

CareFirst Formulary 2

Postal Service Health Benefits Program List of Covered Drugs

2025

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of the federal employees health benefits program.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **833-840-7962** or visit **carefirst.com/pshbp**.

Introduction

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

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

Using Your Formulary

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

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

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

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

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

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

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

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

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

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

ANALEPTICS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>benzphetamine hcl tab 50 mg</i>	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA, QL (30 tabs every 28 days); Coverage is subject to your plan/benefits
LOMAIRA TAB 8MG	3	PA
PHENDIMETRAZ CAP 105MG ER	3	PA; Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA, QL (180 tabs every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	PA, QL (60 caps every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA
IMCIVREE INJ 10MG/ML	5	QL (10 vials every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>orlistat cap 120 mg</i>	1	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVI INJ 0.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVI INJ 0.25MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVI INJ 1.7MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVI INJ 1MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVI INJ 2.4MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
XENICAL CAP 120MG	3	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 2.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 2.5MG	3	PA
ZEPBOUND INJ 5/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 5/0.5ML	3	PA
ZEPBOUND INJ 7.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 10/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 12.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
ZEPBOUND INJ 15/0.5ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	3	QL (3 caps every 1 day)
QELBREE CAP 200MG ER	3	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	
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>armodafinil tab 150 mg</i>	1	PA, QL (1 tab every 1 day)
<i>armodafinil tab 200 mg</i>	1	PA, QL (1 tab every 1 day)
<i>armodafinil tab 250 mg</i>	1	PA, QL (1 tab every 1 day)
AZSTARYS CAP 26.1-5.2	2	QL (1 cap every 1 day)
AZSTARYS CAP 39.2-7.8	2	QL (1 cap every 1 day)
AZSTARYS CAP 52.3-10.	2	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (2 caps every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (1 cap every 1 day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 10MG	3	QL (2 tabs every 1 day)
METHYLIN SOL 5MG/5ML	3	QL (60 mL every 1 day)
METHYLIN SOL 10MG/5ML	3	QL (30 mL every 1 day)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (2 caps every 1 day)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (1 cap every 1 day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (60 mL every 1 day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (6 tabs every 1 day)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (3 tabs every 1 day)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (3 tabs every 1 day)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (3 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (2 tabs every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	1	QL (1 tab every 1 day)
<i>methylphenidate td patch 10 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 15 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 20 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>methylphenidate td patch 30 mg/9hr</i>	1	QL (1 ea every 1 day)
<i>modafinil tab 100 mg</i>	1	PA, QL (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	5	PA
BETHKIS NEB 300/4ML	5	PA, QL (8 mL every 1 day)
KITABIS PAK NEB 300/5ML	5	PA, QL (10 mL every 1 day)
<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (8 mL every 1 day)
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (10 mL every 1 day)

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

Drug Name	Drug Tier	Requirements/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.
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.

Drug Name	Drug Tier	Requirements/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.
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.
<i>ANTIRHEUMATIC - ENZYME INHIBITORS</i>		
RINVOQ LQ SOL 1MG/ML	4	PA, QL (12 mL every 1 day)
RINVOQ TAB 15MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 45MG ER	4	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	4	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>GOLD COMPOUNDS</i>		
RIDAURA CAP 3MG	3	
<i>INTERLEUKIN-1 BLOCKERS</i>		
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
<i>INTERLEUKIN-6 RECEPTOR INHIBITORS</i>		
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days)
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 4 weeks); 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)

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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

ANAPROX DS TAB 550MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>indomethacin suppos 50 mg</i>	1	
<i>indomethacin susp 25 mg/5ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN 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	4	PA, QL (55 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 20MG	4	PA, QL (2 tabs every 1 day)
OTEZLA TAB 30MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 syringes every 28 days)
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)

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	4	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
ESGIC TAB	3	

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>aspirin chew tab 81 mg</i>	1	OTC
<i>aspirin chew tab 81 mg</i>	1	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	1	OTC
<i>aspirin tab delayed release 81 mg</i>	1	OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 30 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 30 days)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 30 days)
CONZIP CAP 100MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 200MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 300MG	3	PA, QL (1 cap every 1 day)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every 1 day)
DILAUDID TAB 2MG	3	PA, QL (6 tabs every 1 day)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every 1 day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs every 1 day)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	3	PA
HYSINGLA ER TAB 30 MG	3	PA
HYSINGLA ER TAB 40 MG	3	PA
HYSINGLA ER TAB 60 MG	3	PA
HYSINGLA ER TAB 80 MG	3	PA
HYSINGLA ER TAB 100 MG	3	PA
HYSINGLA ER TAB 120 MG	3	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	QL (2 mL every 1 day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL every 1 day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL every 30 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 (3 tabs every 1 day)
<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	QL (2 mL every 1 day)
METHADOSE SF CON 10MG/ML	3	QL (2 mL every 1 day)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 27 days)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 ea every 1 day)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 ea every 1 day)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs every 1 day)
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs every 1 day)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NUCYNTA ER TAB 50MG	2	PA, QL (2 tabs every 1 day)
NUCYNTA ER TAB 100MG	2	PA, QL (2 tabs every 1 day)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	PA, QL (4 tabs every 1 day)
NUCYNTA TAB 75MG	2	PA, QL (3 tabs every 1 day)
NUCYNTA TAB 100MG	2	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (6 caps every 1 day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (3 mL every 1 day)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab abuse deter 15 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs every 1 day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs every 1 day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs every 1 day)
<i>tramadol hcl oral soln 5 mg/ml</i>	1	
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps every 1 day)
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 mL every 1 day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (390 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (10 caps every 1 day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
FIORICET CAP CODEINE	3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs every 1 day)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL every 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)

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

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		
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	PA
ANDRODERM DIS 4MG/24HR	2	PA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
METHITEST TAB 10MG	3	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide rectal foam 2 mg/act</i>	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
UCERIS AER 2MG/ACT	3	
RECTAL COMBINATIONS		
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	2	
<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)
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
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	2	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<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	
MONOBACTAMS		
CAYSTON INH 75MG	5	PA, QL (3 vials every 1 day)
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

Drug Name	Drug Tier	Requirements/Limits
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	2	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<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	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<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	

ANTIANSXIETY AGENTS**ANTIANSXIETY AGENTS - MISC.**

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

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>quinidine gluconate tab er 324 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	5	PA
TIKOSYN CAP 250MCG	5	PA
TIKOSYN CAP 500MCG	5	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pen every 56 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG	5	PA, QL (3 vials every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 injections 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)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA 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)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	QL (1 ea every 1 day)
YUPELRI SOL	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	3	
DALIRESP TAB 500MCG	3	
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	QL (1 inhaler every 30 days)
ARNUITY ELPT INH 100MCG	2	QL (1 blister every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	2	QL (1 blister every 1 day)
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (4 mL every 1 day)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (6 mL every 1 day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (2 mL every 1 day)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (2 ea every 1 day)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (2 mL every 1 day)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (4 ea every 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (4 mL every 1 day)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day)
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 packages every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
DULERA AER 50-5MCG	2	QL (1 package every 25 days)
DULERA AER 100-5MCG	2	PA, QL (1 package every 25 days)
DULERA AER 200-5MCG	2	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)
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)

Drug Name	Drug Tier	Requirements/Limits
XOPENEX NEB 0.31MG	3	QL (10 mL every 1 day)
XOPENEX NEB 0.63MG	3	QL (10 mL every 1 day)
XOPENEX NEB 1.25/3ML	3	QL (10 mL every 1 day)
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	2	
ARIXTRA INJ 5/0.4ML	2	
ARIXTRA INJ 7.5/0.6	2	
ARIXTRA INJ 10/0.8ML	2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	2	
FRAGMIN INJ 2500/ML	2	
FRAGMIN INJ 5000/0.2	2	
FRAGMIN INJ 7500/0.3	2	
FRAGMIN INJ 10000/ML	2	
FRAGMIN INJ 12500UNT	2	
FRAGMIN INJ 15000UNT	2	
FRAGMIN INJ 18000UNT	2	
FRAGMIN INJ 95000UNT	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	

ANTICONVULSANTS**AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 30 days)
VALTOCO SPR 5MG	2	PA, QL (5 sprays every 30 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 20MG	2	PA, QL (5 ea every 30 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
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	
DIACOMIT CAP 250MG	5	PA, QL (12 caps every 1 day)
DIACOMIT CAP 500MG	5	PA, QL (6 caps every 1 day)
DIACOMIT PAK 250MG	5	PA, QL (12 packets every 1 day)
DIACOMIT PAK 500MG	5	PA, QL (6 packets every 1 day)
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 mL every 30 days)
FINTEPLA SOL 2.2MG/ML	5	PA, QL (12 mL every 1 day)
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every 1 day)
<i>gabapentin tab 600 mg</i>	1	QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every 1 day)
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)
NEURONTIN TAB 600MG	3	QL (6 tabs every 1 day)
NEURONTIN TAB 800MG	3	QL (4 tabs every 1 day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<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	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
DILANTIN CAP 30MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
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	2	
PARNATE TAB 10MG	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
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	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
<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	2	
NORPRAMIN TAB 25MG	2	
<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	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	

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

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
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days)
ZITUVIMET TAB 50-500MG	2	ST
ZITUVIMET TAB 50-1000	2	ST
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	2	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	5	PA, QL (4 tabs every 1 day)
<i>mifepristone tab 300 mg</i>	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST

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

Drug Name	Drug Tier	Requirements/Limits
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
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	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
<i>deferiprone tab 1000 mg</i>	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	

ANTIEMETICS**5-HT3 RECEPTOR ANTAGONISTS**

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

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP 300-0.5	3	QL (2 caps every 21 days)
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 ea every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs every 21 days)
EMEND CAP 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps every 21 days)

Drug Name	Drug Tier	Requirements/Limits
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	2	
VFEND TAB 50MG	2	
VFEND TAB 200MG	2	
VIVJOA CAP 150MG	3	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHIISTAMINES		
ANTIHIISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
KARBINAL ER SUS 4MG/5ML	3	
ANTIHIISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHIISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHIISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST, PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	ST, PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	

Drug Name	Drug Tier	Requirements/Limits
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	PA
<i>icosapent ethyl cap 1 gm</i>	1	PA
LOVAZA CAP 1GM	3	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
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
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<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	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 10MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 20MG	5	PA, QL (2 caps every 1 day)
JUXTAPID CAP 30MG	5	PA, QL (2 caps every 1 day)
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 1000 ER	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 cartridges every 28 days)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	

Drug Name	Drug Tier	Requirements/Limits
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	5	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine tab er 24hr 0.17 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL TAB 200MG	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	5	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melfalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
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)

Drug Name	Drug Tier	Requirements/Limits
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	5	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>gefitinib tab 250 mg</i>	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
IRESSA TAB 250MG	0	PA, QL (1 tab every 1 day)
TAGRISO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISO TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 150MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (2 tabs every 1 day)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 4MG	0	PA, QL (42 caps every 28 days)
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		
AFINITOR DIS TAB 2MG	0	PA, QL (2 tabs every 1 day)
AFINITOR DIS TAB 3MG	0	PA, QL (3 tabs every 1 day)
AFINITOR DIS TAB 5MG	0	PA, QL (2 tabs every 1 day)
AFINITOR TAB 2.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 7.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 10MG	0	PA, QL (1 tab every 1 day)
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)
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>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)
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)
IMBRUVICA CAP 70MG	0	PA, QL (1 cap every 1 day)
IMBRUVICA CAP 140MG	0	PA, QL (3 caps every 1 day)
IMBRUVICA SUS 70MG/ML	0	PA, QL (6 mL every 1 day)
IMBRUVICA TAB 140MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 280MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 420MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 560MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 28 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 28 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 28 days)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
NEXAVAR TAB 200MG	0	PA, QL (4 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)
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)

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 70MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	0	PA, QL (1 tab every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
SUTENT CAP 12.5MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 25MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 37.5MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 50MG	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
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)
VOTRIENT TAB 200MG	0	PA, QL (4 tabs 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)
XALKORI CAP 200MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 250MG	0	PA, QL (4 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)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
INTRON A INJ 10MU	5	PA
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, QL (20 cartridges every 28 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
INBRIJA CAP 42MG	4	PA, QL (10 caps every 1 day)
KYNMOBI MIS 10MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 15MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 20MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 25MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 30MG	4	PA, QL (5 films every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<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	
SINEMET TAB 10-100MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	2	
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	5	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	5	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5-3MG	2	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	QL (23.077 injections every year)
ARISTADA INJ INITIO	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	3	QL (2 tabs every 1 day)
<i>darunavir tab 600 mg</i>	1	QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
EDURANT TAB 25MG	2	QL (2 tabs every 1 day)
<i>efavirenz cap 50 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	1	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	2	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	2	QL (680 mL every 28 days)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
<i>etravirine tab 100 mg</i>	1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	2	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	2	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
INTELENCE TAB 25MG	2	QL (4 tabs every 1 day)
INTELENCE TAB 100MG	2	QL (4 tabs every 1 day)
INTELENCE TAB 200MG	2	QL (2 tabs every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
KALETRA SOL	3	QL (16 mL every 1 day)
KALETRA TAB 100-25MG	3	QL (10 tabs every 1 day)
KALETRA TAB 200-50MG	3	QL (4 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	1	QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (1 tab every 1 day)
NORVIR CAP 100MG	2	
NORVIR POW 100MG	2	QL (12 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
NORVIR SOL 80MG/ML	2	QL (16 mL every 1 day)
NORVIR TAB 100MG	2	QL (12 tabs every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	2	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	2	QL (400 mL every 30 days)
PREZISTA TAB 75MG	2	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	2	QL (6 tabs every 1 day)
PREZISTA TAB 600MG	2	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	2	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
REYATAZ CAP 200MG	3	QL (2 caps every 1 day)
REYATAZ CAP 300MG	3	QL (1 cap every 1 day)
REYATAZ POW 50MG	3	QL (6 packets every 1 day)
<i>ritonavir tab 100 mg</i>	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	QL (2 tabs every 1 day)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	3	QL (8 tabs every 1 day)
SELZENTRY TAB 75MG	3	QL (2 tabs every 1 day)
SELZENTRY TAB 150MG	3	QL (2 tabs every 1 day)
SELZENTRY TAB 300MG	3	QL (4 tabs every 1 day)
<i>stavudine cap 15 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	1	QL (2 caps every 1 day)
SUSTIVA CAP 50MG	3	QL (3 caps every 1 day)
SUSTIVA CAP 200MG	3	QL (3 caps every 1 day)
SYMFI LO TAB	3	QL (1 tab every 1 day)
SYMFI TAB	3	QL (1 tab every 1 day)
SYMTUZA TAB	2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 10MG	2	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	2	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	3	QL (6 tabs every 1 day)
TRIUMEQ TAB	3	QL (1 tab every 1 day)
TRIZIVIR TAB	3	QL (2 tabs every 1 day)
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
ZIAGEN TAB 300MG	3	QL (2 tabs every 1 day)
<i>zidovudine cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (40 ea every 30 days)
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	QL (60 ea every 30 days)
PAXLOVID TAB 300-100	3	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	QL (4 tabs every 1 day)
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
PREVYMIS TAB 480MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	2	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	4	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5, 6

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 45-200MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5,6
HARVONI TAB 90-400MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5,6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	5	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	5	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	5	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	5	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	2	QL (1 tab every 1 day)
VOSEVI TAB	4	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
ZOVIRAX SUS 200/5ML	3	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps every 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (40 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (20 caps every 90 days)
TAMIFLU CAP 75MG	3	QL (20 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (360 mL every 90 days)
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS**CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>levamlodipine maleate tab 2.5 mg</i>	1	
<i>levamlodipine maleate tab 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG CR	3	

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

CARDIOTONICS**CARDIAC GLYCOSIDES**

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS CAP 10MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	5	PA, QL (1 cap every 1 day)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5- 10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5- 20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5- 40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5- 80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO DPI POW 16-32-48	5	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	5	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	5	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32-48MCG	5	PA, QL (8 ea every 1 day)
TYVASO DPI POW 32MCG	5	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	5	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	5	PA, QL (4 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TYVASO RF KT SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML	5	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	5	PA, QL (9 mL every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG	4	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (784 mL every 30 days)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	4	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	4	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	5	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime proxetil tab 100 mg</i>	1	
<i>cefepodoxime proxetil tab 200 mg</i>	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
GENERESS FE CHW	3	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	

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

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 ea every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 rings every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	2	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>deflazacort susp 22.75 mg/ml</i>	1	PA, QL (1.8 mL every 1 day)
<i>deflazacort tab 6 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	1	PA, QL (1 tab every 1 day)
<i>deflazacort tab 30 mg</i>	1	PA, QL (1 tab every 1 day)
<i>deflazacort tab 36 mg</i>	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	3	
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (6 tabs every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (60 mL every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	QL (45 mL every 1 day), OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUZISTRA XR SUS	3	QL (20 mL every 1 day)
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA, OTC
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
ARAZLO LOT 0.045%	3	PA
ATRALIN GEL 0.05%	3	PA
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 30 days)
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 gm every 30 days)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
CLINDAGEL GEL 1%	3	QL (60 mL every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate soln 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL (50 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA, OTC
DIFFERIN GEL 0.3%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	3	PA
EPIDUO GEL 0.1-2.5%	3	PA
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
<i>erythromycin gel 2%</i>	1	QL (2 gm every 1 day)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (2 mL every 1 day)
EVOCLIN AER 1%	3	
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	QL (50 gm every 30 days)
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
<i>tretinoin microsphere gel 0.08%</i>	1	
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm every 25 days)
<i>gentamicin sulfate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>gentamicin sulfate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mupirocin oint 2%</i>	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 gm every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 gm every 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 mL every 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120 mL every 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (2 gm every 1 day)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (2 mL every 1 day)
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
EXTINA AER 2%	3	QL (100 gm every 25 days)
<i>iodoquinol-hc cream 1-1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
KERYDIN SOL 5%	3	PA, QL (4 mL every 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
LOPROX SHA 1%	3	QL (120 mL every 25 days)
LUZU CRE 1%	3	QL (60 gm every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl gel 2%</i>	1	QL (60 gm every 25 days)
NAFTIN GEL 1%	2	QL (120 gm every 25 days)
NAFTIN GEL 2%	2	QL (60 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
OXISTAT CRE 1%	3	QL (60 gm every 25 days)
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
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	5	PA, QL (2 syringes every 28 days)
STELARA INJ 45MG/0.5	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45MG/0.5	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
TALTZ INJ 20/0.25	4	PA
TALTZ INJ 40/0.5ML	4	PA
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 gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTISEBORRHEIC PRODUCTS		
<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 liquid 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
XERESE CRE 5-1%	3	
ZOVIRAX CRE 5%	3	

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

Drug Name	Drug Tier	Requirements/Limits
CLOBEX LOT 0.05%	2	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	2	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
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)
DUOBRII LOT	3	
ENSTILAR AER	3	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)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (4 gm every 1 day)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
LUXIQ AER 0.12%	3	QL (4 gm every 1 day)
<i>mometasone furoate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (4 mL every 1 day)
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 LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
<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)
VERDESO AER 0.05%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	4	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i>	1	
<i>urea cream 47%</i>	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (90 grams every 30 days)
HAIR GROWTH AGENTS		
<i>finasteride tab 1 mg</i>	1	PA
LITFULO CAP 50MG	5	PA, QL (1 cap every 1 day)
PROPECIA TAB 1MG	3	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	

Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (30 gm every 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	QL (3 ea every 1 day)
<i>lidocaine patch 5%</i>	1	QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
LIDODERM DIS 5%	2	QL (3 ea every 1 day)
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
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	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA
FINACEA AER 15%	2	PA
<i>ivermectin cream 1%</i>	1	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ORACEA CAP 40MG	1	Brand preferred over generic
RHOFADE CRE 1%	3	PA
SOOLANTRA CRE 1%	3	PA
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (60 grams every 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	PA, QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	PA, QL (5 strips every 1 day), OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
ONETOUCH TES ULTRA	0	QL (5 strips every 1 day), OTC
ONETOUCH TES VERIO	0	QL (5 strips every 1 day), OTC
PRECISN XTRA TES KETONE	0	OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	5	PA

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

DIURETICS**CARBONIC ANHYDRASE INHIBITORS**

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

DIURETIC COMBINATIONS

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

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
NATPARA INJ 25MCG	5	PA, QL (2 cartridges every 28 days)
NATPARA INJ 50MCG	5	PA, QL (2 cartridges every 28 days)
NATPARA INJ 75MCG	5	PA, QL (2 cartridges every 28 days)
NATPARA INJ 100MCG	5	PA, QL (2 cartridges every 28 days)
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 30 days)
CORTICOTROPIN		
ACTHAR INJ GEL	5	PA
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	5	PA, QL (10 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	5	PA, QL (6 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	5	PA, QL (60 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	5	PA, QL (15 pens every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF INJ 450/0.75	5	PA, QL (10 pens every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	5	PA, QL (7 pens every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	5	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA
CETROTIDE KIT 0.25MG	5	PA
GANIRELIX AC INJ 250/0.5	4	PA; Brand preferred over generic
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (1 vial every 1 day)
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	5	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
<i>raloxifene hcl tab 60 mg</i>	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPR DEP-PED INJ 3M 30MG	4	PA
LUPR DEP-PED INJ 7.5MG	4	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA
LUPRON DEPOT INJ 45MG	4	PA
SYNAREL SOL 2MG/ML	3	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	3	PA, QL (1 tab every 1 day)
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	5	PA
<i>carglumic acid soluble tab 200 mg</i>	1	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (4 tabs every 1 day)
CYSTADANE POW	5	PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	5	PA, QL (1 vial every 1 day)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PHEBURANE MIS 483/GM	4	PA, QL (672 gm every 30 days)
REVCOVI INJ 1.6MG/ML	5	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	5	PA, QL (4 tabs every 1 day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (798 gm every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	5	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	5	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 30-15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 45-15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 60-30MG	5	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE PAK 90-30MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 30MG	5	PA, QL (1 tab every 1 day)
SAMSCA TAB 15MG	5	PA, QL (2 tabs every 1 day)
SAMSCA TAB 30MG	5	PA, QL (1 tab every 1 day)
<i>tolvaptan tab 15 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA, QL (1 tab every 1 day)

E STROGENS**ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	3	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	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
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	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
EVAMIST SPR 1.53MG	2	
MENOSTAR DIS 14MCG	3	
PREMARIN INJ 25MG	3	PA
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	PA, QL (1 tab every 1 day)
OCALIVA TAB 10MG	5	PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	5	PA
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	5	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	5	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
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	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	

Drug Name	Drug Tier	Requirements/Limits
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	4	PA, QL (1 tab every 1 day); Preferred agent for Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	5	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
RELISTOR INJ 8/0.4ML	3	PA
RELISTOR INJ 12/0.6ML	3	PA
RELISTOR TAB 150MG	3	PA
SYMPROIC TAB 0.2MG	2	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
PHOSLYRA SOL	2	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (1 kit every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 15 TAB	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	1	PA
<i>tiopronin tab delayed release 100 mg</i>	1	PA
<i>tiopronin tab delayed release 300 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL (4 tabs every 1 day)
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	1	QL (2 caps every 1 day); Brand preferred over generic
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	5	PA, QL (45 syringes every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (135 mL every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
CINRYZE SOL 500 UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	4	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG	4	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	2	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET TAB 20MG	4	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	4	PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syringes every 28 days)
LEUKINE INJ 250MCG	5	PA
MULPLETA TAB 3MG	5	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)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

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

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	

Drug Name	Drug Tier	Requirements/Limits
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5 mL every 1 day)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	3	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (0.4 boxes every 1 day), 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)

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

Drug Name	Drug Tier	Requirements/Limits
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET IMPR MIS LANC DEV	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
AUTOLET PLUS MIS LANC DEV	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
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

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT MIS LANCETS	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	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
COUNT-A-DOSE MIS	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC
DEXCOM G6 MIS RECEIVER	0	ST
DEXCOM G6 MIS SENSOR	0	ST, QL (3 sensors per 30 days)
DEXCOM G6 MIS TRANSMIT	0	ST
DEXCOM G7 MIS RECEIVER	0	ST

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 MIS SENSOR	0	ST, QL (3 sensors per 30 days)
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
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 MIS LANCETS	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
ONETOUCH US MIS LANCETS	0	OTC
PC LANCETS MIS 30G	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PERFECT POIN MIS LANC 28G	0	OTC
PERFECT POIN MIS LANC 30G	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRO COMFORT MIS 31G	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
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
SM LANCETS MIS 33G	0	OTC
SM TRUEDRAW MIS LANC DEV	0	OTC
SMART SENSE MIS LANC 21G	0	OTC
SMART SENSE MIS LANC 26G	0	OTC
SMART SENSE MIS LANC 30G	0	OTC
SMART SENSE MIS LANC 33G	0	OTC
SMARTEST MIS LANCETS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 MIS LANC 28G	0	OTC
SOLUS V2 MIS LANC 30G	0	OTC
SOLUS V2 MIS LANC DEV	0	OTC
SOLUS V2 SOL HIGH	0	OTC
SOLUS V2 SOL LOW	0	OTC
STERILANCE MIS TL 28G	0	OTC
STERILANCE MIS TL 30G	0	OTC
STERILANCE MIS TL 32G	0	OTC
SUPER THIN MIS LANC 28G	0	OTC
SUPER THIN MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
TWIIST KIT REFILL	0	
TWIIST KIT STARTER	0	
TWIIST REFIL KIT INFUSION	0	
TWIST LANCET MIS 30G	0	OTC
TWIST LANCET MIS 30G MULT	0	OTC
ULTI-LANCE MIS CLR TIP	0	OTC
ULTILET MIS 26G	0	OTC
ULTILET MIS 28G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-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

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
HM STERILE PAD ALCHOL	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
SM ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVRX STERIL PAD ALCHOL	0	OTC
PARENTERAL THERAPY SUPPLIES		
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AUTOPEN MIS 1 UNIT	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD ECLIPSE MIS 25GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CEQR SIMPL KIT PATCH 2U	0	
CEQR SIMPL KIT STARTER	0	
COMFORT EZ MIS 29GX12MM	0	OTC
DROPSAFE MIS SICURA	3	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASY TOUCH MIS 29GX1/2"	0	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT 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
HYPONEDDLE MIS 14GX1"	3	
HYPONEDDLE MIS 14GX1.5"	3	
HYPONEDDLE MIS 14GX2"	3	
HYPONEDDLE MIS 16GX1"	3	
HYPONEDDLE MIS 16GX1.5"	3	
HYPONEDDLE MIS 16GX3/4"	3	
HYPONEDDLE MIS 16GX5/8"	3	
HYPONEDDLE MIS 18GX1"	3	
HYPONEDDLE MIS 18GX1"	3	OTC
HYPONEDDLE MIS 18GX1.5"	3	
HYPONEDDLE MIS 18GX1.5"	3	OTC
HYPONEDDLE MIS 19GX1"	3	
HYPONEDDLE MIS 19GX1.5"	3	
HYPONEDDLE MIS 20GX1"	3	
HYPONEDDLE MIS 20GX1.5"	3	
HYPONEDDLE MIS 21GX1"	3	
HYPONEDDLE MIS 21GX1.5"	3	
HYPONEDDLE MIS 21GX2"	3	
HYPONEDDLE MIS 22GX1"	3	
HYPONEDDLE MIS 22GX1.5"	3	
HYPONEDDLE MIS 22GX1.5"	3	OTC
HYPONEDDLE MIS 23GX1"	3	
HYPONEDDLE MIS 23GX1.5"	3	OTC
HYPONEDDLE MIS 23GX3/4"	3	
HYPONEDDLE MIS 25GX1"	3	
HYPONEDDLE MIS 25GX1"	3	OTC
HYPONEDDLE MIS 25GX1.5"	3	
HYPONEDDLE MIS 25GX1.25	3	

Drug Name	Drug Tier	Requirements/Limits
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	
INCONTROL MIS 29GX12MM	0	OTC
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INSULIN PEN MIS 29GX12MM	0	OTC
INSUPEN MIS 29GX12MM	0	OTC
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	

Drug Name	Drug Tier	Requirements/Limits
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	
MM PENTIPS MIS 29GX12MM	0	
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 29GX1/2"	0	OTC
PEN NEEDLES MIS 29GX12MM	0	OTC
PEN NEEDLES MIS 29GX12MM	0	PA, QL (5 boxes every 1 day), OTC
PEN NEEDLES MIS 32GX5/32	0	OTC
PENTIPS MIS 29GX12MM	0	
PENTIPS MIS 29GX12MM	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	

Drug Name	Drug Tier	Requirements/Limits
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	
RELION PEN MIS 29GX12MM	0	OTC
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	

Drug Name	Drug Tier	Requirements/Limits
140ML SYRINGE MIS REG TIP	3	
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.25	3	
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

Drug Name	Drug Tier	Requirements/Limits
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
1ST TIER UNI MIS 29GX12MM	0	OTC
TOOMEY SYRIN MIS 70ML	3	
ULTIGUARD MIS 32GX4MM	0	OTC
ULTIGUARD MIS 32GX6MM	0	OTC
UNIFINE PNTF MIS 29GX1/2"	0	OTC
UNIFINE PNTF MIS 29GX12MM	0	OTC
VENT NEEDLE MIS 18GX1"	3	OTC

RESPIRATORY THERAPY SUPPLIES

AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
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	

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

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

AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens every 25 days)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen every 25 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	PA; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8 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 6.25 mg</i>	1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 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 tabs every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (24 inhalers every 25 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)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections every 25 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 28 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 28 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 28 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 28 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 28 days)
ZOMIG TAB 2.5MG	3	QL (12 tabs every 28 days)
ZOMIG TAB 5MG	3	QL (12 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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MINERALS & ELECTROLYTES**FLUORIDE**

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	

POTASSIUM

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

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

DEPEN TITRA TAB 250MG	5	
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i>	1	

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS

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

Drug Name	Drug Tier	Requirements/Limits
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG	0	PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	0	PA, QL (42 caps every 28 days)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<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)
ENVARUSUS XR TAB 0.75MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	5	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 injections every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	QL (3 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	2	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	2	

Drug Name	Drug Tier	Requirements/Limits
SALAGEN TAB 7.5MG	2	
MULTIVITAMINS		
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CL PRENATAL TAB 28-0.8MG	3	OTC
EQL PRENATAL TAB FORMULA	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
<i>prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
PRENATAL TAB	3	OTC
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB IRON	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
PX PRENATAL TAB MULTIVIT	3	OTC
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
SM PRENATAL TAB VITAMINS	3	OTC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG	3	
LYVISPAH GRA 10MG	3	
LYVISPAH GRA 20MG	3	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 1000 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SOMA TAB 250MG	3	QL (84 tabs every 30 days)
SOMA TAB 350MG	3	QL (84 tabs every 30 days)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	2	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG	5	PA, QL (2 caps every 1 day)
SOHONOS CAP 1MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 2.5MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 5MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 10MG	5	PA, QL (2 caps every 1 day)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package (23gm) every 25 days)
DYMISTA SPR 137-50	3	QL (1 package (23gm) every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC

Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 packages every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package every 25 days)
PATANASE SPR 0.6%	3	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package (16gm) 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	4	PA, QL (50mL every 28 days)
RADICAVA ORS SUS STARTER	4	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	5	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	5	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
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 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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
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	5	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIAL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
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	
MIEBO DRO 1.3GM/ML	2	PA, QL (10 mL every 25 days)
PROLENSA SOL 0.07%	2	
TRUSOPT SOL 2% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOL 0.01% OP	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (4 tabs every 1 day)
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
CORN SYP	3	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	

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

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**AGENTS FOR CHEMICAL DEPENDENCY**

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

ANTI-CATAPLECTIC AGENTS

SOD OXYBATE SOL 500MG/ML	5	PA, QL (18 mL every 1 day)
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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	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	4	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
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)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (2 ea every 1 day)
<i>ingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL (1 cap every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 injections every 28 days)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 pen every 28 days)
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 tabs every 270 days)

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	4	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	4	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	4	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	4	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	4	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	5	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	5	PA, QL (2 PENS every 28 DAYS)
PLEGRIDY INJ STARTER	5	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 injections every 28 days)
<i>teriflunomide tab 7 mg</i>	1	PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	4	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	4	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	4	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	1	QL (5 tabs every 1 day)
<i>gabapentin (once-daily) tab 600 mg</i>	1	QL (3 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	5	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	5	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	5	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	5	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	5	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	5	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	5	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	5	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	5	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	5	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	4	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	1	PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	1	PA, QL (3 tabs every 1 day)
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	QL (4 caps every 1 day)
<i>tetracycline hcl cap 500 mg</i>	1	QL (4 caps every 1 day)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	

THYROID AGENTS**ANTITHYROID AGENTS**

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

THYROID HORMONES

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
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	
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	3	QL (90 caps every year)
DEXILANT CAP 60MG DR	3	QL (90 caps every year)
<i>dexlansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>dexlansoprazole cap delayed release 60 mg</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	3	
TALICIA CAP	3	

Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	

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

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

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

<i>mirabegron tab er 24 hr 25 mg</i>	1	
<i>mirabegron tab er 24 hr 50 mg</i>	1	
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
AUVI-Q INJ 0.3MG	3	QL (6 pens every 300 days)

Drug Name	Drug Tier	Requirements/Limits
AUVI-Q INJ 0.15MG	3	QL (3 pens every 300 days)
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</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)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens every 300 days)
EPIPEN-JR INJ 0.15MG	3	QL (6 pens every 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes every 300 days)
SYMJEPI INJ 0.15MG	2	QL (3 syringes every 300 days)

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

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

VASOPRESSORS

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

VITAMINS**OIL SOLUBLE VITAMINS**

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

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ALINIA SUS 100/5ML.....	25	ALUNBRIG TAB 180MG	68
ALINIA TAB 500MG	25	ALUNBRIG TAB 30MG	68
<i>aliskiren fumarate tab 150 mg (base</i>		ALUNBRIG TAB 90MG	68
<i>equivalent)</i>	63	<i>alvimopan cap 12 mg</i>	124
<i>aliskiren fumarate tab 300 mg (base</i>		<i>amantadine hcl cap 100 mg</i>	72
<i>equivalent)</i>	63	<i>amantadine hcl soln 50 mg/5ml</i>	72
ALKERAN TAB 2MG	64	<i>amantadine hcl tab 100 mg</i>	72
ALLERGIST KIT 0.5/28G.....	148	AMARYL TAB 1MG	49
ALLERGIST KIT 1MLX27G	148	AMARYL TAB 2MG	49
ALLERGIST KIT 1MLX28G	148	AMARYL TAB 4MG	49
<i>allopurinol tab 100 mg</i>	126	AMBIEN CR TAB 12.5MG.....	130
<i>allopurinol tab 300 mg</i>	126	AMBIEN CR TAB 6.25MG.....	130
<i>almotriptan malate tab 12.5 mg</i>	157	AMBIEN TAB 10MG	130
<i>almotriptan malate tab 6.25 mg</i>	157	AMBIEN TAB 5MG	130
ALOCRI SOL 2%.....	169	<i>ambrisentan tab 10 mg</i>	94
ALOMIDE SOL 0.1% OP	169	<i>ambrisentan tab 5 mg</i>	94
ALORA DIS 0.025MG	120	<i>amcinonide cream 0.1%</i>	107
ALORA DIS 0.075MG	120	<i>amcinonide lotion 0.1%</i>	107
ALORA DIS 0.1MG.....	120	AMICAR TAB 1000MG	129
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	124	AMICAR TAB 500MG	129
<i>alose tron hcl tab 1 mg (base equiv)</i>	124	<i>amiloride & hydrochlorothiazide tab 5-50</i>	
ALPHAGAN P SOL 0.1%.....	167	<i>mg</i>	113
ALPHAGAN P SOL 0.15%	167	<i>amiloride hcl tab 5 mg</i>	114
ALPRAZOLAM CON 1 MG/ML	27	<i>aminocaproic acid oral soln 0.25 gm/ml</i>	129
<i>alprazolam orally disintegrating tab 0.25</i>		<i>aminocaproic acid tab 1000 mg</i>	129
<i>mg</i>	27	<i>aminocaproic acid tab 500 mg</i>	129
<i>alprazolam orally disintegrating tab 0.5 mg</i>		<i>amiodarone hcl tab 100 mg</i>	29
.....	27	<i>amiodarone hcl tab 200 mg</i>	29
<i>alprazolam orally disintegrating tab 1 mg</i> .	27	<i>amiodarone hcl tab 400 mg</i>	29
<i>alprazolam orally disintegrating tab 2 mg</i>	27	<i>amitriptyline hcl tab 100 mg</i>	44
<i>alprazolam tab 0.25 mg</i>	27	<i>amitriptyline hcl tab 10 mg</i>	44
<i>alprazolam tab 0.5 mg</i>	27	<i>amitriptyline hcl tab 150 mg</i>	44

<i>amitriptyline hcl tab 25 mg</i>	44	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 50 mg</i>	44	<i>medoxomil tab 5-40 mg</i>	60
<i>amitriptyline hcl tab 75 mg</i>	44	<i>amlodipine besylate tab 10 mg (base</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>equivalent)</i>	88
<i>tab 10-10 mg</i>	91	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>equivalent)</i>	88
<i>tab 10-20 mg</i>	91	<i>amlodipine besylate tab 5 mg (base</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>equivalent)</i>	88
<i>tab 10-40 mg</i>	91	<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	60
<i>tab 10-80 mg</i>	91	<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	60
<i>tab 2.5-10 mg</i>	91	<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	60
<i>tab 2.5-20 mg</i>	91	<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	60
<i>tab 2.5-40 mg</i>	91	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-160-12.5 mg</i>	60
<i>tab 5-10 mg</i>	91	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-160-25 mg</i>	60
<i>tab 5-20 mg</i>	91	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-320-25 mg</i>	60
<i>tab 5-40 mg</i>	91	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 5-160-12.5 mg</i>	60
<i>tab 5-80 mg</i>	91	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>tab 5-160-25 mg</i>	60
<i>20 mg</i>	60	<i>amoxapine tab 100 mg</i>	45
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amoxapine tab 150 mg</i>	45
<i>40 mg</i>	60	<i>amoxapine tab 25 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		<i>amoxapine tab 50 mg</i>	45
<i>10 mg</i>	60	<i>amoxicil cap & clarithro tab & lansopraz cap</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>dr 500 & 500 & 30mg</i>	181
<i>10 mg</i>	60	<i>amoxicillin (trihydrate) cap 250 mg</i>	170
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin (trihydrate) cap 500 mg</i>	170
<i>20 mg</i>	60	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	170
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin (trihydrate) chew tab 250 mg</i>	170
<i>40 mg</i>	60	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amlodipine besylate-olmesartan</i>		.....	170
<i>medoxomil tab 10-20 mg</i>	60	<i>amoxicillin (trihydrate) for susp 200</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg/5ml</i>	170
<i>medoxomil tab 10-40 mg</i>	60	<i>amoxicillin (trihydrate) for susp 250</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg/5ml</i>	170
<i>medoxomil tab 5-20 mg</i>	60	<i>amoxicillin (trihydrate) for susp 400</i>	
		<i>mg/5ml</i>	171

<i>amoxicillin (trihydrate) tab 500 mg</i>	171	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1
<i>amoxicillin (trihydrate) tab 875 mg</i>	171	<i>amphetamine-dextroamphetamine tab 15 mg</i>	1
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	171	<i>amphetamine-dextroamphetamine tab 20 mg</i>	1
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	171	<i>amphetamine-dextroamphetamine tab 30 mg</i>	1
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	171	<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	171	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	171	<i>amphetamine sulfate tab 10 mg</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	171	<i>amphetamine sulfate tab 5 mg</i>	1
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	171	<i>ampicillin cap 500 mg</i>	171
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	171	<i>ANACAINE OIN</i>	110
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	171	<i>ANAFRANIL CAP 25MG</i>	45
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	171	<i>ANAFRANIL CAP 50MG</i>	45
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	<i>ANAFRANIL CAP 75MG</i>	45
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	<i>anagrelide hcl cap 0.5 mg</i>	127
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	<i>anagrelide hcl cap 1 mg</i>	127
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	<i>ANALPRAM-HC CRE 1-1%</i>	23
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	<i>ANALPRAM-HC LOT 2.5%</i>	23
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	<i>ANAPROX DS TAB 550MG</i>	13
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	<i>ANASPAZ TAB 0.125MG</i>	180
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	<i>anastrozole tab 1 mg</i>	67
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	<i>ANCOBON CAP 250MG</i>	52
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	<i>ANCOBON CAP 500MG</i>	52
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	<i>ANDRODERM DIS 2MG/24HR</i>	23
		<i>ANDRODERM DIS 4MG/24HR</i>	23
		<i>ANGELIQ TAB 0.25-0.5</i>	120
		<i>ANGELIQ TAB 0.5-1MG</i>	120
		<i>ANNOVERA MIS</i>	98
		<i>ANUSOL-HC CRE 2.5%</i>	24
		<i>ANZEMET TAB 50MG</i>	51
		<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	73
		<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	167
		<i>aprepitant capsule 125 mg</i>	51
		<i>aprepitant capsule 40 mg</i>	51
		<i>aprepitant capsule 80 mg</i>	51
		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	51

APRISO CAP 0.375GM.....	123	ARIXTRA INJ 5/0.4ML	33
APTIOM TAB 200MG.....	36	ARIXTRA INJ 7.5/0.6	33
APTIOM TAB 400MG.....	36	<i>armodafinil tab 150 mg</i>	5
APTIOM TAB 600MG.....	36	<i>armodafinil tab 200 mg</i>	5
APTIOM TAB 800MG.....	36	<i>armodafinil tab 250 mg</i>	5
AQUALANCE MIS 30G	133	<i>armodafinil tab 50 mg</i>	5
ARANESP INJ 100MCG.....	129	ARMOUR THYRO TAB 120MG.....	178
ARANESP INJ 10MCG.....	128	ARMOUR THYRO TAB 15MG.....	178
ARANESP INJ 150MCG.....	129	ARMOUR THYRO TAB 180MG.....	178
ARANESP INJ 200MCG.....	129	ARMOUR THYRO TAB 240MG.....	178
ARANESP INJ 25MCG.....	128	ARMOUR THYRO TAB 300MG.....	178
ARANESP INJ 300MCG.....	129	ARMOUR THYRO TAB 30MG.....	178
ARANESP INJ 40MCG.....	129	ARMOUR THYRO TAB 60MG.....	178
ARANESP INJ 500MCG.....	129	ARMOUR THYRO TAB 90MG.....	178
ARANESP INJ 60MCG.....	129	ARNICA TIN FLOWER	111
ARAVA TAB 10MG.....	15	ARNUITY ELPT INH 100MCG.....	30
ARAVA TAB 20MG.....	15	ARNUITY ELPT INH 200MCG.....	31
ARAZLO LOT 0.045%	101	ARNUITY ELPT INH 50MCG.....	30
ARCALYST INJ 220MG	12	AROMASIN TAB 25MG	67
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	31	ARTISS SOL 10ML.....	129
ARICEPT TAB 10MG.....	172	ARTISS SOL 2ML.....	129
ARICEPT TAB 23MG.....	172	ARTISS SOL 4ML.....	129
ARICEPT TAB 5MG.....	172	<i>asenapine maleate sl tab 10 mg (base</i> <i>equiv)</i>	77
ARIKAYCE SUS	7	<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	77
ARIMIDEX TAB 1MG.....	67	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	77
<i>aripiprazole orally disintegrating tab 10 mg</i>	80	ASMANEX HFA AER 100 MCG	31
<i>aripiprazole orally disintegrating tab 15 mg</i>	80	ASMANEX HFA AER 200 MCG.....	31
<i>aripiprazole oral solution 1 mg/ml</i>	80	ASMANEX HFA AER 50MCG	31
<i>aripiprazole tab 10 mg</i>	80	<i>aspirin chew tab 81 mg</i>	17
<i>aripiprazole tab 15 mg</i>	80	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	127
<i>aripiprazole tab 20 mg</i>	80	<i>aspirin tab delayed release 81 mg</i>	17
<i>aripiprazole tab 2 mg</i>	80	ASSURE 3 LIQ CONTROL.....	133
<i>aripiprazole tab 30 mg</i>	80	ASSURE 4 LIQ LEVEL1/2.....	133
<i>aripiprazole tab 5 mg</i>	80	ASSURE CMFRT MIS 28G.....	134
ARISTADA INJ 1064MG	80	ASSURE DOSE SOL NORM/HGH.....	134
ARISTADA INJ 441MG/1	80	ASSURE DOSE SOL NORMAL.....	134
ARISTADA INJ 662MG/2	80	ASSURE II LIQ LEVEL 1	134
ARISTADA INJ 882MG/3	80	ASSURE II LIQ LEVEL1/2	134
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ASSURE LANCE MIS LOW FLOW	134	ATROVENT HFA AER 17MCG	30
ASSURE LANCE MIS MICRO.....	134	AUGMENTIN SUS 125/5ML	171
ASSURE LANCE MIS SAFE 25G	134	AUGMENTIN SUS ES-600.....	171
ASSURE LANCE MIS SAFE 30G	134	AUGMENTIN TAB 500MG	171
ASSURE PRISM SOL LEVEL1/2	134	AUM ALCOHOL PAD PREP 70%	148
ASSURE PRO LIQ LEVEL1/2	134	AURORA LANCE MIS 30G	134
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ASTAGRAF XL CAP 1MG	160	AUTO LANCET MIS.....	134
ASTAGRAF XL CAP 5MG	160	AUTO-LANCET MIS	134
<i>atazanavir sulfate cap 150 mg (base equiv)</i>		AUTO-LANCET MIS MINI.....	134
.....	81	AUTOLET II KIT CLINISAF	134
<i>atazanavir sulfate cap 200 mg (base equiv)</i>		AUTOLET IMPR MIS LANC DEV	134
.....	81	AUTOLET LANC MIS DEVICE.....	134
<i>atazanavir sulfate cap 300 mg (base equiv)</i>		AUTOLET LITE KIT	134
.....	81	AUTOLET LITE KIT CLINISAF	134
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<i>atenolol & chlorthalidone tab 100-25 mg</i> .60		AUTOLET MINI MIS	134
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...60		AUTOLET PLAT MIS 1.8MM.....	134
<i>atenolol tab 100 mg</i>	86	AUTOLET PLAT MIS 2.4MM.....	134
<i>atenolol tab 25 mg</i>	86	AUTOLET PLAT MIS 3.0MM.....	134
<i>atenolol tab 50 mg</i>	86	AUTOLET PLUS MIS	134
<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..5		AUTOLET PLUS MIS LANC DEV	134
<i>atomoxetine hcl cap 10 mg (base equiv)</i>.....5		AUTOPEN MIS 1-21UNIT	149
<i>atomoxetine hcl cap 18 mg (base equiv)</i>.....5		AUTOPEN MIS 1 UNIT	148
<i>atomoxetine hcl cap 25 mg (base equiv)</i>....5		AUTOPEN MIS 2-42UNIT	149
<i>atomoxetine hcl cap 40 mg (base equiv)</i> ...5		AUTOPEN MIS 2 UNIT	149
<i>atomoxetine hcl cap 60 mg (base equiv)</i> ...5		AUTOSHIELD MIS 30GX5MM	149
<i>atomoxetine hcl cap 80 mg (base equiv)</i> ...5		AUVI-Q INJ 0.15MG	184
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	55	AUVI-Q INJ 0.3MG	183
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	55	AVALIDE TAB 150-12.5	60
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	55	AVALIDE TAB 300-12.5.....	60
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	55	AVAPRO TAB 150MG	58
<i>atovaquone-proguanil hcl tab 250-100 mg</i>		AVAPRO TAB 300MG	58
.....	63	AVAPRO TAB 75MG	58
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>		AVODART CAP 0.5MG.....	126
.....	63	AVONEX PEN KIT 30MCG	174
<i>atovaquone susp 750 mg/5ml</i>	25	AVONEX PREFL KIT 30MCG	174
ATRALIN GEL 0.05%	101	AYGESTIN TAB 5MG.....	171
<i>atropine sulfate ophth soln 1%</i>	166	<i>azathioprine tab 100 mg</i>	160
ATROPINE SUL SOL 1% OP	166	<i>azathioprine tab 50 mg</i>	160
		<i>azathioprine tab 75 mg</i>	160
		<i>azelaic acid gel 15%</i>	111
		<i>azelastine hcl-fluticasone prop nasal spray</i>	
		<i>137-50 mcg/act</i>	164

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	165	BD HYPO NEED MIS 18GX1	149
<i>azelastine hcl ophth soln 0.05%</i>	169	BD HYPO NEED MIS 18GX1.5.....	149
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<i>azithromycin for susp 200 mg/5ml</i>	131	BD NEEDLES MIS 18GX1.5	149
<i>azithromycin powd pack for susp 1 gm</i>	131	BD NEEDLES MIS 22GX1.5	149
<i>azithromycin tab 250 mg</i>	131	BD PEN MINI MIS.....	149
<i>azithromycin tab 500 mg</i>	132	BD PEN MIS	149
<i>azithromycin tab 600 mg</i>	132	BD PLASTIPAK MIS 3ML.....	149
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AZSTARYS CAP 52.3-10.....	5	BD ULTRAFINE INSULIN	
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AZULFIDINE TAB 500MG EN.....	123	BD ULTRAFINE PEN NEEDLES.....	149
B		BELBUCA MIS 150MCG	22
<i>bacitracin ophth oint 500 unit/gm</i>	167	BELBUCA MIS 300MCG	22
<i>bacitracin-polymyxin b ophth oint</i>	167	BELBUCA MIS 450MCG	22
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	168	BELBUCA MIS 600MCG	22
<i>baclofen oral soln 10 mg/5ml</i>	163	BELBUCA MIS 750MCG	22
<i>baclofen oral soln 5 mg/5ml</i>	163	BELBUCA MIS 75MCG	22
<i>baclofen tab 10 mg</i>	163	BELBUCA MIS 900MCG	22
<i>baclofen tab 20 mg</i>	163	BELLA/OPIUM SUP 16.2-30	180
<i>baclofen tab 5 mg</i>	163	BELLA/OPIUM SUP 16.2-60	180
BACTRIM DS TAB 800-160	24	BELSOMRA TAB 10MG.....	131
BACTRIM TAB 400-80MG.....	24	BELSOMRA TAB 15MG.....	131
<i>balsalazide disodium cap 750 mg</i>	123	BELSOMRA TAB 20MG.....	131
BALVERSA TAB 3MG	68	BELSOMRA TAB 5MG.....	131
BALVERSA TAB 4MG	68	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	60
BALVERSA TAB 5MG	68	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	60
BANZEL TAB 200MG	36	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	60
BANZEL TAB 400MG.....	36	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	60
BAQSIMI ONE POW 3MG/DOSE.....	47	<i>benazepril hcl tab 10 mg</i>	57
BAQSIMI TWO POW 3MG/DOSE.....	47	<i>benazepril hcl tab 20 mg</i>	57
BARACLUDGE SOL.....	84	<i>benazepril hcl tab 40 mg</i>	57
BAXDELA TAB 450MG	122	<i>benazepril hcl tab 5 mg</i>	57
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BD BLNT FILL MIS 18GX1.5	149	BENZALKONIUM SOL NF	80
BD ECLIPSE MIS 18GX1.5	149	BENZAMYCIN GEL 5-3%.....	101
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BENZNIDAZOLE TAB 12.5MG	24	<i>bethanechol chloride tab 5 mg</i>	182
<i>benzonatate cap 100 mg</i>	100	BETHKIS NEB 300/4ML.....	7
<i>benzonatate cap 150 mg</i>	100	BETOPTIC-S SUS 0.25% OP	165
<i>benzonatate cap 200 mg</i>	100	BEVESPI AER 9-4.8MCG	31
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	101	<i>bexarotene cap 75 mg</i>	72
<i>benzoyl peroxide foam 9.8%</i>	101	<i>bexarotene gel 1%</i>	104
<i>benzoyl peroxide-hydrocortisone lotion 5- 0.5%</i>	101	<i>bicalutamide tab 50 mg</i>	67
<i>benzphetamine hcl tab 50 mg</i>	3	BIDIL TAB.....	91
<i>benztropine mesylate tab 0.5 mg</i>	72	BIJUVA CAP 0.5-100.....	120
<i>benztropine mesylate tab 1 mg</i>	72	BIJUVA CAP 1-100MG	120
<i>benztropine mesylate tab 2 mg</i>	72	BIKTARVY TAB	81
<i>bepotastine besilate ophth soln 1.5%</i>	169	BILTRICIDE TAB 600MG	24
BESIVANCE SUS 0.6%.....	167	<i>bimatoprost ophth soln 0.03%</i>	169
BETADINE SOL 5% OP	167	BINOSTO TAB 70MG	115
<i>betaine powder for oral solution</i>	117	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	181
<i>betamethasone dipropionate augmented cream 0.05%</i>	107	<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	61
<i>betamethasone dipropionate augmented gel 0.05%</i>	107	<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	61
<i>betamethasone dipropionate augmented lotion 0.05%</i>	107	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	61
<i>betamethasone dipropionate augmented oint 0.05%</i>	107	<i>bisoprolol fumarate tab 10 mg</i>	87
<i>betamethasone dipropionate cream 0.05%</i>	107	<i>bisoprolol fumarate tab 5 mg</i>	87
<i>betamethasone dipropionate lotion 0.05%</i>	107	BLEPHAMIDE OIN S.O.P.	168
<i>betamethasone valerate aerosol foam 0.12%</i>	107	BLULINK LIQ HIGH/LOW	134
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	107	BLUNT CANNUL MIS 20GX1.5	149
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	107	BLUNT CANNUL MIS 21GX1	149
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	107	BONJESTA TAB 20-20MG	51
BETASERON INJ 0.3MG	174	BOOSTRIX INJ	179
<i>betaxolol hcl ophth soln 0.5%</i>	165	<i>bosentan tab 125 mg</i>	94
<i>betaxolol hcl tab 10 mg</i>	87	<i>bosentan tab 62.5 mg</i>	94
<i>betaxolol hcl tab 20 mg</i>	87	BOSULIF CAP 100MG	68
<i>bethanechol chloride tab 10 mg</i>	182	BOSULIF CAP 50MG	68
<i>bethanechol chloride tab 25 mg</i>	182	BOSULIF TAB 100MG.....	68
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BRILINTA TAB 60MG.....	127	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
BRILINTA TAB 90MG.....	128	<i>mg (base equiv).....</i>	22
<i>brimonidine tartrate gel 0.33% (base</i>		<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>equivalent).....</i>	111	<i>0.5 mg (base equiv)</i>	22
<i>brimonidine tartrate ophth soln 0.1%</i>	167	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>brimonidine tartrate ophth soln 0.15% ...</i>	167	<i>mg (base equiv).....</i>	22
<i>brimonidine tartrate ophth soln 0.2%</i>	167	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>mg (base equiv).....</i>	22
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<i>brinzolamide ophth susp 1%.....</i>	169	<i>mg (base equiv).....</i>	22
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BRIVIACT TAB 100MG	36	<i>mg (base equiv).....</i>	22
BRIVIACT TAB 10MG	36	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
BRIVIACT TAB 25MG	36	<i>.....</i>	22
BRIVIACT TAB 50MG	36	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
BRIVIACT TAB 75MG	36	<i>.....</i>	22
<i>bromfenac sodium ophth soln 0.07% (base</i>		<i>buprenorphine td patch weekly 10 mcg/hr</i>	
<i>equivalent).....</i>	169	<i>.....</i>	22
<i>bromfenac sodium ophth soln 0.075%</i>		<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>(base equivalent).....</i>	169	<i>.....</i>	22
<i>bromfenac sodium ophth soln 0.09% (base</i>		<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>equiv) (once-daily).....</i>	169	<i>.....</i>	22
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>buprenorphine td patch weekly 5 mcg/hr</i>	22
<i>equivalent).....</i>	73	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>.....</i>	22
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<i>aerosol 80-4.5 mcg/act</i>	31	<i>bupirone hcl tab 10 mg.....</i>	27
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<i>budesonide inhalation susp 0.5 mg/2ml.....</i>	31	<i>bupirone hcl tab 30 mg.....</i>	27
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<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	21
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<i>calcitriol cap 0.25 mcg</i>	117
<i>calcitriol cap 0.5 mcg</i>	117
<i>calcitriol oral soln 1 mcg/ml</i>	117
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	125

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<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	61
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	61
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<i>captopril tab 100 mg</i>	57
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<i>200-200 mg.....</i>	73	<i>carvedilol phosphate cap er 24hr 40 mg 86</i>	
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<i>cefaclor for susp 375 mg/5ml</i>	95	CERDELGA CAP 84MG	128
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<i>cefadroxil for susp 500 mg/5ml</i>	95	53
<i>cefadroxil tab 1 gm</i>	95	CETRAXAL SOL 0.2%	170
<i>cefdinir cap 300 mg</i>	95	<i>cetorelix acetate for inj kit 0.25 mg</i>	116
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<i>cefdinir for susp 250 mg/5ml</i>	95	<i>cevimeline hcl cap 30 mg</i>	162
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<i>cefixime for susp 100 mg/5ml</i>	95	CHENODAL TAB 250MG	122
<i>cefixime for susp 200 mg/5ml</i>	95	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
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<i>cefpodoxime proxetil tab 100 mg</i>	96	<i>chlordiazepoxide hcl cap 25 mg</i>	28
<i>cefpodoxime proxetil tab 200 mg</i>	96	<i>chlordiazepoxide hcl cap 5 mg</i>	28
<i>cefprozil for susp 125 mg/5ml</i>	95	<i>chlordiazepoxide hcl-clidinium bromide</i>	
<i>cefprozil for susp 250 mg/5ml</i>	95	<i>cap 5-2.5 mg</i>	180
<i>cefprozil tab 250 mg</i>	95	CHLORHEX GLU SOL 20%.....	80
<i>cefprozil tab 500 mg</i>	95	<i>chlorhexidine gluconate soln 0.12%</i>	162
<i>cefuroxime axetil tab 250 mg</i>	95	<i>chloroquine phosphate tab 250 mg</i>	63
<i>cefuroxime axetil tab 500 mg</i>	95	<i>chloroquine phosphate tab 500 mg</i>	63
<i>celecoxib cap 100 mg</i>	13	<i>chlorpromazine hcl inj 25 mg/ml</i>	79
<i>celecoxib cap 200 mg</i>	13	<i>chlorpromazine hcl inj 50 mg/2ml</i>	79
<i>celecoxib cap 400 mg</i>	13	<i>chlorpromazine hcl tab 100 mg</i>	79
<i>celecoxib cap 50 mg</i>	13	<i>chlorpromazine hcl tab 10 mg</i>	79
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<i>cephalexin cap 500 mg</i>	95	<i>cholestyramine light powder packets 4 gm</i>	
<i>cephalexin cap 750 mg</i>	95	54
<i>cephalexin for susp 125 mg/5ml</i>	95	<i>cholestyramine powder 4 gm/dose</i>	54
<i>cephalexin for susp 250 mg/5ml</i>	95	<i>cholestyramine powder packets 4 gm</i>	54
<i>cephalexin tab 250 mg</i>	95	<i>choline fenofibrate cap dr 135 mg</i>	
<i>cephalexin tab 500 mg</i>	95	<i>(fenofibric acid equiv)</i>	54

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	54	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	42
<i>ciclopirox gel 0.77%</i>	103	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	42
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	103	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	42
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	103	CITRANATAL CAP HARMONY	163
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<i>ciclopirox solution 8%</i>	103	CITRANATAL MIS 90 DHA	163
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<i>cimetidine tab 400 mg</i>	180	CLARINEX TAB 5MG.....	53
<i>cimetidine tab 800 mg</i>	180	<i>clarithromycin for susp 125 mg/5ml</i>	132
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	117	<i>clarithromycin for susp 250 mg/5ml</i>	132
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	117	<i>clarithromycin tab 250 mg</i>	132
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	117	<i>clarithromycin tab 500 mg</i>	132
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<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	170	<i>clemastine fumarate tab 2.68 mg</i>	53
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	122	CLENPIQ SOL	131
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	122	CLEOCIN CAP 150MG	25
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	167	CLEOCIN CAP 300MG	25
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	170	CLEOCIN CAP 75MG	25
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	122	CLEOCIN CRE 2% VAG	183
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	122	CLEOCIN PED SOL 75MG/5ML	25
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	122	CLEOCIN SUP 100MG.....	183
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	122	CLEOCIN-T LOT 1%.....	101
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CIPRO TAB 500MG.....	122	CLEVER CHECK MIS 30G	135
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		CLIMARA DIS 0.025MG	121
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<i>clindamycin hcl cap 75 mg</i>	25	<i>clonazepam orally disintegrating tab 1 mg</i>	35
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	25	<i>clonazepam orally disintegrating tab 2 mg</i>	35
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	101	<i>clonazepam tab 0.5 mg</i>	35
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	101	<i>clonazepam tab 1 mg</i>	35
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	101	<i>clonazepam tab 2 mg</i>	35
<i>clindamycin phosphate foam 1%</i>	101	<i>clonidine hcl tab 0.1 mg</i>	59
<i>clindamycin phosphate gel 1%</i>	101	<i>clonidine hcl tab 0.2 mg</i>	59
<i>clindamycin phosphate lotion 1%</i>	101	<i>clonidine hcl tab 0.3 mg</i>	59
<i>clindamycin phosphate soln 1%</i>	101	<i>clonidine hcl tab er 12hr 0.1 mg</i>	5
<i>clindamycin phosphate swab 1%</i>	101	<i>clonidine tab er 24hr 0.17 mg</i>	59
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	102	<i>clonidine td patch weekly 0.1 mg/24hr</i>	59
<i>clindamycin phosphate vaginal cream 2%</i>	183	<i>clonidine td patch weekly 0.2 mg/24hr</i>	59
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	101	<i>clonidine td patch weekly 0.3 mg/24hr</i>	59
<i>CLINDESSE CRE 2%</i>	183	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	128
<i>clobazam suspension 2.5 mg/ml</i>	35	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	128
<i>clobazam tab 10 mg</i>	35	<i>clorazepate dipotassium tab 15 mg</i>	28
<i>clobazam tab 20 mg</i>	35	<i>clorazepate dipotassium tab 3.75 mg</i>	28
<i>clobetasol propionate cream 0.05%</i>	107	<i>clorazepate dipotassium tab 7.5 mg</i>	28
<i>clobetasol propionate emollient base cream 0.05%</i>	107	<i>clotrimazole troche 10 mg</i>	162
<i>clobetasol propionate foam 0.05%</i>	107	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	103
<i>clobetasol propionate gel 0.05%</i>	107	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	103
<i>clobetasol propionate lotion 0.05%</i>	107	<i>clozapine orally disintegrating tab 100 mg</i>	77
<i>clobetasol propionate oint 0.05%</i>	107	<i>clozapine orally disintegrating tab 12.5 mg</i>	77
<i>clobetasol propionate shampoo 0.05%</i>	107	<i>clozapine orally disintegrating tab 150 mg</i>	77
<i>clobetasol propionate soln 0.05%</i>	107	<i>clozapine orally disintegrating tab 200 mg</i>	77
<i>CLOBEX LOT 0.05%</i>	108	<i>clozapine orally disintegrating tab 25 mg</i>	77
<i>CLOBEX SHA 0.05%</i>	108	<i>clozapine tab 100 mg</i>	77
<i>CLODERM CRE 0.1%</i>	108	<i>clozapine tab 200 mg</i>	77
<i>clomiphene citrate tab 50 mg</i>	115	<i>clozapine tab 25 mg</i>	77
<i>clomipramine hcl cap 25 mg</i>	45	<i>clozapine tab 50 mg</i>	77
<i>clomipramine hcl cap 50 mg</i>	45		
<i>clomipramine hcl cap 75 mg</i>	45		
<i>clonazepam orally disintegrating tab 0.125 mg</i>	35		

CLOZARIL TAB 100MG	78	COMPACT SPAC MIS LG MASK.....	155
CLOZARIL TAB 200MG	78	COMPACT SPAC MIS MD MASK	155
CLOZARIL TAB 25MG	78	COMPACT SPAC MIS SM MASK.....	155
CLOZARIL TAB 50MG	78	COMTAN TAB 200MG	72
CL PRENATAL TAB 28-0.8MG	163	CONDYLOX GEL 0.5%.....	110
COAGUCHEK MIS LANCETS	135	CONTRAVE TAB 8-90MG	3
<i>coal tar soln 20%</i>	112	CONTROL HIGH SOL UNISTRIP.....	135
COARTEM TAB 20-120MG.....	63	CONTROL LOW SOL UNISTRIP	135
<i>codeine sulfate tab 30 mg</i>	17	CONTROL NORM SOL EASY STP	135
CODEINE SULF TAB 15MG.....	17	CONTROL SOL LIQ HIGH/LOW	135
CODEINE SULF TAB 60MG.....	17	CONTROL SOL LIQ LEVEL 2.....	135
<i>colchicine tab 0.6 mg</i>	126	CONTROL SOL NORMAL.....	135
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	126	CONZIP CAP 100MG	17
<i>colesevelam hcl packet for susp 3.75 gm</i> 54		CONZIP CAP 200MG	17
<i>colesevelam hcl tab 625 mg</i>	54	CONZIP CAP 300MG	17
COLESTID FLA GRA 5/7.5GM.....	54	COOL CONTROL SOL A	135
COLESTID FLA GRA 5GM.....	54	COOL CONTROL SOL B	135
COLESTID GRA 5GM.....	54	COPIKTRA CAP 15MG.....	69
COLESTID POW 5GM.....	54	COPIKTRA CAP 25MG.....	69
COLESTID TAB 1GM	54	COREG TAB 12.5MG	86
<i>colestipol hcl granule packets 5 gm</i>	54	COREG TAB 25MG	86
<i>colestipol hcl granules 5 gm</i>	54	COREG TAB 3.125MG	86
<i>colestipol hcl tab 1 gm</i>	54	COREG TAB 6.25MG	86
COMBIGAN SOL 0.2/0.5%.....	166	CORGARD TAB 20MG.....	87
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COMETRIQ KIT 140MG	69	CORLANOR TAB 7.5MG	94
COMETRIQ KIT 60MG	69	CORN SYP	171
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COMFORT ASSU MIS LANC 33G.....	135	CORTEF TAB 20MG	98
COMFORT EZ MIS 21G	135	CORTEF TAB 5MG	98
COMFORT EZ MIS 23G	135	CORTENEMA ENE 100MG	23
COMFORT EZ MIS 28G	135	CORTIFOAM AER 90MG	23
COMFORT EZ MIS 29GX12MM	149	CORTISPORIN SUS -TC OTIC.....	170
COMFORT MIS LANCETS.....	135	COSOPT PF SOL 2%-0.5%	166
COMFORTOUCH MIS LANCET	135	COSOPT SOL 2-0.5%OP.....	166
COMFORT TCH MIS LANC 28G.....	135	COTELIC TAB 20MG	69
COMFORT TCH MIS LANC 30G.....	135	COUNT-A-DOSE MIS.....	135
COMFORT TCH MIS LANC 31G.....	135	CREON CAP 12000UNT	112
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CRINONE GEL 8% VAG.....	183	CYSTAGON CAP 50MG	126
<i>cromolyn sodium ophth soln 4%</i>	169	CYSTARAN SOL 0.44%.....	169
<i>cromolyn sodium oral conc 100 mg/5ml.</i>	122	CYTOTEC TAB 100MCG	181
<i>cromolyn sodium soln nebu 20 mg/2ml....</i>	29	CYTOTEC TAB 200MCG	181
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CURITY PREP PAD ALCOHOL.....	148	<i>dabigatran etexilate mesylate cap 110 mg</i>	
CUVPOSA SOL 1MG/5ML	180	<i>(etexilate base eq).....</i>	35
CVS LANCETS MIS 21G	135	<i>dabigatran etexilate mesylate cap 150 mg</i>	
CVS LANCETS MIS 30G	135	<i>(etexilate base eq).....</i>	35
CVS LANCETS MIS 33G	135	<i>dabigatran etexilate mesylate cap 75 mg</i>	
CVS LANCETS MIS ORIGINAL	135	<i>(etexilate base eq).....</i>	34
CVS LANCETS MIS THIN 26G	135	<i>dalfampridine tab er 12hr 10 mg</i>	174
CVS LANCETS MIS THIN 30G	135	DALIRESP TAB 250MCG	30
CVS LANCETS MIS THIN 33G	135	DALIRESP TAB 500MCG	30
CVS LANCING MIS DEVICE.....	135	<i>danazol cap 100 mg</i>	23
<i>cyanocobalamin inj 1000 mcg/ml.....</i>	128	<i>danazol cap 200 mg</i>	23
<i>cyanocobalamin nasal spray 500</i>		<i>danazol cap 50 mg.....</i>	23
<i>mcg/0.1ml.....</i>	128	DANTRIUM CAP 25MG.....	164
<i>cyclobenzaprine hcl tab 10 mg.....</i>	164	<i>dantrolene sodium cap 100 mg</i>	164
<i>cyclobenzaprine hcl tab 5 mg.....</i>	164	<i>dantrolene sodium cap 25 mg.....</i>	164
CYCLOGYL SOL 0.5% OP	166	<i>dantrolene sodium cap 50 mg.....</i>	164
CYCLOGYL SOL 1% OP.....	166	<i>dapsone gel 5%</i>	102
CYCLOGYL SOL 2% OP	166	<i>dapsone gel 7.5%</i>	102
CYCLOMYDRIL SOL OP	166	<i>dapsone tab 100 mg.....</i>	25
<i>cyclopentolate hcl ophth soln 0.5%.....</i>	166	<i>dapsone tab 25 mg</i>	25
<i>cyclopentolate hcl ophth soln 1%.....</i>	166	DAPTACEL INJ.....	179
<i>cyclopentolate hcl ophth soln 2%.....</i>	166	<i>darifenacin hydrobromide tab er 24hr 15</i>	
<i>cyclophosphamide cap 25 mg.....</i>	65	<i>mg (base equiv).....</i>	182
<i>cyclophosphamide cap 50 mg.....</i>	65	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
CYCLOPHOSPH TAB 25MG.....	64	<i>mg (base equiv).....</i>	182
CYCLOPHOSPH TAB 50MG.....	64	<i>darunavir tab 600 mg</i>	81
<i>cycloserine cap 250 mg.....</i>	64	<i>darunavir tab 800 mg</i>	81
CYCLOSET TAB 0.8MG	48	DAYBUE SOL 200MG/ML.....	165
<i>cyclosporine cap 100 mg</i>	160	DAYPRO TAB 600MG	13
<i>cyclosporine cap 25 mg</i>	160	DDAVP TAB 0.1MG.....	118
<i>cyclosporine modified cap 100 mg</i>	160	DDAVP TAB 0.2MG.....	118
<i>cyclosporine modified cap 25 mg.....</i>	160	<i>deferasirox granules packet 180 mg.....</i>	50
<i>cyclosporine modified cap 50 mg.....</i>	160	<i>deferasirox granules packet 360 mg.....</i>	50
<i>cyclosporine modified oral soln 100 mg/ml</i>		<i>deferasirox granules packet 90 mg.....</i>	50
<i>.....</i>	160	<i>deferasirox tab 180 mg</i>	50
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	53	<i>deferasirox tab 360 mg</i>	50
<i>cyproheptadine hcl tab 4 mg.....</i>	53	<i>deferasirox tab 90 mg.....</i>	50

<i>deferasirox tab for oral susp 125 mg</i>	50	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox tab for oral susp 250 mg</i>	50	0.01%.....	118
<i>deferasirox tab for oral susp 500 mg</i>	50	<i>desmopressin acetate nasal spray soln</i>	
<i>deferiprone tab 1000 mg</i>	50	0.01% (refrigerated).....	119
<i>deferiprone tab 500 mg</i>	50	<i>desmopressin acetate tab 0.1 mg</i>	119
<i>deflazacort susp 22.75 mg/ml</i>	98	<i>desmopressin acetate tab 0.2 mg</i>	119
<i>deflazacort tab 18 mg</i>	98	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
<i>deflazacort tab 30 mg</i>	98	0.02/0.01 mg(21/5).....	96
<i>deflazacort tab 36 mg</i>	98	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<i>deflazacort tab 6 mg</i>	98	0.025/0.15-0.025mg-mg.....	96
DELESTROGEN INJ 10MG/ML.....	121	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>	
DELESTROGEN INJ 20MG/ML.....	121	30 mcg.....	96
DELESTROGEN INJ 40MG/ML.....	121	<i>desonide cream 0.05%</i>	108
<i>demeclocycline hcl tab 150 mg</i>	177	<i>desonide lotion 0.05%</i>	108
<i>demeclocycline hcl tab 300 mg</i>	177	<i>desonide oint 0.05%</i>	108
DEMSEER CAP 250MG.....	58	DESOWEN CRE 0.05%.....	108
DENAVIR CRE 1%.....	106	<i>desoximetasone cream 0.05%</i>	108
DEPAKOTE ER TAB 250MG.....	41	<i>desoximetasone cream 0.25%</i>	108
DEPAKOTE ER TAB 500MG.....	41	<i>desoximetasone gel 0.05%</i>	108
DEPAKOTE SPR CAP 125MG.....	41	<i>desoximetasone oint 0.25%</i>	108
DEPAKOTE TAB 125MG DR.....	41	<i>desoximetasone spray 0.25%</i>	108
DEPAKOTE TAB 250MG DR.....	41	DESOPYN TAB 5MG.....	1
DEPAKOTE TAB 500MG DR.....	41	<i>desvenlafaxine succinate tab er 24hr 100</i>	
DEPEN TITRA TAB 250MG.....	159	mg (base equiv).....	44
DEPO-ESTRADI INJ 5MG/ML.....	121	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
DEPO-PROVERA INJ 150MG/ML.....	98	(base equiv).....	44
DEPO-SQ PROV INJ 104.....	98	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
DERMA-SMOOTH OIL /FS BODY.....	108	(base equiv).....	44
DERMA-SMOOTH OIL /FS SCLP.....	108	DESVENLAFAX TAB 100MG ER.....	44
DERMOTIC OIL 0.01%.....	170	DESVENLAFAX TAB 50MG ER.....	44
DESCOVY TAB 120-15MG.....	81	DETROL TAB 1MG.....	182
DESCOVY TAB 200/25MG.....	81	DETROL TAB 2MG.....	182
<i>desipramine hcl tab 100 mg</i>	45	DEXAMETHASON CON 1MG/ML.....	98
<i>desipramine hcl tab 10 mg</i>	45	<i>dexamethasone elixir 0.5 mg/5ml</i>	98
<i>desipramine hcl tab 150 mg</i>	45	<i>dexamethasone sodium phosphate ophth</i>	
<i>desipramine hcl tab 25 mg</i>	45	soln 0.1%.....	168
<i>desipramine hcl tab 50 mg</i>	45	<i>dexamethasone soln 0.5 mg/5ml</i>	98
<i>desipramine hcl tab 75 mg</i>	45	<i>dexamethasone tab 0.5 mg</i>	98
<i>desloratadine tab 5 mg</i>	53	<i>dexamethasone tab 0.75 mg</i>	98
<i>desloratadine tab orally disintegrating 2.5</i>		<i>dexamethasone tab 1.5 mg</i>	98
mg.....	53	<i>dexamethasone tab 1 mg</i>	98
<i>desloratadine tab orally disintegrating 5 mg</i>		<i>dexamethasone tab 2 mg</i>	98
.....	53	<i>dexamethasone tab 4 mg</i>	98
		<i>dexamethasone tab 6 mg</i>	98

<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	99	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	99	<i>dextroamphetamine sulfate tab 10 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	99	<i>dextroamphetamine sulfate tab 15 mg</i>	2
DEXCOM G6 MIS RECEIVER	135	<i>dextroamphetamine sulfate tab 2.5 mg</i>	1
DEXCOM G6 MIS SENSOR	135	<i>dextroamphetamine sulfate tab 20 mg</i>	2
DEXCOM G6 MIS TRANSMIT	135	<i>dextroamphetamine sulfate tab 30 mg</i>	2
DEXCOM G7 MIS RECEIVER.....	135	<i>dextroamphetamine sulfate tab 5 mg</i>	1
DEXCOM G7 MIS SENSOR.....	136	<i>dextroamphetamine sulfate tab 7.5 mg</i>	1
DEXEDRINE CAP 10MG CR.....	1	DIACOMIT CAP 250MG	36
DEXEDRINE CAP 15MG CR.....	1	DIACOMIT CAP 500MG	36
DEXILANT CAP 30MG DR.....	181	DIACOMIT PAK 250MG	36
DEXILANT CAP 60MG DR	181	DIACOMIT PAK 500MG	36
<i>dexlansoprazole cap delayed release 30 mg</i>	181	DIASTAT ACDL GEL 12.5-20	35
<i>dexlansoprazole cap delayed release 60 mg</i>	181	DIASTAT ACDL GEL 5-10MG.....	35
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	5	DIASTAT PED GEL 2.5M GEL	35
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	5	DIATHRIVE LIQ CONTROL	136
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	5	DIATHRIVE MIS LANCETS.....	136
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	5	DIATHRIVE MIS LANCING	136
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	5	DIATHRIVE MIS UT 30G.....	136
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	5	DIATRUE CONT SOL LEVEL 1.....	136
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	6	DIATRUE CONT SOL LEVEL 2.....	136
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> 5		DIATRUE CONT SOL LEVEL 3.....	136
<i>dexmethylphenidate hcl tab 10 mg</i>	6	<i>diazepam conc 5 mg/ml</i>	28
<i>dexmethylphenidate hcl tab 2.5 mg</i>	6	<i>diazepam oral soln 1 mg/ml</i>	28
<i>dexmethylphenidate hcl tab 5 mg</i>	6	<i>diazepam rectal gel delivery system 10 mg</i>	35
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	<i>diazepam rectal gel delivery system 2.5 mg</i>	35
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	<i>diazepam rectal gel delivery system 20 mg</i>	35
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	<i>diazepam tab 10 mg</i>	28
		<i>diazepam tab 2 mg</i>	28
		<i>diazepam tab 5 mg</i>	28
		<i>diazoxide susp 50 mg/ml</i>	47
		DIBENZYLINE CAP 10MG	58
		<i>dichlorphenamide tab 50 mg</i>	113
		DICLEGIS TAB 10-10MG	51
		<i>diclofenac epolamine patch 1.3%</i>	103
		<i>diclofenac potassium tab 50 mg</i>	13
		<i>diclofenac sodium (actinic keratoses) gel 3%</i>	104
		<i>diclofenac sodium ophth soln 0.1%</i>	169
		<i>diclofenac sodium soln 1.5%</i>	103

<i>diclofenac sodium tab delayed release 25 mg</i>	13	<i>diltiazem hcl cap er 12hr 60 mg</i>	88
<i>diclofenac sodium tab delayed release 50 mg</i>	13	<i>diltiazem hcl cap er 12hr 90 mg</i>	88
<i>diclofenac sodium tab delayed release 75 mg</i>	13	<i>diltiazem hcl cap er 24hr 120 mg</i>	88
<i>diclofenac sodium tab er 24hr 100 mg</i>	13	<i>diltiazem hcl cap er 24hr 180 mg</i>	88
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	13	<i>diltiazem hcl cap er 24hr 240 mg</i>	88
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	13	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	88
<i>dicloxacillin sodium cap 250 mg</i>	171	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	88
<i>dicloxacillin sodium cap 500 mg</i>	171	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	88
<i>dicyclomine hcl cap 10 mg</i>	180	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	88
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	180	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	88
<i>dicyclomine hcl tab 20 mg</i>	180	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	89
<i>diethylpropion hcl tab 25 mg</i>	3	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	89
<i>diethylpropion hcl tab er 24hr 75 mg</i>	3	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	89
DIFFERIN CRE 0.1%.....	102	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	89
DIFFERIN GEL 0.1%.....	102	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	89
DIFFERIN GEL 0.3%.....	102	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	89
DIFICID SUS.....	132	<i>diltiazem hcl tab 120 mg</i>	89
DIFICID TAB 200MG.....	132	<i>diltiazem hcl tab 30 mg</i>	89
DIFLUCAN SUS 10MG/ML.....	52	<i>diltiazem hcl tab 60 mg</i>	89
DIFLUCAN SUS 40MG/ML.....	52	<i>diltiazem hcl tab 90 mg</i>	89
DIFLUCAN TAB 100MG.....	52	<i>dimethyl fumarate capsule delayed release 120 mg</i>	174
DIFLUCAN TAB 150MG.....	52	<i>dimethyl fumarate capsule delayed release 240 mg</i>	174
DIFLUCAN TAB 200MG.....	52	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	174
DIFLUCAN TAB 50MG.....	52	DIP/TET PED INJ 25-5LFU.....	179
<i>diflunisal tab 500 mg</i>	17	DIPENTUM CAP 250MG.....	123
<i>difluprednate ophth emulsion 0.05%</i>	168	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	50
<i>digoxin oral soln 0.05 mg/ml</i>	90	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	50
<i>digoxin tab 125 mcg (0.125 mg)</i>	90	DIPROLENE OIN 0.05%.....	108
<i>digoxin tab 250 mcg (0.25 mg)</i>	90		
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	90		
DILANTIN-125 SUS 125/5ML.....	41		
DILANTIN CAP 100MG.....	41		
DILANTIN CAP 30MG.....	40		
DILANTIN CHW 50MG.....	41		
DILAUDID LIQ 1MG/ML.....	17		
DILAUDID TAB 2MG.....	17		
DILAUDID TAB 4MG.....	17		
DILAUDID TAB 8MG.....	17		
<i>diltiazem hcl cap er 12hr 120 mg</i>	88		

<i>dipyridamole tab 25 mg</i>	128	<i>doxazosin mesylate tab 1 mg</i>	59
<i>dipyridamole tab 50 mg</i>	128	<i>doxazosin mesylate tab 2 mg</i>	59
<i>dipyridamole tab 75 mg</i>	128	<i>doxazosin mesylate tab 4 mg</i>	59
<i>disopyramide phosphate cap 100 mg</i>	28	<i>doxazosin mesylate tab 8 mg</i>	59
<i>disopyramide phosphate cap 150 mg</i>	28	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	130
<i>disulfiram tab 250 mg</i>	172	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	130
<i>disulfiram tab 500 mg</i>	172	<i>doxepin hcl cap 100 mg</i>	45
DITROPAN XL TAB 10MG	182	<i>doxepin hcl cap 10 mg</i>	45
DITROPAN XL TAB 5MG	182	<i>doxepin hcl cap 150 mg</i>	45
DIURIL SUS 250/5ML.....	114	<i>doxepin hcl cap 25 mg</i>	45
<i>divalproex sodium cap delayed release</i> <i>sprinkle 125 mg</i>	41	<i>doxepin hcl cap 50 mg</i>	45
<i>divalproex sodium tab delayed release 125</i> <i>mg</i>	41	<i>doxepin hcl cap 75 mg</i>	45
<i>divalproex sodium tab delayed release 250</i> <i>mg</i>	41	<i>doxepin hcl conc 10 mg/ml</i>	45
<i>divalproex sodium tab delayed release 500</i> <i>mg</i>	41	<i>doxercalciferol cap 0.5 mcg</i>	117
<i>divalproex sodium tab er 24 hr 250 mg</i>	41	<i>doxercalciferol cap 1 mcg</i>	117
<i>divalproex sodium tab er 24 hr 500 mg</i>	41	<i>doxercalciferol cap 2.5 mcg</i>	117
DIVIGEL GEL 0.25MG	121	<i>doxycycline hyclate cap 100 mg</i>	177
DIVIGEL GEL 0.5MG	121	<i>doxycycline hyclate cap 50 mg</i>	177
DIVIGEL GEL 0.75MG	121	<i>doxycycline hyclate tab 100 mg</i>	178
DIVIGEL GEL 1.25MG	121	<i>doxycycline hyclate tab 20 mg</i>	177
DIVIGEL GEL 1MG/GM	121	<i>doxycycline monohydrate cap 100 mg</i>	178
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<i>dofetilide cap 250 mcg (0.25 mg)</i>	29	<i>doxycycline monohydrate for susp 25</i> <i>mg/5ml</i>	178
<i>dofetilide cap 500 mcg (0.5 mg)</i>	29	<i>doxycycline monohydrate tab 100 mg</i>	178
<i>donepezil hydrochloride orally</i> <i>disintegrating tab 10 mg</i>	172	<i>doxycycline monohydrate tab 150 mg</i>	178
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<i>donepezil hydrochloride tab 10 mg</i>	172	<i>doxycycline monohydrate tab 75 mg</i>	178
<i>donepezil hydrochloride tab 23 mg</i>	172	<i>doxylamine-pyridoxine tab delayed release</i> <i>10-10 mg</i>	51
<i>donepezil hydrochloride tab 5 mg</i>	172	DRISDOL CAP 50000UNT	184
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DORAL TAB 15MG	130	<i>dronabinol cap 2.5 mg</i>	51
<i>dorzolamide hcl ophth soln 2%</i>	169	<i>dronabinol cap 5 mg</i>	51
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<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	96	EASY COMFORT MIS LANC/30G	136
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	96	EASY COMFORT MIS TWIST	136
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	96	EASY COMFORT PAD ALCOHOL	148
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<i>droxidopa cap 300 mg</i>	184	EASYMAX SOL NORMAL.....	137
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<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	44	EASYPOINT MIS 25GX1	150
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	44	EASYPOINT MIS 25GX5/8.....	150
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<i>eletriptan hydrobromide tab 40 mg (base</i>		<i>enalapril maleate tab 20 mg</i>	57
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<i>entecavir tab 1 mg</i>	84	EQL LANCETS MIS 33G COLR	137
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<i>epinastine hcl ophth soln 0.05%</i>	169	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	132
<i>epinephrine hcl nasal soln 0.1%</i>	165	<i>erythromycin ethylsuccinate tab 400 mg</i>	132
<i>epinephrine inj 1 mg/ml (1:1000)</i>	184	<i>erythromycin gel 2%</i>	102
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	184	<i>erythromycin ophth oint 5 mg/gm</i>	167
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	184	<i>erythromycin pads 2%</i>	102
		<i>erythromycin soln 2%</i>	102
		<i>erythromycin stearate tab 250 mg</i>	132
		<i>erythromycin tab 250 mg</i>	132
		<i>erythromycin tab 500 mg</i>	132

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<i>erythromycin w/ delayed release particles cap 250 mg</i>	132
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<i>estazolam tab 1 mg</i>	130
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<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	120
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<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	120
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	121
<i>estradiol tab 0.5 mg</i>	121
<i>estradiol tab 1 mg</i>	121
<i>estradiol tab 2 mg</i>	121
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	121
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	121
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	121
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	121
<i>estradiol td gel 1 mg/gm (0.1%)</i>	121
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	121
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	121
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	121
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	121
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	121
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<i>estradiol td patch weekly 0.025 mg/24hr</i>	121
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	121
<i>estradiol td patch weekly 0.05 mg/24hr</i>	121
<i>estradiol td patch weekly 0.06 mg/24hr</i>	121
<i>estradiol td patch weekly 0.075 mg/24hr</i>	121
<i>estradiol td patch weekly 0.1 mg/24hr</i>	121
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<i>estradiol valerate im in oil 20 mg/ml</i>	121
<i>estradiol valerate im in oil 40 mg/ml</i>	121
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<i>ethambutol hcl tab 100 mg</i>	64
<i>ethambutol hcl tab 400 mg</i>	64
<i>ethosuximide cap 250 mg</i>	41
<i>ethosuximide soln 250 mg/5ml</i>	41
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ETHYL CHLOR AER FN STRM	111
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<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	96	<i>ezetimibe-simvastatin tab 10-80 mg</i>	53
<i>etodolac cap 200 mg</i>	13	<i>ezetimibe tab 10 mg</i>	56
<i>etodolac cap 300 mg</i>	13	E-ZJECT LANC MIS 33G	136
<i>etodolac tab 400 mg</i>	13	E-Z JECT MIS 21G	136
<i>etodolac tab 500 mg</i>	13	E-Z JECT MIS 21G COLR	136
<i>etodolac tab er 24hr 400 mg</i>	13	E-Z JECT MIS 30G	136
<i>etodolac tab er 24hr 500 mg</i>	13	E-Z JECT MIS 32G COLR	136
<i>etodolac tab er 24hr 600 mg</i>	13	E-Z JECT MIS LANC 21G	136
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	98	E-Z JECT MIS THIN 26G	136
<i>etoposide cap 50 mg</i>	72	EZ-LETS 21G MIS LANCETS	137
<i>etravirine tab 100 mg</i>	82	EZ-LETS 26G MIS LANCETS	137
<i>etravirine tab 200 mg</i>	82	EZ-LETS 28G MIS LANCETS	137
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<i>everolimus tab 0.5 mg</i>	161	<i>famciclovir tab 250 mg</i>	85
<i>everolimus tab 0.75 mg</i>	161	<i>famciclovir tab 500 mg</i>	85
<i>everolimus tab 10 mg</i>	69	<i>famotidine for susp 40 mg/5ml</i>	180
<i>everolimus tab 1 mg</i>	161	<i>famotidine tab 40 mg</i>	180
<i>everolimus tab 2.5 mg</i>	69	FARESTON TAB 60MG	67
<i>everolimus tab 5 mg</i>	69	FASENRA INJ 10MG/0.5	29
<i>everolimus tab 7.5 mg</i>	69	FASENRA PEN INJ 30MG/ML	29
<i>everolimus tab for oral susp 2 mg</i>	69	FASTCLIX MIS LANCETS	137
<i>everolimus tab for oral susp 3 mg</i>	69	FAVIPIRAVIR TAB 200MG	86
<i>everolimus tab for oral susp 5 mg</i>	69	FC2 FEMALE MIS CONDOM	132
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EVOCLIN AER 1%	102	<i>febuxostat tab 80 mg</i>	126
EVOLUTION SOL NORMAL	137	<i>felbamate susp 600 mg/5ml</i>	40
EVOTAZ TAB 300-150	82	<i>felbamate tab 400 mg</i>	40
EVOXAC CAP 30MG	162	<i>felbamate tab 600 mg</i>	40
EVRYSDI SOL	165	FELBATOL SUS 600/5ML	40
EXELDERM CRE 1%	103	FELBATOL TAB 400MG	40
EXELDERM SOL 1%	103	FELBATOL TAB 600MG	40
EXELON DIS 13.3/24	172	FELDENE CAP 10MG	13
EXELON DIS 4.6MG/24	172	FELDENE CAP 20MG	13
EXELON DIS 9.5MG/24	172	<i>felodipine tab er 24hr 10 mg</i>	89
<i>exemestane tab 25 mg</i>	67	<i>felodipine tab er 24hr 2.5 mg</i>	89
EXTINA AER 2%	103	<i>felodipine tab er 24hr 5 mg</i>	89
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<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	17	FIBRICOR TAB 105MG	55
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	17	FIBRICOR TAB 35MG	55
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<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	18	FILTER NEEDL MIS 18GX1.5.....	150
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	17	FILTER NEEDL MIS 20GX1.5.....	150
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	17	FINACEA AER 15%	111
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	17	<i>finasteride tab 1 mg</i>	110
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	18	<i>finasteride tab 5 mg</i>	126
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<i>fentanyl td patch 72hr 12 mcg/hr</i>	18	<i>ingolimod hcl cap 0.5 mg (base equiv)</i> ..	174
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<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	18	FIORICET CAP CODEINE	21
<i>fentanyl td patch 72hr 50 mcg/hr</i>	18	FIRAZYR INJ 30MG/3ML	127
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	18	FIRDAPSE TAB 10MG.....	64
<i>fentanyl td patch 72hr 75 mcg/hr</i>	18	FLAGYL CAP 375MG	24
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	18	<i>flavoxate hcl tab 100 mg</i>	183
FENTORA TAB 100MCG.....	18	<i>flecainide acetate tab 100 mg</i>	28
FENTORA TAB 200MCG.....	18	<i>flecainide acetate tab 150 mg</i>	29
FENTORA TAB 400MCG.....	18	<i>flecainide acetate tab 50 mg</i>	28
		FLECTOR DIS 1.3%	103
		FLEXICHAMBER MIS	156
		FLEXICHAMBER MIS MASK LRG	156
		FLEXICHAMBER MIS MASK SM.....	156
		FLOMAX CAP 0.4MG.....	126
		<i>fluconazole for susp 10 mg/ml</i>	52
		<i>fluconazole for susp 40 mg/ml</i>	52
		<i>fluconazole tab 100 mg</i>	52
		<i>fluconazole tab 150 mg</i>	52
		<i>fluconazole tab 200 mg</i>	52
		<i>fluconazole tab 50 mg</i>	52

<i>flucytosine cap 250 mg</i>	52	<i>flutamide cap 125 mg</i>	67
<i>fludrocortisone acetate tab 0.1 mg</i>	100	<i>fluticasone propionate cream 0.05%</i>	108
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	165	<i>fluticasone propionate lotion 0.05%</i>	108
<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	170	<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	165
<i>fluocinolone acetonide cream 0.01%</i>	108	<i>fluticasone propionate oint 0.005%</i>	108
<i>fluocinolone acetonide cream 0.025%</i> ...	108	<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>	32
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	108	<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>	32
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	108	<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>	32
<i>fluocinolone acetonide oint 0.025%</i>	108	<i>fluvastatin sodium cap 20 mg (base</i> <i>equivalent)</i>	55
<i>fluocinolone acetonide soln 0.01%</i>	108	<i>fluvastatin sodium cap 40 mg (base</i> <i>equivalent)</i>	55
<i>fluocinonide cream 0.05%</i>	108	<i>fluvastatin sodium tab er 24 hr 80 mg (base</i> <i>equivalent)</i>	55
<i>fluocinonide emulsified base cream 0.05%</i>	108	<i>fluvoxamine maleate cap er 24hr 100 mg</i>	43
<i>fluocinonide gel 0.05%</i>	108	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	43
<i>fluocinonide oint 0.05%</i>	108	<i>fluvoxamine maleate tab 100 mg</i>	43
<i>fluocinonide soln 0.05%</i>	108	<i>fluvoxamine maleate tab 25 mg</i>	43
<i>fluorometholone ophth susp 0.1%</i>	168	<i>fluvoxamine maleate tab 50 mg</i>	43
<i>fluorouracil cream 5%</i>	104	FOCALIN TAB 10MG	6
<i>fluorouracil soln 2%</i>	104	FOCALIN TAB 2.5MG.....	6
<i>fluorouracil soln 5%</i>	104	FOCALIN TAB 5MG.....	6
<i>fluoxetine hcl cap 10 mg</i>	43	<i>folic acid cap 0.8 mg</i>	128
<i>fluoxetine hcl cap 20 mg</i>	43	<i>folic acid tab 1 mg</i>	128
<i>fluoxetine hcl cap 40 mg</i>	43	<i>folic acid tab 400 mcg</i>	128
<i>fluoxetine hcl cap delayed release 90 mg</i>	43	<i>folic acid tab 800 mcg</i>	128
<i>fluoxetine hcl solution 20 mg/5ml</i>	43	<i>fondaparinux sodium subcutaneous inj 10</i> <i>mg/0.8ml</i>	34
<i>fluoxetine hcl tab 10 mg</i>	43	<i>fondaparinux sodium subcutaneous inj 2.5</i> <i>mg/0.5ml</i>	34
<i>fluoxetine hcl tab 20 mg</i>	43	<i>fondaparinux sodium subcutaneous inj 5</i> <i>mg/0.4ml</i>	34
FLUOXETINE TAB 60MG	43	<i>fondaparinux sodium subcutaneous inj 7.5</i> <i>mg/0.6ml</i>	34
<i>fluphenazine decanoate inj 25 mg/ml</i>	79	FORACARE GDH SOL HIGH.....	138
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	79	FORACARE GDH SOL LOW	138
<i>fluphenazine hcl inj 2.5 mg/ml</i>	79	FORACARE GDH SOL NORMAL.....	138
<i>fluphenazine hcl oral conc 5 mg/ml</i>	79	FORA CONTROL SOL HIGH.....	137
<i>fluphenazine hcl tab 10 mg</i>	79	FORA CONTROL SOL LOW	137
<i>fluphenazine hcl tab 1 mg</i>	79	FORA CONTROL SOL NORMAL	138
<i>fluphenazine hcl tab 2.5 mg</i>	79		
<i>fluphenazine hcl tab 5 mg</i>	79		
<i>flurazepam hcl cap 15 mg</i>	130		
<i>flurazepam hcl cap 30 mg</i>	130		
<i>flurbiprofen sodium ophth soln 0.03%</i>	169		
<i>flurbiprofen tab 100 mg</i>	13		
<i>flurbiprofen tab 50 mg</i>	13		

FORA GTEL TES KETONE.....	112	FUZEON INJ 90MG	82
FORA LANCETS MIS 30G.....	138	FYCOMPA SUS 0.5MG/ML	35
FORA MIS LANCETS	138	FYCOMPA TAB 10MG.....	35
FORA MIS LANCING.....	138	FYCOMPA TAB 12MG.....	35
FORA TEST GO TES ADV VOIC	112	FYCOMPA TAB 2MG.....	35
FORFIVO XL TAB 450MG	42	FYCOMPA TAB 4MG.....	35
<i>formaldehyde solution 10%</i>	80	FYCOMPA TAB 6MG.....	35
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	32	FYCOMPA TAB 8MG.....	35
FORTISCARE SOL CNTL HI.....	138	FYLNETRA INJ 6MG/0.6.....	129
FORTISCARE SOL CNTL LOW	138	G	
FORTISCARE SOL CNTL NML.....	138	<i>gabapentin (once-daily) tab 300 mg</i>	175
FOSAMAX + D TAB 70-2800.....	115	<i>gabapentin (once-daily) tab 600 mg</i>	175
FOSAMAX + D TAB 70-5600.....	115	<i>gabapentin cap 100 mg</i>	36
FOSAMAX TAB 70MG.....	115	<i>gabapentin cap 300 mg</i>	36
<i>fosamprenavir calcium tab 700 mg (base</i> <i>equiv)</i>	82	<i>gabapentin cap 400 mg</i>	36
<i>fosfomycin tromethamine powd pack 3 gm</i> <i>(base equivalent)</i>	26	<i>gabapentin oral soln 250 mg/5ml</i>	36
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	61	<i>gabapentin tab 600 mg</i>	36
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	61	<i>gabapentin tab 800 mg</i>	37
<i>fosinopril sodium tab 10 mg</i>	57	GABITRIL TAB 12MG	40
<i>fosinopril sodium tab 20 mg</i>	57	GABITRIL TAB 16MG	40
<i>fosinopril sodium tab 40 mg</i>	57	GABITRIL TAB 2MG	40
FRAGMIN INJ 10000/ML	34	GABITRIL TAB 4MG	40
FRAGMIN INJ 12500UNT	34	GALAFOLD CAP 123MG	117
FRAGMIN INJ 15000UNT	34	<i>galantamine hydrobromide cap er 24hr 16</i> <i>mg</i>	172
FRAGMIN INJ 18000UNT	34	<i>galantamine hydrobromide cap er 24hr 24</i> <i>mg</i>	172
FRAGMIN INJ 2500/0.2	34	<i>galantamine hydrobromide cap er 24hr 8</i> <i>mg</i>	172
FRAGMIN INJ 2500/ML	34	<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	172
FRAGMIN INJ 5000/0.2	34	<i>galantamine hydrobromide tab 12 mg</i>	172
FRAGMIN INJ 7500/0.3	34	<i>galantamine hydrobromide tab 4 mg</i>	172
FRAGMIN INJ 95000UNT	34	<i>galantamine hydrobromide tab 8 mg</i>	172
FREESTYLE MIS LANCETS.....	138	GANIRELIX AC INJ 250/0.5.....	116
FROVA TAB 2.5MG.....	157	GASTROCROM CON 100/5ML.....	122
<i>frovatriptan succinate tab 2.5 mg (base</i> <i>equivalent)</i>	157	<i>gatifloxacin ophth soln 0.5%</i>	167
<i>furosemide oral soln 10 mg/ml</i>	113	GATTEX KIT 5MG.....	125
<i>furosemide oral soln 8 mg/ml</i>	113	GE100 CONTRL SOL NORMAL	138
<i>furosemide tab 20 mg</i>	113	<i>gefitinib tab 250 mg</i>	66
<i>furosemide tab 40 mg</i>	114	GELFILM MIS OP	169
<i>furosemide tab 80 mg</i>	114	GELNIQUE GEL 10%	182
		<i>gemfibrozil tab 600 mg</i>	55
		GENERESS FE CHW.....	96

<i>gentamicin sulfate cream 0.1%</i>	103	<i>glipizide-metformin hcl tab 5-500 mg</i>	46
<i>gentamicin sulfate oint 0.1%</i>	103	<i>glipizide tab 10 mg</i>	49
<i>gentamicin sulfate ophth oint 0.3%</i>	167	<i>glipizide tab 5 mg</i>	49
<i>gentamicin sulfate ophth soln 0.3%</i>	167	<i>glipizide tab er 24hr 10 mg</i>	49
GENTEEL LANC KIT BLUE	138	<i>glipizide tab er 24hr 2.5 mg</i>	49
GENTEEL MIS LANCETS	138	<i>glipizide tab er 24hr 5 mg</i>	49
GENTEEL MIS NOZZLES	138	GLOBAL 28G MIS LANCETS	138
GENTEEL PLUS MIS BLACK.....	138	GLOBAL 30G MIS LANCETS.....	138
GENTEEL PLUS MIS BLUE	138	GLOBAL LANC MIS DEVICE	138
GENTEEL PLUS MIS PINK	138	GLOBAL PREP PAD PADS.....	148
GENTEEL PLUS MIS PURPLE.....	138	GLUCAGEN INJ HYPOKIT	47
GENTEEL PLUS MIS WHITE	138	<i>glucagon (rdna) for inj kit 1 mg</i>	47
GENTEEL TIPS MIS BLUE.....	138	GLUCAGON KIT 1MG	47
GENTEEL TIPS MIS CLEAR	138	GLUC CONTROL LIQ NORMAL	138
GENTEEL TIPS MIS GREEN	138	GLUC CONTROL SOL.....	138
GENTEEL TIPS MIS ORANGE.....	138	GLUC CONTROL SOL MID.....	138
GENTEEL TIPS MIS RAINBOW	138	GLUC CONTROL SOL NORMAL	138
GENTEEL TIPS MIS VIOLET	138	GLUCOCARD 01 LIQ NORM/HGH.....	138
GENTEEL TIPS MIS YELLOW	138	GLUCOCARD 01 SOL NORMAL	138
GENTLE-LET MIS 26G.....	138	GLUCOCARD LIQ LEVEL 1	138
GENTLE-LET MIS 28G.....	138	GLUCOCARD SOL NORMAL.....	138
GENTLE-LET MIS LANCETS	138	GLUCOCARD SOL SHINE	139
GENTLE-LET MIS PLATFORM	138	GLUCOCOM MIS 28G.....	139
GENVOYA TAB.....	82	GLUCOCOM MIS 30G.....	139
GEODON CAP 20MG.....	75	GLUCOCOM MIS 33G.....	139
GEODON CAP 40MG.....	75	GLUCOCOM TES HIGH CON.....	139
GEODON CAP 60MG.....	75	GLUCOCOM TES NORM CON.....	139
GEODON CAP 80MG.....	75	GLUCOSE CONT SOL HIGH.....	139
GEODON INJ 20MG	75	GLUCOSE CONT SOL NORMAL.....	139
GILOTRIF TAB 20MG	66	GLUCOTROL XL TAB 10MG	50
GILOTRIF TAB 30MG	66	GLUCOTROL XL TAB 2.5MG	50
GILOTRIF TAB 40MG	66	GLUCOTROL XL TAB 5MG	50
GLARGIN YFGN INJ 100U/ML	49	<i>glutamine (sickle cell) powd pack 5 gm</i> ..	128
GLARGIN YFGN SOL 100U/ML	49	GLUTARALDEHY SOL 25%.....	80
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	174	<i>glyburide-metformin tab 1.25-250 mg</i>	46
GLEOSTINE CAP 100MG	65	<i>glyburide-metformin tab 2.5-500 mg</i>	46
GLEOSTINE CAP 10MG.....	65	<i>glyburide-metformin tab 5-500 mg</i>	46
GLEOSTINE CAP 40MG.....	65	<i>glyburide micronized tab 1.5 mg</i>	50
<i>glimepiride tab 1 mg</i>	49	<i>glyburide micronized tab 3 mg</i>	50
<i>glimepiride tab 2 mg</i>	49	<i>glyburide micronized tab 6 mg</i>	50
<i>glimepiride tab 4 mg</i>	49	<i>glyburide tab 1.25 mg</i>	50
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...46		<i>glyburide tab 2.5 mg</i>	50
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...46		<i>glyburide tab 5 mg</i>	50

<i>glycopyrrolate inj pf soln prefilled syringe</i>		<i>griseofulvin microsize tab 500 mg</i>	52
0.2 mg/ml	180	<i>griseofulvin ultramicrosize tab 125 mg</i>	52
<i>glycopyrrolate inj pf soln pref syr 0.4</i>		<i>griseofulvin ultramicrosize tab 250 mg</i>	52
mg/2ml (0.2 mg/ml)	180	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	180	.....	100
<i>glycopyrrolate tab 1 mg</i>	180	<i>guanfacine hcl tab 1 mg</i>	59
<i>glycopyrrolate tab 2 mg</i>	180	<i>guanfacine hcl tab 2 mg</i>	59
GLYNASE TAB 1.5MG.....	50	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
GLYNASE TAB 3MG	50	equiv).....	5
GLYNASE TAB 6MG	50	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
GLYXAMBI TAB 10-5 MG	46	equiv)	5
GLYXAMBI TAB 25-5 MG.....	46	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
GNP ALCOHOL PAD SWABS	148	equiv)	5
GNP LANCETS MIS 21G.....	139	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
GNP LANCETS MIS 28G.....	139	equiv)	5
GNP LANCETS MIS 30G.....	139	GUARDIAN RT MIS CHARGER.....	139
GNP LANCETS MIS 33G.....	139	GUARDIAN RT MIS TST PLUG.....	139
GNP LANCETS MIS THIN 26G	139	GVOKE HYPO 1 INJ 0.5/.1ML.....	47
GNP LANCING MIS DEVICE	139	GVOKE HYPO 1 INJ 1MG/.2ML.....	47
GNP PRENATAL TAB 28-0.8MG	163	GVOKE HYPO 2 INJ 0.5/.1ML	47
GOJJI BLOOD TES KETONE	112	GVOKE HYPO 2 INJ 1MG/.2ML.....	47
GOJJI CNTRL SOL NORMAL	139	GVOKE KIT SOL 1MG/0.2M	47
GOJJI LANCET MIS 30G	139	GVOKE PFS INJ.....	47
GOJJI MIS LANC DEV.....	139	GYNAZOLE-1 CRE 2%.....	183
GONAL-F INJ 1050UNIT	115	GYNOL II GEL 3%.....	183
GONAL-F INJ 450UNIT	115	H	
GONAL-F RFF INJ 300/0.5.....	115	HAEGARDA INJ 2000UNIT	127
GONAL-F RFF INJ 450/0.75.....	116	HAEGARDA INJ 3000UNIT	127
GONAL-F RFF INJ 75UNIT.....	115	HAEMOLANCE MIS HIGH FLO	139
GONAL-F RFF INJ 900/1.5.....	116	HAEMOLANCE MIS LOW FLOW	139
GOODSENSE MIS LANC 26G	139	HAEMOLANCE MIS PLUS	139
GOODSENSE MIS LANC 30G.....	139	HAEMOLANCE MIS PLUS LOW.....	139
GOODSENSE MIS LANC 33G.....	139	HAEMOLANCE MIS PLUS MAX	139
GOODSENSE MIS LANC DVC	139	HAEMOLANCE MIS PLUS PED.....	139
GORDOFILM SOL.....	110	HAEMOLANCE MIS RETRACT.....	139
GRAFCO SILVR MIS NIT APPL.....	107	HALCION TAB 0.25MG	130
GRALISE TAB 300MG	175	HALDOL DECAN INJ 100MG/ML.....	77
GRALISE TAB 450MG	176	HALDOL DECAN INJ 50MG/ML.....	77
GRALISE TAB 600MG	176	<i>halobetasol propionate cream 0.05%</i>	108
GRALISE TAB 750MG	176	<i>halobetasol propionate oint 0.05%</i>	108
GRALISE TAB 900MG	176	<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>granisetron hcl tab 1 mg</i>	51	.....	77
GRASTEK SUB 2800BAU	7	<i>haloperidol decanoate im soln 50 mg/ml</i> ..	77
<i>griseofulvin microsize susp 125 mg/5ml</i>	52	<i>haloperidol lactate inj 5 mg/ml</i>	77

<i>haloperidol lactate oral conc 2 mg/ml</i>	77	HYCANTIN CAP 0.25MG.....	72
<i>haloperidol tab 0.5 mg</i>	77	HYCANTIN CAP 1MG.....	72
<i>haloperidol tab 10 mg</i>	77	<i>hydralazine hcl tab 100 mg</i>	63
<i>haloperidol tab 1 mg</i>	77	<i>hydralazine hcl tab 10 mg</i>	63
<i>haloperidol tab 20 mg</i>	77	<i>hydralazine hcl tab 25 mg</i>	63
<i>haloperidol tab 2 mg</i>	77	<i>hydralazine hcl tab 50 mg</i>	63
<i>haloperidol tab 5 mg</i>	77	HYDREA CAP 500MG.....	72
HARVONI PAK.....	84	<i>hydrochlorothiazide cap 12.5 mg</i>	114
HARVONI PAK 45-200MG.....	84	<i>hydrochlorothiazide tab 12.5 mg</i>	114
HARVONI TAB 45-200MG.....	85	<i>hydrochlorothiazide tab 25 mg</i>	114
HARVONI TAB 90-400MG.....	85	<i>hydrochlorothiazide tab 50 mg</i>	114
HC/PRAMOXINE CRE 1-2.35%.....	108	<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	21
HC LANCING MIS DEVICE.....	139	<i>hydrocodone-acetaminophen tab 10-300</i> <i>mg</i>	21
HEMANGEOL SOL 4.28/ML.....	87	<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	21
HEMLIBRA INJ 105/0.7.....	127	<i>hydrocodone-acetaminophen tab 5-300</i> <i>mg</i>	21
HEMLIBRA INJ 150/ML.....	127	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	21
HEMLIBRA INJ 300/2ML.....	127	<i>hydrocodone-acetaminophen tab 7.5-300</i> <i>mg</i>	21
HEMLIBRA INJ 30MG/ML.....	127	<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	21
HEMLIBRA INJ 60/0.4.....	127	<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	100
HEMLIBRA SOL 12/0.4ML.....	127	<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	100
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	34	<i>hydrocodone bitartrate cap er 12hr 10 mg</i> 18	
<i>heparin sodium (porcine) inj 1000 unit/ml</i> 34		<i>hydrocodone bitartrate cap er 12hr 15 mg</i> 18	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	34	<i>hydrocodone bitartrate cap er 12hr 20 mg</i> 18	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	34	<i>hydrocodone bitartrate cap er 12hr 30 mg</i> 18	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	34	<i>hydrocodone bitartrate cap er 12hr 40 mg</i> 18	
<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	34	<i>hydrocodone bitartrate cap er 12hr 50 mg</i> 18	
HETLIOZ CAP 20MG.....	131	<i>hydrocodone bitartrate tab er 24hr deter</i> <i>100 mg</i>	18
HETLIOZ LQ SUS 4MG/ML.....	131	<i>hydrocodone bitartrate tab er 24hr deter</i> <i>120 mg</i>	18
HIPREX TAB 1GM.....	26	<i>hydrocodone bitartrate tab er 24hr deter 20</i> <i>mg</i>	18
HLTHY ACCNTS MIS LANC 30G.....	139	<i>hydrocodone bitartrate tab er 24hr deter 30</i> <i>mg</i>	18
HM STERILE PAD ALCHOL.....	148		
HOLD CHAMBER MIS ADLT LG.....	156		
HOLD CHAMBER MIS MEDIUM.....	156		
HOLD CHAMBER MIS SMALL.....	156		
HUBER NEEDLE MIS 22GX1.5.....	150		
HUMATROPE INJ 12MG.....	116		
HUMATROPE INJ 24MG.....	116		
HUMATROPE INJ 6MG.....	116		
HUMULIN R INJ U-500.....	49		

<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	18	<i>hydroxyzine hcl tab 50 mg</i>	27
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	18	<i>hydroxyzine pamoate cap 100 mg</i>	27
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	18	<i>hydroxyzine pamoate cap 25 mg</i>	27
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	21	<i>hydroxyzine pamoate cap 50 mg</i>	27
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	21	<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> 180	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ...21		<i>hyoscyamine sulfate sl tab 0.125 mg</i>	180
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	100	<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	180
<i>hydrocortisone acetate suppos 25 mg</i>	24	<i>hyoscyamine sulfate tab 0.125 mg</i>	180
<i>hydrocortisone acetate suppos 30 mg</i>	24	<i>hyoscyamine sulfate tab disint 0.125 mg</i> 180	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	23	HYPERSAL NEB 3.5%	100
<i>hydrocortisone butyrate cream 0.1%</i>	108	HYPERSAL NEB 7%	100
<i>hydrocortisone butyrate oint 0.1%</i>	108	HYPOLANCE KIT LANCING	139
<i>hydrocortisone butyrate soln 0.1%</i>	108	HYPO NEEDLE MIS 14GX1	150
<i>hydrocortisone cream 2.5%</i>	108	HYPO NEEDLE MIS 14GX1.5	150
<i>hydrocortisone enema 100 mg/60ml</i>	23	HYPO NEEDLE MIS 14GX2	150
<i>hydrocortisone lotion 2.5%</i>	108	HYPO NEEDLE MIS 16GX1	150
<i>hydrocortisone oint 2.5%</i>	108	HYPO NEEDLE MIS 16GX1.5	150
<i>hydrocortisone perianal cream 2.5%</i>	24	HYPO NEEDLE MIS 16GX3/4	150
<i>hydrocortisone tab 10 mg</i>	99	HYPO NEEDLE MIS 16GX5/8	150
<i>hydrocortisone tab 20 mg</i>	99	HYPO NEEDLE MIS 18GX1	150
<i>hydrocortisone tab 5 mg</i>	99	HYPO NEEDLE MIS 18GX1.5	150
<i>hydrocortisone valerate cream 0.2%</i>	108	HYPO NEEDLE MIS 19GX1	150
<i>hydrocortisone valerate oint 0.2%</i>	109	HYPO NEEDLE MIS 19GX1.5	150
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	170	HYPO NEEDLE MIS 20GX1	150
<i>hydrogen peroxide soln 30%</i>	80	HYPO NEEDLE MIS 20GX1.5	150
<i>hydromorphone hcl liqd 1 mg/ml</i>	18	HYPO NEEDLE MIS 21GX1	150
<i>hydromorphone hcl tab 2 mg</i>	18	HYPO NEEDLE MIS 21GX1.5	150
<i>hydromorphone hcl tab 4 mg</i>	18	HYPO NEEDLE MIS 21GX2	150
<i>hydromorphone hcl tab 8 mg</i>	18	HYPO NEEDLE MIS 22GX1	150
<i>hydromorphone hcl tab er 24hr 12 mg</i>	19	HYPO NEEDLE MIS 22GX1.5	150
<i>hydromorphone hcl tab er 24hr 16 mg</i>	19	HYPO NEEDLE MIS 23GX1	150
<i>hydromorphone hcl tab er 24hr 32 mg</i>	19	HYPO NEEDLE MIS 23GX1.5	150
<i>hydromorphone hcl tab er 24hr 8 mg</i>	19	HYPO NEEDLE MIS 23GX3/4	150
<i>hydroxychloroquine sulfate tab 200 mg</i> ...63		HYPO NEEDLE MIS 25GX1	150
<i>hydroxyurea cap 500 mg</i>	72	HYPO NEEDLE MIS 25GX1.25.....	150
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	27	HYPO NEEDLE MIS 25GX1.5	150
<i>hydroxyzine hcl tab 10 mg</i>	27	HYPO NEEDLE MIS 25GX2	151
<i>hydroxyzine hcl tab 25 mg</i>	27	HYPO NEEDLE MIS 25GX5/8	151
		HYPO NEEDLE MIS 26GX1/2	151
		HYPO NEEDLE MIS 26GX1.5	151
		HYPO NEEDLE MIS 27GX1/2	151
		HYPO NEEDLE MIS 27GX1.25.....	151
		HYPO NEEDLE MIS 27GX1.5	151
		HYPO NEEDLE MIS 30GX3/4	151

HYRIMOZ-CROH INJ UC SP	9	IMBRUVICA TAB 140MG.....	69
HYRIMOZ INJ 10/0.1ML	8	IMBRUVICA TAB 280MG.....	69
HYRIMOZ INJ 20/0.2ML	8	IMBRUVICA TAB 420MG.....	69
HYRIMOZ INJ 40/0.4ML	8	IMBRUVICA TAB 560MG.....	69
HYRIMOZ INJ 40/0.8ML	9	IMCIVREE INJ 10MG/ML.....	3
HYRIMOZ INJ 80/0.8ML	9	<i>imipramine hcl tab 10 mg</i>	45
HYRIMOZ-PED INJ CROHNS	9	<i>imipramine hcl tab 25 mg</i>	45
HYRIMOZ-PLAQ INJ PSOR/UEV.....	10	<i>imipramine hcl tab 50 mg</i>	45
HYRIMOZ-PLAQ INJ PSORIASI	10	<i>imipramine pamoate cap 100 mg</i>	45
HYRIMOZ SENS INJ 80/0.8ML	9	<i>imipramine pamoate cap 125 mg</i>	45
HYSINGLA ER TAB 100 MG.....	19	<i>imipramine pamoate cap 150 mg</i>	45
HYSINGLA ER TAB 120 MG	19	<i>imipramine pamoate cap 75 mg</i>	45
HYSINGLA ER TAB 20 MG	19	<i>imiquimod cream 3.75%</i>	110
HYSINGLA ER TAB 30 MG	19	<i>imiquimod cream 5%</i>	110
HYSINGLA ER TAB 40 MG	19	IMITREX INJ 4MG/0.5	157
HYSINGLA ER TAB 60 MG	19	IMITREX INJ 6MG/0.5	157
HYSINGLA ER TAB 80 MG	19	IMITREX SPR 20MG/ACT.....	157
I		IMITREX SPR 5MG/ACT	157
<i>ibandronate sodium tab 150 mg (base</i>		IMITREX TAB 100MG	157
<i>equivalent)</i>	115	IMITREX TAB 25MG	157
IBRANCE CAP 100MG.....	69	IMITREX TAB 50MG	157
IBRANCE CAP 125MG.....	69	IMPAVIDO CAP 50MG	24
IBRANCE CAP 75MG.....	69	IMURAN TAB 50MG	161
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<i>ibuprofen tab 400 mg</i>	13	INBRIJA CAP 42MG.....	73
<i>ibuprofen tab 600 mg</i>	13	INCONTROL MIS 29GX12MM	151
<i>ibuprofen tab 800 mg</i>	13	INCONTROL MIS LANC 28G	139
<i>icatibant acetate subcutaneous soln pref</i>		INCONTROL MIS LANC 30G	139
<i>syr 30 mg/3ml</i>	127	INCONTROL MIS LANC 33G	139
<i>icosapent ethyl cap 0.5 gm</i>	54	INCONTROL MIS LANC DEV.....	139
<i>icosapent ethyl cap 1 gm</i>	54	INCONTROL PAD ALCOHOL	148
IDHIFA TAB 100MG	69	INCRELEX INJ 40MG/4ML.....	116
IDHIFA TAB 50MG	69	<i>indapamide tab 1.25 mg</i>	114
ILEVRO DRO 0.3% OP	169	<i>indapamide tab 2.5 mg</i>	114
<i>imatinib mesylate tab 100 mg (base</i>		<i>indomethacin cap 25 mg</i>	13
<i>equivalent)</i>	69	<i>indomethacin cap 50 mg</i>	14
<i>imatinib mesylate tab 400 mg (base</i>		<i>indomethacin cap er 75 mg</i>	14
<i>equivalent)</i>	69	<i>indomethacin suppos 50 mg</i>	14
IMBRUVICA CAP 140MG	69	<i>indomethacin susp 25 mg/5ml</i>	14
IMBRUVICA CAP 70MG	69	INFANRIX INJ.....	179
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INFNTY VOICE LIQ LEVEL 2.....	139	<i>iodoquinol-hydrocortisone in aloe vehicle</i>	
INGREZZA CAP 40-80MG	174	<i>cream 1-1.9%</i>	104
INGREZZA CAP 40MG	174	IOPIDINE SOL 1% OP	167
INGREZZA CAP 60MG	174	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
INGREZZA CAP 80MG	174	<i>mg/3ml</i>	32
INLYTA TAB 1MG	66	<i>ipratropium bromide inhal soln 0.02%.....</i>	30
INLYTA TAB 5MG	66	<i>ipratropium bromide nasal soln 0.03% (21</i>	
INPEN 100EL MIS BLUE-HUM.....	151	<i>mcg/spray)</i>	165
INPEN 100EL MIS GREY-HUM	151	<i>ipratropium bromide nasal soln 0.06% (42</i>	
INPEN 100EL MIS PINK HUM	151	<i>mcg/spray)</i>	165
INPEN 100NN MIS BLUE NOV.....	151	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
INPEN 100NN MIS GREY NOV	151	<i>mg.....</i>	61
INPEN 100NN MIS PINK NOV	151	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
INPEN BLUE MIS HUMALOG	151	<i>12.5 mg</i>	61
INPEN BLUE MIS NOVO/FIA.....	151	<i>irbesartan tab 150 mg</i>	58
INPEN GREY MIS HUMALOG	151	<i>irbesartan tab 300 mg.....</i>	58
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INSPIREASE MIS RES BAG	156	ISENTRESS TAB 400MG.....	82
INSPIREASE MIS RES BAG	156	<i>isoniazid syrup 50 mg/5ml</i>	64
INSPIREASE MIS RES BAG	156	<i>isoniazid tab 100 mg</i>	64
INSPIREASE MIS RES BAG	156	<i>isoniazid tab 300 mg</i>	64
INSPIREASE MIS RES BAG	156	ISOPTO ATROP SOL 1% OP	166
INSPIREASE MIS RES BAG	156	ISORDIL TAB 40MG	26
INSPIREASE MIS RES BAG	156	ISORDIL TAB 5MG	26
INSPIREASE MIS RES BAG	156	<i>isosorbide dinitrate-hydralazine hcl tab 20-</i>	
INSPIREASE MIS RES BAG	156	<i>37.5 mg.....</i>	91
INSPIREASE MIS RES BAG	156	<i>isosorbide dinitrate tab 10 mg.....</i>	26
INSPIREASE MIS RES BAG	156	<i>isosorbide dinitrate tab 20 mg.....</i>	26
INSPIREASE MIS RES BAG	156	<i>isosorbide dinitrate tab 30 mg.....</i>	26
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INSPIREASE MIS RES BAG	156	<i>isosorbide mononitrate tab 20 mg.....</i>	26
INSPIREASE MIS RES BAG	156	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
INSPIREASE MIS RES BAG	156	<i>.....</i>	26
INSPIREASE MIS RES BAG	156	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
INSPIREASE MIS RES BAG	156	<i>.....</i>	26
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INSPIREASE MIS RES BAG	156	<i>.....</i>	26
INSPIREASE MIS RES BAG	156	<i>isotretinoin cap 10 mg.....</i>	102

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<i>isotretinoin cap 30 mg</i>	102	KAPVAY TAB 0.1 MG	5
<i>isotretinoin cap 40 mg</i>	102	KARBINAL ER SUS 4MG/5ML.....	53
<i>isradipine cap 2.5 mg</i>	89	KENALOG AER SPRAY.....	109
<i>isradipine cap 5 mg</i>	89	KEPPRA SOL 100MG/ML.....	37
ISTALOL SOL 0.5% OP	166	KEPPRA TAB 1000MG.....	37
<i>itraconazole cap 100 mg</i>	52	KEPPRA TAB 250MG.....	37
<i>itraconazole oral soln 10 mg/ml</i>	52	KEPPRA TAB 500MG.....	37
<i>ivabradine hcl tab 5 mg (base equiv)</i>	94	KEPPRA TAB 750MG.....	37
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	95	KEPPRA XR TAB 500MG	37
<i>ivermectin cream 1%</i>	111	KEPPRA XR TAB 750MG	37
<i>ivermectin tab 3 mg</i>	24	KERENDIA TAB 10MG.....	118
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J		KERYDIN SOL 5%	104
JAKAFI TAB 10MG	69	KESIMPTA INJ 20/.4ML	174
JAKAFI TAB 15MG	70	<i>ketoconazole cream 2%</i>	104
JAKAFI TAB 20MG	70	<i>ketoconazole shampoo 2%</i>	104
JAKAFI TAB 25MG	70	<i>ketoconazole tab 200 mg</i>	52
JAKAFI TAB 5MG	69	<i>ketorolac tromethamine ophth soln 0.4%</i>	169
JARDIANCE TAB 10MG	49	<i>ketorolac tromethamine ophth soln 0.5%</i>	169
JARDIANCE TAB 25MG	49	<i>ketorolac tromethamine tab 10 mg</i>	14
J-TIP KIT KIT ADAPTERS	151	KEVEYIS TAB 50MG	113
JUBLIA SOL 10%.....	104	KEVZARA INJ 150/1.14	12
JULUCA TAB 50-25MG	82	KEVZARA INJ 200/1.14.....	12, 13
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JUXTAPID CAP 20MG	56	KINNEY THIN MIS LANCETS.....	140
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JYNARQUE PAK 30-15MG	119	KISQALI 600 PAK FEMARA	68
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JYNARQUE PAK 60-30MG.....	119	KISQALI TAB 400DOSE	70
JYNARQUE PAK 90-30MG.....	120	KISQALI TAB 600DOSE	70
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KALETRA TAB 100-25MG	82	KLONOPIN TAB 2MG.....	35
KALETRA TAB 200-50MG	82	KORLYM TAB 300MG	47
KALYDECO GRA 13.4MG	177	KOSELUGO CAP 10MG.....	70
KALYDECO GRA 5.8MG	177	KOSELUGO CAP 25MG.....	70
KALYDECO PAK 25MG	177	K-PHOS TAB NO 2.....	125
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KALYDECO PAK 75MG	177		

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KRISTALOSE PAK 20GM	131
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KROGER LANCE MIS THIN.....	140
KROGER LANCE MIS THIN 30G.....	140
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KYNMOBI MIS 15MG	73
KYNMOBI MIS 20MG	73
KYNMOBI MIS 25MG	73
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L

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<i>labetalol hcl tab 200 mg.....</i>	<i>86</i>
<i>labetalol hcl tab 300 mg.....</i>	<i>86</i>
<i>lacosamide oral solution 10 mg/ml.....</i>	<i>37</i>
<i>lacosamide tab 100 mg</i>	<i>37</i>
<i>lacosamide tab 150 mg</i>	<i>37</i>
<i>lacosamide tab 200 mg</i>	<i>37</i>
<i>lacosamide tab 50 mg.....</i>	<i>37</i>
LACTIC ACID CRE E.....	110
LACTIC ACID LOT 10%.....	110
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	<i>124</i>
<i>lactulose solution 10 gm/15ml</i>	<i>131</i>
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LAMICTAL ODT KIT	37
LAMICTAL ODT TAB 100MG	37
LAMICTAL ODT TAB 200MG	37
LAMICTAL ODT TAB 25MG	37
LAMICTAL ODT TAB 50MG	37
LAMICTAL TAB 100MG.....	37
LAMICTAL TAB 150MG.....	37
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LAMICTAL XR TAB 250MG.....	37
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<i>lamivudine oral soln 10 mg/ml.....</i>	<i>82</i>
<i>lamivudine tab 100 mg (hbv).....</i>	<i>85</i>
<i>lamivudine tab 150 mg.....</i>	<i>82</i>
<i>lamivudine tab 300 mg.....</i>	<i>82</i>
<i>lamivudine-zidovudine tab 150-300 mg ..</i>	<i>82</i>
<i>lamotrigine orally disintegrating tab 100 mg</i> <i>.....</i>	<i>37</i>
<i>lamotrigine orally disintegrating tab 200 mg</i> <i>.....</i>	<i>37</i>
<i>lamotrigine orally disintegrating tab 25 mg</i> <i>.....</i>	<i>37</i>
<i>lamotrigine orally disintegrating tab 50 mg</i> <i>.....</i>	<i>37</i>
<i>lamotrigine tab 100 mg.....</i>	<i>38</i>
<i>lamotrigine tab 150 mg</i>	<i>38</i>
<i>lamotrigine tab 200 mg</i>	<i>38</i>
<i>lamotrigine tab 25 mg.....</i>	<i>37</i>
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i> <i>starter kit</i>	<i>37</i>
<i>lamotrigine tab 35 x 25 mg starter kit.....</i>	<i>37</i>
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i> <i>starter kit</i>	<i>38</i>
<i>lamotrigine tab chewable dispersible 25 mg</i> <i>.....</i>	<i>38</i>
<i>lamotrigine tab chewable dispersible 5 mg</i> <i>.....</i>	<i>38</i>
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50</i> <i>mg titration kit</i>	<i>38</i>
<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i> <i>100 mg (7) kit.....</i>	<i>38</i>
<i>lamotrigine tab disint 42 x 50mg & 14 x</i> <i>100mg titration kit</i>	<i>38</i>
<i>lamotrigine tab er 24hr 100 mg</i>	<i>38</i>
<i>lamotrigine tab er 24hr 200 mg.....</i>	<i>38</i>
<i>lamotrigine tab er 24hr 250 mg.....</i>	<i>38</i>
<i>lamotrigine tab er 24hr 25 mg</i>	<i>38</i>
<i>lamotrigine tab er 24hr 300 mg.....</i>	<i>38</i>
<i>lamotrigine tab er 24hr 50 mg.....</i>	<i>38</i>

LAMPIT TAB 120MG	25	LB LANCING MIS DEVICE	140
LAMPIT TAB 30MG	25	<i>leflunomide tab 10 mg</i>	15
LANCET AUTO MIS INJECTOR	140	<i>leflunomide tab 20 mg</i>	15
LANCET CARRY MIS CASE	140	<i>lenalidomide cap 10 mg</i>	160
LANCET DEVIC MIS 30G.....	140	<i>lenalidomide cap 15 mg</i>	160
LANCET DEVIC MIS ADJUST.....	140	<i>lenalidomide cap 20 mg</i>	160
LANCET MICRO MIS THIN 33G	140	<i>lenalidomide cap 25 mg</i>	160
LANCETS MICR MIS THIN 33G	140	<i>lenalidomide cap 5 mg</i>	160
LANCETS MIS.....	140	<i>lenalidomide caps 2.5 mg</i>	160
LANCETS MIS 21G	140	LENVIMA CAP 10 MG	66
LANCETS MIS 21G COLR	140	LENVIMA CAP 12MG	66
LANCETS MIS 26G	140	LENVIMA CAP 14 MG.....	66
LANCETS MIS 28G	140	LENVIMA CAP 18 MG.....	66
LANCETS MIS 30G	140	LENVIMA CAP 20 MG.....	66
LANCETS MIS 33G	140	LENVIMA CAP 24 MG	66
LANCETS MIS ORIGINAL	140	LENVIMA CAP 4MG	66
LANCETS MIS THIN	140	LENVIMA CAP 8 MG	66
LANCETS MIS THIN 26G.....	140	<i>letrozole tab 2.5 mg</i>	67
LANCETS MIS THIN 30G.....	140	<i>leucovorin calcium tab 10 mg</i>	72
LANCETS SUPR MIS THIN 28G.....	140	<i>leucovorin calcium tab 15 mg</i>	72
LANCET STAND MIS 21G	140	<i>leucovorin calcium tab 25 mg</i>	72
LANCETS THIN MIS	140	<i>leucovorin calcium tab 5 mg</i>	72
LANCETS THIN MIS 26G.....	140	LEUKERAN TAB 2MG.....	65
LANCETS ULTR MIS THIN.....	140	LEUKINE INJ 250MCG	129
LANCETS ULTR MIS THIN 31G	140	<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>	
LANCET SUPER MIS THIN 30G.....	140	<i>mg/ml)</i>	67
LANCET ULTRA MIS 28G	140	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	
LANCET ULTRA MIS THIN 30G.....	140	<i>(base equiv)</i>	32
LANCET WITH MIS EJECTOR	140	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>	
LANCING DEVI MIS.....	140	<i>(base equiv)</i>	32
LANCING DEVI MIS 25G	140	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
LANCING DEVI MIS 30G	140	<i>(base equiv)</i>	32
LANCING MIS DEVICE.....	140	<i>levalbuterol hcl soln nebu conc 1.25</i>	
LANOXIN TAB 0.0625MG	90	<i>mg/0.5ml (base equiv)</i>	32
<i>lansoprazole cap delayed release 15 mg</i> .	181	<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>lansoprazole cap delayed release 30 mg</i>	181	<i>mcg/act (base equiv)</i>	32
LANZO MIS LANCING	140	<i>levamlodipine maleate tab 2.5 mg</i>	89
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>		<i>levamlodipine maleate tab 5 mg</i>	89
.....	70	LEVBID TAB 0.375 ER	180
LASIX TAB 20MG	114	<i>levetiracetam oral soln 100 mg/ml</i>	38
LASIX TAB 40MG	114	<i>levetiracetam tab 1000 mg</i>	38
LASIX TAB 80MG	114	<i>levetiracetam tab 250 mg</i>	38
<i>latanoprost ophth soln 0.005%</i>	169	<i>levetiracetam tab 500 mg</i>	38
LB LANCET MIS 28G	140	<i>levetiracetam tab 750 mg</i>	38

<i>levetiracetam tab er 24hr 500 mg</i>	38	<i>levothyroxine sodium tab 88 mcg</i>	179
<i>levetiracetam tab er 24hr 750 mg</i>	38	LEVSIN/SL SUB 0.125MG	180
<i>levobunolol hcl ophth soln 0.5%</i>	166	LEVSIN TAB 0.125MG	180
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> ..	117	LEVULAN KERA SOL 20%.....	104
<i>levocarnitine tab 330 mg</i>	117	<i>lidocaine hcl gel 2%</i>	111
<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i>	53	<i>lidocaine hcl laryngotracheal soln 4%</i>	162
<i>levocetirizine dihydrochloride tab 5 mg</i>	53	<i>lidocaine hcl soln 4%</i>	111
<i>levofloxacin ophth soln 0.5%</i>	167	<i>lidocaine hcl urethral/mucosal gel 2%</i>	111
<i>levofloxacin ophth soln 1.5%</i>	167	<i>lidocaine hcl urethral/mucosal gel prefilled</i> <i>syringe 2%</i>	111
<i>levofloxacin oral soln 25 mg/ml</i>	122	<i>lidocaine hcl viscous soln 2%</i>	162
<i>levofloxacin tab 250 mg</i>	122	<i>lidocaine oint 5%</i>	111
<i>levofloxacin tab 500 mg</i>	122	<i>lidocaine patch 5%</i>	111
<i>levofloxacin tab 750 mg</i>	122	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	111
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i> <i>mg &eth est 0.01 mg</i>	96	LIDODERM DIS 5%	111
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	96	<i>linezolid for susp 100 mg/5ml</i>	25
<i>levonorgestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	96	<i>linezolid tab 600 mg</i>	25
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	96	LINZESS CAP 145MCG	124
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	96	LINZESS CAP 290MCG	124
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	96	LINZESS CAP 72MCG	124
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i> <i>mg-20 mcg (21)</i>	96	<i>liothyronine sodium tab 25 mcg</i>	179
<i>levonorgestrel tab 1.5 mg</i>	98	<i>liothyronine sodium tab 50 mcg</i>	179
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i> <i>est tab 0.01mg(7)</i>	96	<i>liothyronine sodium tab 5 mcg</i>	179
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth</i> <i>est tab 0.01mg(7)</i>	96	LIPOFEN CAP 150MG	55
<i>levothyroxine sodium tab 100 mcg</i>	179	LIPOFEN CAP 50MG	55
<i>levothyroxine sodium tab 112 mcg</i>	179	<i>liraglutide soln pen-injector 18 mg/3ml (6</i> <i>mg/ml)</i>	48
<i>levothyroxine sodium tab 125 mcg</i>	179	<i>lisdexamphetamine dimesylate cap 10 mg</i> ...	2
<i>levothyroxine sodium tab 137 mcg</i>	179	<i>lisdexamphetamine dimesylate cap 20 mg</i> ...	2
<i>levothyroxine sodium tab 150 mcg</i>	179	<i>lisdexamphetamine dimesylate cap 30 mg</i> ...	2
<i>levothyroxine sodium tab 175 mcg</i>	179	<i>lisdexamphetamine dimesylate cap 40 mg</i> ...	2
<i>levothyroxine sodium tab 200 mcg</i>	179	<i>lisdexamphetamine dimesylate cap 50 mg</i> ...	2
<i>levothyroxine sodium tab 25 mcg</i>	178	<i>lisdexamphetamine dimesylate cap 60 mg</i> ...	2
<i>levothyroxine sodium tab 300 mcg</i>	179	<i>lisdexamphetamine dimesylate cap 70 mg</i> ...	2
<i>levothyroxine sodium tab 50 mcg</i>	179	<i>lisdexamphetamine dimesylate chew tab 10</i> <i>mg</i>	2
<i>levothyroxine sodium tab 75 mcg</i>	179	<i>lisdexamphetamine dimesylate chew tab 20</i> <i>mg</i>	2
		<i>lisdexamphetamine dimesylate chew tab 30</i> <i>mg</i>	2
		<i>lisdexamphetamine dimesylate chew tab 40</i> <i>mg</i>	2
		<i>lisdexamphetamine dimesylate chew tab 50</i> <i>mg</i>	2

<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	LIPID TAB 600MG	55
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	61	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	82
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	61	<i>lopinavir-ritonavir tab 100-25 mg</i>	82
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	61	<i>lopinavir-ritonavir tab 200-50 mg</i>	82
<i>lisinopril tab 10 mg</i>	57	LOPRESSOR TAB 100MG.....	87
<i>lisinopril tab 2.5 mg</i>	57	LOPRESSOR TAB 50MG	87
<i>lisinopril tab 20 mg</i>	57	LOPROX SHA 1%.....	104
<i>lisinopril tab 30 mg</i>	57	<i>lorazepam conc 2 mg/ml</i>	28
<i>lisinopril tab 40 mg</i>	57	<i>lorazepam tab 0.5 mg</i>	28
<i>lisinopril tab 5 mg</i>	57	<i>lorazepam tab 1 mg</i>	28
LITETOUCH MIS LANCETS.....	141	<i>lorazepam tab 2 mg</i>	28
LITE TOUCH MIS LANCETS.....	140	LORBRENA TAB 100MG	70
LITE TOUCH MIS LANC PEN.....	140	LORBRENA TAB 25MG	70
LITFULO CAP 50MG	110	LORTAB ELX 10-300MG	21
<i>lithium carbonate cap 150 mg</i>	75	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	61
<i>lithium carbonate cap 300 mg</i>	75	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	61
<i>lithium carbonate cap 600 mg</i>	75	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	61
<i>lithium carbonate tab 300 mg</i>	75	<i>losartan potassium tab 100 mg</i>	58
<i>lithium carbonate tab er 300 mg</i>	75	<i>losartan potassium tab 25 mg</i>	58
<i>lithium carbonate tab er 450 mg</i>	75	<i>losartan potassium tab 50 mg</i>	58
<i>lithium oral solution 8 meq/5ml</i>	75	LOSEASONIQUE TAB.....	96
LITHOBID TAB 300MG CR	75	LOTENSIN HCT TAB 10-12.5	61
LIVMARLI SOL 19MG/ML	123	LOTENSIN HCT TAB 20-12.5	61
LIVMARLI SOL 9.5MG/ML	123	LOTENSIN HCT TAB 20-25MG	61
LIVTENCITY TAB 200MG	84	LOTENSIN TAB 10MG.....	57
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LOCOID LOT 0.1%.....	109	LOTENSIN TAB 40MG.....	57
LODOSYN TAB 25MG	72	<i>loteprednol etabonate ophth gel 0.5%</i>	168
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	172	<i>loteprednol etabonate ophth susp 0.2%</i>	168
LOKELMA PAK 10GM	162	<i>loteprednol etabonate ophth susp 0.5%</i>	168
LOKELMA PAK 5GM	162	LOTREL CAP 10-20MG	61
LO LOESTRIN TAB 1-10-10.....	96	LOTREL CAP 10-40MG	61
LOMAIRA TAB 8MG	3	LOTREL CAP 5-10MG	61
LOMOTIL TAB 2.5MG.....	50	LOTREL CAP 5-20MG	61
LONGS LANCET MIS STANDARD	141	LOTRONEX TAB 0.5MG	124
LONGS LANCET MIS THIN.....	141	LOTRONEX TAB 1MG	124
LONGS LANCET MIS ULTRA TH.....	141	<i>lovastatin tab 10 mg</i>	55
LONSURF TAB 15-6.14	68	<i>lovastatin tab 20 mg</i>	55
LONSURF TAB 20-8.19.....	68	<i>lovastatin tab 40 mg</i>	55
		LOVAZA CAP 1GM.....	54

LOVENOX INJ 100MG/ML	34	MALARONE TAB 62.5-25	63
LOVENOX INJ 120/0.8.....	34	<i>malathion lotion 0.5%</i>	112
LOVENOX INJ 150MG/ML	34	<i>maraviroc tab 150 mg</i>	82
LOVENOX INJ 30/0.3ML.....	34	<i>maraviroc tab 300 mg</i>	82
LOVENOX INJ 300/3ML.....	34	MAR-COF CG LIQ 225-7.5.....	100
LOVENOX INJ 40/0.4ML.....	34	MARINOL CAP 10MG	51
LOVENOX INJ 60/0.6ML.....	34	MARINOL CAP 2.5MG	51
LOVENOX INJ 80/0.8ML.....	34	MARINOL CAP 5MG	51
<i>loxapine succinate cap 10 mg</i>	78	MARPLAN TAB 10MG.....	42
<i>loxapine succinate cap 25 mg</i>	78	MASONATAL TAB	163
<i>loxapine succinate cap 50 mg</i>	78	MATULANE CAP 50MG	72
<i>loxapine succinate cap 5 mg</i>	78	MAVENCLAD PAK 10MG(10)	175
<i>lubiprostone cap 24 mcg</i>	123	MAVENCLAD PAK 10MG(4)	174
<i>lubiprostone cap 8 mcg</i>	123	MAVENCLAD PAK 10MG(5)	174
LUER-LOCK MIS SYRG 3ML.....	152	MAVENCLAD PAK 10MG(6)	174
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LUMAKRAS TAB 120MG	70	MAVENCLAD PAK 10MG(8)	174
LUMAKRAS TAB 320MG	70	MAVENCLAD PAK 10MG(9)	175
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LUPR DEP-PED INJ 15MG	117	MAXZIDE-25 TAB	113
LUPR DEP-PED INJ 3M 30MG	117	MAXZIDE TAB 75-50	113
LUPR DEP-PED INJ 7.5MG	117	MAYZENT PAK STARTER.....	175
LUPRON DEPOT INJ 45MG	117	MAYZENT TAB 0.25MG	175
<i>lurasidone hcl tab 120 mg</i>	75	MAYZENT TAB 1MG	175
<i>lurasidone hcl tab 20 mg</i>	75	MAYZENT TAB 2MG	175
<i>lurasidone hcl tab 40 mg</i>	75	<i>meclizine hcl tab 50 mg</i>	51
<i>lurasidone hcl tab 60 mg</i>	75	<i>meclofenamate sodium cap 100 mg</i>	14
<i>lurasidone hcl tab 80 mg</i>	75	<i>meclofenamate sodium cap 50 mg</i>	14
LUXIQ AER 0.12%.....	109	MEDICHOICE MIS LANCET	141
LUZU CRE 1%	104	MEDLANCE MIS 30G PLUS.....	141
LYNPARZA TAB 100MG	70	MEDLANCE MIS EXTR 21G	141
LYNPARZA TAB 150MG	70	MEDLANCE MIS LITE 25G	141
LYSODREN TAB 500MG.....	67	MEDLANCE MIS PLUS	141
LYSTEDA TAB 650MG	129	MEDLANCE MIS PLUS 30G	141
LYVISPAH GRA 10MG.....	164	MEDLANCE MIS UNV 21G.....	141
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LYVISPAH GRA 5MG.....	164	MEDLANCE PLS MIS EXTR 21G	141
M		MEDLANCE PLS MIS LITE 25G.....	141
MACROBID CAP 100MG	26	MEDLANCE PLS MIS UNIV 21G	141
<i>mafenide acetate packet for topical soln</i>		MEDROL TAB 16MG	99
<i>5% (50 gm)</i>	107	MEDROL TAB 2MG	99
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MALARONE TAB 250-100.....	63	MEDROL TAB 8MG	99

<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	98	<i>mercaptopurine tab 50 mg</i>	65
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	98	<i>mesalamine cap dr 400 mg</i>	123
<i>medroxyprogesterone acetate tab 10 mg</i>	171	<i>mesalamine cap er 24hr 0.375 gm</i>	123
<i>medroxyprogesterone acetate tab 2.5 mg</i>	171	<i>mesalamine cap er 500 mg</i>	123
<i>medroxyprogesterone acetate tab 5 mg</i>	171	<i>mesalamine enema 4 gm</i>	123
<i>mefenamic acid cap 250 mg</i>	14	<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	123
<i>mefloquine hcl tab 250 mg</i>	63	<i>mesalamine suppos 1000 mg</i>	123
<i>megestrol acetate susp 40 mg/ml</i>	67	<i>mesalamine tab delayed release 1.2 gm</i>	123
<i>megestrol acetate susp 625 mg/5ml</i>	171	<i>mesalamine tab delayed release 800 mg</i>	123
<i>megestrol acetate tab 20 mg</i>	67	MESNEX TAB 400MG.....	72
<i>megestrol acetate tab 40 mg</i>	67	MESTINON SOL 60MG/5ML.....	64
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MEIJER LANCE MIS UNIVERSA.....	141	<i>metformin hcl oral soln 500 mg/5ml</i>	47
MEIJER MIS LANCETS.....	141	<i>metformin hcl tab 1000 mg</i>	47
MEKINIST SOL 0.05/ML.....	70	<i>metformin hcl tab 500 mg</i>	47
MEKINIST TAB 0.5MG.....	70	<i>metformin hcl tab 850 mg</i>	47
MEKINIST TAB 2MG.....	70	<i>metformin hcl tab er 24hr 500 mg</i>	47
MEKTOVI TAB 15MG.....	70	<i>metformin hcl tab er 24hr 750 mg</i>	47
<i>meloxicam susp 7.5 mg/5ml</i>	14	<i>methadone hcl conc 10 mg/ml</i>	19
<i>meloxicam tab 15 mg</i>	14	<i>methadone hcl soln 10 mg/5ml</i>	19
<i>meloxicam tab 7.5 mg</i>	14	<i>methadone hcl soln 5 mg/5ml</i>	19
<i>melphalan tab 2 mg</i>	65	<i>methadone hcl tab 10 mg</i>	19
<i>memantine hcl cap er 24hr 14 mg</i>	172	<i>methadone hcl tab 5 mg</i>	19
<i>memantine hcl cap er 24hr 21 mg</i>	172	<i>methadone hcl tab for oral susp 40 mg</i>	19
<i>memantine hcl cap er 24hr 28 mg</i>	172	METHADOSE CON 10MG/ML.....	19
<i>memantine hcl cap er 24hr 7 mg</i>	172	METHADOSE SF CON 10MG/ML.....	19
<i>memantine hcl oral solution 2 mg/ml</i>	172	<i>methamphetamine hcl tab 5 mg</i>	2
<i>memantine hcl tab 10 mg</i>	173	<i>methazolamide tab 25 mg</i>	113
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	173	<i>methazolamide tab 50 mg</i>	113
<i>memantine hcl tab 5 mg</i>	173	<i>methenamine hippurate tab 1 gm</i>	26
MENOPUR INJ 75UNIT.....	116	<i>methenamine-hyosc-meth blue-sod phosph sal cap 118 mg</i>	24
MENOSTAR DIS 14MCG.....	122	<i>methenamine-hyosc-meth blue-sod phosph sal tab 81 mg</i>	24
<i>meperidine hcl oral soln 50 mg/5ml</i>	19	<i>methenamine mandelate tab 0.5 gm</i>	26
<i>meperidine hcl tab 50 mg</i>	19	<i>methenamine mandelate tab 1 gm</i>	26
MEPHYTON TAB 5MG.....	184	<i>methimazole tab 10 mg</i>	178
<i>meprobamate tab 200 mg</i>	27	<i>methimazole tab 5 mg</i>	178
<i>meprobamate tab 400 mg</i>	27	METHITEST TAB 10MG.....	23
MEPRON SUS.....	25	<i>methocarbamol tab 1000 mg</i>	164

<i>methocarbamol tab 500 mg</i>	164	<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	6
<i>methocarbamol tab 750 mg</i>	164	.....	6
<i>methotrexate sodium for inj 1 gm</i>	65	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	6
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	65	.....	6
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	65	<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	6
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	65	.....	6
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	65	<i>methylphenidate hcl cap er 30 mg (cd)</i>	6
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	65	<i>methylphenidate hcl cap er 40 mg (cd)</i>	6
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	65	<i>methylphenidate hcl cap er 50 mg (cd)</i>	6
<i>methoxsalen rapid cap 10 mg</i>	105	<i>methylphenidate hcl cap er 60 mg (cd)</i>	6
<i>methscopolamine bromide tab 2.5 mg</i> ...	180	<i>methylphenidate hcl chew tab 10 mg</i>	6
<i>methscopolamine bromide tab 5 mg</i>	180	<i>methylphenidate hcl chew tab 2.5 mg</i>	6
<i>methsuximide cap 300 mg</i>	41	<i>methylphenidate hcl chew tab 5 mg</i>	6
<i>methyl dopa tab 250 mg</i>	59	<i>methylphenidate hcl soln 10 mg/5ml</i>	6
<i>methyl dopa tab 500 mg</i>	59	<i>methylphenidate hcl soln 5 mg/5ml</i>	6
<i>methylergonovine maleate tab 0.2 mg</i> ...	170	<i>methylphenidate hcl tab 10 mg</i>	6
METHYLIN SOL 10MG/5ML.....	6	<i>methylphenidate hcl tab 20 mg</i>	6
METHYLIN SOL 5MG/5ML	6	<i>methylphenidate hcl tab 5 mg</i>	6
<i>methylphenidate hcl cap er 10 mg (cd)</i>	6	<i>methylphenidate hcl tab er 10 mg</i>	6
<i>methylphenidate hcl cap er 20 mg (cd)</i>	6	<i>methylphenidate hcl tab er 20 mg</i>	6
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	6	<i>methylphenidate hcl tab er 24hr 18 mg</i>	6
.....	6	<i>methylphenidate hcl tab er 24hr 27 mg</i>	6
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	6	<i>methylphenidate hcl tab er 24hr 36 mg</i>	6
.....	6	<i>methylphenidate hcl tab er 24hr 54 mg</i>	6
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	7
.....	6	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	7
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	7
.....	6	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	7
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	6	<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	7
.....	6	<i>methylphenidate td patch 10 mg/9hr</i>	7
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	6	<i>methylphenidate td patch 15 mg/9hr</i>	7
.....	6	<i>methylphenidate td patch 20 mg/9hr</i>	7
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	6	<i>methylphenidate td patch 30 mg/9hr</i>	7
.....	6	<i>methylprednisolone tab 16 mg</i>	99
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	6	<i>methylprednisolone tab 32 mg</i>	99
.....	6	<i>methylprednisolone tab 4 mg</i>	99
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	6	<i>methylprednisolone tab 8 mg</i>	99
.....	6	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	99

<i>methyltestosterone cap 10 mg</i>	23	<i>mexiletine hcl cap 200 mg</i>	28
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	123	<i>mexiletine hcl cap 250 mg</i>	28
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	123	<i>miconazole nitrate vaginal suppos 200 mg</i>	183
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	123	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	104
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	123	MICROCHAMBER MIS.....	156
<i>metolazone tab 10 mg</i>	114	MICRODOT CON SOL HIGH/LOW.....	141
<i>metolazone tab 2.5 mg</i>	114	MICROSPACER MIS.....	156
<i>metolazone tab 5 mg</i>	114	MICRO THIN MIS LANC 33G.....	141
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	62	<i>midodrine hcl tab 10 mg</i>	184
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	62	<i>midodrine hcl tab 2.5 mg</i>	184
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	61	<i>midodrine hcl tab 5 mg</i>	184
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	87	MIEBO DRO 1.3GM/ML.....	169
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	87	MIFEPREX TAB 200MG.....	119
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	87	<i>mifepristone tab 200 mg</i>	119
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	87	<i>mifepristone tab 300 mg</i>	47
<i>metoprolol tartrate tab 100 mg</i>	87	<i>miglitol tab 100 mg</i>	46
<i>metoprolol tartrate tab 25 mg</i>	87	<i>miglitol tab 25 mg</i>	46
<i>metoprolol tartrate tab 37.5 mg</i>	87	<i>miglitol tab 50 mg</i>	46
<i>metoprolol tartrate tab 50 mg</i>	87	<i>miglustat cap 100 mg</i>	128
<i>metoprolol tartrate tab 75 mg</i>	87	MIGRANAL SPR 4MG/ML.....	157
METROCREAM CRE 0.75%.....	111	MINI LANCING MIS DEVICE.....	141
METROGEL GEL 1%.....	111	MINIPRESS CAP 1MG.....	59
METROLOTION LOT 0.75%.....	111	MINIPRESS CAP 2MG.....	59
<i>metronidazole cap 375 mg</i>	24	MINIPRESS CAP 5MG.....	59
<i>metronidazole cream 0.75%</i>	111	<i>minocycline hcl cap 100 mg</i>	178
<i>metronidazole gel 0.75%</i>	111	<i>minocycline hcl cap 50 mg</i>	178
<i>metronidazole gel 1%</i>	111	<i>minocycline hcl cap 75 mg</i>	178
<i>metronidazole lotion 0.75%</i>	111	<i>minocycline hcl tab 100 mg</i>	178
<i>metronidazole tab 250 mg</i>	24	<i>minocycline hcl tab 50 mg</i>	178
<i>metronidazole tab 500 mg</i>	24	<i>minocycline hcl tab 75 mg</i>	178
<i>metronidazole vaginal gel 0.75%</i>	183	<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	178
<i>metyrosine cap 250 mg</i>	58	<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	178
<i>mexiletine hcl cap 150 mg</i>	28	<i>minoxidil tab 10 mg</i>	63
		<i>minoxidil tab 2.5 mg</i>	63
		<i>mirabegron tab er 24 hr 25 mg</i>	182
		<i>mirabegron tab er 24 hr 50 mg</i>	182
		MIRAPEX ER TAB 0.375MG.....	73
		MIRAPEX ER TAB 0.75MG.....	73
		MIRAPEX ER TAB 1.5MG.....	73
		MIRAPEX ER TAB 2.25MG.....	73

MIRAPEX ER TAB 3.75MG.....	73	MONUROL PAK GRANULES.....	26
MIRAPEX ER TAB 3MG.....	73	<i>morphine sulfate beads cap er 24hr 120 mg</i>	
MIRAPEX ER TAB 4.5MG.....	73	.....	19
MIRCETTE TAB 28 DAY	96	<i>morphine sulfate beads cap er 24hr 30 mg</i>	
<i>mirtazapine orally disintegrating tab 15 mg</i>		.....	19
.....	41	<i>morphine sulfate beads cap er 24hr 45 mg</i>	
<i>mirtazapine orally disintegrating tab 30 mg</i>		.....	19
.....	41	<i>morphine sulfate beads cap er 24hr 60 mg</i>	
<i>mirtazapine orally disintegrating tab 45 mg</i>		.....	19
.....	41	<i>morphine sulfate beads cap er 24hr 75 mg</i>	
<i>mirtazapine tab 15 mg</i>	41	.....	19
<i>mirtazapine tab 30 mg</i>	41	<i>morphine sulfate beads cap er 24hr 90 mg</i>	
<i>mirtazapine tab 45 mg</i>	41	.....	19
<i>mirtazapine tab 7.5 mg</i>	41	<i>morphine sulfate cap er 24hr 100 mg</i>	19
<i>misoprostol tab 100 mcg</i>	181	<i>morphine sulfate cap er 24hr 10 mg</i>	19
<i>misoprostol tab 200 mcg</i>	181	<i>morphine sulfate cap er 24hr 20 mg</i>	19
MITIGARE CAP 0.6MG	126	<i>morphine sulfate cap er 24hr 30 mg</i>	19
MITOSOL KIT 0.2MG	167	<i>morphine sulfate cap er 24hr 50 mg</i>	19
MM LANCING MIS DEVICE	141	<i>morphine sulfate cap er 24hr 60 mg</i>	19
MM PENTIPS MIS 29GX12MM.....	152	<i>morphine sulfate cap er 24hr 80 mg</i>	19
MM TWIST MIS LANCETS.....	141	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
MOBILE LANCE MIS 30G	141	<i>mg/ml)</i>	19
<i>modafinil tab 100 mg</i>	7	<i>morphine sulfate oral soln 10 mg/5ml</i>	19
<i>modafinil tab 200 mg</i>	7	<i>morphine sulfate oral soln 20 mg/5ml</i>	19
<i>moexipril hcl tab 15 mg</i>	57	<i>morphine sulfate tab 15 mg</i>	19
<i>moexipril hcl tab 7.5 mg</i>	57	<i>morphine sulfate tab 30 mg</i>	19
<i>molindone hcl tab 10 mg</i>	79	<i>morphine sulfate tab er 100 mg</i>	20
<i>molindone hcl tab 25 mg</i>	79	<i>morphine sulfate tab er 15 mg</i>	20
<i>molindone hcl tab 5 mg</i>	79	<i>morphine sulfate tab er 200 mg</i>	20
<i>mometasone furoate cream 0.1%</i>	109	<i>morphine sulfate tab er 30 mg</i>	20
<i>mometasone furoate oint 0.1%</i>	109	<i>morphine sulfate tab er 60 mg</i>	20
<i>mometasone furoate solution 0.1% (lotion)</i>		MOUNJARO INJ 10MG/0.5.....	48
.....	109	MOUNJARO INJ 12.5/0.5.....	48
MONOLET MIS LANCETS.....	141	MOUNJARO INJ 15MG/0.5.....	48
MONOLET OPD MIS LANCETS	141	MOUNJARO INJ 2.5/0.5.....	48
MONOLETTOR MIS LANCETS	141	MOUNJARO INJ 5MG/0.5.....	48
<i>montelukast sodium chew tab 4 mg (base</i>		MOUNJARO INJ 7.5/0.5.....	48
<i>equiv)</i>	30	MOVANTIK TAB 12.5MG	125
<i>montelukast sodium chew tab 5 mg (base</i>		MOVANTIK TAB 25MG	125
<i>equiv)</i>	30	<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i>	
<i>montelukast sodium oral granules packet 4</i>		<i>(2 times daily)</i>	167
<i>mg (base equiv)</i>	30	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>montelukast sodium tab 10 mg (base equiv)</i>		<i>equiv)</i>	167
.....	30		

<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	122	<i>nabumetone tab 750 mg</i>	14
MPD SFTY LAN MIS 21G	141	<i>nadolol tab 20 mg</i>	87
MPD SFTY LAN MIS 23G	141	<i>nadolol tab 40 mg</i>	87
MPD SFTY LAN MIS 28G	141	<i>nadolol tab 80 mg</i>	87
MPD SFTY LAN MIS 30G	141	NAFRINSE DLY SOL /NEUTRAL	162
MS CONTIN TAB 100MG ER	20	NAFRINSE SOL DAILY	162
MS CONTIN TAB 15MG ER	20	NAFRINSE WK SOL 0.2%	162
MS CONTIN TAB 200MG ER	20	<i>naftifine hcl cream 1%</i>	104
MS CONTIN TAB 30MG ER	20	<i>naftifine hcl cream 2%</i>	104
MS CONTIN TAB 60MG ER	20	<i>naftifine hcl gel 2%</i>	104
MULIT-DRAW MIS 22GX1.5	152	NAFTIN GEL 1%	104
MULPLETA TAB 3MG	129	NAFTIN GEL 2%	104
MULTAQ TAB 400MG	29	NALFON CAP 400MG	14
MULTI-LANCET KIT DEVICE	141	NALFON TAB 600MG	14
MULTI-LANCET MIS DEVICE	141	<i>naloxone hcl inj 0.4 mg/ml</i>	50
<i>mupirocin oint 2%</i>	103	<i>naloxone hcl inj 4 mg/10ml</i>	50
MUSE SUP 1000MCG	92	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	50
MUSE SUP 250MCG	92	<i>naloxone hcl soln prefilled syringe 0.4</i>	
MUSE SUP 500MCG	92	<i>mg/ml</i>	50
MYALEPT INJ 11.3MG	117	<i>naloxone hcl soln prefilled syringe 2</i>	
MYAMBUTOL TAB 400MG	64	<i>mg/2ml</i>	51
MYCOBUTIN CAP 150MG	64	<i>naltrexone hcl tab 50 mg</i>	51
<i>mycophenolate mofetil cap 250 mg</i>	161	NAMENDA TAB 10MG	173
<i>mycophenolate mofetil for oral susp 200</i>		NAMENDA TAB 5-10MG	173
<i>mg/ml</i>	161	NAMENDA TAB 5MG	173
<i>mycophenolate mofetil tab 500 mg</i>	161	NAMENDA XR CAP 14MG	173
<i>mycophenolate sodium tab dr 180 mg</i>		NAMENDA XR CAP 21MG	173
<i>(mycophenolic acid equiv)</i>	161	NAMENDA XR CAP 28MG	173
<i>mycophenolate sodium tab dr 360 mg</i>		NAMENDA XR CAP 7MG	173
<i>(mycophenolic acid equiv)</i>	161	NAMZARIC CAP	173
MYFEMBREE TAB	120	NAMZARIC CAP 14-10MG	173
MYFORTIC TAB 180MG	161	NAMZARIC CAP 21-10MG	173
MYFORTIC TAB 360MG	161	NAMZARIC CAP 28-10MG	173
MYGLUCOHEALT MIS LANC 30G	141	NAMZARIC CAP 7-10MG	173
MYGLUCOHEALT SOL LO/NL/HI	141	NAPROSYN SUS 125/5ML	14
MYLERAN TAB 2MG	65	NAPROSYN TAB 500MG	14
MYRBETRIQ SUS 8MG/ML	182	<i>naproxen sodium tab 275 mg</i>	14
MYRBETRIQ TAB 25MG	182	<i>naproxen sodium tab 550 mg</i>	14
MYRBETRIQ TAB 50MG	182	<i>naproxen tab 250 mg</i>	14
MYSOLINE TAB 250MG	38	<i>naproxen tab 375 mg</i>	14
MYSOLINE TAB 50MG	38	<i>naproxen tab 500 mg</i>	14
N		<i>naproxen tab ec 375 mg</i>	14
<i>nabumetone tab 500 mg</i>	14	<i>naproxen tab ec 500 mg</i>	14
		<i>naratriptan hcl tab 1 mg (base equiv)</i>	157

<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ...	157	NEORAL SOL 100MG/ML	161
NARDIL TAB 15MG.....	42	NERLYNX TAB 40MG.....	70
NASCOBAL SPR 500MCG	128	NEUPRO DIS 1MG/24HR	74
NATACYN SUS 5% OP.....	167	NEUPRO DIS 2MG/24HR	74
<i>nateglinide tab 120 mg</i>	49	NEUPRO DIS 3MG/24HR	74
<i>nateglinide tab 60 mg</i>	49	NEUPRO DIS 4MG/24HR	74
NATESTO GEL 5.5MG.....	23	NEUPRO DIS 6MG/24HR	74
NATPARA INJ 100MCG	115	NEUPRO DIS 8MG/24HR	74
NATPARA INJ 25MCG	115	NEURONTIN CAP 100MG	38
NATPARA INJ 50MCG	115	NEURONTIN CAP 300MG	38
NATPARA INJ 75MCG	115	NEURONTIN CAP 400MG	38
NATROBA SUS 0.9%.....	112	NEURONTIN SOL 250/5ML.....	38
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<i>nebivolol hcl tab 10 mg (base equivalent)</i> ..	87	NEURONTIN TAB 800MG.....	38
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<i>nebivolol hcl tab 20 mg (base equivalent)</i>	87	<i>nevirapine susp 50 mg/5ml</i>	82
<i>nebivolol hcl tab 5 mg (base equivalent)</i> ...	87	<i>nevirapine tab 200 mg</i>	82
NEBUSAL NEB 6%.....	100	<i>nevirapine tab er 24hr 100 mg</i>	82
NEEDLES MIS 18GX1	152	<i>nevirapine tab er 24hr 400 mg</i>	82
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NEEDLES MIS 25GX1	152	<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	56
<i>nefazodone hcl tab 100 mg</i>	43	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	56
<i>nefazodone hcl tab 150 mg</i>	43	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	56
<i>nefazodone hcl tab 200 mg</i>	43	NIASPAN TAB 1000 ER	56
<i>nefazodone hcl tab 250 mg</i>	43	<i>nicardipine hcl cap 20 mg</i>	89
<i>nefazodone hcl tab 50 mg</i>	43	<i>nicardipine hcl cap 30 mg</i>	89
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		<i>nicotine polacrilex gum 2 mg</i>	176
<i>400unt-10000unt op oin</i>	167	<i>nicotine polacrilex gum 4 mg</i>	176
<i>neomycin-polymy-gramicid op sol 1.75-</i>		<i>nicotine polacrilex lozenge 2 mg</i>	176
<i>10000-0.025mg-unt-mg/ml</i>	167	<i>nicotine polacrilex lozenge 4 mg</i>	176
<i>neomycin-polymyxin-dexamethasone</i>		<i>nicotine td patch 24hr 14 mg/24hr</i>	176
<i>ophth oint 0.1%</i>	168	<i>nicotine td patch 24hr 21 mg/24hr</i>	176
<i>neomycin-polymyxin-dexamethasone</i>		<i>nicotine td patch 24hr 7 mg/24hr</i>	176
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<i>neomycin-polymyxin-hc ophth susp</i>	168	NICOTROL NS SPR 10MG/ML.....	176
<i>neomycin-polymyxin-hc otic soln 1%</i>	170	<i>nifedipine cap 10 mg</i>	89
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nifedipine cap 20 mg</i>	89
<i>mg/ml-10000 unit/ml-1%</i>	170	<i>nifedipine tab er 24hr 30 mg</i>	89
<i>neomycin sulfate tab 500 mg</i>	7	<i>nifedipine tab er 24hr 60 mg</i>	89
NEORAL CAP 100MG	161	<i>nifedipine tab er 24hr 90 mg</i>	89
NEORAL CAP 25MG	161		

<i>nifedipine tab er 24hr osmotic release 30 mg</i>	89	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	27
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	89	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	27
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	89	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	27
<i>nilutamide tab 150 mg</i>	67	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	27
<i>nimodipine cap 30 mg</i>	89	NITROLINGUAL SPR 400MCG.....	27
NINLARO CAP 2.3MG.....	70	NITROMIST AER 400MCG.....	27
NINLARO CAP 3MG.....	70	NITROSTAT SUB 0.3MG.....	27
NINLARO CAP 4MG.....	70	NITROSTAT SUB 0.4MG.....	27
<i>nisoldipine tab er 24hr 17 mg</i>	89	NITROSTAT SUB 0.6MG.....	27
<i>nisoldipine tab er 24hr 20 mg</i>	89	NITYR TAB 10MG.....	117
<i>nisoldipine tab er 24hr 25.5 mg</i>	89	NITYR TAB 2MG.....	117
<i>nisoldipine tab er 24hr 30 mg</i>	89	NITYR TAB 5MG.....	117
<i>nisoldipine tab er 24hr 34 mg</i>	89	NIVESTYM INJ 300/0.5.....	129
<i>nisoldipine tab er 24hr 40 mg</i>	89	NIVESTYM INJ 300MCG.....	129
<i>nisoldipine tab er 24hr 8.5 mg</i>	89	NIVESTYM INJ 480/0.8.....	129
<i>nitazoxanide tab 500 mg</i>	25	NIVESTYM INJ 480MCG.....	129
<i>nitisinone cap 10 mg</i>	117	<i>nizatidine cap 150 mg</i>	180
<i>nitisinone cap 20 mg</i>	117	<i>nizatidine cap 300 mg</i>	180
<i>nitisinone cap 2 mg</i>	117	NOCDURNA SUB 27.7MCG.....	119
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NITRO-DUR DIS 0.2MG/HR.....	26	NORDITROPIN INJ 30/3ML.....	116
NITRO-DUR DIS 0.3MG/HR.....	26	NORDITROPIN INJ 5/1.5ML.....	116
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NITRO-DUR DIS 0.6MG/HR.....	27	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	97
NITRO-DUR DIS 0.8MG/HR.....	27	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	97
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	26	<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	97
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	26	<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	97
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	26	<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	97
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	26	<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	97
<i>nitrofurantoin susp 25 mg/5ml</i>	26	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	97
<i>nitroglycerin oint 0.4%</i>	24	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	97
<i>nitroglycerin sl tab 0.3 mg</i>	27		
<i>nitroglycerin sl tab 0.4 mg</i>	27		
<i>nitroglycerin sl tab 0.6 mg</i>	27		
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	27		

<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	97	NOVA SAFETY MIS LANC 23G	141
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	97	NOVA SAFETY MIS LANC 28G	141
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	97	NOVA SUREFLX MIS LANC DEV	142
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	97	NOVA SURE MIS LANCETS	141
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	120	NOVOLIN INJ 70/30	49
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	120	NOVOLIN INJ 70/30 FP	49
<i>norethindrone acetate tab 5 mg</i>	172	NOVOLIN N INJ 100 UNIT	49
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	97	NOVOLIN N INJ U-100.....	49
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	97	NOVOLIN R INJ 100 UNIT.....	49
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	97	NOVOLIN R INJ U-100	49
<i>norethindrone tab 0.35 mg</i>	98	NOVOLOG INJ 100/ML	49
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	97	NOVOLOG INJ FLEXPEN	49
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	97	NOVOLOG INJ PENFILL.....	49
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	97	NOVOLOG MIX INJ 70/30.....	49
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	97	NOVOLOG MIX INJ FLEXPEN.....	49
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<i>nortriptyline hcl cap 10 mg</i>	45	NUCALA INJ 100MG/ML.....	29
<i>nortriptyline hcl cap 25 mg</i>	45	NUCALA INJ 40MG/0.4.....	29
<i>nortriptyline hcl cap 50 mg</i>	45	NUCYNTA ER TAB 100MG	20
<i>nortriptyline hcl cap 75 mg</i>	45	NUCYNTA ER TAB 150MG	20
<i>nortriptyline hcl soln 10 mg/5ml</i>	45	NUCYNTA ER TAB 200MG	20
NORVIR CAP 100MG	82	NUCYNTA ER TAB 250MG	20
NORVIR POW 100MG.....	82	NUCYNTA ER TAB 50MG.....	20
NORVIR SOL 80MG/ML.....	83	NUCYNTA TAB 100MG.....	20
NORVIR TAB 100MG	83	NUCYNTA TAB 50MG	20
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		NUPLAZID TAB 10MG.....	75
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		<i>nystatin cream 100000 unit/gm</i>	104
		<i>nystatin oint 100000 unit/gm</i>	104
		<i>nystatin susp 100000 unit/ml</i>	162
		<i>nystatin tab 500000 unit</i>	52
		<i>nystatin topical powder 100000 unit/gm</i>	104
		<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	104

<i>nystatin-triamcinolone oint 100000-0.1</i>		<i>olanzapine orally disintegrating tab 5 mg</i>	78
<i>unit/gm-%</i>	104	<i>olanzapine tab 10 mg</i>	78
NYVEPRIA INJ 6/0.6ML	129	<i>olanzapine tab 15 mg</i>	78
o		<i>olanzapine tab 2.5 mg</i>	78
OCALIVA TAB 10MG	122	<i>olanzapine tab 20 mg</i>	78
OCALIVA TAB 5MG	122	<i>olanzapine tab 5 mg</i>	78
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olanzapine tab 7.5 mg</i>	78
<i>mg/ml)</i>	119	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	62
<i>mg/ml)</i>	119	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	62
<i>mg/ml)</i>	119	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>hydrochlorothiazide tab 40-10-25 mg</i>	62
<i>mg/ml)</i>	119	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	62
<i>mg/ml)</i>	119	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate subcutaneous soln pref</i>		<i>hydrochlorothiazide tab 40-5-25 mg</i>	62
<i>syr 100 mcg/ml</i>	119	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate subcutaneous soln pref</i>		<i>hydrochlorothiazide tab 20-12.5 mg</i>	62
<i>syr 500 mcg/ml</i>	119	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate subcutaneous soln pref</i>		<i>hydrochlorothiazide tab 40-12.5 mg</i>	62
<i>syr 50 mcg/ml</i>	119	<i>olmesartan medoxomil-</i>	
OCUFLOX DRO 0.3% OP	167	<i>hydrochlorothiazide tab 40-25 mg</i>	62
ODACTRA SUB	7	<i>olmesartan medoxomil tab 20 mg</i>	58
ODEFSEY TAB	83	<i>olmesartan medoxomil tab 40 mg</i>	58
ODOMZO CAP 200MG	66	<i>olmesartan medoxomil tab 5 mg</i>	58
OFEV CAP 100MG	177	<i>olopatadine hcl nasal soln 0.6%</i>	165
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<i>ofloxacin otic soln 0.3%</i>	170	<i>omega-3-acid ethyl esters cap 1 gm</i>	54
<i>ofloxacin tab 300 mg</i>	122	<i>omeprazole cap delayed release 10 mg</i> ...	181
<i>ofloxacin tab 400 mg</i>	122	<i>omeprazole cap delayed release 20 mg</i>	181
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	173	<i>omeprazole cap delayed release 40 mg</i>	181
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	173	OMNIFLEX DPR	132
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i> ...	173	OMNIPOD 5 DX KIT INT G7G6	142
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i> ...	173	OMNIPOD 5 DX MIS POD G7G6.....	142
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i> ..	173	OMNIPOD 5 G7 KIT INTRO.....	142
<i>olanzapine for im inj 10 mg</i>	78	OMNIPOD 5 G7 MIS PODS.....	142
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<i>.....</i>	78	OMNIPOD 5 LB MIS PODS G6.....	142
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<i>.....</i>	78	OMNIPOD DASH KIT PDM	142
<i>olanzapine orally disintegrating tab 20 mg</i>		OMNIPOD DASH MIS PODS	142
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<i>ondansetron hcl oral soln 4 mg/5ml</i>	51	ORENITRAM TAB 2.5MG	93
<i>ondansetron hcl tab 24 mg</i>	51	ORENITRAM TAB 5MG	93
<i>ondansetron hcl tab 4 mg</i>	51	ORENITRAM TAB MONTH 1.....	93
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<i>ondansetron orally disintegrating tab 4 mg</i>	51	ORENITRAM TAB MONTH 3.....	93
<i>ondansetron orally disintegrating tab 8 mg</i>	51	ORFADIN CAP 10MG	117
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ONETOUCH DEL MIS PLUS 30G	142	ORFADIN CAP 2MG	117
ONETOUCH DEL MIS PLUS 33G	142	ORFADIN CAP 5MG	117
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ONUREG TAB 200MG	65	<i>oseltamivir phosphate cap 30 mg (base</i> <i>equiv)</i>	85
ONUREG TAB 300MG	65	<i>oseltamivir phosphate cap 45 mg (base</i> <i>equiv)</i>	85
ONZETRA XSAI MIS 11MG	157	<i>oseltamivir phosphate cap 75 mg (base</i> <i>equiv)</i>	85
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ORAPRED ODT TAB 15MG.....	99	<i>oxaprozin cap 300 mg</i>	14
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ORAVIG TAB 50MG	162	<i>oxazepam cap 10 mg</i>	28
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ORENCIA INJ 125MG/ML	15	<i>oxazepam cap 30 mg</i>	28
ORENCIA INJ 50/0.4ML.....	15	<i>oxcarbazepine susp 300 mg/5ml (60</i> <i>mg/ml)</i>	38
ORENCIA INJ 87.5/0.7	15		
ORENITRAM TAB 0.125MG.....	93		
ORENITRAM TAB 0.25MG.....	93		

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<i>oxcarbazepine tab 300 mg</i>	38
<i>oxcarbazepine tab 600 mg</i>	38
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<i>oxiconazole nitrate cream 1%</i>	104
OXISTAT CRE 1%	104
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<i>oxybutynin chloride tab 5 mg</i>	182
<i>oxybutynin chloride tab er 24hr 10 mg</i>	182
<i>oxybutynin chloride tab er 24hr 15 mg</i>	182
<i>oxybutynin chloride tab er 24hr 5 mg</i>	182
<i>oxycodone hcl cap 5 mg</i>	20
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	20
<i>oxycodone hcl soln 5 mg/5ml</i>	20
<i>oxycodone hcl tab 10 mg</i>	20
<i>oxycodone hcl tab 15 mg</i>	20
<i>oxycodone hcl tab 20 mg</i>	20
<i>oxycodone hcl tab 30 mg</i>	20
<i>oxycodone hcl tab 5 mg</i>	20
<i>oxycodone hcl tab abuse deter 15 mg</i>	20
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	20
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	20
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	20
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	20
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	21
<i>oxymorphone hcl tab 10 mg</i>	20
<i>oxymorphone hcl tab 5 mg</i>	20
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OZEMPIC INJ 2MG/3ML.....	48
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<i>paliperidone tab er 24hr 3 mg</i>	76
<i>paliperidone tab er 24hr 6 mg</i>	76
<i>paliperidone tab er 24hr 9 mg</i>	76
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	51
PAMELOR CAP 10MG.....	45
PAMELOR CAP 25MG.....	45
PAMELOR CAP 50MG.....	45
PAMELOR CAP 75MG.....	45
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PANRETIN GEL 0.1%	104
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	181
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	181
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	181
<i>paricalcitol cap 1 mcg</i>	117
<i>paricalcitol cap 2 mcg</i>	117
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<i>paroxetine hcl tab 20 mg</i>	43
<i>paroxetine hcl tab 30 mg</i>	43
<i>paroxetine hcl tab 40 mg</i>	43
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	43
<i>paroxetine hcl tab er 24hr 25 mg</i>	43
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	131	<i>perphenazine tab 4 mg</i>	79
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	131	<i>perphenazine tab 8 mg</i>	79
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PERIDEX SOL 0.12%	162	<i>phenobarbital tab 64.8 mg</i>	130
<i>perindopril erbumine tab 2 mg</i>	57	<i>phenobarbital tab 97.2 mg</i>	130
<i>perindopril erbumine tab 4 mg</i>	57	<i>phenoxybenzamine hcl cap 10 mg</i>	58
<i>perindopril erbumine tab 8 mg</i>	57	<i>phentermine hcl cap 15 mg</i>	3
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<i>piroxicam cap 10 mg</i>	14	<i>potassium chloride cap er 8 meq</i>	159
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<i>potassium chloride tab er 8 meq (600 mg)</i>	159	<i>pravastatin sodium tab 80 mg</i>	55
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	125	<i>praziquantel tab 600 mg</i>	24
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	125	<i>prazosin hcl cap 1 mg</i>	59
<i>potassium citrate tab er 10 meq (1080 mg)</i>	125	<i>prazosin hcl cap 2 mg</i>	59
<i>potassium citrate tab er 15 meq (1620 mg)</i>	125	<i>prazosin hcl cap 5 mg</i>	59
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<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	74	<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	99
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	74	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	99
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	74	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	99
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<i>prasugrel hcl tab 5 mg (base equiv)</i>	128	<i>prednisone tab 10 mg</i>	99
<i>pravastatin sodium tab 10 mg</i>	55	<i>prednisone tab 1 mg</i>	99
		<i>prednisone tab 2.5 mg</i>	99
		<i>prednisone tab 20 mg</i>	99
		<i>prednisone tab 50 mg</i>	99
		<i>prednisone tab 5 mg</i>	99
		<i>prednisone tab therapy pack 10 mg (21)</i>	100
		<i>prednisone tab therapy pack 10 mg (48)</i>	100
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<i>propafenone hcl tab 225 mg</i>	29	<i>pyridostigmine bromide tab 60 mg.....</i>	64
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<i>quetiapine fumarate tab 150 mg</i>	78	<i>ramipril cap 2.5 mg</i>	57
<i>quetiapine fumarate tab 200 mg</i>	78	<i>ramipril cap 5 mg</i>	57
<i>quetiapine fumarate tab 25 mg</i>	78	RANEXA TAB 1000MG	26
<i>quetiapine fumarate tab 300 mg</i>	78	RANEXA TAB 500MG	26
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REMERON SLTB TAB 30MG.....	42	REVLIMID CAP 20MG	160
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RINVOQ TAB 30MG ER	10	RITALIN LA CAP 40MG.....	7
RINVOQ TAB 45MG ER	11	RITALIN TAB 10MG	7
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<i>risedronate sodium tab 30 mg.....</i>	115	RITALIN TAB 5MG	7
<i>risedronate sodium tab 35 mg.....</i>	115	RITEFLO MIS.....	156
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RISPERDAL INJ 50MG.....	76	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	173
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RISPERDAL TAB 3MG	76	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	158
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<i>risperidone orally disintegrating tab 0.5 mg</i>	77	<i>roflumilast tab 500 mcg.....</i>	30
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<i>risperidone orally disintegrating tab 2 mg</i>	77	<i>ropinirole hydrochloride tab 0.5 mg.....</i>	74
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<i>risperidone soln 1 mg/ml.....</i>	77	<i>ropinirole hydrochloride tab 3 mg</i>	74
<i>risperidone tab 0.25 mg.....</i>	77	<i>ropinirole hydrochloride tab 4 mg.....</i>	74
<i>risperidone tab 0.5 mg.....</i>	77	<i>ropinirole hydrochloride tab 5 mg.....</i>	74
<i>risperidone tab 1 mg.....</i>	77	<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent).....</i>	74
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<i>risperidone tab 4 mg.....</i>	77		
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<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	74	SAFTY NEEDLE MIS 18GX1.5	153
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	74	SAFTY NEEDLE MIS 19GX1	153
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	74	SAFTY NEEDLE MIS 19GX1.5	153
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<i>rosuvastatin calcium tab 20 mg</i>	56	SAFTY NEEDLE MIS 20GX1.5	153
<i>rosuvastatin calcium tab 40 mg</i>	56	SAFTY NEEDLE MIS 21GX1	153
<i>rosuvastatin calcium tab 5 mg</i>	55	SAFTY NEEDLE MIS 21GX1.5	153
ROWASA KIT 4GM	123	SAFTY NEEDLE MIS 21GX5/8	153
ROXICODONE TAB 15MG	20	SAFTY NEEDLE MIS 22GX1	153
ROXICODONE TAB 30MG	20	SAFTY NEEDLE MIS 22GX1.5	153
ROZLYTREK CAP 100MG	70	SAFTY NEEDLE MIS 23GX1	153
ROZLYTREK CAP 200MG	70	SAFTY NEEDLE MIS 23GX5/8	153
ROZLYTREK PAK 50MG	70	SAFTY NEEDLE MIS 25GX1	153
RUCONEST INJ 2100UNIT	127	SAFTY NEEDLE MIS 25GX5/8	153
<i>rufinamide susp 40 mg/ml</i>	39	SAFYRAL TAB	97
<i>rufinamide tab 200 mg</i>	39	SALAGEN TAB 5MG	162
<i>rufinamide tab 400 mg</i>	39	SALAGEN TAB 7.5MG	163
RUKOBIA TAB 600MG ER	83	SALIMEZ FORT CRE 10%	110
RYBELSUS TAB 14MG	48	<i>salsalate tab 500 mg</i>	17
RYBELSUS TAB 3MG	48	<i>salsalate tab 750 mg</i>	17
RYBELSUS TAB 7MG	48	SAMSCA TAB 15MG	120
RYDAPT CAP 25MG	70	SAMSCA TAB 30MG	120
RYTHMOL SR CAP 225MG	29	SANCUSO DIS 3.1MG	51
RYTHMOL SR CAP 325MG	29	SANDIMMUNE CAP 100MG	161
RYTHMOL SR CAP 425MG	29	SANDIMMUNE CAP 25MG	161
S		SANDIMMUNE SOL 100MG/ML	161
SAFE-T-LANCE MIS 21G	144	SANDOSTATIN INJ 100MCG	119
SAFE-T-LANCE MIS 25G	144	SANDOSTATIN INJ 500MCG	119
SAFE-T-LANCE MIS HI FLOW	144	SANDOSTATIN INJ 50MCG/ML	119
SAFE-T-LANCE MIS LOW FLOW	144	SANTYL OIN 250/GM	110
SAFE-T-LANCE MIS NOR FLOW	144	SAPHRIS SUB 10MG	78
SAFE-T-PRO MIS LANCETS	144	SAPHRIS SUB 2.5MG	78
SAFE-T-PRO MIS PLUS	144	SAPHRIS SUB 5MG	78
SAFETY 21G MIS LANCETS	144	<i>sapropterin dihydrochloride powder packet 100 mg</i>	118
SAFETY 23G MIS LANCETS	144	<i>sapropterin dihydrochloride powder packet 500 mg</i>	118
SAFETY 28G MIS LANCETS	144	<i>sapropterin dihydrochloride tab 100 mg</i>	118
SAFETY 30G MIS LANCETS	144	SAPSCARE MIS TWIST	144
SAFETYGLIDE MIS 21GX1.5	153	SAPS CARE PAD ALCOHOL	148
SAFETY MIS LANCETS	144	SAPS HEALTH MIS TWIST	144
SAFETY NEEDL MIS 22GX1.5	153	SAPS HEALTH PAD ALCOHOL	148
SAFTY NEEDLE MIS 18GX1	153	SAPS TWIST MIS 30G	144
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SAVELLA TAB 100MG	174	<i>sertraline hcl oral concentrate for solution</i>	
SAVELLA TAB 12.5MG	174	20 mg/ml	43
SAVELLA TAB 25MG	174	<i>sertraline hcl tab 100 mg</i>	43
SAVELLA TAB 50MG	174	<i>sertraline hcl tab 25 mg</i>	43
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	47	<i>sertraline hcl tab 50 mg</i>	43
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	47	<i>sevelamer carbonate packet 0.8 gm</i>	125
<i>saxagliptin-metformin hcl tab er 24hr 2.5-</i>		<i>sevelamer carbonate packet 2.4 gm</i>	125
1000 mg	46	<i>sevelamer carbonate tab 800 mg</i>	125
<i>saxagliptin-metformin hcl tab er 24hr 5-</i>		<i>sevelamer hcl tab 400 mg</i>	125
1000 mg	46	<i>sevelamer hcl tab 800 mg</i>	125
<i>saxagliptin-metformin hcl tab er 24hr 5-500</i>		SFROWASA ENE 4GM	123
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SAXENDA INJ 18MG/3ML	4	SHARPS CONT MIS 14QT	153
SB ALCOHOL PAD PREP	148	SHOPKO LANC MIS DEVICE.....	144
SB LANCETS MIS THIN	144	SIGNIFOR INJ 0.3MG/ML	119
SB LANCETS MIS ULTR THN	144	SIGNIFOR INJ 0.6MG/ML	119
<i>scopolamine td patch 72hr 1 mg/3days</i>	51	SIGNIFOR INJ 0.9MG/ML	119
SELECT-LITE KIT DEV/LANC.....	144	SIKLOS TAB 1000MG	128
SELECT-LITE MIS LANC DEV	144	SIKLOS TAB 100MG	128
<i>selegiline hcl cap 5 mg</i>	75	<i>sildenafil citrate for suspension 10 mg/ml</i> 94	
<i>selegiline hcl tab 5 mg</i>	75	<i>sildenafil citrate tab 100 mg</i>	92
<i>selenium sulfide lotion 2.5%</i>	106	<i>sildenafil citrate tab 20 mg</i>	94
<i>selenium sulfide shampoo 2.25%</i>	106	<i>sildenafil citrate tab 25 mg</i>	92
<i>selenium sulfide shampoo 2.3%</i>	106	<i>sildenafil citrate tab 50 mg</i>	92
SELZENTRY SOL 20MG/ML.....	83	<i>silodosin cap 4 mg</i>	126
SELZENTRY TAB 150MG	83	<i>silodosin cap 8 mg</i>	126
SELZENTRY TAB 25MG	83	SILVADENE CRE 1%	107
SELZENTRY TAB 300MG	83	<i>silver sulfadiazine cream 1%</i>	107
SELZENTRY TAB 75MG	83	SIMBRINZA SUS 1-0.2%	167
SENSIPAR TAB 30MG	118	SIMPLE DIAG MIS LANCING.....	144
SENSIPAR TAB 60MG	118	SIMPLICITY MIS INSERTER.....	153
SENSIPAR TAB 90MG	118	<i>simvastatin tab 10 mg</i>	56
SEREVENT DIS AER 50MCG.....	32	<i>simvastatin tab 20 mg</i>	56
SERNIVO SPR	109	<i>simvastatin tab 40 mg</i>	56
SERNIVO SPR 0.05%	109	<i>simvastatin tab 5 mg</i>	56
SEROQUEL TAB 100MG.....	78	<i>simvastatin tab 80 mg</i>	56
SEROQUEL TAB 200MG.....	78	SINEMET TAB 10-100MG.....	74
SEROQUEL TAB 25MG	78	SINEMET TAB 25-100MG	75
SEROQUEL TAB 300MG.....	78	<i>sirolimus oral soln 1 mg/ml</i>	161
SEROQUEL TAB 400MG.....	78	<i>sirolimus tab 0.5 mg</i>	161
SEROQUEL TAB 50MG	78	<i>sirolimus tab 1 mg</i>	161
SEROSTIM INJ 4MG	116	<i>sirolimus tab 2 mg</i>	161
SEROSTIM INJ 5MG	116	SIRTURO TAB 100MG	64
SEROSTIM INJ 6MG	116	SIRTURO TAB 20MG	64

SITAVIG TAB 50MG	85	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
SIVEXTRO TAB 200MG.....	25	3.13-1.6 gm/177ml	131
SKYCLARYS CAP 50MG.....	165	SOFTCLIX MIS LANCETS	144
SKYRIZI INJ 150MG/ML.....	105	SOGROYA INJ 10MG/1.5	116
SKYRIZI INJ 180/1.2.....	124	SOGROYA INJ 15MG/1.5	116
SKYRIZI INJ 360/2.4.....	124	SOGROYA INJ 5MG/1.5	116
SKYRIZI PEN INJ 150MG/ML	105	SOHONOS CAP 1.5MG	164
SLIP TIP 1ML MIS.....	153	SOHONOS CAP 10MG	164
SLIP TIP 3ML MIS.....	153	SOHONOS CAP 1MG	164
SM ALCOHOL PAD PREP	148	SOHONOS CAP 2.5MG	164
SMARTEST MIS LANCETS	144	SOHONOS CAP 5MG	164
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SMART SENSE MIS LANC 26G	144	SOLQUA INJ 100/33.....	46
SMART SENSE MIS LANC 30G	144	SOLODYN TAB 105MG	178
SMART SENSE MIS LANC 33G	144	SOLODYN TAB 115MG	178
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SM PRENATAL TAB VITAMINS.....	163	SOLODYN TAB 65MG	178
SM TRUEDRAW MIS LANC DEV	144	SOLODYN TAB 80MG	178
<i>sodium chloride soln nebu 0.9%.....</i>	100	SOLTAMOX SOL 10MG/5ML.....	67
<i>sodium chloride soln nebu 10%.....</i>	101	SOLU-CORTEF INJ 1000MG.....	100
<i>sodium chloride soln nebu 3%.....</i>	100	SOLU-CORTEF INJ 100MG	100
<i>sodium chloride soln nebu 7%.....</i>	101	SOLU-CORTEF INJ 250MG.....	100
<i>sodium citrate & citric acid soln 500-334</i>		SOLU-CORTEF INJ 500MG.....	100
<i>mg/5ml</i>	125	SOLUS V2 MIS LANC 28G	144
<i>sodium fluoride chew tab 0.25 mg f (from</i>		SOLUS V2 MIS LANC 30G	144
<i>0.55 mg naf).....</i>	159	SOLUS V2 MIS LANC DEV	144
<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>		SOLUS V2 SOL HIGH	144
<i>mg naf).....</i>	159	SOLUS V2 SOL LOW	144
<i>sodium fluoride gel 1.1% (0.5% f)</i>	162	SOMA TAB 250MG	164
<i>sodium fluoride paste 1.1%</i>	162	SOMA TAB 350MG	164
<i>sodium fluoride soln 0.125 mg/drop f (0.275</i>		SOOLANTRA CRE 1%.....	112
<i>mg/drop naf).....</i>	159	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>		<i>equivalent)</i>	70
<i>naf).....</i>	159	<i>sotalol hcl (afib/af) tab 120 mg</i>	88
<i>sodium phenylbutyrate oral powder 3</i>		<i>sotalol hcl (afib/af) tab 160 mg.....</i>	88
<i>gm/teaspoonful.....</i>	118	<i>sotalol hcl (afib/af) tab 80 mg.....</i>	88
<i>sodium phenylbutyrate tab 500 mg</i>	118	<i>sotalol hcl tab 120 mg</i>	88
<i>sodium polystyrene sulfonate powder</i>	162	<i>sotalol hcl tab 160 mg</i>	88
<i>sodium polystyrene sulfonate rectal susp</i>		<i>sotalol hcl tab 240 mg</i>	88
<i>30 gm/120ml</i>	162	<i>sotalol hcl tab 80 mg</i>	88
<i>sodium polystyrene sulfonate susp 15</i>		SOTYLIZE SOL 5MG/ML	88
<i>gm/60ml</i>	162	SOVALDI PAK 150MG.....	85
SOD OXYBATE SOL 500MG/ML	172	SOVALDI PAK 200MG.....	85

SOVALDI TAB 200MG	85	STRATTERA CAP 100MG.....	5
SOVALDI TAB 400MG	85	STRATTERA CAP 10MG.....	5
SPACE CHAMBR MIS ANTI-STA.....	156	STRATTERA CAP 18MG.....	5
SPACE CHAMBR MIS LARGE	156	STRATTERA CAP 25MG.....	5
SPACE CHAMBR MIS MEDIUM.....	156	STRATTERA CAP 40MG.....	5
SPACE CHAMBR MIS SMALL	156	STRATTERA CAP 60MG.....	5
SPEVIGO INJ 150/1ML.....	105	STRATTERA CAP 80MG.....	5
<i>spinosad susp 0.9%</i>	112	STRENSIQ INJ 18/0.45	118
SPIRIVA AER 1.25MCG	30	STRENSIQ INJ 28/0.7ML	118
SPIRIVA CAP HANDIHLR	30	STRENSIQ INJ 40MG/ML.....	118
SPIRIVA SPR 2.5MCG.....	30	STRENSIQ INJ 80/0.8ML	118
<i>spironolactone & hydrochlorothiazide tab</i>		STRIVERDI AER 2.5MCG.....	32
25-25 mg	113	STROMECTOL TAB 3MG	24
<i>spironolactone susp 25 mg/5ml</i>	114	SUCRAID SOL 8500/ML.....	112
<i>spironolactone tab 100 mg</i>	114	<i>sucralfate tab 1 gm</i>	181
<i>spironolactone tab 25 mg</i>	114	SULAR TAB 17MG ER	90
<i>spironolactone tab 50 mg</i>	114	SULAR TAB 34MG ER.....	90
SPORANOX CAP 100MG.....	52	SULAR TAB 8.5MG ER.....	90
SPORANOX SOL 10MG/ML	52	<i>sulconazole nitrate cream 1%</i>	104
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SPRYCEL TAB 140MG	71	<i>sulfacetamide sodium ophth oint 10%....</i>	167
SPRYCEL TAB 20MG	70	<i>sulfacetamide sodium ophth soln 10%...</i>	167
SPRYCEL TAB 50MG	70	<i>sulfacetamide sodium-prednisolone ophth</i>	
SPRYCEL TAB 70MG	71	<i>soln 10-0.23(0.25)%</i>	169
SPRYCEL TAB 80MG	71	<i>sulfacetamide sodium-sulfur in urea</i>	
STALEVO 100 TAB	75	<i>emulsion 10-4%</i>	103
STALEVO 125 TAB	75	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
STALEVO 150 TAB.....	75	10-2%	102
STALEVO 200 TAB.....	75	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
STALEVO 50 TAB.....	75	10-5%	102
STALEVO 75 TAB.....	75	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
<i>stavudine cap 15 mg</i>	83	9.8-4.8%	102
<i>stavudine cap 20 mg</i>	83	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>	
<i>stavudine cap 30 mg</i>	83	4.5%.....	102
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STELARA INJ 45MG/0.5	105	<i>pad 10-4%</i>	102
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<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	25	SURE COMFORT MIS LANC PEN.....	145
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<i>sulindac tab 150 mg</i>	14	SUTENT CAP 25MG.....	71
<i>sulindac tab 200 mg</i>	14	SUTENT CAP 37.5MG.....	71
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<i>sumatriptan nasal spray 5 mg/act</i>	158	SYMBYAX CAP 3-25MG.....	173
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	158	SYMBYAX CAP 6-25MG.....	174
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	158	SYMDEKO TAB 100-150.....	177
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		SYNTHROID TAB 150MCG.....	179
		SYNTHROID TAB 175MCG.....	179
		SYNTHROID TAB 200MCG.....	179
		SYNTHROID TAB 25MCG.....	179
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TACLONEX OIN.....	109	<i>tazarotene gel 0.05%</i>	106
TACLONEX SUS.....	109	<i>tazarotene gel 0.1%</i>	106
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<i>tacrolimus cap 5 mg</i>	161	TECHLITE AST MIS LANCETS.....	145
<i>tacrolimus oint 0.03%</i>	110	TECHLITE MIS LANC 26G.....	145
<i>tacrolimus oint 0.1%</i>	110	TECHLITE MIS LANCETS.....	145
<i>tadalafil tab 10 mg</i>	93	TEGRETOL SUS 100/5ML.....	39
<i>tadalafil tab 2.5 mg</i>	93	TEGRETOL TAB 200MG.....	39
<i>tadalafil tab 20 mg</i>	93	TEGRETOL-XR TAB 100MG.....	39
<i>tadalafil tab 20 mg (pah)</i>	94	TEGRETOL-XR TAB 200MG.....	39
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TAMIFLU CAP 75MG.....	86	<i>telmisartan tab 40 mg</i>	58
TAMIFLU SUS 6MG/ML.....	86	<i>telmisartan tab 80 mg</i>	58
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	67	<i>temazepam cap 15 mg</i>	130
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	67	<i>temazepam cap 22.5 mg</i>	130

<i>temazepam cap 30 mg</i>	131	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	23
<i>temazepam cap 7.5 mg</i>	130	.....	23
TEMBEXA SUS 10MG/ML.....	86	<i>testosterone td gel 50 mg/5gm (1%)</i>	23
TEMBEXA TAB 100MG	86	<i>testosterone td soln 30 mg/act</i>	23
TEMODAR CAP 250MG.....	65	TET/DIP TOX INJ 2-2 LF.....	179
<i>temozolomide cap 100 mg</i>	65	<i>tetrabenazine tab 12.5 mg</i>	174
<i>temozolomide cap 140 mg</i>	65	<i>tetrabenazine tab 25 mg</i>	174
<i>temozolomide cap 180 mg</i>	65	<i>tetracaine hcl ophth soln 0.5%</i>	168
<i>temozolomide cap 20 mg</i>	65	<i>tetracycline hcl cap 250 mg</i>	178
<i>temozolomide cap 250 mg</i>	65	<i>tetracycline hcl cap 500 mg</i>	178
<i>temozolomide cap 5 mg</i>	65	TEXACORT SOL 2.5%	109
TENIVAC INJ 5-2LF	179	TGT LANCET MIS 26G	145
<i>tenofovir disoproxil fumarate tab 300 mg</i> 83		TGT LANCET MIS 30G	145
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TENORMIN TAB 25MG.....	87	THALOMID CAP 150MG	160
TENORMIN TAB 50MG.....	87	THALOMID CAP 200MG	160
<i>terazosin hcl cap 10 mg (base equivalent)</i> 59		THALOMID CAP 50MG	160
<i>terazosin hcl cap 1 mg (base equivalent)</i> 59		<i>theophylline elixir 80 mg/15ml</i>	33
<i>terazosin hcl cap 2 mg (base equivalent)</i> .59		<i>theophylline soln 80 mg/15ml</i>	33
<i>terazosin hcl cap 5 mg (base equivalent)</i> .59		<i>theophylline tab er 12hr 300 mg</i>	33
<i>terbinafine hcl tab 250 mg</i>	52	<i>theophylline tab er 12hr 450 mg</i>	33
<i>terbutaline sulfate tab 2.5 mg</i>	32	<i>theophylline tab er 24hr 400 mg</i>	33
<i>terbutaline sulfate tab 5 mg</i>	32	<i>theophylline tab er 24hr 600 mg</i>	33
<i>terconazole vaginal cream 0.4%</i>	183	THIN LANCETS MIS 26G	145
<i>terconazole vaginal cream 0.8%</i>	183	THIN LANCETS MIS 30G	145
<i>terconazole vaginal suppos 80 mg</i>	183	THINLETS GP MIS 26G	145
<i>teriflunomide tab 14 mg</i>	175	<i>thioridazine hcl tab 100 mg</i>	80
<i>teriflunomide tab 7 mg</i>	175	<i>thioridazine hcl tab 10 mg</i>	80
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i> .115		<i>thioridazine hcl tab 25 mg</i>	80
<i>testosterone cypionate im inj in oil 100</i>		<i>thioridazine hcl tab 50 mg</i>	80
<i>mg/ml</i>	23	<i>thiothixene cap 10 mg</i>	80
<i>testosterone cypionate im inj in oil 200</i>		<i>thiothixene cap 1 mg</i>	80
<i>mg/ml</i>	23	<i>thiothixene cap 2 mg</i>	80
<i>testosterone enanthate im inj in oil 200</i>		<i>thiothixene cap 5 mg</i>	80
<i>mg/ml</i>	23	<i>tiagabine hcl tab 12 mg</i>	40
<i>testosterone td gel 10mg/act (2%)</i>	23	<i>tiagabine hcl tab 16 mg</i>	40
<i>testosterone td gel 12.5 mg/act (1%)</i>	23	<i>tiagabine hcl tab 2 mg</i>	40
<i>testosterone td gel 20.25 mg/1.25gm</i>		<i>tiagabine hcl tab 4 mg</i>	40
<i>(1.62%)</i>	23	TIAZAC CAP 120MG/24	90
<i>testosterone td gel 20.25 mg/act (1.62%)</i> 23		TIAZAC CAP 180MG/24	90
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	23	TIAZAC CAP 240MG/24	90
		TIAZAC CAP 300MG/24	90

TIAZAC CAP 360MG/24.....	90	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	164
TIAZAC CAP 420MG/24.....	90	.....	164
TIBSOVO TAB 250MG	71	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	164
TIKOSYN CAP 125MCG	29	.....	164
TIKOSYN CAP 250MCG	29	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	164
TIKOSYN CAP 500MCG	29	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	164
<i>timolol maleate ophth gel forming soln</i>		TOBRADEX OIN 0.3-0.1%	169
0.25%.....	166	TOBRADEX SUS 0.3-0.1%.....	169
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0.5%.....	166	0.3-0.1%	169
<i>timolol maleate ophth soln 0.25%</i>	166	<i>tobramycin nebu soln 300 mg/4ml.....</i>	7
<i>timolol maleate ophth soln 0.5%</i>	166	<i>tobramycin nebu soln 300 mg/5ml.....</i>	7
<i>timolol maleate ophth soln 0.5% (once-</i>		<i>tobramycin ophth soln 0.3%.....</i>	167
<i>daily).....</i>	166	TOBREX OIN 0.3% OP.....	167
<i>timolol maleate preservative free ophth soln</i>		TODAY SPONGE MIS.....	183
0.25%.....	166	<i>tolcapone tab 100 mg</i>	72
<i>timolol maleate preservative free ophth soln</i>		<i>tolmetin sodium cap 400 mg.....</i>	14
0.5%.....	166	<i>tolmetin sodium tab 600 mg</i>	14
<i>timolol maleate tab 10 mg</i>	88	<i>tolterodine tartrate cap er 24hr 2 mg</i>	182
<i>timolol maleate tab 20 mg</i>	88	<i>tolterodine tartrate cap er 24hr 4 mg</i>	182
<i>timolol maleate tab 5 mg</i>	88	<i>tolterodine tartrate tab 1 mg</i>	182
TIMOPTIC SOL 0.25% OP	166	<i>tolterodine tartrate tab 2 mg.....</i>	182
TIMOPTIC SOL 0.5% OP	166	<i>tolvaptan tab 15 mg.....</i>	120
TIMOPTIC-XE SOL 0.25% OP.....	166	<i>tolvaptan tab 30 mg.....</i>	120
TIMOPTIC-XE SOL 0.5% OP.....	166	TOOMEY SYRIN MIS 70ML.....	155
<i>tinidazole tab 250 mg.....</i>	24	TOPAMAX SPR CAP 15MG	39
<i>tinidazole tab 500 mg</i>	24	TOPAMAX SPR CAP 25MG	39
<i>tiopronin tab 100 mg.....</i>	126	TOPAMAX TAB 100MG	39
<i>tiopronin tab delayed release 100 mg.....</i>	126	TOPAMAX TAB 200MG	39
<i>tiopronin tab delayed release 300 mg.....</i>	126	TOPAMAX TAB 25MG	39
<i>tiotropium bromide monohydrate inhal cap</i>		TOPAMAX TAB 50MG	39
18 mcg (base equiv).....	30	TOPCARE MIS LANC 33G.....	145
TISSEEL KIT 10ML	130	TOPICORT CRE 0.05%.....	109
TISSEEL KIT 2ML	129	TOPICORT CRE 0.25%.....	109
TISSEEL KIT 4ML	130	TOPICORT GEL 0.05%	109
TISSEEL SOL 10ML.....	130	TOPICORT OIN 0.05%	109
TISSEEL SOL 2ML	130	TOPICORT OIN 0.25%	109
TISSEEL SOL 4ML	130	TOPICORT SPR 0.25%	109
TIVICAY PD TAB 5MG	83	<i>topiramate cap er 24hr 100 mg</i>	39
TIVICAY TAB 10MG	83	<i>topiramate cap er 24hr 200 mg.....</i>	39
TIVICAY TAB 25MG	83	<i>topiramate cap er 24hr 25 mg.....</i>	39
TIVICAY TAB 50MG	83	<i>topiramate cap er 24hr 50 mg.....</i>	39
<i>tizanidine hcl cap 2 mg (base equivalent)</i>		<i>topiramate sprinkle cap 15 mg.....</i>	39
.....	164	<i>topiramate sprinkle cap 25 mg.....</i>	39

<i>topiramate tab 100 mg</i>	39	<i>trazodone hcl tab 300 mg</i>	43
<i>topiramate tab 200 mg</i>	39	<i>trazodone hcl tab 50 mg</i>	43
<i>topiramate tab 25 mg</i>	39	TRECTOR TAB 250MG.....	64
<i>topiramate tab 50 mg</i>	39	TRELEGY AER 100MCG	32
<i>toremifene citrate tab 60 mg (base equivalent)</i>	67	TRELEGY AER 200MCG	32
<i>toremide tab 100 mg</i>	114	TREMFYA INJ 100MG/ML.....	106
<i>toremide tab 10 mg</i>	114	TRESIBA FLEX INJ 100UNIT	49
<i>toremide tab 20 mg</i>	114	TRESIBA FLEX INJ 200UNIT	49
<i>toremide tab 5 mg</i>	114	TRESIBA INJ 100UNIT	49
TPOXX CAP 200MG	86	<i>tretinoin cap 10 mg</i>	72
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	22	<i>tretinoin cream 0.025%</i>	103
<i>tramadol hcl oral soln 5 mg/ml</i>	20	<i>tretinoin cream 0.05%</i>	103
<i>tramadol hcl tab 50 mg</i>	20	<i>tretinoin cream 0.1%</i>	103
<i>tramadol hcl tab er 24hr 100 mg</i>	20	<i>tretinoin gel 0.01%</i>	103
<i>tramadol hcl tab er 24hr 200 mg</i>	20	<i>tretinoin gel 0.025%</i>	103
<i>tramadol hcl tab er 24hr 300 mg</i>	20	<i>tretinoin gel 0.05%</i>	103
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	20	<i>tretinoin microsphere gel 0.04%</i>	103
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	21	<i>tretinoin microsphere gel 0.08%</i>	103
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	21	<i>tretinoin microsphere gel 0.1%</i>	103
<i>trandolapril tab 1 mg</i>	58	TREXALL TAB 10MG.....	65
<i>trandolapril tab 2 mg</i>	58	TREXALL TAB 15MG.....	65
<i>trandolapril tab 4 mg</i>	58	TREXALL TAB 5MG.....	65
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	62	TREXALL TAB 7.5MG.....	65
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	62	<i>triamcinolone acetonide cream 0.025%</i> 109	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	62	<i>triamcinolone acetonide cream 0.1%</i>	109
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	62	<i>triamcinolone acetonide cream 0.5%</i>	109
<i>tranexamic acid tab 650 mg</i>	129	<i>triamcinolone acetonide dental paste 0.1%</i>	162
TRANXENE T TAB 7.5MG	28	<i>triamcinolone acetonide lotion 0.025%</i> 109	
<i>tranylcypromine sulfate tab 10 mg</i>	42	<i>triamcinolone acetonide lotion 0.1%</i>	109
TRAVEL LANCE MIS 30G	145	<i>triamcinolone acetonide oint 0.025%</i>	109
TRAVEL LANCE MIS ADV 28G.....	145	<i>triamcinolone acetonide oint 0.1%</i>	109
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	170	<i>triamcinolone acetonide oint 0.5%</i>	109
<i>trazodone hcl tab 100 mg</i>	43	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	113
<i>trazodone hcl tab 150 mg</i>	43	<i>triamterene & hydrochlorothiazide tab 37.5- 25 mg</i>	113
		<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	113
		<i>triamterene cap 100 mg</i>	114
		<i>triamterene cap 50 mg</i>	114
		<i>triazolam tab 0.125 mg</i>	131
		<i>triazolam tab 0.25 mg</i>	131
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TRIBENZOR40- TAB 5-25MG.....	62	TRUE METRIX SOL LEVEL 1	145
TRIDESILON CRE 0.05%.....	109	TRUE METRIX SOL LEVEL 2	145
<i>trientine hcl cap 250 mg.....</i>	159	TRUE METRIX SOL LEVEL 3	145
<i>trifluoperazine hcl tab 10 mg (base</i>		TRULICITY INJ 0.75/0.5	48
<i>equivalent).....</i>	80	TRULICITY INJ 1.5/0.5	48
<i>trifluoperazine hcl tab 1 mg (base</i>		TRULICITY INJ 3/0.5	48
<i>equivalent).....</i>	80	TRULICITY INJ 4.5/0.5	48
<i>trifluoperazine hcl tab 2 mg (base</i>		TRUPLUS LANC MIS 26G	145
<i>equivalent).....</i>	80	TRUPLUS LANC MIS 28G	145
<i>trifluoperazine hcl tab 5 mg (base</i>		TRUPLUS LANC MIS 30G	145
<i>equivalent).....</i>	80	TRUPLUS LANC MIS 33G	145
<i>trifluridine ophth soln 1%.....</i>	168	TRUSOPT SOL 2% OP	169
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml....</i>	72	TRUZONE PEAK MIS FLOW MTR	156
<i>trihexyphenidyl hcl tab 2 mg.....</i>	72	TUKYSA TAB 150MG	66
<i>trihexyphenidyl hcl tab 5 mg.....</i>	72	TUKYSA TAB 50MG	66
TRIJARDY XR TAB	47	TURPENTINE SOL SPIRITS.....	110
TRIKAFTA PAK 59.5MG	177	TUZISTRA XR SUS.....	100
TRIKAFTA PAK 75MG	177	TWIIST KIT REFILL	145
TRIKAFTA TAB	177	TWIIST KIT STARTER	145
TRILEPTAL SUS 300MG/5M.....	39	TWIIST REFIL KIT INFUSION	145
TRILEPTAL TAB 150MG	39	TWIST LANCET MIS 30G.....	145
TRILEPTAL TAB 300MG	39	TWIST LANCET MIS 30G MULT	145
TRILEPTAL TAB 600MG	39	TYBOST TAB 150MG.....	83
TRILIPIX CAP 135MG	55	TYKERB TAB 250MG.....	71
TRILIPIX CAP 45MG	55	TYMLOS INJ.....	115
<i>trimethobenzamide hcl cap 300 mg.....</i>	51	TYVASO DPI POW 16-32-48.....	93
<i>trimethoprim tab 100 mg</i>	24	TYVASO DPI POW 16-32MCG	93
<i>trimipramine maleate cap 100 mg</i>	46	TYVASO DPI POW 16MCG	93
<i>trimipramine maleate cap 25 mg.....</i>	46	TYVASO DPI POW 32-48MCG.....	93
<i>trimipramine maleate cap 50 mg.....</i>	46	TYVASO DPI POW 32MCG	93
TRIUMEQ PD TAB	83	TYVASO DPI POW 48MCG	93
TRIUMEQ TAB	83	TYVASO DPI POW 64MCG	93
TRIZIVIR TAB.....	83	TYVASO RF KT SOL 0.6MG/ML	94
TROKENDI XR CAP 100MG	40	TYVASO SOL 0.6MG/ML.....	94
TROKENDI XR CAP 200MG	40	TYVASO ST KT SOL 0.6MG/ML	94
TROKENDI XR CAP 25MG.....	40	U	
TROKENDI XR CAP 50MG.....	40	UBRELVY TAB 100MG.....	157
<i>trospium chloride cap er 24hr 60 mg.....</i>	182	UBRELVY TAB 50MG	157
<i>trospium chloride tab 20 mg.....</i>	182	UCERIS AER 2MG/ACT	23
TRUE COMFORT MIS LANC 30G	145	UCERIS TAB 9MG.....	100
TRUE COMFORT PAD PRO.....	148	ULTICARE PAD ALCOHOL.....	148

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ULTIGUARD MIS 32GX6MM	155	UNISTIK 2 MIS 2.4MM	146
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ULTILET MIS 26G	145	UNISTIK 2 MIS EXTRA	146
ULTILET MIS 28G	145	UNISTIK 2 MIS NEONATAL	146
ULTILET MIS 30G	146	UNISTIK 2 MIS NORMAL	146
ULTILET MIS 33G	146	UNISTIK 2 MIS SUPER	146
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ULTRA THIN MIS 28G	146	UNISTIK 3 MIS NORMAL	147
ULTRA THIN MIS 30G	146	UNISTIK 3 MIS XTR 21G	147
ULTRA THIN MIS 31G	146	UNISTIK CZT MIS COMFORT	147
ULTRA THIN MIS 33G	146	UNISTIK CZT MIS NORMAL	147
ULTRA THIN MIS LANC 31G	146	UNISTIK PRO MIS LANC 21G	147
ULTRA THIN MIS LANC 28G	146	UNISTIK PRO MIS LANC 28G	147
ULTRA THIN MIS LANC 30G	146	UNISTIK SAFE MIS LANC 28G	147
ULTRA THIN MIS LANCETS	146	UNISTIK SAFE MIS LANC 30G	147
UNIFINE PNTF MIS 29GX1/2	155	UNISTIK TOUC MIS LANC 21G	147
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UNILET CMFR MIS TCH 30G	146	UNISTIK TOUC MIS LANC 30G	147
UNILET EXCEL MIS 23G	146	UNITSTIK PRO MIS LANC 25G	147
UNILET EX II MIS 28G	146	UNIVERSAL 1 MIS 33G	147
UNILET G.P. MIS 21G	146	UNIVERSAL 1 MIS LANC 26G	147
UNILET G.P MIS SUPR 23G	146	UNIVERSAL 1 MIS LANC 30G	147
UNILET GP 28 MIS ULT THIN	146	UPTRAVI PACK TAB 200/800	94
UNILET LANCE MIS 21G	146	UPTRAVI TAB 1000MCG	94
UNILET LANCE MIS 28G	146	UPTRAVI TAB 1200MCG	94
UNILET LANCE MIS 33G	146	UPTRAVI TAB 1400MCG	94
UNILET LANC MIS 33G	146	UPTRAVI TAB 1600MCG	94
UNILET LANCT MIS 28G	146	UPTRAVI TAB 200MCG	94
UNILET LANCT MIS 30G	146	UPTRAVI TAB 400MCG	94
UNILET LANCT MIS 33G	146	UPTRAVI TAB 600MCG	94
UNILET MICRO MIS 33G	146	UPTRAVI TAB 800MCG	94
UNILET MIS 21G	146	<i>urea cream 39%</i>	110
UNILET SUPER MIS 23G	146	<i>urea cream 47%</i>	110
UNILET SUPER MIS G.P. 23G	146	UROCIT-K 10 TAB	125
UNISTIK 1 MIS 2.4MM	146	UROCIT-K 15 TAB	126
UNISTIK 1 MIS 3.0MM	146	UROCIT-K 5 TAB	125
UNISTIK 23G MIS NORMAL	147	URSO 250 TAB 250MG	122
UNISTIK 2 MIS	146	<i>ursodiol cap 300 mg</i>	122

<i>ursodiol tab 250 mg</i>	122	<i>vancomycin hcl for oral soln 25 mg/ml</i>	
<i>ursodiol tab 500 mg</i>	122	<i>(base equivalent)</i>	25
URSO FORTE TAB 500MG	122	<i>vancomycin hcl for oral soln 50 mg/ml</i>	
V		<i>(base equivalent)</i>	25
VAGIFEM TAB 10MCG	183	VANOS CRE 0.1%	109
<i>valacyclovir hcl tab 1 gm</i>	85	VANTAGE LANC MIS DEVICE.....	147
<i>valacyclovir hcl tab 500 mg</i>	85	<i>vardenafil hcl orally disintegrating tab 10</i>	
VALCHLOR GEL 0.016%	104	<i>mg</i>	93
<i>valganciclovir hcl for soln 50 mg/ml (base</i>		<i>vardenafil hcl tab 10 mg</i>	93
<i>equiv)</i>	84	<i>vardenafil hcl tab 2.5 mg</i>	93
<i>valganciclovir hcl tab 450 mg (base</i>		<i>vardenafil hcl tab 20 mg</i>	93
<i>equivalent)</i>	84	<i>vardenafil hcl tab 5 mg</i>	93
VALIUM TAB 10MG	28	<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	
VALIUM TAB 2MG	28	.....	176
VALIUM TAB 5MG	28	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i>	
<i>valproate sodium oral soln 250 mg/5ml</i>		<i>mg start pack</i>	176
<i>(base equiv)</i>	41	<i>varenicline tartrate tab 1 mg (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	41	.....	176
<i>valsartan-hydrochlorothiazide tab 160-12.5</i>		VARUBI TAB 90MG	52
<i>mg</i>	63	VASERETIC TAB 10-25MG	63
<i>valsartan-hydrochlorothiazide tab 160-25</i>		VASOTEC TAB 10MG.....	58
<i>mg</i>	63	VASOTEC TAB 2.5MG	58
<i>valsartan-hydrochlorothiazide tab 320-12.5</i>		VASOTEC TAB 20MG.....	58
<i>mg</i>	63	VASOTEC TAB 5MG.....	58
<i>valsartan-hydrochlorothiazide tab 320-25</i>		VAXELIS INJ.....	179
<i>mg</i>	63	VCF VAGINAL GEL CONTRACE	183
<i>valsartan-hydrochlorothiazide tab 80-12.5</i>		VCF VAGINAL MIS CONTRACP	183
<i>mg</i>	63	VECAMYL TAB 2.5MG	63
<i>valsartan oral soln 4 mg/ml</i>	58	VELSIPITY TAB 2MG	124
<i>valsartan tab 160 mg</i>	59	VELTASSA POW 16.8GM.....	162
<i>valsartan tab 320 mg</i>	59	VELTASSA POW 25.2GM.....	162
<i>valsartan tab 40 mg</i>	59	VELTASSA POW 8.4GM.....	162
<i>valsartan tab 80 mg</i>	59	VEMLIDY TAB 25MG.....	85
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VALTOCO SPR 15MG.....	35	VENCLEXTA TAB 10MG	66
VALTOCO SPR 20MG.....	36	VENCLEXTA TAB 50MG	66
VALTOCO SPR 5MG.....	35	VENCLEXTA TAB START PK	66
VANCOCIN CAP 125MG	25	<i>venlafaxine hcl cap er 24hr 150 mg (base</i>	
VANCOCIN CAP 250MG	25	<i>equivalent)</i>	44
<i>vancomycin hcl cap 125 mg (base</i>		<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i>	
<i>equivalent)</i>	25	<i>equivalent)</i>	44
<i>vancomycin hcl cap 250 mg (base</i>		<i>venlafaxine hcl cap er 24hr 75 mg (base</i>	
<i>equivalent)</i>	25	<i>equivalent)</i>	44

<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	44	VERIFINE MIS UNIV 33G.....	147
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	44	VERQUVO TAB 10MG.....	95
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	44	VERQUVO TAB 2.5MG.....	95
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	44	VERQUVO TAB 5MG.....	95
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	44	VERSACLOZ SUS 50MG/ML.....	78
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	44	VERZENIO TAB 100MG.....	71
VENTAVIS SOL 10MCG/ML.....	94	VERZENIO TAB 150MG.....	71
VENTAVIS SOL 20MCG/ML.....	94	VERZENIO TAB 200MG.....	71
VENT NEEDLE MIS 18GX1.....	155	VERZENIO TAB 50MG.....	71
VEOZAH TAB 45MG.....	117	VESICARE LS SUS 5MG/5ML.....	182
<i>verapamil hcl cap er 24hr 100 mg</i>	90	VESICARE TAB 10MG.....	182
<i>verapamil hcl cap er 24hr 120 mg</i>	90	VESICARE TAB 5MG.....	182
<i>verapamil hcl cap er 24hr 180 mg</i>	90	VFEND SUS 40MG/ML.....	52
<i>verapamil hcl cap er 24hr 200 mg</i>	90	VFEND TAB 200MG.....	52
<i>verapamil hcl cap er 24hr 240 mg</i>	90	VFEND TAB 50MG.....	52
<i>verapamil hcl cap er 24hr 300 mg</i>	90	VIBERZI TAB 100MG.....	124
<i>verapamil hcl cap er 24hr 360 mg</i>	90	VIBERZI TAB 75MG.....	124
<i>verapamil hcl tab 120 mg</i>	90	VIBRAMYCIN CAP 100MG.....	178
<i>verapamil hcl tab 40 mg</i>	90	VIBRAMYCIN SUS 25MG/5ML.....	178
<i>verapamil hcl tab 80 mg</i>	90	VICTOZA INJ 18MG/3ML.....	48
<i>verapamil hcl tab er 120 mg</i>	90	<i>vigabatrin powd pack 500 mg</i>	40
<i>verapamil hcl tab er 180 mg</i>	90	<i>vigabatrin tab 500 mg</i>	40
<i>verapamil hcl tab er 240 mg</i>	90	VIGAMOX DRO 0.5%.....	168
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VERDESO AER 0.05%.....	109	<i>vilazodone hcl tab 20 mg</i>	43
VERELAN CAP 120MG SR.....	90	<i>vilazodone hcl tab 40 mg</i>	43
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VERELAN CAP 240MG SR.....	90	VIMOVO TAB 500-20MG.....	14
VERELAN CAP 360MG SR.....	90	VIMPAT SOL 10MG/ML.....	40
VERELAN PM CAP 100MG ER.....	90	VIMPAT TAB 100MG.....	40
VERELAN PM CAP 200MG ER.....	90	VIMPAT TAB 150MG.....	40
VERELAN PM CAP 300MG ER.....	90	VIMPAT TAB 200MG.....	40
VERIFINE LAN MIS MINI 21G.....	147	VIMPAT TAB 50MG.....	40
VERIFINE LAN MIS MINI 23G.....	147	VIOKACE TAB 10440.....	113
VERIFINE LAN MIS MINI 28G.....	147	VIOKACE TAB 20880.....	113
VERIFINE LAN MIS MINI 30G.....	147	VIREAD POW 40MG/GM.....	83
VERIFINE MIS UNIV 28G.....	147	VIREAD TAB 150MG.....	83
VERIFINE MIS UNIV 30G.....	147	VIREAD TAB 200MG.....	84
		VIREAD TAB 250MG.....	84
		VIREAD TAB 300MG.....	84
		VISTARIL CAP 25MG.....	27
		VISTARIL CAP 50MG.....	27
		VISTOGARD PAK 10GM.....	50
		VITRAKVI CAP 100MG.....	71

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VONJO CAP 100MG.....	71	<i>warfarin sodium tab 2.5 mg</i>	33
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VOQUEZNA PAK TRIP PK	182	<i>warfarin sodium tab 3 mg</i>	33
<i>voriconazole for susp 40 mg/ml</i>	52	<i>warfarin sodium tab 4 mg</i>	33
<i>voriconazole tab 200 mg</i>	52	<i>warfarin sodium tab 5 mg</i>	33
<i>voriconazole tab 50 mg</i>	52	<i>warfarin sodium tab 6 mg</i>	33
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VOXZOGO INJ 0.4MG.....	118	WEGOVY INJ 1MG.....	4
VOXZOGO INJ 0.56MG.....	118	WEGOVY INJ 2.4MG.....	4
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VYVANSE CAP 50MG.....	2	XALKORI CAP 200MG	71
VYVANSE CAP 60MG.....	2	XALKORI CAP 20MG	71
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VYVANSE CHW 10MG	2	XALKORI CAP 50MG	71
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VYVANSE CHW 30MG	2	XARELTO SUS 1MG/ML.....	33

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XCOPRI PAK 100-150.....	40	XYOSTED INJ 50/0.5.....	23
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XCOPRI PAK 50-100MG.....	40	YONSA TAB 125MG.....	67
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XCOPRI TAB 200MG.....	40	ZACLIR LOT 8%.....	103
XCOPRI TAB 25MG.....	40	<i>zafirlukast tab 10 mg</i>	30
XCOPRI TAB 50MG.....	40	<i>zafirlukast tab 20 mg</i>	30
XELJANZ SOL 1MG/ML.....	11	<i>zaleplon cap 10 mg</i>	131
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XOPENEX NEB 0.63MG.....	33	ZENPEP CAP 25000UNT.....	113
XOPENEX NEB 1.25/3ML.....	33	ZENPEP CAP 3000UNIT.....	113
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XTAMPZA ER CAP 18MG.....	21	ZENPEP CAP 60000UNT.....	113
XTAMPZA ER CAP 27MG.....	21	ZEPBOUND INJ 10/0.5ML.....	4
XTAMPZA ER CAP 36MG.....	21	ZEPBOUND INJ 12.5MG.....	4
XTAMPZA ER CAP 9MG.....	21	ZEPBOUND INJ 15/0.5ML.....	4
XTANDI CAP 40MG.....	67	ZEPBOUND INJ 2.5MG.....	4

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ZESTRIL TAB 40MG	58	<i>zolmitriptan nasal spray 5 mg/spray unit</i>	158
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<i>ziprasidone hcl cap 40 mg</i>	76	ZONALON CRE 5%	105
<i>ziprasidone hcl cap 60 mg</i>	76	<i>zonisamide cap 100 mg</i>	40
<i>ziprasidone hcl cap 80 mg</i>	76	<i>zonisamide cap 25 mg</i>	40
<i>ziprasidone mesylate for inj 20 mg (base</i>		<i>zonisamide cap 50 mg</i>	40
<i>equivalent)</i>	76	ZORBTIVE INJ 8.8MG	116
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ZYPREXA RELP INJ 405MG.....	79	ZYVOX SUS 100MG/5M	26
ZYPREXA TAB 10MG	79	ZYVOX TAB 600MG	26
ZYPREXA TAB 15MG	79		

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Notice of Nondiscrimination and Availability of Language Assistance Services

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
Baltimore, Maryland 21224

Email Address **civilrightscoordinator@carefirst.com**

Telephone Number 410-528-7820 Fax
Number 410-505-2011

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

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

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

Foreign Language Assistance

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

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

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé ìgbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèḗ. Àwọn omọ-egbé gbòdò pe nómàbà fòdùn tò wà léyìn káàdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fi sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ 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 đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

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

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

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

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। आपको कलकत्ता के मुख्य तथियों का उल्लेख है और आपके लिए ककसी तनयत समय-सीमा के भीतर काम करना ज़रूरी है। आपको यह जानकारी और संबंधित सियायता अपनी भाषा में तनि:शुल्क पाने का अधिकार है। सदस्यों को अपने पिचान पत्र के पीछे हदए 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 क्ति

जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर हदया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò D̀ùù Cáo! B̃̀ ñ̀à k̃̀é b́á nyɔ̀ b̃̀é k̃̀é m̃̀ gbo kpá b́ó ñ̀ f̀ù à-fúá-t̃̀ĩn nyɛɛ j̃̀é dyí. B̃̀ ñ̀à k̃̀é b̃̀é d̃̀é wé j̃̀é b̃̀é m̃̀ k̃̀é d̃̀é wa ḿó m̃̀ k̃̀é nyuɛɛ nyu hwè b̃̀é wé b̃̀é k̃̀é zi. ɔ̀ m̀ò ñ̀ kpé b̃̀é m̃̀ k̃̀é b̃̀ ñ̀à k̃̀é k̃̀é gbo-kpá-kpá m̃̀ ḿóɛ dyé d̃̀é ñ̀ b́í d̃̀í-wùdù mú b̃̀é m̃̀ k̃̀é se wí d̃̀í d̀ò p̃̀é. Kpooɔ̀ nyɔ̀ b̃̀é m̃̀é d̃̀á f̀úùn-ǹòb̀à ñ̀à d̃̀é waà I.D. káàè d̃̀é ñ̀ nyɛ. Nyɔ̀ t̀òò sé ñ̀ m̃̀é d̃̀á ǹòb̀à ñ̀à k̃̀é: 855-258-6518, k̃̀é m̃̀ m̃̀é f̀ò tee b̃̀é wa k̃̀é m̃̀ gbo c̃̀é b̃̀é m̃̀ k̃̀é ǹòb̀à m̀òà 0 k̃̀é dyí pà d̃̀à ñ̀ hwè. ɔ̀ j̃̀ k̃̀é nyɔ̀ d̀ò dyí m̃̀ g̃̀ j̃̀ ñ̀, pò wu d̃̀u m̃̀ ḿó p̃̀óɛ dyí, k̃̀é nyɔ̀ d̀ò mu b́ó ñ̀ ñ̀ b̃̀é ɔ̀ k̃̀é ñ̀ wu d̃̀u mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নানাটিশে আপনার ববমা কভারজ সম্পর্কে তথ্য রশেশে। এর মশযয গুরুত্বপূর্ে তাবরথ থাকাশত পাশর এবাং বনবদেষ্টে তাবরশখর মশযয আপনাশক পদশক্ষপ বনশত হশত পাশর। ববনা খরশে বনশজর ভাষাে এই তথ্য পাগোর এবাং সহােতা পাগোর অবযকার আপনার আশে। সদসযশদরশক তাশদর পবরেেপশের বপেশন থাকা নম্বশর কল করশত হশব। অশনযরা 855-258-6518 নম্বশর কল কশর 0 টিপশত না বলা পরেেস্ত অশপক্ষা করশত পাশরন। র্খন নকাশনা এশজন্ট উত্তর নদশবন তখন আপনার বনশজর ভাষার নাম বলুন এবাং আপনাশক নদাভাষীর সশে সাংরুক্ত করা হশব।

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

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

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

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

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

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

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

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 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 íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkaálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'ánidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.