	117
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	184
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	59
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	59
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	59
<i>bisoprolol fumarate tab 10 mg</i>	86
<i>bisoprolol fumarate tab 5 mg</i>	85
BLEPHAMIDE OIN S.O.P.....	169
BLULINK LIQ HIGH/LOW	136
BLUNT CANNUL MIS 20GX1.5	151
BLUNT CANNUL MIS 21GX1.....	151
BONJESTA TAB 20-20MG	50
BOOSTRIX INJ	181
<i>bosentan tab 125 mg</i>	93
<i>bosentan tab 62.5 mg</i>	93
BOSULIF CAP 100MG	67
BOSULIF CAP 50MG.....	67
BOSULIF TAB 100MG	67
BOSULIF TAB 400MG.....	67
BOSULIF TAB 500MG.....	67
BRAFTOVI CAP 75MG	67
BREATHE EASE MIS LG MASK	157

BREATHE EASE MIS MED MASK.....	157
BREATHE EASE MIS SM MASK	157
BREATHERITE MIS MDI CHMB.....	157
BREO ELLIPTA INH 100-25.....	32
BREO ELLIPTA INH 200-25	32
BREO ELLIPTA INH 50-25MCG.....	32
BREXAFEMME TAB 150MG.....	51
BREZTRI AERO AER SPHERE.....	32
BRILINTA TAB 60MG	129
BRILINTA TAB 90MG	129
<i>brimonidine tartrate gel 0.33% (base equivalent).....</i>	113
<i>brimonidine tartrate ophth soln 0.1%</i>	167
<i>brimonidine tartrate ophth soln 0.15%</i>	167
<i>brimonidine tartrate ophth soln 0.2%.....</i>	167
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	166
<i>brinzolamide ophth susp 1%</i>	170
BRIVIACT SOL 10MG/ML.....	36
BRIVIACT TAB 100MG.....	36
BRIVIACT TAB 10MG	36
BRIVIACT TAB 25MG.....	36
BRIVIACT TAB 50MG	36
BRIVIACT TAB 75MG.....	36
<i>bromfenac sodium ophth soln 0.07% (base equivalent).....</i>	170
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	170
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....</i>	170
<i>bromocriptine mesylate cap 5 mg (base equivalent).....</i>	72
<i>bromocriptine mesylate tab 2.5 mg (base equivalent).....</i>	72
BROVANA NEB 15MCG	32
BRUKINSA CAP 80MG	67
BRYHALI LOT 0.01%.....	108
<i>budesonide delayed release particles cap 3 mg</i>	97
<i>budesonide inhalation susp 0.25 mg/2ml .31</i>	
<i>budesonide inhalation susp 0.5 mg/2ml ...31</i>	
<i>budesonide inhalation susp 1 mg/2ml .....31</i>	
<i>budesonide rectal foam 2 mg/act</i>	23
<i>bumetanide tab 0.5 mg</i>	116
<i>bumetanide tab 1 mg</i>	116
<i>bumetanide tab 2 mg.....</i>	116
BUMEX TAB 0.5MG.....	116
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	22
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	22
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	22
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	22
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	22
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	22
<i>buprenorphine td patch weekly 10 mcg/hr</i>	22
<i>buprenorphine td patch weekly 15 mcg/hr</i>	22
<i>buprenorphine td patch weekly 20 mcg/hr</i>	22
<i>buprenorphine td patch weekly 5 mcg/hr.....</i>	22
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	22
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	177
<i>bupropion hcl tab 100 mg</i>	40
<i>bupropion hcl tab 75 mg</i>	40
<i>bupropion hcl tab er 12hr 100 mg</i>	40
<i>bupropion hcl tab er 12hr 150 mg</i>	41
<i>bupropion hcl tab er 12hr 200 mg.....</i>	41
<i>bupropion hcl tab er 24hr 150 mg.....</i>	41
<i>bupropion hcl tab er 24hr 300 mg.....</i>	41
<i>buspirone hcl tab 10 mg</i>	27
<i>buspirone hcl tab 15 mg</i>	27
<i>buspirone hcl tab 30 mg.....</i>	27
<i>buspirone hcl tab 5 mg</i>	27
<i>buspirone hcl tab 7.5 mg</i>	27
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	15

<i>butalbital-acetaminophen-caff w/ cod cap</i>	
50-300-40-30 mg	21
<i>butalbital-acetaminophen-caff w/ cod cap</i>	
50-325-40-30 mg	21
<i>butalbital-acetaminophen tab 50-325 mg</i>	15
<i>butalbital-aspirin-caffeine cap 50-325-40</i>	
mg	15
<i>butalbital-aspirin-caff w/ codeine cap 50-</i>	
325-40-30 mg	21
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	22
C	
<i>cabergoline tab 0.5 mg</i>	120
<i>CABOMETYX TAB 20MG</i>	67
<i>CABOMETYX TAB 40MG</i>	67
<i>CABOMETYX TAB 60MG</i>	67
<i>CADUET TAB 10-10MG</i>	90
<i>CADUET TAB 10-20MG</i>	90
<i>CADUET TAB 10-40MG</i>	90
<i>CADUET TAB 10-80MG</i>	90
<i>CADUET TAB 5-10MG</i>	90
<i>CADUET TAB 5-20MG</i>	90
<i>CADUET TAB 5-40MG</i>	90
<i>CADUET TAB 5-80MG</i>	90
<i>caffeine citrate oral soln 60 mg/3ml (10</i>	
<i>mg/ml base equiv)</i>	2
<i>CALAN SR TAB 120MG</i>	87
<i>CALAN SR TAB 180MG</i>	87
<i>calcipotriene oint 0.005%</i>	104
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	104
<i>calcitonin (salmon) inj 200 unit/ml</i>	117
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
.....	117
<i>calcitriol cap 0.25 mcg</i>	119
<i>calcitriol cap 0.5 mcg</i>	119
<i>calcitriol oral soln 1 mcg/ml</i>	119
<i>calcium acetate (phosphate binder) cap</i>	
<i>667 mg (169 mg ca)</i>	126
<i>CALQUENCE CAP 100MG</i>	67
<i>CALQUENCE TAB 100MG</i>	68
<i>CAMZYOS CAP 10MG</i>	89
<i>CAMZYOS CAP 15MG</i>	89
<i>CAMZYOS CAP 2.5MG</i>	89
<i>CAMZYOS CAP 5MG</i>	89
<i>CANASA SUP 1000MG</i>	124

<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>tab 16-12.5 mg</i>	59
<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>tab 32-12.5 mg</i>	60
<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>tab 32-25 mg</i>	60
<i>candesartan cilexetil tab 16 mg</i>	57
<i>candesartan cilexetil tab 32 mg</i>	57
<i>candesartan cilexetil tab 4 mg</i>	57
<i>candesartan cilexetil tab 8 mg</i>	57
<i>capecitabine tab 150 mg</i>	64
<i>capecitabine tab 500 mg</i>	64
<i>CAPEX SHA 0.01%</i>	108
<i>CAPLYTA CAP 10.5MG</i>	74
<i>CAPLYTA CAP 21MG</i>	74
<i>CAPLYTA CAP 42MG</i>	74
<i>CAPRELSA TAB 100MG</i>	68
<i>CAPRELSA TAB 300MG</i>	68
<i>captopril & hydrochlorothiazide tab 25-15</i>	
<i>mg</i>	60
<i>captopril & hydrochlorothiazide tab 25-25</i>	
<i>mg</i>	60
<i>captopril & hydrochlorothiazide tab 50-15</i>	
<i>mg</i>	60
<i>captopril & hydrochlorothiazide tab 50-25</i>	
<i>mg</i>	60
<i>captopril tab 100 mg</i>	56
<i>captopril tab 12.5 mg</i>	56
<i>captopril tab 25 mg</i>	56
<i>captopril tab 50 mg</i>	56
<i>carbamazepine cap er 12hr 100 mg</i>	36
<i>carbamazepine cap er 12hr 200 mg</i>	36
<i>carbamazepine cap er 12hr 300 mg</i>	36
<i>carbamazepine chew tab 100 mg</i>	36
<i>carbamazepine susp 100 mg/5ml</i>	36
<i>carbamazepine tab 200 mg</i>	36
<i>carbamazepine tab er 12hr 100 mg</i>	36
<i>carbamazepine tab er 12hr 200 mg</i>	36
<i>carbamazepine tab er 12hr 400 mg</i>	36
<i>CARBATROL CAP 100MG</i>	36
<i>CARBATROL CAP 200MG</i>	36
<i>CARBATROL CAP 300MG</i>	36
<i>carbidopa & levodopa orally disintegrating</i>	
<i>tab 10-100 mg</i>	72

<i>carbidopa & levodopa orally disintegrating</i>	
tab 25-100 mg	72
<i>carbidopa & levodopa orally disintegrating</i>	
tab 25-250 mg	72
<i>carbidopa & levodopa tab 10-100 mg</i>	72
<i>carbidopa & levodopa tab 25-100 mg</i>	72
<i>carbidopa & levodopa tab 25-250 mg</i>	72
<i>carbidopa & levodopa tab er 25-100 mg</i>	72
<i>carbidopa & levodopa tab er 50-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>50-200 mg.....</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>100-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg.....</i>	72
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
<i>150-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs 50-</i>	
<i>200-200 mg</i>	72
<i>carbidopa tab 25 mg</i>	71
<i>carbinoxamine maleate extended release</i>	
<i>susp 4 mg/5ml.....</i>	52
<i>carbinoxamine maleate soln 4 mg/5ml</i>	52
<i>carbinoxamine maleate tab 4 mg</i>	52
CARDIOCOM MIS LANCING.....	136
CARDURA TAB 1MG	58
CARDURA TAB 2MG.....	58
CARDURA TAB 4MG.....	58
CARDURA TAB 8MG.....	58
CARDURA XL TAB 4MG.....	127
CARDURA XL TAB 8MG.....	127
CAREONE ADV MIS LANCING.....	136
CAREONE LANC MIS 30G.....	136
CAREONE LANC MIS THIN 23G	136
CAREPOINT SA MIS 23GX1.....	151
CAREPOINT SA MIS 23GX11/2	151
CAREPOINT SA MIS 25GX1.....	151
CAREPOINT SA MIS 25GX11/2	151
CAREPOINT SA MIS 25GX5/8.....	151
CAREPOINT SY MIS 20GX1.....	151
CAREPOINT SY MIS 20GX1.5	151
CAREPOINT SY MIS 22G X 1	152
CAREPOINT SY MIS 22GX1.5	152
CAREPOINT SY MIS 23GX1	152
CAREPOINT SY MIS 23GX1.5	152
CAREPOINT SY MIS 25GX1	152
CAREPOINT SY MIS 60ML	152
CARESENS 30G MIS LANCETS	136
CARESENS SOL CONTROL.....	136
CARETOUCH MIS EJECTOR	136
CARETOUCH MIS LANC 26G.....	136
CARETOUCH MIS LANC 28G.....	136
CARETOUCH MIS LANC 30G	136
CARETOUCH MIS TWIST 28	136
CARETOUCH MIS TWIST 30	136
CARETOUCH MIS TWIST 33	136
CARETOUCH PAD ALCOHOL.....	150
carglumic acid soluble tab 200 mg	119
carisoprodol tab 350 mg	164
carteolol hcl ophth soln 1%	166
carvedilol phosphate cap er 24hr 10 mg...	85
carvedilol phosphate cap er 24hr 20 mg ..	85
carvedilol phosphate cap er 24hr 40 mg ..	85
carvedilol phosphate cap er 24hr 80 mg ..	85
carvedilol tab 12.5 mg	85
carvedilol tab 25 mg	85
carvedilol tab 3.125 mg	85
carvedilol tab 6.25 mg	85
CASODEX TAB 50MG	65
CATAPRES-TTS DIS 0.1/24HR	58
CATAPRES-TTS DIS 0.2/24HR	58
CATAPRES-TTS DIS 0.3/24HR	58
CAVERJECT IM KIT 10MCG	91
CAVERJECT INJ 20MCG	91
CAVERJECT INJ 40MCG	91
CAVERJECT KIT 20MCG	91
CAYA DPR	134
cefaclor cap 250 mg	94
cefaclor cap 500 mg	94
CEFACLOR ER TAB 500MG	94
cefaclor for susp 125 mg/5ml.....	94
cefaclor for susp 250 mg/5ml.....	94
cefaclor for susp 375 mg/5ml	94
cefadroxil cap 500 mg	94
cefadroxil for susp 250 mg/5ml.....	94
cefadroxil for susp 500 mg/5ml	94

<i>cefadroxil tab 1 gm</i>	94	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	
<i>cefdinir cap 300 mg</i>	94	.....	52
<i>cefdinir for susp 125 mg/5ml</i>	95	CETRAXAL SOL 0.2%	170
<i>cefdinir for susp 250 mg/5ml</i>	95	cetrorelix acetate for inj kit 0.25 mg	118
<i>cefixime cap 400 mg</i>	95	cevimeline hcl cap 30 mg.....	164
<i>cefixime for susp 100 mg/5ml</i>	95	CHEMET CAP 100MG.....	49
<i>cefixime for susp 200 mg/5ml</i>	95	CHEMSTRIP 10 TES MD	114
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	95	CHEMSTRIP 2 TES GP	114
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	95	CHEMSTRIP 5 TES OB	114
<i>cefpodoxime proxetil tab 100 mg</i>	95	CHEMSTRIP 7 TES	114
<i>cefpodoxime proxetil tab 200 mg</i>	95	CHEMSTRIP 9 TES STRIPS	114
<i>cefprozil for susp 125 mg/5ml</i>	94	CHEMSTRIP K TES	114
<i>cefprozil for susp 250 mg/5ml</i>	94	CHEMSTRIP TES -10 SG.....	114
<i>cefprozil tab 250 mg</i>	94	CHEMSTRIP TES UGK	114
<i>cefprozil tab 500 mg</i>	94	CHENODAL TAB 250MG.....	124
<i>cefuroxime axetil tab 250 mg</i>	94	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	174
<i>cefuroxime axetil tab 500 mg</i>	94	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	174
<i>celecoxib cap 100 mg</i>	11	<i>chlordiazepoxide hcl cap 10 mg</i>	28
<i>celecoxib cap 200 mg</i>	11	<i>chlordiazepoxide hcl cap 25 mg</i>	28
<i>celecoxib cap 400 mg</i>	11	<i>chlordiazepoxide hcl cap 5 mg</i>	28
<i>celecoxib cap 50 mg</i>	11	<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	182
<i>CELEXA TAB 10MG</i>	41	CHLORHEX GLU SOL 20%	80
<i>CELEXA TAB 20MG</i>	41	<i>chlorhexidine gluconate soln 0.12%</i>	164
<i>CELEXA TAB 40MG</i>	41	<i>chloroquine phosphate tab 250 mg</i>	62
<i>CELLCEPT CAP 250MG</i>	162	<i>chloroquine phosphate tab 500 mg</i>	62
<i>CELLCEPT SUS 200MG/ML</i>	162	<i>chlorpromazine hcl inj 25 mg/ml</i>	78
<i>CELLCEPT TAB 500MG</i>	162	<i>chlorpromazine hcl inj 50 mg/2ml</i>	78
<i>CELONTIN CAP 300MG</i>	40	<i>chlorpromazine hcl tab 100 mg</i>	78
<i>CEM-UREA SOL 45%</i>	111	<i>chlorpromazine hcl tab 10 mg</i>	78
<i>CENTANY OIN 2%</i>	102	<i>chlorpromazine hcl tab 200 mg</i>	78
<i>cephalexin cap 250 mg</i>	94	<i>chlorpromazine hcl tab 25 mg</i>	78
<i>cephalexin cap 500 mg</i>	94	<i>chlorpromazine hcl tab 50 mg</i>	78
<i>cephalexin cap 750 mg</i>	94	<i>chlorthalidone tab 25 mg</i>	116
<i>cephalexin for susp 125 mg/5ml</i>	94	<i>chlorthalidone tab 50 mg</i>	116
<i>cephalexin for susp 250 mg/5ml</i>	94	<i>chlorzoxazone tab 500 mg</i>	164
<i>cephalexin tab 250 mg</i>	94	<i>CHOLBAM CAP 250MG</i>	124
<i>cephalexin tab 500 mg</i>	94	<i>CHOLBAM CAP 50MG</i>	124
<i>CEQUR SIMPL KIT PATCH 2U</i>	152	<i>cholestyramine light powder 4 gm/dose</i> ..	53
<i>CERDELGA CAP 84MG</i>	129	<i>cholestyramine light powder packets 4 gm</i>	53
<i>CERVIDIL VAG MIS 10MG INS</i>	171	<i>cholestyramine powder 4 gm/dose</i>	53
<i>CETACAINE AER</i>	112		

<i>cholestyramine powder packets 4 gm</i>	53
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	53
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	53
<i>CIBINQO TAB 100MG</i>	111
<i>CIBINQO TAB 200MG</i>	111
<i>CIBINQO TAB 50MG</i>	111
<i>ciclopirox gel 0.77%</i>	103
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	103
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	103
<i>ciclopirox shampoo 1%</i>	103
<i>ciclopirox solution 8%</i>	103
<i>cilostazol tab 100 mg</i>	129
<i>cilostazol tab 50 mg</i>	129
<i>CIMDUO TAB 300-300</i>	80
<i>cimetidine hcl soln 300 mg/5ml</i>	182
<i>CIMETIDINE SOL 300/5ML</i>	182
<i>cimetidine tab 300 mg</i>	182
<i>cimetidine tab 400 mg</i>	182
<i>cimetidine tab 800 mg</i>	182
<i>CIMZIA PREFL KIT 200MG/ML</i>	124
<i>CIMZIA START KIT 200MG/ML</i>	124
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	119
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	119
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	119
<i>CIPRO (10%) SUS 500MG/5</i>	123
<i>CIPRO (5%) SUS 250MG/5</i>	123
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	171
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	123
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	123
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	168
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	170
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	123
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	123
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	123
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	123
<i>CIPRO TAB 250MG</i>	123
<i>CIPRO TAB 500MG</i>	123
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	41
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	41
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	41
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	41
<i>CLARINEX-D TAB 2.5-120</i>	99
<i>CLARINEX TAB 5MG</i>	52
<i>clarithromycin for susp 125 mg/5ml</i>	133
<i>clarithromycin for susp 250 mg/5ml</i>	133
<i>clarithromycin tab 250 mg</i>	133
<i>clarithromycin tab 500 mg</i>	133
<i>clarithromycin tab er 24hr 500 mg</i>	133
<i>CLEANLET 28G MIS LANCETS</i>	136
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	52
<i>clemastine fumarate tab 2.68 mg</i>	52
<i>CLENPIQ SOL</i>	133
<i>CLEOCIN CAP 150MG</i>	26
<i>CLEOCIN CAP 300MG</i>	26
<i>CLEOCIN CAP 75MG</i>	26
<i>CLEOCIN CRE 2% VAG</i>	185
<i>CLEOCIN PED SOL 75MG/5ML</i>	26
<i>CLEOCIN SUP 100MG</i>	185
<i>CLEOCIN-T LOT 1%</i>	100
<i>CLEVER CHECK MIS</i>	136
<i>CLEVER CHECK MIS 30G</i>	136
<i>CLEVR CHOICE LIQ HIGH</i>	136
<i>CLEVR CHOICE LIQ LOW</i>	136
<i>CLIMARA PRO DIS WEEKLY</i>	121
<i>CLINDAGEL GEL 1%</i>	100
<i>clindamycin hcl cap 150 mg</i>	26
<i>clindamycin hcl cap 300 mg</i>	26
<i>clindamycin hcl cap 75 mg</i>	26
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	26

<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>gel 1.2-2.5%</i>	101
<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>gel 1.2-3.75%</i>	101
<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>gel 1-5%</i>	101
<i>clindamycin phosphate foam 1%</i>	100
<i>clindamycin phosphate gel 1%</i>	100
<i>clindamycin phosphate lotion 1%</i>	100
<i>clindamycin phosphate soln 1%</i>	100
<i>clindamycin phosphate swab 1%</i>	101
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	101
<i>clindamycin phosphate vaginal cream 2%</i>	
.....	185
<i>clindamycin phosph-benzoyl peroxide</i>	
<i>(refrig) gel 1.2 (1)-5%</i>	100
<i>CLINDESSE CRE 2%</i>	185
<i>clobazam suspension 2.5 mg/ml</i>	35
<i>clobazam tab 10 mg</i>	35
<i>clobazam tab 20 mg</i>	35
<i>clobetasol propionate cream 0.05%</i>	108
<i>clobetasol propionate emollient base cream 0.05%</i>	108
<i>clobetasol propionate foam 0.05%</i>	108
<i>clobetasol propionate gel 0.05%</i>	108
<i>clobetasol propionate lotion 0.05%</i>	108
<i>clobetasol propionate oint 0.05%</i>	108
<i>clobetasol propionate shampoo 0.05%</i> ..	108
<i>clobetasol propionate soln 0.05%</i>	108
<i>CLOBEX LOT 0.05%</i>	108
<i>CLOBEX SHA 0.05%</i>	109
<i>CLODERM CRE 0.1%</i>	109
<i>clomiphene citrate tab 50 mg</i>	117
<i>clomipramine hcl cap 25 mg</i>	44
<i>clomipramine hcl cap 50 mg</i>	44
<i>clomipramine hcl cap 75 mg</i>	44
<i>clonazepam orally disintegrating tab 0.125 mg</i>	35
<i>clonazepam orally disintegrating tab 0.25 mg</i>	35
<i>clonazepam orally disintegrating tab 0.5 mg</i>	
.....	35
<i>clonazepam orally disintegrating tab 1 mg</i>	
.....	35
<i>clonazepam orally disintegrating tab 2 mg</i>	
.....	35
<i>clonazepam tab 0.5 mg</i>	35
<i>clonazepam tab 1 mg</i>	35
<i>clonazepam tab 2 mg</i>	35
<i>clonidine hcl tab 0.1 mg</i>	58
<i>clonidine hcl tab 0.2 mg</i>	58
<i>clonidine hcl tab 0.3 mg</i>	58
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2
<i>clonidine tab er 24hr 0.17 mg</i>	58
<i>clonidine td patch weekly 0.1 mg/24hr</i>	58
<i>clonidine td patch weekly 0.2 mg/24hr</i>	58
<i>clonidine td patch weekly 0.3 mg/24hr</i>	58
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	
.....	129
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
.....	129
<i>clorazepate dipotassium tab 15 mg</i>	28
<i>clorazepate dipotassium tab 3.75 mg</i>	28
<i>clorazepate dipotassium tab 7.5 mg</i>	28
<i>clotrimazole troche 10 mg</i>	164
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	103
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	103
<i>clozapine orally disintegrating tab 100 mg</i>	
.....	76
<i>clozapine orally disintegrating tab 12.5 mg</i>	
.....	76
<i>clozapine orally disintegrating tab 150 mg</i>	
.....	77
<i>clozapine orally disintegrating tab 200 mg</i>	
.....	77
<i>clozapine orally disintegrating tab 25 mg</i>	76
<i>clozapine tab 100 mg</i>	77
<i>clozapine tab 200 mg</i>	77
<i>clozapine tab 25 mg</i>	77
<i>clozapine tab 50 mg</i>	77
<i>CLOZARIL TAB 100MG</i>	77
<i>CLOZARIL TAB 200MG</i>	77
<i>CLOZARIL TAB 25MG</i>	77
<i>CLOZARIL TAB 50MG</i>	77

COAGUCHEK MIS LANCETS	136
coal tar soln 20%.....	113
COARTEM TAB 20-120MG	62
codeine sulfate tab 30 mg	15
CODEINE SULF TAB 15MG	15
CODEINE SULF TAB 60MG	15
colchicine tab 0.6 mg.....	127
colchicine w/ probenecid tab 0.5-500 mg	127
colesevelam hcl packet for susp 3.75 gm	53
colesevelam hcl tab 625 mg.....	53
COLESTID FLA GRA 5/7.5GM	53
COLESTID FLA GRA 5GM	53
COLESTID GRA 5GM	53
COLESTID POW 5GM	53
COLESTID TAB 1GM	53
colestipol hcl granule packets 5 gm	53
colestipol hcl granules 5 gm.....	53
colestipol hcl tab 1 gm	53
COMBIPATCH DIS.....	121
COMBIVENT AER 20-100.....	32
COMBIVIR TAB 150-300.....	80
COMETRIQ KIT 100MG	68
COMETRIQ KIT 140MG	68
COMETRIQ KIT 60MG.....	68
COMFORT ASSU MIS LANC 28G	136
COMFORT ASSU MIS LANC 33G	136
COMFORT EZ MIS 21G.....	136
COMFORT EZ MIS 23G	136
COMFORT EZ MIS 28G	136
COMFORT MIS LANCETS	136
COMFORTOUCH MIS LANCET	137
COMFORT TCH MIS LANC 28G	136
COMFORT TCH MIS LANC 30G	136
COMFORT TCH MIS LANC 31G	137
COMFR TOUCH PAD ALC PREP	150
COMPACT SPAC MIS CHAMBER	157
COMPACT SPAC MIS LG MASK.....	157
COMPACT SPAC MIS MD MASK	157
COMPACT SPAC MIS SM MASK.....	157
COMTAN TAB 200MG	71
CONDYLOX GEL 0.5%.....	112
CONTOUR HIGH LIQ CONTROL.....	137
CONTOUR LOW LIQ CONTROL	137
CONTOUR NEXT SOL LEVEL 1.....	137
CONTOUR NEXT SOL LEVEL 2	137
CONTOUR NORM LIQ CONTROL.....	137
CONTROL HIGH SOL UNISTRIP	137
CONTROL LOW SOL UNISTRIP.....	137
CONTROL NORM SOL EASY STP	137
CONTROL SOL LIQ HI/MID/L.....	137
CONTROL SOL LIQ HIGH/LOW.....	137
CONTROL SOL LIQ LEVEL 2	137
CONTROL SOL NORMAL	137
CONZIP CAP 100MG	15
CONZIP CAP 200MG	16
CONZIP CAP 300MG	16
COOL CONTROL SOL A.....	137
COOL CONTROL SOL B	137
COPAXONE INJ 40MG/ML	175
COPIKTRA CAP 15MG	68
COPIKTRA CAP 25MG	68
COREG TAB 12.5MG	85
COREG TAB 25MG.....	85
COREG TAB 3.125MG	85
COREG TAB 6.25MG	85
CORGARD TAB 20MG.....	86
CORGARD TAB 40MG.....	86
CORGARD TAB 80MG.....	86
CORLANOR SOL 5MG/5ML	94
CORLANOR TAB 5MG.....	94
CORLANOR TAB 7.5MG.....	94
CORN SYP	172
CORTANE-B LOT	109
CORTEF TAB 10MG	97
CORTEF TAB 20MG	97
CORTEF TAB 5MG	97
CORTENEMA ENE 100MG	23
CORTIFOAM AER 90MG	23
CORTISPORIN SUS -TC OTIC	171
COSENTYX INJ 150MG/ML	104
COSENTYX INJ 300DOSE	105
COSENTYX INJ 75MG/0.5.....	104
COSENTYX PEN INJ 150MG/ML	105
COSENTYX PEN INJ 300DOSE	105
COSENTYX UNO INJ 300/2ML	105
COSOPT PF SOL 2%-0.5%	166
COSOPT SOL 2-0.5%OP	166

COTELLIC TAB 20MG	68
CREON CAP 12000UNT	114
CREON CAP 24000UNT.....	114
CREON CAP 3000UNIT.....	114
CREON CAP 36000UNT.....	114
CREON CAP 6000UNIT.....	114
CRINONE GEL 4% VAG	185
CRINONE GEL 8% VAG	185
<i>cromolyn sodium ophth soln 4%</i>	170
<i>cromolyn sodium oral conc 100 mg/5ml</i> 124	
<i>cromolyn sodium soln nebu 20 mg/2ml</i> ...30	
<i>crotamiton lotion 10%</i>	113
CURITY PREP PAD ALCOHOL.....	150
CUVPOSA SOL 1MG/5ML.....	182
CVS KETONE TES CARE.....	114
CVS LANCETS MIS 21G.....	137
CVS LANCETS MIS 30G.....	137
CVS LANCETS MIS 33G.....	137
CVS LANCETS MIS ORIGINAL	137
CVS LANCETS MIS THIN 26G.....	137
CVS LANCETS MIS THIN 30G.....	137
CVS LANCETS MIS THIN 33G.....	137
CVS LANCING MIS DEVICE.....	137
<i>cyanocobalamin inj 1000 mcg/ml</i>	129
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	129
<i>cyclobenzaprine hcl tab 10 mg</i>	165
<i>cyclobenzaprine hcl tab 5 mg</i>	164
CYCLOGYL SOL 0.5% OP	167
CYCLOGYL SOL 1% OP	167
CYCLOGYL SOL 2% OP	167
CYCLOMYDRIL SOL OP	167
<i>cyclopentolate hcl ophth soln 0.5%</i>	167
<i>cyclopentolate hcl ophth soln 1%</i>	167
<i>cyclopentolate hcl ophth soln 2%</i>	167
<i>cyclophosphamide cap 25 mg</i>	63
<i>cyclophosphamide cap 50 mg</i>	63
CYCLOPHOSPH TAB 25MG	63
CYCLOPHOSPH TAB 50MG.....	63
<i>cycloserine cap 250 mg</i>	63
CYCLOSET TAB 0.8MG.....	47
<i>cyclosporine cap 100 mg</i>	162
<i>cyclosporine cap 25 mg</i>	162
<i>cyclosporine modified cap 100 mg</i>	162
<i>cyclosporine modified cap 25 mg</i>	162
<i>cyclosporine modified cap 50 mg</i>	162
<i>cyclosporine modified oral soln 100 mg/ml</i>	162
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	52
<i>cyproheptadine hcl tab 4 mg</i>	52
CYSTAGON CAP 150MG	127
CYSTAGON CAP 50MG.....	127
CYSTARAN SOL 0.44%	170
CYTOTEC TAB 100MCG	183
CYTOTEC TAB 200MCG	183
D	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	35
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	35
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	35
<i>dalfampridine tab er 12hr 10 mg</i>	175
<i>danazol cap 100 mg</i>	23
<i>danazol cap 200 mg</i>	23
<i>danazol cap 50 mg</i>	23
DANTRIUM CAP 25MG.....	165
<i>dantrolene sodium cap 100 mg</i>	165
<i>dantrolene sodium cap 25 mg</i>	165
<i>dantrolene sodium cap 50 mg</i>	165
<i>dapsone gel 5%</i>	101
<i>dapsone gel 7.5%</i>	101
<i>dapsone tab 100 mg</i>	25
<i>dapsone tab 25 mg</i>	25
DAPTACEL INJ	181
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	184
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	184
<i>darunavir tab 600 mg</i>	80
<i>darunavir tab 800 mg</i>	80
<i>dasatinib tab 100 mg</i>	68
<i>dasatinib tab 140 mg</i>	68
<i>dasatinib tab 20 mg</i>	68
<i>dasatinib tab 50 mg</i>	68
<i>dasatinib tab 70 mg</i>	68
<i>dasatinib tab 80 mg</i>	68
DAYBUE SOL 200MG/ML	166

DAYPRO TAB 600MG	11
DAYVIGO TAB 10MG.....	132
DAYVIGO TAB 5MG.....	132
DDAVP TAB 0.1MG.....	120
DDAVP TAB 0.2MG	120
DEBACTEROL SOL 30-50%	164
deferasirox granules packet 180 mg	49
deferasirox granules packet 360 mg	49
deferasirox granules packet 90 mg	49
deferasirox tab 180 mg.....	49
deferasirox tab 360 mg.....	49
deferasirox tab 90 mg	49
deferasirox tab for oral susp 125 mg	49
deferasirox tab for oral susp 250 mg	49
deferasirox tab for oral susp 500 mg	49
deferiprone tab 1000 mg	49
deferiprone tab 500 mg	49
deflazacort susp 22.75 mg/ml.....	97
deflazacort tab 18 mg	97
deflazacort tab 30 mg	97
deflazacort tab 36 mg	97
deflazacort tab 6 mg.....	97
DELESTROGEN INJ 10MG/ML.....	122
DELESTROGEN INJ 20MG/ML.....	122
DELESTROGEN INJ 40MG/ML.....	122
demeclacycline hcl tab 150 mg	179
demeclacycline hcl tab 300 mg	179
DEM SER CAP 250MG.....	57
DENAVIR CRE 1%	107
DEPEN TITRA TAB 250MG	161
DEPO-ESTRADI INJ 5MG/ML.....	122
DEPO-PROVERA INJ 150MG/ML	97
DEPO-SQ PROV INJ 104	97
DERMA-SMOOTH OIL /FS BODY	109
DERMA-SMOOTH OIL /FS SCLP	109
DERMOTIC OIL 0.01%	171
DESCOVY TAB 120-15MG.....	80
DESCOVY TAB 200/25MG.....	80
desipramine hcl tab 100 mg	44
desipramine hcl tab 10 mg.....	44
desipramine hcl tab 150 mg	44
desipramine hcl tab 25 mg	44
desipramine hcl tab 50 mg	44
desipramine hcl tab 75 mg	44
desloratadine tab 5 mg	52
desloratadine tab orally disintegrating 2.5 mg.....	52
desloratadine tab orally disintegrating 5 mg	52
desmopressin acetate nasal spray soln 0.01%	120
desmopressin acetate nasal spray soln 0.01% (refrigerated)	120
desmopressin acetate tab 0.1 mg	120
desmopressin acetate tab 0.2 mg.....	120
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	95
desogest-ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-mg	95
desogestrel & ethinyl estradiol tab 0.15 mg- 30 mcg.....	95
desonide cream 0.05%	109
desonide lotion 0.05%	109
desonide oint 0.05%.....	109
DESOWEN CRE 0.05%	109
desoximetasone cream 0.05%	109
desoximetasone cream 0.25%	109
desoximetasone gel 0.05%	109
desoximetasone oint 0.25%	109
desoximetasone spray 0.25%	109
DESOXYN TAB 5MG	1
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	43
desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....	43
desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....	43
DESVENLAFAX TAB 100MG ER	43
DESVENLAFAX TAB 50MG ER.....	42
DETROL TAB 1MG	184
DETROL TAB 2MG.....	184
DEXAMETHASON CON 1MG/ML.....	97
dexamethasone elixir 0.5 mg/5ml.....	97
dexamethasone sodium phosphate ophth soln 0.1%	169
dexamethasone soln 0.5 mg/5ml.....	97
dexamethasone tab 0.5 mg	97
dexamethasone tab 0.75 mg.....	97

<i>dexamethasone tab 1.5 mg</i>	97	<i>dextroamphetamine sulfate tab 10 mg</i>	1
<i>dexamethasone tab 1 mg</i>	97	<i>dextroamphetamine sulfate tab 15 mg</i>	2
<i>dexamethasone tab 2 mg</i>	98	<i>dextroamphetamine sulfate tab 2.5 mg</i>	1
<i>dexamethasone tab 4 mg</i>	98	<i>dextroamphetamine sulfate tab 20 mg</i>	2
<i>dexamethasone tab 6 mg</i>	98	<i>dextroamphetamine sulfate tab 30 mg</i>	2
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	98	<i>dextroamphetamine sulfate tab 5 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	98	<i>dextroamphetamine sulfate tab 7.5 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	98	<i>DHIVY TAB 25-100MG</i>	72
<i>DEXCOM G6 MIS RECEIVER</i>	137	<i>DIASCREEN 10 MIS</i>	137
<i>DEXCOM G6 MIS SENSOR</i>	137	<i>DIASCREEN 3 MIS</i>	137
<i>DEXCOM G6 MIS TRANSMIT</i>	137	<i>DIASCREEN 5 MIS</i>	137
<i>DEXCOM G7 MIS RECEIVER</i>	137	<i>DIASCREEN 6 MIS</i>	137
<i>DEXCOM G7 MIS SENSOR</i>	137	<i>DIASCREEN 7 MIS</i>	137
<i>DEXEDRINE CAP 10MG CR</i>	1	<i>DIASCREEN 8 MIS</i>	137
<i>DEXEDRINE CAP 15MG CR</i>	1	<i>DIASCREEN 9 MIS</i>	137
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	3	<i>DIASCREEN MIS 1B</i>	137
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	3	<i>DIASCREEN MIS 1G</i>	137
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	3	<i>DIASCREEN MIS 1K</i>	137
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	3	<i>DIASCREEN MIS 2GK</i>	137
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	3	<i>DIASCREEN MIS 2GP</i>	138
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	3	<i>DIASCREEN MIS 4NL</i>	138
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	3	<i>DIASCREEN MIS 4OBL</i>	138
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	3	<i>DIASCREEN MIS 4PH</i>	138
<i>dexmethylphenidate hcl tab 10 mg</i>	3	<i>DIASCREEN MIS CONTROL</i>	138
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3	<i>DIASTAT ACDL GEL 12.5-20</i>	35
<i>dexmethylphenidate hcl tab 5 mg</i>	3	<i>DIASTAT ACDL GEL 5-10MG</i>	35
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	<i>DIASTAT PED GEL 2.5M GEL</i>	35
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	<i>DIASTIX TES STRIPS</i>	114
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	<i>DIATHRIVE LIQ CONTROL</i>	138
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	<i>DIATHRIVE MIS LANCETS</i>	138

<i>diazepam tab 2 mg</i>	28	DILAUDID LIQ 1MG/ML.....	16
<i>diazepam tab 5 mg</i>	28	DILAUDID TAB 2MG	16
<i>diazoxide susp 50 mg/ml</i>	46	DILAUDID TAB 4MG	16
<i>DIBENZYLINE CAP 10MG</i>	57	DILAUDID TAB 8MG	16
<i>dichlorphenamide tab 50 mg</i>	115	<i>diltiazem hcl cap er 12hr 120 mg</i>	87
<i>DICLEGIS TAB 10-10MG</i>	50	<i>diltiazem hcl cap er 12hr 60 mg</i>	87
<i>diclofenac epolamine patch 1.3%</i>	102	<i>diltiazem hcl cap er 12hr 90 mg</i>	87
<i>diclofenac potassium tab 50 mg</i>	12	<i>diltiazem hcl cap er 24hr 120 mg</i>	87
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	104	<i>diltiazem hcl cap er 24hr 180 mg</i>	87
<i>diclofenac sodium ophth soln 0.1%</i>	170	<i>diltiazem hcl cap er 24hr 240 mg</i>	87
<i>diclofenac sodium soln 1.5%</i>	102	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	87
<i>diclofenac sodium tab delayed release 25 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	87
<i>diclofenac sodium tab delayed release 50 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	87
<i>diclofenac sodium tab delayed release 75 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	87
<i>diclofenac sodium tab er 24hr 100 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	87
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	12	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	87
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	12	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	87
<i>dicloxacillin sodium cap 250 mg</i>	172	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	87
<i>dicloxacillin sodium cap 500 mg</i>	172	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	87
<i>dicyclomine hcl cap 10 mg</i>	182	<i>diltiazem hcl tab 120 mg</i>	88
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	182	<i>diltiazem hcl tab 30 mg</i>	88
<i>dicyclomine hcl tab 20 mg</i>	182	<i>diltiazem hcl tab 60 mg</i>	88
<i>DIFFERIN CRE 0.1%</i>	101	<i>diltiazem hcl tab 90 mg</i>	88
<i>DIFFERIN GEL 0.1%</i>	101	<i>dimethyl fumarate capsule delayed release 120 mg</i>	175
<i>DIFFERIN GEL 0.3%</i>	101	<i>dimethyl fumarate capsule delayed release 240 mg</i>	176
<i>DIFICID SUS</i>	134	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	176
<i>DIFICID TAB 200MG</i>	134	<i>DIP/TET PED INJ 25-5LFU</i>	181
<i>DIFLUCAN SUS 10MG/ML</i>	51	<i>DIPENTUM CAP 250MG</i>	125
<i>DIFLUCAN SUS 40MG/ML</i>	51		
<i>DIFLUCAN TAB 100MG</i>	51		
<i>DIFLUCAN TAB 150MG</i>	51		
<i>DIFLUCAN TAB 200MG</i>	51		
<i>diflunisal tab 500 mg</i>	15		
<i>dilfuprednate ophth emulsion 0.05%</i>	169		
<i>digoxin oral soln 0.05 mg/ml</i>	89		
<i>digoxin tab 125 mcg (0.125 mg)</i>	89		
<i>digoxin tab 250 mcg (0.25 mg)</i>	89		
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	89		

diphenoxylate w/ atropine liq 2.5-0.025	132
mg/5ml	49
diphenoxylate w/ atropine tab 2.5-0.025	
mg	49
DIPROLENE OIN 0.05%.....	109
dipyridamole tab 25 mg	129
dipyridamole tab 50 mg.....	129
dipyridamole tab 75 mg	129
disopyramide phosphate cap 100 mg	29
disopyramide phosphate cap 150 mg	29
disulfiram tab 250 mg	172
disulfiram tab 500 mg	172
DITROPAN XL TAB 10MG.....	184
DITROPAN XL TAB 5MG	184
DIURIL SUS 250/5ML	116
divalproex sodium cap delayed release	
sprinkle 125 mg.....	40
divalproex sodium tab delayed release 125	
mg	40
divalproex sodium tab delayed release 250	
mg	40
divalproex sodium tab delayed release 500	
mg	40
divalproex sodium tab er 24 hr 250 mg	40
divalproex sodium tab er 24 hr 500 mg....	40
DIVIGEL GEL 0.25MG.....	122
DIVIGEL GEL 0.5MG.....	122
DIVIGEL GEL 0.75MG.....	122
DIVIGEL GEL 1.25MG.....	122
DIVIGEL GEL 1MG/GM	122
dofetilide cap 125 mcg (0.125 mg)	29
dofetilide cap 250 mcg (0.25 mg)	29
dofetilide cap 500 mcg (0.5 mg)	29
donepezil hydrochloride orally	
disintegrating tab 10 mg	173
donepezil hydrochloride orally	
disintegrating tab 5 mg	173
donepezil hydrochloride tab 10 mg	173
donepezil hydrochloride tab 23 mg	173
donepezil hydrochloride tab 5 mg.....	173
DONNATAL ELX GRAPE	182
DONNATAL ELX MINT	182
DONNATAL TAB 16.2MG.....	182
DOPTELET TAB 20MG.....	130
DORAL TAB 15MG	132
dorzolamide hcl ophth soln 2%	170
dorzolamide hcl-timolol maleate ophth soln	
2-0.5%	166
dorzolamide hcl-timolol maleate pf ophth	
soln 2-0.5%	166
DORZOLAMIDE SOL 2%.....	170
DOVATO TAB 50-300MG.....	80
doxazosin mesylate tab 1 mg	58
doxazosin mesylate tab 2 mg	58
doxazosin mesylate tab 4 mg.....	58
doxazosin mesylate tab 8 mg	58
doxepin hcl (sleep) tab 3 mg (base equiv)	
.....	131
doxepin hcl (sleep) tab 6 mg (base equiv)	
.....	131
doxepin hcl cap 100 mg	44
doxepin hcl cap 10 mg.....	44
doxepin hcl cap 150 mg	44
doxepin hcl cap 25 mg	44
doxepin hcl cap 50 mg	44
doxepin hcl cap 75 mg	44
doxepin hcl conc 10 mg/ml	44
doxercalciferol cap 0.5 mcg	119
doxercalciferol cap 1 mcg	119
doxercalciferol cap 2.5 mcg	119
doxycycline hyclate cap 100 mg	179
doxycycline hyclate cap 50 mg	179
doxycycline hyclate tab 100 mg	179
doxycycline hyclate tab 20 mg	179
doxycycline monohydrate cap 100 mg ...	179
doxycycline monohydrate cap 50 mg	179
doxycycline monohydrate for susp 25	
mg/5ml.....	179
doxycycline monohydrate tab 100 mg	180
doxycycline monohydrate tab 150 mg	180
doxycycline monohydrate tab 50 mg	179
doxycycline monohydrate tab 75 mg	179
doxylamine-pyridoxine tab delayed release	
10-10 mg	50
DRISDOL CAP 50000UNT	186
dronabinol cap 10 mg	50
dronabinol cap 2.5 mg	50
dronabinol cap 5 mg.....	50

DROPLET GENT MIS LANCING	138
DROPLET LANC MIS 30G.....	138
DROPLET LANC MIS DEVICE	138
DROPLET PERS MIS LANC 30G	138
DROPSAFE MIS SICURA.....	152
<i>drospirenone-ethinyl estradiol tab 3-0.02</i>	
<i>mg</i>	95
<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>mg</i>	95
<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>tab 3-0.02-0.451 mg</i>	95
<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>tab 3-0.03-0.451 mg</i>	95
DROXIA CAP 200MG	129
DROXIA CAP 300MG	129
DROXIA CAP 400MG	129
<i>droxidopa cap 100 mg</i>	186
<i>droxidopa cap 200 mg.....</i>	186
<i>droxidopa cap 300 mg</i>	186
DRYSOL SOL 20%.....	113
DUAVEE TAB 0.45-20	121
DUETACT TAB 30-2MG	45
DUETACT TAB 30-4MG	45
DUEXIS TAB 800-26.6.....	12
DULERA AER 100-5MCG.....	32
DULERA AER 200-5MCG	32
DULERA AER 50-5MCG	32
<i>duloxetine hcl enteric coated pellets cap 20</i>	
<i>mg (base eq)</i>	43
<i>duloxetine hcl enteric coated pellets cap 30</i>	
<i>mg (base eq)</i>	43
<i>duloxetine hcl enteric coated pellets cap 40</i>	
<i>mg (base eq)</i>	43
<i>duloxetine hcl enteric coated pellets cap 60</i>	
<i>mg (base eq)</i>	43
DUO-CARE LIQ LEVEL1/2.....	138
DUPIXENT INJ 100/0.67	111
DUPIXENT INJ 200/1.14	111
DUPIXENT INJ 200MG	111
DUPIXENT INJ 300/2ML.....	111
DUREZOL EMU 0.05%	169
<i>dutasteride cap 0.5 mg</i>	127
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	
<i>.....</i>	127

E

EASIVENT MIS.....	157
EASIVENT MIS MASK LG.....	157
EASIVENT MIS MASK MED	157
EASIVENT MIS MASK SM.....	157
EASY COMFORT MIS 30G.....	138
EASY COMFORT MIS LANC/30G	138
EASY COMFORT MIS TWIST	138
EASY COMFORT PAD ALCOHOL.....	150
EASY GLIDE MIS 1ML SYR	152
EASY GLIDE MIS 3ML SYR	152
EASYMAX 15 LIQ LEVEL2-3	139
EASYMAX 15 SOL LEVEL 2	139
EASYMAX LIQ NORM/HIG.....	139
EASYMAX SOL NORMAL	139
EASY MINI MIS.....	138
EASY MINI MIS EJECT	138
EASY PLUS II SOL HIGH.....	138
EASY PLUS II SOL LOW	138
EASYPOINT MIS 18GX1.....	152
EASYPOINT MIS 18GX1.5.....	152
EASYPOINT MIS 22GX1.5	152
EASYPOINT MIS 23GX1	152
EASYPOINT MIS 25GX1	152
EASYPOINT MIS 25GX5/8	152
EASYSTEP HGH SOL CONTROL	139
EASYSTEP LOW SOL CONTROL	139
EASY TALK PL SOL HIGH.....	138
EASY TALK PL SOL LOW	138
EASY TALK SOL HIGH	138
EASY TALK SOL LOW	138
EASY TALK SOL NORMAL	138
EASY TOUCH LIQ HIGH/LOW	138
EASY TOUCH MIS.....	138
EASY TOUCH MIS /EJECTOR	138
EASY TOUCH MIS LANC/21G	138
EASY TOUCH MIS LANC/23G	138
EASY TOUCH MIS LANC/26G	138
EASY TOUCH MIS LANC/28G	139
EASY TOUCH MIS LANC/30G	139
EASY TOUCH MIS LANC/32G	139
EASY TOUCH MIS LANC/33G	139
EASY TOUCH SOL CONTROL.....	139
EASY TOUCH SOL HIGH/LOW	139

EASY TRAK II LIQ NORMAL	139
EASY TRAK SOL HIGH	139
EASY TRAK SOL LOW	139
EASY TRAK SOL NORMAL	139
EC-NAPROSYN TAB 375MG	12
EC-NAPROSYN TAB 500MG	12
econazole nitrate cream 1%.....	103
ECOZA AER 1%	103
EDECRIN TAB 25MG.....	116
EDEX KIT 10MCG	91
EDEX KIT 20MCG.....	91
EDEX KIT 40MCG	91
efavirenz cap 200 mg.....	81
efavirenz cap 50 mg	80
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	81
efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg.....	81
efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg.....	81
efavirenz tab 600 mg	81
EFFER-K TAB 10MEQ	160
EFFER-K TAB 20MEQ	160
EFFIENT TAB 10MG	129
EFFIENT TAB 5MG.....	129
EFUDEX CRE 5%	104
EGRIFTA SV INJ 2MG	118
ELEMENT CONT LIQ NORMAL.....	139
ELEMENT LIQ HIGH	139
ELEMENT LIQ LOW	139
ELEMNT COMPA SOL LEVEL 2	139
ELEMNT COMPA SOL LEVEL 3	139
ELESTRIN GEL 0.06%	122
eletriptan hydrobromide tab 20 mg (base equivalent)	159
eletriptan hydrobromide tab 40 mg (base equivalent)	159
ELIQUIS ST P TAB 5MG.....	33
ELIQUIS TAB 2.5MG.....	33
ELIQUIS TAB 5MG.....	33
ELLA TAB 30MG.....	97
EMBRACE CNTR LIQ HIGH	139
EMBRACE EVO LIQ LEVEL 1.....	139
EMBRACE LANC MIS /EJECTOR	139
EMBRACE LANC MIS 21G.....	139
EMBRACE LANC MIS 28G.....	139
EMBRACE LANC MIS THIN 30G.....	139
EMBRACE PRO LIQ GLUCOSE	139
EMBRACE SOL LOW	139
EMBRACE TALK SOL HIGH/L2.....	139
EMBRACE TALK SOL LOW/L1.....	139
EMCYT CAP 140MG	65
EMEND CAP 80MG	51
EMEND SUS 125MG.....	51
EMEND TRIPAC PAK 80 & 125.....	51
EMGALITY INJ 100MG/ML	158
EMGALITY INJ 120MG/ML.....	158
EMSAM DIS 12MG/24H	41
EMSAM DIS 6MG/24HR	41
EMSAM DIS 9MG/24HR	41
emtricitabine caps 200 mg.....	81
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	81
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	81
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	81
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	81
EMTRIVA CAP 200MG	81
EMTRIVA SOL 10MG/ML	81
EMVERM CHW 100MG.....	24
enalapril maleate & hydrochlorothiazide tab 10-25 mg	60
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	60
enalapril maleate oral soln 1 mg/ml.....	56
enalapril maleate tab 10 mg.....	56
enalapril maleate tab 2.5 mg	56
enalapril maleate tab 20 mg	56
enalapril maleate tab 5 mg	56
ENBREL INJ 25/0.5ML.....	14
ENBREL INJ 25MG	14
ENBREL INJ 50MG/ML	14
ENBREL MINI INJ 50MG/ML	15
ENBREL SRCLK INJ 50MG/ML.....	15
ENDARI POW 5GM	129
ENDOMETRIN SUP 100MG	185

enoxaparin sodium inj 300 mg/3ml	34
enoxaparin sodium inj soln pref syr 100 mg/ml	34
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	34
enoxaparin sodium inj soln pref syr 150 mg/ml	34
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	34
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	34
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	34
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	34
ENSPRYNG INJ	162
ENSTILAR AER.....	109
entacapone tab 200 mg.....	71
entecavir tab 0.5 mg.....	83
entecavir tab 1 mg	83
ENTEREG CAP 12MG.....	126
ENTRESTO CAP 15-16MG.....	90
ENTRESTO CAP 6-6MG.....	90
ENTRESTO TAB 24-26MG.....	90
ENTRESTO TAB 49-51MG	90
ENTRESTO TAB 97-103MG	90
ENVARSUS XR TAB 0.75MG.....	162
ENVARSUS XR TAB 1MG	162
ENVARSUS XR TAB 4MG.....	162
EPCLUSA PAK 150-37.5.....	83
EPCLUSA PAK 200-50MG.....	83
EPCLUSA TAB 200-50MG.....	83
EPCLUSA TAB 400-100	83
EPIDIOLEX SOL 100MG/ML	36
EPIDUO FORTE GEL 0.3-2.5%.....	101
EPIDUO GEL 0.1-2.5%	101
EPIFOAM AER 1%	109
epinastine hcl ophth soln 0.05%	170
epinephrine hcl nasal soln 0.1%	166
epinephrine inj 1 mg/ml (1:1000).....	186
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000).....	186
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....	186

epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	186
EPIVIR SOL 10MG/ML	81
EPIVIR TAB 150MG	81
EPIVIR TAB 300MG	81
eplerenone tab 25 mg	62
eplerenone tab 50 mg	62
EPZICOM TAB 600-300	81
EQL LANCETS MIS 21G COLR	139
EQL LANCETS MIS 33G COLR.....	139
EQL LANCETS MIS THIN 26G.....	139
EQL LANCETS MIS THIN 30G.....	139
EQUETRO CAP 100MG.....	74
EQUETRO CAP 200MG	74
EQUETRO CAP 300MG	74
ergocalciferol cap 1.25 mg (50000 unit)	186
ergoloid mesylates tab 1 mg.....	177
ERGOMAR SUB 2MG.....	158
ERIVEDGE CAP 150MG	65
ERLEADA TAB 240MG	66
ERLEADA TAB 60MG	66
erlotinib hcl tab 100 mg (base equivalent)	65
erlotinib hcl tab 150 mg (base equivalent)	65
erlotinib hcl tab 25 mg (base equivalent)	.65
ERTACZO CRE 2%.....	103
ERYGEL GEL 2%	101
erythromycin ethylsuccinate for susp 200 mg/5ml.....	133
erythromycin ethylsuccinate for susp 400 mg/5ml.....	134
erythromycin ethylsuccinate tab 400 mg	134
erythromycin gel 2%	101
erythromycin ophth oint 5 mg/gm	168
erythromycin pads 2%	101
erythromycin soln 2%.....	101
erythromycin stearate tab 250 mg.....	134
erythromycin tab 250 mg	134
erythromycin tab 500 mg	134
erythromycin tab delayed release 250 mg	134
erythromycin tab delayed release 333 mg	134

<i>erythromycin tab delayed release 500 mg</i>	134
<i>erythromycin w/ delayed release particles cap 250 mg</i>	134
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	41
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	41
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	41
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	41
<i>ESGIC TAB</i>	15
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	183
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	183
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	183
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	183
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	183
<i>ESSENTRA MIS 9X9</i>	150
<i>estazolam tab 1 mg</i>	132
<i>estazolam tab 2 mg</i>	132
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	121
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	121
<i>ESTRACE TAB 0.5MG</i>	122
<i>ESTRACE TAB 1MG</i>	122
<i>ESTRACE TAB 2MG</i>	122
<i>ESTRACE VAG CRE 0.01%</i>	185
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	121
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	121
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	122
<i>estradiol tab 0.5 mg</i>	122
<i>estradiol tab 1 mg</i>	122
<i>estradiol tab 2 mg</i>	122
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	122
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	122
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	122
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	122
<i>estradiol td gel 1 mg/gm (0.1%)</i>	122
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	122
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	123
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	123
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	123
<i>estradiol td patch weekly 0.025 mg/24hr</i>	123
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	123
<i>estradiol td patch weekly 0.05 mg/24hr</i>	123
<i>estradiol td patch weekly 0.06 mg/24hr</i>	123
<i>estradiol td patch weekly 0.075 mg/24hr</i>	123
<i>estradiol td patch weekly 0.1 mg/24hr</i>	123
<i>estradiol vaginal cream 0.1 mg/gm</i>	185
<i>estradiol valerate im in oil 10 mg/ml</i>	123
<i>estradiol valerate im in oil 20 mg/ml</i>	123
<i>estradiol valerate im in oil 40 mg/ml</i>	123
<i>ESTROGEL GEL 0.06%</i>	123
<i>eszopiclone tab 1 mg</i>	132
<i>eszopiclone tab 2 mg</i>	132
<i>eszopiclone tab 3 mg</i>	132
<i>ethacrynic acid tab 25 mg</i>	116
<i>ethambutol hcl tab 100 mg</i>	63
<i>ethambutol hcl tab 400 mg</i>	63
<i>ethosuximide cap 250 mg</i>	40
<i>ethosuximide soln 250 mg/5ml</i>	40
<i>ETHYL CHLOR AER FINE PIN</i>	112
<i>ETHYL CHLOR AER FN STRM</i>	112
<i>ETHYL CHLOR AER MED JET</i>	112
<i>ETHYL CHLOR AER MED STRM</i>	112
<i>ETHYL CHLOR AER MIST</i>	112
<i>ethyl chloride aerosol spray</i>	112
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	95

<i>ethynodiol diacetate & ethinyl estradiol tab</i>	52
1 mg-50 mcg	95
<i>etodolac cap 200 mg</i>	12
<i>etodolac cap 300 mg</i>	12
<i>etodolac tab 400 mg</i>	12
<i>etodolac tab 500 mg</i>	12
<i>etodolac tab er 24hr 400 mg</i>	12
<i>etodolac tab er 24hr 500 mg</i>	12
<i>etodolac tab er 24hr 600 mg</i>	12
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	97
<i>etoposide cap 50 mg</i>	71
<i>etravirine tab 100 mg</i>	81
<i>etravirine tab 200 mg</i>	81
EUA PATIENT MIS ASSESS	163
EUCRISA OIN 2%	113
EVAMIST SPR 1.53MG	123
<i>everolimus tab 0.25 mg</i>	162
<i>everolimus tab 0.5 mg</i>	162
<i>everolimus tab 0.75 mg</i>	162
<i>everolimus tab 10 mg</i>	68
<i>everolimus tab 1 mg</i>	162
<i>everolimus tab 2.5 mg</i>	68
<i>everolimus tab 5 mg</i>	68
<i>everolimus tab 7.5 mg</i>	68
<i>everolimus tab for oral susp 2 mg</i>	68
<i>everolimus tab for oral susp 3 mg</i>	68
<i>everolimus tab for oral susp 5 mg</i>	68
EVISTA TAB 60MG	118
EVOCLIN AER 1%	101
EVOLUTION SOL NORMAL	139
EVOTAZ TAB 300-150	81
EVOXAC CAP 30MG	164
EVRYSDI SOL	166
EXELDERM CRE 1%	103
EXELDERM SOL 1%	103
EXELON DIS 13.3/24	173
EXELON DIS 4.6MG/24	173
EXELON DIS 9.5MG/24	173
<i>exemestane tab 25 mg</i>	66
EXTINA AER 2%	103
EYSUVIS DRO 0.25%	169
<i>ezetimibe-simvastatin tab 10-10 mg</i>	52
<i>ezetimibe-simvastatin tab 10-20 mg</i>	52
<i>ezetimibe-simvastatin tab 10-40 mg</i>	52
<i>ezetimibe-simvastatin tab 10-80 mg</i>	52
<i>ezetimibe tab 10 mg</i>	55
E-ZJECT LANC MIS 33G	138
E-Z JECT MIS 21G	138
E-Z JECT MIS 21G COLR	138
E-Z JECT MIS 30G	138
E-Z JECT MIS 32G COLR	138
E-Z JECT MIS LANC 21G	138
E-Z JECT MIS THIN 26G	138
EZ-LETS 21G MIS LANCETS	139
EZ-LETS 26G MIS LANCETS	139
EZ-LETS 28G MIS LANCETS	139
EZ-LETS 30G MIS LANCETS	139
F	
FABHALTA CAP 200MG	128
<i>famciclovir tab 125 mg</i>	84
<i>famciclovir tab 250 mg</i>	84
<i>famciclovir tab 500 mg</i>	84
<i>famotidine for susp 40 mg/5ml</i>	182
<i>famotidine tab 40 mg</i>	183
FARESTON TAB 60MG	66
FARXIGA TAB 10MG	48
FARXIGA TAB 5MG	48
FASENRA INJ 10MG/0.5	30
FASENRA PEN INJ 30MG/ML	30
FASTCLIX MIS LANCETS	139
FC2 FEMALE MIS CONDOM	134
<i>febuxostat tab 40 mg</i>	127
<i>febuxostat tab 80 mg</i>	127
<i>felbamate susp 600 mg/5ml</i>	39
<i>felbamate tab 400 mg</i>	39
<i>felbamate tab 600 mg</i>	39
FELBATOL SUS 600/5ML	39
FELBATOL TAB 400MG	39
FELBATOL TAB 600MG	39
FELDENE CAP 10MG	12
FELDENE CAP 20MG	12
<i>felodipine tab er 24hr 10 mg</i>	88
<i>felodipine tab er 24hr 2.5 mg</i>	88
<i>felodipine tab er 24hr 5 mg</i>	88
FEMARA TAB 2.5MG	66
FEMCAP MIS 22MM	134
FEMCAP MIS 26MM	134

FEMCAP MIS 30MM	134
FEM PH GEL	185
<i>fenofibrate cap 150 mg</i>	53
<i>fenofibrate micronized cap 134 mg</i>	53
<i>fenofibrate micronized cap 200 mg</i>	53
<i>fenofibrate micronized cap 43 mg</i>	53
<i>fenofibrate micronized cap 67 mg</i>	53
<i>fenofibrate tab 145 mg</i>	53
<i>fenofibrate tab 160 mg</i>	53
<i>fenofibrate tab 48 mg</i>	53
<i>fenofibrate tab 54 mg</i>	53
<i>fenofibric acid tab 105 mg</i>	54
<i>fenofibric acid tab 35 mg</i>	54
FENOGLIDE TAB 40MG	54
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	16
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	16
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	16
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	16
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	16
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	16
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	16
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	16
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	16
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	16
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	16
<i>fentanyl td patch 72hr 100 mcg/hr</i>	16
<i>fentanyl td patch 72hr 12 mcg/hr</i>	16
<i>fentanyl td patch 72hr 25 mcg/hr</i>	16
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	16
<i>fentanyl td patch 72hr 50 mcg/hr</i>	16
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	16
<i>fentanyl td patch 72hr 75 mcg/hr</i>	16
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	16
FENTORA TAB 100MCG	16
FENTORA TAB 200MCG.....	16
FENTORA TAB 400MCG.....	17
FENTORA TAB 600MCG.....	17
FENTORA TAB 800MCG.....	17
<i>fesoterodine fumarate tab er 24hr 4 mg</i> .	184
<i>fesoterodine fumarate tab er 24hr 8 mg</i> .	184
FETZIMA CAP 120MG.....	43
FETZIMA CAP 20MG	43
FETZIMA CAP 40MG	43
FETZIMA CAP 80MG	43
FETZIMA CAP TITRATIO	43
FIASP FLEX INJ TOUCH	47
FIASP INJ 100/ML.....	47
FIASP PENFIL INJ U-100	47
FIBRICOR TAB 105MG.....	54
FIBRICOR TAB 35MG	54
FIFTY50 PREP PAD PADS	150
FIFTY50 SAFE MIS LANCETS	139
FILL NEEDLE MIS 18GX1.5	152
FILTER NEEDL MIS 18GX1.5	152
FILTER NEEDL MIS 20GX1.5.....	152
FINACEA AER 15%	113
<i>finasteride tab 5 mg</i>	127
FINE 30 MIS.....	140
FINGERSTIX MIS LANCETS	140
<i> fingolimod hcl cap 0.5 mg (base equiv)</i> ..	176
FIORICET CAP CODEINE	21
FIRDAPSE TAB 10MG	63
FLAGYL CAP 375MG	24
<i>flavoxate hcl tab 100 mg</i>	185
<i>flecainide acetate tab 100 mg</i>	29
<i>flecainide acetate tab 150 mg</i>	29
<i>flecainide acetate tab 50 mg</i>	29
FLECTOR DIS 1.3%	102
FLEXICHAMBER MIS.....	157
FLEXICHAMBER MIS MASK LRG	157
FLEXICHAMBER MIS MASK SM	157
FLOMAX CAP 0.4MG	127
<i>fluconazole for susp 10 mg/ml</i>	51
<i>fluconazole for susp 40 mg/ml</i>	51
<i>fluconazole tab 100 mg</i>	51
<i>fluconazole tab 150 mg</i>	51
<i>fluconazole tab 200 mg</i>	51

<i>fluconazole tab 50 mg</i>	51	<i>flurbiprofen tab 50 mg</i>	12
<i>flucytosine cap 250 mg</i>	51	<i>flutamide cap 125 mg</i>	66
<i>fludrocortisone acetate tab 0.1 mg</i>	99	<i>fluticasone propionate cream 0.05%</i>	109
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	166	<i>fluticasone propionate lotion 0.05%</i>	109
<i>fluocinolone acetonide (otic) oil 0.01%</i>	171	<i>fluticasone propionate nasal susp 50 mcg/act</i>	166
<i>fluocinolone acetonide cream 0.01%</i>	109	<i>fluticasone propionate oint 0.005%</i>	109
<i>fluocinolone acetonide cream 0.025%</i> ...	109	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	32
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	109	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	32
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	109	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	32
<i>fluocinolone acetonide oint 0.025%</i>	109	<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	54
<i>fluocinolone acetonide soln 0.01%</i>	109	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	54
<i>fluocinonide cream 0.05%</i>	109	<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	54
<i>fluocinonide emulsified base cream 0.05%</i>	109	<i>fluvoxamine maleate cap er 24hr 100 mg</i> 42	
<i>fluocinonide gel 0.05%</i>	109	<i>fluvoxamine maleate cap er 24hr 150 mg</i> .42	
<i>fluocinonide oint 0.05%</i>	109	<i>fluvoxamine maleate tab 100 mg</i>	42
<i>fluocinonide soln 0.05%</i>	109	<i>fluvoxamine maleate tab 25 mg</i>	42
<i>fluorometholone ophth susp 0.1%</i>	169	<i>fluvoxamine maleate tab 50 mg</i>	42
<i>fluorouracil cream 5%</i>	104	<i>FOCALIN TAB 10MG</i>	4
<i>fluorouracil soln 2%</i>	104	<i>FOCALIN TAB 2.5MG</i>	3
<i>fluorouracil soln 5%</i>	104	<i>FOCALIN TAB 5MG</i>	3
<i>fluoxetine hcl cap 10 mg</i>	41	<i>folic acid tab 1 mg</i>	129
<i>fluoxetine hcl cap 20 mg</i>	41	<i>FOLLISTIM AQ INJ 300UNIT</i>	117
<i>fluoxetine hcl cap 40 mg</i>	42	<i>FOLLISTIM AQ INJ 600UNIT</i>	117
<i>fluoxetine hcl cap delayed release 90 mg</i> 42		<i>FOLLISTIM AQ INJ 900UNIT</i>	118
<i>fluoxetine hcl solution 20 mg/5ml</i>	42	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	34
<i>fluoxetine hcl tab 10 mg</i>	42	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	34
<i>fluoxetine hcl tab 20 mg</i>	42	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	34
<i>FLUOXETINE TAB 60MG</i>	42	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	34
<i>fluphenazine decanoate inj 25 mg/ml</i>	78	<i>FORACARE GDH SOL HIGH</i>	140
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	78	<i>FORACARE GDH SOL LOW</i>	140
<i>fluphenazine hcl inj 2.5 mg/ml</i>	78	<i>FORACARE GDH SOL NORMAL</i>	140
<i>fluphenazine hcl oral conc 5 mg/ml</i>	78	<i>FORA CONTROL SOL HIGH</i>	140
<i>fluphenazine hcl tab 10 mg</i>	78	<i>FORA CONTROL SOL LOW</i>	140
<i>fluphenazine hcl tab 1 mg</i>	78		
<i>fluphenazine hcl tab 2.5 mg</i>	78		
<i>fluphenazine hcl tab 5 mg</i>	78		
<i>flurazepam hcl cap 15 mg</i>	132		
<i>flurazepam hcl cap 30 mg</i>	132		
<i>flurbiprofen sodium ophth soln 0.03%</i>	170		
<i>flurbiprofen tab 100 mg</i>	12		

FORA CONTROL SOL NORMAL	140	<i>furosemide tab 20 mg</i>	116
FORA GTEL TES KETONE.....	114	<i>furosemide tab 40 mg</i>	116
FORA LANCETS MIS 30G.....	140	<i>furosemide tab 80 mg</i>	116
FORA MIS LANCETS	140	FUZEON INJ 90MG.....	81
FORA MIS LANCING	140	FYCOMPA SUS 0.5MG/ML.....	35
FORA TEST GO TES ADV VOIC	114	FYCOMPA TAB 10MG.....	35
FORFIVO XL TAB 450MG	41	FYCOMPA TAB 12MG.....	35
<i>formaldehyde solution 10%</i>	80	FYCOMPA TAB 2MG	35
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>		FYCOMPA TAB 4MG	35
.....	32	FYCOMPA TAB 6MG	35
FORTEO INJ 600/2.4.....	117	FYCOMPA TAB 8MG	35
FORTISCARE SOL CNTL HI.....	140	FYLNETRA INJ 6MG/0.6	130
FORTISCARE SOL CNTL LOW	140	G	
FORTISCARE SOL CNTL NML	140	<i> gabapentin (once-daily) tab 300 mg</i>	177
FOSAMAX + D TAB 70-2800.....	117	<i> gabapentin (once-daily) tab 600 mg</i>	177
FOSAMAX + D TAB 70-5600.....	117	<i> gabapentin cap 100 mg</i>	36
FOSAMAX TAB 70MG	117	<i> gabapentin cap 300 mg</i>	36
<i>fosamprenavir calcium tab 700 mg (base</i>		<i> gabapentin cap 400 mg</i>	36
<i> equiv)</i>	81	<i> gabapentin oral soln 250 mg/5ml</i>	36
<i>fosfomycin tromethamine powd pack 3 gm</i>		<i> gabapentin tab 600 mg</i>	36
<i>(base equivalent)</i>	26	<i> gabapentin tab 800 mg</i>	36
<i>fosinopril sodium & hydrochlorothiazide tab</i>		GABITRIL TAB 12MG.....	39
<i> 10-12.5 mg</i>	60	GABITRIL TAB 16MG.....	39
<i>fosinopril sodium & hydrochlorothiazide tab</i>		GABITRIL TAB 2MG	39
<i> 20-12.5 mg</i>	60	GABITRIL TAB 4MG	39
<i>fosinopril sodium tab 10 mg</i>	56	GALAFOLD CAP 123MG	119
<i>fosinopril sodium tab 20 mg</i>	56	<i> galantamine hydrobromide cap er 24hr 16</i>	
<i>fosinopril sodium tab 40 mg</i>	56	<i> mg</i>	173
FRAGMIN INJ 10000/ML.....	34	<i> galantamine hydrobromide cap er 24hr 24</i>	
FRAGMIN INJ 12500UNT	34	<i> mg</i>	173
FRAGMIN INJ 15000UNT	34	<i> galantamine hydrobromide cap er 24hr 8</i>	
FRAGMIN INJ 18000UNT	34	<i> mg</i>	173
FRAGMIN INJ 2500/0.2	34	<i> galantamine hydrobromide oral soln 4</i>	
FRAGMIN INJ 2500/ML.....	34	<i> mg/ml</i>	173
FRAGMIN INJ 5000/0.2.....	34	<i> galantamine hydrobromide tab 12 mg</i>	173
FRAGMIN INJ 7500/0.3.....	34	<i> galantamine hydrobromide tab 4 mg</i>	173
FRAGMIN INJ 95000UNT	34	<i> galantamine hydrobromide tab 8 mg</i>	173
FREESTYLE LIQ CONTROL	140	GANIRELIX AC INJ 250/0.5.....	118
FREESTYLE MIS LANCETS.....	140	GASTROCROM CON 100/5ML.....	124
FROVA TAB 2.5MG.....	159	<i> gatifloxacin ophth soln 0.5%</i>	168
<i>frovatriptan succinate tab 2.5 mg (base</i>		GATTEX KIT 5MG	126
<i> equivalent)</i>	159	GAVRETO CAP 100MG.....	68
<i>furosemide oral soln 10 mg/ml</i>	116	GE100 CONTRL SOL NORMAL	140
<i>furosemide oral soln 8 mg/ml</i>	116	<i> gefitinib tab 250 mg</i>	65

GELFILM MIS OP	169	glimepiride tab 1 mg	48
GELNIQUE GEL 10%	184	glimepiride tab 2 mg	48
<i>gemfibrozil</i> tab 600 mg	54	glimepiride tab 4 mg	48
GEMTESA TAB 75MG	184	glipizide-metformin hcl tab 2.5-250 mg	45
GENERESS FE CHW.....	95	glipizide-metformin hcl tab 2.5-500 mg	45
<i>gentamicin sulfate cream</i> 0.1%	102	glipizide-metformin hcl tab 5-500 mg	45
<i>gentamicin sulfate oint</i> 0.1%	102	glipizide tab 10 mg	48
<i>gentamicin sulfate ophth oint</i> 0.3%	168	glipizide tab 5 mg	48
<i>gentamicin sulfate ophth soln</i> 0.3%	168	glipizide tab er 24hr 10 mg	49
GENTEEL LANC KIT BLUE.....	140	glipizide tab er 24hr 2.5 mg	49
GENTEEL MIS LANCETS	140	glipizide tab er 24hr 5 mg	49
GENTEEL MIS NOZZLES.....	140	GLOBAL 28G MIS LANCETS	140
GENTEEL PLUS MIS BLACK	140	GLOBAL 30G MIS LANCETS	140
GENTEEL PLUS MIS BLUE.....	140	GLOBAL LANC MIS DEVICE	140
GENTEEL PLUS MIS PINK	140	GLOBAL PREP PAD PADS.....	150
GENTEEL PLUS MIS PURPLE.....	140	<i>glucagon (rdna) for inj kit</i> 1 mg	46
GENTEEL PLUS MIS WHITE.....	140	GLUC CONTROL LIQ NORMAL	140
GENTEEL TIPS MIS BLUE	140	GLUC CONTROL SOL	140
GENTEEL TIPS MIS CLEAR	140	GLUC CONTROL SOL MID	140
GENTEEL TIPS MIS GREEN	140	GLUC CONTROL SOL NORMAL.....	141
GENTEEL TIPS MIS ORANGE	140	GLUCOCARD 01 LIQ NORM/HGH	141
GENTEEL TIPS MIS RAINBOW	140	GLUCOCARD 01 SOL NORMAL.....	141
GENTEEL TIPS MIS VIOLET	140	GLUCOCARD LIQ LEVEL 1.....	141
GENTEEL TIPS MIS YELLOW	140	GLUCOCARD SOL NORMAL	141
GENTLE-LET MIS 26G	140	GLUCOCARD SOL SHINE.....	141
GENTLE-LET MIS 28G	140	GLUCOCOM MIS 28G.....	141
GENTLE-LET MIS LANCETS	140	GLUCOCOM MIS 30G.....	141
GENTLE-LET MIS PLATFORM	140	GLUCOCOM MIS 33G.....	141
GENVOYA TAB	81	GLUCOCOM TES HIGH CON	141
GEODON CAP 20MG.....	74	GLUCOCOM TES NORM CON	141
GEODON CAP 40MG.....	74	GLUCOSE CONT SOL HIGH	141
GEODON CAP 60MG.....	74	GLUCOSE CONT SOL NORMAL.....	141
GEODON CAP 80MG.....	74	GLUCOTROL XL TAB 10MG.....	49
GEODON INJ 20MG.....	74	GLUCOTROL XL TAB 2.5MG	49
GILOTrif TAB 20MG.....	65	GLUCOTROL XL TAB 5MG	49
GILOTrif TAB 30MG.....	65	<i>glutamine (sickle cell) powd pack</i> 5 gm ..	129
GILOTrif TAB 40MG.....	65	GLUTARALDEHY SOL 25%	80
<i>glatiramer acetate soln prefilled syringe</i> 20 mg/ml	176	glyburide-metformin tab 1.25-250 mg	45
<i>glatiramer acetate soln prefilled syringe</i> 40 mg/ml	176	glyburide-metformin tab 2.5-500 mg	45
GLEOSTINE CAP 100MG.....	63	glyburide-metformin tab 5-500 mg	45
GLEOSTINE CAP 10MG	63	glyburide micronized tab 1.5 mg	49
GLEOSTINE CAP 40MG	63	glyburide micronized tab 3 mg	49
		glyburide micronized tab 6 mg	49
		glyburide tab 1.25 mg	49

<i>glyburide tab 2.5 mg</i>	49
<i>glyburide tab 5 mg</i>	49
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	182
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	182
<i>glycopyrrolate oral soln 1 mg/5ml</i>	182
<i>glycopyrrolate tab 1 mg</i>	182
<i>glycopyrrolate tab 2 mg</i>	182
GLYNASE TAB 1.5MG	49
GLYNASE TAB 3MG	49
GLYNASE TAB 6MG	49
GLYXAMBI TAB 10-5 MG	45
GLYXAMBI TAB 25-5 MG	45
GNP ALCOHOL PAD SWABS	150
GNP LANCETS MIS 21G	141
GNP LANCETS MIS 28G	141
GNP LANCETS MIS 30G	141
GNP LANCETS MIS 33G	141
GNP LANCETS MIS THIN 26G	141
GNP LANCING MIS DEVICE	141
GOJJI BLOOD TES KETONE	114
GOJJI CNTRL SOL NORMAL	141
GOJJI LANCET MIS 30G	141
GOJJI MIS LANC DEV	141
GOODSENSE MIS LANC 26G	141
GOODSENSE MIS LANC 30G	141
GOODSENSE MIS LANC 33G	141
GOODSENSE MIS LANC DVC	141
GORDOFILM SOL	112
GRAFCO SILVR MIS NIT APPL	108
GRALISE TAB 300MG	177
GRALISE TAB 450MG	177
GRALISE TAB 600MG	177
GRALISE TAB 750MG	177
GRALISE TAB 900MG	177
<i>granisetron hcl tab 1 mg</i>	50
GRASTEK SUB 2800BAU	5
<i>griseofulvin microsize susp 125 mg/5ml</i> ...	51
<i>griseofulvin microsize tab 500 mg</i>	51
<i>griseofulvin ultramicrosize tab 125 mg</i>	51
<i>griseofulvin ultramicrosize tab 250 mg</i>	51
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	99
<i>guanfacine hcl tab 1 mg</i>	58
<i>guanfacine hcl tab 2 mg</i>	58
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3
GUARDIAN RT MIS CHARGER	141
GUARDIAN RT MIS TST PLUG	141
GVOKE HYPO 1 INJ 0.5/.1ML	46
GVOKE HYPO 1 INJ 1MG/.2ML	46
GVOKE HYPO 2 INJ 0.5/.1ML	46
GVOKE HYPO 2 INJ 1MG/.2ML	46
GVOKE KIT SOL 1MG/0.2M	46
GVOKE PFS INJ	46
GYNAZOLE-1 CRE 2%	185
H	
HAEGARDA INJ 2000UNIT	128
HAEGARDA INJ 3000UNIT	128
HAEMOLANCE MIS HIGH FLO	141
HAEMOLANCE MIS LOW FLOW	141
HAEMOLANCE MIS PLUS	141
HAEMOLANCE MIS PLUS LOW	141
HAEMOLANCE MIS PLUS MAX	141
HAEMOLANCE MIS PLUS PED	141
HAEMOLANCE MIS RETRACT	141
HALCION TAB 0.25MG	132
HALDOL DECAN INJ 100MG/ML	76
HALDOL DECAN INJ 50MG/ML	76
<i>halobetasol propionate cream 0.05%</i>	109
<i>halobetasol propionate oint 0.05%</i>	109
<i>haloperidol decanoate im soln 100 mg/ml</i>	76
<i>haloperidol decanoate im soln 50 mg/ml</i> ..	76
<i>haloperidol lactate inj 5 mg/ml</i>	76
<i>haloperidol lactate oral conc 2 mg/ml</i>	76
<i>haloperidol tab 0.5 mg</i>	76
<i>haloperidol tab 10 mg</i>	76
<i>haloperidol tab 1 mg</i>	76
<i>haloperidol tab 20 mg</i>	76
<i>haloperidol tab 2 mg</i>	76
<i>haloperidol tab 5 mg</i>	76

HARVONI PAK	83	HYDREA CAP 500MG	71
HARVONI PAK 45-200MG.....	83	hydrochlorothiazide cap 12.5 mg	116
HARVONI TAB 45-200MG.....	83	hydrochlorothiazide tab 12.5 mg	116
HARVONI TAB 90-400MG	84	hydrochlorothiazide tab 25 mg	116
HC/PRAMOXINE CRE 1-2.35%	109	hydrochlorothiazide tab 50 mg	116
HC LANCING MIS DEVICE	141	hydrocodone-acetaminophen soln 10-325 mg/15ml	21
HEMANGEOL SOL 4.28/ML	86	hydrocodone-acetaminophen soln 7.5-325 mg/15ml	21
HEMLIBRA INJ 105/0.7.....	128	hydrocodone-acetaminophen tab 10-300 mg	21
HEMLIBRA INJ 150/ML.....	128	hydrocodone-acetaminophen tab 10-325 mg	21
HEMLIBRA INJ 300/2ML	128	hydrocodone-acetaminophen tab 5-300 mg	21
HEMLIBRA INJ 30MG/ML.....	128	hydrocodone-acetaminophen tab 5-325 mg	21
HEMLIBRA INJ 60/0.4.....	128	hydrocodone-acetaminophen tab 7.5-300 mg	21
HEMLIBRA SOL 12/0.4ML	128	hydrocodone-acetaminophen tab 7.5-325 mg	21
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	34	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	99
<i>heparin sodium (porcine) inj 1000 unit/ml</i> 34		hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	99
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	34	hydrocodone bitartrate cap er 12hr 10 mg	17
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	34	hydrocodone bitartrate cap er 12hr 15 mg	17
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	34	hydrocodone bitartrate cap er 12hr 20 mg	17
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	34	hydrocodone bitartrate cap er 12hr 30 mg	17
HETLIOZ CAP 20MG	132	hydrocodone bitartrate cap er 12hr 40 mg	17
HETLIOZ LQ SUS 4MG/ML.....	132	hydrocodone bitartrate cap er 12hr 50 mg	17
HIPREX TAB 1GM	26	hydrocodone bitartrate tab er 24hr deter 100 mg	17
HLTHY ACCNTS MIS LANC 30G	141	hydrocodone bitartrate tab er 24hr deter 120 mg	17
HM STERILE PAD ALCHOL.....	150	hydrocodone bitartrate tab er 24hr deter 20 mg	17
HOLD CHAMBER MIS ADLT LG	157	hydrocodone bitartrate tab er 24hr deter 30 mg	17
HOLD CHAMBER MIS MEDIUM.....	157	hydrocodone bitartrate tab er 24hr deter 40 mg	17
HOLD CHAMBER MIS SMALL	157	hydrocodone bitartrate tab er 24hr deter 60 mg	17
<i>homatropine hbr ophth soln 5%</i>	167		
HUBER NEEDLE MIS 22GX1.5	152		
HUMATROPE INJ 12MG	118		
HUMATROPE INJ 24MG	118		
HUMATROPE INJ 6MG.....	118		
HUMULIN R INJ U-500.....	47		
HYCAMTIN CAP 0.25MG.....	71		
HYCAMTIN CAP 1MG.....	71		
<i>hydralazine hcl tab 100 mg</i>	62		
<i>hydralazine hcl tab 10 mg</i>	62		
<i>hydralazine hcl tab 25 mg</i>	62		
<i>hydralazine hcl tab 50 mg</i>	62		

<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	17	<i>hydroxyzine hcl tab 25 mg</i>	28
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	21	<i>hydroxyzine hcl tab 50 mg</i>	28
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	21	<i>hydroxyzine pamoate cap 100 mg</i>	28
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ...21		<i>hydroxyzine pamoate cap 25 mg</i>	28
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	99	<i>hydroxyzine pamoate cap 50 mg</i>	28
<i>hydrocortisone acetate suppos 25 mg</i>	24	<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> 182	
<i>hydrocortisone acetate suppos 30 mg</i>	24	<i>hyoscyamine sulfate sl tab 0.125 mg</i>	182
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	24	<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ...182	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	24	<i>hyoscyamine sulfate tab 0.125 mg</i>	182
<i>hydrocortisone butyrate cream 0.1%</i>	109	<i>hyoscyamine sulfate tab disint 0.125 mg</i> 182	
<i>hydrocortisone butyrate oint 0.1%</i>	109	<i>HYPERSAL NEB 3.5%</i>	100
<i>hydrocortisone butyrate soln 0.1%</i>	109	<i>HYPERSAL NEB 7%</i>	100
<i>hydrocortisone cream 2.5%</i>	109	<i>HYPOLANCE KIT LANCING</i>	141
<i>hydrocortisone enema 100 mg/60ml</i>	23	<i>HYPO NEEDLE MIS 14GX1</i>	152
<i>hydrocortisone lotion 2.5%</i>	109	<i>HYPO NEEDLE MIS 14GX1.5</i>	152
<i>hydrocortisone oint 2.5%</i>	109	<i>HYPO NEEDLE MIS 14GX2</i>	152
<i>hydrocortisone perianal cream 2.5%</i>	24	<i>HYPO NEEDLE MIS 16GX1</i>	152
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	98	<i>HYPO NEEDLE MIS 16GX1.5</i>	152
<i>hydrocortisone tab 10 mg</i>	98	<i>HYPO NEEDLE MIS 16GX3/4</i>	152
<i>hydrocortisone tab 20 mg</i>	98	<i>HYPO NEEDLE MIS 16GX5/8</i>	152
<i>hydrocortisone tab 5 mg</i>	98	<i>HYPO NEEDLE MIS 18GX1</i>	152
<i>hydrocortisone valerate cream 0.2%</i>	109	<i>HYPO NEEDLE MIS 18GX1.5</i>	152
<i>hydrocortisone valerate oint 0.2%</i>	109	<i>HYPO NEEDLE MIS 19GX1</i>	152
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	171	<i>HYPO NEEDLE MIS 19GX1.5</i>	152
<i>hydrogen peroxide soln 30%</i>	80	<i>HYPO NEEDLE MIS 20GX1</i>	152
<i>hydromorphone hcl liqd 1 mg/ml</i>	17	<i>HYPO NEEDLE MIS 20GX1.5</i>	152
<i>hydromorphone hcl tab 2 mg</i>	17	<i>HYPO NEEDLE MIS 21GX1</i>	152
<i>hydromorphone hcl tab 4 mg</i>	17	<i>HYPO NEEDLE MIS 21GX1.5</i>	152
<i>hydromorphone hcl tab 8 mg</i>	17	<i>HYPO NEEDLE MIS 21GX2</i>	152
<i>hydromorphone hcl tab er 24hr 12 mg</i>	17	<i>HYPO NEEDLE MIS 22GX1</i>	152
<i>hydromorphone hcl tab er 24hr 16 mg</i>	17	<i>HYPO NEEDLE MIS 22GX1.5</i>	152
<i>hydromorphone hcl tab er 24hr 32 mg</i>	17	<i>HYPO NEEDLE MIS 23GX1</i>	153
<i>hydromorphone hcl tab er 24hr 8 mg</i>	17	<i>HYPO NEEDLE MIS 23GX1.5</i>	153
<i>HYDROMORPHON SUP 3MG</i>	17	<i>HYPO NEEDLE MIS 23GX3/4</i>	153
<i>hydroxychloroquine sulfate tab 200 mg</i> ...62		<i>HYPO NEEDLE MIS 25GX1</i>	153
<i>hydroxyurea cap 500 mg</i>	71	<i>HYPO NEEDLE MIS 25GX1.25</i>	153
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	27	<i>HYPO NEEDLE MIS 25GX1.5</i>	153
<i>hydroxyzine hcl tab 10 mg</i>	28	<i>HYPO NEEDLE MIS 26GX1/2</i>	153
		<i>HYPO NEEDLE MIS 26GX1.5</i>	153
		<i>HYPO NEEDLE MIS 27GX1/2</i>	153
		<i>HYPO NEEDLE MIS 27GX1.25</i>	153
		<i>HYPO NEEDLE MIS 27GX1.5</i>	153

HYPO NEEDLE MIS 30GX3/4	153	<i>imipramine hcl tab 50 mg</i>	44
HYRIMOZ-CROH INJ UC SP	7	<i>imipramine pamoate cap 100 mg</i>	44
HYRIMOZ INJ 10/0.1ML	6	<i>imipramine pamoate cap 125 mg</i>	44
HYRIMOZ INJ 20/0.2ML	6	<i>imipramine pamoate cap 150 mg</i>	44
HYRIMOZ INJ 40/0.4ML.....	6	<i>imipramine pamoate cap 75 mg</i>	44
HYRIMOZ INJ 40/0.8ML.....	6, 7	<i>imiquimod cream 3.75%</i>	111
HYRIMOZ INJ 80/0.8ML	7	<i>imiquimod cream 5%</i>	111
HYRIMOZ-PED INJ CROHNS.....	7	IMITREX INJ 4MG/0.5	159
HYRIMOZ-PLAQ INJ PSOR/UVE.....	7	IMITREX INJ 6MG/0.5	159
HYRIMOZ-PLAQ INJ PSORIASI.....	8	IMITREX SPR 20MG/ACT	159
HYRIMOZ SENS INJ 80/0.8ML	7	IMITREX SPR 5MG/ACT	159
HYSINGLA ER TAB 100 MG.....	18	IMITREX TAB 100MG	159
HYSINGLA ER TAB 120 MG	18	IMITREX TAB 25MG	159
HYSINGLA ER TAB 20 MG.....	18	IMITREX TAB 50MG	159
HYSINGLA ER TAB 30 MG.....	18	IMPAVIDO CAP 50MG	24
HYSINGLA ER TAB 40 MG.....	18	IMURAN TAB 50MG	162
HYSINGLA ER TAB 60 MG.....	18	IMVEXXY MAIN SUP 10MCG	185
HYSINGLA ER TAB 80 MG.....	18	IMVEXXY MAIN SUP 4MCG	185
I		IMVEXXY STRT SUP 10MCG	185
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	117	IMVEXXY STRT SUP 4MCG.....	185
IBRANCE CAP 100MG.....	68	INBRIJA CAP 42MG	72
IBRANCE CAP 125MG	68	INCONTROL MIS LANC 28G	141
IBRANCE CAP 75MG.....	68	INCONTROL MIS LANC 30G.....	142
IBRANCE TAB 100MG	68	INCONTROL MIS LANC 33G.....	142
IBRANCE TAB 125MG.....	68	INCONTROL MIS LANC DEV.....	142
IBRANCE TAB 75MG	68	INCONTROL PAD ALCOHOL.....	150
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	12	INCRELEX INJ 40MG/4ML	118
<i>ibuprofen tab 400 mg</i>	12	<i>indapamide tab 1.25 mg</i>	116
<i>ibuprofen tab 600 mg</i>	12	<i>indapamide tab 2.5 mg</i>	116
<i>ibuprofen tab 800 mg</i>	12	<i>indomethacin cap 25 mg</i>	12
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	128	<i>indomethacin cap 50 mg</i>	12
<i>icosapent ethyl cap 0.5 gm</i>	53	<i>indomethacin cap er 75 mg</i>	12
<i>icosapent ethyl cap 1 gm</i>	53	<i>indomethacin suppos 50 mg</i>	12
IDHIFA TAB 100MG	68	<i>indomethacin susp 25 mg/5ml</i>	12
IDHIFA TAB 50MG	68	INFANRIX INJ.....	181
ILEVRO DRO 0.3% OP	170	INFINITY SOL NORM CON	142
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	68	INFNTY VOICE LIQ LEVEL 2	142
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	68	INGREZZA CAP 40-80MG	175
<i>imipramine hcl tab 10 mg</i>	44	INGREZZA CAP 40MG	175
<i>imipramine hcl tab 25 mg</i>	44	INGREZZA CAP 60MG	175
		INGREZZA CAP 80MG	175
		INLYTA TAB 1MG	64
		INLYTA TAB 5MG.....	64
		INPEN 100EL MIS BLUE-HUM.....	153

INPEN 100EL MIS GREY-HUM	153	<i>irbesartan tab 300 mg</i>	57
INPEN 100EL MIS PINK HUM.....	153	<i>irbesartan tab 75 mg</i>	57
INPEN 100NN MIS BLUE NOV	153	ISENTRESS CHW 100MG.....	81
INPEN 100NN MIS GREY NOV	153	ISENTRESS CHW 25MG	81
INPEN 100NN MIS PINK NOV	153	ISENTRESS HD TAB 600MG	81
INPEN BLUE MIS HUMALOG	153	ISENTRESS POW 100MG.....	81
INPEN BLUE MIS NOVO/FIA	153	ISENTRESS TAB 400MG.....	81
INPEN GREY MIS HUMALOG.....	153	<i>isoniazid syrup 50 mg/5ml</i>	63
INPEN GREY MIS NOVO/FIA	153	<i>isoniazid tab 100 mg</i>	63
INPEN PINK MIS HUMALOG.....	153	<i>isoniazid tab 300 mg</i>	63
INPEN PINK MIS NOVO/FIA.....	153	ISOPTO ATROP SOL 1% OP	167
INQOVI TAB 35-100MG.....	67	ISORDIL TAB 40MG	27
INSPIREASE MIS DD SYST	158	ISORDIL TAB 5MG	26
INSPIREASE MIS RES BAG	158	<i>isosorbide dinitrate-hydralazine hcl tab 20-</i>	
INSPRA TAB 25MG	62	37.5 mg	90
INSPRA TAB 50MG.....	62	<i>isosorbide dinitrate tab 10 mg</i>	27
IN TOUCH LAN MIS 30G	141	<i>isosorbide dinitrate tab 20 mg</i>	27
IN TOUCH LAN MIS DEVICE	141	<i>isosorbide dinitrate tab 30 mg</i>	27
IN TOUCH SOL GLUCOSE.....	141	<i>isosorbide dinitrate tab 5 mg</i>	27
INVEGA SUST INJ 117/0.75.....	75	<i>isosorbide mononitrate tab 10 mg</i>	27
INVEGA SUST INJ 156MG/ML.....	75	<i>isosorbide mononitrate tab 20 mg</i>	27
INVEGA SUST INJ 234/1.5	75	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	27
INVEGA SUST INJ 39/0.25	75	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	27
INVEGA SUST INJ 78/0.5ML.....	75	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	27
INVEGA TAB 1.5MG.....	75	<i>isotretinoin cap 10 mg</i>	101
INVEGA TAB 3MG	75	<i>isotretinoin cap 20 mg</i>	101
INVEGA TAB 6MG	75	<i>isotretinoin cap 30 mg</i>	101
INVEGA TAB 9MG	75	<i>isotretinoin cap 40 mg</i>	101
<i>iodoquinol-hc cream 1-1%</i>	103	<i>isradipine cap 2.5 mg</i>	88
<i>iodoquinol-hydrocortisone in aloe vehicle</i>		<i>isradipine cap 5 mg</i>	88
<i>cream 1-1.9%</i>	103	ISTALOL SOL 0.5% OP	166
IOPIDINE SOL 1% OP	168	ITOVEBI TAB 3MG.....	68
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>		ITOVEBI TAB 9MG	68
<i>mg/3ml</i>	32	<i>itraconazole cap 100 mg</i>	51
<i>ipratropium bromide inhal soln 0.02%</i>	30	<i>itraconazole oral soln 10 mg/ml</i>	51
<i>ipratropium bromide nasal soln 0.03% (21</i>		<i>ivabradine hcl tab 5 mg (base equiv)</i>	94
<i>mcg/spray)</i>	165	<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	94
<i>ipratropium bromide nasal soln 0.06% (42</i>		<i>ivermectin tab 3 mg</i>	24
<i>mcg/spray)</i>	166	IWILFIN TAB 192MG	71
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>		J	
<i>mg</i>	60	JANUMET TAB 50-1000	45
<i>irbesartan-hydrochlorothiazide tab 300-</i>			
<i>12.5 mg</i>	60		
<i>irbesartan tab 150 mg</i>	57		

JANUMET TAB 50-500MG.....	45
JANUMET XR TAB 100-1000.....	45
JANUMET XR TAB 50-1000	45
JANUMET XR TAB 50-500MG.....	45
JANUVIA TAB 100MG	46
JANUVIA TAB 25MG	46
JANUVIA TAB 50MG	46
JARDIANCE TAB 10MG.....	48
JARDIANCE TAB 25MG	48
JATENZO CAP 158MG.....	23
JATENZO CAP 198MG.....	23
JATENZO CAP 237MG	23
J-TIP KIT KIT ADAPTERS	153
JUBLIA SOL 10%	103
JULUCA TAB 50-25MG	81
K	
KALYDECO GRA 13.4MG.....	178
KALYDECO GRA 5.8MG	178
KALYDECO PAK 25MG.....	178
KALYDECO PAK 50MG.....	178
KALYDECO PAK 75MG.....	178
KALYDECO TAB 150MG	179
KAPVAY TAB 0.1 MG.....	3
KARBINAL ER SUS 4MG/5ML	52
KENALOG AER SPRAY	110
KERALYT GEL 6%	112
KERENDIA TAB 10MG	120
KERENDIA TAB 20MG	120
KERYDIN SOL 5%.....	103
KESIMPTA INJ 20/.4ML	176
<i>ketoconazole cream 2%</i>	103
<i>ketoconazole shampoo 2%</i>	103
<i>ketoconazole tab 200 mg</i>	51
KETONE TES	114
KETONE TEST TES	114
<i>ketorolac tromethamine ophth soln 0.4%</i>	170
<i>ketorolac tromethamine ophth soln 0.5%</i>	170
<i>ketorolac tromethamine tab 10 mg</i>	12
KEVEYIS TAB 50MG.....	115
KEVZARA INJ 150/1.14.....	11
KEVZARA INJ 200/1.14	11
KINNEY MIS LANCETS	142
KINNEY THIN MIS LANCETS	142
KINRIX INJ.....	181
KISQALI 200 PAK FEMARA	67
KISQALI 400 PAK FEMARA	67
KISQALI 600 PAK FEMARA	67
KISQALI TAB 200DOSE.....	69
KISQALI TAB 400DOSE	69
KISQALI TAB 600DOSE	69
KLARON LOT 10%.....	101
KLONOPIN TAB 0.5MG.....	35
KLONOPIN TAB 1MG	35
KLONOPIN TAB 2MG	36
KLOXXADO SPR 8MG	50
KOSELUGO CAP 10MG	69
KOSELUGO CAP 25MG	69
K-PHOS TAB NO 2	126
KRAZATI TAB 200MG	69
KRISTALOSE PAK 10GM.....	133
KRISTALOSE PAK 20GM	133
KROGER LANCE MIS.....	142
KROGER LANCE MIS 26G	142
KROGER LANCE MIS THIN.....	142
KROGER LANCE MIS THIN 30G	142
K-TAB TAB 10MEQ CR.....	160
K-TAB TAB 20MEQ	160
KYNMOBI MIS 10MG	72
KYNMOBI MIS 15MG.....	72
KYNMOBI MIS 20MG	72
KYNMOBI MIS 25MG	72
KYNMOBI MIS 30MG.....	72
L	
<i>labetalol hcl tab 100 mg</i>	85
<i>labetalol hcl tab 200 mg</i>	85
<i>labetalol hcl tab 300 mg</i>	85
<i>lacosamide oral solution 10 mg/ml</i>	36
<i>lacosamide tab 100 mg</i>	37
<i>lacosamide tab 150 mg</i>	37
<i>lacosamide tab 200 mg</i>	37
<i>lacosamide tab 50 mg</i>	37
LACTIC ACID CRE E.....	111
LACTIC ACID LOT 10%.....	111
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	125
<i>lactulose solution 10 gm/15ml</i>	133

LAGEVIO CAP 200MG	85
<i>lamivudine oral soln 10 mg/ml</i>	81
<i>lamivudine tab 100 mg (hbv)</i>	84
<i>lamivudine tab 150 mg</i>	81
<i>lamivudine tab 300 mg</i>	81
<i>lamivudine-zidovudine tab 150-300 mg</i>	81
<i>lamotrigine orally disintegrating tab 100 mg</i>	37
<i>lamotrigine orally disintegrating tab 200 mg</i>	37
<i>lamotrigine orally disintegrating tab 25 mg</i>	37
<i>lamotrigine orally disintegrating tab 50 mg</i>	37
<i>lamotrigine tab 100 mg</i>	37
<i>lamotrigine tab 150 mg</i>	37
<i>lamotrigine tab 200 mg</i>	37
<i>lamotrigine tab 25 mg</i>	37
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	37
<i>lamotrigine tab 35 x 25 mg starter kit</i>	37
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	37
<i>lamotrigine tab chewable dispersible 25 mg</i>	37
<i>lamotrigine tab chewable dispersible 5 mg</i>	37
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	37
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	37
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	37
<i>lamotrigine tab er 24hr 100 mg</i>	37
<i>lamotrigine tab er 24hr 200 mg</i>	37
<i>lamotrigine tab er 24hr 250 mg</i>	37
<i>lamotrigine tab er 24hr 25 mg</i>	37
<i>lamotrigine tab er 24hr 300 mg</i>	37
<i>lamotrigine tab er 24hr 50 mg</i>	37
LAMPIT TAB 120MG	25
LAMPIT TAB 30MG.....	25
LANCET AUTO MIS INJECTOR.....	142
LANCET CARRY MIS CASE.....	142
LANCET DEVIC MIS 30G	142
<i>LANCET DEVIC MIS ADJUST</i>	142
<i>LANCET MICRO MIS THIN 33G</i>	142
<i>LANCETS MICR MIS THIN 33G</i>	142
<i>LANCETS MIS</i>	142
<i>LANCETS MIS 21G</i>	142
<i>LANCETS MIS 21G COLR</i>	142
<i>LANCETS MIS 26G</i>	142
<i>LANCETS MIS 28G</i>	142
<i>LANCETS MIS 30G</i>	142
<i>LANCETS MIS 33G</i>	142
<i>LANCETS MIS ORIGINAL</i>	142
<i>LANCETS MIS THIN</i>	142
<i>LANCETS MIS THIN 26G</i>	142
<i>LANCETS MIS THIN 30G</i>	142
<i>LANCETS SUPR MIS THIN 28G</i>	142
<i>LANCET STAND MIS 21G</i>	142
<i>LANCETS THIN MIS</i>	142
<i>LANCETS THIN MIS 26G</i>	142
<i>LANCETS ULTR MIS THIN</i>	142
<i>LANCETS ULTR MIS THIN 31G</i>	142
<i>LANCET SUPER MIS THIN 30G</i>	142
<i>LANCET ULTRA MIS 28G</i>	142
<i>LANCET ULTRA MIS THIN 30G</i>	142
<i>LANCET WITH MIS EJECTOR</i>	142
<i>LANCING DEVI MIS</i>	142
<i>LANCING DEVI MIS 25G</i>	142
<i>LANCING DEVI MIS 30G</i>	142
<i>LANCING MIS DEVICE</i>	142
<i>LANOXIN TAB 0.0625MG</i>	89
<i>lansoprazole cap delayed release 15 mg</i>	183
<i>lansoprazole cap delayed release 30 mg</i>	183
<i>LANTUS INJ 100/ML</i>	48
<i>LANTUS SOLOS INJ 100/ML</i>	48
<i>LANZO MIS LANCING</i>	143
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	69
<i>LASIX TAB 20MG</i>	116
<i>LASIX TAB 40MG</i>	116
<i>LASIX TAB 80MG</i>	116
<i>latanoprost ophth soln 0.005%</i>	170
<i>LB LANCET MIS 28G</i>	143
<i>LB LANCING MIS DEVICE</i>	143
<i>leflunomide tab 10 mg</i>	14
<i>leflunomide tab 20 mg</i>	14

<i>lenalidomide cap 10 mg</i>	161
<i>lenalidomide cap 15 mg</i>	161
<i>lenalidomide cap 20 mg</i>	161
<i>lenalidomide cap 25 mg</i>	161
<i>lenalidomide cap 5 mg</i>	161
<i>lenalidomide caps 2.5 mg</i>	161
LENVIMA CAP 10 MG	65
LENVIMA CAP 12MG	65
LENVIMA CAP 14 MG	65
LENVIMA CAP 18 MG	65
LENVIMA CAP 20 MG	65
LENVIMA CAP 24 MG	65
LENVIMA CAP 4MG	64
LENVIMA CAP 8 MG	65
<i>letrozole tab 2.5 mg</i>	66
<i>leucovorin calcium tab 10 mg</i>	71
<i>leucovorin calcium tab 15 mg</i>	71
<i>leucovorin calcium tab 25 mg</i>	71
<i>leucovorin calcium tab 5 mg</i>	71
LEUKERAN TAB 2MG	63
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	66
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	32
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	32
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	32
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	32
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	32
<i>levamlodipine maleate tab 2.5 mg</i>	88
<i>levamlodipine maleate tab 5 mg</i>	88
LEVIBID TAB 0.375 ER	182
<i>levetiracetam oral soln 100 mg/ml</i>	37
<i>levetiracetam tab 1000 mg</i>	37
<i>levetiracetam tab 250 mg</i>	37
<i>levetiracetam tab 500 mg</i>	37
<i>levetiracetam tab 750 mg</i>	37
<i>levetiracetam tab er 24hr 500 mg</i>	37
<i>levetiracetam tab er 24hr 750 mg</i>	37
<i>levobunolol hcl ophth soln 0.5%</i>	167
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> ..	119
<i>levocarnitine tab 330 mg</i>	119
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	52
<i>levocetirizine dihydrochloride tab 5 mg</i>	52
<i>levofloxacin ophth soln 0.5%</i>	168
<i>levofloxacin ophth soln 1.5%</i>	168
<i>levofloxacin oral soln 25 mg/ml</i>	123
<i>levofloxacin tab 250 mg</i>	123
<i>levofloxacin tab 500 mg</i>	123
<i>levofloxacin tab 750 mg</i>	123
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	95
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	95
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	95
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	95
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	95
<i>levothyroxine sodium tab 100 mcg</i>	180
<i>levothyroxine sodium tab 112 mcg</i>	180
<i>levothyroxine sodium tab 125 mcg</i>	180
<i>levothyroxine sodium tab 137 mcg</i>	181
<i>levothyroxine sodium tab 150 mcg</i>	181
<i>levothyroxine sodium tab 175 mcg</i>	181
<i>levothyroxine sodium tab 200 mcg</i>	181
<i>levothyroxine sodium tab 25 mcg</i>	180
<i>levothyroxine sodium tab 300 mcg</i>	181
<i>levothyroxine sodium tab 50 mcg</i>	180
<i>levothyroxine sodium tab 75 mcg</i>	180
<i>levothyroxine sodium tab 88 mcg</i>	180
LEVSIN/SL SUB 0.125MG	182
LEVSIN TAB 0.125MG	182
LEVULAN KERA SOL 20%	104
<i>lidocaine hcl laryngotracheal soln 4%</i>	164
<i>lidocaine hcl soln 4%</i>	112
<i>lidocaine hcl urethral/mucosal gel 2%</i>	112
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	112
<i>lidocaine hcl viscous soln 2%</i>	164
<i>lidocaine oint 5%</i>	112
<i>lidocaine patch 5%</i>	112
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	112

LIDODERM DIS 5%.....	113
<i>linezolid for susp 100 mg/5ml</i>	26
<i>linezolid tab 600 mg</i>	26
LINZESS CAP 145MCG	125
LINZESS CAP 290MCG.....	125
LINZESS CAP 72MCG	125
<i>liothyronine sodium tab 25 mcg</i>	181
<i>liothyronine sodium tab 50 mcg</i>	181
<i>liothyronine sodium tab 5 mcg</i>	181
LIPOFEN CAP 150MG.....	54
LIPOFEN CAP 50MG	54
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	47
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2
<i>lisdexamfetamine dimesylate cap 20 mg</i> ...	2
<i>lisdexamfetamine dimesylate cap 30 mg</i> ...	2
<i>lisdexamfetamine dimesylate cap 40 mg</i> ...	2
<i>lisdexamfetamine dimesylate cap 50 mg</i> ...	2
<i>lisdexamfetamine dimesylate cap 60 mg</i> ...	2
<i>lisdexamfetamine dimesylate cap 70 mg</i> ...	2
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	60
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	60
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	60
<i>lisinopril tab 10 mg</i>	56
<i>lisinopril tab 2.5 mg</i>	56
<i>lisinopril tab 20 mg</i>	56
<i>lisinopril tab 30 mg</i>	56
<i>lisinopril tab 40 mg</i>	56
<i>lisinopril tab 5 mg</i>	56
LITETOUCH MIS LANCETS	143
LITE TOUCH MIS LANCETS	143
LITE TOUCH MIS LANC PEN.....	143
LITFULO CAP 50MG	111
<i>lithium carbonate cap 150 mg</i>	74
<i>lithium carbonate cap 300 mg</i>	74
<i>lithium carbonate cap 600 mg</i>	74
<i>lithium carbonate tab 300 mg</i>	74
<i>lithium carbonate tab er 300 mg</i>	74
<i>lithium carbonate tab er 450 mg</i>	74
<i>lithium oral solution 8 meq/5ml</i>	74
LITHOBID TAB 300MG CR.....	74
LIVMARLI SOL 19MG/ML	124
LIVMARLI SOL 9.5MG/ML	124
LIVTENCITY TAB 200MG.....	83
LOCOID LIPO CRE 0.1%	110
LOCOID LOT 0.1%.....	110
LODOSYN TAB 25MG	71
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	172
LO LOESTRIN TAB 1-10-10.....	95
LOMOTIL TAB 2.5MG.....	49
LONGS LANCET MIS STANDARD	143
LONGS LANCET MIS THIN.....	143
LONGS LANCET MIS ULTRA TH	143
LONSURF TAB 15-6.14.....	67
LONSURF TAB 20-8.19	67
LOPID TAB 600MG.....	54
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	82
<i>lopinavir-ritonavir tab 100-25 mg</i>	82
<i>lopinavir-ritonavir tab 200-50 mg</i>	82
LOPRESSOR TAB 100MG.....	86
LOPRESSOR TAB 50MG	86
LOPROX SHA 1%	103
<i>lorazepam conc 2 mg/ml</i>	28
<i>lorazepam tab 0.5 mg</i>	28
<i>lorazepam tab 1 mg</i>	28
<i>lorazepam tab 2 mg</i>	28
LOREEV XR CAP 1.5MG.....	28
LOREEV XR CAP 1MG	28
LOREEV XR CAP 2MG	28
LOREEV XR CAP 3MG	29
LORTAB ELX 10-300MG	21

<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-12.5 mg</i>	60
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-25 mg</i>	60
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 50-12.5 mg</i>	60
<i>losartan potassium tab 100 mg</i>	57
<i>losartan potassium tab 25 mg</i>	57
<i>losartan potassium tab 50 mg</i>	57
<i>LOSEASONIQUE TAB</i>	95
<i>LOTENSIN HCT TAB 10-12.5</i>	60
<i>LOTENSIN HCT TAB 20-12.5</i>	60
<i>LOTENSIN HCT TAB 20-25MG</i>	60
<i>LOTENSIN TAB 10MG</i>	56
<i>LOTENSIN TAB 20MG</i>	56
<i>LOTENSIN TAB 40MG</i>	56
<i>loteprednol etabonate ophth gel 0.5%</i>	169
<i>loteprednol etabonate ophth susp 0.2%</i>	169
<i>loteprednol etabonate ophth susp 0.5%</i>	169
<i>LOTREL CAP 10-20MG</i>	60
<i>LOTREL CAP 10-40MG</i>	60
<i>LOTREL CAP 5-10MG</i>	60
<i>LOTREL CAP 5-20MG</i>	60
<i>LOTRONEX TAB 0.5MG</i>	125
<i>LOTRONEX TAB 1MG</i>	125
<i>lovastatin tab 10 mg</i>	54
<i>lovastatin tab 20 mg</i>	54
<i>lovastatin tab 40 mg</i>	54
<i>LOVENOX INJ 100MG/ML</i>	35
<i>LOVENOX INJ 120/0.8</i>	35
<i>LOVENOX INJ 150MG/ML</i>	35
<i>LOVENOX INJ 30/0.3ML</i>	34
<i>LOVENOX INJ 300/3ML</i>	35
<i>LOVENOX INJ 40/0.4ML</i>	34
<i>LOVENOX INJ 60/0.6ML</i>	35
<i>LOVENOX INJ 80/0.8ML</i>	35
<i>loxapine succinate cap 10 mg</i>	77
<i>loxapine succinate cap 25 mg</i>	77
<i>loxapine succinate cap 50 mg</i>	77
<i>loxapine succinate cap 5 mg</i>	77
<i>lubiprostone cap 24 mcg</i>	124
<i>lubiprostone cap 8 mcg</i>	124
<i>LUER-LOCK MIS SYRG 3ML</i>	154
<i>LUGOLS SOL IODINE</i>	80
<i>LUMAKRAS TAB 120MG</i>	69
<i>LUMAKRAS TAB 320MG</i>	69
<i>LUMRYZ PAK 6GM</i>	173
<i>LUMRYZ PAK 7.5GM</i>	173
<i>LUMRYZ PAK 9GM</i>	173
<i>LUMRYZ PAK STARTER</i>	173
<i>LUMRYZ PKG 4.5GM</i>	173
<i>lurasidone hcl tab 120 mg</i>	75
<i>lurasidone hcl tab 20 mg</i>	74
<i>lurasidone hcl tab 40 mg</i>	74
<i>lurasidone hcl tab 60 mg</i>	75
<i>lurasidone hcl tab 80 mg</i>	75
<i>LUXIQ AER 0.12%</i>	110
<i>LUZU CRE 1%</i>	103
<i>LYBALVI TAB 10-10MG</i>	174
<i>LYBALVI TAB 15-10MG</i>	174
<i>LYBALVI TAB 20-10MG</i>	174
<i>LYBALVI TAB 5-10MG</i>	174
<i>LYNPARZA TAB 100MG</i>	69
<i>LYNPARZA TAB 150MG</i>	69
<i>LYSODREN TAB 500MG</i>	66
<i>LYSTEDA TAB 650MG</i>	131
<i>LYVISPAH GRA 10MG</i>	165
<i>LYVISPAH GRA 20MG</i>	165
<i>LYVISPAH GRA 5MG</i>	165
M	
<i>MACROBID CAP 100MG</i>	26
<i>mafenide acetate packet for topical soln</i>	
<i>5% (50 gm)</i>	108
<i>MAGELLAN SYR MIS 23GX1</i>	154
<i>MALARONE TAB 250-100</i>	62
<i>MALARONE TAB 62.5-25</i>	62
<i>malathion lotion 0.5%</i>	113
<i>maraviroc tab 150 mg</i>	82
<i>maraviroc tab 300 mg</i>	82
<i>MAR-COF CG LIQ 225-7.5</i>	99
<i>MARINOL CAP 10MG</i>	50
<i>MARINOL CAP 2.5MG</i>	50
<i>MARINOL CAP 5MG</i>	50
<i>MARPLAN TAB 10MG</i>	41
<i>MATULANE CAP 50MG</i>	71
<i>MAVENCLAD PAK 10MG(10)</i>	176
<i>MAVENCLAD PAK 10MG(4)</i>	176
<i>MAVENCLAD PAK 10MG(5)</i>	176

MAVENCLAD PAK 10MG(6)	176
MAVENCLAD PAK 10MG(7)	176
MAVENCLAD PAK 10MG(8)	176
MAVENCLAD PAK 10MG(9)	176
MAXITROL OIN 0.1% OP	169
MAXITROL SUS 0.1% OP	169
MAXZIDE-25 TAB	115
MAXZIDE TAB 75-50	115
MAYZENT PAK STARTER	176
MAYZENT TAB 0.25MG	176
MAYZENT TAB 1MG	176
MAYZENT TAB 2MG	176
<i>meclizine hcl tab 50 mg</i>	50
<i>meclofenamate sodium cap 100 mg</i>	12
<i>meclofenamate sodium cap 50 mg</i>	12
MEDICHOICE MIS LANCET	143
MEDISENSE LIQ GLUC-KET	143
MEDLANCE MIS 30G PLUS	143
MEDLANCE MIS EXTR 21G	143
MEDLANCE MIS LITE 25G	143
MEDLANCE MIS PLUS	143
MEDLANCE MIS PLUS 30G	143
MEDLANCE MIS UNV 21G	143
MEDLANCE PLS MIS 0.8MM	143
MEDLANCE PLS MIS EXTR 21G	143
MEDLANCE PLS MIS LITE 25G	143
MEDLANCE PLS MIS UNIV 21G	143
MEDROL TAB 16MG	98
MEDROL TAB 2MG	98
MEDROL TAB 4MG	98
MEDROL TAB 8MG	98
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	97
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	97
<i>medroxyprogesterone acetate tab 10 mg</i>	172
<i>medroxyprogesterone acetate tab 2.5 mg</i>	172
<i>medroxyprogesterone acetate tab 5 mg</i>	172
<i>mefenamic acid cap 250 mg</i>	12
<i>mefloquine hcl tab 250 mg</i>	62
<i>megestrol acetate susp 40 mg/ml</i>	66
<i>megestrol acetate susp 625 mg/5ml</i>	172
<i>megestrol acetate tab 20 mg</i>	66
<i>megestrol acetate tab 40 mg</i>	66
MEIJER LANCE MIS COLOR	143
MEIJER LANCE MIS UNIV 21G	143
MEIJER LANCE MIS UNIV 30G	143
MEIJER LANCE MIS UNIVERSA	143
MEIJER MIS LANCETS	143
MEKINIST SOL 0.05/ML	69
MEKTOVI TAB 15MG	69
<i>meloxicam susp 7.5 mg/5ml</i>	12
<i>meloxicam tab 15 mg</i>	12
<i>meloxicam tab 7.5 mg</i>	12
<i>melphalan tab 2 mg</i>	63
<i>memantine hcl cap er 24hr 14 mg</i>	173
<i>memantine hcl cap er 24hr 21 mg</i>	173
<i>memantine hcl cap er 24hr 28 mg</i>	173
<i>memantine hcl cap er 24hr 7 mg</i>	173
<i>memantine hcl oral solution 2 mg/ml</i>	173
<i>memantine hcl tab 10 mg</i>	173
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	173
<i>memantine hcl tab 5 mg</i>	173
MENOPUR INJ 75UNIT	118
MENOSTAR DIS 14MCG	123
<i>meperidine hcl oral soln 50 mg/5ml</i>	18
<i>meperidine hcl tab 50 mg</i>	18
MEPHYTON TAB 5MG	186
<i>meprobamate tab 200 mg</i>	28
<i>meprobamate tab 400 mg</i>	28
MEPRON SUS	25
<i>mercaptopurine tab 50 mg</i>	64
<i>mesalamine cap dr 400 mg</i>	125
<i>mesalamine cap er 24hr 0.375 gm</i>	125
<i>mesalamine cap er 500 mg</i>	125
<i>mesalamine enema 4 gm</i>	125
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	125
<i>mesalamine suppos 1000 mg</i>	125
<i>mesalamine tab delayed release 1.2 gm</i>	125
<i>mesalamine tab delayed release 800 mg</i>	125
MESNEX TAB 400MG	71
MESTINON SOL 60MG/5ML	63
MESTINON TAB 60MG	63

MESTINON TAB TIMESPAN	63
metaxalone tab 800 mg	165
metformin hcl oral soln 500 mg/5ml.....	46
metformin hcl tab 1000 mg	46
metformin hcl tab 500 mg	46
metformin hcl tab 850 mg	46
metformin hcl tab er 24hr 500 mg.....	46
metformin hcl tab er 24hr 750 mg	46
methadone hcl conc 10 mg/ml	18
methadone hcl soln 10 mg/5ml	18
methadone hcl soln 5 mg/5ml	18
methadone hcl tab 10 mg	18
methadone hcl tab 5 mg	18
methadone hcl tab for oral susp 40 mg....	18
METHADOSE CON 10MG/ML	18
METHADOSE SF CON 10MG/ML	18
methamphetamine hcl tab 5 mg	2
methazolamide tab 25 mg	115
methazolamide tab 50 mg	115
methenamine hippurate tab 1 gm	26
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg	25
methenamine-hyosc-meth blue-benz acid- phenyl sal tab 81.6mg	25
methenamine-hyosc-meth blue-sod phos- phen sal cap 118 mg	25
methenamine-hyosc-meth blue-sod phos- phen sal cap 120 mg	25
methenamine-hyosc-meth blue-sod phos- phen sal tab 81 mg.....	25
methenamine-hyos-meth blue-sod phos- phen sal tab 81.6 mg	25
methenamine mandelate tab 0.5 gm	26
methenamine mandelate tab 1 gm	26
methimazole tab 10 mg	180
methimazole tab 5 mg	180
methocarbamol tab 1000 mg	165
methocarbamol tab 500 mg	165
methocarbamol tab 750 mg	165
methotrexate sodium for inj 1 gm	64
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	64
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	64
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	64
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	64
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	64
methotrexate sodium tab 2.5 mg (base equiv)	64
methoxsalen rapid cap 10 mg.....	105
methscopolamine bromide tab 2.5 mg ...	182
methscopolamine bromide tab 5 mg.....	182
methylsuximide cap 300 mg.....	40
methylergonovine maleate tab 0.2 mg	171
METHYLIN SOL 10MG/5ML.....	4
METHYLIN SOL 5MG/5ML	4
methylphenidate hcl cap er 10 mg (cd).....	4
methylphenidate hcl cap er 20 mg (cd)	4
methylphenidate hcl cap er 24hr 10 mg (la)	4
methylphenidate hcl cap er 24hr 10 mg (xr)	4
methylphenidate hcl cap er 24hr 15 mg (xr)	4
methylphenidate hcl cap er 24hr 20 mg (la)	4
methylphenidate hcl cap er 24hr 20 mg (xr)	4
methylphenidate hcl cap er 24hr 30 mg (la)	4
methylphenidate hcl cap er 24hr 30 mg (xr)	4
methylphenidate hcl cap er 24hr 40 mg (la)	4
methylphenidate hcl cap er 24hr 40 mg (xr)	4
methylphenidate hcl cap er 24hr 50 mg (xr)	4
methylphenidate hcl cap er 24hr 60 mg (la)	4
methylphenidate hcl cap er 24hr 60 mg (xr)	4
methylphenidate hcl cap er 30 mg (cd)	4
methylphenidate hcl cap er 40 mg (cd)	4
methylphenidate hcl cap er 50 mg (cd)	4

<i>methylphenidate hcl cap er 60 mg (cd)</i>	4
<i>methylphenidate hcl chew tab 10 mg</i>	4
<i>methylphenidate hcl chew tab 2.5 mg</i>	4
<i>methylphenidate hcl chew tab 5 mg</i>	4
<i>methylphenidate hcl soln 10 mg/5ml</i>	4
<i>methylphenidate hcl soln 5 mg/5ml</i>	4
<i>methylphenidate hcl tab 10 mg</i>	4
<i>methylphenidate hcl tab 20 mg</i>	4
<i>methylphenidate hcl tab 5 mg</i>	4
<i>methylphenidate hcl tab er 10 mg</i>	4
<i>methylphenidate hcl tab er 20 mg</i>	4
<i>methylphenidate hcl tab er 24hr 18 mg</i>	4
<i>methylphenidate hcl tab er 24hr 27 mg</i>	4
<i>methylphenidate hcl tab er 24hr 36 mg</i>	4
<i>methylphenidate hcl tab er 24hr 54 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	5
<i>methylphenidate td patch 10 mg/9hr</i>	5
<i>methylphenidate td patch 15 mg/9hr</i>	5
<i>methylphenidate td patch 20 mg/9hr</i>	5
<i>methylphenidate td patch 30 mg/9hr</i>	5
<i>methylprednisolone tab 16 mg</i>	98
<i>methylprednisolone tab 32 mg</i>	98
<i>methylprednisolone tab 4 mg</i>	98
<i>methylprednisolone tab 8 mg</i>	98
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	98
<i>methyltestosterone cap 10 mg</i>	23
<i>methyltestosterone oral tab 10 mg</i>	23
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	124
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	124
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	124
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	124
<i>metolazone tab 10 mg</i>	117
<i>metolazone tab 2.5 mg</i>	116
<i>metolazone tab 5 mg</i>	116
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	60
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	60
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	60
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	86
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	86
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	86
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	86
<i>metoprolol tartrate tab 100 mg</i>	86
<i>metoprolol tartrate tab 25 mg</i>	86
<i>metoprolol tartrate tab 37.5 mg</i>	86
<i>metoprolol tartrate tab 50 mg</i>	86
<i>metoprolol tartrate tab 75 mg</i>	86
<i>METROCREAM CRE 0.75%</i>	113
<i>METROGEL GEL 1%</i>	113
<i>METROLOTION LOT 0.75%</i>	113
<i>metronidazole cap 375 mg</i>	24
<i>metronidazole cream 0.75%</i>	113
<i>metronidazole gel 0.75%</i>	113
<i>metronidazole gel 1%</i>	113
<i>metronidazole lotion 0.75%</i>	113
<i>metronidazole tab 250 mg</i>	24
<i>metronidazole tab 500 mg</i>	24
<i>metronidazole vaginal gel 0.75%</i>	185
<i>metyrosine cap 250 mg</i>	57
<i>mexiletine hcl cap 150 mg</i>	29
<i>mexiletine hcl cap 200 mg</i>	29
<i>mexiletine hcl cap 250 mg</i>	29
<i>miconazole nitrate vaginal suppos 200 mg</i>	185
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	103
<i>MICROCHAMBER MIS</i>	158

MICRODOT CON SOL HIGH/LOW	143
MICROLET MIS LANCETS	143
MICROLET MIS NEXT	143
MICROSPACER MIS	158
MICRO THIN MIS LANC 33G	143
<i>midodrine hcl tab 10 mg</i>	186
<i>midodrine hcl tab 2.5 mg</i>	186
<i>midodrine hcl tab 5 mg</i>	186
MIFEPREX TAB 200MG	120
<i>mifepristone tab 200 mg</i>	120
<i>mifepristone tab 300 mg</i>	46
<i>miglitol tab 100 mg</i>	45
<i>miglitol tab 25 mg</i>	45
<i>miglitol tab 50 mg</i>	45
<i>miglustat cap 100 mg</i>	129
MIGRALAN SPR 4MG/ML	159
MINI LANCING MIS DEVICE.....	143
MINIPRESS CAP 1MG	58
MINIPRESS CAP 2MG	58
MINIPRESS CAP 5MG	58
<i>minocycline hcl cap 100 mg</i>	180
<i>minocycline hcl cap 50 mg</i>	180
<i>minocycline hcl cap 75 mg</i>	180
<i>minocycline hcl tab 100 mg</i>	180
<i>minocycline hcl tab 50 mg</i>	180
<i>minocycline hcl tab 75 mg</i>	180
<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	180
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	180
<i>minoxidil tab 10 mg</i>	62
<i>minoxidil tab 2.5 mg</i>	62
<i>mirabegron tab er 24 hr 25 mg</i>	184
<i>mirabegron tab er 24 hr 50 mg</i>	184
MIRAPEX ER TAB 0.375MG.....	72
MIRAPEX ER TAB 0.75MG	72
MIRAPEX ER TAB 1.5MG	72
MIRAPEX ER TAB 2.25MG	72
MIRAPEX ER TAB 3.75MG	72
MIRAPEX ER TAB 3MG.....	72
MIRAPEX ER TAB 4.5MG	72
MIRCETTE TAB 28 DAY.....	95
<i>mirtazapine orally disintegrating tab 15 mg</i>	40
<i>mirtazapine orally disintegrating tab 30 mg</i>	40
<i>mirtazapine orally disintegrating tab 45 mg</i>	40
<i>mirtazapine tab 15 mg</i>	40
<i>mirtazapine tab 30 mg</i>	40
<i>mirtazapine tab 45 mg</i>	40
<i>mirtazapine tab 7.5 mg</i>	40
<i>misoprostol tab 100 mcg</i>	183
<i>misoprostol tab 200 mcg</i>	183
MITIGARE CAP 0.6MG.....	128
MITOSOL KIT 0.2MG.....	168
MM LANCING MIS DEVICE	143
MM TWIST MIS LANCETS.....	143
MOBILE LANCE MIS 30G	143
<i>modafinil tab 100 mg</i>	5
<i>modafinil tab 200 mg</i>	5
<i>moexipril hcl tab 15 mg</i>	56
<i>moexipril hcl tab 7.5 mg</i>	56
<i>molindone hcl tab 10 mg</i>	78
<i>molindone hcl tab 25 mg</i>	78
<i>molindone hcl tab 5 mg</i>	78
<i>mometasone furoate cream 0.1%</i>	110
<i>mometasone furoate oint 0.1%</i>	110
<i>mometasone furoate solution 0.1% (lotion)</i>	110
MONOLET MIS LANCETS.....	143
MONOLET OPD MIS LANCETS	143
MONOLETTOR MIS LANCETS.....	143
montelukast sodium chew tab 4 mg (base equiv)	31
montelukast sodium chew tab 5 mg (base equiv)	31
montelukast sodium oral granules packet 4 mg (base equiv)	31
montelukast sodium tab 10 mg (base equiv)	31
MONUROL PAK GRANULES.....	26
<i>morphine sulfate beads cap er 24hr 120 mg</i>	18
<i>morphine sulfate beads cap er 24hr 30 mg</i>	18
<i>morphine sulfate beads cap er 24hr 45 mg</i>	18

<i>morphine sulfate beads cap er 24hr 60 mg</i>	18
<i>morphine sulfate beads cap er 24hr 75 mg</i>	18
<i>morphine sulfate beads cap er 24hr 90 mg</i>	18
<i>morphine sulfate cap er 24hr 100 mg</i>	19
<i>morphine sulfate cap er 24hr 10 mg</i>	18
<i>morphine sulfate cap er 24hr 20 mg</i>	18
<i>morphine sulfate cap er 24hr 30 mg</i>	18
<i>morphine sulfate cap er 24hr 50 mg</i>	18
<i>morphine sulfate cap er 24hr 60 mg</i>	18
<i>morphine sulfate cap er 24hr 80 mg</i>	19
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	19
<i>morphine sulfate oral soln 10 mg/5ml</i>	19
<i>morphine sulfate oral soln 20 mg/5ml</i>	19
<i>morphine sulfate suppos 10 mg</i>	19
<i>morphine sulfate suppos 20 mg</i>	19
<i>morphine sulfate suppos 30 mg</i>	19
<i>morphine sulfate suppos 5 mg</i>	19
<i>morphine sulfate tab 15 mg</i>	19
<i>morphine sulfate tab 30 mg</i>	19
<i>morphine sulfate tab er 100 mg</i>	19
<i>morphine sulfate tab er 15 mg</i>	19
<i>morphine sulfate tab er 200 mg</i>	19
<i>morphine sulfate tab er 30 mg</i>	19
<i>morphine sulfate tab er 60 mg</i>	19
MOUNJARO INJ 10MG/0.5	47
MOUNJARO INJ 12.5/0.5	47
MOUNJARO INJ 15MG/0.5	47
MOUNJARO INJ 2.5/0.5	47
MOUNJARO INJ 5MG/0.5	47
MOUNJARO INJ 7.5/0.5	47
MOVANTIK TAB 12.5MG	126
MOVANTIK TAB 25MG	126
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	168
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	168
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	123
MPD SFTY LAN MIS 21G	143
MPD SFTY LAN MIS 23G	143
MPD SFTY LAN MIS 28G	143
MPD SFTY LAN MIS 30G	143
MS CONTIN TAB 100MG ER	19
MS CONTIN TAB 15MG ER	19
MS CONTIN TAB 200MG ER	19
MS CONTIN TAB 30MG ER	19
MS CONTIN TAB 60MG ER	19
MULIT-DRAW MIS 22GX1.5	154
MULPLETA TAB 3MG	130
MULTAQ TAB 400MG	29
MULTI-LANCET KIT DEVICE	143
MULTI-LANCET MIS DEVICE	144
MULTISTIX 10 TES SG	114
<i>mupirocin oint 2%</i>	102
MUSE SUP 1000MCG	91
MUSE SUP 250MCG	91
MUSE SUP 500MCG	91
MYALEPT INJ 11.3MG	119
MYAMBUTOL TAB 400MG	63
MYCOBUTIN CAP 150MG	63
<i>mycophenolate mofetil cap 250 mg</i>	162
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	162
<i>mycophenolate mofetil tab 500 mg</i>	162
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	162
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	162
MYFEMBREE TAB	122
MYFORTIC TAB 180MG	162
MYFORTIC TAB 360MG	162
MYGLUCOHEALT MIS LANC 30G	144
MYGLUCOHEALT SOL LO/NL/HI	144
MYLERAN TAB 2MG	64
mysoline TAB 250MG	37
mysoline TAB 50MG	37
N	
<i>nabumetone tab 500 mg</i>	12
<i>nabumetone tab 750 mg</i>	12
<i>nadolol tab 20 mg</i>	86
<i>nadolol tab 40 mg</i>	86
<i>nadolol tab 80 mg</i>	86
NAFRINSE DLY SOL /NEUTRAL	164
NAFRINSE SOL DAILY	164

NAFRINSE WK SOL 0.2%	164
<i>naftifine hcl cream 1%</i>	103
<i>naftifine hcl cream 2%</i>	103
<i>naftifine hcl gel 2%</i>	103
NAFTIN GEL 1%	103
NAFTIN GEL 2%.....	103
NALFON CAP 400MG	12
NALFON TAB 600MG	13
<i>naloxone hcl inj 0.4 mg/ml</i>	50
<i>naloxone hcl inj 4 mg/10ml</i>	50
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	50
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	50
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	50
naltrexone hcl tab 50 mg	50
NAMENDA TAB 10MG	174
NAMENDA TAB 5-10MG.....	173
NAMENDA TAB 5MG	173
NAMENDA XR CAP 14MG	174
NAMENDA XR CAP 21MG	174
NAMENDA XR CAP 28MG.....	174
NAMENDA XR CAP 7MG.....	174
NAMZARIC CAP.....	174
NAMZARIC CAP 14-10MG	174
NAMZARIC CAP 21-10MG	174
NAMZARIC CAP 28-10MG	174
NAMZARIC CAP 7-10MG.....	174
NAPROSYN SUS 125/5ML	13
NAPROSYN TAB 500MG	13
<i>naproxen sodium tab 275 mg</i>	13
<i>naproxen sodium tab 550 mg</i>	13
<i>naproxen tab 250 mg</i>	13
<i>naproxen tab 375 mg</i>	13
<i>naproxen tab 500 mg</i>	13
<i>naproxen tab ec 375 mg</i>	13
<i>naproxen tab ec 500 mg</i>	13
<i>naratriptan hcl tab 1 mg (base equiv)</i>	159
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ...159	
NARDIL TAB 15MG	41
NASCOBAL SPR 500MCG	129
NATACYN SUS 5% OP.....	168
NATAZIA TAB	95
<i>nateglinide tab 120 mg</i>	48
<i>nateglinide tab 60 mg</i>	48
NATESTO GEL 5.5MG.....	23
NATROBA SUS 0.9%	113
NAYZILAM SPR 5MG.....	36
<i>nebivolol hcl tab 10 mg (base equivalent)</i> 86	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	86
<i>nebivolol hcl tab 20 mg (base equivalent)</i> 86	
<i>nebivolol hcl tab 5 mg (base equivalent)</i> ..86	
NEBUSAL NEB 6%	100
NEEDLES MIS 18GX1	154
NEEDLES MIS 18GX1.5	154
NEEDLES MIS 22GX1.5	154
NEEDLES MIS 23GX1.5	154
NEEDLES MIS 25GX1.....	154
<i>nefazodone hcl tab 100 mg</i>	42
<i>nefazodone hcl tab 150 mg</i>	42
<i>nefazodone hcl tab 200 mg</i>	42
<i>nefazodone hcl tab 250 mg</i>	42
<i>nefazodone hcl tab 50 mg</i>	42
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	168
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	168
<i>neomycin-polomyxin-dexamethasone ophth oint 0.1%</i>	169
<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i>	169
<i>neomycin-polomyxin-hc ophth susp</i>	169
<i>neomycin-polomyxin-hc otic soln 1%</i>	171
<i>neomycin-polomyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	171
<i>neomycin sulfate tab 500 mg</i>	5
NEORAL CAP 100MG.....	163
NEORAL CAP 25MG.....	162
NEORAL SOL 100MG/ML.....	163
NERLYNX TAB 40MG	69
NEUPRO DIS 1MG/24HR	72
NEUPRO DIS 2MG/24HR	73
NEUPRO DIS 3MG/24HR	73
NEUPRO DIS 4MG/24HR	73
NEUPRO DIS 6MG/24HR	73
NEUPRO DIS 8MG/24HR	73
NEURONTIN CAP 100MG	37

NEURONTIN CAP 300MG.....	37	<i>nisoldipine tab er 24hr 20 mg</i>	88
NEURONTIN CAP 400MG.....	37	<i>nisoldipine tab er 24hr 25.5 mg.....</i>	88
NEURONTIN SOL 250/5ML.....	38	<i>nisoldipine tab er 24hr 30 mg.....</i>	88
NEURONTIN TAB 600MG.....	38	<i>nisoldipine tab er 24hr 34 mg.....</i>	88
NEURONTIN TAB 800MG.....	38	<i>nisoldipine tab er 24hr 40 mg.....</i>	88
NEUTEK 2TEK SOL CONTROL.....	144	<i>nisoldipine tab er 24hr 8.5 mg.....</i>	88
<i>nevirapine susp 50 mg/5ml.....</i>	82	<i>nitazoxanide tab 500 mg</i>	25
<i>nevirapine tab 200 mg</i>	82	<i>nitisinone cap 10 mg</i>	119
<i>nevirapine tab er 24hr 100 mg.....</i>	82	<i>nitisinone cap 20 mg</i>	119
<i>nevirapine tab er 24hr 400 mg.....</i>	82	<i>nitisinone cap 2 mg</i>	119
NEXLETOL TAB 180MG.....	52	<i>nitisinone cap 5 mg</i>	119
NEXLIZET TAB 180/10MG.....	53	NITRO-BID OIN 2%	27
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	55	NITRO-DUR DIS 0.1MG/HR.....	27
<i>niacin tab er 500 mg (antihyperlipidemic)55</i>		NITRO-DUR DIS 0.2MG/HR.....	27
<i>niacin tab er 750 mg (antihyperlipidemic)55</i>		NITRO-DUR DIS 0.3MG/HR.....	27
<i>nicardipine hcl cap 20 mg.....</i>	88	NITRO-DUR DIS 0.4MG/HR.....	27
<i>nicardipine hcl cap 30 mg.....</i>	88	NITRO-DUR DIS 0.6MG/HR.....	27
<i>nicotine polacrilex gum 2 mg</i>	177	NITRO-DUR DIS 0.8MG/HR.....	27
<i>nicotine polacrilex gum 4 mg.....</i>	178	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	26
<i>nicotine polacrilex lozenge 2 mg</i>	178	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	26
<i>nicotine polacrilex lozenge 4 mg.....</i>	178	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	26
<i>nicotine td patch 24hr 14 mg/24hr</i>	178	<i>nitrofurantoin monohydrate</i>	
<i>nicotine td patch 24hr 21 mg/24hr</i>	178	<i>macrocrystalline cap 100 mg.....</i>	26
<i>nicotine td patch 24hr 7 mg/24hr</i>	178	<i>nitrofurantoin susp 25 mg/5ml.....</i>	26
NICOTROL INH	178	<i>nitroglycerin cap er 2.5 mg</i>	27
NICOTROL NS SPR 10MG/ML	178	<i>nitroglycerin cap er 6.5 mg</i>	27
<i>nifedipine cap 10 mg.....</i>	88	<i>nitroglycerin cap er 9 mg</i>	27
<i>nifedipine cap 20 mg</i>	88	<i>nitroglycerin oint 0.4%</i>	24
<i>nifedipine tab er 24hr 30 mg</i>	88	<i>nitroglycerin sl tab 0.3 mg</i>	27
<i>nifedipine tab er 24hr 60 mg</i>	88	<i>nitroglycerin sl tab 0.4 mg</i>	27
<i>nifedipine tab er 24hr 90 mg</i>	88	<i>nitroglycerin sl tab 0.6 mg</i>	27
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	88	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	27
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	88	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	27
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	88	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	27
<i>nilutamide tab 150 mg</i>	66	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	27
<i>nimodipine cap 30 mg.....</i>	88	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	27
NINLARO CAP 2.3MG	69	NITROLINGUAL SPR 400MCG.....	27
NINLARO CAP 3MG.....	69	NITROMIST AER 400MCG.....	27
NINLARO CAP 4MG.....	69	NITROSTAT SUB 0.3MG.....	27
<i>nisoldipine tab er 24hr 17 mg.....</i>	88	NITROSTAT SUB 0.4MG.....	27

NITROSTAT SUB 0.6MG.....	27
NIVESTYM INJ 300/0.5.....	130
NIVESTYM INJ 300MCG	130
NIVESTYM INJ 480/0.8.....	130
NIVESTYM INJ 480MCG	130
<i>nizatidine cap 150 mg</i>	183
<i>nizatidine cap 300 mg.....</i>	183
NOCDURNA SUB 27.7MCG.....	120
NOCDURNA SUB 55.3MCG	120
NORDITROPIN INJ 10/1.5ML.....	118
NORDITROPIN INJ 15/1.5ML	118
NORDITROPIN INJ 30/3ML.....	118
NORDITROPIN INJ 5/1.5ML.....	118
<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>150-35 mcg/24hr</i>	96
<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>tab 0.4 mg-35 mcg</i>	96
<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>tab 0.8 mg-25 mcg</i>	96
<i>norethindrone & ethinyl estradiol tab 0.4</i>	
<i>mg-35 mcg.....</i>	96
<i>norethindrone & ethinyl estradiol tab 0.5</i>	
<i>mg-35 mcg.....</i>	96
<i>norethindrone & ethinyl estradiol tab 1 mg-</i>	
<i>35 mcg</i>	96
<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>1.5 mg-30 mcg</i>	96
<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>1 mg-20 mcg</i>	96
<i>norethindrone ace & ethinyl estradiol tab 1.5</i>	
<i>mg-30 mcg</i>	96
<i>norethindrone ace & ethinyl estradiol tab 1</i>	
<i>mg-20 mcg</i>	96
<i>norethindrone ace-eth estradiol-fe chew</i>	
<i>tab 1 mg-20 mcg (24)</i>	96
<i>norethindrone ace-ethinyl estradiol-fe cap 1</i>	
<i>mg-20 mcg (24)</i>	96
<i>norethindrone ace-ethinyl estradiol-fe tab 1</i>	
<i>mg-20 mcg (24)</i>	96
<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>0.5 mg-2.5 mcg</i>	122
<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>1 mg-5 mcg</i>	122
<i>norethindrone acetate tab 5 mg</i>	172
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i>	
<i>20/1-30/1-35 mg-mcg</i>	96
<i>norethindrone-eth estradiol tab 0.5-</i>	
<i>35/0.75-35/1-35 mg-mcg</i>	96
<i>norethindrone-eth estradiol tab 0.5-35/1-</i>	
<i>35/0.5-35 mg-mcg</i>	96
<i>norethindrone tab 0.35 mg</i>	97
<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>mg-35 mcg.....</i>	96
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	
<i>25/0.25-25 mg-mcg</i>	96
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	
<i>35/0.25-35 mg-mcg</i>	96
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30</i>	
<i>mcg</i>	96
NORM-JECT MIS LUER LOK.....	154
NORPACE CAP 100MG CR	29
NORPACE CAP 150MG CR	29
NORPRAMIN TAB 10MG.....	44
NORPRAMIN TAB 25MG	44
<i>nortriptyline hcl cap 10 mg</i>	44
<i>nortriptyline hcl cap 25 mg</i>	44
<i>nortriptyline hcl cap 50 mg.....</i>	44
<i>nortriptyline hcl cap 75 mg</i>	44
<i>nortriptyline hcl soln 10 mg/5ml</i>	44
NOVA MAX GLU LIQ /KET CON	144
NOVA MAX PLS TES KETONE	114
NOVA SAFETY MIS LANC 23G	144
NOVA SAFETY MIS LANC 28G	144
NOVA SUREFLX MIS LANC DEV	144
NOVA SURE MIS LANCETS.....	144
NOVOLIN INJ 70/30.....	48
NOVOLIN INJ 70/30 FP	48
NOVOLIN N INJ 100 UNIT.....	48
NOVOLIN N INJ U-100	48
NOVOLIN R INJ 100 UNIT	48
NOVOLIN R INJ U-100.....	48
NOVOLOG INJ 100/ML	48
NOVOLOG INJ FLEXPEN	48
NOVOLOG INJ PENFILL.....	48
NOVOLOG MIX INJ 70/30.....	48
NOVOLOG MIX INJ FLEXPEN	48
NOVOPEN ECHO MIS	154
NOZIN NASAL KIT SANITIZE	165

NOZIN NASAL MIS SANITIZE	165
NP THYROID TAB 120MG	181
NP THYROID TAB 15MG.....	181
NP THYROID TAB 30MG.....	181
NP THYROID TAB 60MG.....	181
NP THYROID TAB 90MG.....	181
NUBEQA TAB 300MG	66
NUCALA INJ 100MG/ML	30
NUCALA INJ 40MG/0.4.....	30
NUCORT LOT 2%	110
NUPLAZID CAP 34MG.....	75
NUPLAZID TAB 10MG.....	75
NURTEC TAB 75MG ODT	158
NUZYRA TAB 150MG	179
NYMALIZE SOL	88
<i>nystatin cream 100000 unit/gm.....</i>	103
<i>nystatin oint 100000 unit/gm</i>	103
<i>nystatin susp 100000 unit/ml</i>	164
<i>nystatin tab 500000 unit</i>	51
<i>nystatin topical powder 100000 unit/gm</i>	103
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	103
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	103
NYVEPRIA INJ 6/0.6ML	130
o	
OCALIVA TAB 10MG	124
OCALIVA TAB 5MG	124
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	120
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	120
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	120
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	120
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	120
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	121
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	121
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....</i>	121
OCUFLOX DRO 0.3% OP.....	168
ODACTRA SUB	5
ODEFSEY TAB.....	82
ODOMZO CAP 200MG.....	65
OFEV CAP 100MG	179
OFEV CAP 150MG.....	179
<i>ofloxacin ophth soln 0.3%.....</i>	168
<i>ofloxacin otic soln 0.3%</i>	170
<i>ofloxacin tab 300 mg</i>	123
<i>ofloxacin tab 400 mg</i>	123
<i>olanzapine-fluoxetine hcl cap 12-25 mg..</i>	174
<i>olanzapine-fluoxetine hcl cap 12-50 mg..</i>	174
<i>olanzapine-fluoxetine hcl cap 3-25 mg ...</i>	174
<i>olanzapine-fluoxetine hcl cap 6-25 mg ...</i>	174
<i>olanzapine-fluoxetine hcl cap 6-50 mg... </i>	174
<i>olanzapine for im inj 10 mg.....</i>	77
<i>olanzapine orally disintegrating tab 10 mg</i>	77
<i>olanzapine orally disintegrating tab 15 mg</i>	77
<i>olanzapine orally disintegrating tab 20 mg</i>	77
<i>olanzapine orally disintegrating tab 5 mg</i>	77
<i>olanzapine tab 10 mg</i>	77
<i>olanzapine tab 15 mg</i>	77
<i>olanzapine tab 2.5 mg.....</i>	77
<i>olanzapine tab 20 mg</i>	77
<i>olanzapine tab 5 mg.....</i>	77
<i>olanzapine tab 7.5 mg.....</i>	77
<i>olmesartanamlodipine- hydrochlorothiazide tab 20-5-12.5 mg...61</i>	
<i>olmesartanamlodipine- hydrochlorothiazide tab 40-10-12.5 mg .61</i>	
<i>olmesartanamlodipine- hydrochlorothiazide tab 40-10-25 mg ...61</i>	
<i>olmesartanamlodipine- hydrochlorothiazide tab 40-5-12.5 mg...61</i>	
<i>olmesartanamlodipine- hydrochlorothiazide tab 40-5-25 mg ....61</i>	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg.....60</i>	
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg .....60</i>	
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg .....61</i>	

<i>olmesartan medoxomil tab 20 mg</i>	57	<i>ONUREG TAB 200MG</i>	64
<i>olmesartan medoxomil tab 40 mg</i>	57	<i>ONUREG TAB 300MG</i>	64
<i>olmesartan medoxomil tab 5 mg</i>	57	<i>ONZETRA XSAI MIS 11MG</i>	159
<i>olopatadine hcl nasal soln 0.6%</i>	165	<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	49
OLUX AER 0.05%	110	<i>OPSUMIT TAB 10MG</i>	93
OMECLAMOX- MIS PAK	184	<i>OPSYNVI TAB 10-20MG</i>	90
<i>omega-3-acid ethyl esters cap 1 gm</i>	53	<i>OPSYNVI TAB 10-40MG</i>	90
<i>omeprazole cap delayed release 10 mg</i> ..	183	<i>OPTICHAMBER MIS DIA LG</i>	158
<i>omeprazole cap delayed release 20 mg</i> .	183	<i>OPTICHAMBER MIS DIA MD</i>	158
<i>omeprazole cap delayed release 40 mg</i>	183	<i>OPTICHAMBER MIS DIAMOND</i>	158
OMNIFLEX DPR	134	<i>OPTICHAMBER MIS DIA SM</i>	158
OMNIPOD 5 DX KIT INT G7G6	144	<i>OPZELURA CRE 1.5%</i>	111
OMNIPOD 5 DX MIS POD G7G6.....	144	<i>ORACEA CAP 40MG</i>	113
OMNIPOD 5 G7 KIT INTRO	144	<i>ORACIT SOL</i>	126
OMNIPOD 5 G7 MIS PODS.....	144	<i>ORALAIR SUB 300 IR</i>	5
OMNIPOD 5 LB KIT INTRO G6.....	144	<i>ORAPRED ODT TAB 10MG</i>	98
OMNIPOD 5 LB MIS PODS G6.....	144	<i>ORAPRED ODT TAB 15MG</i>	98
OMNIPOD DASH KIT INTRO	144	<i>ORAPRED ODT TAB 30MG</i>	98
OMNIPOD DASH KIT PDM.....	144	<i>ORAVIG TAB 50MG</i>	164
OMNIPOD DASH MIS PODS	144	<i>ORENCIA CLCK INJ 125MG/ML</i>	14
OMNIPOD MIS CLASSIC	144	<i>ORENCIA INJ 125MG/ML</i>	14
OMNIPOD PDM KIT CLASSIC	144	<i>ORENCIA INJ 50/0.4ML</i>	14
<i>ondansetron hcl oral soln 4 mg/5ml</i>	50	<i>ORENCIA INJ 87.5/0.7</i>	14
<i>ondansetron hcl tab 24 mg</i>	50	<i>ORENITRAM TAB 0.125MG</i>	92
<i>ondansetron hcl tab 4 mg</i>	50	<i>ORENITRAM TAB 0.25MG</i>	92
<i>ondansetron hcl tab 8 mg</i>	50	<i>ORENITRAM TAB 1MG</i>	92
<i>ondansetron orally disintegrating tab 4 mg</i>	50	<i>ORENITRAM TAB 2.5MG</i>	92
<i>ondansetron orally disintegrating tab 8 mg</i>	50	<i>ORENITRAM TAB 5MG</i>	92
ONETOUCH DEL MIS LANC DEV	144	<i>ORENITRAM TAB MONTH 1</i>	92
ONETOUCH DEL MIS PLUS 30G	144	<i>ORENITRAM TAB MONTH 2</i>	92
ONETOUCH DEL MIS PLUS 33G	144	<i>ORENITRAM TAB MONTH 3</i>	92
ONETOUCH LIQ ULT CONT	144	<i>ORFADIN CAP 10MG</i>	119
ONETOUCH LIQ ULTRA.....	144	<i>ORFADIN CAP 20MG</i>	119
ONETOUCH LIQ VERIO.....	144	<i>ORFADIN CAP 2MG</i>	119
ONETOUCH LIQ VERIO 4	144	<i>ORFADIN CAP 5MG</i>	119
ONETOUCH MIS LANC DEV	144	<i>ORFADIN SUS 4MG/ML</i>	119
ONETOUCH TES ULT BLUE	114	<i>ORGOVYX TAB 120MG</i>	66
ONETOUCH TES ULTRA.....	114	<i>ORIAHNN CAP</i>	122
ONETOUCH TES VERIO.....	114	<i>ORILISSA TAB 150MG</i>	118
ONETOUCH US MIS 2 30G.....	144	<i>ORILISSA TAB 200MG</i>	118
ONEXTON GEL 1.2-3.75	101	<i>ORKAMBI GRA 100-125</i>	179
ON-THE-GO MIS LANC 30G.....	144	<i>ORKAMBI GRA 150-188</i>	179
		<i>ORKAMBI GRA 75-94MG</i>	179

ORKAMBI TAB 100-125.....	179
ORKAMBI TAB 200-125	179
ORLADEYO CAP 110MG.....	128
ORLADEYO CAP 150MG.....	128
orphenadrine citrate tab er 12hr 100 mg .	165
oseltamivir phosphate cap 30 mg (base equiv)	84
oseltamivir phosphate cap 45 mg (base equiv)	84
oseltamivir phosphate cap 75 mg (base equiv)	84
oseltamivir phosphate for susp 6 mg/ml (base equiv)	84
OTEZLA TAB 10/20.....	13
OTEZLA TAB 10/20/30	13
OTEZLA TAB 20MG	13
OTEZLA TAB 30MG	13
OVACE PLUS CRE 10%	107
OVACE PLUS GEL 10% WASH.....	107
OVACE PLUS LIQ 10% WASH.....	107
OVACE PLUS LOT 9.8%	107
OVACE PLUS SHA 10%.....	107
OVACE WASH LIQ 10%	107
OVIDE LOT 0.5%	113
OVIDREL INJ	118
oxandrolone tab 10 mg	23
oxandrolone tab 2.5 mg	23
oxaprozin cap 300 mg	13
oxaprozin tab 600 mg	13
oxazepam cap 10 mg	29
oxazepam cap 15 mg	29
oxazepam cap 30 mg	29
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	38
oxcarbazepine tab 150 mg.....	38
oxcarbazepine tab 300 mg.....	38
oxcarbazepine tab 600 mg.....	38
oxcarbazepine tab er 24hr 150 mg	38
oxcarbazepine tab er 24hr 300 mg	38
oxcarbazepine tab er 24hr 600 mg	38
OXERVATE SOL 20MCG/ML	169
oxiconazole nitrate cream 1%.....	103
OXISTAT CRE 1%.....	103
OXISTAT LOT 1%	103

OXTELLAR XR TAB 150MG.....	38
OXTELLAR XR TAB 300MG.....	38
OXTELLAR XR TAB 600MG.....	38
oxybutynin chloride solution 5 mg/5ml...	184
oxybutynin chloride tab 5 mg	184
oxybutynin chloride tab er 24hr 10 mg	184
oxybutynin chloride tab er 24hr 15 mg	184
oxybutynin chloride tab er 24hr 5 mg.....	184
oxycodone hcl cap 5 mg.....	19
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	19
oxycodone hcl soln 5 mg/5ml.....	19
oxycodone hcl tab 10 mg	20
oxycodone hcl tab 15 mg	20
oxycodone hcl tab 20 mg	20
oxycodone hcl tab 30 mg	20
oxycodone hcl tab 5 mg.....	19
oxycodone hcl tab abuse deter 15 mg	20
oxycodone hcl tab abuse deter 30 mg	20
oxycodone hcl tab abuse deter 5 mg.....	20
oxycodone hcl tab er 12hr deter 10 mg	20
oxycodone hcl tab er 12hr deter 20 mg	20
oxycodone hcl tab er 12hr deter 40 mg	20
oxycodone hcl tab er 12hr deter 80 mg	20
oxycodone w/ acetaminophen tab 10-325 mg.....	22
oxycodone w/ acetaminophen tab 2.5-325 mg	21
oxycodone w/ acetaminophen tab 5-325 mg	21
oxycodone w/ acetaminophen tab 7.5-325 mg	22
oxymorphone hcl tab 10 mg	20
oxymorphone hcl tab 5 mg	20
OZEMPIC INJ 2/1.5ML.....	47
OZEMPIC INJ 2MG/3ML.....	47
OZEMPIC INJ 4MG/3ML.....	47
OZEMPIC INJ 8MG/3ML.....	47
P	
paliperidone tab er 24hr 1.5 mg.....	75
paliperidone tab er 24hr 3 mg	75
paliperidone tab er 24hr 6 mg	75
paliperidone tab er 24hr 9 mg	75

<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	50
PAMELOR CAP 10MG	44
PAMELOR CAP 25MG	44
PAMELOR CAP 50MG	44
PAMELOR CAP 75MG	44
PANCREAZE CAP 10500UNT	115
PANCREAZE CAP 16800UNT	115
PANCREAZE CAP 21000UNT	115
PANCREAZE CAP 2600UNIT.....	114
PANCREAZE CAP 37000	115
PANCREAZE CAP 4200UNIT.....	114
PANDEL CRE 0.1%	110
PANRETIN GEL 0.1%.....	104
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	183
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	183
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	183
paricalcitol cap 1 mcg	119
paricalcitol cap 2 mcg.....	119
paricalcitol cap 4 mcg	119
PARLODEL CAP 5MG	73
PARLODEL TAB 2.5MG	73
PARNATE TAB 10MG	41
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	42
<i>paroxetine hcl tab 10 mg</i>	42
<i>paroxetine hcl tab 20 mg</i>	42
<i>paroxetine hcl tab 30 mg</i>	42
<i>paroxetine hcl tab 40 mg</i>	42
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	42
<i>paroxetine hcl tab er 24hr 25 mg</i>	42
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	42
PASER GRA 4GM	63
PATANASE SPR 0.6%.....	165
PAXLOVID TAB 150-100.....	83
PAXLOVID TAB 300-100.....	83
<i>pazopanib hcl tab 200 mg (base equiv)</i>	69
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	182
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	182
PC LANCETS MIS 30G.....	144
PEDIAPRED SOL 5MG/5ML	98
PEDIARIX INJ 0.5ML.....	181
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	133
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	133
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	133
PEG-PREP KIT	133
<i>penciclovir cream 1%</i>	107
<i>penicillamine cap 250 mg</i>	161
<i>penicillamine tab 250 mg</i>	161
<i>penicillin v potassium for soln 125 mg/5ml</i>	171
<i>penicillin v potassium for soln 250 mg/5ml</i>	171
<i>penicillin v potassium tab 250 mg</i>	171
<i>penicillin v potassium tab 500 mg</i>	171
PEN NEEDLES MIS 32GX4MM	154
PENTACEL INJ.....	181
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	22
<i>pentoxifylline tab er 400 mg</i>	128
PEPCID TAB 40MG	183
PERFECT 28G MIS LANCETS	144
PERFECT 30G MIS LANCETS	144
PERFECT POIN MIS 25GX1.....	154
PERFOROMIST NEB 20MCG	32
PERIDEX SOL 0.12%.....	164
<i>perindopril erbumine tab 2 mg</i>	56
<i>perindopril erbumine tab 4 mg</i>	56
<i>perindopril erbumine tab 8 mg</i>	56
<i>permethrin cream 5%</i>	113
<i>perphenazine-amitriptyline tab 2-10 mg</i> ..	174
<i>perphenazine-amitriptyline tab 2-25 mg</i> ..	174
<i>perphenazine-amitriptyline tab 4-10 mg</i> ..	174
<i>perphenazine-amitriptyline tab 4-25 mg</i> ..	174
<i>perphenazine-amitriptyline tab 4-50 mg</i> ..	174
<i>perphenazine tab 16 mg</i>	79
<i>perphenazine tab 2 mg</i>	78
<i>perphenazine tab 4 mg</i>	78
<i>perphenazine tab 8 mg</i>	78
PERSERIS INJ 120MG	75

PERSERIS INJ 90MG	75	<i>pimecrolimus cream 1%</i>	111
PERTZYE CAP 16000U	115	<i>pimozide tab 1 mg</i>	177
PERTZYE CAP 24000U.....	115	<i>pimozide tab 2 mg</i>	177
PERTZYE CAP 4000UNIT.....	115	<i>pindolol tab 10 mg</i>	86
PERTZYE CAP 8000UNIT.....	115	<i>pindolol tab 5 mg</i>	86
PHARMACY COU MIS LANCETS	144	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> 45	
PHARM SYRNG MIS TRAY 1ML.....	154	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> 45	
PHARM TRAY MIS 12ML/LL	154	<i>pioglitazone hcl-metformin hcl tab 15-500</i>	
PHARM TRAY MIS 1ML/REG	154	<i>mg</i>	45
PHARM TRAY MIS 20ML/LL.....	154	<i>pioglitazone hcl-metformin hcl tab 15-850</i>	
PHARM TRAY MIS 35ML/LL.....	154	<i>mg</i>	45
PHARM TRAY MIS 3ML/LL.....	154	<i>pioglitazone hcl tab 15 mg (base equiv)</i>....48	
PHARM TRAY MIS 60ML/LL	154	<i>pioglitazone hcl tab 30 mg (base equiv)</i> ...48	
PHARM TRAY MIS 6ML	154	<i>pioglitazone hcl tab 45 mg (base equiv) ...48</i>	
PHEBURANE MIS 483/GM.....	119	PIP CONTROL LIQ	145
<i>phenazopyridine hcl tab 100 mg</i>	127	PIP LANCETS MIS 28G	145
<i>phenazopyridine hcl tab 200 mg</i>	127	PIP LANCETS MIS 30G	145
<i>phenelzine sulfate tab 15 mg</i>	41	PIQRAY 200MG TAB DOSE	69
<i>phenobarbital elixir 20 mg/5ml</i>	131	PIQRAY 250MG TAB DOSE	69
<i>phenobarbital tab 100 mg</i>	131	PIQRAY 300MG TAB DOSE	69
<i>phenobarbital tab 15 mg</i>	131	<i>pirfenidone cap 267 mg</i>	179
<i>phenobarbital tab 16.2 mg</i>	131	<i>pirfenidone tab 267 mg</i>	179
<i>phenobarbital tab 30 mg</i>	131	<i>pirfenidone tab 801 mg</i>	179
<i>phenobarbital tab 32.4 mg</i>	131	<i>piroxicam cap 10 mg</i>	13
<i>phenobarbital tab 60 mg</i>	131	<i>piroxicam cap 20 mg</i>	13
<i>phenobarbital tab 64.8 mg</i>	131	<i>pitavastatin calcium tab 1 mg</i>	54
<i>phenobarbital tab 97.2 mg</i>	131	<i>pitavastatin calcium tab 2 mg</i>	54
<i>phenoxybenzamine hcl cap 10 mg</i>	57	<i>pitavastatin calcium tab 4 mg</i>	54
<i>phenylephrine hcl ophth soln 10%</i>	167	PLAQUENIL TAB 200MG	62
<i>phenylephrine hcl ophth soln 2.5%</i>	167	PLEGRIDY INJ	176
<i>phenytoin chew tab 50 mg</i>	40	PLEGRIDY INJ PEN.....	176
<i>phenytoin sodium extended cap 100 mg</i> .40		PLEGRIDY INJ STARTER	176
<i>phenytoin sodium extended cap 200 mg</i> .40		PLEGRIDY PEN INJ STARTER.....	176
<i>phenytoin sodium extended cap 300 mg</i> 40		PLEXION CLTH PAD 9.8-4.8%.....	101
<i>phenytoin susp 125 mg/5ml</i>	40	PLEXION CRE 9.8-4.8%	101
PHEXXI GEL.....	185	PLEXION LIQ 9.8-4.8%	101
PHOSLYRA SOL.....	126	PLEXION LOT 9.8-4.8%	101
PHOSPHOLINE SOL 0.125%OP.....	167	POCKET CHAMB MIS	158
<i>phytonadione tab 5 mg</i>	186	POCKETCHEM SOL EZ	145
<i>pilocarpine hcl ophth soln 1%</i>	167	POCKET SPACE MIS	158
<i>pilocarpine hcl ophth soln 2%</i>	167	PODOCON-25 SOL	112
<i>pilocarpine hcl ophth soln 4%</i>	167	<i>podofilox gel 0.5%</i>	112
<i>pilocarpine hcl tab 5 mg</i>	164	<i>podofilox soln 0.5%</i>	112
<i>pilocarpine hcl tab 7.5 mg</i>	164	POLY HUB MIS 18GX1	154

POLY HUB MIS 18GX1.5	154	<i>potassium citrate & citric acid powder pack</i>	
POLY HUB MIS 20GX1	154	3300-1002 mg	126
POLY HUB MIS 21GX1	154	<i>potassium citrate & citric acid soln 1100-</i>	
POLY HUB MIS 21GX1.5	154	334 mg/5ml	126
POLY HUB MIS 22GX1.....	154	<i>potassium citrate tab er 10 meq (1080 mg)</i>	
POLY HUB MIS 22GX1.5	154	.....	126
POLY HUB MIS 23GX1.....	154	<i>potassium citrate tab er 15 meq (1620 mg)</i>	
POLY HUB MIS 23GX1.5	155	.....	126
POLY HUB MIS 25GX1.....	155	<i>potassium citrate tab er 5 meq (540 mg)</i>	126
POLY HUB MIS 25GX1.5	155	POVIDONE IOD SOL 5%	168
POLY HUB MIS 25GX5/8.....	155	<i>pramipexole dihydrochloride tab 0.125 mg</i>	
POLY HUB MIS 27GX1/2.....	155	.....	73
POLY HUB MIS 27GX1.25	155	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
POLY HUB MIS 30GX1/2	155	.....	73
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 0.5 mg</i>	.73
10000 unit/ml-0.1%.....	168	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
POMALYST CAP 1MG.....	66	.....	73
POMALYST CAP 2MG.....	66	<i>pramipexole dihydrochloride tab 1.5 mg</i> ..73	
POMALYST CAP 3MG.....	66	<i>pramipexole dihydrochloride tab 1 mg</i>.....73	
POMALYST CAP 4MG.....	66	<i>pramipexole dihydrochloride tab er 24hr</i>	
PONVORY TAB 20MG.....	177	0.375 mg.....	73
PONVORY TAB STARTER.....	177	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>posaconazole susp 40 mg/ml</i>	51	0.75 mg	73
<i>pot & sod citrates w/ cit ac soln 550-500-</i>		<i>pramipexole dihydrochloride tab er 24hr 1.5</i>	
334 mg/5ml	126	mg	73
<i>potassium chloride cap er 10 meq</i>	160	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 8 meq</i>	160	2.25 mg	73
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	
er tab 10 meq.....	160	3.75 mg	73
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr 3</i>	
er tab 15 meq.....	161	mg	73
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	
er tab 20 meq	161	4.5 mg	73
<i>potassium chloride oral soln 10% (20</i>		PRAMOSONE CRE 1-1%	110
meq/15ml)	161	PRAMOSONE CRE 1-2.5%	110
<i>potassium chloride oral soln 20% (40</i>		PRAMOSONE LOT 1%	110
meq/15ml)	161	PRAMOSONE LOT 2.5%	110
<i>potassium chloride powder packet 20 meq</i>		PRAMOSONE OIN 1%	110
.....	161	PRAMOSONE OIN 2.5%	110
<i>potassium chloride tab er 10 meq</i>	161	<i>pramoxine-hc cream 1-2.5%</i>	110
<i>potassium chloride tab er 20 meq (1500</i>		<i>prasugrel hcl tab 10 mg (base equiv)</i>.....129	
mg)	161	<i>prasugrel hcl tab 5 mg (base equiv)</i>.....129	
<i>potassium chloride tab er 8 meq (600 mg)</i>		<i>pravastatin sodium tab 10 mg</i>	54
.....	161	<i>pravastatin sodium tab 20 mg</i>	54

<i>pravastatin sodium tab 40 mg</i>	54	<i>pregabalin cap 25 mg</i>	38
<i>pravastatin sodium tab 80 mg</i>	54	<i>pregabalin cap 300 mg</i>	38
<i>praziquantel tab 600 mg</i>	24	<i>pregabalin cap 50 mg</i>	38
<i>prazosin hcl cap 1 mg</i>	58	<i>pregabalin cap 75 mg</i>	38
<i>prazosin hcl cap 2 mg</i>	58	<i>pregabalin soln 20 mg/ml</i>	38
<i>prazosin hcl cap 5 mg</i>	58	<i>pregabalin tab er 24hr 165 mg</i>	177
PRECISION LIQ GLUC/KET	145	<i>pregabalin tab er 24hr 330 mg</i>	177
PRECISN XTRA TES KETONE	114	<i>pregabalin tab er 24hr 82.5 mg</i>	177
PRED-G S.O.P OIN OP	169	PREMARIN INJ 25MG	123
<i>prednicarbate oint 0.1%</i>	110	PREMPHASE TAB	122
<i>prednisolone acetate ophth susp 1%</i>	169	PREMPRO TAB	122
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	98	PREMPRO TAB 0.3-1.5	122
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	98	PREMPRO TAB 0.45-1.5	122
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	98	PREMPRO TAB 0.625-5	122
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	98	PREPIDIL GEL 0.5MG/3G	171
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	98	PREP PADS PAD	150
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	98	PRETOMANID TAB 200MG	63
<i>prednisolone soln 15 mg/5ml</i>	98	PREVYMIS TAB 240MG	83
PREDNISOLONE SUS 1%	169	PREVYMIS TAB 480MG	83
<i>prednisolone tab 5 mg</i>	98	PREZCOBIX TAB 800-150	82
PREDNISONE CON 5MG/ML	98	PRIFTIN TAB 150MG	63
<i>prednisone oral soln 5 mg/5ml</i>	98	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	62
<i>prednisone tab 10 mg</i>	99	PRIMAQUINE TAB 26.3MG	62
<i>prednisone tab 1 mg</i>	98	<i>primidone tab 250 mg</i>	38
<i>prednisone tab 2.5 mg</i>	98	<i>primidone tab 50 mg</i>	38
<i>prednisone tab 20 mg</i>	99	PRISMASOL SOL 0/0/1.2	161
<i>prednisone tab 50 mg</i>	99	PRISMASOL SOL 0/2.5	161
<i>prednisone tab 5 mg</i>	98	PRISMASOL SOL 2/0	161
<i>prednisone tab therapy pack 10 mg (21)</i> ...	99	PRISMASOL SOL 2/3.5	161
<i>prednisone tab therapy pack 10 mg (48)</i> ..	99	PRISMASOL SOL 4/0/1.2	161
<i>prednisone tab therapy pack 5 mg (21)</i> ...	99	PRISMASOL SOL 4/2.5	161
<i>prednisone tab therapy pack 5 mg (48)</i> ...	99	PRISMASOL SOL B22GK4/0	161
PRED SOD PHO SOL 1% OP	169	<i>probenecid tab 500 mg</i>	128
PREFEST TAB	122	PROCARDIA XL TAB 30MG CR	88
<i>pregabalin cap 100 mg</i>	38	PROCARDIA XL TAB 60MG CR	88
<i>pregabalin cap 150 mg</i>	38	PROCARDIA XL TAB 90MG CR	88
<i>pregabalin cap 200 mg</i>	38	<i>prochlorperazine edisylate inj 10 mg/2ml</i> .79	
<i>pregabalin cap 225 mg</i>	38	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	79
		<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	79
		<i>prochlorperazine suppos 25 mg</i>	79
		PRO COMFORT MIS 31G	145

PRO COMFORT MIS LANC 30G	145
PRO COMFORT MIS LANCETS	145
PRO COMFORT PAD ALCOHOL	150
PROCORT CRE	24
PROCIT INJ 10000/ML	130
PROCIT INJ 2000/ML	130
PROCIT INJ 20000/ML.....	130
PROCIT INJ 3000/ML.....	130
PROCIT INJ 4000/ML.....	130
PROCIT INJ 40000/ML	130
PROCTOCORT SUP 30MG	24
PROCTOFOAM AER HC 1%	24
PRODIGY MIS 26G	145
PRODIGY MIS 28G	145
PRODIGY MIS LANC DEV	145
PRODIGY SOL HIGH.....	145
PRODIGY SOL LOW	145
progesterone cap 100 mg.....	172
progesterone cap 200 mg.....	172
progesterone im in oil 50 mg/ml	172
PROGLYCEM SUS 50MG/ML	46
PROGRAF CAP 0.5MG.....	163
PROGRAF CAP 1MG.....	163
PROGRAF CAP 5MG	163
PROGRAF GRA 0.2MG.....	163
PROGRAF GRA 1MG.....	163
PROLENSA SOL 0.07%	170
PROMACTA PAK 25MG	130
PROMACTA POW 12.5MG	130
PROMACTA TAB 12.5MG	130
PROMACTA TAB 25MG.....	130
PROMACTA TAB 50MG	130
PROMACTA TAB 75MG.....	130
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml.....</i>	99
<i>promethazine-dm syrup 6.25-15 mg/5ml.</i> 99	
<i>promethazine hcl oral soln 6.25 mg/5ml ..</i> 52	
<i>promethazine hcl suppos 12.5 mg</i> 52	
<i>promethazine hcl suppos 25 mg.....</i> 52	
<i>promethazine hcl suppos 50 mg.....</i> 52	
<i>promethazine hcl tab 12.5 mg</i> 52	
<i>promethazine hcl tab 25 mg</i> 52	
<i>promethazine hcl tab 50 mg.....</i> 52	
<i>promethazine-phenylephrine-codeine syrup 6.25-10 mg/5ml</i> 99	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> 99	
<i>propafenone hcl cap er 12hr 225 mg</i> 29	
<i>propafenone hcl cap er 12hr 325 mg</i> 29	
<i>propafenone hcl cap er 12hr 425 mg</i> 29	
<i>propafenone hcl tab 150 mg</i> 29	
<i>propafenone hcl tab 225 mg.....</i> 29	
<i>propafenone hcl tab 300 mg</i> 29	
<i>proparacaine hcl ophth soln 0.5%</i> 169	
<i>propranolol hcl cap er 24hr 120 mg</i> 86	
<i>propranolol hcl cap er 24hr 160 mg</i> 86	
<i>propranolol hcl cap er 24hr 60 mg</i> 86	
<i>propranolol hcl cap er 24hr 80 mg</i> 86	
<i>propranolol hcl oral soln 20 mg/5ml</i> 86	
<i>propranolol hcl oral soln 40 mg/5ml</i> 86	
<i>propranolol hcl tab 10 mg</i> 86	
<i>propranolol hcl tab 20 mg.....</i> 86	
<i>propranolol hcl tab 40 mg.....</i> 86	
<i>propranolol hcl tab 60 mg.....</i> 87	
<i>propranolol hcl tab 80 mg.....</i> 87	
<i>propylthiouracil tab 50 mg</i> 180	
PROSCAR TAB 5MG.....	127
PROTONIX INJ 40MG	183
<i>protriptyline hcl tab 10 mg</i> 44	
<i>protriptyline hcl tab 5 mg</i> 44	
PROVERA TAB 10MG	172
PROVERA TAB 2.5MG.....	172
PROVERA TAB 5MG	172
PRUDOXIN CRE 5%	104
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> 99	
PSS SAFE LAN MIS.....	145
PSS SEL LANC MIS.....	145
PSS SEL PLAT MIS	145
PULMICORT INH 180MCG.....	31
PULMICORT INH 90MCG	31
PULMICORT SUS 0.25MG/2	31
PULMICORT SUS 0.5MG/2	31
PULMICORT SUS 1MG/2ML	31
PULMOZYME SOL 1MG/ML	179
PURE COMFORT MIS 30G LAN.....	145
PURE COMFORT PAD.....	150

PURIXAN SUS 20MG/ML.....	64
PX LANCETS MIS 28G	145
PX LANCETS MIS 33G	145
PX LANCETS MIS ULT THIN	145
PYLERA CAP	184
pyrazinamide tab 500 mg	63
PYRIDIUM TAB 100MG	127
PYRIDIUM TAB 200MG.....	127
pyridostigmine bromide oral soln 60 mg/5ml	63
pyridostigmine bromide tab 60 mg	63
pyridostigmine bromide tab er 180 mg	63
pyrimethamine tab 25 mg	62
PYROGALL ACD OIN	112
Q	
QBRELIS SOL 1MG/ML.....	56
QBREXZA PAD 2.4%.....	113
QC ALCOHOL PAD SWABS	150
QC LANCETS MIS 28G.....	145
QC LANCETS MIS 30G	145
QC LANCING MIS DEVICE	145
QUELBREE CAP 100MG ER	3
QUELBREE CAP 150MG ER.....	3
QUELBREE CAP 200MG ER.....	3
QUADRACEL INJ	181
QUADRACEL INJ 0.5ML.....	181
QUALAQUIN CAP 324MG	62
QUARTETTE TAB	96
QUDEXY XR CAP 100/24HR.....	38
QUDEXY XR CAP 150/24HR	38
QUDEXY XR CAP 200/24HR	38
QUDEXY XR CAP 25/24HR	38
QUDEXY XR CAP 50/24HR	38
QUESTRAN POW 4GM	53
QUESTRAN POW 4GM LITE	53
quetiapine fumarate tab 100 mg	77
quetiapine fumarate tab 150 mg	77
quetiapine fumarate tab 200 mg	77
quetiapine fumarate tab 25 mg	77
quetiapine fumarate tab 300 mg	77
quetiapine fumarate tab 400 mg	77
quetiapine fumarate tab 50 mg.....	77
quetiapine fumarate tab er 24hr 150 mg...77	
quetiapine fumarate tab er 24hr 200 mg..77	
quetiapine fumarate tab er 24hr 300 mg..77	
quetiapine fumarate tab er 24hr 400 mg..77	
quetiapine fumarate tab er 24hr 50 mg ....77	
QUICKTEK LIQ SOLUTION	145
quinapril hcl tab 10 mg	56
quinapril hcl tab 20 mg.....	56
quinapril hcl tab 40 mg.....	56
quinapril hcl tab 5 mg	56
quinapril-hydrochlorothiazide tab 20-12.5 mg	61
quinapril-hydrochlorothiazide tab 20-25 mg	61
quinidine gluconate tab er 324 mg	29
quinine sulfate cap 324 mg.....	62
QUINTET CONT SOL HGH/NORM	145
QULIPTA TAB 10MG.....	158
QULIPTA TAB 30MG	158
QULIPTA TAB 60MG	158
QUVIVIQ TAB 25MG	132
QUVIVIQ TAB 50MG.....	132
R	
RA ALCOHOL PAD SWABS	150
RABEPRAZOLE CAP 10MG DR	183
rabeprazole sodium ec tab 20 mg.....	183
RADICAVA ORS SUS 105/5ML	166
RADICAVA ORS SUS STARTER	166
RADIOGARDASE CAP 0.5GM	49
RA E-ZJECT MIS 28G	145
RA E-ZJECT MIS THIN 26G.....	145
RA E-ZJECT MIS THIN 28G.....	145
RA E-ZJECT MIS ULT THIN	145
RAGWITEK SUB	5
raloxifene hcl tab 60 mg.....	118
ramelteon tab 8 mg	132
ramipril cap 1.25 mg.....	56
ramipril cap 10 mg.....	56
ramipril cap 2.5 mg	56
ramipril cap 5 mg	56
RANEXA TAB 1000MG	26
RANEXA TAB 500MG	26
ranolazine tab er 12hr 1000 mg	26
ranolazine tab er 12hr 500 mg	26
RAPAMUNE SOL 1MG/ML.....	163
RAPAMUNE TAB 0.5MG.....	163

RAPAMUNE TAB 1MG.....	163
RAPAMUNE TAB 2MG	163
RAPID-SAFE MIS LANCING	145
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	74
<i>rasagiline mesylate tab 1 mg (base equiv)</i> 74	
RASUVO INJ 10MG.....	10
RASUVO INJ 12.5MG.....	10
RASUVO INJ 15MG.....	10
RASUVO INJ 17.5MG.....	10
RASUVO INJ 20MG	10
RASUVO INJ 22.5MG.....	10
RASUVO INJ 25MG	10
RASUVO INJ 30MG	10
RASUVO INJ 7.5MG	10
RAZADYNE ER CAP 16MG.....	174
RAZADYNE ER CAP 24MG.....	174
RAZADYNE ER CAP 8MG	174
READYLANCE MIS 21G.....	145
READYLANCE MIS 23G	145
READYLANCE MIS 26G	145
READYLANCE MIS 28G	145
READYLANCE MIS 30G	145
REALITY MIS LANCETS	145
REALITY SWAB PAD.....	150
REALITY TRIG MIS LANCETS	145
REBIF INJ 22/0.5	177
REBIF INJ 44/0.5	177
REBIF REBIDO INJ 22/0.5.....	177
REBIF REBIDO INJ 44/0.5	177
REBIF REBIDO INJ TITRATN	177
REBIF TITRTN INJ PACK.....	177
RECTIV OIN 0.4%.....	24
REFUAH PLUS SOL CONTROL	145
REGIOCIT SOL	161
REGLAN TAB 10MG.....	124
REGLAN TAB 5MG	124
REGRANEX GEL 0.01%.....	113
RELENZA MIS DISKHALE.....	85
RELION KIT LANCING.....	145
RELION LANCE MIS THIN 26G	145
RELION LANCE MIS THIN 30G	145
RELION LANCI MIS DEVICE	145
RELION MICRO MIS THIN 33G	146
RELION TES KETONE.....	114
RELION ULTRA MIS THIN 30G	146
RELION ULTRA MIS THIN PLS.....	146
RELPAX TAB 20MG.....	159
RELPAX TAB 40MG.....	159
REMERON SLTB TAB 15MG	40
REMERON SLTB TAB 30MG	40
REMERON SLTB TAB 45MG	40
REMERON TAB 15MG.....	40
REMERON TAB 30MG.....	40
RENAGEL TAB 800MG	126
<i>repaglinide tab 0.5 mg</i>	48
<i>repaglinide tab 1 mg</i>	48
<i>repaglinide tab 2 mg</i>	48
REPATHA INJ 140MG/ML	55
REPATHA PUSH INJ 420/3.5	55
REPATHA SURE INJ 140MG/ML.....	55
RESTASIS EMU 0.05% OP	168
RESTASIS MUL EMU 0.05% OP	168
RESTORA RX CAP 60-1.25	49
RESTORIL CAP 15MG.....	132
RESTORIL CAP 22.5MG	132
RESTORIL CAP 30MG	132
RESTORIL CAP 7.5MG	132
RETACRIT INJ 10000UNT	131
RETACRIT INJ 20000UNI.....	131
RETACRIT INJ 2000UNIT	130
RETACRIT INJ 3000UNIT	130
RETACRIT INJ 40000UNT	131
RETACRIT INJ 4000UNIT	130
RETEVMO CAP 40MG	69
RETEVMO CAP 80MG	69
RETEVMO TAB 120MG	69
RETEVMO TAB 160MG	69
RETEVMO TAB 40MG	69
RETEVMO TAB 80MG	69
RETIN-A CRE 0.025%.....	101
RETIN-A CRE 0.05%.....	101
RETIN-A CRE 0.1%	101
RETIN-A GEL 0.01%	101
RETIN-A GEL 0.025%	101
RETROVIR CAP 100MG	82
RETROVIR SYP 50MG/5ML.....	82
REVCOVI INJ 1.6MG/ML	119

REVLIMID CAP 10MG	161	RISPERDAL TAB 0.5MG	75
REVLIMID CAP 15MG.....	161	RISPERDAL TAB 1MG	75
REVLIMID CAP 2.5MG.....	161	RISPERDAL TAB 2MG.....	75
REVLIMID CAP 20MG.....	161	RISPERDAL TAB 3MG.....	75
REVLIMID CAP 25MG	162	RISPERDAL TAB 4MG	75
REVLIMID CAP 5MG	161	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 0.25MG	79	<i>rel susp 12.5 mg</i>	76
REXULTI TAB 0.5MG	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 1MG.....	79	<i>rel susp 25 mg.....</i>	76
REXULTI TAB 2MG.....	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 3MG.....	79	<i>rel susp 37.5 mg</i>	76
REXULTI TAB 4MG.....	79	<i>risperidone microspheres for im extended</i>	
REYVOW TAB 100MG.....	159	<i>rel susp 50 mg</i>	76
REYVOW TAB 50MG.....	159	<i>risperidone orally disintegrating tab 0.25</i>	
RHOFADE CRE 1%.....	113	<i>mg</i>	76
<i>ribavirin cap 200 mg.....</i>	84	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>ribavirin tab 200 mg.....</i>	84	<i>.....</i>	76
RIDAURA CAP 3MG.....	10	<i>risperidone orally disintegrating tab 1 mg.</i>	76
<i>rifabutin cap 150 mg</i>	63	<i>risperidone orally disintegrating tab 2 mg</i>	76
<i>rifampin cap 150 mg</i>	63	<i>risperidone orally disintegrating tab 3 mg</i>	76
<i>rifampin cap 300 mg</i>	63	<i>risperidone orally disintegrating tab 4 mg</i>	76
RIGHTTEST ALT MIS ADAPTOR	146	<i>risperidone soln 1 mg/ml.....</i>	76
RIGHTTEST LIQ HIGH CON	146	<i>risperidone tab 0.25 mg</i>	76
RIGHTTEST LIQ NORM CON.....	146	<i>risperidone tab 0.5 mg</i>	76
RIGHTTEST MIS GD500	146	<i>risperidone tab 1 mg</i>	76
RIGHTTEST MIS GL300	146	<i>risperidone tab 2 mg</i>	76
RILUTEK TAB 50MG.....	166	<i>risperidone tab 3 mg</i>	76
<i>riluzole tab 50 mg</i>	166	<i>risperidone tab 4 mg</i>	76
<i>rimantadine hydrochloride tab 100 mg</i>	85	RITALIN LA CAP 10MG	5
RINVOQ LQ SOL 1MG/ML	8	RITALIN LA CAP 20MG	5
RINVOQ TAB 15MG ER	8	RITALIN LA CAP 30MG	5
RINVOQ TAB 30MG ER	8	RITALIN LA CAP 40MG	5
RINVOQ TAB 45MG ER.....	9	RITALIN TAB 10MG	5
<i>risedronate sodium tab 150 mg</i>	117	RITALIN TAB 20MG	5
<i>risedronate sodium tab 30 mg</i>	117	RITALIN TAB 5MG.....	5
<i>risedronate sodium tab 35 mg</i>	117	RITEFLO MIS	158
<i>risedronate sodium tab 5 mg</i>	117	<i>ritonavir tab 100 mg</i>	82
<i>risedronate sodium tab delayed release 35</i>		<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i> mg</i>	117	<i>equivalent)</i>	174
RISPERDAL INJ 12.5MG	75	<i>rivastigmine tartrate cap 3 mg (base</i>	
RISPERDAL INJ 25MG.....	75	<i>equivalent)</i>	174
RISPERDAL INJ 37.5MG	75	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
RISPERDAL INJ 50MG	75	<i>equivalent)</i>	174
RISPERDAL SOL 1MG/ML.....	75		

<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	174
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	174
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	174
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	174
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	159
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	159
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	159
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	159
ROCALTROL CAP 0.25MCG.....	119
ROCALTROL CAP 0.5MCG.....	119
ROCALTROL SOL 1MCG/ML	119
<i>roflumilast tab 250 mcg</i>	31
<i>roflumilast tab 500 mcg</i>	31
<i>ropinirole hydrochloride tab 0.25 mg</i>	73
<i>ropinirole hydrochloride tab 0.5 mg</i>	73
<i>ropinirole hydrochloride tab 1 mg</i>	73
<i>ropinirole hydrochloride tab 2 mg</i>	73
<i>ropinirole hydrochloride tab 3 mg</i>	73
<i>ropinirole hydrochloride tab 4 mg</i>	73
<i>ropinirole hydrochloride tab 5 mg</i>	73
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	73
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	73
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	73
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	73
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	73
<i>rosuvastatin calcium tab 10 mg</i>	55
<i>rosuvastatin calcium tab 20 mg</i>	55
<i>rosuvastatin calcium tab 40 mg</i>	55
<i>rosuvastatin calcium tab 5 mg</i>	55
ROWASA KIT 4GM	125
ROXICODONE TAB 15MG	20
ROXICODONE TAB 30MG	20
ROZLYTREK CAP 100MG.....	69
ROZLYTREK CAP 200MG.....	69
RUCONEST INJ 2100UNIT.....	128
<i>rufinamide susp 40 mg/ml</i>	38
<i>rufinamide tab 200 mg</i>	38
<i>rufinamide tab 400 mg</i>	38
RUKOBIA TAB 600MG ER.....	82
RYBELSUS TAB 14MG	47
RYBELSUS TAB 3MG	47
RYBELSUS TAB 7MG	47
RYDAPT CAP 25MG	69
RYTARY CAP 145MG	73
RYTARY CAP 195MG	74
RYTARY CAP 245MG	74
RYTARY CAP 95MG.....	73
RYTHMOL SR CAP 225MG.....	29
RYTHMOL SR CAP 325MG.....	29
RYTHMOL SR CAP 425MG.....	29
S	
SAFE-T-LANCE MIS 21G.....	146
SAFE-T-LANCE MIS 25G.....	146
SAFE-T-LANCE MIS HI FLOW	146
SAFE-T-LANCE MIS LOW FLOW	146
SAFE-T-LANCE MIS NOR FLOW	146
SAFE-T-PRO MIS LANCETS.....	146
SAFE-T-PRO MIS PLUS	146
SAFETY 21G MIS LANCETS	146
SAFETY 23G MIS LANCETS	146
SAFETY 28G MIS LANCETS	146
SAFETY 30G MIS LANCETS	146
SAFETYGLIDE MIS 21GX1.5.....	155
SAFETY MIS LANCETS	146
SAFETY NEEDL MIS 22GX1.5	155
SAFTY NEEDLE MIS 18GX1	155
SAFTY NEEDLE MIS 18GX1.5	155
SAFTY NEEDLE MIS 19GX1	155
SAFTY NEEDLE MIS 19GX1.5	155
SAFTY NEEDLE MIS 20GX1	155
SAFTY NEEDLE MIS 20GX1.5	155
SAFTY NEEDLE MIS 21GX1	155
SAFTY NEEDLE MIS 21GX1.5	155
SAFTY NEEDLE MIS 21GX5/8	155
SAFTY NEEDLE MIS 22GX1	155
SAFTY NEEDLE MIS 22GX1.5	155
SAFTY NEEDLE MIS 23GX1	155

SAFTY NEEDLE MIS 23GX5/8	155
SAFTY NEEDLE MIS 25GX1	155
SAFTY NEEDLE MIS 25GX5/8	155
SAFYRAL TAB.....	96
SALAGEN TAB 5MG.....	164
SALAGEN TAB 7.5MG.....	164
<i>salicylic acid er film-forming soln 28.5%</i> ..112	
<i>salicylic acid film forming liquid 27.5%</i> ....112	
<i>salicylic acid foam 6%</i>	112
<i>salicylic acid gel 6%</i>	112
<i>salicylic acid shampoo 6%</i>	112
<i>salicylic acid soln 26%</i>	112
SALIMEZ FORT CRE 10%	112
salsalate tab 500 mg	15
salsalate tab 750 mg	15
SALVAX AER 6%	112
SAMSCA TAB 15MG.....	121
SAMSCA TAB 30MG.....	121
SANCUSO DIS 3.1MG	50
SANDIMMUNE CAP 100MG.....	163
SANDIMMUNE CAP 25MG.....	163
SANDIMMUNE SOL 100MG/ML.....	163
SANDOSTATIN INJ 100MCG.....	121
SANDOSTATIN INJ 500MCG	121
SANDOSTATIN INJ 50MCG/ML	121
SANTYL OIN 250/GM.....	111
SAPHRIS SUB 10MG	77
SAPHRIS SUB 2.5MG.....	77
SAPHRIS SUB 5MG	77
<i>sapropterin dihydrochloride powder packet</i> <i>100 mg .....</i>.....119	
<i>sapropterin dihydrochloride powder packet</i> <i>500 mg.....</i>.....119	
<i>sapropterin dihydrochloride tab 100 mg..</i> 119	
SAPSCARE MIS TWIST	146
SAPS CARE PAD ALCOHOL	150
SAPS HEALTH MIS TWIST	146
SAPS HEALTH PAD ALCOHOL	150
SAPS TWIST MIS 30G.....	146
SAVELLA MIS TITR PAK	175
SAVELLA TAB 100MG.....	175
SAVELLA TAB 12.5MG	175
SAVELLA TAB 25MG.....	175
SAVELLA TAB 50MG.....	175
<i>saxagliptin hcl tab 2.5 mg (base equiv).....</i> 46	
<i>saxagliptin hcl tab 5 mg (base equiv).....</i> 46	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-</i> <i>1000 mg .....</i>.....45	
<i>saxagliptin-metformin hcl tab er 24hr 5-</i> <i>1000 mg .....</i>.....45	
<i>saxagliptin-metformin hcl tab er 24hr 5-500</i> <i>mg .....</i>.....45	
SB ALCOHOL PAD PREP.....	150
SB LANCETS MIS THIN.....	146
SB LANCETS MIS ULTR THN	146
scopolamine td patch 72hr 1 mg/3days....50	
SELECT-LITE KIT DEV/LANC	146
SELECT-LITE MIS LANC DEV	146
<i>selegiline hcl cap 5 mg</i> 74	
<i>selegiline hcl tab 5 mg</i> 74	
<i>selenium sulfide lotion 2.5%</i> 107	
<i>selenium sulfide shampoo 2.25%</i> 107	
<i>selenium sulfide shampoo 2.3%</i> 107	
SENSIPAR TAB 30MG	119
SENSIPAR TAB 60MG	119
SENSIPAR TAB 90MG	119
SEREVENT DIS AER 50MCG.....	32
SERNIVO SPR	110
SERNIVO SPR 0.05%.....	110
SEROQUEL TAB 100MG	78
SEROQUEL TAB 200MG	78
SEROQUEL TAB 25MG	77
SEROQUEL TAB 300MG	78
SEROQUEL TAB 400MG	78
SEROQUEL TAB 50MG.....	77
SEROSTIM INJ 4MG	118
SEROSTIM INJ 5MG.....	118
SEROSTIM INJ 6MG.....	118
<i>sertraline hcl oral concentrate for solution</i> <i>20 mg/ml .....</i>.....42	
<i>sertraline hcl tab 100 mg.....</i> 42	
<i>sertraline hcl tab 25 mg.....</i> 42	
<i>sertraline hcl tab 50 mg</i> 42	
<i>sevelamer carbonate packet 0.8 gm</i> 126	
<i>sevelamer carbonate packet 2.4 gm</i> 126	
<i>sevelamer carbonate tab 800 mg</i> 126	
<i>sevelamer hcl tab 400 mg</i> 126	
<i>sevelamer hcl tab 800 mg</i> 126	

SFROWASA ENE 4GM	125
SHARP CONTAI MIS	155
SHARPS CONT MIS 14QT	155
SHOPKO LANC MIS DEVICE.....	146
SIGNIFOR INJ 0.3MG/ML	121
SIGNIFOR INJ 0.6MG/ML	121
SIGNIFOR INJ 0.9MG/ML	121
SIKLOS TAB 1000MG.....	129
SIKLOS TAB 100MG	129
<i>sildenafil citrate for suspension 10 mg/ml</i>	93
<i>sildenafil citrate tab 100 mg</i>	91
<i>sildenafil citrate tab 20 mg</i>	93
<i>sildenafil citrate tab 25 mg</i>	91
<i>sildenafil citrate tab 50 mg</i>	91
<i>silodosin cap 4 mg</i>	127
<i>silodosin cap 8 mg</i>	127
SILVADENE CRE 1%	108
SILVER NITRA SOL 0.5%.....	108
<i>silver sulfadiazine cream 1%</i>	108
SIMBRINZA SUS 1-0.2%	168
SIMPLE DIAG MIS LANCING.....	146
SIMPLICITY MIS INSERTER	155
<i>simvastatin tab 10 mg</i>	55
<i>simvastatin tab 20 mg</i>	55
<i>simvastatin tab 40 mg</i>	55
<i>simvastatin tab 5 mg</i>	55
<i>simvastatin tab 80 mg</i>	55
SINEMET TAB 10-100MG	74
SINEMET TAB 25-100MG	74
SINGLE-LET MIS 23G.....	146
<i>sirolimus oral soln 1 mg/ml</i>	163
<i>sirolimus tab 0.5 mg</i>	163
<i>sirolimus tab 1 mg</i>	163
<i>sirolimus tab 2 mg</i>	163
SIRTURO TAB 100MG.....	63
SIRTURO TAB 20MG.....	63
SITAVIG TAB 50MG.....	84
SIVEXTRO TAB 200MG.....	26
SKYCLARYS CAP 50MG	166
SKYRIZI INJ 150MG/ML	106
SKYRIZI INJ 180/1.2.....	125
SKYRIZI INJ 360/2.4	125
SKYRIZI PEN INJ 150MG/ML.....	106
SLIP TIP 1ML MIS	155
SLIP TIP 3ML MIS	155
SM ALCOHOL PAD PREP	150
SMARTEST MIS LANCETS	146
SMARTEST SOL CONTROL	146
SMART SENSE MIS LANC 21G.....	146
SMART SENSE MIS LANC 26G.....	146
SMART SENSE MIS LANC 30G.....	146
SMART SENSE MIS LANC 33G.....	146
SM LANCETS MIS 33G	146
SM TRUEDRAW MIS LANC DEV.....	146
<i>sodium chloride soln nebu 0.9%</i>	100
<i>sodium chloride soln nebu 10%</i>	100
<i>sodium chloride soln nebu 3%</i>	100
<i>sodium chloride soln nebu 7%</i>	100
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	127
<i>sodium fluoride cream 1.1%</i>	164
<i>sodium fluoride gel 1.1% (0.5% f)</i>	164
<i>sodium fluoride paste 1.1%</i>	164
<i>sodium fluoride-potassium nitrate gel 1.1- 5%</i>	164
<i>sodium fluoride rinse 0.2%</i>	164
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	120
<i>sodium phenylbutyrate tab 500 mg</i>	120
<i>sodium polystyrene sulfonate powder</i>	163
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	163
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	163
SOD SUL/SULF EMU 10-5%	101
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml</i>	133
SOFTCLIX MIS LANCETS	146
SOGROYA INJ 10MG/1.5.....	118
SOGROYA INJ 15MG/1.5	118
SOGROYA INJ 5MG/1.5.....	118
<i>solifenacin succinate tab 10 mg</i>	184
<i>solifenacin succinate tab 5 mg</i>	184
SOLIQUA INJ 100/33.....	45
SOLODYN TAB 105MG	180
SOLODYN TAB 115MG	180
SOLODYN TAB 55MG.....	180
SOLODYN TAB 65MG.....	180

SOLODYN TAB 80MG.....	180
SOLTAMOX SOL 10MG/5ML	66
SOLU-CORTEF INJ 1000MG	99
SOLU-CORTEF INJ 100MG.....	99
SOLU-CORTEF INJ 250MG	99
SOLU-CORTEF INJ 500MG	99
SOLUS V2 MIS LANC 28G	146
SOLUS V2 MIS LANC 30G.....	146
SOLUS V2 MIS LANC DEV	146
SOLUS V2 SOL HIGH.....	147
SOLUS V2 SOL LOW	147
SOMA TAB 250MG.....	165
SOMA TAB 350MG.....	165
SOOLANTRA CRE 1%.....	113
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	69
<i>sotalol hcl (afib/afl) tab 120 mg</i>	87
<i>sotalol hcl (afib/afl) tab 160 mg</i>	87
<i>sotalol hcl (afib/afl) tab 80 mg</i>	87
<i>sotalol hcl tab 120 mg</i>	87
<i>sotalol hcl tab 160 mg</i>	87
<i>sotalol hcl tab 240 mg</i>	87
<i>sotalol hcl tab 80 mg</i>	87
SOTYLIZE SOL 5MG/ML	87
SOVALDI PAK 150MG	84
SOVALDI PAK 200MG.....	84
SOVALDI TAB 200MG.....	84
SOVALDI TAB 400MG.....	84
SPACE CHAMBR MIS ANTI-STA.....	158
SPACE CHAMBR MIS LARGE	158
SPACE CHAMBR MIS MEDIUM	158
SPACE CHAMBR MIS SMALL.....	158
SPEVIGO INJ 150/1ML.....	106
<i>spinosad susp 0.9%.....</i>	113
SPIRIVA AER 1.25MCG	30
SPIRIVA CAP HANDIHLR.....	30
SPIRIVA SPR 2.5MCG.....	30
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	115
<i>spironolactone susp 25 mg/5ml</i>	116
<i>spironolactone tab 100 mg</i>	116
<i>spironolactone tab 25 mg</i>	116
<i>spironolactone tab 50 mg</i>	116
SPORANOX CAP 100MG	51
SPORANOX SOL 10MG/ML.....	51
SPRAVATO SOL 56MG DOS	41
SPRAVATO SOL 84MG DOS	41
SPRYCEL TAB 100MG	70
SPRYCEL TAB 140MG	70
SPRYCEL TAB 20MG.....	69
SPRYCEL TAB 50MG.....	69
SPRYCEL TAB 70MG.....	69
SPRYCEL TAB 80MG.....	70
STALEVO 100 TAB	74
STALEVO 125 TAB.....	74
STALEVO 150 TAB	74
STALEVO 200 TAB.....	74
STALEVO 50 TAB	74
STALEVO 75 TAB	74
<i>stavudine cap 15 mg</i>	82
<i>stavudine cap 20 mg</i>	82
<i>stavudine cap 30 mg</i>	82
<i>stavudine cap 40 mg</i>	82
STELARA INJ 45MG/0.5	106
STELARA INJ 90MG/ML	106
STERILANCE MIS TL 28G	147
STERILANCE MIS TL 30G.....	147
STERILANCE MIS TL 32G	147
STIOLTO AER 2.5-2.5	33
STIVARGA TAB 40MG.....	70
STRATTERA CAP 100MG	3
STRATTERA CAP 10MG.....	3
STRATTERA CAP 18MG.....	3
STRATTERA CAP 25MG	3
STRATTERA CAP 40MG.....	3
STRATTERA CAP 60MG.....	3
STRATTERA CAP 80MG.....	3
STRENSIQ INJ 18/0.45	120
STRENSIQ INJ 28/0.7ML	120
STRENSIQ INJ 40MG/ML	120
STRENSIQ INJ 80/0.8ML	120
STRIVERDI AER 2.5MCG	33
STROMECTOL TAB 3MG	24
SUCRAID SOL 8500/ML	115
<i>sucralfate tab 1 gm</i>	183
SULAR TAB 17MG ER.....	88
SULAR TAB 34MG ER	88
SULAR TAB 8.5MG ER	88

<i>sulconazole nitrate cream 1%</i>	103
<i>sulconazole nitrate solution 1%</i>	104
<i>sulfacetamide sodium cleansing gel 10%</i>	107
<i>sulfacetamide sodium liquid 10%</i>	107
<i>sulfacetamide sodium lotion 10% (acne)</i>	101
<i>sulfacetamide sodium ophth oint 10%</i>	168
<i>sulfacetamide sodium ophth soln 10%</i> ...	168
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	169
<i>sulfacetamide sodium shampoo 10%</i>	107
<i>sulfacetamide sodium shampoo 9.8%</i>	107
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	102
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	102
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	102
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	101
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	101
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	102
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	102
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	102
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	102
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	102
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	102
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	102
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	102
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	102
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	102
<i>sulfadiazine tab 500 mg</i>	179
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	25
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	25
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	25
SULFAMYLON CRE 85MG/GM	108
<i>sulfasalazine tab 500 mg</i>	125
<i>sulfasalazine tab delayed release 500 mg</i>	125
SULF LIME SOL	113
<i>sulindac tab 150 mg</i>	13
<i>sulindac tab 200 mg</i>	13
<i>SUMADAN WASH LIQ 9-4.5%</i>	102
<i>sumatriptan nasal spray 20 mg/act</i>	160
<i>sumatriptan nasal spray 5 mg/act</i>	160
<i>sumatriptan succinate inj 6 mg/0.5ml</i> ...	160
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	160
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	160
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	160
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	160
<i>sumatriptan succinate tab 100 mg</i>	160
<i>sumatriptan succinate tab 25 mg</i>	160
<i>sumatriptan succinate tab 50 mg</i>	160
SUMAXIN PAD 10-4%	102
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	70
<i>sunitinib malate cap 25 mg (base equivalent)</i>	70
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	70
<i>sunitinib malate cap 50 mg (base equivalent)</i>	70
SUNOSI TAB 150MG	3
SUNOSI TAB 75MG	3
SUPER THIN MIS LANC 28G	147
SUPER THIN MIS LANCESTS	147
SUPREME II LIQ HIGH/LOW	147
SURE COMFORT MIS LANC 18G	147

SURE COMFORT MIS LANC 21G	147
SURE COMFORT MIS LANC 23G.....	147
SURE COMFORT MIS LANC 30G	147
SURE COMFORT MIS LANCETS.....	147
SURE COMFORT MIS LANC PEN	147
SUREFLEX MIS LANCETS.....	147
SURELITE MIS LANCETS	147
SUSTIVA CAP 200MG	82
SUSTIVA CAP 50MG.....	82
SYMBYAX CAP 3-25MG	174
SYMBYAX CAP 6-25MG.....	174
SYMDEKO TAB 100-150	179
SYMDEKO TAB 50-75MG	179
SYMFU LO TAB	82
SYMFU TAB	82
SYMLINPEN 60 INJ 1000MCG	45
SYMLNPEN 120 INJ 1000MCG	45
SYMPROIC TAB 0.2MG	126
SYMTUZA TAB.....	82
SYNALAR CRE 0.025%	110
SYNALAR OIN 0.025%.....	110
SYNALAR SOL 0.01%	110
SYNAREL SOL 2MG/ML.....	118
SYNERA DIS 70-70MG	113
SYNJARDY TAB	45
SYNJARDY TAB 12.5-500.....	46
SYNJARDY TAB 5-1000MG	46
SYNJARDY TAB 5-500MG	45
SYNJARDY XR TAB	46
SYNJARDY XR TAB 10-1000	46
SYNJARDY XR TAB 25-1000.....	46
SYNJARDY XR TAB 5-1000MG	46
SYNTROID TAB 100MCG	181
SYNTROID TAB 112MCG.....	181
SYNTROID TAB 125MCG	181
SYNTROID TAB 137MCG.....	181
SYNTROID TAB 150MCG.....	181
SYNTROID TAB 175MCG.....	181
SYNTROID TAB 200MCG.....	181
SYNTROID TAB 25MCG	181
SYNTROID TAB 300MCG.....	181
SYNTROID TAB 50MCG	181
SYNTROID TAB 75MCG	181
SYNTROID TAB 88MCG	181
SYRG/NDL 3ML MIS 22G X 1	155
SYRG/NDL 3ML MIS 25GX5/8	155
SYRINGE LUER MIS -LOK 1ML.....	155
T	
TABLOID TAB 40MG	64
TACHOSIL PAD 4.8X4.8.....	131
TACHOSIL PAD 9.5X4.8.....	131
TACLONEX OIN	110
TACLONEX SUS	110
<i>tacrolimus cap 0.5 mg</i>	163
<i>tacrolimus cap 1 mg</i>	163
<i>tacrolimus cap 5 mg.....</i>	163
<i>tacrolimus oint 0.03%</i>	112
<i>tacrolimus oint 0.1%</i>	111
<i>tadalafil tab 10 mg</i>	92
<i>tadalafil tab 2.5 mg</i>	91
<i>tadalafil tab 20 mg</i>	92
<i>tadalafil tab 20 mg (pah)</i>	93
<i>tadalafil tab 5 mg.....</i>	92
TADLIQ SUS 20MG/5ML	93
TAFINLAR TAB 10MG	70
<i>tafluprost preservative free (pf) ophth soln</i>	
<i>0.0015%.....</i>	170
TAGRISSO TAB 40MG.....	65
TAGRISSO TAB 80MG.....	65
TAI DOC SOL NORM CON.....	147
TAKHZYRO INJ 150MG/ML	128
TAKHZYRO INJ 300/2ML.....	128, 129
TALICIA CAP	184
TALTZ INJ 80MG/ML	106
TAMIFLU CAP 30MG.....	85
TAMIFLU CAP 45MG	85
TAMIFLU CAP 75MG	85
TAMIFLU SUS 6MG/ML	85
<i>tamoxifen citrate tab 10 mg (base</i>	
<i>equivalent)</i>	66
<i>tamoxifen citrate tab 20 mg (base</i>	
<i>equivalent)</i>	66
<i>tamsulosin hcl cap 0.4 mg</i>	127
TARCEVA TAB 100MG	65
TARCEVA TAB 150MG	65
<i>tasimelteon capsule 20 mg</i>	132
TASMAR TAB 100MG	71
TAVALISSE TAB 100MG	128

TAVALISSE TAB 150MG.....	128	TENORETIC TAB 100.....	61
TAVNEOS CAP 10MG.....	128	TENORETIC TAB 50	61
<i>tazarotene cream 0.05%</i>	106	TENORMIN TAB 100MG.....	86
<i>tazarotene cream 0.1%.....</i>	106	TENORMIN TAB 25MG.....	86
<i>tazarotene gel 0.05%</i>	107	TENORMIN TAB 50MG	86
<i>tazarotene gel 0.1%</i>	106	<i>terazosin hcl cap 10 mg (base equivalent).....</i>	58
TB SYRINGE MIS 0.5/28G.....	156	<i>terazosin hcl cap 1 mg (base equivalent)</i>	58
TDVAX INJ 2-2 LF	181	<i>terazosin hcl cap 2 mg (base equivalent)</i>	58
TECHLITE AST MIS LANCETS	147	<i>terazosin hcl cap 5 mg (base equivalent)</i>	58
TECHLITE MIS LANC 26G	147	<i>terbinafine hcl tab 250 mg.....</i>	51
TECHLITE MIS LANCETS.....	147	<i>terbutaline sulfate tab 2.5 mg.....</i>	33
TEGSEDI INJ 284/1.5.....	178	<i>terbutaline sulfate tab 5 mg.....</i>	33
TEKTURNA HCT TAB 150-12.5.....	61	<i>terconazole vaginal cream 0.4%.....</i>	185
TEKTURNA HCT TAB 300-12.5.....	61	<i>terconazole vaginal cream 0.8%.....</i>	185
TEKTURNA HCT TAB 300-25MG	61	<i>terconazole vaginal suppos 80 mg</i>	185
TEKTURNA TAB 150MG	62	<i>teriflunomide tab 14 mg</i>	177
TEKTURNA TAB 300MG	62	<i>teriflunomide tab 7 mg</i>	177
<i>telmisartan-amlodipine tab 40-10 mg</i>	61	<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	117
<i>telmisartan-amlodipine tab 40-5 mg</i>	61	<i>testosterone cypionate im inj in oil 100 mg/ml</i>	23
<i>telmisartan-amlodipine tab 80-10 mg</i>	61	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	23
<i>telmisartan-amlodipine tab 80-5 mg</i>	61	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	23
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	61	<i>testosterone td gel 10mg/act (2%).....</i>	23
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	61	<i>testosterone td gel 12.5 mg/act (1%)</i>	23
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	61	<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	23
<i>telmisartan tab 20 mg</i>	57	<i>testosterone td gel 20.25 mg/act (1.62%).....</i>	23
<i>telmisartan tab 40 mg</i>	57	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	23
<i>telmisartan tab 80 mg</i>	57	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	23
temazepam cap 15 mg	132	<i>testosterone td gel 50 mg/5gm (1%)</i>	23
temazepam cap 22.5 mg	132	<i>testosterone td soln 30 mg/act.....</i>	23
temazepam cap 30 mg	132	TET/DIP TOX INJ 2-2 LF.....	181
temazepam cap 7.5 mg	132	<i>tetrabenazine tab 12.5 mg</i>	175
TEMBEZA SUS 10MG/ML	85	<i>tetrabenazine tab 25 mg</i>	175
TEMBEZA TAB 100MG	85	<i>tetracaine hcl ophth soln 0.5%.....</i>	169
<i>temozolomide cap 100 mg</i>	64	<i>tetracycline hcl cap 250 mg.....</i>	180
<i>temozolomide cap 140 mg</i>	64	<i>tetracycline hcl cap 500 mg</i>	180
<i>temozolomide cap 180 mg</i>	64	TEXACORT SOL 2.5%.....	110
<i>temozolomide cap 20 mg</i>	64	TEZSPIRE INJ 210MG	30
<i>temozolomide cap 250 mg</i>	64	TGT LANCET MIS 26G	147
<i>temozolomide cap 5 mg</i>	64	TGT LANCET MIS 30G	147
TENIVAC INJ 5-2LF.....	181		
<i>tenofovir disoproxil fumarate tab 300 mg</i>	82		

TGT LANCET MIS 33G	147
TGT LANCING MIS DEVICE.....	147
THALOMID CAP 100MG	162
THALOMID CAP 150MG	162
THALOMID CAP 200MG	162
THALOMID CAP 50MG.....	162
<i>theophylline elixir 80 mg/15ml</i>	33
<i>theophylline soln 80 mg/15ml</i>	33
<i>theophylline tab er 12hr 300 mg.....</i>	33
<i>theophylline tab er 12hr 450 mg.....</i>	33
<i>theophylline tab er 24hr 400 mg.....</i>	33
<i>theophylline tab er 24hr 600 mg.....</i>	33
THIN LANCETS MIS 26G	147
THIN LANCETS MIS 30G	147
THINLETS GP MIS 26G	147
<i>thioridazine hcl tab 100 mg</i>	79
<i>thioridazine hcl tab 10 mg</i>	79
<i>thioridazine hcl tab 25 mg</i>	79
<i>thioridazine hcl tab 50 mg</i>	79
<i>thiothixene cap 10 mg</i>	80
<i>thiothixene cap 1 mg</i>	79
<i>thiothixene cap 2 mg</i>	79
<i>thiothixene cap 5 mg</i>	79
<i>tiagabine hcl tab 12 mg.....</i>	39
<i>tiagabine hcl tab 16 mg.....</i>	39
<i>tiagabine hcl tab 2 mg</i>	39
<i>tiagabine hcl tab 4 mg</i>	39
TIAZAC CAP 120MG/24	88
TIAZAC CAP 180MG/24.....	88
TIAZAC CAP 240MG/24	88
TIAZAC CAP 300MG/24	88
TIAZAC CAP 360MG/24	89
TIAZAC CAP 420MG/24	89
TIBSOVO TAB 250MG.....	70
TIKOSYN CAP 125MCG.....	29
TIKOSYN CAP 250MCG	29
TIKOSYN CAP 500MCG	30
<i>timolol maleate ophth gel forming soln 0.25%</i>	167
<i>timolol maleate ophth gel forming soln 0.5%</i>	167
<i>timolol maleate ophth soln 0.25%</i>	167
<i>timolol maleate ophth soln 0.5%</i>	167
<i>timolol maleate ophth soln 0.5% (once- daily)</i>	167
<i>timolol maleate preservative free ophth soln 0.25%</i>	167
<i>timolol maleate preservative free ophth soln 0.5%</i>	167
<i>timolol maleate tab 10 mg</i>	87
<i>timolol maleate tab 20 mg</i>	87
<i>timolol maleate tab 5 mg</i>	87
TIMOPTIC SOL 0.25% OP	167
TIMOPTIC SOL 0.5% OP	167
TIMOPTIC-XE SOL 0.25% OP	167
TIMOPTIC-XE SOL 0.5% OP	167
<i>tinidazole tab 250 mg</i>	24
<i>tinidazole tab 500 mg</i>	24
<i>tiopronin tab 100 mg</i>	127
<i>tiopronin tab delayed release 100 mg.....</i>	127
<i>tiopronin tab delayed release 300 mg</i>	127
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	30
TISSEEL KIT 10ML	131
TISSEEL KIT 2ML	131
TISSEEL KIT 4ML	131
TISSEEL SOL 10ML.....	131
TISSEEL SOL 2ML.....	131
TISSEEL SOL 4ML	131
TIVICAY PD TAB 5MG	82
TIVICAY TAB 10MG.....	82
TIVICAY TAB 25MG	82
TIVICAY TAB 50MG	82
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	165
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	165
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	165
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	165
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	165
TOBRADEX OIN 0.3-0.1%.....	169
TOBRADEX SUS 0.3-0.1%	169
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%.....</i>	169
<i>tobramycin nebu soln 300 mg/4ml</i>	5
<i>tobramycin nebu soln 300 mg/5ml</i>	5

<i>tobramycin ophth soln 0.3%</i>	168
TOBREX OIN 0.3% OP	168
<i>tolcapone tab 100 mg</i>	71
<i>tolmetin sodium cap 400 mg</i>	13
<i>tolmetin sodium tab 600 mg</i>	13
<i>tolterodine tartrate cap er 24hr 2 mg</i>	184
<i>tolterodine tartrate cap er 24hr 4 mg</i>	184
<i>tolterodine tartrate tab 1 mg</i>	184
<i>tolterodine tartrate tab 2 mg</i>	184
<i>tolvaptan tab 15 mg</i>	121
<i>tolvaptan tab 30 mg</i>	121
TOOMEY SYRIN MIS 70ML	157
TOPAMAX SPR CAP 15MG	38
TOPAMAX SPR CAP 25MG	38
TOPAMAX TAB 100MG	38
TOPAMAX TAB 200MG	38
TOPAMAX TAB 25MG	38
TOPAMAX TAB 50MG.....	38
TOPCARE MIS LANC 33G	147
TOPICORT CRE 0.05%.....	110
TOPICORT CRE 0.25%	110
TOPICORT GEL 0.05%	110
TOPICORT OIN 0.05%	110
TOPICORT OIN 0.25%.....	110
TOPICORT SPR 0.25%	110
<i>topiramate cap er 24hr 100 mg</i>	38
<i>topiramate cap er 24hr 200 mg</i>	38
<i>topiramate cap er 24hr 25 mg</i>	38
<i>topiramate cap er 24hr 50 mg</i>	38
<i>topiramate sprinkle cap 15 mg</i>	39
<i>topiramate sprinkle cap 25 mg</i>	39
<i>topiramate tab 100 mg</i>	39
<i>topiramate tab 200 mg</i>	39
<i>topiramate tab 25 mg</i>	39
<i>topiramate tab 50 mg</i>	39
<i>toremifene citrate tab 60 mg (base equivalent)</i>	66
<i>torsemide tab 100 mg</i>	116
<i>torsemide tab 10 mg</i>	116
<i>torsemide tab 20 mg</i>	116
<i>torsemide tab 5 mg</i>	116
TOUJEO MAX INJ 300/ML.....	48
TOUJEO SOLO INJ 300/ML	48
TPOXX CAP 200MG	85
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	22
<i>tramadol hcl oral soln 5 mg/ml</i>	20
<i>tramadol hcl tab 50 mg</i>	20
<i>tramadol hcl tab er 24hr 100 mg</i>	20
<i>tramadol hcl tab er 24hr 200 mg</i>	20
<i>tramadol hcl tab er 24hr 300 mg</i>	20
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	20
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	20
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	20
<i>trandolapril tab 1 mg</i>	56
<i>trandolapril tab 2 mg</i>	56
<i>trandolapril tab 4 mg</i>	56
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	61
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	61
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	61
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	61
<i>tranexamic acid tab 650 mg</i>	131
TRANXENE T TAB 7.5MG.....	29
<i>tranylcypromine sulfate tab 10 mg</i>	41
TRAVEL LANCE MIS 30G	147
TRAVEL LANCE MIS ADV 28G.....	147
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	170
<i>trazodone hcl tab 100 mg</i>	42
<i>trazodone hcl tab 150 mg</i>	42
<i>trazodone hcl tab 300 mg</i>	42
<i>trazodone hcl tab 50 mg</i>	42
TRECATOR TAB 250MG	63
TRELEGY AER 100MCG.....	33
TRELEGY AER 200MCG	33
TREMFYA INJ 100MG/ML.....	107
TREMFYA INJ 200/20ML.....	107
TREMFYA INJ 200/2ML	107
TRESIBA FLEX INJ 100UNIT	48
TRESIBA FLEX INJ 200UNIT	48
TRESIBA INJ 100UNIT	48

<i>tretinoin cap 10 mg</i>	71
<i>tretinoin cream 0.025%</i>	102
<i>tretinoin cream 0.05%</i>	102
<i>tretinoin cream 0.1%</i>	102
<i>tretinoin gel 0.01%</i>	102
<i>tretinoin gel 0.025%</i>	102
<i>tretinoin gel 0.05%</i>	102
<i>tretinoin microsphere gel 0.04%</i>	102
<i>tretinoin microsphere gel 0.08%</i>	102
<i>tretinoin microsphere gel 0.1%</i>	102
TREXALL TAB 10MG.....	64
TREXALL TAB 15MG.....	64
TREXALL TAB 5MG	64
TREXALL TAB 7.5MG	64
<i>triamcinolone acetonide cream 0.025%</i> .110	
<i>triamcinolone acetonide cream 0.1%</i>.....110	
<i>triamcinolone acetonide cream 0.5%</i>.....110	
<i>triamcinolone acetonide dental paste 0.1%</i>	164
<i>triamcinolone acetonide lotion 0.025%...110</i>	
<i>triamcinolone acetonide lotion 0.1%</i>.....110	
<i>triamcinolone acetonide oint 0.025%.....110</i>	
<i>triamcinolone acetonide oint 0.1% .....110</i>	
<i>triamcinolone acetonide oint 0.5% .....110</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	115
<i>triamterene & hydrochlorothiazide tab 37.5- 25 mg</i>	115
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	115
<i>triamterene cap 100 mg</i>	116
<i>triamterene cap 50 mg</i>	116
<i>triazolam tab 0.125 mg</i>	132
<i>triazolam tab 0.25 mg</i>	132
TRIBENZOR20- TAB 5-12.5MG	61
TRIBENZOR40- TAB 10-12.5	61
TRIBENZOR40- TAB 10-25MG.....	61
TRIBENZOR40- TAB 5-12.5MG.....	61
TRIBENZOR40- TAB 5-25MG	61
TRIDESILON CRE 0.05%.....	110
<i>trientine hcl cap 250 mg</i>	161
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	79
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	79
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	79
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	79
<i>trifluridine ophth soln 1%</i>	168
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml ...71</i>	
<i>trihexyphenidyl hcl tab 2 mg</i>	71
<i>trihexyphenidyl hcl tab 5 mg</i>	71
TRIJARDY XR TAB	46
TRIKAFTA PAK 59.5MG.....	179
TRIKAFTA PAK 75MG	179
TRIKAFTA TAB	179
TRILIPIX CAP 135MG.....	54
TRILIPIX CAP 45MG	54
<i>trimethobenzamide hcl cap 300 mg</i>	50
<i>trimethoprim tab 100 mg</i>	24
<i>trimipramine maleate cap 100 mg</i>	45
<i>trimipramine maleate cap 25 mg</i>	44
<i>trimipramine maleate cap 50 mg</i>	44
TRINTELLIX TAB 10MG	42
TRINTELLIX TAB 20MG.....	42
TRINTELLIX TAB 5MG	42
TRIUMEQ PD TAB	82
TRIUMEQ TAB.....	82
TRIZIVIR TAB	82
TROKENDI XR CAP 100MG	39
TROKENDI XR CAP 200MG.....	39
TROKENDI XR CAP 25MG	39
TROKENDI XR CAP 50MG	39
<i>trospium chloride cap er 24hr 60 mg</i>	184
<i>trospium chloride tab 20 mg</i>	184
TRUE COMFORT MIS LANC 30G	147
TRUE COMFORT PAD PRO	150
TRUECONTROL LIQ LEVEL 0.....	147
TRUECONTROL LIQ LEVEL 1.....	147
TRUEDRAW MIS LANC DEV	147
TRUE METRIX SOL LEVEL 1.....	147
TRUE METRIX SOL LEVEL 2	147
TRUE METRIX SOL LEVEL 3	147
TRULANCE TAB 3MG.....	123
TRULICITY INJ 0.75/0.5	47
TRULICITY INJ 1.5/0.5.....	47

TRULICITY INJ 3/0.5	47
TRULICITY INJ 4.5/0.5.....	47
TRUPLUS LANC MIS 26G	147
TRUPLUS LANC MIS 28G	147
TRUPLUS LANC MIS 30G	147
TRUPLUS LANC MIS 33G	147
TRUSOPT SOL 2% OP.....	170
TRUZONE PEAK MIS FLOW MTR.....	158
TUKYSA TAB 150MG	65
TUKYSA TAB 50MG.....	65
TURPENTINE SOL SPIRITS	112
TUZISTRA XR SUS.....	99
TWIST LANCET MIS 30G.....	147
TWIST LANCET MIS 30G MULT	148
TWYNEO CRE 0.1-3%	102
TYBOST TAB 150MG	82
TYKERB TAB 250MG.....	70
TYMLOS INJ.....	117
TYVASO DPI POW 16-32-48.....	92
TYVASO DPI POW 16-32MCG.....	92
TYVASO DPI POW 16MCG.....	92
TYVASO DPI POW 32-48MCG	92
TYVASO DPI POW 32MCG	92
TYVASO DPI POW 48MCG	92
TYVASO DPI POW 64MCG.....	92, 93
TYVASO RF KT SOL 0.6MG/ML.....	93
TYVASO SOL 0.6MG/ML	93
TYVASO ST KT SOL 0.6MG/ML.....	93
U	
UBRELVY TAB 100MG	158
UBRELVY TAB 50MG	158
UCERIS AER 2MG/ACT	23
UCERIS TAB 9MG.....	99
ULTICARE PAD ALCOHOL	150
ULTI-LANCE MIS CLR TIP	148
ULTILET MIS 26G.....	148
ULTILET MIS 28G.....	148
ULTILET MIS 30G	148
ULTILET MIS 33G.....	148
ULTILET MIS LANCETS.....	148
ULTILET MIS SAFETY	148
ULTILET PAD ALCOHOL	150
ULTILET SAFE MIS 21G	148
ULTRASAL-ER SOL 28.5%	112
ULTRA THIN MIS 28G	148
ULTRA THIN MIS 30G	148
ULTRA THIN MIS 31G.....	148
ULTRA THIN MIS 33G	148
ULTRA THIN MIS LAN 31G	148
ULTRA THIN MIS LANC 28G.....	148
ULTRA THIN MIS LANC 30G.....	148
ULTRA THIN MIS LANCETS	148
UNILET CMFR MIS TCH 28G.....	148
UNILET CMFR MIS TCH 30G	148
UNILET EXCEL MIS 23G	148
UNILET EX II MIS 28G	148
UNILET G.P. MIS 21G.....	148
UNILET G.P MIS SUPR 23G	148
UNILET GP 28 MIS ULT THIN	148
UNILET LANCE MIS 21G	148
UNILET LANCE MIS 28G.....	148
UNILET LANCE MIS 33G.....	148
UNILET LANC MIS 33G.....	148
UNILET LANCT MIS 28G.....	148
UNILET LANCT MIS 30G	148
UNILET LANCT MIS 33G.....	148
UNILET MICRO MIS 33G.....	148
UNILET MIS 21G.....	148
UNILET SUPER MIS 23G	148
UNILET SUPER MIS G.P. 23G	148
UNISTIK 1 MIS 2.4MM	148
UNISTIK 1 MIS 3.0MM	148
UNISTIK 23G MIS NORMAL	149
UNISTIK 2 MIS.....	148
UNISTIK 2 MIS 1.8MM	148
UNISTIK 2 MIS 2.4MM	148
UNISTIK 2 MIS COMFORT	148
UNISTIK 2 MIS EXTRA.....	148
UNISTIK 2 MIS NEONATAL	149
UNISTIK 2 MIS NORMAL	149
UNISTIK 2 MIS SUPER.....	149
UNISTIK 3 MIS 1.8MM	149
UNISTIK 3 MIS COMFORT	149
UNISTIK 3 MIS EXTRA.....	149
UNISTIK 3 MIS GENT 30G	149
UNISTIK 3 MIS NEONATAL	149
UNISTIK 3 MIS NORMAL	149
UNISTIK 3 MIS XTR 21G	149

UNISTIK CZT MIS COMFORT.....	149
UNISTIK CZT MIS NORMAL	149
UNISTIK PRO MIS LANC 21G	149
UNISTIK PRO MIS LANC 28G	149
UNISTIK SAFE MIS LANC 28G	149
UNISTIK SAFE MIS LANC 30G.....	149
UNISTIK TOUC MIS LANC 21G.....	149
UNISTIK TOUC MIS LANC 23G.....	149
UNISTIK TOUC MIS LANC 28G.....	149
UNISTIK TOUC MIS LANC 30G.....	149
UNITSTIK PRO MIS LANC 25G	149
UNIVERSAL 1 MIS 33G.....	149
UNIVERSAL 1 MIS LANC 26G.....	149
UNIVERSAL 1 MIS LANC 30G	149
UPTRAVI PACK TAB 200/800	93
UPTRAVI TAB 1000MCG.....	93
UPTRAVI TAB 1200MCG.....	93
UPTRAVI TAB 1400MCG.....	93
UPTRAVI TAB 1600MCG.....	93
UPTRAVI TAB 200MCG	93
UPTRAVI TAB 400MCG	93
UPTRAVI TAB 600MCG	93
UPTRAVI TAB 800MCG	93
<i>urea cream 39%.....</i>	111
<i>urea cream 41%</i>	111
<i>urea cream 45%.....</i>	111
<i>urea cream 47%.....</i>	111
UROCIT-K 10 TAB	127
UROCIT-K 15 TAB	127
UROCIT-K 5 TAB.....	127
UROGESIC- TAB BLUE	25
URSO 250 TAB 250MG.....	124
<i>ursodiol cap 300 mg</i>	124
<i>ursodiol tab 250 mg</i>	124
<i>ursodiol tab 500 mg</i>	124
URSO FORTE TAB 500MG	124
V	
VAGIFEM TAB 10MCG	185
<i>valacyclovir hcl tab 1 gm</i>	84
<i>valacyclovir hcl tab 500 mg.....</i>	84
VALCHLOR GEL 0.016%	104
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	83
<i>valganciclovir hcl tab 450 mg (base equivalent).....</i>	83
VALIUM TAB 10MG	29
VALIUM TAB 2MG.....	29
VALIUM TAB 5MG.....	29
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	40
<i>valproic acid cap 250 mg.....</i>	40
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	61
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	61
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	61
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	61
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	61
<i>valsartan oral soln 4 mg/ml</i>	57
<i>valsartan tab 160 mg.....</i>	57
<i>valsartan tab 320 mg</i>	57
<i>valsartan tab 40 mg</i>	57
<i>valsartan tab 80 mg</i>	57
VALTOCO SPR 10MG	36
VALTOCO SPR 15MG.....	36
VALTOCO SPR 20MG.....	36
VALTOCO SPR 5MG	36
VANCOCIN CAP 125MG.....	25
VANCOCIN CAP 250MG.....	25
<i>vancomycin hcl cap 125 mg (base equivalent).....</i>	25
<i>vancomycin hcl cap 250 mg (base equivalent).....</i>	25
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	25
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	25
VANFLYTA TAB 17.7MG.....	70
VANFLYTA TAB 26.5MG.....	70
VANOS CRE 0.1%.....	110
VANTAGE LANC MIS DEVICE.....	149
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	92
<i>vardenafil hcl tab 10 mg</i>	92

<i>vardenafil hcl tab 2.5 mg</i>	92	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	43
<i>vardenafil hcl tab 20 mg</i>	92	VENTAVIS SOL 10MCG/ML.....	93
<i>vardenafil hcl tab 5 mg</i>	92	VENTAVIS SOL 20MCG/ML.....	93
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	178	VENT NEEDLE MIS 18GX1.....	157
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	178	verapamil hcl cap er 24hr 100 mg.....	89
<i>varenicline tartrate tab 1 mg (base equiv)</i>	178	verapamil hcl cap er 24hr 120 mg.....	89
<i>VARUBI TAB 90MG</i>	51	verapamil hcl cap er 24hr 180 mg.....	89
<i>VASERETIC TAB 10-25MG</i>	61	verapamil hcl cap er 24hr 200 mg.....	89
<i>VASOTEC TAB 10MG</i>	57	verapamil hcl cap er 24hr 240 mg.....	89
<i>VASOTEC TAB 2.5MG</i>	56	verapamil hcl cap er 24hr 300 mg.....	89
<i>VASOTEC TAB 20MG</i>	57	verapamil hcl cap er 24hr 360 mg.....	89
<i>VASOTEC TAB 5MG</i>	57	verapamil hcl tab 120 mg	89
<i>VAXELIS INJ</i>	181	verapamil hcl tab 40 mg	89
<i>VECAMYL TAB 2.5MG</i>	62	verapamil hcl tab 80 mg	89
<i>VELSIPITY TAB 2MG</i>	125	verapamil hcl tab er 120 mg.....	89
<i>VELTASSA POW 16.8GM</i>	163	verapamil hcl tab er 180 mg	89
<i>VELTASSA POW 1GM</i>	163	verapamil hcl tab er 240 mg.....	89
<i>VELTASSA POW 25.2GM</i>	163	VERASENS LIQ LEVEL 1.....	149
<i>VELTASSA POW 8.4GM</i>	163	VERDESO AER 0.05%	111
<i>VEMLIDY TAB 25MG</i>	84	VERELAN CAP 120MG SR.....	89
<i>VENCLEXTA TAB 100MG</i>	65	VERELAN CAP 180MG SR.....	89
<i>VENCLEXTA TAB 10MG</i>	65	VERELAN CAP 240MG SR	89
<i>VENCLEXTA TAB 50MG</i>	65	VERELAN CAP 360MG SR	89
<i>VENCLEXTA TAB START PK</i>	65	VERELAN PM CAP 100MG ER.....	89
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	43	VERELAN PM CAP 200MG ER	89
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	43	VERELAN PM CAP 300MG ER	89
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	43	VERIFINE LAN MIS MINI 21G.....	149
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	43	VERIFINE LAN MIS MINI 23G.....	149
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	43	VERIFINE LAN MIS MINI 28G.....	149
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	43	VERIFINE LAN MIS MINI 30G.....	149
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	43	VERIFINE MIS UNIV 28G.....	149
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	43	VERIFINE MIS UNIV 30G.....	149
<i>VERQUVO TAB 10MG</i>	94	VERIFINE MIS UNIV 33G.....	149
<i>VERQUVO TAB 2.5MG</i>	94	VERQUVO TAB 5MG.....	94
<i>VERSACLOZ SUS 50MG/ML</i>	78	VERSACLOZ SUS 50MG/ML	78
<i>VERZENIO TAB 100MG</i>	70	VERZENIO TAB 150MG	70
<i>VERZENIO TAB 200MG</i>	70	VERZENIO TAB 50MG.....	70
<i>VESICARE LS SUS 5MG/5ML</i>	184	<i>VESICARE TAB 10MG</i>	184

VESICARE TAB 5MG	184	VORANIGO TAB 10MG	70
VFEND SUS 40MG/ML.....	51	VORANIGO TAB 40MG	70
VFEND TAB 200MG.....	51	voriconazole for susp 40 mg/ml	52
VFEND TAB 50MG.....	51	voriconazole tab 200 mg.....	52
V-GO 20 KIT	149	voriconazole tab 50 mg	52
V-GO 30 KIT	149	VORTEX/MASK MIS CHILDS	158
V-GO 40 KIT	149	VORTEX/MASK MIS TODDLER	158
VIBERZI TAB 100MG	126	VORTEX VALVE MIS CHAMBER.....	158
VIBERZI TAB 75MG	126	VOSEVI TAB	84
VIBRAMYCIN CAP 100MG	180	VOWST CAP	126
VIBRAMYCIN SUS 25MG/5ML.....	180	VOXZOGO INJ 0.4MG.....	120
VICTOZA INJ 18MG/3ML	47	VOXZOGO INJ 0.56MG	120
<i>vigabatrin powd pack 500 mg</i>	39	VOXZOGO INJ 1.2MG.....	120
<i>vigabatrin tab 500 mg</i>	39	VRAYLAR CAP 1.5-3MG	75
VIGAMOX DRO 0.5%	168	VRAYLAR CAP 1.5MG	75
<i>vilazodone hcl tab 10 mg</i>	42	VRAYLAR CAP 3MG	75
<i>vilazodone hcl tab 20 mg</i>	42	VRAYLAR CAP 4.5MG	75
<i>vilazodone hcl tab 40 mg</i>	42	VRAYLAR CAP 6MG	75
VIMOVO TAB 375-20MG.....	13	VTAMA CRE 1%	107
VIMOVO TAB 500-20MG	13	VUMERTY CAP 231MG.....	177
VIOKACE TAB 10440	115	VUSION OIN	104
VIOKACE TAB 20880.....	115	VYNDAMAX CAP 61MG	94
VIRASAL LIQ 27.5%	112	VYTONE CRE 1-1.9%	104
VIREAD POW 40MG/GM	82	VYTORIN TAB 10-10MG	53
VIREAD TAB 150MG.....	82	VYTORIN TAB 10-20MG.....	53
VIREAD TAB 200MG.....	82	VYTORIN TAB 10-40MG	53
VIREAD TAB 250MG.....	82	VYTORIN TAB 10-80MG.....	53
VIREAD TAB 300MG.....	83	VYVANSE CAP 10MG.....	2
VISTARIL CAP 25MG	28	VYVANSE CAP 20MG	2
VISTARIL CAP 50MG.....	28	VYVANSE CAP 30MG	2
VISTOGARD PAK 10GM	49	VYVANSE CAP 40MG	2
VITRAKVI CAP 100MG	70	VYVANSE CAP 50MG	2
VITRAKVI CAP 25MG	70	VYVANSE CAP 60MG	2
VITRAKVI SOL 20MG/ML	70	VYVANSE CAP 70MG	2
VIVAGUARD LIQ CONTROL.....	149	VYVANSE CHW 10MG	2
VIVAGUARD MIS 28G	149	VYVANSE CHW 20MG.....	2
VIVAGUARD MIS 30G	149	VYVANSE CHW 30MG.....	2
VIVAGUARD MIS LANCING	150	VYVANSE CHW 40MG	2
VIVJOA CAP 150MG	52	VYVANSE CHW 50MG	2
VONJO CAP 100MG	70	VYVANSE CHW 60MG	2
VOQUEZNA PAK DUAL PAK	184	W	
VOQUEZNA PAK TRIP PK.....	184	WAKIX TAB 17.8MG	3
VOQUEZNA TAB 10MG	183	WAKIX TAB 4.45MG	3
VOQUEZNA TAB 20MG	183	<i>warfarin sodium tab 10 mg</i>	33

warfarin sodium tab 1 mg	33	XCOPRI TAB 25MG.....	39
warfarin sodium tab 2.5 mg	33	XCOPRI TAB 50MG	39
warfarin sodium tab 2 mg	33	XELJANZ SOL 1MG/ML	9
warfarin sodium tab 3 mg	33	XELJANZ TAB 10MG	9
warfarin sodium tab 4 mg	33	XELJANZ TAB 5MG.....	9
warfarin sodium tab 5 mg	33	XELJANZ XR TAB 11MG	10
warfarin sodium tab 6 mg	33	XELJANZ XR TAB 22MG.....	10
warfarin sodium tab 7.5 mg	33	XELODA TAB 150MG.....	64
WEBCOL PREP PAD LARGE	150	XELODA TAB 500MG.....	64
WEBCOL PREP PAD MEDIUM.....	151	XENLETA TAB 600MG	26
WELCHOL PAK 3.75GM.....	53	XEPI CRE 1%.....	102
WELCHOL TAB 625MG.....	53	XERAC-AC SOL 6.25%	113
WELLBUTRIN TAB 100MG SR.....	41	XERMELO TAB 250MG	126
WELLBUTRIN TAB 150MG SR.....	41	XHANCE MIS 93MCG	166
WELLBUTRIN TAB 200MG SR.....	41	XIFAXAN TAB 200MG	24
WIDE-SEAL DPR KIT 60	134	XIFAXAN TAB 550MG	24
WIDE-SEAL DPR KIT 65.....	134	XIGDUO XR TAB 10-1000.....	46
WIDE-SEAL DPR KIT 70.....	134	XIGDUO XR TAB 10-500MG	46
WIDE-SEAL DPR KIT 75.....	134	XIGDUO XR TAB 2.5-1000	46
WIDE-SEAL DPR KIT 80	134	XIGDUO XR TAB 5-1000MG	46
WIDE-SEAL DPR KIT 85.....	134	XIGDUO XR TAB 5-500MG.....	46
WIDE-SEAL DPR KIT 90	134	XiIDRA DRO 5%	168
WIDE-SEAL DPR KIT 95.....	134	XOLAIR INJ 150MG/ML	30
WINLEVI CRE 1%	102	XOLAIR INJ 300/2ML	30
X		XOLAIR INJ 75/0.5	30
XACIATO GEL 2%.....	185	XOPENEX CONC NEB 1.25/0.5	33
XALATAN SOL 0.005%	170	XOPENEX NEB 0.31MG	33
XALKORI CAP 150MG	70	XOPENEX NEB 0.63MG.....	33
XALKORI CAP 20MG.....	70	XOPENEX NEB 1.25/3ML	33
XALKORI CAP 50MG.....	70	XOSPATA TAB 40MG.....	70
XARELTO STAR TAB 15/20MG	33	XPOVIO PAK 40MG	66
XARELTO SUS 1MG/ML	33	XPOVIO PAK 50MG	67
XARELTO TAB 10MG	33	XPOVIO PAK 60MG	67
XARELTO TAB 15MG	33	XPOVIO PAK 80MG	67
XARELTO TAB 2.5MG.....	33	XTAMPZA ER CAP 13.5MG.....	21
XARELTO TAB 20MG.....	33	XTAMPZA ER CAP 18MG	21
XATMEP SOL 2.5MG/ML.....	64	XTAMPZA ER CAP 27MG.....	21
XCOPRI PAK 100-150	39	XTAMPZA ER CAP 36MG	21
XCOPRI PAK 12.5-25	39	XTAMPZA ER CAP 9MG.....	20
XCOPRI PAK 150-200	39	XTANDI CAP 40MG	66
XCOPRI PAK 50-100MG	39	XTANDI TAB 40MG	66
XCOPRI TAB 100MG.....	39	XTANDI TAB 80MG	66
XCOPRI TAB 150MG	39	XULTOPHY INJ 100/3.6.....	46
XCOPRI TAB 200MG	39	XURIDEN POW 2GM	120

XYOSTED INJ 100/0.5.....	23	ZESTRIL TAB 30MG	57
XYOSTED INJ 50/0.5	23	ZESTRIL TAB 40MG.....	57
XYOSTED INJ 75/0.5.....	23	ZESTRIL TAB 5MG	57
XYWAV SOL 0.5GM/ML	173	ZEVALIN KIT Y-90.....	65
Y		ZEVRX STERIL PAD ALCHOL	151
YONSA TAB 125MG	66	ZEVRX TWIST MIS LANC 30G	150
YUPELRI SOL.....	30	ZIAC TAB 10/6.25.....	62
Z		ZIAC TAB 2.5/6.25.....	61
ZACLIR LOT 8%.....	102	ZIAC TAB 5-6.25MG	61
zafirlukast tab 10 mg.....	31	ZIAGEN SOL 20MG/ML.....	83
zafirlukast tab 20 mg	31	ZIAGEN TAB 300MG	83
zaleplon cap 10 mg	132	zidovudine cap 100 mg.....	83
zaleplon cap 5 mg.....	132	zidovudine syrup 10 mg/ml	83
ZANAFLEX CAP 2MG.....	165	zidovudine tab 300 mg.....	83
ZANAFLEX CAP 4MG.....	165	ZIOPTAN DRO 0.0015%	170
ZANAFLEX CAP 6MG.....	165	ziprasidone hcl cap 20 mg	75
ZANAFLEX TAB 4MG	165	ziprasidone hcl cap 40 mg	75
ZARONTIN CAP 250MG	40	ziprasidone hcl cap 60 mg	75
ZARONTIN SOL 250/5ML	40	ziprasidone hcl cap 80 mg	75
ZAVESCA CAP 100MG.....	129	ziprasidone mesylate for inj 20 mg (base equivalent).....	75
ZEGALOGUE INJ 0.6/0.6	46	ZIPSOR CAP 25MG.....	13
ZEJULA CAP 100MG.....	70	ZITHRANOL SHA 1%	107
ZEJULA TAB 100MG	70	ZITHROMAX POW 1GM PAK.....	133
ZEJULA TAB 200MG	70	ZITHROMAX SUS 100/5ML	133
ZEJULA TAB 300MG	70	ZITHROMAX SUS 200/5ML	133
ZELAPAR TAB 1.25MG.....	74	ZITHROMAX TAB 250MG.....	133
ZELBORAF TAB 240MG	70	ZITHROMAX TAB 500MG	133
ZEMBRACE SYM INJ 3/0.5ML	160	ZITHROMAX TAB TRI-PAK.....	133
ZEMPLAR CAP 1MCG	120	ZITHROMAX TAB Z-PAK	133
ZEMPLAR CAP 2MCG.....	120	ZOCOR TAB 10MG	55
ZENPEP CAP 10000UNT	115	ZOCOR TAB 20MG	55
ZENPEP CAP 15000UNT	115	ZOCOR TAB 40MG	55
ZENPEP CAP 20000UNT	115	ZOKINVY CAP 50MG	163
ZENPEP CAP 25000UNT	115	ZOKINVY CAP 75MG	163
ZENPEP CAP 3000UNIT.....	115	ZOLINZA CAP 100MG	70
ZENPEP CAP 40000UNT	115	zolmitriptan nasal spray 2.5 mg/spray unit	160
ZENPEP CAP 5000UNIT.....	115	zolmitriptan nasal spray 5 mg/spray unit	160
ZENPEP CAP 60000UNT	115	zolmitriptan orally disintegrating tab 2.5 mg	160
ZEPOSIA 7DAY CAP STR PACK.....	177	zolmitriptan orally disintegrating tab 5 mg	160
ZEPOSIA CAP 0.92MG	177	zolmitriptan tab 2.5 mg.....	160
ZEPOSIA CAP STR KIT	177		
ZESTRIL TAB 10MG.....	57		
ZESTRIL TAB 2.5MG	57		
ZESTRIL TAB 20MG	57		

<i>zolmitriptan tab 5 mg</i>	160	<i>ZURZUVAE CAP 20MG</i>	41
<i>zolpidem tartrate tab 10 mg</i>	132	<i>ZURZUVAE CAP 25MG</i>	41
<i>zolpidem tartrate tab 5 mg</i>	132	<i>ZURZUVAE CAP 30MG</i>	41
<i>zolpidem tartrate tab er 12.5 mg</i>	132	<i>ZYCLARA CRE 3.75%</i>	111
<i>zolpidem tartrate tab er 6.25 mg</i>	132	<i>ZYCLARA PUMP CRE 2.5%</i>	111
<i>ZOMIG SPR 2.5MG</i>	160	<i>ZYCLARA PUMP CRE 3.75%</i>	111
<i>ZOMIG SPR 5MG</i>	160	<i>ZYDELIG TAB 100MG</i>	70
<i>ZOMIG TAB 2.5MG</i>	160	<i>ZYDELIG TAB 150MG</i>	70
<i>ZOMIG TAB 5MG</i>	160	<i>ZYFLO TAB 600MG</i>	31
<i>ZONALON CRE 5%</i>	104	<i>ZYKADIA TAB 150MG</i>	70
<i>zonisamide cap 100 mg</i>	39	<i>ZYLOPRIM TAB 100MG</i>	128
<i>zonisamide cap 25 mg</i>	39	<i>ZYLOPRIM TAB 300MG</i>	128
<i>zonisamide cap 50 mg</i>	39	<i>ZYMAXID SOL 0.5%</i>	168
<i>ZORBTIVE INJ 8.8MG</i>	118	<i>ZYPREXA INJ 10MG</i>	78
<i>ZORTRESS TAB 0.25MG</i>	163	<i>ZYPREXA RELP INJ 210MG</i>	78
<i>ZORTRESS TAB 0.5MG</i>	163	<i>ZYPREXA RELP INJ 300MG</i>	78
<i>ZORTRESS TAB 0.75MG</i>	163	<i>ZYPREXA RELP INJ 405MG</i>	78
<i>ZORTRESS TAB 1MG</i>	163	<i>ZYPREXA TAB 10MG</i>	78
<i>ZORYVE CRE 0.15%</i>	113	<i>ZYPREXA TAB 15MG</i>	78
<i>ZORYVE CRE 0.3%</i>	107	<i>ZYPREXA TAB 2.5MG</i>	78
<i>ZORYVE MIS 0.3%</i>	107	<i>ZYPREXA TAB 20MG</i>	78
<i>ZOVIRAX CRE 5%</i>	107	<i>ZYPREXA TAB 5MG</i>	78
<i>ZOVIRAX OIN 5%</i>	107	<i>ZYPREXA TAB 7.5MG</i>	78
<i>ZOVIRAX SUS 200/5ML</i>	84	<i>ZYPREXA ZYDI TAB 10MG</i>	78
<i>ZTLIDO PAD 1.8%</i>	113	<i>ZYPREXA ZYDI TAB 15MG</i>	78
<i>ZUBSOLV SUB 0.7-0.18</i>	22	<i>ZYPREXA ZYDI TAB 20MG</i>	78
<i>ZUBSOLV SUB 1.4-0.36</i>	22	<i>ZYPREXA ZYDI TAB 5MG</i>	78
<i>ZUBSOLV SUB 11.4-2.9</i>	23	<i>ZYVOX SOL 2MG/ML</i>	26
<i>ZUBSOLV SUB 2.9-0.71</i>	22	<i>ZYVOX SUS 100MG/5M</i>	26
<i>ZUBSOLV SUB 5.7-1.4</i>	23	<i>ZYVOX TAB 600MG</i>	26
<i>ZUBSOLV SUB 8.6-2.1</i>	23		

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



Family of health care plans

10455 Mill Run Circle
Owings Mills, MD 21117

carefirst.com/rx

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

SUM5471-1S (12/24)—For Fully-Insured Plans Only

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

Foreign Language Assistance

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

አማርኛ (Amharic) ማስታበቃው፡፡ ይህ ማስታበቃው ስለ መደን ሰራተኞቸው ይሆል፡፡ ከተወሰነት ቁነ-ገዢበት በፈት ለፈጸምና የሚገበው ነገሮች ሌሎች አገልግሎት ወጥና ቅናት ለይዘን ይቻላል፡፡ ይቻሉ መረጃ የማማገኘት እና የለምንም ከፍያ በቋንቃዋው እና የማማገኘት መብት አለዋቸው፡፡ አባል ካሁን ክመታዊው ክርድዎች በስተቀርባ ላይ ወደተጠቀሰው የባል ቅጥር መደዣዎች ይቻላል፡፡ አባል ካሁን ደንብ መደብ ለባል ቅጥር 855-258-6518 ደመለው ባንክ አንዳጂኑ አስተካርድ ድረስ የሚገኘትን መጠበቅ አለብቸው፡፡ አንድ ወከል መልስ ለሰተዋዊ፣ የሚፈልገትን ቁንቃዋው፡፡ ከዘመኝ ከተረጋግጣለሁ ይገኘኝለሁ፡፡

Èdè Yorùbá (Yoruba) Ìtétíléko: Àkíyèsí yíí ní ìwífún nípa isé adójútòfò re. Ó le ní àwọn déètì pàtò o sì le ní láti gbé ìgbésè ní àwọn ojó gbèdèke kan. O ni ètò láti gba ìwífún yíí àti ìrànlówó ní èdè re lófèé. Àwọn ọmọ-egbè gbódò pe nómbà fóònù tó wà léyìn káàdì ìdánímò wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tití a ó fi sọ fún o láti tẹ 0. Nígbàtí aşojú kan bá dálhùn, sọ èdè tí o fé a ó sì so ó pò mó ògbufò kan.

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

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

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

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

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

Băsăjă-wùqù (Bassa) Tò Đùă Cáo! Bă nìà ke bá nyō bě ké m̄ gbo kpá bó nì fūă-fūă-tiĕn nyee jè dyí. Bă nìà ke béqué wé jéé bě bé m̄ kē qe wa m̄ kē nyuee nyu hwè bě wé běa kē zi. Č m̄ n̄ kpé bě m̄ kē bă nìà ke kē gbo-kpá-kpá m̄ móee dyé qé n̄ bídí-wùqù mū bě m̄ kē se wíqí qò péé. Kpooă nyō bě me qá fúun-nòbà nìà qé waà I.D. káà qeín nyé. Nyō tòò séin me qá nòbà nìà ke: 855-258-6518, kē m̄ me fò tee bě wa kée m̄ gbo cē bě m̄ kē nòbà mòà 0 kee dyi pàqàin hwè. Č jü kē nyō qò dyi m̄ gđ jüñ, po wuđu m̄ mó poe dyie, kē nyō qò mu bó nìn bě 0 kē n̄ wuđu mū zà.

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

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

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

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطية التأمينية، وقد يحتوي على تاريخ مهم، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهاية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكالفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في بطاقةتعريف الهوية الخاصة بهم. يمكن للأخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المתרגمسين الفوريين.

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

Igbo (Igbo) Nrụbama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike ịnwe ụbọchị ndị di mkpa, i nwere ike ịme ihe tupu ụfodụ ụbọchị njedebe. I nwere ikike ịnweta ozi na enyemaka a n'asusu gi na akwughị ụgwọ o bụla. Ndị otu kwesiri ikpo akara ekwentị dị n'azụ nke kaadi njirimara ha. Ndị ọzọ niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chorọ, a ga-ejikọ gi na onye ọkowa okwu.

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee ił hane'ígíí bii' dahólóó bee éédahózin béeso ách'áqáh naanilník'ist'i'ígíí bá. Bii' dahólóó doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béishee bee hane'é bee wółta'ígíí nitl'izgo bee nee hóadolzinígíí bikéédéé' bikáá' bich'i' hodoonihjí'. Aadóó náánála' éí kojí' dahóoolnih 855-258-6518 dóó yii diiłts'ííl yałtí'ígíí t'áá níléjí áádóó éí bikéé'dóó naasbą́as bił adidiilchił. Áká'ánidaalwó'ígíí neidiitqáago, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.