CareFirst
Family of health care plans

CareFirst Formulary 1

2021

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

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

Last updated 12/01/2021—For self-insured plans only

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	■ 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 $	■ 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 $$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs $$$	■ 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 $$$$	■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs $$$$	■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will ■ be lower.

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

Drug Name	Drug Tier	Requirements/Limits
ADDERALL TAB 5MG	3	QL (120 tabs / month)
ADDERALL TAB 7.5MG	3	QL (120 tabs / month)
ADDERALL TAB 10MG	3	QL (120 tabs / month)
ADDERALL TAB 12.5MG	3	QL (120 tabs / month)
ADDERALL TAB 15MG	3	QL (60 tabs / month)
ADDERALL TAB 20MG	3	QL (60 tabs / month)
ADDERALL TAB 30MG	3	QL (30 tabs / month)
ADDERALL XR CAP 5MG	3	QL (120 caps / month)
ADDERALL XR CAP 10MG	3	QL (120 caps / month)
ADDERALL XR CAP 15MG	3	QL (30 caps / month)
ADDERALL XR CAP 20MG	3	QL (30 caps / month)
ADDERALL XR CAP 25MG	3	QL (30 caps / month)
ADDERALL XR CAP 30MG	3	QL (30 caps / month)
ADZENYS ER SUS 1.25MG	3	QL (540 mL / month)
ADZENYS XR TAB 3.1MG	3	QL (60 ea / month)
ADZENYS XR TAB 6.3MG	3	QL (60 ea / month)
ADZENYS XR TAB 9.4MG	3	QL (60 ea / month)
ADZENYS XR TAB 12.5MG	3	QL (30 ea / month)
ADZENYS XR TAB 15.7 MG	3	QL (30 ea / month)
ADZENYS XR TAB 18.8MG	3	QL (30 ea / month)
amphetamine extended release susp 1.25 mg/ml	1	QL (540 mL / month)
amphetamine sulfate tab 5 mg	1	QL (150 tabs / month)
amphetamine sulfate tab 10 mg	1	QL (150 tabs / month)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (120 caps / month)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (120 caps / month)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / month)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / month)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / month)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / month)
amphetamine-dextroamphetamine tab 5 mg	1	QL (120 tabs / month)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (120 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 10 mg	1	QL (120 tabs / month)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (120 tabs / month)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / month)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / month)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / month)
DESOXYN TAB 5MG	3	QL (180 tabs / month)
DEXEDRINE CAP 5MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 10MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / month)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (150 caps / month)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (150 caps / month)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / month)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1440 mL / month)
dextroamphetamine sulfate tab 2.5 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 5 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 7.5 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 10 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs / month)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs / month)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs / month)
DYANAVEL XR SUS 2.5MG/ML	3	QL (300 mL / month)
EVEKEO ODT TAB 5MG	3	QL (150 tabs / month)
EVEKEO ODT TAB 10MG	3	QL (150 tabs / month)
EVEKEO ODT TAB 15MG	3	QL (60 tabs / month)
EVEKEO ODT TAB 20MG	3	QL (60 tabs / month)
EVEKEO TAB 5MG	3	QL (150 tabs / month)
EVEKEO TAB 10MG	3	QL (150 tabs / month)
methamphetamine hcl tab 5 mg	1	QL (180 tabs / month)
MYDAYIS CAP 12.5MG	2	QL (60 caps / month)
MYDAYIS CAP 25MG	2	QL (60 caps / month)
MYDAYIS CAP 37.5MG	2	QL (30 caps / month)
MYDAYIS CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 10MG	2	QL (60 caps / month)

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 20MG	2	QL (60 caps / month)
VYVANSE CAP 30MG	2	QL (60 caps / month)
VYVANSE CAP 40MG	2	QL (30 caps / month)
VYVANSE CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 60MG	2	QL (30 caps / month)
VYVANSE CAP 70MG	2	QL (30 caps / month)
VYVANSE CHW 10MG	2	QL (60 tabs / month)
VYVANSE CHW 20MG	2	QL (60 tabs / month)
VYVANSE CHW 30MG	2	QL (60 tabs / month)
VYVANSE CHW 40MG	2	QL (30 tabs / month)
VYVANSE CHW 50MG	2	QL (30 tabs / month)
VYVANSE CHW 60MG	2	QL (30 tabs / month)
ZENZEDI TAB 2.5MG	3	QL (150 tabs / month)
ZENZEDI TAB 7.5MG	3	QL (150 tabs / month)
ZENZEDI TAB 15MG	3	QL (60 tabs / month)
ZENZEDI TAB 20MG	3	QL (60 tabs / month)
ZENZEDI TAB 30MG	3	QL (30 tabs / month)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANTI-OBESITY AGENTS		
WEGOVY INJ 0.5MG	3	Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	3	Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	3	Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	3	Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	3	Coverage is subject to your plan/benefits
ANTIOBESITY AGENTS, INJECTABLE		
SAXENDA INJ 18MG/3ML	2	Coverage is subject to your plan/benefits
ANTIOBESITY AGENTS, ORAL		
ADIPEX-P CAP 37.5MG	3	Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	Coverage is subject to your plan/benefits
benzphetamine hcl tab 25 mg	1	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
benzphetamine hcl tab 50 mg	1	Coverage is subject to your plan/benefits
CONTRAVE TAB 8-90MG	3	Coverage is subject to your plan/benefits
diethylpropion hcl tab 25 mg	1	Coverage is subject to your plan/benefits
diethylpropion hcl tab er 24hr 75 mg	1	Coverage is subject to your plan/benefits
LOMAIRA TAB 8MG	3	Coverage is subject to your plan/benefits
phendimetrazine tartrate cap er 24hr 105 mg	1	Coverage is subject to your plan/benefits
phendimetrazine tartrate tab 35 mg	1	Coverage is subject to your plan/benefits
phentermine hcl cap 15 mg	1	Coverage is subject to your plan/benefits
phentermine hcl cap 30 mg	1	Coverage is subject to your plan/benefits
phentermine hcl cap 37.5 mg	1	Coverage is subject to your plan/benefits
phentermine hcl tab 37.5 mg	1	Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	Coverage is subject to your plan/benefits
REGIMEX TAB 25MG	3	Coverage is subject to your plan/benefits
XENICAL CAP 120MG	3	Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (150 caps / month)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (150 caps / month)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (150 caps / month)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps / month)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps / month)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps / month)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps / month)

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Drug Name	Drug Tier	Requirements/Limits
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
INTUNIV TAB 1MG	3	
INTUNIV TAB 2MG	3	
INTUNIV TAB 3MG	3	
INTUNIV TAB 4MG	3	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	
QELBREE CAP 150MG ER	3	
QELBREE CAP 200MG ER	3	
STRATTERA CAP 10MG	3	QL (150 caps / month)
STRATTERA CAP 18MG	3	QL (150 caps / month)
STRATTERA CAP 25MG	3	QL (150 caps / month)
STRATTERA CAP 40MG	3	QL (60 caps / month)
STRATTERA CAP 60MG	3	QL (30 caps / month)
STRATTERA CAP 80MG	3	QL (30 caps / month)
STRATTERA CAP 100MG	3	QL (30 caps / month)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	5	PA, QL (60 TABLETS PER 30 DAYS)
WAKIX TAB 17.8MG	5	PA, QL (60 TABLETS PER 30 DAYS)
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG	3	QL (60 caps / month)
ADHANSIA XR CAP 35MG	3	QL (60 caps / month)
ADHANSIA XR CAP 45MG	3	QL (60 caps / month)
ADHANSIA XR CAP 55MG	3	QL (30 caps / month)
ADHANSIA XR CAP 70MG	3	QL (30 caps / month)
ADHANSIA XR CAP 85MG	3	QL (30 caps / month)
APTENSIO XR CAP 10MG	3	QL (60 caps / month)

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Drug Name	Drug Tier	Requirements/Limits
APTENSIO XR CAP 15MG	3	QL (60 caps / month)
APTENSIO XR CAP 20MG	3	QL (60 caps / month)
APTENSIO XR CAP 30MG	3	QL (60 caps / month)
APTENSIO XR CAP 40MG	3	QL (30 caps / month)
APTENSIO XR CAP 50MG	3	QL (30 caps / month)
APTENSIO XR CAP 60MG	3	QL (30 caps / month)
armodafinil tab 50 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
armodafinil tab 150 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
armodafinil tab 200 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
armodafinil tab 250 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
CONCERTA TAB 18MG	3	QL (60 tabs / month)
CONCERTA TAB 27MG	3	QL (60 tabs / month)
CONCERTA TAB 36MG	3	QL (60 tabs / month)
CONCERTA TAB 54MG	3	QL (30 tabs / month)
COTEMPLA TAB 8.6MG	3	QL (60 ea / month)
COTEMPLA TAB 17.3MG	3	QL (60 ea / month)
COTEMPLA TAB 25.9MG	3	QL (60 ea / month)
DAYTRANA DIS 10MG/9HR	3	QL (30 patches / month)
DAYTRANA DIS 15MG/9HR	3	QL (30 patches / month)
DAYTRANA DIS 20MG/9HR	3	QL (30 patches / month)
DAYTRANA DIS 30MG/9HR	3	QL (30 patches / month)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps / month)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps / month)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps / month)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps / month)
dexmethylphenidate hcl tab 2.5 mg	1	QL (150 tabs / month)
dexmethylphenidate hcl tab 5 mg	1	QL (150 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs / month)
FOCALIN TAB 2.5MG	3	QL (150 tabs / month)
FOCALIN TAB 5MG	3	QL (150 tabs / month)
FOCALIN TAB 10MG	3	QL (60 tabs / month)
FOCALIN XR CAP 5MG	3	QL (60 caps / month)
FOCALIN XR CAP 10MG	3	QL (60 caps / month)
FOCALIN XR CAP 15MG	3	QL (60 caps / month)
FOCALIN XR CAP 20MG	3	QL (60 caps / month)
FOCALIN XR CAP 25MG	3	QL (30 caps / month)
FOCALIN XR CAP 30MG	3	QL (30 caps / month)
FOCALIN XR CAP 35MG	3	QL (30 caps / month)
FOCALIN XR CAP 40MG	3	QL (30 caps / month)
JORNAY PM CAP 20MG ER	3	QL (60 caps / month)
JORNAY PM CAP 40MG ER	3	QL (60 caps / month)
JORNAY PM CAP 60MG ER	3	QL (30 caps / month)
JORNAY PM CAP 80MG ER	3	QL (30 caps / month)
JORNAY PM CAP 100MG ER	3	QL (30 caps / month)
METHYLIN SOL 5MG/5ML	3	QL (2160 mL / month)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL / month)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs / month)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / month)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps / month)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (30 caps / month)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (30 caps / month)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps / month)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (30 caps / month)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / month)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 TABLETS PER month)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps / month)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps / month)
methylphenidate hcl chew tab 2.5 mg	1	QL (210 tabs / month)
methylphenidate hcl chew tab 5 mg	1	QL (210 tabs / month)
methylphenidate hcl chew tab 10 mg	1	QL (210 tabs / month)
methylphenidate hcl soln 5 mg/5ml	1	QL (2160 mL / month)
methylphenidate hcl soln 10 mg/5ml	1	QL (1080 mL / month)
methylphenidate hcl tab 5 mg	1	QL (210 tabs / month)
methylphenidate hcl tab 10 mg	1	QL (210 tabs / month)
methylphenidate hcl tab 20 mg	1	QL (120 tabs / month)
methylphenidate hcl tab er 10 mg	1	QL (120 tabs / month)
methylphenidate hcl tab er 20 mg	1	QL (120 tabs / month)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs / month)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs / month)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs / month)
methylphenidate hcl tab er 24hr 54 mg	1	QL (60 tabs / month)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs / month)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs / month)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs / month)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (30 tabs / month)
modafinil tab 100 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
modafinil tab 200 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
NUVIGIL TAB 50MG	3	PA, QL (60 TABLETS PER 30 DAYS)
NUVIGIL TAB 150MG	3	PA, QL (30 TABLETS PER 30 DAYS)
NUVIGIL TAB 200MG	3	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
NUVIGIL TAB 250MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROVIGIL TAB 100MG	3	PA, QL (60 TABLETS PER 30 DAYS)
PROVIGIL TAB 200MG	3	PA, QL (60 TABLETS PER 30 DAYS)
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / month)
QUILLIVANT SUS 25MG/5ML	3	QL (420 mL / month)
RELEXXII TAB 72MG	3	QL (30 tabs / month)
RITALIN LA CAP 10MG	3	QL (60 caps / month)
RITALIN LA CAP 20MG	3	QL (60 caps / month)
RITALIN LA CAP 30MG	3	QL (60 caps / month)
RITALIN LA CAP 40MG	3	QL (30 caps / month)
RITALIN TAB 5MG	3	QL (210 tabs / month)
RITALIN TAB 10MG	3	QL (210 tabs / month)
RITALIN TAB 20MG	3	QL (120 tabs / month)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
PALFORZIA CAP ESCALAT	3	
PALFORZIA CAP LEVEL 1	3	
PALFORZIA CAP LEVEL 2	3	
PALFORZIA CAP LEVEL 3	3	
PALFORZIA CAP LEVEL 4	3	
PALFORZIA CAP LEVEL 5	3	
PALFORZIA CAP LEVEL 6	3	
PALFORZIA CAP LEVEL 7	3	
PALFORZIA CAP LEVEL 8	3	
PALFORZIA CAP LEVEL 9	3	
PALFORZIA CAP LEVEL 10	3	
PALFORZIA POW LEVEL 11	3	
RAGWITEK SUB	2	

AMEBICIDES

AMEBICIDES

SOLOSEC GRA 2GM	3	

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Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	5	PA
BETHKIS NEB 300/4ML	4	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK NEB 300/5ML	4	PA, QL (56 AMPULES PER 28 DAYS)
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
TOBI NEB 300/5ML	5	PA, QL (56 AMPULES PER 28 DAYS)
TOBI PODHALR CAP 28MG	4	PA, QL (224 CAPS PER 28 DAYS)
tobramycin nebu soln 300 mg/4ml	1	PA, QL (56 AMPULES PER 28 DAYS)
tobramycin nebu soln 300 mg/5ml	1	PA, QL (56 AMPULES PER 28 DAYS)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	4	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 20/0.2ML	4	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	4	PA, QL (6 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEDIA INJ CROHNS	4	PA, QL (3 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.8	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ PS/UV	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PED UC	4	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PS/UV	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SIMPONI INJ 50/0.5ML	4	PA, QL (1 INJ PER 28 DAYS); MNPA
SIMPONI INJ 50/0.5ML	4	PA, QL (1 SYRINGE PER 28 DAYS); MNPA
SIMPONI INJ 100MG/ML	4	PA, QL (1 PFS PER 28 DAYS); MNPA
SIMPONI INJ 100MG/ML	4	PA, QL (1 SYRINGE PER 28 DAYS); MNPA
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	5	PA, QL (30 TABLETS PER 30 DAYS)
OLUMIANT TAB 2MG	5	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 15MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ SOL 1MG/ML	4	PA, QL (240ML PER 24 DAYS)
XELJANZ TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; 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 (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; 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 (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	5	PA, QL (4 inj per 28 days)
OTREXUP INJ 12.5/0.4	5	PA, QL (4 inj per 28 days)
OTREXUP INJ 15MG	5	PA, QL (4 inj per 28 days)
OTREXUP INJ 17.5/0.4	5	PA, QL (4 inj per 28 days)
OTREXUP INJ 20MG	5	PA, QL (4 inj per 28 days)
OTREXUP INJ 22.5/0.4	5	PA, QL (4 inj per 28 days)
OTREXUP INJ 25MG	5	PA, QL (4 inj per 28 days)
RASUVO INJ 7.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 10MG	4	PA, QL (4 inj per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 12.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 15MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 20MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 25MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 30MG	4	PA, QL (4 inj per 28 days)
REDITREX INJ 7.5/.3ML	5	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 10/.4ML	5	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 12.5/0.5	5	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 15/.6ML	5	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 17.5/0.7	5	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 20/.8ML	5	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 22.5/0.9	5	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 25MG/ML	5	PA, QL (4 SYRINGES PER 28 DAYS)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	5	PA, QL (8 VIALS PER 28 DAYS)
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	5	PA, QL (30 SYRINGES PER 30 DAYS); MNPA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 162/0.9	5	PA, QL (4 SYRINGES PER 28 DAYS); MNPA

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ ACTPEN	5	PA, QL (4 AUTOINJECTORS PER 28 DAYS); MNPA
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents 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)		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
DICLOFENAC CAP 35MG	3	PA
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
EC-NAPROXEN TAB 375MG	1	
EC-NAPROXEN TAB 500MG	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
fenoprofen calcium cap 200 mg	1	PA; MNPA
fenoprofen calcium cap 400 mg	1	PA; MNPA
fenoprofen calcium tab 600 mg	1	PA; MNPA
FENOPROFEN CAP 200MG	3	PA; MNPA
FENORTHO CAP 200MG	3	PA
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
INDOCIN SUP 50MG	3	PA
INDOCIN SUS 25MG/5ML	3	PA
indomethacin cap 20 mg	1	PA; MNPA
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
ketoprofen cap 25 mg	1	PA; MNPA
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	
ketoprofen cap er 24hr 200 mg	1	PA; MNPA
KETOR TROMET SPR 15.75MG	3	PA
ketorolac tromethamine tab 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
LODINE TAB 400MG	3	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
mefenamic acid cap 250 mg	1	PA
meloxicam cap 5 mg	1	
meloxicam cap 10 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	PA
NAPRELAN TAB 500MG CR	3	PA
NAPRELAN TAB 750MG CR	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen sodium tab er 24hr 375 mg (base equiv)	1	PA; MNPA
naproxen sodium tab er 24hr 500 mg (base equiv)	1	PA; MNPA
naproxen sodium tab er 24hr 750 mg (base equiv)	1	
naproxen susp 125 mg/5ml	1	PA
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
naproxen-esomeprazole magnesium tab dr 375-20 mg	1	PA; MNPA
naproxen-esomeprazole magnesium tab dr 500-20 mg	1	PA; MNPA
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
QMIIZ ODT TAB 7.5MG	3	
QMIIZ ODT TAB 15 MG	3	
RELAFEN DS TAB 1000MG	3	
SPRIX SPR 15.75MG	3	PA; MNPA
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
TIVORBEX CAP 20MG	3	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
VIVLODEX CAP 5MG	3	
VIVLODEX CAP 10MG	3	
ZIPSOR CAP 25MG	3	
ZORVOLEX CAP 18MG	3	PA; MNPA
ZORVOLEX CAP 35MG	3	PA; MNPA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	PA, QL (55 TABLETS PER 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 30MG	4	PA, QL (60 TABLETS PER 30 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.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	5	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	5	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	5	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	5	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; 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 (4 VIALS PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB 25-325MG	3	
BUT/ASA/CAF TAB	3	
butalbital-acetaminophen cap 50-300 mg	1	
butalbital-acetaminophen tab 25-325 mg	1	
butalbital-acetaminophen tab 50-300 mg	1	PA; MNPA
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
ESGIC TAB	3	

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Drug Name	Drug Tier	Requirements/Limits
FIORICET CAP	3	
SALICYLATES		
aspirin chew tab 81 mg	0	
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	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 (1 tab per day)
CODEINE SULF TAB 30MG	1	PA, QL (1 tab per day)
CODEINE SULF TAB 60MG	3	PA, QL (1 tab per day)
CONZIP CAP 100MG	3	PA, QL (1 cap per day)
CONZIP CAP 200MG	3	PA, QL (1 cap per day)
CONZIP CAP 300MG	3	PA, QL (1 cap per day)
DILAUDID LIQ 1MG/ML	3	PA, QL (24 mL per day)
DILAUDID TAB 2MG	3	PA, QL (7 tabs per day)
DILAUDID TAB 4MG	3	PA, QL (6 tabs per day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs per day)
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA

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Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches per month)
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
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (2 caps per day)

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Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (1 tab per day)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supps per day)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (24 mL per day)
hydromorphone hcl tab 2 mg	1	PA, QL (7 tabs per day)
hydromorphone hcl tab 4 mg	1	PA, QL (6 tabs per day)
hydromorphone hcl tab 8 mg	1	PA, QL (2 tabs per day)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (1 tab per day)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (1 tab per day)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (1 tab per day)
hydromorphone hcl tab er 24hr 32 mg	1	PA
HYSINGLA ER TAB 20 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 30 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 40 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 60 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 80 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 100 MG	3	PA
HYSINGLA ER TAB 120 MG	3	PA
LAZANDA SPR 100MCG	3	PA
LAZANDA SPR 400MCG	3	PA
levorphanol tartrate tab 2 mg	1	PA, QL (4 tabs per day)
levorphanol tartrate tab 3 mg	1	PA, QL (2 tabs per day)
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone hcl conc 10 mg/ml	1	QL (2 mL per day)
methadone hcl conc 10 mg/ml	1	PA, QL (2 mL per day)
methadone hcl soln 5 mg/5ml	1	PA, QL (18 mL per day)

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Drug Name	Drug Tier	Requirements/Limits
methadone hcl soln 10 mg/5ml	1	PA, QL (12 mL per day)
methadone hcl tab 5 mg	1	PA, QL (3 tabs per day)
methadone hcl tab 10 mg	1	PA, QL (2 Tabs per day)
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	QL (2 mL per day)
METHADOSE SF CON 10MG/ML	3	QL (2 mL per day)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 20 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 30 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 40 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 50 mg	1	PA, QL (1 cap per day)
morphine sulfate cap er 24hr 60 mg	1	PA, QL (1 cap per day)
morphine sulfate cap er 24hr 80 mg	1	PA, QL (1 cap per day)
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (36 mL per day)
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (27 mL per day)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (5 mL per day)
morphine sulfate suppos 5 mg	1	PA, QL (7 supps per day)
morphine sulfate suppos 10 mg	1	PA, QL (7 supps per day)
morphine sulfate suppos 20 mg	1	PA, QL (4 supps per day)
morphine sulfate suppos 30 mg	1	PA, QL (3 supps per day)
morphine sulfate tab 15 mg	1	PA, QL (7 tabs per day)
morphine sulfate tab 30 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 15 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 30 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs per day)

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Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs per 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 per day)
NUCYNTA ER TAB 100MG	2	PA, QL (2 tabs per 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 per day)
NUCYNTA TAB 75MG	2	PA, QL (3 tabs per day)
NUCYNTA TAB 100MG	2	PA, QL (2 tabs per day)
OXAYDO TAB 5MG	3	PA, QL (7 tabs per day)
OXAYDO TAB 7.5MG	3	PA, QL (7 tabs per day)
oxycodone hcl cap 5 mg	1	PA, QL (7 caps per day)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (3 mL per day)
oxycodone hcl soln 5 mg/5ml	1	PA, QL (36 mL per day)
oxycodone hcl tab 5 mg	1	PA, QL (7 tabs per day)
oxycodone hcl tab 10 mg	1	PA, QL (7 tabs per day)
oxycodone hcl tab 15 mg	1	PA, QL (4 tabs per day)
oxycodone hcl tab 20 mg	1	PA, QL (3 tabs per day)
oxycodone hcl tab 30 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 15 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 30 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (4 tabs per day)
oxycodone hcl tab er 12hr deter 60 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (2 tabs per day)
OXYCODONE TAB 10MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 20MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 40MG ER	3	PA, QL (4 tabs per day)
OXYCONTIN TAB 10MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 15MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 20MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 30MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 40MG CR	2	PA, QL (4 tabs per day)
OXYCONTIN TAB 60MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 80MG CR	2	PA, QL (2 tabs per day)
oxymorphone hcl tab 5 mg	1	PA, QL (7 tabs per day)

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Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tab 10 mg	1	PA, QL (3 tabs per day)
oxymorphone hcl tab er 12hr 5 mg	1	PA, QL (2 tabs per day)
oxymorphone hcl tab er 12hr 7.5 mg	1	PA, QL (2 tabs per day)
oxymorphone hcl tab er 12hr 10 mg	1	PA, QL (2 tabs per day)
oxymorphone hcl tab er 12hr 15 mg	1	PA, QL (2 tabs per day)
oxymorphone hcl tab er 12hr 20 mg	1	PA
oxymorphone hcl tab er 12hr 30 mg	1	PA
oxymorphone hcl tab er 12hr 40 mg	1	PA
QDOLO SOL 5MG/ML	3	
ROXICODONE TAB 5MG	3	PA, QL (7 tabs per day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs per day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs per day)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
tramadol hcl tab 50 mg	1	PA, QL (7 tabs per day)
tramadol hcl tab 100 mg	1	PA, QL (3 tabs per day); MNPA
tramadol hcl tab er 24hr 100 mg	1	PA, QL (1 tab per day)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (1 tab per day)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (1 tab per day)
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
ULTRAM TAB 50MG	3	PA, QL (7 tabs per day)
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps per day)
ZOHYDRO ER CAP 10MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 15MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 20MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 30MG	3	PA, QL (2 caps per day)

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Drug Name	Drug Tier	Requirements/Limits
ZOHYDRO ER CAP 40MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 50MG	3	PA, QL (2 caps per day)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (2700 mL / month)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (13 tabs per day)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs per day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs per day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps per day)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1	PA, QL (10 tabs per day)
APADAZ TAB 4.08-325	3	PA, QL (12 tabs per day)
APADAZ TAB 6.12-325	3	PA, QL (12 tabs per day)
APADAZ TAB 8.16-325	3	PA, QL (12 tabs per day)
BENZHY/ACETA TAB 4.08-325	3	PA, QL (12 tabs per day)
BENZHY/ACETA TAB 6.12-325	3	PA, QL (12 tabs per day)
BENZHY/ACETA TAB 8.16-325	3	PA, QL (12 tabs per day)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
FIORICET CAP CODEINE	3	
HYDRO/ACETA SOL 10-325MG	1	PA, QL (2700 mL / month)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (2700 mL / month)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs per day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs per day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs per day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs per day)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs per day)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs per day)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs per day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs per day)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs per day)

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Drug Name	Drug Tier	Requirements/Limits
LORTAB ELX 10-300MG	3	PA, QL (68 mL per day)
nalocet tab 2.5-300	3	PA, QL (12 tabs per day)
oxycod-apap tab 2.5-300	3	PA, QL (12 tabs per day)
OXYCOD/ACETA SOL 10/300MG	3	QL (30 mL per day)
OXYCOD/APAP TAB 5-300MG	3	PA, QL (12 tabs per day)
OXYCOD/APAP TAB 10-300MG	3	PA, QL (6 tabs per day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs per day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs per day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs per day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs per day)
oxycodone-aspirin tab 4.8355-325 mg	1	PA, QL (12 tabs per day)
PERCOCET TAB 2.5-325	3	PA, QL (12 tabs per day)
PERCOCET TAB 5-325MG	3	PA, QL (12 tabs per day)
PERCOCET TAB 7.5-325	3	PA, QL (8 tabs per day)
PERCOCET TAB 10-325MG	3	PA, QL (6 tabs per day)
PROLATE SOL 10/300MG	3	QL (30 mL per day)
PROLATE TAB 5-300MG	3	PA, QL (12 tabs per day)
PROLATE TAB 7.5-300	3	PA, QL (8 tabs per day)
PROLATE TAB 10-300MG	3	PA, QL (6 tabs per day)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs per day)
ULTRACET TAB 37.5-325	3	PA, QL (8 tabs per day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films per month)
BELBUCA MIS 150MCG	2	PA, QL (60 films per month)
BELBUCA MIS 300MCG	2	PA, QL (60 films per month)
BELBUCA MIS 450MCG	2	PA, QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
BUNAVAIL MIS 4.2-0.7	2	
BUNAVAIL MIS 6.3-1MG	2	
buprenorphine hcl sl tab 2 mg (base equiv)	1	
buprenorphine hcl sl tab 8 mg (base equiv)	1	

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 BOTTLES PER MONTH)
BUTRANS DIS 5MCG/HR	3	PA, QL (4 patches per month)
BUTRANS DIS 7.5/HR	3	PA, QL (4 patches per month)
BUTRANS DIS 10MCG/HR	3	PA, QL (4 patches per month)
BUTRANS DIS 15MCG/HR	3	PA
BUTRANS DIS 20MCG/HR	3	PA
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
SUBOXONE MIS 2-0.5MG	3	
SUBOXONE MIS 4-1MG	3	
SUBOXONE MIS 8-2MG	3	
SUBOXONE MIS 12-3MG	3	
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

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Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	3	
ANDROGEL GEL 1%(50MG)	3	
ANDROGEL GEL 1.62%	3	
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
DEPO-TESTOST INJ 100MG/ML	3	PA
DEPO-TESTOST INJ 200MG/ML	3	PA
FORTESTA GEL 10MG/ACT	3	
JATENZO CAP 158MG	3	
JATENZO CAP 198MG	3	
JATENZO CAP 237MG	3	
METHITEST TAB 10MG	3	
methyltestosterone cap 10 mg	1	
NATESTO GEL 5.5MG	2	
TESTIM GEL 1%(50MG)	3	
testosterone cyp im or subcutaneous inj in oil 200 mg/ml	1	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	
testosterone td gel 12.5 mg/act (1%)	1	
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	
testosterone td gel 20.25 mg/act (1.62%)	1	
testosterone td gel 25 mg/2.5gm (1%)	1	
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	
testosterone td gel 50 mg/5gm (1%)	1	
testosterone td soln 30 mg/act	1	

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Drug Name	Drug Tier	Requirements/Limits
VOGELXO GEL 1%(50MG)	3	
VOGELXO GEL PUMP 1%	3	
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		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
UCERIS AER 2MG/ACT	3	
RECTAL COMBINATIONS		
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	2	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs / year)
ALBENZA TAB 200MG	3	QL (336 tabs / year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs / year)
EMVERM CHW 100MG	2	QL (12 ea / year)
ivermectin tab 3 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs / year)
STROMECTOL TAB 3MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
PRIMSOL SOL 50MG/5ML	3	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg**	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
atovaquone susp 750 mg/5ml	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	QL (450 ML / 10 days)
FIRVANQ SOL 50MG/ML	3	QL (450 ML / 10 days)
VANCOCIN CAP 250MG	2	QL (80 caps / 10 days)
VANCOCIN HCL CAP 125MG	2	QL (80 caps / 10 days)
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps / 10 days)

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Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps / 10 days)
VANCOMYCIN SOL 250/5ML	3	QL (450 ML / 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
MONOBACTAMS		
CAYSTON INH 75MG	5	PA, QL (84 VIALS PER 28 DAYS)
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	3	PA; MNPA
MACRODANTIN CAP 50MG	3	PA; MNPA
MACRODANTIN CAP 100MG	3	PA; MNPA
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
MONUROL PAK GRANULES	3	
nitrofurantoin macrocrystalline cap 25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
DILATRATE SR CAP 40MG	3	
GONITRO POW 400MCG	3	
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide dinitrate tab 40 mg	1	PA; MNPA
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	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	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	

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Drug Name	Drug Tier	Requirements/Limits
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR PUMPSPRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
ATIVAN TAB 0.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ATIVAN TAB 1MG	3	
ATIVAN TAB 2MG	3	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	3	
XANAX TAB 0.25MG	3	
XANAX TAB 1MG	3	
XANAX TAB 2MG	3	
XANAX XR TAB 0.5MG	3	
XANAX XR TAB 1MG	3	
XANAX XR TAB 2MG	3	
XANAX XR TAB 3MG	3	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG	3	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	3	
NORPACE CAP 150MG CR	2	

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Drug Name	Drug Tier	Requirements/Limits
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	4	PA
TIKOSYN CAP 250MCG	4	PA
TIKOSYN CAP 500MCG	4	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 nebules / month)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	2	QL (2 packages per month)
INCRUSE ELPT INH 62.5MCG	2	QL (1 package per month)
ipratropium bromide inhal soln 0.02%	1	QL (300 nebules per month)
LONHALA MAGN SOL 25MCG	3	QL (1 package per month)
SEEBRI NEOHA CAP 15.6MCG	3	QL (1 package per month)
SPIRIVA AER 1.25MCG	2	QL (1 package per month)
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
TUDORZA PRES AER 400/ACT	3	QL (1 package per month)
YUPELRI SOL	2	QL (1 package per month)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
SINGULAIR CHW 4MG	3	
SINGULAIR CHW 5MG	3	
SINGULAIR GRA 4MG	3	
SINGULAIR TAB 10MG	3	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
zileuton tab er 12hr 600 mg	1	PA
ZYFLO TAB 600MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
STEROID INHALANTS		
ALVESCO AER 80MCG	3	
ALVESCO AER 160MCG	3	
ARMONAIR DIG AER 55MCG	3	
ARMONAIR DIG AER 113MCG	3	
ARMONAIR DIG AER 232MCG	3	
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 7 AER 110MCG	2	
ASMANEX 14 AER 220MCG	2	
ASMANEX 30 AER 110MCG	2	
ASMANEX 30 AER 220MCG	2	
ASMANEX 60 AER 220MCG	2	
ASMANEX 120 AER 220MCG	2	
ASMANEX HFA AER 50MCG	2	
ASMANEX HFA AER 100 MCG	2	
ASMANEX HFA AER 200 MCG	2	
budesonide inhalation susp 0.5 mg/2ml	1	
budesonide inhalation susp 0.25 mg/2ml	1	
budesonide inhalation susp 1 mg/2ml	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	QL (1 package per month)

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 250/50	2	QL (1 package per month)
ADVAIR DISKU AER 500/50	2	QL (1 package per month)
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
AIRDUO DGHLR INH 55-14	3	
AIRDUO DGHLR INH 113-14	3	
AIRDUO DGHLR INH 232-14	3	
AIRDUO RESPI INH 55-14	3	QL (1 package per month)
AIRDUO RESPI INH 113-14	3	QL (1 package per month)
AIRDUO RESPI INH 232-14	3	QL (1 package per month)
ALBUTEROL NEB 0.5%	3	QL (120 ea / month)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 PKG PER MONTH)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 ea / month)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL / month)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL / month)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL / month)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 package per month)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (60 vials per month)
BEVESPI AER 9-4.8MCG	2	QL (1 package per month)
BREO ELLIPTA INH 100-25	2	QL (1 package per month)

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	QL (60 vials per month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (1 package per month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (1 package per month)
COMBIVENT AER 20-100	3	QL (2 packages per month)
DUAKLIR AER 400/12	3	QL (1 package per month)
DULERA AER 50-5MCG	3	QL (1 package per month)
DULERA AER 100-5MCG	3	QL (1 package per month)
DULERA AER 200-5MCG	3	QL (1 package per month)
fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	QL (1 package per month)
fluticasone-salmeterol aer powder ba 100-50 mcg/dose	1	QL (1 package per month)
fluticasone-salmeterol aer powder ba 113-14 mcg/act	1	QL (1 package per month)
fluticasone-salmeterol aer powder ba 232-14 mcg/act	1	QL (1 package per month)
fluticasone-salmeterol aer powder ba 250-50 mcg/dose	1	QL (1 package per month)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose	1	QL (1 package per month)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (60 vials per month)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (540 nebules per month)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL / month)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL / month)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL / month)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 ea / month)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers / month)

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Drug Name	Drug Tier	Requirements/Limits
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)
PROAIR DIGIH AER	3	QL (2 pkg Per Month)
PROAIR HFA AER	3	QL (2 PKG PER MONTH)
PROAIR RESPI AER	3	QL (2 pkg Per Month)
PROVENTIL AER HFA	3	QL (2 PKG PER MONTH)
SEREVENT DIS AER 50MCG	2	QL (1 package per month)
STIOLTO AER 2.5-2.5	2	QL (1 package per month)
STRIVERDI AER 2.5MCG	2	QL (1 package per month)
SYMBICORT AER 80-4.5	2	QL (1 package per month); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (1 package per month); Tier 2 with DAW9
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER ELLIPTA	2	QL (1 inhaler / month)
TRELEGY AER ELLIPTA	2	QL (1 package per month)
UTIBRON CAP NEOHALER	3	QL (1 package per month)
VENTOLIN HFA AER	3	QL (2 PKG PER MONTH)
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea / month)
XOPENEX HFA AER	3	QL (2 inhalers / month)
XOPENEX NEB 0.31MG	3	QL (300 mL / month)
XOPENEX NEB 0.63MG	3	QL (300 mL / month)
XOPENEX NEB 1.25/3ML	3	QL (300 mL / month)
XANTHINES		
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	PA; MNPA
THEO-24 CAP 200MG CR	3	PA; MNPA
THEO-24 CAP 300MG CR	3	PA; MNPA
THEO-24 CAP 400MG ER	3	PA; MNPA
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
SAVAYSA TAB 15MG	3	
SAVAYSA TAB 30MG	3	
SAVAYSA TAB 60MG	3	
XARELTO STAR TAB 15/20MG	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	
enoxaparin sodium inj 30 mg/0.3ml	1	
enoxaparin sodium inj 40 mg/0.4ml	1	
enoxaparin sodium inj 100 mg/ml	1	
enoxaparin sodium inj 120 mg/0.8ml	1	
enoxaparin sodium inj 150 mg/ml	1	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium subcutaneous soln 60 mg/0.6ml	1	
enoxaparin sodium subcutaneous soln 80 mg/0.8ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2	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	
HEPARIN SOD INJ 5000/0.5	3	PA
HEPARIN SOD INJ 5000/ML	3	PA
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	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		
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	3	
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
SYMPAZAN MIS 5MG	3	
SYMPAZAN MIS 10MG	3	
SYMPAZAN MIS 20MG	3	
VALTOCO SPR 5MG	3	QL (5 boxes per month)
VALTOCO SPR 10MG	3	QL (5 boxes per month)
VALTOCO SPR 15MG	3	QL (5 boxes per month)
VALTOCO SPR 20MG	3	QL (5 boxes per month)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	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	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	5	QL (360 CAPSULES PER 30 DAYS)
DIACOMIT CAP 500MG	5	QL (180 CAPSULES PER 30 DAYS)
DIACOMIT PAK 250MG	5	QL (360 PACKETS PER 30 DAYS)
DIACOMIT PAK 500MG	5	QL (180 PACKETS PER 30 DAYS)
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 ML PER 30 DAYS)
FINTEPLA SOL 2.2MG/ML	5	PA, QL (360ML PER 30 DAYS)
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
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	
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	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	

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Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
LYRICA CAP 25MG	3	QL (120 caps per month)
LYRICA CAP 50MG	3	QL (120 caps per month)
LYRICA CAP 75MG	3	QL (120 caps per month)
LYRICA CAP 100MG	3	QL (120 caps per month)
LYRICA CAP 150MG	3	QL (120 caps per month)
LYRICA CAP 200MG	3	QL (90 caps per month)
LYRICA CAP 225MG	3	QL (60 caps per month)
LYRICA CAP 300MG	3	QL (60 caps per month)
LYRICA SOL 20MG/ML	3	QL (1080 mL / month)
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
pregabalin cap 25 mg	1	QL (120 caps per month)
pregabalin cap 50 mg	1	QL (120 caps per month)
pregabalin cap 75 mg	1	QL (120 caps per month)
pregabalin cap 100 mg	1	QL (120 caps per month)
pregabalin cap 150 mg	1	QL (120 caps per month)
pregabalin cap 200 mg	1	QL (90 caps per month)
pregabalin cap 225 mg	1	QL (60 caps per month)
pregabalin cap 300 mg	1	QL (60 caps per month)
pregabalin soln 20 mg/ml	1	QL (1080 mL / month)
primidone tab 50 mg	1	
primidone tab 250 mg	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	
rufinamide susp 40 mg/ml	1	
SPRITAM TAB 250MG	3	
SPRITAM TAB 500MG	3	
SPRITAM TAB 750MG	3	
SPRITAM TAB 1000MG	3	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
topiramate cap er 24hr sprinkle 25 mg	1	PA; MNPA
topiramate cap er 24hr sprinkle 50 mg	1	PA; MNPA
topiramate cap er 24hr sprinkle 100 mg	1	PA; MNPA
topiramate cap er 24hr sprinkle 150 mg	1	PA; MNPA
topiramate cap er 24hr sprinkle 200 mg	1	PA; MNPA
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZONEGRAN CAP 25MG	3	PA; MNPA
ZONEGRAN CAP 100MG	3	PA; MNPA
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 50-200MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	3	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
SABRIL POW 500MG	5	PA, QL (180 PACKETS PER 30 DAYS)
SABRIL TAB 500MG	5	PA, QL (180 TABLETS PER 30 DAYS)
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (180 PACKETS PER 30 DAYS)
vigabatrin tab 500 mg	1	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	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	
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB 174MG	3	
APLENZIN TAB 348MG	3	

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Drug Name	Drug Tier	Requirements/Limits
APLENZIN TAB 522MG	3	
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
bupropion hcl tab er 24hr 450 mg	1	PA; MNPA
FORFIVO XL TAB 450MG	3	
maprotiline hcl tab 25 mg	1	
maprotiline hcl tab 50 mg	1	
maprotiline hcl tab 75 mg	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	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	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	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	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	

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Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluoxetine hcl tab 60 mg	1	PA; MNPA
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
LEXAPRO TAB 5MG	3	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PEXEVA TAB 40MG	3	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	
PROZAC CAP 40MG	3	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	3	
CYMBALTA CAP 30MG	3	
CYMBALTA CAP 60MG	3	
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	

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Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
DRIZALMA CAP 20MG DR	3	
DRIZALMA CAP 30MG DR	3	
DRIZALMA CAP 40MG DR	3	
DRIZALMA CAP 60MG DR	3	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
EFFEXOR XR CAP 37.5MG	3	
EFFEXOR XR CAP 75MG	3	
EFFEXOR XR CAP 150MG	3	
FETZIMA CAP 20MG	2	
FETZIMA CAP 40MG	2	
FETZIMA CAP 80MG	2	
FETZIMA CAP 120MG	2	
FETZIMA CAP TITRATIO	2	
PRISTIQ TAB 25MG	3	
PRISTIQ TAB 50MG	3	
PRISTIQ TAB 100MG	3	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET TAB 15-850MG	3	
alogliptin-metformin hcl tab 12.5-500 mg	1	
alogliptin-metformin hcl tab 12.5-1000 mg	1	
alogliptin-pioglitazone tab 12.5-15 mg	1	
alogliptin-pioglitazone tab 12.5-30 mg	1	
alogliptin-pioglitazone tab 12.5-45 mg	1	
alogliptin-pioglitazone tab 25-15 mg	1	
alogliptin-pioglitazone tab 25-30 mg	1	
alogliptin-pioglitazone tab 25-45 mg	1	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	2	
INVOKAMET TAB 50-1000	2	
INVOKAMET TAB 150-500	2	
INVOKAMET TAB 150-1000	2	
INVOKAMET XR TAB 50-500MG	2	
INVOKAMET XR TAB 50-1000	2	
INVOKAMET XR TAB 150-500	2	
INVOKAMET XR TAB 150-1000	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR	2	
KAZANO 12.5- TAB 500MG	3	
KAZANO 12.5- TAB 1000MG	3	
KOMBIGLYZ XR TAB 2.5-1000	3	
KOMBIGLYZ XR TAB 5-500MG	3	
KOMBIGLYZ XR TAB 5-1000MG	3	

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Drug Name	Drug Tier	Requirements/Limits
OSENI TAB 12.5-15	3	
OSENI TAB 12.5-30	3	
OSENI TAB 12.5-45	3	
OSENI TAB 25-15MG	3	
OSENI TAB 25-30MG	3	
OSENI TAB 25-45MG	3	
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
QTERN TAB 5-5MG	2	
QTERN TAB 10-5MG	2	
SEGLUROMET TAB 2.5-500	3	
SEGLUROMET TAB 2.5-1000	3	
SEGLUROMET TAB 7.5-500	3	
SEGLUROMET TAB 7.5-1000	3	
SOLIQUA INJ 100/33	2	QL (10 pens / month)
STEGLUJAN TAB 5-100MG	3	
STEGLUJAN TAB 15-100MG	3	
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	QL (5 PENS PER MONTH)
BIGUANIDES		
FORTAMET TAB 500MG	3	PA
FORTAMET TAB 1000MG	3	PA
GLUMETZA TAB 500MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
GLUMETZA TAB 1000MG	3	PA
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
metformin hcl tab er 24hr modified release 500 mg	1	PA; MNPA
metformin hcl tab er 24hr modified release 1000 mg	1	PA; MNPA
metformin hcl tab er 24hr osmotic 500 mg	1	PA; MNPA
metformin hcl tab er 24hr osmotic 1000 mg	1	PA; MNPA
RIOMET SOL	3	
RIOMET SOL 500/5ML	3	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
GLUCAGEN INJ HYPOKIT	2	
glucagon (rdna) for inj kit 1 mg	1	
GLUCAGON EMR SOL 1MG	3	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	5	PA, QL (120 TABLETS PER 30 DAYS)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	1	
alogliptin benzoate tab 12.5 mg (base equiv)	1	
alogliptin benzoate tab 25 mg (base equiv)	1	
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	
NESINA TAB 12.5MG	3	
NESINA TAB 25MG	3	
ONGLYZA TAB 2.5MG	3	
ONGLYZA TAB 5MG	3	
TRADJENTA TAB 5MG	2	
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ 10/20MCG	3	QL (2 pens per month)
ADLYXIN INJ 20MCG	3	QL (2 pens per month)
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens per month)
BYETTA INJ 5MCG	3	QL (1 pen per month)
BYETTA INJ 10MCG	3	QL (1 pen per month)
OZEMPIC INJ 2/1.5ML	2	QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 2/1.5ML	2	QL (2 PENS PER MONTH)
OZEMPIC INJ 4MG/3ML	2	QL (1 PEN PER MONTH)
RYBELSUS TAB 3MG	2	QL (30 tabs / month)
RYBELSUS TAB 7MG	2	QL (30 tabs / month)
RYBELSUS TAB 14MG	2	QL (30 tabs / month)
TRULICITY INJ 0.75/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	2	QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	QL (3 PENS PER MONTH)
INSULIN		
ADMELOG INJ 100U/ML	3	
ADMELOG SOLO INJ 100U/ML	3	
AFREZZA POW 4-8 UNIT	3	
AFREZZA POW 4-8-12	3	
AFREZZA POW 4UNIT	3	
AFREZZA POW 8 UNIT	3	
AFREZZA POW 8-12UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
AFREZZA POW 12 UNIT	3	
APIDRA INJ SOLOSTAR	3	
APIDRA INJ U-100	3	
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMALOG INJ 100/ML	2	
HUMALOG JR INJ 100/ML	3	
HUMALOG KWIK INJ 100/ML	2	
HUMALOG KWIK INJ 200/ML	2	
HUMALOG MIX INJ 50/50	2	
HUMALOG MIX INJ 50/50KWP	2	
HUMALOG MIX INJ 75/25KWP	2	
HUMALOG MIX SUS 75/25	2	
HUMULIN INJ 70/30	2	
HUMULIN INJ 70/30KWP	2	
HUMULIN N INJ U-100	2	
HUMULIN N INJ U-100KWP	2	
HUMULIN R INJ U-100	2	
HUMULIN R INJ U-500	2	
INS ASP PROT INJ FLEXPEN	2	
INSULIN ASPA INJ 70/30	2	
INSULIN ASPA INJ 100/ML	2	
INSULIN ASPA INJ FLEXPEN	2	
INSULIN ASPA INJ PENFILL	2	
INSULIN LISP INJ 100/ML	2	
INSULIN LISP INJ JUNIOR	2	
INSULIN LISP INJ PROTAMIN	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
LYUMJEV INJ 100UT/ML	2	
LYUMJEV KWPN INJ 100UT/ML	2	
LYUMJEV KWPN INJ 200UT/ML	2	
MYXREDLIN SOL 1UNIT/ML	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ 100 UNIT	3	
NOVOLIN N INJ RELION	3	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ 100 UNIT	3	
NOVOLIN R INJ RELION	3	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SEMGLEE INJ 100U/ML	3	
SEMGLEE SOL 100U/ML	3	
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	3	
ACTOS TAB 30MG	3	
ACTOS TAB 45MG	3	
AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
STARLIX TAB 120MG	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
INVOKANA TAB 300MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
STEGLATRO TAB 5MG	3	
STEGLATRO TAB 15MG	3	
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
tolbutamide tab 500 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB 125MG	3	PA; MNPA
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
PRODIGEN CAP	3	PA
PROVAD CAP	3	PA
ZELAC CAP	3	PA
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	2	
MOTOFEN TAB 1-0.025	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	1	PA
deferasirox granules packet 180 mg	1	PA
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA
EXJADE TAB 125MG	5	PA
EXJADE TAB 250MG	5	PA
EXJADE TAB 500MG	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
FERRIPROX TAB 500MG	5	PA
FERRIPROX TAB 1000MG	5	PA
JADENU SPRKL GRA 90MG	5	PA
JADENU SPRKL GRA 180MG	5	PA
JADENU SPRKL GRA 360MG	5	PA
JADENU TAB 90MG	5	PA
JADENU TAB 180MG	5	PA
JADENU TAB 360MG	5	PA
PENTETATE CA SOL 200MG/ML	3	
PENTETATE ZI SOL 200MG/ML	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
deferoxamine mesylate for inj 2 gm	1	PA
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	QL (20 PACKETS PER 5 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
NARCAN SPR	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs / 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs / 21 days)
granisetron hcl tab 1 mg	1	QL (12 tabs / 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL / 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 24 mg	1	QL (2 ea / 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
SUSTOL INJ 10/0.4ML	3	QL (2 injections / 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs / 21 days)
ZUPLENZ MIS 4MG	3	QL (18 films / 21 days)
ZUPLENZ MIS 8MG	3	QL (18 films / 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
MECLIZINE TAB 50MG	3	
scopolamine td patch 72hr 1 mg/3days	1	
TIGAN CAP 300MG	3	
TRANSDERM SC DIS 1MG/3DAY	3	
TRANSDERM-SC DIS 1MG/3DAY	3	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SYNDROS SOL 5MG/ML	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps / 180 days)
aprepitant capsule 80 mg	1	QL (4 caps / 21 days)
aprepitant capsule 125 mg	1	QL (2 ea / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps / 21 days)
EMEND CAP 80MG	3	QL (4 caps / 21 days)
EMEND SUS 125MG	3	QL (6 kits / 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps / 21 days)
VARUBI TAB 90MG	2	QL (4 tabs / 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB 150MG	3	
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	MNPA
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
flucytosine cap 250 mg	1	
flucytosine cap 500 mg	1	PA; MNPA
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin oral powder	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG	3	
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	

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Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
NOXAFIL SUS 40MG/ML	3	PA
NOXAFIL TAB 100MG	3	PA
posaconazole tab delayed release 100 mg	1	PA
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	
SPORANOX SOL 10MG/ML	3	
TOLSURA CAP 65MG	3	
VFEND SUS 40MG/ML	2	PA
VFEND TAB 50MG	2	PA
VFEND TAB 200MG	2	PA
voriconazole for susp 40 mg/ml	1	PA
voriconazole tab 50 mg	1	PA
voriconazole tab 200 mg	1	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
dexchlorpheniramine maleate oral soln 2 mg/5ml	1	PA; MNPA
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMIN TAB 6MG	3	PA; MNPA
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
diphenhydramine hcl elixir 12.5 mg/5ml	1	PA
KARBINAL ER SUS 4MG/5ML	3	
RYVENT TAB 6MG	3	
ANTIHISTAMINES - NON-SEDATING		
QUZYTTIR INJ 10MG/ML	3	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
promethazine hcl suppos 50 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	
ROSZET TAB 5-10MG	3	
ROSZET TAB 10-10MG	3	
ROSZET TAB 20-10MG	3	
ROSZET TAB 40-10MG	3	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 1 gm	1	
LOVAZA CAP 1GM	3	
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	

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Drug Name	Drug Tier	Requirements/Limits
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
FENOFIB MICR CAP 30MG	3	
FENOFIB MICR CAP 90MG	3	
fenofibrate cap 50 mg	1	PA; MNPA
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 130 mg	1	PA; MNPA
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 40 mg	1	PA; MNPA
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 120 mg	1	PA; MNPA
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
FENOGLIDE TAB 40MG	3	
FENOGLIDE TAB 120MG	3	PA; MNPA
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	
TRICOR TAB 145MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV TAB 20MG ER	3	
ALTOPREV TAB 40MG ER	3	
ALTOPREV TAB 60MG ER	3	
atorvastatin calcium tab 10 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
CRESTOR TAB 5MG	3	
CRESTOR TAB 10MG	3	
CRESTOR TAB 20MG	3	
CRESTOR TAB 40MG	3	
EZALLOR SPR CAP 5MG	3	
EZALLOR SPR CAP 10MG	3	
EZALLOR SPR CAP 20MG	3	
EZALLOR SPR CAP 40MG	3	
FLOLIPID SUS 20MG/5ML	3	
FLOLIPID SUS 40MG/5ML	3	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
LESCOL XL TAB 80MG	3	
LIPITOR TAB 10MG	3	
LIPITOR TAB 20MG	3	
LIPITOR TAB 40MG	3	
LIPITOR TAB 80MG	3	
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	

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Drug Name	Drug Tier	Requirements/Limits
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
ZYPITAMAG TAB 2MG	3	
ZYPITAMAG TAB 4MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
ZETIA TAB 10MG	3	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	5	PA, QL (28 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAP 10MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 20MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 30MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tab 500 mg	1	PA; MNPA
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections / month)
REPATHA INJ 140MG/ML	2	PA, QL (2 SYRINGE PER 28 DAYS)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 CARTRIDGE PER 28 DAYS)
REPATHA SURE INJ 140MG/ML	2	PA, QL (2 PENS PER 28 DAYS)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	

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

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Drug Name	Drug Tier	Requirements/Limits
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	3	
ATACAND TAB 8MG	3	
ATACAND TAB 16MG	3	
ATACAND TAB 32MG	3	
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	
BENICAR TAB 20MG	3	
BENICAR TAB 40MG	3	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	
DIOVAN TAB 80MG	3	
DIOVAN TAB 160MG	3	
DIOVAN TAB 320MG	3	
EDARBI TAB 40MG	3	
EDARBI TAB 80MG	3	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
MICARDIS TAB 20MG	3	
MICARDIS TAB 40MG	3	
MICARDIS TAB 80MG	3	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	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	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
prazosin hcl cap 1 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
ATACAND HCT TAB 16-12.5	3	
ATACAND HCT TAB 32-12.5	3	
ATACAND HCT TAB 32-25MG	3	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
BENICAR HCT TAB 20-12.5	3	
BENICAR HCT TAB 40-12.5	3	
BENICAR HCT TAB 40-25MG	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
DIOVAN HCT TAB 80/12.5	3	
DIOVAN HCT TAB 160-12.5	3	
DIOVAN HCT TAB 160-25MG	3	
DIOVAN HCT TAB 320-12.5	3	
DIOVAN HCT TAB 320-25MG	3	
DUTOPROL TAB 25-12.5	3	PA; MNPA
DUTOPROL TAB 50-12.5	3	PA; MNPA
DUTOPROL TAB 100-12.5	3	PA; MNPA
EDARBYCLOR TAB 40-12.5	3	
EDARBYCLOR TAB 40-25MG	3	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
EXFORGE HCT TAB 5-160-12.5	3	
EXFORGE HCT TAB 5-160-25	3	
EXFORGE HCT TAB 10-160-12.5	3	
EXFORGE HCT TAB 10-160-25	3	
EXFORGE HCT TAB 10-320-25	3	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
methyldopa & hydrochlorothiazide tab 250-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
PRESTALIA TAB 3.5-2.5	3	
PRESTALIA TAB 7-5MG	3	
PRESTALIA TAB 14-10MG	3	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
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	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	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		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
PYRIME/LEUCO CAP 12.5/2.5	3	
PYRIME/LEUCO CAP 25/5MG	3	
PYRIME/LEUCO CAP 25/10MG	3	
PYRIME/LEUCO CAP 50/10MG	3	
PYRIME/LEUCO CAP 50/20MG	3	
PYRIME/LEUCO CAP 50/25MG	3	
PYRIME/LEUCO CAP 75/25MG	3	
ANTIMALARIALS		
ARAKODA TAB 100MG	3	
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
DARAPRIM TAB 25MG	3	PA
hydroxychloroquine sulfate tab 200 mg	1	
KRINTAFEL TAB 150MG	3	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	2	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	5	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE TAB 125MG	3	
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	

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Drug Name	Drug Tier	Requirements/Limits
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 30 mg	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
RUZURGI TAB 10MG	5	PA, QL (300 TABLETS PER 30 DAYS)
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	

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Drug Name	Drug Tier	Requirements/Limits
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
azacitidine for inj 100 mg	1	PA
capecitabine tab 150 mg	0	PA, QL (120 TABLETS PER 30 DAYS)
capecitabine tab 500 mg	0	PA, QL (300 TABLETS PER 30 DAYS)
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	0	
ONUREG TAB 200MG	0	PA, QL (14 TABLETS PER 28 DAYS)
ONUREG TAB 300MG	0	PA, QL (14 TABLETS PER 28 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	
VIDAZA INJ 100MG	5	PA
XATMEP SOL 2.5MG/ML	0	

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Drug Name	Drug Tier	Requirements/Limits
XELODA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XELODA TAB 500MG	0	PA, QL (300 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 24 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (30 TABLETS PER 30 DAYS)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)
VIZIMPRO TAB 15MG	0	PA, QL (30 TABLETS PER 30 DAYS)
VIZIMPRO TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
VIZIMPRO TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
DAURISMO TAB 100MG	0	PA, QL (30 TABS PER 30 DAYS)
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (120 TABLETS PER 30 DAYS)
abiraterone acetate tab 500 mg	0	PA, QL (60 TABLETS PER 30 DAYS)
anastrozole tab 1 mg	0	

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Drug Name	Drug Tier	Requirements/Limits
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
flutamide cap 125 mg	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 5 mg/ml	1	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
NILANDRON TAB 150MG	0	PA; MNPA
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ORGOVYX TAB 120MG	0	PA, QL (30 tabs / 30 days)
SOLTAMOX SOL 10MG/5ML	0	
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	0	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ZYTIGA TAB 500MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 200MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA; Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (16 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 40MG	0	PA, QL (4 Tablets Per 28 Days); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 40MG	0	PA, QL (8 Tablets Per 28 Days); Therapy Pack
XPOVIO PAK 50MG	0	PA, QL (8 Tablets Per 28 Days); Therapy Pack
XPOVIO PAK 60MG	0	PA, QL (12 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 60MG	0	PA, QL (24 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 Tablets Per 28 Days); Therapy Pack

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 80MG	0	PA, QL (16 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 80MG	0	PA, QL (32 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 100MG	0	PA, QL (20 TABLETS PER 28 DAYS)
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 TABLETS PER 28 DAYS)
KISQALI 200 PAK FEMARA	0	PA, QL (50 tabs / 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (92 tabs / 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR TAB 2.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 7.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA TAB 4MG	0	PA, QL (56 TABLETS PER 28 DAYS)
BALVERSA TAB 5MG	0	PA, QL (28 TABLETS PER 28 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COMETRIQ KIT 60MG	0	PA, QL (84 CAPSULES PER 28 DAYS)
COMETRIQ KIT 100MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COMETRIQ KIT 140MG	0	PA, QL (112 CAPSULES PER 28 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 days)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 28 days)
COTELLIC TAB 20MG	0	PA, QL (63 TABLETS 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
everolimus tab 2.5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 7.5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
FARYDAK CAP 10MG	0	PA, QL (6 CAPSULES PER 21 DAYS)
FARYDAK CAP 15MG	0	PA, QL (6 CAPSULES PER 21 DAYS)
FARYDAK CAP 20MG	0	PA, QL (6 CAPSULES PER 21 DAYS)
FOTIVDA CAP 0.89MG	0	QL (21 tablets per 28 days)
FOTIVDA CAP 1.34MG	0	QL (21 tablets per 28 days)
GAVRETO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
GLEEVEC TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
GLEEVEC TAB 400MG	0	PA, QL (60 TABLETS PER 30 DAYS)
IBRANCE CAP 75MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 100MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
ICLUSIG TAB 10MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ICLUSIG TAB 30MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (90 TABLETS PER 30 DAYS)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
INREBIC CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
JAKAFI TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 10MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	0	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	0	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	0	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA, QL (240 tabs Per 30 Days)
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
MEKINIST TAB 0.5MG	0	PA, QL (90 TABLETS PER 30 DAYS)
MEKINIST TAB 2MG	0	PA, QL (30 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
PEMAZYRE TAB 4.5MG	0	PA, QL (14 TABLETS PER 21 DAYS)
PEMAZYRE TAB 9MG	0	PA, QL (14 TABLETS PER 21 DAYS)
PEMAZYRE TAB 13.5MG	0	PA, QL (14 TABLETS PER 21 DAYS)
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
QINLOCK TAB 50MG	0	PA, QL (90 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAP 40MG	0	PA, QL (60 TABLETS PER 30 DAYS)
RETEVMO CAP 80MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RUBRACA TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
SCEMBLIX TAB 40MG	3	
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	0	PA, QL (84 TABLETS PER 28 DAYS)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 25MG	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TABRECTA TAB 150MG	0	PA, QL (112 TABLETS PER 28 DAYS)
TABRECTA TAB 200MG	0	PA, QL (112 TABLETS PER 28 DAYS)
TAFINLAR CAP 50MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAFINLAR CAP 75MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TALZENNA CAP 0.25MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
TALZENNA CAP 1MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TASIGNA CAP 50MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TASIGNA CAP 150MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TASIGNA CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAZVERIK TAB 200MG	0	PA, QL (240 TABLETS PER 30 DAYS)
TEPMETKO TAB 225MG	0	PA, QL (60 TABS PER 30 DAYS)
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TURALIO CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
UKONIQ TAB 200MG	0	PA, QL (120 TABS PER MONTH)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAP 25MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 ML PER 30 DAYS)
VOTRIENT TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XALKORI CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 250MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYDELIG TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYDELIG TAB 150MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	

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Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium tab 25 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	3	
NOURIANZ TAB 40MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
ONGENTYS CAP 25MG	3	
ONGENTYS CAP 50MG	3	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	5	PA, QL (20 CARTRIDGES PER 30 DAYS)
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
GOCOVRI CAP 68.5MG	3	
GOCOVRI CAP 137MG	3	
INBRIJA CAP 42MG	4	PA, QL (300 CAPSULES PER 30 DAYS)
KYNMOBI MIS 10MG	5	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 15MG	5	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 20MG	5	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 25MG	5	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 30MG	5	PA, QL (150 Films per 30 Days)
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	

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Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB	3	
OSMOLEX ER TAB 129MG	3	
OSMOLEX ER TAB 193MG	3	
OSMOLEX ER TAB 258MG	3	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
XADAGO TAB 50MG	3	
XADAGO TAB 100MG	3	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	5	PA
NUPLAZID TAB 10MG	5	PA
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
FANAPT PAK	3	PA; MNPA
FANAPT TAB 1MG	3	PA; MNPA
FANAPT TAB 2MG	3	PA; MNPA
FANAPT TAB 4MG	3	PA; MNPA
FANAPT TAB 6MG	3	PA; MNPA
FANAPT TAB 8MG	3	PA; MNPA
FANAPT TAB 10MG	3	PA; MNPA
FANAPT TAB 12MG	3	PA; MNPA
INVEGA SUST INJ 39/0.25	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
INVEGA TRINZ INJ 273MG	3	
INVEGA TRINZ INJ 410MG	3	
INVEGA TRINZ INJ 546MG	3	
INVEGA TRINZ INJ 819MG	3	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	3	
PERSERIS INJ 120MG	3	
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	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
risperidone tab 4 mg	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
HALDOL INJ 5MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SECUADO DIS 3.8MG	3	
SECUADO DIS 5.7MG	3	
SECUADO DIS 7.6MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	
SEROQUEL XR TAB 150MG	3	
SEROQUEL XR TAB 200MG	3	
SEROQUEL XR TAB 300MG	3	
SEROQUEL XR TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
CHLORPROMAZ INJ 25MG/ML	1	
CHLORPROMAZ INJ 50MG/2ML	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine edisylate inj 50 mg/10ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY MYCI TAB 2MG	3	
ABILIFY MYCI TAB 2MG MANT	3	
ABILIFY MYCI TAB 2MG STRT	3	
ABILIFY MYCI TAB 5MG	3	
ABILIFY MYCI TAB 5MG MANT	3	
ABILIFY MYCI TAB 5MG STRT	3	
ABILIFY MYCI TAB 10MG	3	
ABILIFY MYCI TAB 10MG MNT	3	
ABILIFY MYCI TAB 10MG STR	3	
ABILIFY MYCI TAB 15MG	3	
ABILIFY MYCI TAB 15MG MNT	3	
ABILIFY MYCI TAB 15MG STR	3	
ABILIFY MYCI TAB 20MG	3	
ABILIFY MYCI TAB 20MG MNT	3	
ABILIFY MYCI TAB 20MG STR	3	
ABILIFY MYCI TAB 30MG	3	
ABILIFY MYCI TAB 30MG MNT	3	
ABILIFY MYCI TAB 30MG STR	3	
ABILIFY TAB 2MG	3	
ABILIFY TAB 5MG	3	
ABILIFY TAB 10MG	3	
ABILIFY TAB 15MG	3	
ABILIFY TAB 20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY TAB 30MG	3	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	QL (23.077 injections / year)
ARISTADA INJ INITIO	2	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution 10%	1	
GLUTARALDEHY SOL 25%	3	
hydrogen peroxide soln 30%	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 ML PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
APTIVUS CAP 250MG	3	QL (120 CAPSULES PER 30 DAYS)
APTIVUS SOL	3	QL (285 ML PER 28 DAYS)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
ATRIPLA TAB	3	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CABENUVA SUS 400-600	3	PA, QL (1 KIT PER MONTH)
CABENUVA SUS 600-900	3	PA, QL (1 KIT PER MONTH)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
COMPLERA TAB	2	QL (30 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)
DELSTRIGO TAB	3	QL (30 TABLETS PER 30 DAYS)
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
efavirenz cap 50 mg	1	QL (90 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
efavirenz cap 200 mg	1	QL (90 CAPSULES PER 30 DAYS)
efavirenz tab 600 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine caps 200 mg	1	QL (30 CAPSULES PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	QL (30 TABLETS PER 30 DAYS); $0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EPIVIR SOL 10MG/ML	3	QL (900 ML PER 30 DAYS)
EPIVIR TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
EPIVIR TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
EPZICOM TAB 600-300	3	QL (30 TABLETS PER 30 DAYS)
etravirine tab 100 mg	1	QL (120 TABLETS PER 30 DAYS)
etravirine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 TABLETS PER 30 DAYS)
INVIRASE TAB 500MG	3	QL (120 TABLETS PER 30 DAYS)
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)
KALETRA SOL	3	QL (1575 ML PER 28 DAYS)
KALETRA TAB 100-25MG	3	QL (240 TABLETS PER 30 DAYS)
KALETRA TAB 200-50MG	3	QL (120 TABLETS PER 30 DAYS)
lamivudine oral soln 10 mg/ml	1	QL (900 ML PER 30 DAYS)
lamivudine tab 150 mg	1	QL (60 TABLETS PER 30 DAYS)
lamivudine tab 300 mg	1	QL (30 TABLETS PER 30 DAYS)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
LEXIVA SUS 50MG/ML	3	QL (1575 ML PER 28 DAYS)
LEXIVA TAB 700MG	3	QL (120 TABLETS PER 30 DAYS)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (1575 ML PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir tab 100-25 mg	1	QL (240 TABLETS PER 30 DAYS)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 TABLETS PER 30 DAYS)
nevirapine susp 50 mg/5ml	1	QL (1200 ML PER 30 ML DAYS)
nevirapine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 100 mg	1	QL (90 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 400 mg	1	QL (30 TABLETS PER 30 DAYS)
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PIFELTRO TAB 100MG	3	QL (60 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (30 TABLETS PER 30 DAYS)
RETROVIR CAP 100MG	2	QL (180 CAPSULES PER 30 DAYS)
RETROVIR SYP 50MG/5ML	2	QL (1800 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAP 300MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
ritonavir tab 100 mg	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY SOL 20MG/ML	3	QL (1840 ML PER 30 days)
SELZENTRY TAB 25MG	3	QL (240 TABLETS PER 30 DAYS)
SELZENTRY TAB 75MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 300MG	3	QL (120 TABLETS PER 30 DAYS)
stavudine cap 15 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 20 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 30 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 40 mg	1	QL (60 CAPSULES PER 30 DAYS)
STRIBILD TAB	2	QL (30 TABLETS PER 30 DAYS)
SUSTIVA CAP 50MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA CAP 200MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA TAB 600MG	3	QL (30 TABLETS PER 30 DAYS)
SYMFI LO TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMFI TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate tab 300 mg	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TRUVADA TAB 100-150	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 133-200	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 167-250	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 200-300	3	QL (30 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIRACEPT TAB 250MG	3	QL (300 TABLETS PER 30 DAYS)
VIRACEPT TAB 625MG	3	QL (120 TABLETS PER 30 DAYS)
VIRAMUNE SUS 50MG/5ML	3	QL (1200 ML PER 30 ML DAYS)
VIRAMUNE XR TAB 400MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	2	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	2	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	2	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	2	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 300MG	2	QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ZIAGEN SOL 20MG/ML	3	QL (900 ML PER 30 DAYS)
ZIAGEN TAB 300MG	3	QL (60 TABLETS PER 30 DAYS)
zidovudine cap 100 mg	1	QL (180 CAPSULES PER 30 DAYS)
zidovudine syrup 10 mg/ml	1	QL (1800 ML PER 30 DAYS)
zidovudine tab 300 mg	1	QL (60 TABLETS PER 30 DAYS)
CMV AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	3	QL (1000 ML PER 30 DAYS)
VALCYTE TAB 450MG	3	QL (120 tablets for 30 days)
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (1000 ML PER 30 DAYS)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (120 tablets for 30 days)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	2	QL (630 ml per 30 days)
BARACLUDE TAB 0.5MG	3	QL (30 tabs per 30 days)
BARACLUDE TAB 1MG	3	QL (30 tabs per 30 days)
entecavir tab 0.5 mg	1	QL (30 tabs per 30 days)
entecavir tab 1 mg	1	QL (30 tabs per 30 days)
EPCLUSA PAK 150-37.5	4	PA; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6

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Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOL 5MG/ML	3	
EPIVIR HBV TAB 100MG	3	
HARVONI PAK	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HEPSERA TAB 10MG	3	
lamivudine tab 100 mg (hbv)	1	
MAVYRET PAK 50-20MG	3	PA
MAVYRET TAB 100-40MG	5	PA, QL (84 TABLETS PER 28 DAYS)
PEGASYS INJ	4	PA, QL (4 Injections per Month)
PEGASYS INJ 180MCG/M	4	PA, QL (4 Injections per Month)
PEGINTRON KIT 50MCG	5	PA
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA
SOVALDI PAK 150MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI PAK 200MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TAB 200MG	5	PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TAB 400MG	5	PA, QL (28 TABLETS PER 28 DAYS)
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)
VIEKIRA PAK TAB	5	PA, QL (112 TABLETS PER 28 DAYS); MNPA

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	4	PA, QL (28 TABLETS PER 28 DAYS); 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)
ZEPATIER TAB 50-100MG	5	PA, QL (28 TABLETS PER 28 DAYS)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
SITAVIG TAB 50MG	3	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
VALTREX TAB 1GM	3	
VALTREX TAB 500MG	3	
ZOVIRAX SUS 200/5ML	3	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (28 caps / 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (180 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL / 90 days)

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Drug Name	Drug Tier	Requirements/Limits
XOFLUZA TAB 20MG	3	
XOFLUZA TAB 40MG	3	
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
KAPSPARGO CAP 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO CAP 50MG	3	
KAPSPARGO CAP 100MG	3	
KAPSPARGO CAP 200MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	
TOPROL XL TAB 100MG	3	
TOPROL XL TAB 200MG	3	
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	3	PA; MNPA
BETAPACE AF TAB 120MG	3	PA; MNPA
BETAPACE AF TAB 160MG	3	PA; MNPA
BETAPACE TAB 80MG	3	PA; MNPA
BETAPACE TAB 120MG	3	PA; MNPA
BETAPACE TAB 160MG	3	PA; MNPA
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	

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Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CAP 80MG	3	
INDERAL LA CAP 120MG	3	
INDERAL LA CAP 160MG	3	
INDERAL XL CAP 80MG	3	
INDERAL XL CAP 120MG	3	
INNOPRAN XL CAP 80MG	3	
INNOPRAN XL CAP 120MG	3	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB 2.5-200	3	PA; MNPA
CONSENSI TAB 5-200MG	3	PA; MNPA
CONSENSI TAB 10-200MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
CARDIZEM CD CAP 120MG/24	3	
CARDIZEM CD CAP 180MG/24	3	
CARDIZEM CD CAP 240MG/24	3	
CARDIZEM CD CAP 300MG/24	3	
CARDIZEM CD CAP 360MG/24	3	
CARDIZEM LA TAB 120MG	3	
CARDIZEM LA TAB 180MG	3	
CARDIZEM LA TAB 240MG	3	
CARDIZEM LA TAB 300MG/24	3	
CARDIZEM LA TAB 360MG	3	
CARDIZEM LA TAB 420MG/24	3	
CARDIZEM TAB 30MG	3	
CARDIZEM TAB 60MG	3	
CARDIZEM TAB 120MG	3	
CONJUPRI TAB 2.5MG	3	
CONJUPRI TAB 5MG	3	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl coated beads tab er 24hr 180 mg	1	
diltiazem hcl coated beads tab er 24hr 240 mg	1	
diltiazem hcl coated beads tab er 24hr 300 mg	1	
diltiazem hcl coated beads tab er 24hr 360 mg	1	
diltiazem hcl coated beads tab er 24hr 420 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
KATERZIA SUS 1MG/ML	3	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	
NORVASC TAB 10MG	3	
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	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	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.25MG	3	PA; MNPA
LANOXIN TAB 0.125MG	3	PA; MNPA
LANOXIN TAB 0.0625MG	2	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	2	
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 TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 per month); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CIALIS TAB 2.5MG	3	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
CIALIS TAB 5MG	3	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
CIALIS TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
CIALIS TAB 20MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 20MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 125MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
sildenafil citrate tab 50 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate tab 100 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
STAXYN TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
STENDRA TAB 50MG	3	PA, QL (6 tabs per month); MNPA; Coverage is subject to your plan/benefits
STENDRA TAB 100MG	3	PA, QL (6 tabs per month); MNPA; Coverage is subject to your plan/benefits
STENDRA TAB 200MG	3	PA, QL (6 tabs per month); MNPA; Coverage is subject to your plan/benefits
tadalafil tab 2.5 mg	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
tadalafil tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
tadalafil tab 20 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 2.5 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
vardenafil hcl tab 5 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 25MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 50MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 100MG	3	QL (6 TABS PER MONTH); 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
TYVASO REFIL SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)
VENTAVIS SOL 20MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
ambrisentan tab 10 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
bosentan tab 62.5 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
bosentan tab 125 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
LETAIRIS TAB 5MG	5	PA, QL (30 TABLETS PER 30 DAYS)
LETAIRIS TAB 10MG	5	PA, QL (30 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)
TRACLEER TAB 32MG	5	PA, QL (112 TABLETS PER 28 DAYS)
TRACLEER TAB 62.5MG	5	PA, QL (60 TABLETS PER 30 DAYS)
TRACLEER TAB 125MG	5	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	5	PA, QL (60 TABLETS PER 30 DAYS)
REVATIO SUS 10MG/ML	5	PA, QL (224 ML PER 30 DAYS)
REVATIO TAB 20MG	5	PA, QL (90 TABLETS PER 30 DAYS)
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (224 ML PER 30 DAYS)
sildenafil citrate tab 20 mg	1	PA, QL (90 TABLETS PER 30 DAYS)
tadalafil tab 20 mg (pah)	1	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800	4	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	4	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	4	PA, QL (90 TABLETS PER 30 DAYS)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
VYNDAQEL CAP 20MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
KEFLEX CAP 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

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

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Drug Name	Drug Tier	Requirements/Limits
MINASTRIN 24 CHW FE	0	
MIRCETTE TAB 28 DAY	0	
NATAZIA TAB	0	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	

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Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
QUARTETTE TAB	0	
SAFYRAL TAB	0	
SEASONIQUE TAB	0	PA; MNPA
TAYTULLA CAP 1MG/20MC	3	
TYBLUME CHW 0.1-0.02	0	
YASMIN 28 TAB 3-0.03MG	0	
YAZ TAB 3-0.02MG	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
TWIRLA DIS 120-30	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring / 300 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 rings / 300 days)
NUVARING MIS	0	QL (13 rings / 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection / 59 days)
DEPO-PROVERA INJ 150MG/ML	0	QL (4 injections / 300 days)
DEPO-SQ PROV INJ 104	0	QL (6 injections / 300 days)
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (1 injection / 59 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections / 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
ORTHO MICRON TAB 0.35MG	0	
SLYND TAB 4MG	0	

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Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRI CAP 0.5MG	3	
ALKINDI SPRI CAP 1MG	3	
ALKINDI SPRI CAP 2MG	3	
ALKINDI SPRI CAP 5MG	3	
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
DEXABLISS TAB 1.5MG	3	
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (27)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (49)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
DXEVO 11-DAY PAK 1.5MG	3	
EMFLAZA SUS 22.75/ML	5	PA, QL (52 ML PER 30 DAYS)
EMFLAZA TAB 6MG	5	PA, QL (60 TABLETS PER 30 DAYS)
EMFLAZA TAB 18MG	5	PA, QL (30 TABLETS PER 30 DAYS)
EMFLAZA TAB 30MG	5	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TAB 36MG	5	PA, QL (30 TABLETS PER 30 DAYS)
ENTOCORT EC CAP 3MG DR	3	
HEMADY TAB 20MG	3	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
MILLIPRED TAB 5MG	3	PA; MNPA
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
ORTIKOS CAP 6MG ER	3	
ORTIKOS CAP 9MG ER	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	

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Drug Name	Drug Tier	Requirements/Limits
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
RAYOS TAB 1MG	3	
RAYOS TAB 2MG	3	
RAYOS TAB 5MG	3	
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	
ZCORT 7-DAY TAB 1.5MG	3	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
HYCODAN SYP 5-1.5/5	3	QL (30 mL/day for 7 days per month)
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	QL (30 mL/day for 7 days per month)
hydrocodone w/ homatropine tab 5-1.5 mg	1	QL (6 tablets/day for 7 days per month)
TESSALON PER CAP 100MG	2	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine liquid 225-7.5 mg/5ml	1	QL (45 mL/day for 7 days per month)

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Drug Name	Drug Tier	Requirements/Limits
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (60 mL/day for 7 days per month)
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL/day for 7 days per month)
MAR-COF CG LIQ 225-7.5	3	QL (45 mL/day for 7 days per month)
NEOTUSS PLUS LIQ	3	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL/day for 7 days per month)
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	QL (30 mL/day for 7 days per month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUSSICAPS CAP 10-8MG	3	QL (2 capsules/day for 7 days per month)
TUXARIN ER TAB 54.3-8MG	3	QL (2 tablets/day for 7 days per month)
TUZISTRA XR SUS	3	QL (20 mL/day for 7 days per month)
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	2	
ABSORICA CAP 20MG	2	
ABSORICA CAP 25MG	2	
ABSORICA CAP 30MG	2	
ABSORICA CAP 35MG	2	
ABSORICA CAP 40MG	2	
ABSORICA LD CAP 8MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ABSORICA LD CAP 16MG	3	
ABSORICA LD CAP 24MG	3	
ABSORICA LD CAP 32MG	3	
ACANYA GEL 1.2-2.5%	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene pads 0.1%	1	PA
ADAPALENE SOL 0.1%	3	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
AKLIEF CRE 0.005%	3	
ALTRENO LOT 0.05%	3	
AMZEEQ AER 4%	3	
ARAZLO LOT 0.045%	3	
ATRALIN GEL 0.05%	3	PA
AZELEX CRE 20%	3	
BENZ PER FOR LOT HC 7.5-1	3	
BENZ PEROXID GEL 6.5%	3	
BENZACLIN GEL 1-5%	3	
BENZACLIN GEL 1-5%PUMP	3	
BENZAMYCIN GEL 5-3%	3	
BENZEPRO AER 5.2%	3	
BENZEPRO AER 9.7%	3	
BENZEPRO LIQ 6.8%	3	
BENZEPRO MIS 5.8%	3	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide liq 7%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
BENZOYL PERX LIQ 6.9%	3	
CLEOCIN-T LOT 1%	3	QL (60 mL / month)
CLINDAGEL GEL 1%	3	QL (75 gm / month)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	QL (75 gm / month)
clindamycin phosphate gel 1%	1	PA, QL (75 gm / month)

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Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate lotion 1%	1	QL (60 mL / month)
clindamycin phosphate soln 1%	1	QL (60 mL / month)
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
DIFFERIN LOT 0.1%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	QL (60 gm / month)
erythromycin gel 2%	1	QL (60 gm / month)
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (60 mL / month)
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	
OXIAZAR CRE 4-0.1%	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

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Drug Name	Drug Tier	Requirements/Limits
RIAX AER 5.5%	3	
RIAX AER 9.5%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
TAZAROTENE AER 0.1%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
VELTIN GEL	3	PA
WINLEVI CRE 1%	3	
ZACLIR LOT 8%	3	
ZIANA GEL	3	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA; MNPA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	PA, QL (150 ml per 21 days)
FLECTOR DIS 1.3%	3	
LICART DIS 1.3%	3	
PENNSAID SOL 2%	3	PA, QL (112 grams per 21 days)
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm / month)
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin calcium cream 2%	1	PA, QL (30 gm / month)
mupirocin oint 2%	1	QL (30 gm / month)
NEO-SYNALAR CRE	3	PA; MNPA
XEPI CRE 1%	3	
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 GM Per month)

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Drug Name	Drug Tier	Requirements/Limits
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 GM Per month)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 ML Per month)
ciclopirox shampoo 1%	1	QL (120 ML Per month)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	QL (60 GM Per month)
ECOZA AER 1%	3	QL (70 GM Per month)
ERTACZO CRE 2%	3	QL (60 GM per month)
EXELDERM CRE 1%	3	QL (60 GM Per month)
EXELDERM SOL 1%	3	QL (60 ML Per month)
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	QL (100 GM Per month)
HIXDEFRIMA SOL 8-1-1%	3	
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
JUBLIA SOL 10%	3	PA, QL (4 ML PER 21 Days)
KERYDIN SOL 5%	3	PA, QL (4 ML PER 21 Days)
ketoconazole cream 2%	1	QL (120 GM Per month)
ketoconazole foam 2%	1	PA, QL (100 GM Per month); MNPA
ketoconazole shampoo 2%	1	QL (120 ML Per month)
LOPROX CRE 0.77%	3	QL (120 GM Per month)
LOPROX SHA 1%	3	QL (120 ML Per month)
LOPROX SUS 0.77%	3	QL (120 ML Per month)
luliconazole cream 1%	1	PA, QL (60 GM per month); MNPA
LUZU CRE 1%	3	QL (60 GM per month)
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL (120 GM per month)
naftifine hcl cream 1%	1	QL (60 GM Per month)
naftifine hcl cream 2%	1	QL (60 GM Per month)
naftifine hcl gel 1%	1	QL (120 GM Per month)
NAFTIN GEL 1%	2	QL (120 GM Per month)
NAFTIN GEL 2%	2	QL (60 GM Per month)

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Drug Name	Drug Tier	Requirements/Limits
nystatin cream 100000 unit/gm	1	QL (120 GM per month)
nystatin oint 100000 unit/gm	1	QL (120 GM per month)
nystatin topical powder 100000 unit/gm	1	QL (120 GM per month)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	1	QL (90 GM Per month)
oxiconazole nitrate cream 1%	1	PA, QL (90 GM Per month)
OXISTAT CRE 1%	3	QL (90 GM Per month)
OXISTAT LOT 1%	3	QL (90 ML Per month)
RECURA CRE	3	
sulconazole nitrate cream 1%	1	QL (60 GM Per month)
sulconazole nitrate solution 1%	1	QL (60 ML Per month)
tavaborole soln 5%	1	PA, QL (4 ML PER 21 Days)
VUSION OIN	3	QL (120 GM per month)
XOLEGEL GEL 2%	3	PA, QL (45 GM Per month); MNPA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ GEL 10%	3	
CARAC CRE 0.5%	3	
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
fluorouracil cream 0.5%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
KLISYRI OIN 1%	3	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
ROAOXIA GEL 3-4%	3	
TARGRETIN GEL 1%	5	PA
VALCHLOR GEL 0.016%	5	PA, QL (2 TUBES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	1	ST, PA, QL (45 grams / month); MNPA
PRUDOXIN CRE 5%	3	ST, PA, QL (45 grams / month)
ZONALON CRE 5%	3	ST, PA, QL (45 grams / month)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene cream 0.005%	1	PA; MNPA
calcipotriene foam 0.005%	1	
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitriol oint 3 mcg/gm	1	PA; MNPA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX INJ 300DOSE	4	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PEN PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 300DOSE	4	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DOVONEX CRE 0.005%	3	
methoxsalen rapid cap 10 mg	1	
OXSORALEN-UL CAP 10MG	3	
SILIQ INJ 210/1.5	5	PA, QL (2 SYRINGES PER 28 DAYS)
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 150MG/ML	4	PA, QL (1 Syringes Per 84 Days); Preferred for Psoriasis
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 Syringes Per 84 Days); Preferred for Psoriasis
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
SORILUX AER 0.005%	3	

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Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 45MG/0.5	4	PA, QL (1 VIAL PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 90MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 80MG/ML	4	PA, QL (1 INJ PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	4	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
tazarotene cream 0.1%	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
TREMFYA INJ 100MG/ML	4	PA, QL (1 PEN PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TREMFYA INJ 100MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
VECTICAL OIN 3MCG/GM	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
ESKATA SOL 40%	3	
selenium sulfide lotion 2.5%	1	
SODIUM SULFA LIQ 10% WASH	3	
ANTIVIRALS - TOPICAL		
acyclovir cream 5%	1	PA; MNPA
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
XERESE CRE 5-1%	3	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	2	
silver sulfadiazine cream 1%	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
CORTICOSTEROIDS - TOPICAL		
ALA-SCALP LOT 2%	3	QL (120 mL / month)
alclometasone dipropionate cream 0.05%	1	QL (120 gm / month)
alclometasone dipropionate oint 0.05%	1	QL (120 gm / month)
amcinonide cream 0.1%	1	QL (120 gm / month)
amcinonide lotion 0.1%	1	QL (120 mL / month)
AMCINONIDE OIN 0.1%	3	QL (120 gm / month)
APEXICON E CRE 0.05%	3	QL (120 gm / month)
betamethasone dipropionate augmented cream 0.05%	1	QL (120 gm / month)
betamethasone dipropionate augmented gel 0.05%	1	QL (120 gm / month)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 mL / month)
betamethasone dipropionate augmented oint 0.05%	1	QL (120 gm / month)
betamethasone dipropionate cream 0.05%	1	QL (120 gm / month)
betamethasone dipropionate lotion 0.05%	1	QL (120 mL / month)
betamethasone dipropionate oint 0.05%	1	QL (120 gm / month)
betamethasone valerate aerosol foam 0.12%	1	QL (120 gm / month)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120 gm / month)

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Drug Name	Drug Tier	Requirements/Limits
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120 mL / month)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120 gm / month)
BRYHALI LOT 0.01%	2	QL (120 gm / month)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	PA; MNPA
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	1	PA
CAPEX SHA 0.01%	2	QL (120 mL / month)
clobetasol propionate cream 0.05%	1	QL (120 gm / month)
clobetasol propionate emollient base cream 0.05%	1	QL (120 gm / month)
clobetasol propionate emulsion foam 0.05%	1	QL (120 gm / month)
clobetasol propionate foam 0.05%	1	QL (120 gm / month)
clobetasol propionate gel 0.05%	1	QL (120 gm / month)
clobetasol propionate lotion 0.05%	1	QL (120 mL / month)
clobetasol propionate oint 0.05%	1	QL (120 gm / month)
clobetasol propionate shampoo 0.05%	1	QL (120 mL / month)
clobetasol propionate soln 0.05%	1	QL (120 mL / month)
clobetasol propionate spray 0.05%	1	QL (120 mL / month)
CLOBEX LOT 0.05%	2	QL (120 mL / month)
CLOBEX SHA 0.05%	2	QL (120 mL / month)
CLOBEX SPR 0.05%	3	QL (120 mL / month)
clocortolone pivalate cream 0.1%	1	PA, QL (120 gm / month); MNPA
CLODERM CRE 0.1%	3	QL (120 gm / month)
CORDRAN 80X3 TAP 4MCG/CM	3	QL (120 Units Per Month)
CORDRAN CRE 0.05%	3	QL (120 gm / month)
CORDRAN CRE 0.025%	3	QL (120 gm / month)
CORDRAN LOT 0.05%	3	QL (120 mL / month)
CORDRAN OIN 0.05%	3	PA, QL (120 gm / month); MNPA
CUTIVATE LOT 0.05%	3	QL (120 mL / month)
DERMA-SMOOTH OIL /FS BODY	2	QL (120 mL / month)
DERMA-SMOOTH OIL /FS SCLP	2	QL (120 mL / month)
DESONATE GEL 0.05%	3	QL (120 gm / month)
desonide cream 0.05%	1	QL (120 gm / month)
desonide gel 0.05%	1	QL (120 gm / month)
desonide lotion 0.05%	1	QL (120 mL / month)

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Drug Name	Drug Tier	Requirements/Limits
desonide oint 0.05%	1	QL (120 gm / month)
DESOWEN CRE 0.05%	2	QL (120 gm / month)
desoximetasone cream 0.05%	1	QL (120 gm / month)
desoximetasone cream 0.25%	1	QL (120 gm / month)
desoximetasone gel 0.05%	1	QL (120 gm / month)
desoximetasone oint 0.05%	1	PA, QL (120 gm / month); MNPA
desoximetasone oint 0.25%	1	QL (120 gm / month)
desoximetasone spray 0.25%	1	QL (120 mL / month)
diflorasone diacetate cream 0.05%	1	PA, QL (120 gm / month); MNPA
diflorasone diacetate oint 0.05%	1	PA, QL (120 gm / month); MNPA
DIPROLENE AF CRE 0.05%	3	QL (120 gm / month)
DIPROLENE OIN 0.05%	2	QL (120 gm / month)
DUOBRII LOT	3	
ENSTILAR AER	2	
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (120 gm / month)
fluocinolone acetonide cream 0.025%	1	QL (120 gm / month)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120 mL / month)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120 mL / month)
fluocinolone acetonide oint 0.025%	1	QL (120 gm / month)
fluocinolone acetonide soln 0.01%	1	QL (120 mL / month)
fluocinonide cream 0.1%	1	PA, QL (120 gm / month); MNPA
fluocinonide cream 0.05%	1	QL (120 gm / month)
fluocinonide emulsified base cream 0.05%	1	QL (120 gm / month)
fluocinonide gel 0.05%	1	QL (120 gm / month)
fluocinonide oint 0.05%	1	QL (120 gm / month)
fluocinonide soln 0.05%	1	QL (120 mL / month)
flurandrenolide cream 0.05%	1	PA, QL (120 gm / month); MNPA
flurandrenolide lotion 0.05%	1	PA, QL (120 mL / month)
flurandrenolide lotion 0.05%	1	PA, QL (120 mL / month); MNPA
flurandrenolide oint 0.05%	1	PA, QL (120 gm / month); MNPA
fluticasone propionate cream 0.05%	1	QL (120 gm / month)
fluticasone propionate lotion 0.05%	1	QL (120 mL / month)
fluticasone propionate oint 0.005%	1	QL (120 gm / month)

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Drug Name	Drug Tier	Requirements/Limits
halcinonide cream 0.1%	1	PA, QL (120 gm / month); MNPA
HALOBETASOL AER 0.05%	3	QL (120 gm / month)
halobetasol propionate cream 0.05%	1	QL (120 gm / month)
halobetasol propionate oint 0.05%	1	QL (120 gm / month)
HALOG CRE 0.1%	3	QL (120 gm / month)
HALOG OIN 0.1%	3	QL (120 gm / month)
HALOG SOL 0.1%	3	QL (120 mL / month)
hydrocortisone butyrate cream 0.1%	1	QL (120 gm / month)
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	1	PA, QL (120 gm / month); MNPA
hydrocortisone butyrate lotion 0.1%	1	PA, QL (120 mL / month); MNPA
hydrocortisone butyrate oint 0.1%	1	QL (120 gm / month)
hydrocortisone butyrate soln 0.1%	1	QL (120 mL / month)
hydrocortisone cream 2.5%	1	QL (120 gm / month)
hydrocortisone lotion 2%	1	QL (120 mL / month)
hydrocortisone lotion 2.5%	1	QL (120 mL / month)
hydrocortisone oint 2.5%	1	QL (120 gm / month)
hydrocortisone valerate cream 0.2%	1	QL (120 gm / month)
hydrocortisone valerate oint 0.2%	1	QL (120 gm / month)
IMPEKLO LOT 0.05%	3	QL (120 grams / month)
IMPOYZ CRE 0.025%	3	QL (120 gm / month)
KENALOG AER SPRAY	3	QL (120 gm / month)
LEXETTE AER 0.05%	3	QL (120 gm / month)
LOCOID LIPO CRE 0.1%	3	QL (120 gm / month)
LOCOID LOT 0.1%	3	QL (120 mL / month)
LUXIQ AER 0.12%	3	QL (120 gm / month)
mometasone furoate cream 0.1%	1	QL (120 gm / month)
mometasone furoate oint 0.1%	1	QL (120 gm / month)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mL / month)
OLUX AER 0.05%	3	QL (120 gm / month)
OLUX-E AER 0.05%	3	QL (120 gm / month)
PANDEL CRE 0.1%	3	QL (120 gm / month)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
prednicarbate cream 0.1%	1	QL (120 gm / month)
prednicarbate oint 0.1%	1	QL (120 gm / month)
PSORCON CRE 0.05%	3	PA, QL (120 gm / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
SERNIVO SPR	3	QL (120 mL / month)
SERNIVO SPR 0.05%	3	QL (120 mL / month)
SYNALAR CRE 0.025%	3	QL (120 gm / month)
SYNALAR OIN 0.025%	3	QL (120 gm / month)
SYNALAR SOL 0.01%	3	QL (120 mL / month)
TACLONEX OIN	3	
TACLONEX SUS	3	
TEMOVATE CRE 0.05%	2	QL (120 gm / month)
TEMOVATE OIN 0.05%	2	QL (120 gm / month)
TEXACORT SOL 2.5%	2	QL (120 mL / month)
TOPICORT CRE 0.05%	3	QL (120 gm / month)
TOPICORT CRE 0.25%	3	QL (120 gm / month)
TOPICORT GEL 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.25%	3	QL (120 gm / month)
TOPICORT SPR 0.25%	3	QL (120 mL / month)
triamcinolone acetonide aerosol soln 0.147 mg/gm	1	PA, QL (120 gm / month); MNPA
triamcinolone acetonide cream 0.1%	1	QL (120 gm / month)
triamcinolone acetonide cream 0.5%	1	QL (120 gm / month)
triamcinolone acetonide cream 0.025%	1	QL (120 gm / month)
triamcinolone acetonide lotion 0.1%	1	QL (120 mL / month)
triamcinolone acetonide lotion 0.025%	1	QL (120 mL / month)
triamcinolone acetonide oint 0.1%	1	QL (120 gm / month)
triamcinolone acetonide oint 0.5%	1	QL (120 gm / month)
triamcinolone acetonide oint 0.05%	1	PA, QL (120 gm / month); MNPA
triamcinolone acetonide oint 0.025%	1	QL (120 gm / month)
TRIDESILON CRE 0.05%	2	QL (120 gm / month)
ULTRAVATE LOT 0.05%	3	QL (120 mL / month)
VANOS CRE 0.1%	3	QL (120 gm / month)
VERDESO AER 0.05%	3	QL (120 gm / month)
WYNZORA CRE	3	
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	2	PA
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 PENS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300/2ML	4	PA, QL (2 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 39%	1	
urea lotion 40%	1	
EMOLLIENTS		
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA CRE 5%	3	
imiquimod cream 3.75%	1	
imiquimod cream 5%	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	ST
OXIANUJO CRE 4-0.1%	3	
pimecrolimus cream 1%	1	ST
PROTOPIC OIN 0.1%	3	ST
PROTOPIC OIN 0.03%	3	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN SOL 0.7%	3	
CONDYLOX GEL 0.5%	2	
GEAMETDRAY GEL 5-2-17%	3	
GORDOFILM SOL	3	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
salicylic acid cream 6%	3	
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED STRM	3	
ethyl chloride aerosol spray	1	

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Drug Name	Drug Tier	Requirements/Limits
ethyl chloride aerosol spray	3	
LIDOCA/TETRA CRE 7/7%	3	QL (30 gm / month)
LIDOCAINE CRE TETRACAI	3	PA, QL (30 gm / month); MNPA
lidocaine hcl soln 4%	1	QL (50 mL / month)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL / month)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (10 injections / month)
lidocaine oint 5%	1	QL (50 gm / month)
lidocaine patch 5%	1	QL (90 ea / month)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm / month)
LIDODERM DIS 5%	2	QL (90 ea / month)
PLIAGLIS CRE 7-7%	3	QL (30 gm / month)
PRAMOX GEL 1%	3	
SYNERA DIS 70-70MG	3	QL (2 patches / month)
ZTLIDO PAD 1.8%	3	QL (90 ea / month)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
EPICYN SPR	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
azelaic acid gel 15%	1	
doxycycline (rosacea) cap delayed release 40 mg	1	
FINACEA AER 15%	2	
FINACEA GEL 15%	3	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	3	
NORITATE CRE 1%	3	
ORACEA CAP 40MG	3	
RHOFADE CRE 1%	3	

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Drug Name	Drug Tier	Requirements/Limits
SOOLANTRA CRE 1%	2	
ZILXI AER 1.5%	3	
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
ELIMITE CRE 5%	2	
ivermectin lotion 0.5%	1	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (240 strips / month)
ACCU-CHEK TES COMPACT	0	QL (240 strips / month)
ACCU-CHEK TES GUIDE	0	QL (240 strips / month)
ACCU-CHEK TES SMART	0	QL (240 strips / month)
ACCUTREND TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ADVANCE TES INTUITIO	0	PA, QL (240 strips / month); MNPA
ADVANCE TES MICRO-DW	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDI-COD	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDICODE	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES AMP	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES JAZZ	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES KEYNOTE	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX TES PRESTO	0	PA, QL (240 strips / month); MNPA
ASSURE 3 TES	0	PA, QL (240 strips / month); MNPA
ASSURE 4 TES	0	PA, QL (240 strips / month); MNPA
ASSURE II TES	0	PA, QL (240 strips / month); MNPA
ASSURE II TES CHECK	0	PA, QL (240 strips / month); MNPA
ASSURE PRISM TES MULTI	0	PA, QL (240 strips / month); MNPA
ASSURE PRO TES	0	PA, QL (240 strips / month); MNPA
ASSURE TES PLATINUM	0	PA, QL (240 strips / month); MNPA
AUTOCODE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
BIOSCANNER TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES LE1	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES PREMIUM	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES STRIPS	0	PA, QL (240 strips / month); MNPA
CARESENS N TES	0	PA, QL (240 strips / month); MNPA
CARETOUCH MIS TST STRP	0	PA, QL (240 strips / month); MNPA
CHEMSTRIP K TES	0	
CHEMSTRIP TES UGK	0	
CLEVER CHEK TES	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES AUTO CD	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES TALK	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES VOICE	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOIC TES MICRO	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES AUTO-CD	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES NOCODE	0	PA, QL (240 strips / month); MNPA
CONFIRM/MICR TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CONTOUR TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
CONTOUR TES NEXT	0	PA, QL (240 strips / month); MNPA
COOL BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS ADVANCED TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS GLUCOSE TES TEST STR	0	PA, QL (240 strips / month); MNPA
CVS KETONE TES CARE	0	
D-CARE BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
DIASTIX TES STRIPS	0	
DIATHRIVE MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATHRIVE+ MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATRUE PLUS TES STRIPS	0	PA, QL (240 strips / month); MNPA
DUO-CARE TES	0	PA, QL (240 strips / month); MNPA
EASY PLUS II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY STEP TES	0	PA, QL (240 strips / month); MNPA
EASY TALK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES STRIPS	0	PA, QL (240 strips / month); MNPA
EASY TRAK II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
EASY TRAK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES PLUS	0	PA, QL (240 strips / month); MNPA
EASYMAX 15 TES	0	PA, QL (240 strips / month); MNPA
EASYMAX TES	0	PA, QL (240 strips / month); MNPA
EASYPRO PLUS TES	0	PA, QL (240 strips / month); MNPA
EASYPRO TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
ELEMENT TES	0	PA, QL (240 strips / month); MNPA
ELEMNT COMPA TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE EVO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE PRO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE TALK TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE + TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE G2 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE G3 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE TES MINI	0	PA, QL (240 strips / month); MNPA
EVENCARE TES PROVIEW	0	PA, QL (240 strips / month); MNPA
EVOLUTION TES AUTOCODE	0	PA, QL (240 strips / month); MNPA
EXACTECH TES	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
EXACTECH TES R-S-G	0	PA, QL (240 strips / month); MNPA
FIFTY50 GLUC TES 2.0	0	PA, QL (240 strips / month); MNPA
FORA 6 MIS CONNECT	0	QL (240 strips / month)
FORA BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
FORA D15G TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D40/G31 TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
FORA G20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA G30/V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD50 TES	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES KETONE	0	
FORA TN'G TES TN'G VOI	0	PA, QL (240 strips / month); MNPA
FORA V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V12 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V30A TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORACARE TES GD40	0	PA, QL (240 strips / month); MNPA
FORACARE TES PREM V10	0	PA, QL (240 strips / month); MNPA
FORACARE TES TST N GO	0	PA, QL (240 strips / month); MNPA
FORTISCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TES	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES INSULINX	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES LITE	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES PREC NEO	0	PA, QL (240 strips / month); MNPA
GE100 BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GENULTIMATE TES	0	PA, QL (240 strips / month); MNPA
GHT TEST TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCO PERFEC TES 3	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES PLUS	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES EXPRESSI	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES SHINE	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES VITAL	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES X-SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCOM TES	0	PA, QL (240 strips / month); MNPA
GLUCONAVII TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCOSE TES STRIPS	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES KETONE	0	
GOJJI STRIPS MIS W/LANCET	0	PA, QL (240 strips / month); MNPA
HARMONY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
HW EMBRACE TES PRO	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
HW EMBRACE TES STRIPS	0	PA, QL (240 strips / month); MNPA
IGLUCOSE TES	0	PA, QL (240 strips / month); MNPA
IN TOUCH TES BLOOD	0	PA, QL (240 strips / month); MNPA
INFINITY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
INFINITY TES VOICE	0	PA, QL (240 strips / month); MNPA
KETO-DIASTIX TES	0	
KETONE TES	0	
KETONE TEST TES	0	
KETOSTIX TES STRIP	0	
KROGER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
KROGER TES	0	PA, QL (240 strips / month); MNPA
LIBERTY NEXT TES GEN	0	PA, QL (240 strips / month); MNPA
LIBERTY TES	0	PA, QL (240 strips / month); MNPA
MEIJER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETEST	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETRAC	0	PA, QL (240 strips / month); MNPA
MICRODOT TES	0	PA, QL (240 strips / month); MNPA
MICRODOT TES XTRA	0	PA, QL (240 strips / month); MNPA
MYGLUCOHEALT TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NEUTEK 2TEK TES STRIPS	0	PA, QL (240 strips / month); MNPA
NO CODING TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NOVA MAX PLS TES KETONE	0	
NOVA MAX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ONE DROP TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH TES ULTRA	0	QL (240 strips / month)
ONETOUCH TES VERIO	0	QL (240 strips / month)
OPTIUM TES	0	PA, QL (240 strips / month); MNPA
OPTIUMEZ TES	0	PA, QL (240 strips / month); MNPA
POCKETCHEM TES EZ	0	PA, QL (240 strips / month); MNPA
PRECISION PT TES OF CARE	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX PLUS	0	PA, QL (240 strips / month); MNPA
PRECISION TES QID	0	PA, QL (240 strips / month); MNPA
PRECISION TES SOF-TACT	0	PA, QL (240 strips / month); MNPA
PRECISION TES XTRA	0	PA, QL (240 strips / month); MNPA
PRECISN XTRA TES KETONE	0	
PREMIUM BLOO MIS GLUCOSE	0	PA, QL (240 strips / month); MNPA
PRO VOICE TES V8/V9	0	PA, QL (240 strips / month); MNPA
PRODIGY NO TES CODING	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES KETONE	0	
QUICKTEK TES	0	PA, QL (240 strips / month); MNPA
QUINTET AC TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
QUINTET TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
REFUAH PLUS TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
RELION BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION PREMI TES GLUCOSE	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
RELION PRIME TES	0	PA, QL (240 strips / month); MNPA
RELION PRIME TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION TES KETONE	0	
RELION TES ULTIMA	0	PA, QL (240 strips / month); MNPA
RELION TRUE TES METRIX	0	QL (240 strips / month); MNPA
RIGHTEST TES GS100	0	PA, QL (240 strips / month); MNPA
RIGHTEST TES GS300	0	PA, QL (240 strips / month); MNPA
RIGHTEST TES GS550	0	PA, QL (240 strips / month); MNPA
SMART SENSE TES TEST	0	PA, QL (240 strips / month); MNPA
SMARTEST TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
SOLUS V2 TES AUDIBLE	0	PA, QL (240 strips / month); MNPA
SUPREME TES	0	PA, QL (240 strips / month); MNPA
SURE-TEST TES EASYPLUS	0	PA, QL (240 strips / month); MNPA
TRUE FOCUS MIS BLOOD	0	PA, QL (240 strips / month); MNPA
TRUE METRIX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
TRUETEST TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
UNISTRIP1 TES GENERIC	0	PA, QL (240 strips / month); MNPA
VERASENS TES	0	PA, QL (240 strips / month); MNPA
VIVAGUARD TES INO	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ACERFLEX POW	3	Coverage is subject to your plan/benefits
BCAD 2 POW	3	Coverage is subject to your plan/benefits
BETTERMILK15 POW GLYTACTN	3	Coverage is subject to your plan/benefits
BETTERMILK PAK GLYTACTI	3	Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	3	Coverage is subject to your plan/benefits
CYCLINEX-2 POW	3	Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	3	PA; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	3	PA; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
ENTERAGAM POW 5GM	3	PA; MNPA
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
FOSTEUM CAP	3	PA; MNPA
FOSTEUM PLUS CAP	3	PA; MNPA
GA POW	3	Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	3	Coverage is subject to your plan/benefits
GLUTAREX-2 POW	3	Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN POW RESTOR10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	3	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	3	Coverage is subject to your plan/benefits
HCY 2 POW	3	Coverage is subject to your plan/benefits
HOM 2 POW	3	Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
HOMINEX-1 POW	3	Coverage is subject to your plan/benefits
HOMINEX-2 POW	3	Coverage is subject to your plan/benefits
I-VALEX-1 POW	3	Coverage is subject to your plan/benefits
I-VALEX-2 POW	3	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
ISOSOURCE HN LIQ	3	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
KETONEX-1 POW	3	Coverage is subject to your plan/benefits
KETONEX-2 POW	3	Coverage is subject to your plan/benefits
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIPISTART POW	3	PA; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; Coverage is subject to your plan/benefits
LMD POW	3	Coverage is subject to your plan/benefits
LOPHLEX POW	3	Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA; Coverage is subject to your plan/benefits
METHIONAID POW	3	Coverage is subject to your plan/benefits
MMA/PA ANAMI POW ERLY YRS	3	Coverage is subject to your plan/benefits
MODULEN IBD POW	3	PA; Coverage is subject to your plan/benefits
MSUD AID POW	3	Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NICAPRIN TAB	3	PA
NOVASOURCE LIQ RENAL	3	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	3	PA; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	3	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	3	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	3	PA; Coverage is subject to your plan/benefits
OA 2 POW	3	Coverage is subject to your plan/benefits
OMNIVEX TAB	3	PA
OPTIMENTAL LIQ	3	PA; Coverage is subject to your plan/benefits
OS 2 POW	3	Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
PEDIASURE EN LIQ /FIBER	3	PA; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	3	PA; Coverage is subject to your plan/benefits
PERIFLEX POW ADVANCE	3	Coverage is subject to your plan/benefits
PFD 2 POW	3	Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHENEX-1 POW	3	Coverage is subject to your plan/benefits
PHENEX-2 POW	3	Coverage is subject to your plan/benefits
PHENYL-FREE POW 2	3	Coverage is subject to your plan/benefits
PHENYLADE60 POW	3	Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	3	Coverage is subject to your plan/benefits
PORTAGEN POW	3	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	Coverage is subject to your plan/benefits
PRO-PHREE POW	3	Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
PROMOTE LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	3	Coverage is subject to your plan/benefits
PROPIMEX-2 POW	3	Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA; Coverage is subject to your plan/benefits
PROVIMIN POW	3	Coverage is subject to your plan/benefits
RENASTART POW	3	Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	3	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA; Coverage is subject to your plan/benefits
RHEUMATE CAP	3	PA; MNPA
RIBOZEL CAP	3	PA; MNPA
S.O.S. 20 POW	3	Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	Coverage is subject to your plan/benefits
SOL CARB POW	3	PA; Coverage is subject to your plan/benefits
SUPLENA LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
TOLEREX POW	3	PA; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	3	PA; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
TYREX-1 POW	3	Coverage is subject to your plan/benefits
TYREX-2 POW	3	Coverage is subject to your plan/benefits
TYROS 2 POW	3	Coverage is subject to your plan/benefits
UCD ANAMIX POW JUNIOR	3	Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	3	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	3	PA; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	3	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	3	PA; Coverage is subject to your plan/benefits
VASCULERA TAB	3	PA
VILACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
VITAL HN POW	3	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	3	PA; Coverage is subject to your plan/benefits
WND 2 POW	3	Coverage is subject to your plan/benefits
XLEU MAXAMUM POW	3	Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	3	Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	3	Coverage is subject to your plan/benefits
XMTVI MAXAMU POW	3	Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	3	Coverage is subject to your plan/benefits
XYZBAC TAB	3	PA
ZYVIT TAB	3	PA

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

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Drug Name	Drug Tier	Requirements/Limits
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	5	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
KEVEYIS TAB 50MG	5	PA, QL (120 TABLETS PER 30 DAYS)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
amiloride hcl tab 5 mg	1	
CAROSPIR SUS 25MG/5ML	3	
DYRENIUM CAP 50MG	3	PA; MNPA
DYRENIUM CAP 100MG	3	PA; MNPA
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	5	PA, QL (240 TABLETS PER 30 DAYS)
ISTURISA TAB 5MG	5	PA, QL (360 TABLETS PER 30 DAYS)
ISTURISA TAB 10MG	5	PA, QL (180 TABLETS PER 30 DAYS)
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 620/2.48	4	PA, QL (1 PEN PER MONTH)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
MIACALCIN INJ 200/ML	3	PA; MNPA
NATPARA INJ 25MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
NATPARA INJ 50MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TERIPARATIDE INJ	5	PA, QL (1 PEN PER 28 DAYS)
TYMLOS INJ	4	PA, QL (1PEN PER 30 DAYS)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	5	PA, QL (35ML PER 21 DAYS)
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	5	PA; Coverage is subject to your plan/benefits
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	5	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	5	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	5	PA, QL (7 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	5	PA; Coverage is subject to your plan/benefits
NOVAREL INJ 5000UNIT	5	PA; Coverage is subject to your plan/benefits
NOVAREL INJ 10000UNT	5	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	5	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	PA
GANIRELIX AC INJ 250/0.5	5	PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	1	PA
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	4	PA, QL (30 VIALS PER 30 DAYS)
SOMAVERT INJ 15MG	4	PA, QL (30 VIALS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 20MG	4	PA, QL (30 VIALS PER 30 DAYS)
SOMAVERT INJ 25MG	4	PA, QL (30 PER 30 DAYS)
SOMAVERT INJ 30MG	4	PA, QL (30 PER 30 DAYS)
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (30 VIALS PER 30 DAYS)
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	5	PA
GENOTROPIN INJ 0.4MG	5	PA
GENOTROPIN INJ 0.6MG	5	PA
GENOTROPIN INJ 0.8MG	5	PA
GENOTROPIN INJ 1.2MG	5	PA
GENOTROPIN INJ 1.4MG	5	PA
GENOTROPIN INJ 1.6MG	5	PA
GENOTROPIN INJ 1.8MG	5	PA
GENOTROPIN INJ 1MG	5	PA
GENOTROPIN INJ 2MG	5	PA
GENOTROPIN INJ 5MG	5	PA
GENOTROPIN INJ 12MG	5	PA
HUMATROPE INJ 5MG	4	PA
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
NUTROPIN AQ INJ 10MG/2ML	5	PA
NUTROPIN AQ INJ 20MG/2ML	5	PA
NUTROPIN AQ INJ NUSPIN 5	5	PA
OMNITROPE INJ 5.8MG	5	PA
OMNITROPE INJ 5/1.5ML	5	PA
OMNITROPE INJ 10/1.5ML	5	PA
SAIZEN INJ 5MG	5	PA
SAIZEN INJ 8.8MG	5	PA
SAIZENPREP INJ 8.8MG	5	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SEROSTIM INJ 6MG	5	PA
ZOMACTON INJ 5MG	5	PA
ZOMACTON INJ 10MG	5	PA
ZORBTIVE INJ 8.8MG	5	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
OSPHENA TAB 60MG	2	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	5	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
BUPHENYL POW	5	PA, QL (600 GRAMS PER 30 DATS)
BUPHENYL TAB 500MG	5	PA, QL (1200 TABLETS PER 30 DAYS)
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
CARBAGLU TAB 200MG	5	PA
CARNITOR SF SOL 1GM/10ML	3	PA; MNPA
CARNITOR SOL 1GM/10ML	3	PA; MNPA
CARNITOR TAB 330MG	3	PA; MNPA
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (120 TABLETS PER 30 DAYS)
CITRULLINE TAB EASY 1GM	3	
CYSTADANE POW	5	PA
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	5	PA, QL (14 CAPSULES PER 28 DAYS)
KUVAN POW 100MG	5	PA
KUVAN POW 500MG	5	PA
KUVAN TAB 100MG	5	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	

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Drug Name	Drug Tier	Requirements/Limits
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	5	PA, QL (30 VIALS PER 30 DATA)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
ORFADIN CAP 2MG	5	PA
ORFADIN CAP 5MG	5	PA
ORFADIN CAP 10MG	5	PA
ORFADIN CAP 20MG	5	PA
ORFADIN SUS 4MG/ML	5	PA
PALYNZIQ INJ 2.5/0.5	5	PA, QL (90 PFS PER 30 DAYS)
PALYNZIQ INJ 10/0.5ML	5	PA, QL (30 PFS PER 30 DAYS)
PALYNZIQ INJ 20MG/ML	5	PA, QL (90 PFS PER 30 DAYS)
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
RAVICTI LIQ 1.1GM/ML	5	PA
REVCOVI INJ 1.6MG/ML	5	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 60MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 90MG	5	PA, QL (120 TABLETS PER 30 DAYS)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (600 GRAMS PER 30 DATS)

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Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate tab 500 mg	1	PA, QL (1200 TABLETS PER 30 DAYS)
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 PER DAY)
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
STIMATE SOL 1.5MG/ML	5	PA
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
mifepristone tab 200 mg	1	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
BYNFEZIA PEN INJ 2500MCG	5	PA, QL (7 PENS PER 30 DAYS)
MYCAPSSA CAP 20MG	5	PA, QL (112 CAPSULES PER 28 DAYS)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (45 VIALS PER 30 DAYS)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (9 VIALS PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 100MCG	5	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 500MCG	5	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 30-15MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 45-15MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 60-30MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 90-30MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	5	PA, QL (60 tabs / month)
JYNARQUE TAB 30MG	5	PA, QL (30 tabs / month)
SAMSCA TAB 15MG	5	PA, QL (60 tabs / month)
SAMSCA TAB 30MG	5	PA, QL (30 tabs / month)
tolvaptan tab 15 mg	1	PA, QL (60 tabs / month)
tolvaptan tab 30 mg	1	PA, QL (30 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
FEMHRT TAB 0.5-2.5	3	
MYFEMBREE TAB	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	
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 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
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

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	
MINIVELLE DIS 0.05MG	3	
MINIVELLE DIS 0.025MG	3	
MINIVELLE DIS 0.075MG	3	

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Drug Name	Drug Tier	Requirements/Limits
MINIVELLE DIS 0.0375MG	3	
PREMARIN INJ 25MG	3	PA
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB 1MG	3	
MOTEGRITY TAB 2MG	3	
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	PA, QL (30 TABLETS PER 30 DAYS)
OCALIVA TAB 10MG	5	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	5	
RELTONE CAP 200MG	3	
RELTONE CAP 400MG	3	
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	3	
AMITIZA CAP 24MCG	3	
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
GIMOTI SPR 15MG	3	
METOCLOPRAMI TAB 10MG ODT	3	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	5	PA
BYLVAY CAP 400MCG	5	PA
BYLVAY CAP 600MCG	5	PA
BYLVAY CAP 1200MCG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
CIMZIA KIT 200MG	5	PA, QL (2 KITS PER 28 DAYS); MNPA
CIMZIA PREFL KIT 200MG/ML	5	PA, QL (2 KITS PER 28 DAYS); MNPA
CIMZIA START KIT 200MG/ML	5	PA, QL (1 KIT PER 28 DAYS); MNPA
COLAZAL CAP 750MG	3	PA; MNPA
DELZICOL CAP 400MG	3	
DIPENTUM CAP 250MG	3	
LIALDA TAB 1.2GM	3	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit*	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
ZELNORM TAB 6MG	3	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
RELISTOR INJ 8/0.4ML	3	
RELISTOR INJ 12/0.6ML	3	
RELISTOR TAB 150MG	3	
SYMPROIC TAB 0.2MG	3	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
FOSRENOL CHW 500MG	3	PA
FOSRENOL CHW 750MG	3	PA
FOSRENOL CHW 1000MG	3	PA
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
lanthanum carbonate chew tab 500 mg (elemental)	1	PA; MNPA
lanthanum carbonate chew tab 750 mg (elemental)	1	PA; MNPA
lanthanum carbonate chew tab 1000 mg (elemental)	1	PA; MNPA
PHOSLYRA SOL	2	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
VELPHORO CHW 500MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (90 TABLETS PER 30 DAYS)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
PROCYSBI CAP 25MG	5	PA, QL (240 CAPSULES PER 30 DAYS)
PROCYSBI CAP 75MG	5	PA, QL (750 CAPSULES PER 30 DAYS)
PROCYSBI GRA 75MG	5	PA, QL (180 PACKETS PER 30 DAYS)
PROCYSBI GRA 300MG	5	PA, QL (180 PACKETS PER 30 DAYS)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	
PENTOSAN CAP 150MG	3	
PENTOSAN CAP 200MG	3	
RIMSO-50 SOL 50%	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	
RAPAFLO CAP 8MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	3	PA; MNPA
URINARY ANALGESICS		
phenazopyridine hcl tab 200 mg	1	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	3	
THIOLA EC TAB 100MG	5	
THIOLA EC TAB 300MG	5	
tiopronin tab 100 mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	
colchicine tab 0.6 mg	1	
COLCRYS TAB 0.6MG	3	
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
GLOPERBA SOL 0.6/5ML	3	
MITIGARE CAP 0.6MG	3	
ULORIC TAB 40MG	3	
ULORIC TAB 80MG	3	
ZYLOPRIM TAB 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	5	PA, QL (45 SYRINGES PER 90 DAYS)
icatibant acetate inj 30 mg/3ml (base equivalent)	1	PA, QL (45 SYRINGES PER 90 DAYS)
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	5	PA, QL (60 VIALS PER 90 DAYS)
CINRYZE SOL 500 UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	5	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	5	PA, QL (60 TABLETS PER 30 DAYS)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	5	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
ORLADEYO CAP 110MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
ORLADEYO CAP 150MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 VIALS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	2	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
ASA/OMEPRAZO TAB 81-40MG	3	
ASP/OMEPRAZO TAB 325-40MG	3	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
DURLAZA CAP 162.5MG	3	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TAB 2.08MG	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
miglustat cap 100 mg	1	PA, QL (90 CAPSULES PER 30 DAYS)
ZAVESCA CAP 100MG	5	PA, QL (90 CAPSULES PER 30 DAYS)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ENDARI POW 5GM	5	PA, QL (180 PACKETS PER 30 DAYS)
OXBRYTA TAB 500MG	5	PA, QL (90 TABLETS PER 30 DAYS)
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
COBALAMINS		
CYANOCOBALAM SOL 2000MCG	3	PA
cyanocobalamin inj 1000 mcg/ml	1	PA
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	$0 copay for women younger than 55
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	$0 copay for women younger than 55
folic acid tab 800 mcg	0	$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET TAB 20MG	4	PA, QL (90 tabs / month)
EPOGEN INJ 2000/ML	5	PA
EPOGEN INJ 3000/ML	5	PA
EPOGEN INJ 4000/ML	5	PA
EPOGEN INJ 10000/ML	5	PA
EPOGEN INJ 20000/ML	5	PA
FULPHILA INJ 6/0.6ML	5	PA, QL (2 SYRINGES PER 28 DAYS)
GRANIX INJ 300/0.5	4	PA
GRANIX INJ 480/0.8	4	PA
LEUKINE INJ 250MCG	5	PA
MIRCERA INJ 30MCG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 150MCG	5	PA
MIRCERA INJ 200MCG	5	PA
MULPLETA TAB 3MG	4	PA, QL (7 TABLETS PER 14 DAYS)
NEULASTA INJ 6MG/0.6M	4	PA, QL (2 SYRINGES PER 28 DAYS)
NEULASTA KIT 6MG/0.6M	4	PA, QL (2 SYRINGES PER 28 DAYS)
NEUPOGEN INJ 300/0.5	4	PA
NEUPOGEN INJ 300MCG	4	PA
NEUPOGEN INJ 480/0.8	4	PA
NEUPOGEN INJ 480MCG	4	PA
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	5	PA, QL (2 SYRINGES PER 28 DAYS)
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
PROMACTA PAK 25MG	5	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA POW 12.5MG	5	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	5	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	5	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	5	PA, QL (60 TABLETS PER 30 DAYS)
PROMACTA TAB 75MG	5	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
UDENYCA INJ 6MG/.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
ZARXIO INJ 300/0.5	4	PA
ZARXIO INJ 480/0.8	4	PA
ZIEXTENZO INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
HEMATOPOIETIC MIXTURES		
FERIVA TAB 21/7	3	PA; MNPA
folic acid-cholecalciferol tab 1 mg-3775 unit	1	PA; MNPA
ORTHO DF CAP 1-3775IU	3	PA; MNPA
TALIVA CAP	3	PA; MNPA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR SOL 0.25/ML	3	
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
LYSTEDA TAB 650MG	3	
tranexamic acid tab 650 mg	1	
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
SILENOR TAB 3MG	3	
SILENOR TAB 6MG	3	
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	
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
flurazepam hcl cap 15 mg	1	
flurazepam hcl cap 30 mg	1	
HALCION TAB 0.25MG	3	
LUNESTA TAB 1MG	3	
LUNESTA TAB 2MG	3	
LUNESTA TAB 3MG	3	
quazepam tab 15 mg	1	PA; MNPA
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate sl tab 1.75 mg	1	PA; MNPA
zolpidem tartrate sl tab 3.5 mg	1	PA; MNPA
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
ZOLPIMIST SPR 5MG	3	PA
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	3	
DAYVIGO TAB 10MG	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (150 ML PER MONTH)
ramelteon tab 8 mg	1	
ROZEREM TAB 8MG	3	
LAXATIVES		
LAXATIVE COMBINATIONS		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	0	$0 copay for members age 50 through 74
CLENPIQ SOL	0	
GOLYTELY SOL	3	
MOVIPREP SOL	0	
NULYTELY SOL LMN/LIME	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	0	

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	0	
SUPREP BOWEL SOL PREP KIT	0	
SUTAB TAB	0	
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
LACTULOSE PAK 10GM	3	PA; MNPA
lactulose solution 10 gm/15ml	1	
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	3	
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
E.E.S. GRAN SUS 200/5ML	3	PA; MNPA
ERYPED SUS 200/5ML	3	PA; MNPA
ERYPED SUS 400/5ML	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate for susp 200 mg/5ml	1	MNPA
erythromycin ethylsuccinate for susp 400 mg/5ml	1	MNPA
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each / 300 days)
FC2 FEMALE MIS CONDOM	0	
FC FEMALE MIS CONDOM	0	
FEMCAP MIS 22MM	0	QL (1 each / 300 days)
FEMCAP MIS 26MM	0	QL (1 each / 300 days)
FEMCAP MIS 30MM	0	QL (1 each / 300 days)
OMNIFLEX DPR	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	
ACCU-CHEK KIT SOFTCLIX	0	
ACCU-CHEK LIQ GUIDE	0	
ACCU-CHEK LIQ SMART	0	
ACCU-CHEK MIS MLTICLIX	0	
ACCU-CHEK SOL	0	
ACCU-CHEK SOL COMPACT	0	

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Drug Name	Drug Tier	Requirements/Limits
ACCUTREND SOL GLUCOSE	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADJ LANCING MIS DEVICE	0	
ADV LANCING MIS DEVICE	0	
ADV TRAVEL MIS LANC 28G	0	
ADVANCE LIQ CONTROL	0	
ADVANCE LIQ INTUITIO	0	
ADVANCE NORM LIQ CONTROL	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE LIQ HIGH	0	
ADVOCATE LIQ LOW	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANC DEV	0	
ADVOCATE MIS LANCETS	0	
ADVOCATE+ SOL REDI-COD	0	
AGAMATRIX MIS 33G	0	
AGAMATRIX SOL HIGH	0	
AGAMATRIX SOL LEVEL 2	0	
AGAMATRIX SOL LEVEL 4	0	
AGAMATRIX SOL NORM/HGH	0	
AGAMATRIX SOL NORMAL	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE 3 LIQ CONTROL	0	
ASSURE 4 LIQ LEVEL1/2	0	
ASSURE CMFRT MIS 28G	0	
ASSURE DOSE SOL NORM/HGH	0	
ASSURE DOSE SOL NORMAL	0	
ASSURE II LIQ LEVEL1/2	0	
ASSURE II LIQ LEVEL 1	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	

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Drug Name	Drug Tier	Requirements/Limits
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
ASSURE PRISM SOL LEVEL1/2	0	
ASSURE PRO LIQ LEVEL1/2	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTO-LANCET MIS	0	
AUTO-LANCET MIS MINI	0	
AUTOLET II KIT CLINISAF	0	
AUTOLET IMPR MIS LANC DEV	0	
AUTOLET LANC MIS DEVICE	0	
AUTOLET LITE KIT	0	
AUTOLET LITE KIT CLINISAF	0	
AUTOLET LITE KIT STARTER	0	
AUTOLET MINI MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	
AUTOLET PLUS MIS	0	
AUTOLET PLUS MIS LANC DEV	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CARDIOCOM MIS LANCING	0	
CAREONE ADV MIS LANCING	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARESENS SOL CONTROL	0	
CARETOUCH MIS EJECTOR	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	

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Drug Name	Drug Tier	Requirements/Limits
CLEVER CHECK MIS 30G	0	
CLEVR CHOICE LIQ HIGH	0	
CLEVR CHOICE LIQ LOW	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORTOUCH MIS LANCET	0	
CONTOUR HIGH LIQ CONTROL	0	
CONTOUR LOW LIQ CONTROL	0	
CONTOUR NEXT SOL LEVEL 1	0	
CONTOUR NEXT SOL LEVEL 2	0	
CONTOUR NORM LIQ CONTROL	0	
CONTROL HIGH SOL UNISTRIP	0	
CONTROL LOW SOL UNISTRIP	0	
CONTROL NORM SOL EASY STP	0	
CONTROL SOL LIQ HI/MID/L	0	
CONTROL SOL LIQ HIGH/LOW	0	
CONTROL SOL LIQ LEVEL 2	0	
CONTROL SOL LIQ MID	0	
CONTROL SOL NORMAL	0	
COOL CONTROL SOL A	0	
COOL CONTROL SOL B	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
CVS LANCING MIS DEVICE	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G6 MIS SENSOR	2	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 75 days)
DIATHRIVE LIQ CONTROL	0	

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

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Drug Name	Drug Tier	Requirements/Limits
EASYGLUCO SOL PLUS	0	
EASYMAX 15 LIQ LEVEL2-3	0	
EASYMAX 15 SOL LEVEL 2	0	
EASYMAX LIQ NORM/HIG	0	
EASYMAX SOL NORMAL	0	
EASYSTEP HGH SOL CONTROL	0	
EASYSTEP LOW SOL CONTROL	0	
ELEMENT CONT LIQ NORMAL	0	
ELEMENT LIQ HIGH	0	
ELEMENT LIQ LOW	0	
ELEMNT COMPA SOL LEVEL 2	0	
ELEMNT COMPA SOL LEVEL 3	0	
EMBRACE CNTR LIQ HIGH	0	
EMBRACE EVO LIQ LEVEL 1	0	
EMBRACE LANC MIS /EJECTOR	0	
EMBRACE LANC MIS THIN 30G	0	
EMBRACE PRO LIQ GLUCOSE	0	
EMBRACE SOL LOW	0	
EMBRACE TALK SOL HIGH/L2	0	
EMBRACE TALK SOL LOW/L1	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EVENCAR MINI SOL NORMAL	0	
EVENCARE G2 SOL LOW/HIGH	0	
EVENCARE G3 SOL LOW/HIGH	0	
EVENCARE SOL LIQ LOW/HIGH	0	
EVOLUTION SOL NORMAL	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA CONTROL SOL HIGH	0	
FORA CONTROL SOL LOW	0	
FORA CONTROL SOL NORMAL	0	
FORA LANCETS MIS 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
FORA MIS LANCETS	0	
FORA MIS LANCING	0	
FORACARE GDH SOL HIGH	0	
FORACARE GDH SOL LOW	0	
FORACARE GDH SOL NORMAL	0	
FORTISCARE SOL CNTL HI	0	
FORTISCARE SOL CNTL LOW	0	
FORTISCARE SOL CNTL NML	0	
FREESTY LIBR KIT 2 SENSOR	2	QL (3 sensors per month)
FREESTY LIBR MIS 2 READER	2	QL (1 each / year); FREESTYLE LIBRE
FREESTYLE KIT SENSOR	2	QL (3 sensors per month)
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS READER	2	QL (1 each / year); FREESTYLE LIBRE
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each / year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each / year)
G4 PLATINUM MIS TRANSMIT	2	QL (1 box / 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)
G5/G4 MIS SENSOR	2	QL (3 sensors per month)
GE100 CONTRL SOL NORMAL	0	
GENTEEL LANC KIT BLUE	0	
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL PLUS MIS BLACK	0	
GENTEEL PLUS MIS BLUE	0	
GENTEEL PLUS MIS PINK	0	
GENTEEL PLUS MIS PURPLE	0	
GENTEEL PLUS MIS WHITE	0	
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	

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Drug Name	Drug Tier	Requirements/Limits
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GENTLE-LET MIS PLATFORM	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLOBAL LANC MIS DEVICE	0	
GLUC CONTROL LIQ NORMAL	0	
GLUC CONTROL SOL	0	
GLUC CONTROL SOL MID	0	
GLUC CONTROL SOL NORMAL	0	
GLUCOCARD 01 LIQ NORM/HGH	0	
GLUCOCARD 01 SOL NORMAL	0	
GLUCOCARD LIQ LEVEL 1	0	
GLUCOCARD SOL NORMAL	0	
GLUCOCARD SOL SHINE	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GLUCOCOM TES HIGH CON	0	
GLUCOCOM TES NORM CON	0	
GLUCOSE CONT LIQ HIGH/LOW	0	
GLUCOSE CONT SOL HIGH	0	
GLUCOSE CONT SOL NORMAL	0	
GLUCOSE CONT SOL PRECISIO	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI CNTRL SOL NORMAL	0	
GOJJI LANCET MIS 30G	0	
GOJJI MIS LANC DEV	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
GOODSENSE MIS LANC DVC	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	

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Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HC LANCING MIS DEVICE	0	
HLTHY ACCNTS MIS LANC 30G	0	
HYPOLANCE KIT LANCING	0	
IN TOUCH LAN MIS 30G	0	
IN TOUCH LAN MIS DEVICE	0	
IN TOUCH SOL GLUCOSE	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
INCONTROL MIS LANC DEV	0	
INFINITY SOL NORM CON	0	
INFNTY VOICE LIQ LEVEL 2	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET AUTO MIS INJECTOR	0	
LANCET CARRY MIS CASE	0	
LANCET DEVIC MIS 30G	0	
LANCET DEVIC MIS ADJUST	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCET WITH MIS EJECTOR	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	

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Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LANCING DEVI MIS	0	
LANCING DEVI MIS 25G	0	
LANCING DEVI MIS 30G	0	
LANCING MIS DEVICE	0	
LANZO MIS LANCING	0	
LB LANCET MIS 28G	0	
LB LANCING MIS DEVICE	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANC PEN	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDISENSE LIQ GLUC-KET	0	
MEDISENSE LIQ GLUC/KET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICRODOT CON SOL HIGH/LOW	0	

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Drug Name	Drug Tier	Requirements/Limits
MICROLET MIS LANCETS	0	
MICROLET MIS NEXT	0	
MINI LANCING MIS DEVICE	0	
MM LANCING MIS DEVICE	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MULTI-LANCET KIT DEVICE	0	
MULTI-LANCET MIS DEVICE	0	
MYGLUCOHEALT MIS LANC 30G	0	
MYGLUCOHEALT SOL LO/NL/HI	0	
NEUTEK 2TEK SOL CONTROL	0	
NOVA MAX GLU LIQ /KET CON	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
NOVA SUREFLX MIS LANC DEV	0	
OMNIPOD KIT STARTER	2	QL (1 kit / month)
OMNIPOD MIS 5 PACK	2	QL (30 boxes / month)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS LANC DEV	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANC DEV	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL ULT CONT	0	
ONETOUCH SOL VERIO	0	
ONETOUCH SOL VERIO-HI	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PENLET II KIT BLOOD	0	
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
POCKETCHEM SOL EZ	0	
PRECISION LIQ CONTROL	0	
PRECISION LIQ GLUC/KET	0	
PRECISION LIQ NRML/MID	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PRODIGY MIS LANC DEV	0	
PRODIGY SOL HIGH	0	
PRODIGY SOL LOW	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
QC LANCING MIS DEVICE	0	
QUICKTEK LIQ SOLUTION	0	
QUINTET CONT SOL HGH/NORM	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
RAPID-SAFE MIS LANCING	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	

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

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Drug Name	Drug Tier	Requirements/Limits
SMARTEST SOL CONTROL	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
SOLUS V2 MIS LANC DEV	0	
SOLUS V2 SOL HIGH	0	
SOLUS V2 SOL LOW	0	
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SUPREME II LIQ HIGH/LOW	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANC PEN	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-PEN MIS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
SURESTEP GLU SOL	0	
SURESTEP GLU SOL HIGH/LOW	0	
SURESTEP PRO TES HIGH CON	0	
SURESTEP PRO TES LOW CON	0	
SURESTEP PRO TES NORM CON	0	
SURESTEP SOL CONTROL	0	
TAI DOC SOL NORM CON	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
TGT LANCING MIS DEVICE	0	
THIN LANCETS MIS	0	

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Drug Name	Drug Tier	Requirements/Limits
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE METRIX SOL LEVEL 1	0	
TRUE METRIX SOL LEVEL 2	0	
TRUE METRIX SOL LEVEL 3	0	
TRUECONTROL LIQ LEVEL 0	0	
TRUECONTROL LIQ LEVEL 1	0	
TRUEDRAW MIS LANC DEV	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTI-LANCE MIS CLR TIP	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	

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Drug Name	Drug Tier	Requirements/Limits
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
V-GO 20 KIT	2	QL (1 kit / month)
V-GO 30 KIT	2	QL (1 kit / month)
V-GO 40 KIT	2	QL (1 kit / month)
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	
ALCOHOL PREP PAD	0	
ALCOHOL PREP PAD 70%	0	
ALCOHOL PREP PAD MED 70%	0	
ALCOHOL PREP PAD PADS 70%	0	
ALCOHOL SWAB PAD	0	
ALCOHOL SWAB PAD 70%	0	
ALCOHOL SWAB PAD EX-THICK	0	
ALCOHOL WIPE PAD	0	
APLICARE ALC PAD SWABSTIC	0	
BD SWAB BFLY PAD SNGL USE	0	
CARETOUCH PAD ALCOHOL	0	
CURITY PREP PAD ALCOHOL	0	
CURITY SWABS PAD ALCOHOL	0	
EASY COMFORT PAD ALCOHOL	0	
FIFTY50 PREP PAD PADS	0	
GLOBAL PREP PAD PADS	0	
GNP ALCOHOL PAD SWABS	0	
HM STERILE PAD ALCHOL	0	
INCONTROL PAD ALCOHOL	0	
PREP PADS PAD	0	
PRO COMFORT PAD ALCOHOL	0	
PURE COMFORT PAD	0	
QC ALCOHOL PAD SWABS	0	
REALITY SWAB PAD	0	
SAPS CARE PAD ALCOHOL	0	
SAPS HEALTH PAD ALCOHOL	0	
SB ALCOHOL PAD PREP	0	

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Drug Name	Drug Tier	Requirements/Limits
SM ALCOHOL PAD PREP	0	
ULTICARE PAD ALCOHOL	0	
ULTILET PAD ALCOHOL	0	
WEBCOL PREP PAD LARGE	0	
WEBCOL PREP PAD MEDIUM	0	
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
COMFORT EZ MIS 31GX5/16	0	
HM INSULIN S MIS 0.3/31G	0	
HM INSULIN S MIS 1ML/30G	0	
INSULIN SRYG MIS 1ML/32G	0	
SYRINGE MIS 0.5/30G	0	
1ML SYRINGE MIS 29G	0	
1ML SYRINGE MIS 30G	0	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	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 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	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPCE	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	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	
TRUZONE PEAK MIS FLOW MTR	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens / month)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen / month)
AJOVY INJ 225/1.5	2	ST, QL (3 pens / 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes / month)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens / 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes / 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	3	PA; MNPA
ergotamine w/ caffeine suppos 2-100 mg	1	PA; MNPA
ergotamine w/ caffeine tab 1-100 mg	1	PA; MNPA
sumatriptan-naproxen sodium tab 85-500 mg	1	PA, QL (9 tabs per month); MNPA
TREXIMET TAB 85-500MG	3	PA, QL (9 tabs per month)
MIGRAINE PRODUCTS		
dihydroergotamine mesylate nasal spray 4 mg/ml	1	PA, QL (8 per month); MNPA
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8 per month)
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 TABS PER MONTH)
almotriptan malate tab 12.5 mg	1	QL (12 TABS PER MONTH)
AMERGE TAB 1MG	3	QL (12 TABS PER MONTH)
AMERGE TAB 2.5MG	3	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 TABS PER MONTH)
FROVA TAB 2.5MG	3	QL (18 tablets per month)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tablets per month)
IMITREX INJ 4MG/0.5	3	QL (18 syringes per month)
IMITREX INJ 4MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX INJ 6MG/0.5	3	QL (12 cartridges per month)
IMITREX INJ 6MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX SPR 5MG/ACT	3	QL (4 packages per month)

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Drug Name	Drug Tier	Requirements/Limits
IMITREX SPR 20MG/ACT	3	QL (12 UNITS PER MONTH)
IMITREX TAB 25MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 50MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 100MG	3	QL (12 TABS PER MONTH)
MAXALT TAB 10MG	3	QL (18 tabs / month)
MAXALT-MLT TAB 10MG	3	QL (18 tabs / month)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 TABS PER MONTH)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 TABS PER MONTH)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces / month)
RELPAX TAB 20MG	3	QL (12 TABS PER MONTH)
RELPAX TAB 40MG	3	QL (12 TABS PER MONTH)
REYVOW TAB 50MG	2	ST, QL (4 tablets per month)
REYVOW TAB 100MG	2	ST, QL (8 tablets per month)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tabs / month)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs / month)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tablets per month)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs / month)
sumatriptan nasal spray 5 mg/act	1	QL (4 packages per month)
sumatriptan nasal spray 20 mg/act	1	QL (12 UNITS PER MONTH)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (6 UNITS PER MONTH)

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Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 syringes per month)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 cartridges per month)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (12 syringes per month)
sumatriptan succinate tab 25 mg	1	QL (12 TABS PER MONTH)
sumatriptan succinate tab 50 mg	1	QL (12 TABS PER MONTH)
sumatriptan succinate tab 100 mg	1	QL (12 TABS PER MONTH)
TOSYMRA SOL 10MG	3	QL (3 packages per month)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections / month)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 UNITS PER MONTH)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 UNITS PER MONTH)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 5 mg	1	QL (12 TABS PER MONTH)
ZOMIG SPR 2.5MG	2	QL (12 UNITS PER MONTH)
ZOMIG SPR 5MG	2	QL (12 UNITS PER MONTH)
ZOMIG TAB 2.5MG	3	QL (12 TABS PER MONTH)
ZOMIG TAB 5MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 TABS PER MONTH)

MINERALS & ELECTROLYTES

POTASSIUM

K-TAB TAB 8MEQ CR	3	

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Drug Name	Drug Tier	Requirements/Limits
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
POTASSIUM POW CHLORIDE	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	5	
DEPEN TITRA TAB 250MG	5	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
SYPRINE CAP 250MG	5	
trientine hcl cap 250 mg	1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
azathioprine tab 50 mg	1	
AZATHIOPRINE TAB 75 MG	1	
AZATHIOPRINE TAB 100 MG	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	5	PA, QL (1 PFS PER 28 DAYS)
ENVARSUS XR TAB 0.75MG	3	
ENVARSUS XR TAB 1MG	3	
ENVARSUS XR TAB 4MG	3	
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
IMURAN TAB 50MG	2	
LUPKYNIS CAP 7.9MG	5	PA, QL (180 CAPS PER MONTH)
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	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	
REZUROCK TAB 200MG	5	PA
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder*	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	

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Drug Name	Drug Tier	Requirements/Limits
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
ZOKINVY CAP 75MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 INJ PER 28 DAYS)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
sodium fluoride gel 1.1% (0.5% f)	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	2	
ORAFATE PST 10%	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid tab 1 mg**	1	PA; MNPA
b-complex w/ c & folic acid tab 5 mg**	1	PA; MNPA
b-complex w/ c & folic acid tab**	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
FOLIC-K CAP	3	PA; MNPA
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap*	1	PA; MNPA
NICAZEL TAB	3	PA
NICAZEL TAB FORTE	3	PA
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
AZESCHEW CHW 13-1MG	3	
AZESCO TAB 13-1MG	3	PA; MNPA
C-NATE DHA CAP 28-1-200	3	
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	3	
CONCEPT DHA CAP	3	
CONCEPT OB CAP	3	
DUET DHA 400 MIS 25-1-400	3	
DUET DHA MIS BALANCED	3	
ENBRACE HR CAP	3	
JENLIVA CAP	3	
KOSHR PRENAT TAB 30-1MG	3	
M-NATAL PLUS TAB	3	
MYNATAL CAP	3	
MYNATAL PLUS TAB	3	
MYNATAL-Z TAB	3	
NATACHEW CHW	3	
NATALVIT TAB 75-1MG	3	
NEEVO DHA CAP 27-1.13	3	
NEONATAL 19 TAB	3	
NEONATAL FE TAB	3	
NEONATAL PLS TAB 27-1MG	3	
NEONATAL TAB COMPLETE	3	
NEONATAL TAB COMPLTE	3	

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Drug Name	Drug Tier	Requirements/Limits
NEONATAL/DHA MIS	3	
NESTABS DHA PAK	3	
NESTABS ONE CAP	3	
NESTABS TAB	3	
NIVA-PLUS TAB	3	
O-CAL TAB PRENATAL	3	
OB COMPLETE CAP ONE	3	
OB COMPLETE CAP PETITE	3	
OB COMPLETE TAB	3	
OB COMPLETE TAB PREMIER	3	
OB COMPLETE/ CAP DHA	3	
OBSTETRIX EC TAB	3	
OBSTETRIX PAK DHA	3	
OBSTETRX ONE CAP 38-1-225	3	
ONE VITE TAB 1MG PLUS	3	
PNV TAB 20-1 TAB	3	
PNV TABS TAB 29-1MG	3	
PNV-DHA CAP DOCUSATE	3	
PNV-OMEGA CAP	3	
PREGEN DHA CAP	3	
PREGENNA TAB	3	
PREMESISRX TAB	3	
PRENA1 CHW	3	
PRENA1 PEARL CAP	3	
PRENA 1 TRUE MIS	3	
PRENAISSANCE CAP	3	
PRENAISSANCE CAP PLUS	3	
PRENARA CAP PRENATAL	3	
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*	1	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL TAB 27-1MG	3	
PRENATAL VIT TAB LOW IRON	3	
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**	1	

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Drug Name	Drug Tier	Requirements/Limits
prenatal vit w/ fe fumarate-fa tab 28-1 mg**	1	
prenatal vit w/ iron carbonyl-fa tab 29-1 mg**	1	
PRENATAL+FE TAB 29-1MG	3	
PRENATAL-U CAP 106.5-1	3	
PRENATE AM TAB 1MG	3	
PRENATE CAP ENHANCE	3	
PRENATE CAP ESSENT	3	
PRENATE CAP PIXIE	3	
PRENATE CAP RESTORE	3	
PRENATE CHW 0.6-0.4	3	
PRENATE DHA CAP	3	
PRENATE MINI CAP	3	
PRENATE TAB ELITE	3	
PRENATRIX TAB	3	
PRENATRYL TAB	3	
PRENATVITE TAB COMPLETE	3	
PRENATVITE TAB PLUS	3	
PRENATVITE TAB RX	3	
PREPLUS TAB 27-1MG	3	
PRETAB TAB 29-1MG	3	
PRIMACARE CAP	3	
PROVIDA OB CAP	3	
REDICHEW RX CHW	3	
RELNATE DHA CAP	3	
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
SELECT-OB CHW	3	
SELECT-OB+ PAK DHA	3	
TARON-PREX CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRICARE PRE CAP 27-1-500	3	
TRICARE TAB PRENATAL	3	
TRINAZ TAB 12-1MG	3	PA
TRISTART CAP FREE	3	
TRISTART DHA CAP	3	
TRISTART ONE CAP 35-1-215	3	
VINATE DHA CAP 27-1.13	3	
VINATE II TAB	3	
VINATE ONE TAB	3	

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Drug Name	Drug Tier	Requirements/Limits
VIRT-C DHA CAP	3	
VIRT-NATE CAP DHA	3	
VIRT-PN DHA CAP	3	
VIRT-PN PLUS CAP	3	
VITAFOL CAP ULTRA	3	
VITAFOL CHW GUMMIES	3	
VITAFOL FE+ CAP	3	
VITAFOL STRP MIS 1MG	3	
VITAFOL-NANO TAB	3	
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	
VITAFOL-ONE CAP	3	
VITAMEDMD CAP ONE RX	3	
VITAPEARL CAP	3	
VITATHELY TAB	3	
VITATRUE MIS	3	
VIVA DHA CAP	3	
VP-PNV-DHA CAP	3	
WESTAB PLUS TAB 27-1MG	3	
WESTGEL DHA CAP	3	
ZALVIT TAB 13-1MG	3	PA; MNPA
VITAMIN MIXTURES		
NICOMIDE TAB	3	PA; MNPA
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
AMRIX CAP 15MG	3	PA; MNPA
AMRIX CAP 30MG	3	PA; MNPA
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	1	PA, QL (84 tabs / month); MNPA
carisoprodol tab 350 mg	1	QL (84 tabs / month)
CHLORZOXAZON TAB 250MG	3	PA; MNPA
chlorzoxazone tab 375 mg	1	PA; MNPA
chlorzoxazone tab 500 mg	1	
chlorzoxazone tab 500 mg	1	PA; MNPA
chlorzoxazone tab 750 mg	1	PA
chlorzoxazone tab 750 mg	1	PA; MNPA
cyclobenzaprine hcl cap er 24hr 15 mg	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl cap er 24hr 30 mg	1	PA; MNPA
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	1	PA; MNPA
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 400 mg	1	PA; MNPA
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 500 mg	1	PA; MNPA
methocarbamol tab 750 mg	1	
methocarbamol tab 750 mg	1	PA
orphenadrine citrate tab er 12hr 100 mg	1	
OZOBAX SOL 5MG/5ML	3	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	QL (84 tabs / month)
SOMA TAB 350MG	3	QL (84 tabs / month)
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	QL (90 tablets per month)
NORGESIC TAB FORTE	3	PA; MNPA
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	1	PA; MNPA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	
DYMISTA SPR 137-50	3	

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Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - MISC.		
NOZIN NASAL MIS SANITIZE	0	
NASAL ANESTHETICS		
COCAINE HCL SOL 40MG/ML	3	
GOPRELTO SOL 40MG/ML	3	
NUMBRINO SOL 40MG/ML	3	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
PATANASE SPR 0.6%	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	3	
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
mometasone furoate nasal susp 50 mcg/act	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	3	
QNASL AER 80MCG	3	
QNASL CHILD SPR 40MCG	3	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	3	
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
TIGLUTIK SUS 50/10ML	3	

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Drug Name	Drug Tier	Requirements/Limits
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (2 bottles (120 mg) per 24 days)
NUTRIENTS		
LIPIDS		
DOJOLVI LIQ 100%	5	PA
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
BETOPTIC-S SUS 0.25% OP	2	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
TIM/BRIM/DOR SOL	3	
TIM/DORZ/LAT SOL	3	
TIMOL/BRIM SOL DORZ/LAT	3	
TIMOL/LATAN SOL	3	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
TIMOPTIC SOL 0.5% OP	3	

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Drug Name	Drug Tier	Requirements/Limits
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 0.01%	3	
ATROPINE SUL SOL 1% OP	3	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
ISOPTO ATROP SOL 1% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
TROP-CYC-PE DRO 1-1-2.5	3	
TROP-PHENYL SOL 1-2.5%	3	
TROP/CYC/PE/ SOL KETO/PRO	3	
TROP/CYC/PE/ SOL KETOROLA	3	
TROP/CYCL/PE SOL KETOROLA	3	
MIOTICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
BRIMO/DORZO SOL 0.15-2%	3	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
CILOXAN OIN 0.3% OP	2	
CILOXAN SOL 0.3% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	
KLARITY-A DRO 1%	3	
levofloxacin ophth soln 0.5%	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
MOXIFLOXACIN SOL 0.5%	3	
NATACYN SUS 5% OP	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POLYTRIM SOL OP	3	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
trifluridine ophth soln 1%	1	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN SOL 10MG/ML	3	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	
RESTASIS EMU 0.05%	2	
RESTASIS MUL EMU 0.05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
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	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (16 CARTONS PER 56 days - ONE TIME TREATMENT)
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VIS SOL 0.146-20	3	
PHOTREXA/PHO SOL VISC KIT	3	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
DUREZOL EMU 0.05%	2	
EYSUVIS DRO 0.25%	3	
FLAREX SUS 0.1% OP	3	
fluorometholone ophth susp 0.1%	1	
FML FORTE SUS 0.25% OP	2	
FML LIQUIFLM SUS 0.1% OP	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
FML OIN 0.1% OP	2	
INVELTYS SUS 1%	3	
KLARITY-L DRO 0.2%	3	
KLARITY-L DRO 0.5%	3	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SM GEL 0.38%	3	
LOTEMAX SUS 0.5%	3	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP	2	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED FORTE SUS 1% OP	3	PA; MNPA
PRED MILD SUS 0.12% OP	2	PA; MNPA
PRED MOXIFLO SOL 1-0.5%	3	
PRED MOXIFLO SUS BROMFEN	3	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
PRED-GATI SUS 1-0.5%	3	
PRED-GATIFL- SUS BROMFENA	3	
PRED/NEPAFEN DRO 1-0.1%	3	
PREDNI/MOXI/ DRO NEPAFENA	3	
PREDNI/MOXIF DRO 1-0.5%	3	
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SOL MOX-BROM	3	
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE SOL 0.15%	3	
VISIONBLUE SOL 0.06%	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	2	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
BEPREVE DRO 1.5%	2	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
BROMSITE DRO 0.075%	3	
CHONDROITIN SOL	3	
cromolyn sodium ophth soln 4%	1	
CYSTADROPS SOL 0.37%	5	PA, QL (4 BOTTLES PER 28 DAYS)
CYSTARAN SOL 0.44%	5	PA, QL (4 BOTTLES PER 28 DAYS)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2%	3	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
LASTACAFT SOL 0.25%	2	
NEVANAC SUS 0.1%	2	
PROLENSA SOL 0.07%	3	
TRUSOPT SOL 2% OP	3	
UPNEEQ SOL 0.1%	3	
ZERVIATE DRO 0.24%	2	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	PA; MNPA
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01%	2	

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z DRO 0.004%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	
ZIOPTAN DRO 0.0015%	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1	
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTOVEL DRO	3	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
PROSTIN E2 SUP 20MG	3	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	PA, QL (120 tablets per month)

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Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PROMETRIUM CAP 100MG	3	PA; MNPA
PROMETRIUM CAP 200MG	3	PA; MNPA
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
LUCEMYRA TAB 0.18MG	3	
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML	5	PA
XYWAV SOL 0.5GM/ML	5	PA, QL (540 ML (270 GRAMS) PER 30 DAYS)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	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	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	

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Drug Name	Drug Tier	Requirements/Limits
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 12.5MG	2	
SAVELLA TAB 25MG	2	
SAVELLA TAB 50MG	2	
SAVELLA TAB 100MG	2	
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
VYLEESI INJ 1.75/0.3	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
tetrabenazine tab 12.5 mg	1	PA, QL (120 TABLETS PER 30 DAYS)
tetrabenazine tab 25 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
XENAZINE TAB 12.5MG	5	PA, QL (120 TABLETS PER 30 DAYS)
XENAZINE TAB 25MG	5	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA, QL (60 TABLETS PER 30 DAYS)
AUBAGIO TAB 7MG	4	PA, QL (30 TABLETS PER 30 DAYS)
AUBAGIO TAB 14MG	4	PA, QL (30 TABLETS PER 30 DAYS)
AVONEX PEN KIT 30MCG	5	PA, QL (4 SYRINGES PER 28 DAYS)
AVONEX PREFL KIT 30MCG	5	PA, QL (4 SYRINGES PER 28 DAYS)
BAFIERTAM CAP 95MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 20MG/ML	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
dalfampridine tab er 12hr 10 mg	1	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 CAPSULES PER 28 DAYS)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)
EXTAVIA INJ 0.3MG	5	PA, QL (14 KITS PER 28 DAYS)
GILENYA CAP 0.5MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 20 mg/ml	1	PA, QL (30 SYRINGES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PEN PER 28 DAYS)
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAYZENT PAK STARTER	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 0.25MG	4	PA, QL (112 TABLETS PER 28 DAYS)
MAYZENT TAB 2MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PLEGRIDY INJ	5	PA
PLEGRIDY INJ	5	PA, QL (1 injection / month)
PLEGRIDY INJ PEN	5	PA, QL (1 pen / month)
PLEGRIDY INJ STARTER	5	PA, QL (1 pen / month)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pen / month)

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Drug Name	Drug Tier	Requirements/Limits
PONVORY TAB 20MG	5	PA, QL (30 tabs per month)
PONVORY TAB STARTER	5	PA, QL (1 Pack (14 tabs) for 14 days)
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
TECFIDERA CAP 120MG	5	PA, QL (14 CAPSULES PER 28 DAYS)
TECFIDERA CAP 240MG	5	PA, QL (60 CAPSULES PER 30 DAYS)
TECFIDERA MIS STARTER	5	PA, QL (60 CAPSULES PER 30 DAYS)
VUMERITY CAP 231MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (7 TABLETS PER 7 DAYS)
ZEPOSIA CAP .92MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	4	PA, QL (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
LYRICA CR TAB 82.5MG	2	QL (60 tabs / month)
LYRICA CR TAB 165MG	2	QL (60 tabs / month)
LYRICA CR TAB 330MG	2	QL (60 tabs / month)
pregabalin tab er 24hr 82.5 mg	1	QL (60 TABLETS PER 30 DAYS)
pregabalin tab er 24hr 165 mg	1	QL (60 TABLETS PER 30 DAYS)
pregabalin tab er 24hr 330 mg	1	QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd) tab 10 mg	1	PA; MNPA
fluoxetine hcl (pmdd) tab 20 mg	1	PA; MNPA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	
HORIZANT TAB 600MG ER	3	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	
CHANTIX PAK 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 7MG/24HR	0	
NICODERM CQ DIS 14MG/24H	0	
NICODERM CQ DIS 21MG/24H	0	
NICORETTE GUM 2MG	0	
NICORETTE GUM 2MG CINN	0	
NICORETTE GUM 2MG MINT	0	
NICORETTE GUM 2MG ORIG	0	
NICORETTE GUM 2MGFRUIT	0	
NICORETTE GUM 4MG	0	
NICORETTE GUM 4MG CINN	0	
NICORETTE GUM 4MG MINT	0	
NICORETTE GUM 4MG ORIG	0	
NICORETTE GUM 4MGFRUIT	0	
NICORETTE LOZ 2MG MINT	0	
NICORETTE LOZ 4MG MINT	0	
NICORETTE ST GUM 2MG MINT	0	
NICORETTE ST GUM 2MG ORIG	0	
NICORETTE ST GUM 4MG ORIG	0	
nicotine polacrilex gum 2 mg	0	
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex gum 4 mg	0	
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg	0	
nicotine polacrilex lozenge 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
paroxetine mesylate cap 7.5 mg (base equiv)	1	PA; MNPA
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP 40MG	5	PA, QL (600 caps / 30 days)
BRONCHITOL CAP TOL TEST	5	PA, QL (90 caps / 30 days)
KALYDECO PAK 25MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO TAB 150MG	5	QL (60 tablets per month)
ORKAMBI GRA 100-125	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	5	PA, QL (56 PACKETS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	5	PA, QL (112 TABLETS PER 28 DAYS)
ORKAMBI TAB 200-125	5	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME SOL 1MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	5	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	5	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA TAB	5	PA, QL (84 TABLETS PER 28 DAYS)
TRIKAFTA TAB	5	PA, QL (84 tablets per 28 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	4	PA, QL (270 CAPSULES PER 30 DAYS)
ESBRIET TAB 267MG	4	PA, QL (270 TABLETS PER 30 DAYS)
ESBRIET TAB 801MG	4	PA, QL (90 TABLETS PER 30 DAYS)
OFEV CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
ACTICLATE TAB 75MG	3	MNPA
ACTICLATE TAB 150MG	3	MNPA
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
DORYX MPC TAB 120MG	3	
DORYX TAB 50MG	3	MNPA
DORYX TAB 80MG	3	
DORYX TAB 200MG	3	MNPA
doxycycline hyclate cap 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 50 mg	1	PA; MNPA
doxycycline hyclate tab 75 mg	1	MNPA
doxycycline hyclate tab 75 mg	1	PA; MNPA
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab 150 mg	1	MNPA
doxycycline hyclate tab 150 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 50 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 75 mg	1	
doxycycline hyclate tab delayed release 80 mg	1	
doxycycline hyclate tab delayed release 100 mg	1	
doxycycline hyclate tab delayed release 150 mg	1	
doxycycline hyclate tab delayed release 200 mg	1	PA; MNPA
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	1	PA; MNPA
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	1	PA; MNPA
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl cap er 24hr 45 mg (base equivalent)	1	PA; MNPA
minocycline hcl cap er 24hr 90 mg (base equivalent)	1	PA; MNPA
minocycline hcl cap er 24hr 135 mg (base equivalent)	1	PA; MNPA
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
minocycline hcl tab er 24hr 45 mg	1	PA; MNPA
minocycline hcl tab er 24hr 55 mg	1	PA
minocycline hcl tab er 24hr 65 mg	1	PA; MNPA
minocycline hcl tab er 24hr 80 mg	1	PA
minocycline hcl tab er 24hr 90 mg	1	PA; MNPA
minocycline hcl tab er 24hr 105 mg	1	PA
minocycline hcl tab er 24hr 115 mg	1	PA; MNPA
minocycline hcl tab er 24hr 135 mg	1	PA; MNPA
MINOLIRA TAB 105MG	3	
MINOLIRA TAB 135MG	3	
SEYSARA TAB 60MG	3	
SEYSARA TAB 100MG	3	
SEYSARA TAB 150MG	3	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	MNPA
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	MNPA
TARGADOX TAB 50MG	3	MNPA
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
XIMINO CAP 45MG ER	3	MNPA
XIMINO CAP 90MG ER	3	MNPA
XIMINO CAP 135MG ER	3	MNPA
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
LEVOTHYROXIN CAP 13MCG	1	
LEVOTHYROXIN CAP 25MCG	1	
LEVOTHYROXIN CAP 50MCG	1	
LEVOTHYROXIN CAP 75MCG	1	
LEVOTHYROXIN CAP 88MCG	1	
LEVOTHYROXIN CAP 100MCG	1	
LEVOTHYROXIN CAP 112MCG	1	
LEVOTHYROXIN CAP 125MCG	1	
LEVOTHYROXIN CAP 137MCG	1	
LEVOTHYROXIN CAP 150MCG	1	
LEVOTHYROXIN CAP 175MCG	1	
LEVOTHYROXIN CAP 200MCG	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NATURE THROI TAB 162.5MG	3	
NATURE-THROI TAB 16.25MG	3	
NATURE-THROI TAB 32.5MG	3	
NATURE-THROI TAB 48.75MG	3	
NATURE-THROI TAB 65MG	3	
NATURE-THROI TAB 81.25MG	3	
NATURE-THROI TAB 97.5MG	3	
NATURE-THROI TAB 113.75MG	3	

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Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 130MG	3	
NATURE-THROI TAB 146.25MG	3	
NATURE-THROI TAB 195MG	3	
NATURE-THROI TAB 260MG	3	
NATURE-THROI TAB 325MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100MCG	3	
thyroid tab 15 mg (1/4 grain)	1	
thyroid tab 30 mg (1/2 grain)	1	
thyroid tab 60 mg (1 grain)	1	
thyroid tab 90 mg (1 1/2 grain)	1	
thyroid tab 120 mg (2 grain)	1	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
WESTHROID TAB 32.5MG	3	
WESTHROID TAB 65MG	3	
WESTHROID TAB 97.5MG	3	
WESTHROID TAB 130MG	3	
WESTHROID TAB 195MG	3	
WP THYROID TAB 16.25MG	3	
WP THYROID TAB 32.5MG	3	
WP THYROID TAB 48.75MG	3	
WP THYROID TAB 65MG	3	
WP THYROID TAB 81.25MG	3	
WP THYROID TAB 97.5MG	3	
WP THYROID TAB 113.75MG	3	
WP THYROID TAB 130MG	3	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	2	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	PA
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
GLYCATE TAB 1.5MG	3	
GLYCOPYRROL INJ 0.2MG/ML	3	
GLYCOPYRROL INJ 0.4/2ML	3	
GLYCOPYRROLA TAB 1.5MG	3	PA; MNPA
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	PA; MNPA
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
LIBRAX CAP 5-2.5MG	3	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
SYMAX DUOTAB TAB	3	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	3	
CARAFATE TAB 1GM	3	
sucralfate susp 1 gm/10ml	1	PA; MNPA
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	3	QL (90 caps / year)
ACIPHEX SPR CAP 10MG	3	QL (90 caps / year)
ACIPHEX TAB 20MG	3	QL (90 tabs / year)
DEXILANT CAP 30MG DR	2	QL (90 caps / year)
DEXILANT CAP 60MG DR	2	QL (90 caps / year)
ESOMEPRAZOLE CAP 49.3MG	3	QL (90 caps / year)
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps / year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps / year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets / year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets / year)

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Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets / year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps / year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps / year)
lansoprazole tab delayed release orally disintegrating 15 mg	1	QL (90 ea / year)
lansoprazole tab delayed release orally disintegrating 30 mg	1	QL (90 ea / year)
NEXIUM CAP 20MG	3	QL (90 caps / year)
NEXIUM CAP 40MG	3	QL (90 caps / year)
NEXIUM GRA 2.5MG DR	3	QL (90 packets / year)
NEXIUM GRA 5MG DR	3	QL (90 packets / year)
NEXIUM GRA 10MG DR	3	QL (90 packets / year)
NEXIUM GRA 20MG DR	3	QL (90 packets / year)
NEXIUM GRA 40MG DR	3	QL (90 packets / year)
omeprazole cap delayed release 10 mg	1	QL (90 caps / year)
omeprazole cap delayed release 20 mg	1	QL (90 caps / year)
omeprazole cap delayed release 40 mg	1	QL (90 caps / year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs / year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs / year)
pantoprazole sodium for delayed release susp packet 40 mg	1	PA, QL (90 packets / year); MNPA
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials / year)
PREVACID CAP 15MG DR	3	QL (90 caps / year)
PREVACID CAP 30MG DR	3	QL (90 caps / year)
PREVACID TAB 15MG STB	3	QL (90 ea / year)
PREVACID TAB 30MG STB	3	QL (90 ea / year)
PRILOSEC POW 2.5MG	3	PA, QL (90 packets / year); MNPA
PRILOSEC POW 10MG	3	PA, QL (90 packets / year); MNPA
PROTONIX INJ 40MG	3	QL (90 vials / year)
PROTONIX PAK 40MG	3	QL (90 packets / year)
PROTONIX TAB 20MG	3	QL (90 tabs / year)
PROTONIX TAB 40MG	3	QL (90 tabs / year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps / year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs / year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
CYTOTEC TAB 200MCG	2	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
HELIDAC MIS THERAPY	3	
OMECLAMOX- MIS PAK	3	
omeprazole-sodium bicarbonate cap 20-1100 mg	1	PA, QL (90 caps / year); MNPA
omeprazole-sodium bicarbonate cap 40-1100 mg	1	PA, QL (90 caps / year); MNPA
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	1	PA, QL (90 packets / year); MNPA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	1	PA, QL (90 packets / year); MNPA
PYLERA CAP	2	
TALICIA CAP	3	
ZEGERID CAP 20-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID CAP 40-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID POW 20-1680	3	PA, QL (90 packets / year); MNPA
ZEGERID POW 40-1680	3	PA, QL (90 packets / year); MNPA
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL LA CAP 2MG	3	
DETROL LA CAP 4MG	3	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
ENABLEX TAB 7.5MG	3	
GELNIQUE GEL 10%	3	

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Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
OXYTROL DIS 3.9MG/24	3	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	3	
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	3	
SPERMICIDES		
ENCARE SUP 100MG	0	
GYNOL II GEL 3%	0	
nonoxynol-9 gel 4%	0	
SHUR-SEAL GEL 2%	0	
TODAY SPONGE MIS	0	

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Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL AER CONTRACP	0	
VCF VAGINAL MIS CONTRACP	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
NUVESSA GEL 1.3%	3	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg	1	
ESTRING MIS 2MG	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
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 0.1MG	3	QL (3 pens / 300 days)
AUVI-Q INJ 0.3MG	3	QL (6 pens / 300 days)
AUVI-Q INJ 0.15MG	3	QL (3 pens / 300 days)
EPINEPHR PRO KIT 1MG/ML	3	QL (6 kits / 300 days)

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Drug Name	Drug Tier	Requirements/Limits
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
EPINEPHRINE KIT 1MG/ML	3	QL (6 kits / 300 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens / 300 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (6 pens / 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (3 pens / 300 days)
EPINPHEPHRIN KIT SNAP-V	3	QL (6 kits / 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens / 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens / 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes / 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes / 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	PA, QL (90 CAPSULES PER 30 DAYS)
droxidopa cap 200 mg	1	PA, QL (180 CAPSULES PER 30 DAYS)
droxidopa cap 300 mg	1	PA, QL (180 CAPSULES PER 30 DAYS)
NORTHERA CAP 100MG	5	PA, QL (90 CAPSULES PER 30 DAYS)
NORTHERA CAP 200MG	5	PA, QL (180 CAPSULES PER 30 DAYS)
NORTHERA CAP 300MG	5	PA, QL (180 CAPSULES PER 30 DAYS)
VASOPRESSORS		
EPINEPHRINE INJ 0.2MG	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
MEPHYTON TAB 5MG	3	
phytonadione tab 5 mg	1	

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Index

*****
b-complex w/ c & folic acid tab**226
b-complex w/ c & folic acid tab 1 mg** 226
b-complex w/ c & folic acid tab 5 mg** 226
mesalamine rectal enema 4 gm & cleanser wipe kit* 189
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg**.....35
multiple vitamins w/ minerals cap* 227
nystatin oral powder 71
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg** 228
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg** 228
prenatal vit w/ fe fumarate-fa tab 28-1 mg** 229
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**.....228
prenatal vit w/ iron carbonyl-fa tab 29-1 mg**.....229
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*.....228
sodium polystyrene sulfonate powder* 225
1
1ML SYRINGE MIS 29G 218
1ML SYRINGE MIS 30G 218
A
abacavir sulfate-lamivudine tab 600-300 mg 113
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg.....113
abacavir sulfate soln 20 mg/ml (base equiv) 112
abacavir sulfate tab 300 mg (base equiv) 113
ABILIFY MAIN INJ 300MG 111
ABILIFY MAIN INJ 400MG 111
ABILIFY MYCI TAB 10MG 111
ABILIFY MYCI TAB 10MG MNT 111
ABILIFY MYCI TAB 10MG STR.....111
ABILIFY MYCI TAB 15MG 111
ABILIFY MYCI TAB 15MG MNT 111
ABILIFY MYCI TAB 15MG STR.....111
ABILIFY MYCI TAB 20MG 111
ABILIFY MYCI TAB 20MG MNT 111
ABILIFY MYCI TAB 20MG STR.....111
ABILIFY MYCI TAB 2MG.....111
ABILIFY MYCI TAB 2MG MANT 111
ABILIFY MYCI TAB 2MG STRT.....111
ABILIFY MYCI TAB 30MG 111
ABILIFY MYCI TAB 30MG MNT 111
ABILIFY MYCI TAB 30MG STR.....111
ABILIFY MYCI TAB 5MG.....111
ABILIFY MYCI TAB 5MG MANT 111
ABILIFY MYCI TAB 5MG STRT.....111
ABILIFY TAB 10MG 111
ABILIFY TAB 15MG 111
ABILIFY TAB 20MG 111
ABILIFY TAB 2MG.....111
ABILIFY TAB 30MG 112
ABILIFY TAB 5MG.....111
abiraterone acetate tab 250 mg 91
abiraterone acetate tab 500 mg 91
ABSORICA CAP 10MG 142
ABSORICA CAP 20MG 142
ABSORICA CAP 25MG 142
ABSORICA CAP 30MG 142
ABSORICA CAP 35MG 142
ABSORICA CAP 40MG 142
ABSORICA LD CAP 16MG.....143
ABSORICA LD CAP 24MG.....143
ABSORICA LD CAP 32MG.....143
ABSORICA LD CAP 8MG 142
acamprosate calcium tab delayed release 333 mg 241
ACANYA GEL 1.2-2.5%.....143
acarbose tab 100 mg.....61
acarbose tab 25 mg.....61
acarbose tab 50 mg.....61
ACCOLATE TAB 10MG 41
ACCOLATE TAB 20MG 41
ACCU-CHEK KIT FASTCLIX.....201
ACCU-CHEK KIT SOFTCLIX 201
ACCU-CHEK LIQ GUIDE.....201
ACCU-CHEK LIQ SMART 201

ACCU-CHEK MIS MLTICLIX 201
ACCU-CHEK SOL 201
ACCU-CHEK SOL COMPACT.....201
ACCU-CHEK TES AVIVA PL.....159
ACCU-CHEK TES COMPACT 159
ACCU-CHEK TES GUIDE 159
ACCU-CHEK TES SMART.....159
ACCUPRIL TAB 10MG.....77
ACCUPRIL TAB 20MG.....77
ACCUPRIL TAB 40MG.....77
ACCUPRIL TAB 5MG.....77
ACCURETIC TAB 10-12.5.....81
ACCURETIC TAB 20-12.5.....81
ACCURETIC TAB 20-25MG.....81
ACCUTREND SOL GLUCOSE 202
ACCUTREND TES GLUCOSE 159
acebutolol hcl cap 200 mg 122
acebutolol hcl cap 400 mg 122
ACERFLEX POW.....168
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 30
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg .30
acetaminophen w/ codeine soln 120-12 mg/5ml.....30
acetaminophen w/ codeine tab 300-15 mg 30
acetaminophen w/ codeine tab 300-30 mg 30
acetaminophen w/ codeine tab 300-60 mg 30
acetazolamide cap er 12hr 500 mg .175
acetazolamide tab 125 mg.....175
acetazolamide tab 250 mg.....175
acetic acid otic soln 2%.....239
acetylcysteine inhal soln 10% 142
acetylcysteine inhal soln 20% 142
ACIPHEX SPR CAP 10MG 255
ACIPHEX SPR CAP 5MG 255
ACIPHEX TAB 20MG.....255
acitretin cap 10 mg 148
acitretin cap 17.5 mg.....148
acitretin cap 25 mg 148
ACTEMRA INJ 162/0.9 16
ACTEMRA INJ ACTPEN 17
ACTHAR INJ 80UNIT 178
ACTICLATE TAB 150MG.....249
ACTICLATE TAB 75MG.....249
ACTI-LANCE MIS 28G 202
ACTI-LANCE MIS LITE 28G 202
ACTI-LANCE MIS SPEC 17G 202
ACTI-LANCE MIS UNIV 23G 202
ACTIMMUNE INJ 2MU/0.5 101
ACTIQ LOZ 1200MCG 24
ACTIQ LOZ 1600MCG 24
ACTIQ LOZ 200MCG 24
ACTIQ LOZ 400MCG 24
ACTIQ LOZ 600MCG 24
ACTIQ LOZ 800MCG 24
ACTIVELLA TAB 1-0.5MG.....185
ACTONEL TAB 150MG 177
ACTONEL TAB 35MG 177
ACTOPLUS MET TAB 15-500MG.....61
ACTOPLUS MET TAB 15-850MG.....62
ACTOS TAB 15MG 67
ACTOS TAB 30MG 67
ACTOS TAB 45MG 67
ACULAR LS SOL 0.4%.....238
ACULAR SOL 0.5% OP 238
ACUVAIL SOL 0.45% 238
acyclovir cap 200 mg 121
acyclovir cream 5% 152
acyclovir oint 5% 152
acyclovir susp 200 mg/5ml 121
acyclovir tab 400 mg 121
acyclovir tab 800 mg 121
ACZONE GEL 5%.....143
ACZONE GEL 7.5% 143
adapalene-benzoyl peroxide gel 0.1-2.5% 143
adapalene cream 0.1% 143
adapalene gel 0.1%.....143
adapalene gel 0.3%.....143
adapalene pads 0.1% 143
ADAPALENE SOL 0.1% 143
ADASUVE INH 10MG.....108
ADCIRCA TAB 20MG 133
ADDERALL TAB 10MG.....1
ADDERALL TAB 12.5MG 1
ADDERALL TAB 15MG.....1
ADDERALL TAB 20MG.....1

ADDERALL TAB 30MG.....1
ADDERALL TAB 5MG.....1
ADDERALL TAB 7.5MG.....1
ADDERALL XR CAP 10MG.....1
ADDERALL XR CAP 15MG.....1
ADDERALL XR CAP 20MG.....1
ADDERALL XR CAP 25MG.....1
ADDERALL XR CAP 30MG.....1
ADDERALL XR CAP 5MG.....1
adefovir dipivoxil tab 10 mg.....119
ADEMPAS TAB 0.5MG.....134
ADEMPAS TAB 1.5MG.....134
ADEMPAS TAB 1MG.....134
ADEMPAS TAB 2.5MG.....134
ADEMPAS TAB 2MG.....134
ADHANSIA XR CAP 25MG.....5
ADHANSIA XR CAP 35MG.....5
ADHANSIA XR CAP 45MG.....5
ADHANSIA XR CAP 55MG.....5
ADHANSIA XR CAP 70MG.....5
ADHANSIA XR CAP 85MG.....5
ADIPEX-P CAP 37.5MG.....3
ADIPEX-P TAB 37.5MG.....3
ADJ LANCING MIS DEVICE.....202
ADLYXIN INJ 10/20MCG.....65
ADLYXIN INJ 20MCG.....65
ADMELOG INJ 100U/ML.....65
ADMELOG SOLO INJ 100U/ML.....65
ADRENALIN INJ 1MG/ML.....259
ADRENALIN INJ 30/30ML.....259
ADRENALIN SOL 1:1000.....232
ADVAIR DISKU AER 100/50.....42
ADVAIR DISKU AER 250/50.....43
ADVAIR DISKU AER 500/50.....43
ADVAIR HFA AER 115/21.....43
ADVAIR HFA AER 230/21.....43
ADVAIR HFA AER 45/21.....43
ADVANCE LIQ CONTROL.....202
ADVANCE LIQ INTUITIO.....202
ADVANCE NORM LIQ CONTROL.....202
ADVANCE TES INTUITIO.....159
ADVANCE TES MICRO-DW.....159
ADVCATE SAFE MIS LANC 26G.....202
ADV LANCING MIS DEVICE.....202
ADVOCATE+ SOL REDI-COD.....202
ADVOCATE LIQ HIGH.....202
ADVOCATE LIQ LOW.....202
ADVOCATE MIS LANC 30G.....202
ADVOCATE MIS LANC DEV.....202
ADVOCATE MIS LANCETS.....202
ADVOCATE TES.....159
ADVOCATE TES REDI-COD.....159
ADVOCATE TES REDICODE.....159
ADV TRAVEL MIS LANC 28G.....202
ADZENYS ER SUS 1.25MG.....1
ADZENYS XR TAB 12.5MG.....1
ADZENYS XR TAB 15.7 MG.....1
ADZENYS XR TAB 18.8MG.....1
ADZENYS XR TAB 3.1MG.....1
ADZENYS XR TAB 6.3MG.....1
ADZENYS XR TAB 9.4MG.....1
AEMCOLO TAB 194MG.....35
AERCHMBR PLS MIS FLOW-VU.....218
AERCHMBR PLS MIS LRG MASK.....218
AERCHMBR PLS MIS MED MASK.....218
AERCHMBR PLS MIS SM MASK.....218
AERCHMBR Z- MIS STAT PLS.....218
AEROCHAMBER KIT ACTION.....218
AEROCHAMBER MIS CHAMBER.....218
AEROCHAMBER MIS FLOSIGNA.....218
AEROCHAMBER MIS MV.....218
AEROCHAMBER MIS PLUS.....218
AEROVENT MIS PLUS.....218
AFINITOR DIS TAB 2MG.....94
AFINITOR DIS TAB 3MG.....94
AFINITOR DIS TAB 5MG.....94
AFINITOR TAB 10MG.....94
AFINITOR TAB 2.5MG.....94
AFINITOR TAB 5MG.....94
AFINITOR TAB 7.5MG.....94
AFREZZA POW 12 UNIT.....66
AFREZZA POW 4-8-12.....65
AFREZZA POW 4-8 UNIT.....65
AFREZZA POW 4UNIT.....65
AFREZZA POW 8-12UNIT.....65
AFREZZA POW 8 UNIT.....65
AGAMATRIX MIS 33G.....202
AGAMATRIX SOL HIGH.....202
AGAMATRIX SOL LEVEL 2.....202
AGAMATRIX SOL LEVEL 4.....202
AGAMATRIX SOL NORM/HGH.....202
AGAMATRIX SOL NORMAL.....202

AGAMATRIX TES AMP.....159
AGAMATRIX TES JAZZ 159
AGAMATRIX TES KEYNOTE 159
AGAMATRIX TES PRESTO 160
AGRYLIN CAP 0.5MG.....194
AIMOVIG INJ 140MG/ML 219
AIMOVIG INJ 70MG/ML 219
AIMSCO TWIST MIS 32G 202
AIMSCO TWIST MIS 33G 202
AIRDUO DGHLR INH 113-14 43
AIRDUO DGHLR INH 232-14 43
AIRDUO DGHLR INH 55-14.....43
AIRDUO RESPI INH 113-14 43
AIRDUO RESPI INH 232-14 43
AIRDUO RESPI INH 55-14 43
AJOVY INJ 225/1.5 219
AKLIEF CRE 0.005% 143
AKTEN GEL 3.5% 236
AKYNZEO CAP 300-0.5 70
ALA-SCALP LOT 2% 152
albendazole tab 200 mg.....34
ALBENZA TAB 200MG 34
ALBUTEROL NEB 0.5%.....43
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....43
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....43
albuterol sulfate soln nebu 0.5% (5 mg/ml) 43
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 43
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 43
albuterol sulfate syrup 2 mg/5ml.....43
albuterol sulfate tab 2 mg 43
albuterol sulfate tab 4 mg 43
albuterol sulfate tab er 12hr 4 mg 43
albuterol sulfate tab er 12hr 8 mg 43
ALCAINE SOL 0.5% OP 236
alclometasone dipropionate cream 0.05% 152
alclometasone dipropionate oint 0.05% 152
ALCOH-GLOVE PAD CONTOURE.....217
ALCOHOL PAD 217
ALCOHOL PAD 70% 217
ALCOHOL PAD PREP.....217
ALCOHOL PAD SWABSTIC.....217
ALCOHOL PREP PAD.....217
ALCOHOL PREP PAD 70% 217
ALCOHOL PREP PAD MED 70% 217
ALCOHOL PREP PAD PADS 70%.....217
ALCOHOL SWAB PAD 217
ALCOHOL SWAB PAD 70%.....217
ALCOHOL SWAB PAD EX-THICK.....217
ALCOHOL WIPE PAD 217
ALDACTAZIDE TAB 25/25 175
ALDACTAZIDE TAB 50/50 175
ALDACTONE TAB 100MG 176
ALDACTONE TAB 25MG 176
ALDACTONE TAB 50MG 176
ALDARA CRE 5% 157
ALECENSA CAP 150MG 94
alendronate sodium oral soln 70 mg/75ml 177
alendronate sodium tab 10 mg.....177
alendronate sodium tab 35 mg.....177
alendronate sodium tab 5 mg 177
alendronate sodium tab 70 mg.....177
alfuzosin hcl tab er 24hr 10 mg 192
ALINIA SUS 100/5ML.....35
ALINIA TAB 500MG 35
aliskiren fumarate tab 150 mg (base equivalent).....86
aliskiren fumarate tab 300 mg (base equivalent).....86
ALKERAN TAB 2MG.....88
ALKINDI SPRI CAP 0.5MG.....139
ALKINDI SPRI CAP 1MG 139
ALKINDI SPRI CAP 2MG 139
ALKINDI SPRI CAP 5MG 139
allopurinol tab 100 mg 192
allopurinol tab 300 mg 192
ALLZITAL TAB 25-325MG 23
almotriptan malate tab 12.5 mg 220
almotriptan malate tab 6.25 mg 220
ALOCRIL SOL 2% 238
alogliptin benzoate tab 12.5 mg (base equiv).....64
alogliptin benzoate tab 25 mg (base equiv).....64

alogliptin benzoate tab 6.25 mg (base equiv).....64
alogliptin-metformin hcl tab 12.5-1000 mg.....62
alogliptin-metformin hcl tab 12.5-500 mg.....62
alogliptin-pioglitazone tab 12.5-15 mg.....62
alogliptin-pioglitazone tab 12.5-30 mg.....62
alogliptin-pioglitazone tab 12.5-45 mg.....62
alogliptin-pioglitazone tab 25-15 mg.62
alogliptin-pioglitazone tab 25-30 mg.62
alogliptin-pioglitazone tab 25-45 mg.62
ALOMIDE SOL 0.1% OP.....238
ALORA DIS 0.025MG 185
ALORA DIS 0.05MG 185
ALORA DIS 0.075MG 185
ALORA DIS 0.1MG.....185
alosetron hcl tab 0.5 mg (base equiv).....189
*alosetron hcl tab 1 mg (base equiv)*189
ALPHAGAN P SOL 0.1%.....234
ALPHAGAN P SOL 0.15%.....234
ALPRAZOLAM CON 1 MG/ML 38
alprazolam orally disintegrating tab 0.25 mg.....38
alprazolam orally disintegrating tab 0.5 mg.....38
alprazolam orally disintegrating tab 1 mg.....38
alprazolam orally disintegrating tab 2 mg.....38
alprazolam tab 0.25 mg.....38
alprazolam tab 0.5 mg.....38
alprazolam tab 1 mg 38
alprazolam tab 2 mg 38
alprazolam tab er 24hr 0.5 mg.....38
alprazolam tab er 24hr 1 mg 38
alprazolam tab er 24hr 2 mg 38
alprazolam tab er 24hr 3 mg 38
ALREX SUS 0.2% 236
ALTABAX OIN 1%.....145
ALTACE CAP 1.25MG 77
ALTACE CAP 10MG 77
ALTACE CAP 2.5MG 77
ALTACE CAP 5MG.....77
ALTOPREV TAB 20MG ER.....75
ALTOPREV TAB 40MG ER.....75
ALTOPREV TAB 60MG ER.....75
ALTRENO LOT 0.05%.....143
ALUNBRIG PAK 94
ALUNBRIG TAB 180MG 95
ALUNBRIG TAB 30MG 94
ALUNBRIG TAB 90MG 94
ALVESCO AER 160MCG.....42
ALVESCO AER 80MCG.....42
alvimopan cap 12 mg.....190
amantadine hcl cap 100 mg.....102
amantadine hcl soln 50 mg/5ml 102
amantadine hcl tab 100 mg 102
AMARYL TAB 1MG 68
AMARYL TAB 2MG 68
AMARYL TAB 4MG 68
AMBIEN CR TAB 12.5MG 198
AMBIEN CR TAB 6.25MG 198
AMBIEN TAB 10MG.....198
AMBIEN TAB 5MG.....198
ambrisentan tab 10 mg.....133
ambrisentan tab 5 mg.....133
amcinonide cream 0.1%.....152
amcinonide lotion 0.1%.....152
AMCINONIDE OIN 0.1% 152
AMELUZ GEL 10% 147
AMERGE TAB 1MG 220
AMERGE TAB 2.5MG 220
AMICAR SOL 0.25/ML 197
AMICAR TAB 1000MG 197
AMICAR TAB 500MG 197
amiloride & hydrochlorothiazide tab 5-50 mg.....175
amiloride hcl tab 5 mg 176
aminocaproic acid oral soln 0.25 gm/ml.....197
aminocaproic acid tab 1000 mg.....197
aminocaproic acid tab 500 mg.....197
amiodarone hcl tab 100 mg.....40
amiodarone hcl tab 200 mg.....40
amiodarone hcl tab 400 mg.....40
AMITIZA CAP 24MCG 188
AMITIZA CAP 8MCG.....188

amitriptyline hcl tab 100 mg 60
amitriptyline hcl tab 10 mg.....60
amitriptyline hcl tab 150 mg 60
amitriptyline hcl tab 25 mg.....60
amitriptyline hcl tab 50 mg.....60
amitriptyline hcl tab 75 mg.....60
amlodipine besylate-atorvastatin calcium tab 10-10 mg 128
amlodipine besylate-atorvastatin calcium tab 10-20 mg 128
amlodipine besylate-atorvastatin calcium tab 10-40 mg 128
amlodipine besylate-atorvastatin calcium tab 10-80 mg 129
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 128
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 128
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 128
amlodipine besylate-atorvastatin calcium tab 5-10 mg 128
amlodipine besylate-atorvastatin calcium tab 5-20 mg 128
amlodipine besylate-atorvastatin calcium tab 5-40 mg 128
amlodipine besylate-atorvastatin calcium tab 5-80 mg 128
amlodipine besylate-benazepril hcl cap 10-20 mg.....81
amlodipine besylate-benazepril hcl cap 10-40 mg.....81
amlodipine besylate-benazepril hcl cap 2.5-10 mg.....81
amlodipine besylate-benazepril hcl cap 5-10 mg.....81
amlodipine besylate-benazepril hcl cap 5-20 mg.....81
amlodipine besylate-benazepril hcl cap 5-40 mg.....81
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 81
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 81
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 81
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 81
amlodipine besylate tab 10 mg (base equivalent) 125
amlodipine besylate tab 2.5 mg (base equivalent) 125
amlodipine besylate tab 5 mg (base equivalent) 125
amlodipine besylate-valsartan tab 10-160 mg.....81
amlodipine besylate-valsartan tab 10-320 mg.....81
amlodipine besylate-valsartan tab 5-160 mg.....81
amlodipine besylate-valsartan tab 5-320 mg.....81
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 82
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 82
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 82
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 81
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 81
amoxapine tab 100 mg 60
amoxapine tab 150 mg 60
amoxapine tab 25 mg.....60
amoxapine tab 50 mg.....60
amoxicillin (trihydrate) cap 250 mg 240
amoxicillin (trihydrate) cap 500 mg 240
amoxicillin (trihydrate) chew tab 125 mg 240
amoxicillin (trihydrate) chew tab 250 mg 240
amoxicillin (trihydrate) for susp 125 mg/5ml.....240
amoxicillin (trihydrate) for susp 200 mg/5ml.....240

amoxicillin (trihydrate) for susp 250 mg/5ml 240
amoxicillin (trihydrate) for susp 400 mg/5ml 240
amoxicillin (trihydrate) tab 500 mg .240
amoxicillin (trihydrate) tab 875 mg .240
amoxicillin & k clavulanate chew tab 200-28.5 mg 240
amoxicillin & k clavulanate chew tab 400-57 mg 240
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 240
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 240
amoxicillin & k clavulanate for susp 400-57 mg/5ml 240
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 240
amoxicillin & k clavulanate tab 250-125 mg 240
amoxicillin & k clavulanate tab 500-125 mg 240
amoxicillin & k clavulanate tab 875-125 mg 240
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 240
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack 257
amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 2
amphetamine-dextroamphetamine tab 12.5 mg 2
amphetamine-dextroamphetamine tab 15 mg 2
amphetamine-dextroamphetamine tab 20 mg 2
amphetamine-dextroamphetamine tab 30 mg 2
amphetamine-dextroamphetamine tab 5 mg 1
amphetamine-dextroamphetamine tab 7.5 mg 1
amphetamine extended release susp 1.25 mg/ml 1
amphetamine sulfate tab 10 mg 1
amphetamine sulfate tab 5 mg 1
ampicillin cap 500 mg 240
AMPYRA TAB 10MG 244
AMRIX CAP 15MG 230
AMRIX CAP 30MG 230
AMZEEQ AER 4% 143
ANACAINE OIN 157
ANAFRANIL CAP 25MG 60
ANAFRANIL CAP 50MG 60
ANAFRANIL CAP 75MG 60
anagrelide hcl cap 0.5 mg 194
anagrelide hcl cap 1 mg 194
ANALPRAM-HC CRE 1-1% 34
ANALPRAM-HC LOT 2.5% 34
ANASPAZ TAB 0.125MG 254
anastrozole tab 1 mg 91
ANCOBON CAP 250MG 71
ANCOBON CAP 500MG 71
ANDRODERM DIS 2MG/24HR 33
ANDRODERM DIS 4MG/24HR 33
ANDROGEL GEL 1.62% 33
ANDROGEL GEL 1%(25MG) 33
ANDROGEL GEL 1%(50MG) 33
ANGELIQ TAB 0.25-0.5 185
ANGELIQ TAB 0.5-1MG 185
ANNOVERA MIS 138
ANORO ELLIPT AER 62.5-25 43
ANTARA CAP 30MG 74
ANTARA CAP 90MG 74
ANUSOL-HC CRE 2.5% 34
ANZEMET TAB 100MG 70
ANZEMET TAB 50MG 70
APADAZ TAB 4.08-325 30
APADAZ TAB 6.12-325 30
APADAZ TAB 8.16-325 30

APEXICON E CRE 0.05%.....152
APIDRA INJ SOLOSTAR 66
APIDRA INJ U-100.....66
APLENZIN TAB 174MG 55
APLENZIN TAB 348MG 55
APLENZIN TAB 522MG 56
APLICARE ALC PAD SWABSTIC.....217
APOKYN INJ 10MG/ML.....102
apraclonidine hcl ophth soln 0.5% (base equivalent) 234
aprepitant capsule 125 mg 71
aprepitant capsule 40 mg 71
aprepitant capsule 80 mg 71
aprepitant capsule therapy pack 80 & 125 mg 71
APRISO CAP 0.375GM 189
APTENSIO XR CAP 10MG.....5
APTENSIO XR CAP 15MG.....6
APTENSIO XR CAP 20MG.....6
APTENSIO XR CAP 30MG.....6
APTENSIO XR CAP 40MG.....6
APTENSIO XR CAP 50MG.....6
APTENSIO XR CAP 60MG.....6
APTIOM TAB 200MG 48
APTIOM TAB 400MG 48
APTIOM TAB 600MG 49
APTIOM TAB 800MG 49
APTIVUS CAP 250MG 113
APTIVUS SOL.....113
AQUALANCE MIS 30G 202
ARAKODA TAB 100MG 87
ARANESP INJ 100MCG 195
ARANESP INJ 10MCG 195
ARANESP INJ 150MCG 195
ARANESP INJ 200MCG 195
ARANESP INJ 25MCG 195
ARANESP INJ 300MCG 195
ARANESP INJ 40MCG 195
ARANESP INJ 500MCG 195
ARANESP INJ 60MCG 195
ARAVA TAB 10MG 20
ARAVA TAB 20MG 20
ARAZLO LOT 0.045% 143
ARCALYST INJ 220MG.....16
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) 43
ARICEPT TAB 10MG 241
ARICEPT TAB 23MG 241
ARICEPT TAB 5MG.....241
ARIKAYCE SUS 10
ARIMIDEX TAB 1MG 92
aripiprazole orally disintegrating tab 10 mg 112
aripiprazole orally disintegrating tab 15 mg 112
aripiprazole oral solution 1 mg/ml...112
aripiprazole tab 10 mg 112
aripiprazole tab 15 mg 112
aripiprazole tab 20 mg 112
aripiprazole tab 2 mg 112
aripiprazole tab 30 mg 112
aripiprazole tab 5 mg 112
ARISTADA INJ 1064MG 112
ARISTADA INJ 441MG/1. 112
ARISTADA INJ 662MG/2 112
ARISTADA INJ 882MG/3 112
ARISTADA INJ INITIO 112
ARIXTRA INJ 10/0.8ML 46
ARIXTRA INJ 2.5/0.5 46
ARIXTRA INJ 5/0.4ML 46
ARIXTRA INJ 7.5/0.6 46
armodafinil tab 150 mg 6
armodafinil tab 200 mg 6
armodafinil tab 250 mg 6
armodafinil tab 50 mg 6
ARMONAIR DIG AER 113MCG 42
ARMONAIR DIG AER 232MCG 42
ARMONAIR DIG AER 55MCG 42
ARMOUR THYRO TAB 120MG.....251
ARMOUR THYRO TAB 15MG 251
ARMOUR THYRO TAB 180MG.....252
ARMOUR THYRO TAB 240MG.....252
ARMOUR THYRO TAB 300MG.....252
ARMOUR THYRO TAB 30MG 251
ARMOUR THYRO TAB 60MG 251
ARMOUR THYRO TAB 90MG 251
ARNICA TIN FLOWER 158
ARNUITY ELPT INH 100MCG 42
ARNUITY ELPT INH 200MCG 42
ARNUITY ELPT INH 50MCG 42
AROMASIN TAB 25MG.....92
ARTHROTEC 50 TAB 17

ARTHROTEC 75 TAB 17
ARTISS SOL 10ML 197
ARTISS SOL 2ML.....197
ARTISS SOL 4ML.....197
ASA/OMEPRAZO TAB 81-40MG.....194
ASACOL HD TAB 800MG.....189
asenapine maleate sl tab 10 mg (base equiv) 108
asenapine maleate sl tab 2.5 mg (base equiv) 108
asenapine maleate sl tab 5 mg (base equiv) 108
ASMANEX 120 AER 220MCG 42
ASMANEX 14 AER 220MCG 42
ASMANEX 30 AER 110MCG 42
ASMANEX 30 AER 220MCG 42
ASMANEX 60 AER 220MCG 42
ASMANEX 7 AER 110MCG.....42
ASMANEX HFA AER 100 MCG 42
ASMANEX HFA AER 200 MCG 42
ASMANEX HFA AER 50MCG.....42
ASP/OMEPRAZO TAB 325-40MG 194
aspirin chew tab 81 mg.....24
aspirin-dipyridamole cap er 12hr 25-200 mg 194
aspirin tab delayed release 81 mg 24
ASSURE 3 LIQ CONTROL 202
ASSURE 3 TES 160
ASSURE 4 LIQ LEVEL1/2 202
ASSURE 4 TES 160
ASSURE CMFRT MIS 28G.....202
ASSURE DOSE SOL NORM/HGH.....202
ASSURE DOSE SOL NORMAL.....202
ASSURE II LIQ LEVEL 1 202
ASSURE II LIQ LEVEL1/2 202
ASSURE II TES.....160
ASSURE II TES CHECK 160
ASSURE LANCE MIS 21G 202
ASSURE LANCE MIS 28G 202
ASSURE LANCE MIS LOW FLOW 202
ASSURE LANCE MIS MICRO 202
ASSURE LANCE MIS SAFE 25G 202
ASSURE LANCE MIS SAFE 30G 202
ASSURE PLUS MIS HIGH 18G.....202
ASSURE PLUS MIS LOW 25G.....203
ASSURE PLUS MIS MCRO 28G.....203
ASSURE PLUS MIS NORM 21G.....203
ASSURE PLUS MIS PEDIATRI 203
ASSURE PRISM SOL LEVEL1/2.....203
ASSURE PRISM TES MULTI 160
ASSURE PRO LIQ LEVEL1/2 203
ASSURE PRO TES 160
ASSURE TES PLATINUM.....160
ASTAGRAF XL CAP 0.5MG.....224
ASTAGRAF XL CAP 1MG.....224
ASTAGRAF XL CAP 5MG.....224
ATABEX EC TAB 29-1MG 227
ATABEX OB TAB 29-1MG 227
ATACAND HCT TAB 16-12.5.....82
ATACAND HCT TAB 32-12.5.....82
ATACAND HCT TAB 32-25MG 82
ATACAND TAB 16MG 79
ATACAND TAB 32MG 79
ATACAND TAB 4MG 79
ATACAND TAB 8MG 79
atazanavir sulfate cap 150 mg (base equiv) 113
atazanavir sulfate cap 200 mg (base equiv) 113
atazanavir sulfate cap 300 mg (base equiv) 113
ATELVIA TAB 177
atenolol & chlorthalidone tab 100-25 mg 82
atenolol & chlorthalidone tab 50-25 mg 82
atenolol tab 100 mg 122
atenolol tab 25 mg 122
atenolol tab 50 mg 122
ATIVAN TAB 0.5MG 38
ATIVAN TAB 1MG 39
ATIVAN TAB 2MG 39
atomoxetine hcl cap 100 mg (base equiv) 4
atomoxetine hcl cap 10 mg (base equiv) 4
atomoxetine hcl cap 18 mg (base equiv) 4
atomoxetine hcl cap 25 mg (base equiv) 4
atomoxetine hcl cap 40 mg (base equiv) 4

atomoxetine hcl cap 60 mg (base equiv) 4
atomoxetine hcl cap 80 mg (base equiv) 4
atorvastatin calcium tab 10 mg (base equivalent) 75
atorvastatin calcium tab 20 mg (base equivalent) 75
atorvastatin calcium tab 40 mg (base equivalent) 75
atorvastatin calcium tab 80 mg (base equivalent) 75
atovaquone-proguanil hcl tab 250-100 mg 87
atovaquone-proguanil hcl tab 62.5-25 mg 87
atovaquone susp 750 mg/5ml.....35
ATRALIN GEL 0.05%.....143
ATRIPLA TAB 113
ATROPINE SUL SOL 0.01% 234
ATROPINE SUL SOL 1% OP.....234
ATROVENT HFA AER 17MCG 41
AUBAGIO TAB 14MG.....244
AUBAGIO TAB 7MG.....244
AUGMENTIN SUS 125/5ML.....240
AUGMENTIN SUS 250/5ML.....241
AUGMENTIN SUS ES-600.....241
AUGMENTIN TAB 500MG 241
AURORA LANCE MIS 30G.....203
AURORA LANCE MIS THIN 23G.....203
AURYXIA TAB 210MG.....190
AUSTEDO TAB 12MG.....244
AUSTEDO TAB 6MG 244
AUSTEDO TAB 9MG 244
AUTOCODE TES BLD GLUC 160
AUTO LANCET MIS.....203
AUTO-LANCET MIS 203
AUTO-LANCET MIS MINI.....203
AUTOLET II KIT CLINISAF.....203
AUTOLET IMPR MIS LANC DEV 203
AUTOLET LANC MIS DEVICE 203
AUTOLET LITE KIT.....203
AUTOLET LITE KIT CLINISAF.....203
AUTOLET LITE KIT STARTER 203
AUTOLET MINI MIS.....203
AUTOLET PLAT MIS 1.8MM.....203
AUTOLET PLAT MIS 2.4MM.....203
AUTOLET PLAT MIS 3.0MM.....203
AUTOLET PLUS MIS 203
AUTOLET PLUS MIS LANC DEV 203
AUVI-Q INJ 0.15MG.....259
AUVI-Q INJ 0.1MG.....259
AUVI-Q INJ 0.3MG.....259
AVALIDE TAB 150-12.5.....82
AVALIDE TAB 300-12.5.....82
AVANDIA TAB 2MG.....67
AVANDIA TAB 4MG.....67
AVAPRO TAB 150MG.....79
AVAPRO TAB 300MG.....79
AVAPRO TAB 75MG 79
AVODART CAP 0.5MG.....192
AVONEX PEN KIT 30MCG.....244
AVONEX PREFL KIT 30MCG.....244
AYGESTIN TAB 5MG.....241
AYVAKIT TAB 100MG.....93
AYVAKIT TAB 200MG.....93
AYVAKIT TAB 25MG.....93
AYVAKIT TAB 300MG.....93
AYVAKIT TAB 50MG.....93
azacitidine for inj 100 mg.....89
AZASITE SOL 1% 235
AZATHIOPRINE TAB 100 MG 224
azathioprine tab 50 mg 224
AZATHIOPRINE TAB 75 MG.....224
azelaic acid gel 15% 158
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....231
azelastine hcl nasal spray 0.1% (137 mcg/spray).....232
azelastine hcl nasal spray 0.15% (205.5 mcg/spray).....232
azelastine hcl ophth soln 0.05% 238
AZELEX CRE 20%.....143
AZESCHEW CHW 13-1MG.....227
AZESCO TAB 13-1MG.....227
AZILECT TAB 0.5MG 105
AZILECT TAB 1MG.....105
azithromycin for susp 100 mg/5ml..200
azithromycin for susp 200 mg/5ml..200
azithromycin powd pack for susp 1 gm 200
azithromycin tab 250 mg.....200

azithromycin tab 500 mg.....200
azithromycin tab 600 mg.....200
AZOPT SUS 1% OP.....238
AZOR TAB 10-20MG 82
AZOR TAB 10-40MG 82
AZOR TAB 5-20MG.....82
AZOR TAB 5-40MG.....82
AZULFIDINE TAB 500MG 189
AZULFIDINE TAB 500MG EN 189
B
bacitracin ophth oint 500 unit/gm...235
bacitracin-polymyxin b ophth oint...235
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....236
baclofen tab 10 mg.....230
baclofen tab 20 mg.....230
baclofen tab 5 mg 230
BACTRIM DS TAB 800-160 35
BACTRIM TAB 400-80MG.....35
BAFIERTAM CAP 95MG 244
BALCOLTRA TAB 0.1-20 136
balsalazide disodium cap 750 mg ...189
BALVERSA TAB 3MG 95
BALVERSA TAB 4MG 95
BALVERSA TAB 5MG 95
BANZEL SUS 40MG/ML 49
BANZEL TAB 200MG 49
BANZEL TAB 400MG 49
BAQSIMI ONE POW 3MG/DOSE.....64
BAQSIMI TWO POW 3MG/DOSE 64
BARACLUDE SOL.....119
BARACLUDE TAB 0.5MG 119
BARACLUDE TAB 1MG.....119
BASAGLAR INJ 100UNIT.....66
BAXDELA TAB 450MG 187
BCAD 2 POW 168
BD LANCET UF MIS 30G 203
BD LANCET UF MIS 33G 203
BD MICROTAIN MIS LANCETS 203
BD SWAB BFLY PAD SNGL USE.....217
BD U-500 MIS 31GX6MM.....218
BD ULTRAFINE INSULIN SYRINGES/NEEDLES 218
BD ULTRAFINE PEN NEEDLES.....218
BECONASE AQ SUS 0.042% 232
BELBUCA MIS 150MCG 31
BELBUCA MIS 300MCG 31
BELBUCA MIS 450MCG 31
BELBUCA MIS 600MCG 31
BELBUCA MIS 750MCG 31
BELBUCA MIS 75MCG 31
BELBUCA MIS 900MCG 31
BELLA/OPIUM SUP 16.2-30.....254
BELLA/OPIUM SUP 16.2-60.....254
BELSOMRA TAB 10MG.....199
BELSOMRA TAB 15MG.....199
BELSOMRA TAB 20MG.....199
BELSOMRA TAB 5MG 199
benazepril & hydrochlorothiazide tab 10-12.5 mg 82
benazepril & hydrochlorothiazide tab 20-12.5 mg 82
benazepril & hydrochlorothiazide tab 20-25 mg.....82
benazepril & hydrochlorothiazide tab 5-6.25 mg.....82
benazepril hcl tab 10 mg.....77
benazepril hcl tab 20 mg.....77
benazepril hcl tab 40 mg.....77
benazepril hcl tab 5 mg.....77
BENICAR HCT TAB 20-12.5.....82
BENICAR HCT TAB 40-12.5.....82
BENICAR HCT TAB 40-25MG.....82
BENICAR TAB 20MG 79
BENICAR TAB 40MG 79
BENICAR TAB 5MG 79
BENLYSTA INJ 200MG/ML.....226
BENZACLIN GEL 1-5% 143
BENZACLIN GEL 1-5%PUMP.....143
BENZALKONIUM SOL NF.....112
BENZAMYCIN GEL 5-3%.....143
BENZEPRO AER 5.2% 143
BENZEPRO AER 9.7% 143
BENZEPRO LIQ 6.8% 143
BENZEPRO MIS 5.8%.....143
BENZHY/ACETA TAB 4.08-325 30
BENZHY/ACETA TAB 6.12-325 30
BENZHY/ACETA TAB 8.16-325 30
BENZNIDAZOLE TAB 100MG.....34
BENZNIDAZOLE TAB 12.5MG.....34
benzonatate cap 100 mg 141
benzonatate cap 150 mg 141

benzonatate cap 200 mg 141
benzoyl peroxide-erythromycin gel 5-3% 143
benzoyl peroxide foam 9.8%.....143
benzoyl peroxide-hydrocortisone lotion 5-0.5% 143
benzoyl peroxide liq 7% 143
BENZOYL PERX LIQ 6.9% 143
BENZ PER FOR LOT HC 7.5-1 143
BENZ PEROXID GEL 6.5% 143
benzphetamine hcl tab 25 mg.....3
benzphetamine hcl tab 50 mg.....4
benztropine mesylate tab 0.5 mg ...102
benztropine mesylate tab 1 mg 102
benztropine mesylate tab 2 mg 102
BEPREVE DRO 1.5% 238
BERINERT INJ 500UNIT.....193
BESIVANCE SUS 0.6% 235
BETADINE SOL 5% OP 235
betamethasone dipropionate augmented cream 0.05% 152
betamethasone dipropionate augmented gel 0.05%.....152
betamethasone dipropionate augmented lotion 0.05% 152
betamethasone dipropionate augmented oint 0.05%.....152
betamethasone dipropionate cream 0.05% 152
betamethasone dipropionate lotion 0.05% 152
betamethasone dipropionate oint 0.05% 152
betamethasone valerate aerosol foam 0.12% 152
betamethasone valerate cream 0.1% (base equivalent) 152
betamethasone valerate lotion 0.1% (base equivalent) 153
betamethasone valerate oint 0.1% (base equivalent) 153
BETAPACE AF TAB 120MG 123
BETAPACE AF TAB 160MG 123
BETAPACE AF TAB 80MG 123
BETAPACE TAB 120MG.....123
BETAPACE TAB 160MG.....123
BETAPACE TAB 80MG.....123
BETASERON INJ 0.3MG 244
betaxolol hcl ophth soln 0.5% 233
betaxolol hcl tab 10 mg.....122
betaxolol hcl tab 20 mg.....122
bethanechol chloride tab 10 mg.....258
bethanechol chloride tab 25 mg.....258
bethanechol chloride tab 50 mg.....258
bethanechol chloride tab 5 mg 258
BETHKIS NEB 300/4ML 10
BETIMOL SOL 0.25% 233
BETIMOL SOL 0.5% 233
BETOPTIC-S SUS 0.25% OP.....233
BETTERMILK15 POW GLYTACTN 168
BETTERMILK PAK GLYTACTI.....168
BEVESPI AER 9-4.8MCG.....43
bexarotene cap 75 mg 101
BEYAZ TAB.....136
bicalutamide tab 50 mg 92
BIDIL TAB 129
BIJUVA CAP 1-100MG 185
BIKTARVY TAB.....113
BILTRICIDE TAB 600MG.....34
bimatoprost ophth soln 0.03% 238
BINOSTO TAB 70MG 177
BIOSCANNER TES GLUCOSE 160
BIO-STATIN CAP 1000000.....71
BIO-STATIN CAP 500000 71
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit.....199
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 82
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 82
bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....82
bisoprolol fumarate tab 10 mg 122
bisoprolol fumarate tab 5 mg 122
BLEPH-10 SOL 10% OP 235
BLEPHAMIDE OIN S.O.P. 236
BLEPHAMIDE SUS OP.....236
BLOOD GLUCOS TES.....160
BLOOD GLUCOS TES LE1.....160
BLOOD GLUCOS TES PREMIUM.....160
BLOOD GLUCOS TES STRIPS 160
BONIVA TAB 150MG 177

BONJESTA TAB 20-20MG 70
bosentan tab 125 mg.....133
bosentan tab 62.5 mg.....133
BOSULIF TAB 100MG.....95
BOSULIF TAB 400MG.....95
BOSULIF TAB 500MG.....95
BRAFTOVI CAP 75MG.....95
BREATHE EASE MIS LG MASK 218
BREATHE EASE MIS MED MASK.....218
BREATHE EASE MIS SM MASK.....218
BREO ELLIPTA INH 100-25 43
BREO ELLIPTA INH 200-25 44
BREXAFEMME TAB 150MG 71
BREZTRI AERO AER SPHERE.....44
BRILINTA TAB 60MG.....194
BRILINTA TAB 90MG.....194
BRIMO/DORZO SOL 0.15-2%.....234
brimonidine tartrate ophth soln 0.15% 234
brimonidine tartrate ophth soln 0.2% 234
brinzolamide ophth susp 1%.....238
BRISDELLE CAP 7.5MG.....248
BRIVIACT SOL 10MG/ML 49
BRIVIACT TAB 100MG.....49
BRIVIACT TAB 10MG 49
BRIVIACT TAB 25MG 49
BRIVIACT TAB 50MG 49
BRIVIACT TAB 75MG 49
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....238
bromocriptine mesylate cap 5 mg (base equivalent) 102
bromocriptine mesylate tab 2.5 mg (base equivalent) 102
BROMSITE DRO 0.075%.....238
BRONCHITOL CAP 40MG 248
BRONCHITOL CAP TOL TEST 248
BROVANA NEB 15MCG.....44
BRUKINSA CAP 80MG 95
BRYHALI LOT 0.01%.....153
budesonide delayed release particles cap 3 mg.....139
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 44
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....44
budesonide inhalation susp 0.25 mg/2ml.....42
budesonide inhalation susp 0.5 mg/2ml 42
budesonide inhalation susp 1 mg/2ml 42
budesonide tab er 24hr 9 mg.....139
bumetanide tab 0.5 mg.....176
bumetanide tab 1 mg.....176
bumetanide tab 2 mg.....176
BUMEX TAB 0.5MG 176
BUNAVAIL MIS 4.2-0.7 31
BUNAVAIL MIS 6.3-1MG.....31
BUPHENYL POW 181
BUPHENYL TAB 500MG.....181
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 32
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 32
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....32
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....32
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 32
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....32
buprenorphine hcl sl tab 2 mg (base equiv).....31
buprenorphine hcl sl tab 8 mg (base equiv).....31
buprenorphine td patch weekly 10 mcg/hr 32
buprenorphine td patch weekly 15 mcg/hr 32
buprenorphine td patch weekly 20 mcg/hr 32
buprenorphine td patch weekly 5 mcg/hr 32
buprenorphine td patch weekly 7.5 mcg/hr 32
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....247
bupropion hcl tab 100 mg 56

bupropion hcl tab 75 mg 56
bupropion hcl tab er 12hr 100 mg 56
bupropion hcl tab er 12hr 150 mg 56
bupropion hcl tab er 12hr 200 mg 56
bupropion hcl tab er 24hr 150 mg 56
bupropion hcl tab er 24hr 300 mg 56
bupropion hcl tab er 24hr 450 mg 56
buspirone hcl tab 10 mg 38
buspirone hcl tab 15 mg 38
buspirone hcl tab 30 mg 38
buspirone hcl tab 5 mg 38
buspirone hcl tab 7.5 mg 38
BUT/ASA/CAF TAB.....23
butalbital-acetaminophen-caffeine cap 50-300-40 mg 23
butalbital-acetaminophen-caffeine cap 50-325-40 mg 23
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml 23
butalbital-acetaminophen-caffeine tab 50-325-40 mg 23
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg.....30
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....30
butalbital-acetaminophen cap 50-300 mg 23
butalbital-acetaminophen tab 25-325 mg 23
butalbital-acetaminophen tab 50-300 mg 23
butalbital-acetaminophen tab 50-325 mg 23
butalbital-aspirin-caffeine cap 50-325-40 mg.....23
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....30
butorphanol tartrate nasal soln 10 mg/ml 32
BUTRANS DIS 10MCG/HR.....32
BUTRANS DIS 15MCG/HR.....32
BUTRANS DIS 20MCG/HR.....32
BUTRANS DIS 5MCG/HR 32
BUTRANS DIS 7.5/HR 32
BYDUREON BC INJ 2/0.85ML 65
BYETTA INJ 10MCG 65
BYETTA INJ 5MCG 65
BYLVAY CAP 1200MCG 188
BYLVAY CAP 200MCG.....188
BYLVAY CAP 400MCG.....188
BYLVAY CAP 600MCG.....188
BYNFEZIA PEN INJ 2500MCG 183
BYSTOLIC TAB 10MG 122
BYSTOLIC TAB 2.5MG 122
BYSTOLIC TAB 20MG 122
BYSTOLIC TAB 5MG.....122

C

CABENUVA SUS 400-600.....113
CABENUVA SUS 600-900.....113
cabergoline tab 0.5 mg 183
CABOMETYX TAB 20MG.....95
CABOMETYX TAB 40MG.....95
CABOMETYX TAB 60MG.....95
CADUET TAB 10-10MG 129
CADUET TAB 10-20MG 129
CADUET TAB 10-40MG 129
CADUET TAB 10-80MG 129
CADUET TAB 5-10MG.....129
CADUET TAB 5-20MG.....129
CADUET TAB 5-40MG.....129
CADUET TAB 5-80MG.....129
CAFERGOT TAB 1-100MG 220
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 3
CALAN SR TAB 120MG 125
CALAN SR TAB 180MG 125
CALAN SR TAB 240MG 125
calcipotriene-betamethasone dipropionate oint 0.005-0.064% ..153
calcipotriene-betamethasone dipropionate susp 0.005-0.064% .153
calcipotriene cream 0.005% 148
calcipotriene foam 0.005% 148
calcipotriene oint 0.005%.....148
calcipotriene soln 0.005% (50 mcg/ml) 148
calcitonin (salmon) nasal soln 200 unit/act 177
calcitriol cap 0.25 mcg 181
calcitriol cap 0.5 mcg 181
calcitriol oint 3 mcg/gm.....148
calcitriol oral soln 1 mcg/ml 181

calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 190
CALQUENCE CAP 100MG 95
CAMBIA POW 50MG 220
CAMINO PRO LIQ 15PE 168
CANASA SUP 1000MG 189
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 82
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 82
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg .82
candesartan cilexetil tab 16 mg.....79
candesartan cilexetil tab 32 mg.....79
candesartan cilexetil tab 4 mg 79
candesartan cilexetil tab 8 mg 79
CANTHARIDIN SOL 0.7%.....157
capecitabine tab 150 mg 89
capecitabine tab 500 mg 89
CAPEX SHA 0.01% 153
CAPLYTA CAP 42MG.....106
CAPRELSA TAB 100MG.....95
CAPRELSA TAB 300MG.....95
captopril & hydrochlorothiazide tab 25-15 mg.....82
captopril & hydrochlorothiazide tab 25-25 mg.....83
captopril & hydrochlorothiazide tab 50-15 mg.....83
captopril & hydrochlorothiazide tab 50-25 mg.....83
captopril tab 100 mg 78
captopril tab 12.5 mg 77
captopril tab 25 mg 77
captopril tab 50 mg 78
CARAC CRE 0.5% 147
CARAFATE SUS 1GM/10ML 255
CARAFATE TAB 1GM 255
CARBAGLU TAB 200MG 181
carbamazepine cap er 12hr 100 mg ..49
carbamazepine cap er 12hr 200 mg ..49
carbamazepine cap er 12hr 300 mg ..49
carbamazepine chew tab 100 mg 49
carbamazepine susp 100 mg/5ml 49
carbamazepine tab 200 mg 49
carbamazepine tab er 12hr 100 mg ..49
carbamazepine tab er 12hr 200 mg ..49
carbamazepine tab er 12hr 400 mg ..49
CARBATROL CAP 100MG 49
CARBATROL CAP 200MG 49
CARBATROL CAP 300MG 49
carbidopa & levodopa orally disintegrating tab 10-100 mg 102
carbidopa & levodopa orally disintegrating tab 25-100 mg 103
carbidopa & levodopa orally disintegrating tab 25-250 mg 103
carbidopa & levodopa tab 10-100 mg 103
carbidopa & levodopa tab 25-100 mg 103
carbidopa & levodopa tab 25-250 mg 103
carbidopa & levodopa tab er 25-100 mg 103
carbidopa & levodopa tab er 50-200 mg 103
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....103
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 103
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....103
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 103
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 103
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....103
carbidopa tab 25 mg.....102
carbinoxamine maleate soln 4 mg/5ml 72
carbinoxamine maleate tab 4 mg 72
CARBINOXAMIN TAB 6MG 72
CARDIOCOM MIS LANCING.....203
CARDIZEM CD CAP 120MG/24.....125
CARDIZEM CD CAP 180MG/24.....125
CARDIZEM CD CAP 240MG/24.....125
CARDIZEM CD CAP 300MG/24.....125
CARDIZEM CD CAP 360MG/24.....125

CARDIZEM LA TAB 120MG 125
CARDIZEM LA TAB 180MG 125
CARDIZEM LA TAB 240MG 125
CARDIZEM LA TAB 300MG/24 125
CARDIZEM LA TAB 360MG 125
CARDIZEM LA TAB 420MG/24 125
CARDIZEM TAB 120MG 125
CARDIZEM TAB 30MG 125
CARDIZEM TAB 60MG 125
CARDURA TAB 1MG 80
CARDURA TAB 2MG 80
CARDURA TAB 4MG 80
CARDURA TAB 8MG 80
CARDURA XL TAB 4MG 192
CARDURA XL TAB 8MG 192
CAREONE ADV MIS LANCING 203
CAREONE LANC MIS 30G 203
CAREONE LANC MIS THIN 23G 203
CARESENS 30G MIS LANCETS 203
CARESENS N TES 160
CARESENS SOL CONTROL 203
CARETOUCH MIS EJECTOR 203
CARETOUCH MIS LANC 26G 203
CARETOUCH MIS LANC 28G 203
CARETOUCH MIS LANC 30G 203
CARETOUCH MIS TST STRP 160
CARETOUCH MIS TWIST 28 203
CARETOUCH MIS TWIST 30 203
CARETOUCH MIS TWIST 33 203
CARETOUCH PAD ALCOHOL 217
carisoprodol tab 250 mg 230
carisoprodol tab 350 mg 230
carisoprodol w/ aspirin & codeine tab 200-325-16 mg 231
CARNITOR SF SOL 1GM/10ML 181
CARNITOR SOL 1GM/10ML 181
CARNITOR TAB 330MG 181
CAROSPIR SUS 25MG/5ML 176
carteolol hcl ophth soln 1% 233
carvedilol phosphate cap er 24hr 10 mg 122
carvedilol phosphate cap er 24hr 20 mg 122
carvedilol phosphate cap er 24hr 40 mg 122
carvedilol phosphate cap er 24hr 80 mg 122
carvedilol tab 12.5 mg 122
carvedilol tab 25 mg 122
carvedilol tab 3.125 mg 122
carvedilol tab 6.25 mg 122
CASCARA EXT SAGRADA 200
CASODEX TAB 50MG 92
CATAPRES-TTS DIS 0.1/24HR 80
CATAPRES-TTS DIS 0.2/24HR 80
CATAPRES-TTS DIS 0.3/24HR 80
CAVERJECT IM KIT 10MCG 129
CAVERJECT INJ 40MCG 129
CAVERJECT KIT 20MCG 129
CAYA DPR 201
CAYSTON INH 75MG 36
cefaclor cap 250 mg 135
cefaclor cap 500 mg 135
CEFACLOR ER TAB 500MG 135
cefaclor for susp 125 mg/5ml 135
cefaclor for susp 250 mg/5ml 135
cefaclor for susp 375 mg/5ml 135
cefadroxil cap 500 mg 134
cefadroxil for susp 250 mg/5ml 134
cefadroxil for susp 500 mg/5ml 135
cefadroxil tab 1 gm 135
cefdinir cap 300 mg 135
cefdinir for susp 125 mg/5ml 135
cefdinir for susp 250 mg/5ml 135
cefixime cap 400 mg 135
cefixime for susp 100 mg/5ml 135
cefixime for susp 200 mg/5ml 135
cefpodoxime proxetil for susp 100 mg/5ml 135
cefpodoxime proxetil for susp 50 mg/5ml 135
cefpodoxime proxetil tab 100 mg 135
cefpodoxime proxetil tab 200 mg 135
cefprozil for susp 125 mg/5ml 135
cefprozil for susp 250 mg/5ml 135
cefprozil tab 250 mg 135
cefprozil tab 500 mg 135
cefuroxime axetil tab 250 mg 135
cefuroxime axetil tab 500 mg 135
CELEBREX CAP 100MG 17
CELEBREX CAP 200MG 17

CELEBREX CAP 400MG.....17
CELEBREX CAP 50MG 17
celecoxib cap 100 mg 17
celecoxib cap 200 mg 17
celecoxib cap 400 mg 17
celecoxib cap 50 mg 17
CELEXA TAB 10MG 56
CELEXA TAB 20MG 56
CELEXA TAB 40MG 56
CELLCEPT CAP 250MG.....224
CELLCEPT SUS 200MG/ML 224
CELLCEPT TAB 500MG.....224
CELONTIN CAP 300MG.....54
CENTANY OIN 2% 145
cephalexin cap 250 mg 135
cephalexin cap 500 mg 135
cephalexin cap 750 mg 135
cephalexin for susp 125 mg/5ml.....135
cephalexin for susp 250 mg/5ml.....135
cephalexin tab 250 mg.....135
cephalexin tab 500 mg.....135
CEQUA SOL 0.09% 236
CERDELGA CAP 84MG 194
CERVIDIL VAG MIS 10MG INS.....239
CETRAXAL SOL 0.2% 239
CETROTIDE KIT 0.25MG.....179
cevimeline hcl cap 30 mg 226
CHANTIX PAK 0.5& 1MG.....247
CHANTIX PAK 1MG 247
CHANTIX TAB 0.5MG 247
CHANTIX TAB 1MG 247
CHEMET CAP 100MG.....69
CHEMSTRIP K TES 160
CHEMSTRIP TES UGK.....160
CHENODAL TAB 250MG.....188
chlordiazepoxide-amitriptyline tab 10-25 mg.....243
chlordiazepoxide-amitriptyline tab 5-12.5 mg 243
chlordiazepoxide hcl cap 10 mg.....39
chlordiazepoxide hcl cap 25 mg.....39
chlordiazepoxide hcl cap 5 mg 39
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 254
CHLORHEX GLU SOL 20% 112
chlorhexidine gluconate soln 0.12% 226
chloroquine phosphate tab 250 mg...87
chloroquine phosphate tab 500 mg...87
chlorpromazine hcl tab 100 mg 110
chlorpromazine hcl tab 10 mg 110
chlorpromazine hcl tab 200 mg 110
chlorpromazine hcl tab 25 mg 110
chlorpromazine hcl tab 50 mg 110
CHLORPROMAZ INJ 25MG/ML.....110
CHLORPROMAZ INJ 50MG/2ML.....110
chlorthalidone tab 25 mg.....176
chlorthalidone tab 50 mg.....176
chlorzoxazone tab 375 mg.....230
chlorzoxazone tab 500 mg.....230
chlorzoxazone tab 750 mg.....230
CHLORZOXAZON TAB 250MG.....230
CHOLBAM CAP 250MG.....187
CHOLBAM CAP 50MG 187
cholestyramine light powder 4 gm/dose 73
cholestyramine light powder packets 4 gm 73
cholestyramine powder 4 gm/dose ...73
*cholestyramine powder packets 4 gm*73
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 74
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 74
CHONDROITIN SOL 238
CHOR GONADOT INJ 10000UNT 178
CIALIS TAB 10MG.....129
CIALIS TAB 2.5MG.....129
CIALIS TAB 20MG.....129
CIALIS TAB 5MG 129
ciclopirox gel 0.77% 145
ciclopirox olamine cream 0.77% (base equiv) 146
ciclopirox olamine susp 0.77% (base equiv) 146
ciclopirox shampoo 1% 146
ciclopirox solution 8% 146
cilostazol tab 100 mg.....194
cilostazol tab 50 mg 194
CILOXAN OIN 0.3% OP 235
CILOXAN SOL 0.3% OP 235
CIMDUO TAB 300-300.....113
cimetidine hcl soln 300 mg/5ml.....255

cimetidine tab 300 mg 255
cimetidine tab 400 mg 255
cimetidine tab 800 mg 255
CIMZIA KIT 200MG.....189
CIMZIA PREFL KIT 200MG/ML 189
CIMZIA START KIT 200MG/ML.....189
cinacalcet hcl tab 30 mg (base equiv) 181
cinacalcet hcl tab 60 mg (base equiv) 181
cinacalcet hcl tab 90 mg (base equiv) 181
CINRYZE SOL 500 UNIT 193
CIPRO (10%) SUS 500MG/5 187
CIPRO (5%) SUS 250MG/5 187
CIPRODEX SUS 0.3-0.1% 239
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 239
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025% 239
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 235
ciprofloxacin hcl otic soln 0.2% (base equivalent) 239
ciprofloxacin hcl tab 100 mg (base equiv) 187
ciprofloxacin hcl tab 250 mg (base equiv) 187
ciprofloxacin hcl tab 500 mg (base equiv) 187
ciprofloxacin hcl tab 750 mg (base equiv) 187
CIPRO HC SUS OTIC 239
CIPRO TAB 250MG 187
CIPRO TAB 500MG 187
citalopram hydrobromide oral soln 10 mg/5ml.....56
citalopram hydrobromide tab 10 mg (base equiv) 56
citalopram hydrobromide tab 20 mg (base equiv) 56
citalopram hydrobromide tab 40 mg (base equiv) 57
CITRANATAL CAP HARMONY 227
CITRANATAL CAP MEDLEY 227
CITRANATAL MIS 227
CITRANATAL MIS 90 DHA 227
CITRANATAL MIS B-CALM.....227
CITRANATAL PAK ASSURE 227
CITRANATAL PAK DHA 227
CITRANATAL TAB BLOOM 227
CITRANATAL TAB RX.....227
CITRULLINE TAB EASY 1GM 181
CLARINEX-D TAB 2.5-120.....141
*clarithromycin for susp 125 mg/5ml*200
*clarithromycin for susp 250 mg/5ml*200
clarithromycin tab 250 mg.....200
clarithromycin tab 500 mg.....200
clarithromycin tab er 24hr 500 mg..200
CLEANLET 28G MIS LANCETS.....203
clemastine fumarate tab 2.68 mg.....72
CLENPIQ SOL.....199
CLEOCIN CAP 150MG.....36
CLEOCIN CAP 300MG.....36
CLEOCIN CAP 75MG 36
CLEOCIN CRE 2% VAG.....259
CLEOCIN PED SOL 75MG/5ML.....36
CLEOCIN SUP 100MG.....259
CLEOCIN-T LOT 1% 143
CLEVER CHECK MIS 203
CLEVER CHECK MIS 30G 204
CLEVER CHEK TES 160
CLEVER CHEK TES AUTO CD 160
CLEVER CHEK TES TALK.....160
CLEVER CHEK TES VOICE 160
CLEVER CHOIC TES MICRO.....161
CLEVR CHOICE LIQ HIGH 204
CLEVR CHOICE LIQ LOW 204
CLEVR CHOICE TES AUTO-CD 161
CLEVR CHOICE TES NOCODE 161
CLIMARA DIS 0.025MG 185
CLIMARA DIS 0.0375MG 185
CLIMARA DIS 0.05MG 185
CLIMARA DIS 0.06MG 185
CLIMARA DIS 0.075MG 185
CLIMARA DIS 0.1MG.....185
CLIMARA PRO DIS WEEKLY.....185
CLINDAGEL GEL 1% 143
clindamycin hcl cap 150 mg.....36
clindamycin hcl cap 300 mg.....36
clindamycin hcl cap 75 mg 36

clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 36
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 144
clindamycin phosphate-benzoyl peroxide gel 1-5% 144
clindamycin phosphate foam 1% 143
clindamycin phosphate gel 1% 143
clindamycin phosphate lotion 1% ...144
clindamycin phosphate soln 1%.....144
clindamycin phosphate swab 1% 144
clindamycin phosphate-tretinoin gel 1.2-0.025% 144
clindamycin phosphate vaginal cream 2% 259
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 143
CLINDESSE CRE 2% 259
clobazam suspension 2.5 mg/ml 48
clobazam tab 10 mg 48
clobazam tab 20 mg 48
clobetasol propionate cream 0.05% 153
clobetasol propionate emollient base cream 0.05% 153
clobetasol propionate emulsion foam 0.05% 153
clobetasol propionate foam 0.05%..153
clobetasol propionate gel 0.05%.....153
clobetasol propionate lotion 0.05% .153
clobetasol propionate oint 0.05% ...153
clobetasol propionate shampoo 0.05% 153
clobetasol propionate soln 0.05% ...153
clobetasol propionate spray 0.05% .153
CLOBEX LOT 0.05%.....153
CLOBEX SHA 0.05% 153
CLOBEX SPR 0.05%.....153
clocortolone pivalate cream 0.1%...153
CLODERM CRE 0.1%.....153
clomiphene citrate tab 50 mg.....178
clomipramine hcl cap 25 mg 60
clomipramine hcl cap 50 mg 60
clomipramine hcl cap 75 mg 60
clonazepam orally disintegrating tab 0.125 mg 48
clonazepam orally disintegrating tab 0.25 mg 48
clonazepam orally disintegrating tab 0.5 mg.....48
clonazepam orally disintegrating tab 1 mg 48
clonazepam orally disintegrating tab 2 mg 48
clonazepam tab 0.5 mg.....48
clonazepam tab 1 mg 48
clonazepam tab 2 mg 48
clonidine hcl tab 0.1 mg 80
clonidine hcl tab 0.2 mg 80
clonidine hcl tab 0.3 mg 80
clonidine hcl tab er 12hr 0.1 mg 5
clonidine td patch weekly 0.1 mg/24hr 80
clonidine td patch weekly 0.2 mg/24hr 80
clonidine td patch weekly 0.3 mg/24hr 80
clopidogrel bisulfate tab 300 mg (base equiv) 194
clopidogrel bisulfate tab 75 mg (base equiv) 194
clorazepate dipotassium tab 15 mg ..39
*clorazepate dipotassium tab 3.75 mg*39
clorazepate dipotassium tab 7.5 mg .39
clotrimazole troche 10 mg 226
clotrimazole w/ betamethasone cream 1-0.05% 146
clotrimazole w/ betamethasone lotion 1-0.05% 146
clozapine orally disintegrating tab 100 mg 108
clozapine orally disintegrating tab 12.5 mg 108
clozapine orally disintegrating tab 150 mg 108
clozapine orally disintegrating tab 200 mg 108
clozapine orally disintegrating tab 25 mg 108
clozapine tab 100 mg.....108
clozapine tab 200 mg.....108
clozapine tab 25 mg 108

clozapine tab 50 mg 108
CLOZARIL TAB 100MG 108
CLOZARIL TAB 200MG 108
CLOZARIL TAB 25MG 108
CLOZARIL TAB 50MG 108
C-NATE DHA CAP 28-1-200 227
COAGUCHEK MIS LANCETS.....204
coal tar soln 20% 159
COARTEM TAB 20-120MG.....87
COCAINE HCL SOL 40MG/ML.....232
CODEINE SULF TAB 15MG.....24
CODEINE SULF TAB 30MG.....24
CODEINE SULF TAB 60MG.....24
COLAZAL CAP 750MG 189
colchicine cap 0.6 mg 192
colchicine tab 0.6 mg.....192
colchicine w/ probenecid tab 0.5-500 mg 192
COLCRYS TAB 0.6MG 192
colesevelam hcl packet for susp 3.75 gm 73
colesevelam hcl tab 625 mg 73
COLESTID FLA GRA 5/7.5GM 73
COLESTID FLA GRA 5GM.....73
COLESTID GRA 5GM.....74
COLESTID POW 5GM 74
COLESTID TAB 1GM 74
colestipol hcl granule packets 5 gm ..74
colestipol hcl granules 5 gm 74
colestipol hcl tab 1 gm.....74
COMBIGAN SOL 0.2/0.5% 233
COMBIPATCH DIS.....185
COMBIVENT AER 20-100 44
COMBIVIR TAB 150-300.....113
COMETRIQ KIT 100MG.....95
COMETRIQ KIT 140MG.....95
COMETRIQ KIT 60MG 95
COMFORT ASSU MIS LANC 28G.....204
COMFORT ASSU MIS LANC 33G.....204
COMFORT EZ MIS 21G 204
COMFORT EZ MIS 23G 204
COMFORT EZ MIS 28G 204
COMFORT EZ MIS 31GX5/16.....218
COMFORT MIS LANCETS.....204
COMFORTOUCH MIS LANCET 204
COMPACT SPAC MIS CHAMBER.....218
COMPACT SPAC MIS LG MASK.....218
COMPACT SPAC MIS MD MASK.....218
COMPACT SPAC MIS SM MASK 218
COMPLEAT LIQ CLS SYS 168
COMPLEAT PED LIQ ORG BLND 168
COMPLERA TAB.....113
COMTAN TAB 200MG 102
CO-NATAL FA TAB 29-1MG 227
CONCEPT DHA CAP.....227
CONCEPT OB CAP.....227
CONCERTA TAB 18MG 6
CONCERTA TAB 27MG 6
CONCERTA TAB 36MG 6
CONCERTA TAB 54MG 6
CONDYLOX GEL 0.5% 157
CONFIRM/MICR TES GLUCOSE 161
CONJUPRI TAB 2.5MG.....125
CONJUPRI TAB 5MG.....125
CONSENSI TAB 10-200MG.....124
CONSENSI TAB 2.5-200 124
CONSENSI TAB 5-200MG 124
CONTOUR HIGH LIQ CONTROL.....204
CONTOUR LOW LIQ CONTROL.....204
CONTOUR NEXT SOL LEVEL 1 204
CONTOUR NEXT SOL LEVEL 2 204
CONTOUR NORM LIQ CONTROL.....204
CONTOUR TES BLD GLUC 161
CONTOUR TES NEXT.....161
CONTRAVE TAB 8-90MG 4
CONTROL HIGH SOL UNISTRIP.....204
CONTROL LOW SOL UNISTRIP.....204
CONTROL NORM SOL EASY STP.....204
CONTROL SOL LIQ HI/MID/L.....204
CONTROL SOL LIQ HIGH/LOW.....204
CONTROL SOL LIQ LEVEL 2 204
CONTROL SOL LIQ MID 204
CONTROL SOL NORMAL.....204
CONZIP CAP 100MG 24
CONZIP CAP 200MG 24
CONZIP CAP 300MG 24
COOL BLOOD TES GLUCOSE 161
COOL CONTROL SOL A.....204
COOL CONTROL SOL B.....204
COPAXONE INJ 20MG/ML 244
COPAXONE INJ 40MG/ML 244
COPIKTRA CAP 15MG 95

COPIKTRA CAP 25MG 95
CORDRAN 80X3 TAP 4MCG/CM.....153
CORDRAN CRE 0.025% 153
CORDRAN CRE 0.05%.....153
CORDRAN LOT 0.05% 153
CORDRAN OIN 0.05% 153
COREG CR CAP 10MG 122
COREG CR CAP 20MG 122
COREG CR CAP 40MG 122
COREG CR CAP 80MG 122
COREG TAB 12.5MG 122
COREG TAB 25MG 122
COREG TAB 3.125MG.....122
COREG TAB 6.25MG 122
CORGARD TAB 20MG 123
CORGARD TAB 40MG 123
CORGARD TAB 80MG 123
CORLANOR SOL 5MG/5ML 134
CORLANOR TAB 5MG 134
CORLANOR TAB 7.5MG 134
CORTEF TAB 10MG 139
CORTEF TAB 20MG 139
CORTEF TAB 5MG.....139
CORTENEMA ENE 100MG.....34
CORTIFOAM AER 90MG.....34
CORTISPORIN SUS -TC OTIC 239
COSENTYX INJ 150MG/ML 148
COSENTYX INJ 300DOSE.....148
COSENTYX INJ 75MG/0.5 148
COSENTYX PEN INJ 150MG/ML.....149
COSENTYX PEN INJ 300DOSE 149
COSOPT PF SOL 2%-0.5%.....233
COSOPT SOL 22.3-6.8 233
COTELLIC TAB 20MG 95
COTEMPLA TAB 17.3MG.....6
COTEMPLA TAB 25.9MG.....6
COTEMPLA TAB 8.6MG.....6
COZAAR TAB 100MG 79
COZAAR TAB 25MG 79
COZAAR TAB 50MG 79
CREON CAP 12000UNT.....174
CREON CAP 24000UNT.....175
CREON CAP 3000UNIT 174
CREON CAP 36000UNT.....175
CREON CAP 6000UNIT 174
CRESEMBA CAP 186 MG.....71
CRESTOR TAB 10MG.....75
CRESTOR TAB 20MG.....75
CRESTOR TAB 40MG.....75
CRESTOR TAB 5MG 75
CRINONE GEL 4% VAG 259
CRINONE GEL 8% VAG 259
CRIXIVAN CAP 400MG 113
cromolyn sodium ophth soln 4%.....238
cromolyn sodium oral conc 100 mg/5ml 188
cromolyn sodium soln nebu 20 mg/2ml 40
crotamiton lotion 10% 159
CRUCIAL LIQ UNFLAVOR 168
CUPRIMINE CAP 250MG 223
CURITY PREP PAD ALCOHOL 217
CURITY SWABS PAD ALCOHOL.....217
CUTIVATE LOT 0.05% 153
CUVPOSA SOL 1MG/5ML 254
CVS ADVANCED TES GLUCOSE.....161
CVS GLUCOSE TES TEST STR.....161
CVS KETONE TES CARE.....161
CVS LANCETS MIS 21G 204
CVS LANCETS MIS 30G 204
CVS LANCETS MIS 33G 204
CVS LANCETS MIS ORIGINAL.....204
CVS LANCETS MIS THIN 26G 204
CVS LANCETS MIS THIN 30G 204
CVS LANCETS MIS THIN 33G 204
CVS LANCING MIS DEVICE 204
cyanocobalamin inj 1000 mcg/ml ...195
CYANOCOBALAM SOL 2000MCG 195
CYCLINEX-1 POW 168
CYCLINEX-2 POW 168
cyclobenzaprine hcl cap er 24hr 15 mg 230
cyclobenzaprine hcl cap er 24hr 30 mg 231
cyclobenzaprine hcl tab 10 mg 231
cyclobenzaprine hcl tab 5 mg 231
cyclobenzaprine hcl tab 7.5 mg 231
CYCLOGYL SOL 0.5% OP 234
CYCLOGYL SOL 1% OP.....234
CYCLOGYL SOL 2% OP.....234
CYCLOMYDRIL SOL OP 234
cyclopentolate hcl ophth soln 0.5%.234

cyclopentolate hcl ophth soln 1% ...234
cyclopentolate hcl ophth soln 2% ...234
cyclophosphamide cap 25 mg 88
cyclophosphamide cap 50 mg 88
CYCLOPHOSPH TAB 25MG 88
CYCLOPHOSPH TAB 50MG 88
cycloserine cap 250 mg.....88
CYCLOSET TAB 0.8MG 65
cyclosporine cap 100 mg 224
cyclosporine cap 25 mg.....224
cyclosporine modified cap 100 mg ..224
cyclosporine modified cap 25 mg 224
cyclosporine modified cap 50 mg 224
cyclosporine modified oral soln 100 mg/ml.....224
CYMBALTA CAP 20MG 58
CYMBALTA CAP 30MG 58
CYMBALTA CAP 60MG 58
cyproheptadine hcl syrup 2 mg/5ml ..73
cyproheptadine hcl tab 4 mg 73
CYSTADANE POW 181
CYSTADROPS SOL 0.37% 238
CYSTAGON CAP 150MG 191
CYSTAGON CAP 50MG.....191
CYSTARAN SOL 0.44% 238
CYTOMEL TAB 25MCG 252
CYTOMEL TAB 50MCG 252
CYTOMEL TAB 5MCG 252
CYTOTEC TAB 100MCG.....256
CYTOTEC TAB 200MCG.....257

D

dalfampridine tab er 12hr 10 mg 244
DALIRESP TAB 250MCG 42
DALIRESP TAB 500MCG 42
danazol cap 100 mg 33
danazol cap 200 mg 33
danazol cap 50 mg 33
DANTRIUM CAP 25MG 231
DANTRIUM CAP 50MG 231
dantrolene sodium cap 100 mg 231
dantrolene sodium cap 25 mg 231
dantrolene sodium cap 50 mg 231
dapsone gel 5% 144
dapsone gel 7.5% 144
dapsone tab 100 mg.....36
dapsone tab 25 mg 36
DARAPRIM TAB 25MG 87
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 257
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 257
DAURISMO TAB 100MG.....91
DAURISMO TAB 25MG 91
DAYPRO TAB 600MG.....17
DAYTRANA DIS 10MG/9HR.....6
DAYTRANA DIS 15MG/9HR.....6
DAYTRANA DIS 20MG/9HR.....6
DAYTRANA DIS 30MG/9HR.....6
DAYVIGO TAB 10MG 199
DAYVIGO TAB 5MG.....199
D-CARE BLOOD TES GLUCOSE 161
DDAVP SOL 0.01% 183
DDAVP TAB 0.1MG 183
DDAVP TAB 0.2MG 183
deferasirox granules packet 180 mg .69
deferasirox granules packet 360 mg .69
deferasirox granules packet 90 mg ...69
deferasirox tab 180 mg.....69
deferasirox tab 360 mg.....69
deferasirox tab 90 mg 69
deferasirox tab for oral susp 125 mg 69
deferasirox tab for oral susp 250 mg 69
deferasirox tab for oral susp 500 mg 69
deferiprone tab 500 mg 69
deferoxamine mesylate for inj 2 gm..69
DELESTROGEN INJ 10MG/ML 185
DELESTROGEN INJ 20MG/ML 185
DELESTROGEN INJ 40MG/ML 185
DELSTRIGO TAB.....113
DELZICOL CAP 400MG 189
demeclocycline hcl tab 150 mg.....249
demeclocycline hcl tab 300 mg.....249
DEMSER CAP 250MG 79
DENAVIR CRE 1% 152
DEPAKOTE ER TAB 250MG.....55
DEPAKOTE ER TAB 500MG.....55
DEPAKOTE SPR CAP 125MG.....55
DEPAKOTE TAB 125MG DR 55
DEPAKOTE TAB 250MG DR 55
DEPAKOTE TAB 500MG DR 55
DEPEN TITRA TAB 250MG.....223
DEPO-ESTRADI INJ 5MG/ML 185

DEPO-PROVERA INJ 150MG/ML 138
DEPO-SQ PROV INJ 104 138
DEPO-TESTOST INJ 100MG/ML 33
DEPO-TESTOST INJ 200MG/ML 33
DERMA-SMOOTH OIL /FS BODY.....153
DERMA-SMOOTH OIL /FS SCLP 153
DERMOTIC OIL 0.01% 239
DESCOVY TAB 200/25MG 113
desipramine hcl tab 100 mg 60
desipramine hcl tab 10 mg 60
desipramine hcl tab 150 mg 60
desipramine hcl tab 25 mg 60
desipramine hcl tab 50 mg 60
desipramine hcl tab 75 mg 60
desmopressin acetate nasal spray soln 0.01% 183
desmopressin acetate nasal spray soln 0.01% (refrigerated).....183
desmopressin acetate tab 0.1 mg ...183
desmopressin acetate tab 0.2 mg ...183
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 136
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg 136
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....136
DESONATE GEL 0.05%.....153
desonide cream 0.05% 153
desonide gel 0.05%.....153
desonide lotion 0.05% 153
desonide oint 0.05%.....154
DESOWEN CRE 0.05% 154
desoximetasone cream 0.05% 154
desoximetasone cream 0.25% 154
desoximetasone gel 0.05%.....154
desoximetasone oint 0.05%.....154
desoximetasone oint 0.25%.....154
desoximetasone spray 0.25% 154
DESOXYN TAB 5MG.....2
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 59
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 59
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 59
DESVENLAFAX TAB 100MG ER 58
DESVENLAFAX TAB 50MG ER 58
DETROL LA CAP 2MG 257
DETROL LA CAP 4MG 257
DETROL TAB 1MG.....257
DETROL TAB 2MG.....257
DEXABLISS TAB 1.5MG 139
DEXAMETHASON CON 1MG/ML.....139
dexamethasone elixir 0.5 mg/5ml...139
dexamethasone sodium phosphate ophth soln 0.1%.....236
dexamethasone soln 0.5 mg/5ml....139
dexamethasone tab 0.5 mg 139
dexamethasone tab 0.75 mg 139
dexamethasone tab 1.5 mg 139
dexamethasone tab 1 mg 139
dexamethasone tab 2 mg 139
dexamethasone tab 4 mg 139
dexamethasone tab 6 mg 139
dexamethasone tab therapy pack 1.5 mg (21) 139
dexamethasone tab therapy pack 1.5 mg (27) 139
dexamethasone tab therapy pack 1.5 mg (35) 139
dexamethasone tab therapy pack 1.5 mg (49) 139
dexamethasone tab therapy pack 1.5 mg (51) 139
dexchlorpheniramine maleate oral soln 2 mg/5ml.....72
DEXCOM G5 MIS RECEIVER 204
DEXCOM G5 MIS TRANSMIT.....204
DEXCOM G6 MIS RECEIVER 204
DEXCOM G6 MIS SENSOR 204
DEXCOM G6 MIS TRANSMIT.....204
DEXEDRINE CAP 10MG CR 2
DEXEDRINE CAP 15MG CR 2
DEXEDRINE CAP 5MG CR 2
DEXILANT CAP 30MG DR 255
DEXILANT CAP 60MG DR 255
dexmethylphenidate hcl cap er 24 hr 10 mg 6
dexmethylphenidate hcl cap er 24 hr 15 mg 6

dexmethylphenidate hcl cap er 24 hr 20 mg 6
dexmethylphenidate hcl cap er 24 hr 25 mg 6
dexmethylphenidate hcl cap er 24 hr 30 mg 6
dexmethylphenidate hcl cap er 24 hr 35 mg 6
dexmethylphenidate hcl cap er 24 hr 40 mg 6
dexmethylphenidate hcl cap er 24 hr 5 mg 6
dexmethylphenidate hcl tab 10 mg.....7
dexmethylphenidate hcl tab 2.5 mg....6
dexmethylphenidate hcl tab 5 mg 6
dextroamphetamine sulfate cap er 24hr 10 mg 2
dextroamphetamine sulfate cap er 24hr 15 mg 2
dextroamphetamine sulfate cap er 24hr 5 mg 2
dextroamphetamine sulfate oral solution 5 mg/5ml 2
*dextroamphetamine sulfate tab 10 mg*2
*dextroamphetamine sulfate tab 15 mg*2
dextroamphetamine sulfate tab 2.5 mg 2
*dextroamphetamine sulfate tab 20 mg*2
*dextroamphetamine sulfate tab 30 mg*2
dextroamphetamine sulfate tab 5 mg .2
dextroamphetamine sulfate tab 7.5 mg 2
DIABETIC TF LIQ.....168
DIABETISOURC LIQ 168
DIACOMIT CAP 250MG.....49
DIACOMIT CAP 500MG.....49
DIACOMIT PAK 250MG.....49
DIACOMIT PAK 500MG.....49
DIASTAT ACDL GEL 12.5-20 48
DIASTAT ACDL GEL 5-10MG 48
DIASTAT PED GEL 2.5M GEL.....48
DIASTIX TES STRIPS 161
DIATHRIVE+ MIS TEST STR.....161
DIATHRIVE LIQ CONTROL.....204
DIATHRIVE MIS LANCETS.....205
DIATHRIVE MIS LANCING.....205
DIATHRIVE MIS TEST STR 161
DIATHRIVE MIS UT 30G 205
DIATRUE CONT SOL LEVEL 1 205
DIATRUE CONT SOL LEVEL 2 205
DIATRUE CONT SOL LEVEL 3 205
DIATRUE PLUS TES STRIPS 161
diazepam conc 5 mg/ml 39
diazepam oral soln 1 mg/ml 39
diazepam rectal gel delivery system 10 mg 48
diazepam rectal gel delivery system 2.5 mg 48
diazepam rectal gel delivery system 20 mg 48
diazepam tab 10 mg.....39
diazepam tab 2 mg 39
diazepam tab 5 mg 39
diazoxide susp 50 mg/ml 64
DIBENZYLINE CAP 10MG.....79
DICLEGIS TAB 10-10MG 70
DICLOFENAC CAP 35MG.....17
diclofenac epolamine patch 1.3% ...145
diclofenac potassium tab 50 mg 17
diclofenac sodium (actinic keratoses) gel 3% 147
diclofenac sodium ophth soln 0.1%.238
diclofenac sodium soln 1.5%.....145
diclofenac sodium tab delayed release 25 mg.....17
diclofenac sodium tab delayed release 50 mg.....17
diclofenac sodium tab delayed release 75 mg.....17
diclofenac sodium tab er 24hr 100 mg 18
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 18
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 18
dicloxacillin sodium cap 250 mg 241
dicloxacillin sodium cap 500 mg 241
dicyclomine hcl cap 10 mg.....254
dicyclomine hcl oral soln 10 mg/5ml 254
dicyclomine hcl tab 20 mg 254
diethylpropion hcl tab 25 mg 4

diethylpropion hcl tab er 24hr 75 mg ..4
DIFFERIN CRE 0.1% 144
DIFFERIN GEL 0.1% 144
DIFFERIN GEL 0.3% 144
DIFFERIN LOT 0.1% 144
DIFICID SUS 201
DIFICID TAB 200MG 201
diflorasone diacetate cream 0.05% .154
diflorasone diacetate oint 0.05% 154
DIFLUCAN SUS 10MG/ML 71
DIFLUCAN SUS 40MG/ML 71
DIFLUCAN TAB 100MG.....71
DIFLUCAN TAB 150MG.....71
DIFLUCAN TAB 200MG.....72
DIFLUCAN TAB 50MG.....71
diflunisal tab 500 mg 24
difluprednate ophth emulsion 0.05% 236
digoxin oral soln 0.05 mg/ml 128
digoxin tab 125 mcg (0.125 mg) 128
digoxin tab 250 mcg (0.25 mg) 128
dihydroergotamine mesylate nasal spray 4 mg/ml 220
DILANTIN-125 SUS 125/5ML 54
DILANTIN CAP 100MG 54
DILANTIN CAP 30MG 54
DILANTIN CHW 50MG 54
DILATRATE SR CAP 40MG 37
DILAUDID LIQ 1MG/ML 24
DILAUDID TAB 2MG 24
DILAUDID TAB 4MG 24
DILAUDID TAB 8MG 24
diltiazem hcl cap er 12hr 120 mg....125
diltiazem hcl cap er 12hr 60 mg 125
diltiazem hcl cap er 12hr 90 mg 125
diltiazem hcl cap er 24hr 120 mg....125
diltiazem hcl cap er 24hr 180 mg....125
diltiazem hcl cap er 24hr 240 mg....125
diltiazem hcl coated beads cap er 24hr 120 mg 125
diltiazem hcl coated beads cap er 24hr 180 mg 125
diltiazem hcl coated beads cap er 24hr 240 mg 125
diltiazem hcl coated beads cap er 24hr 300 mg 125
diltiazem hcl coated beads cap er 24hr 360 mg 126
diltiazem hcl coated beads tab er 24hr 180 mg 126
diltiazem hcl coated beads tab er 24hr 240 mg 126
diltiazem hcl coated beads tab er 24hr 300 mg 126
diltiazem hcl coated beads tab er 24hr 360 mg 126
diltiazem hcl coated beads tab er 24hr 420 mg 126
diltiazem hcl extended release beads cap er 24hr 120 mg 126
diltiazem hcl extended release beads cap er 24hr 180 mg 126
diltiazem hcl extended release beads cap er 24hr 240 mg 126
diltiazem hcl extended release beads cap er 24hr 300 mg 126
diltiazem hcl extended release beads cap er 24hr 360 mg 126
diltiazem hcl extended release beads cap er 24hr 420 mg 126
diltiazem hcl tab 120 mg 126
diltiazem hcl tab 30 mg.....126
diltiazem hcl tab 60 mg.....126
diltiazem hcl tab 90 mg.....126
dimethyl fumarate capsule delayed release 120 mg 245
dimethyl fumarate capsule delayed release 240 mg 245
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 245
DIOVAN HCT TAB 160-12.5 83
DIOVAN HCT TAB 160-25MG 83
DIOVAN HCT TAB 320-12.5 83
DIOVAN HCT TAB 320-25MG 83
DIOVAN HCT TAB 80/12.5 83
DIOVAN TAB 160MG.....79
DIOVAN TAB 320MG.....79
DIOVAN TAB 40MG.....79
DIOVAN TAB 80MG.....79
DIPENTUM CAP 250MG.....189
diphenhydramine hcl elixir 12.5 mg/5ml.....72

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....69
diphenoxylate w/ atropine tab 2.5-0.025 mg 69
DIPROLENE AF CRE 0.05% 154
DIPROLENE OIN 0.05%.....154
dipyridamole tab 25 mg 194
dipyridamole tab 50 mg 194
dipyridamole tab 75 mg 194
disopyramide phosphate cap 100 mg 39
disopyramide phosphate cap 150 mg 39
disulfiram tab 250 mg.....241
disulfiram tab 500 mg.....241
DITROPAN XL TAB 10MG 257
DITROPAN XL TAB 5MG.....257
DIURIL SUS 250/5ML.....177
divalproex sodium cap delayed release sprinkle 125 mg 55
divalproex sodium tab delayed release 125 mg.....55
divalproex sodium tab delayed release 250 mg.....55
divalproex sodium tab delayed release 500 mg.....55
divalproex sodium tab er 24 hr 250 mg 55
divalproex sodium tab er 24 hr 500 mg 55
DIVIGEL GEL 0.25MG.....186
DIVIGEL GEL 0.5MG 186
DIVIGEL GEL 0.75MG.....186
DIVIGEL GEL 1.25MG.....186
DIVIGEL GEL 1MG/GM 186
dofetilide cap 125 mcg (0.125 mg)...40
dofetilide cap 250 mcg (0.25 mg).....40
dofetilide cap 500 mcg (0.5 mg) 40
DOJOLVI LIQ 100% 233
donepezil hydrochloride orally disintegrating tab 10 mg 242
donepezil hydrochloride orally disintegrating tab 5 mg 241
donepezil hydrochloride tab 10 mg .242
donepezil hydrochloride tab 23 mg .242
donepezil hydrochloride tab 5 mg ...242
DOPTELET TAB 20MG.....195
DORAL TAB 15MG 198
DORYX MPC TAB 120MG.....249
DORYX TAB 200MG.....249
DORYX TAB 50MG 249
DORYX TAB 80MG 249
dorzolamide hcl ophth soln 2% 238
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf 233
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml 233
DORZOLAMIDE SOL 2% 238
DOVATO TAB 50-300MG.....113
DOVONEX CRE 0.005%.....149
doxazosin mesylate tab 1 mg 80
doxazosin mesylate tab 2 mg 80
doxazosin mesylate tab 4 mg 80
doxazosin mesylate tab 8 mg 80
doxepin hcl (sleep) tab 3 mg (base equiv) 198
doxepin hcl (sleep) tab 6 mg (base equiv) 198
doxepin hcl cap 100 mg 60
doxepin hcl cap 10 mg.....60
doxepin hcl cap 150 mg 60
doxepin hcl cap 25 mg.....60
doxepin hcl cap 50 mg.....60
doxepin hcl cap 75 mg.....60
doxepin hcl conc 10 mg/ml.....61
doxepin hcl cream 5% 148
doxercalciferol cap 0.5 mcg 181
doxercalciferol cap 1 mcg 181
doxercalciferol cap 2.5 mcg 181
doxycycline (rosacea) cap delayed release 40 mg 158
doxycycline hyclate cap 100 mg 250
doxycycline hyclate cap 50 mg.....249
doxycycline hyclate tab 100 mg 250
doxycycline hyclate tab 150 mg 250
doxycycline hyclate tab 20 mg 250
doxycycline hyclate tab 50 mg 250
doxycycline hyclate tab 75 mg 250
doxycycline hyclate tab delayed release 100 mg 250
doxycycline hyclate tab delayed release 150 mg 250
doxycycline hyclate tab delayed release 200 mg 250

doxycycline hyclate tab delayed release 50 mg 250
doxycycline hyclate tab delayed release 75 mg 250
doxycycline hyclate tab delayed release 80 mg 250
doxycycline monohydrate cap 100 mg 250
doxycycline monohydrate cap 150 mg 250
doxycycline monohydrate cap 50 mg 250
doxycycline monohydrate cap 75 mg 250
doxycycline monohydrate for susp 25 mg/5ml 250
doxycycline monohydrate tab 100 mg 250
doxycycline monohydrate tab 150 mg 250
doxycycline monohydrate tab 50 mg 250
doxycycline monohydrate tab 75 mg 250
doxylamine-pyridoxine tab delayed release 10-10 mg 70
DRISDOL CAP 50000UNT 260
DRIZALMA CAP 20MG DR 59
DRIZALMA CAP 30MG DR 59
DRIZALMA CAP 40MG DR 59
DRIZALMA CAP 60MG DR 59
dronabinol cap 10 mg 71
dronabinol cap 2.5 mg 70
dronabinol cap 5 mg 70
DROPLET LANC MIS 30G 205
DROPLET LANC MIS DEVICE 205
DROPLET PERS MIS LANC 30G 205
drospirenone-ethinyl estradiol tab 3-0.02 mg 136
drospirenone-ethinyl estradiol tab 3-0.03 mg 136
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 136
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 136
DROXIA CAP 200MG 194
DROXIA CAP 300MG 194
DROXIA CAP 400MG 194
droxidopa cap 100 mg 260
droxidopa cap 200 mg 260
droxidopa cap 300 mg 260
DRYSOL SOL 20% 158
DUAKLIR AER 400/12 44
DUAVEE TAB 0.45-20 185
DUETACT TAB 30-2MG 62
DUETACT TAB 30-4MG 62
DUET DHA 400 MIS 25-1-400 227
DUET DHA MIS BALANCED 227
DUEXIS TAB 800-26.6 18
DULERA AER 100-5MCG 44
DULERA AER 200-5MCG 44
DULERA AER 50-5MCG 44
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 59
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 59
duloxetine hcl enteric coated pellets cap 40 mg (base eq) 59
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 59
DUOBRII LOT 154
DUO-CARE LIQ LEVEL1/2 205
DUO-CARE TES 161
DUPIXENT INJ 100/0.67 156
DUPIXENT INJ 200/1.14 156
DUPIXENT INJ 200MG 156
DUPIXENT INJ 300/2ML 156, 157
DURAGESIC DIS 100MCG/H 24
DURAGESIC DIS 12MCG/HR 24
DURAGESIC DIS 25MCG/HR 24
DURAGESIC DIS 50MCG/HR 24
DURAGESIC DIS 75MCG/HR 24
DUREZOL EMU 0.05% 236
DURLAZA CAP 162.5MG 194
dutasteride cap 0.5 mg 192
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 192
DUTOPROL TAB 100-12.5 83

DUTOPROL TAB 25-12.5 83
DUTOPROL TAB 50-12.5 83
DXEVO 11-DAY PAK 1.5MG.....139
DYANAVEL XR SUS 2.5MG/ML.....2
DYMISTA SPR 137-50 231
DYRENIUM CAP 100MG 176
DYRENIUM CAP 50MG 176
E
E.E.S. GRAN SUS 200/5ML 200
EAA SUPPLEME POW TROPICAL.....168
EASIVENT MIS 218
EASIVENT MIS MASK LG 218
EASIVENT MIS MASK MED 218
EASIVENT MIS MASK SM 218
EASY COMFORT MIS 30G.....205
EASY COMFORT MIS LANC/30G.....205
EASY COMFORT MIS TWIST 205
EASY COMFORT PAD ALCOHOL.....217
EASYGLUCO SOL PLUS.....206
EASYGLUCO TES 162
EASYGLUCO TES PLUS 162
EASYMAX 15 LIQ LEVEL2-3.....206
EASYMAX 15 SOL LEVEL 2 206
EASYMAX 15 TES 162
EASYMAX LIQ NORM/HIG 206
EASYMAX SOL NORMAL.....206
EASYMAX TES.....162
EASY MINI MIS 205
EASY MINI MIS EJECT.....205
EASY PLUS II SOL HIGH 205
EASY PLUS II SOL LOW 205
EASY PLUS II TES BLD GLUC.....161
EASYPRO PLUS TES 162
EASYPRO TES BLD GLUC 162
EASYSTEP HGH SOL CONTROL.....206
EASYSTEP LOW SOL CONTROL.....206
EASY STEP TES 161
EASY TALK SOL HIGH 205
EASY TALK SOL LOW 205
EASY TALK SOL NORMAL.....205
EASY TALK TES BLD GLUC.....161
EASY TOUCH MIS 205
EASY TOUCH MIS LANC/21G.....205
EASY TOUCH MIS LANC/23G.....205
EASY TOUCH MIS LANC/26G.....205
EASY TOUCH MIS LANC/28G.....205
EASY TOUCH MIS LANC/30G.....205
EASY TOUCH MIS LANC/32G.....205
EASY TOUCH MIS LANC/33G.....205
EASY TOUCH SOL CONTROL 205
EASY TOUCH SOL HIGH/LOW.....205
EASY TOUCH TES GLUCOSE.....161
EASY TOUCH TES STRIPS.....161
EASY TRAK II LIQ NORMAL.....205
EASY TRAK II TES BLD GLUC 161
EASY TRAK SOL HIGH 205
EASY TRAK SOL LOW 205
EASY TRAK SOL NORMAL 205
EASY TRAK TES BLD GLUC 162
EC-NAPROSYN TAB 375MG.....18
EC-NAPROSYN TAB 500MG.....18
EC-NAPROXEN TAB 375MG.....18
EC-NAPROXEN TAB 500MG.....18
econazole nitrate cream 1% 146
ECOZA AER 1%.....146
EDARBI TAB 40MG 79
EDARBI TAB 80MG 79
EDARBYCLOR TAB 40-12.5 83
EDARBYCLOR TAB 40-25MG 83
EDECRIN TAB 25MG 176
EDEX KIT 10MCG 130
EDEX KIT 20MCG 130
EDEX KIT 40MCG 130
EDLUAR SUB 10MG.....198
EDLUAR SUB 5MG 198
EDURANT TAB 25MG.....113
efavirenz cap 200 mg 114
efavirenz cap 50 mg 113
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 114
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 114
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 114
efavirenz tab 600 mg.....114
EFFEXOR XR CAP 150MG.....59
EFFEXOR XR CAP 37.5MG.....59
EFFEXOR XR CAP 75MG 59
EFFIENT TAB 10MG 194
EFFIENT TAB 5MG 194
EFUDEX CRE 5% 147
EGRIFTA SV INJ 2MG 180

ELECARE DHA/ POW ARA INFA.....168
ELECARE POW DHA/ARA 168
ELEMENT CONT LIQ NORMAL.....206
ELEMENT LIQ HIGH 206
ELEMENT LIQ LOW 206
ELEMENT TES 162
ELEMNT COMPA SOL LEVEL 2.....206
ELEMNT COMPA SOL LEVEL 3.....206
ELEMNT COMPA TES STRIPS.....162
ELEPSIA XR TAB 1000MG.....49
ELEPSIA XR TAB 1500MG.....49
ELESTRIN GEL 0.06% 186
eletriptan hydrobromide tab 20 mg (base equivalent) 220
eletriptan hydrobromide tab 40 mg (base equivalent) 220
ELIDEL CRE 1% 157
ELIMITE CRE 5%.....159
ELIQUIS ST P TAB 5MG.....46
ELIQUIS TAB 2.5MG 46
ELIQUIS TAB 5MG.....46
ELIXOPHYLLIN ELX 80/15ML.....45
ELLA TAB 30MG 138
ELMIRON CAP 100MG 191
EMBRACE CNTR LIQ HIGH 206
EMBRACE EVO LIQ LEVEL 1 206
EMBRACE EVO TES.....162
EMBRACE LANC MIS /EJECTOR.....206
EMBRACE LANC MIS THIN 30G.....206
EMBRACE PRO LIQ GLUCOSE 206
EMBRACE PRO TES.....162
EMBRACE SOL LOW 206
EMBRACE TALK SOL HIGH/L2.....206
EMBRACE TALK SOL LOW/L1.....206
EMBRACE TALK TES STRIPS.....162
EMBRACE TES BLD GLUC.....162
EMCYT CAP 140MG.....92
EMEND CAP 80MG.....71
EMEND SUS 125MG.....71
EMEND TRIPAC PAK 80 & 125.....71
EMFLAZA SUS 22.75/ML.....139
EMFLAZA TAB 18MG 139
EMFLAZA TAB 30MG 139
EMFLAZA TAB 36MG 140
EMFLAZA TAB 6MG.....139
EMGALITY INJ 100MG/ML.....219
EMGALITY INJ 120MG/ML.....219
EMSAM DIS 12MG/24H 56
EMSAM DIS 6MG/24HR.....56
EMSAM DIS 9MG/24HR.....56
emtricitabine caps 200 mg.....114
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....114
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....114
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....114
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....114
EMTRIVA CAP 200MG.....114
EMTRIVA SOL 10MG/ML 114
EMVERM CHW 100MG.....34
ENABLEX TAB 7.5MG 257
enalapril maleate & hydrochlorothiazide tab 10-25 mg 83
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 83
enalapril maleate oral soln 1 mg/ml..78
enalapril maleate tab 10 mg 78
enalapril maleate tab 2.5 mg 78
enalapril maleate tab 20 mg 78
enalapril maleate tab 5 mg.....78
ENBRACE HR CAP.....227
ENBREL INJ 25/0.5ML.....22
ENBREL INJ 25MG.....22
ENBREL INJ 50MG/ML.....22
ENBREL MINI INJ 50MG/ML 23
ENBREL SRCLK INJ 50MG/ML.....23
ENCARE SUP 100MG.....258
ENDARI POW 5GM.....195
ENDOMETRIN SUP 100MG 259
enoxaparin sodium inj 100 mg/ml 46
*enoxaparin sodium inj 120 mg/0.8ml*46
enoxaparin sodium inj 150 mg/ml 46
enoxaparin sodium inj 300 mg/3ml ..46
enoxaparin sodium inj 30 mg/0.3ml .46
enoxaparin sodium inj 40 mg/0.4ml .46
enoxaparin sodium subcutaneous soln 60 mg/0.6ml 46
enoxaparin sodium subcutaneous soln 80 mg/0.8ml 46
ENSPRYNG INJ.....224

ENSTILAR AER 154
ENSURE PLANT LIQ CHOCOLAT 168
entacapone tab 200 mg 102
entecavir tab 0.5 mg 119
entecavir tab 1 mg 119
ENTERAGAM POW 5GM 168
ENTEREG CAP 12MG 190
ENTOCORT EC CAP 3MG DR.....140
ENTRESTO TAB 24-26MG 129
ENTRESTO TAB 49-51MG 129
ENTRESTO TAB 97-103MG.....129
ENVARSUS XR TAB 0.75MG 224
ENVARSUS XR TAB 1MG.....224
ENVARSUS XR TAB 4MG.....224
EO28 SPLASH LIQ ORANGE 168
EPANED SOL 1MG/ML 78
EPCLUSA PAK 150-37.5.....119
EPCLUSA PAK 200-50MG 119
EPCLUSA TAB 200-50MG 119
EPCLUSA TAB 400-100.....119
EPICYN SPR.....158
EPIDIOLEX SOL 100MG/ML.....49
EPIDUO FORTE GEL 0.3-2.5% 144
EPIDUO GEL 0.1-2.5% 144
EPIFOAM AER 1%.....154
epinastine hcl ophth soln 0.05%.....238
EPINEPHRINE INJ 0.2MG 260
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000) 260
EPINEPHRINE KIT 1MG/ML 260
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 260
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....260
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....260
EPINEPHR PRO KIT 1MG/ML.....259
EPINPHEPHRIN KIT SNAP-V 260
EPIPEN 2-PAK INJ 0.3MG.....260
EPIPEN-JR INJ 0.15MG.....260
EPIVIR HBV SOL 5MG/ML 120
EPIVIR HBV TAB 100MG 120
EPIVIR SOL 10MG/ML 114
EPIVIR TAB 150MG.....114
EPIVIR TAB 300MG.....114
eplerenone tab 25 mg.....86
eplerenone tab 50 mg.....86
EPOGEN INJ 10000/ML.....195
EPOGEN INJ 2000/ML 195
EPOGEN INJ 20000/ML.....195
EPOGEN INJ 3000/ML 195
EPOGEN INJ 4000/ML 195
EPZICOM TAB 600-300 114
EQL LANCETS MIS 21G COLR.....206
EQL LANCETS MIS 33G COLR.....206
EQL LANCETS MIS THIN 26G 206
EQL LANCETS MIS THIN 30G 206
EQUETRO CAP 100MG.....106
EQUETRO CAP 200MG.....106
EQUETRO CAP 300MG.....106
ergocalciferol cap 1.25 mg (50000 unit) 260
ergoloid mesylates tab 1 mg 247
ERGOMAR SUB 2MG 220
ergotamine w/ caffeine suppos 2-100 mg 220
ergotamine w/ caffeine tab 1-100 mg 220
ERIVEDGE CAP 150MG.....91
ERLEADA TAB 60MG 92
erlotinib hcl tab 100 mg (base equivalent).....91
erlotinib hcl tab 150 mg (base equivalent).....91
erlotinib hcl tab 25 mg (base equivalent).....90
ERTACZO CRE 2% 146
ERYGEL GEL 2%.....144
ERYPED SUS 200/5ML.....200
ERYPED SUS 400/5ML.....200
erythromycin ethylsuccinate for susp 200 mg/5ml.....201
erythromycin ethylsuccinate for susp 400 mg/5ml.....201
erythromycin ethylsuccinate tab 400 mg 201
erythromycin gel 2% 144
erythromycin ophth oint 5 mg/gm ..235
erythromycin pads 2%.....144
erythromycin soln 2%.....144
erythromycin stearate tab 250 mg..201
erythromycin tab 250 mg 201

erythromycin tab 500 mg 201
erythromycin tab delayed release 250 mg 201
erythromycin tab delayed release 333 mg 201
erythromycin tab delayed release 500 mg 201
erythromycin w/ delayed release particles cap 250 mg.....201
ESBRIET CAP 267MG 249
ESBRIET TAB 267MG 249
ESBRIET TAB 801MG 249
escitalopram oxalate soln 5 mg/5ml (base equiv) 57
escitalopram oxalate tab 10 mg (base equiv).....57
escitalopram oxalate tab 20 mg (base equiv).....57
escitalopram oxalate tab 5 mg (base equiv).....57
ESGIC TAB.....23
ESKATA SOL 40% 152
ESOMEPRAZOLE CAP 49.3MG.....255
esomeprazole magnesium cap delayed release 20 mg (base eq).....255
esomeprazole magnesium cap delayed release 40 mg (base eq).....255
esomeprazole magnesium for delayed release susp packet 10 mg 255
esomeprazole magnesium for delayed release susp packet 20 mg 255
esomeprazole magnesium for delayed release susp packet 40 mg 256
estazolam tab 1 mg 198
estazolam tab 2 mg 198
ESTRACE TAB 0.5MG 186
ESTRACE TAB 1MG 186
ESTRACE TAB 2MG 186
ESTRACE VAG CRE 0.01% 259
estradiol & norethindrone acetate tab 0.5-0.1 mg 185
estradiol & norethindrone acetate tab 1-0.5 mg 185
estradiol tab 0.5 mg 186
estradiol tab 1 mg 186
estradiol tab 2 mg 186
estradiol td patch twice weekly 0.025 mg/24hr.....186
estradiol td patch twice weekly 0.0375 mg/24hr.....186
estradiol td patch twice weekly 0.05 mg/24hr.....186
estradiol td patch twice weekly 0.075 mg/24hr.....186
estradiol td patch twice weekly 0.1 mg/24hr.....186
estradiol td patch weekly 0.025 mg/24hr.....186
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 186
estradiol td patch weekly 0.05 mg/24hr 186
estradiol td patch weekly 0.06 mg/24hr 186
estradiol td patch weekly 0.075 mg/24hr.....186
estradiol td patch weekly 0.1 mg/24hr 186
estradiol vaginal cream 0.1 mg/gm.259
estradiol vaginal tab 10 mcg 259
estradiol valerate im in oil 20 mg/ml 186
estradiol valerate im in oil 40 mg/ml 186
ESTRING MIS 2MG 259
ESTROGEL GEL 186
ESTROSTEP FE TAB 136
eszopiclone tab 1 mg 198
eszopiclone tab 2 mg 198
eszopiclone tab 3 mg 198
ethacrynic acid tab 25 mg 176
ethambutol hcl tab 100 mg.....88
ethambutol hcl tab 400 mg.....88
ethosuximide cap 250 mg 55
ethosuximide soln 250 mg/5ml 55
ETHYL CHLOR AER FN STRM 157
ETHYL CHLOR AER MED STRM.....157
ethyl chloride aerosol spray 157, 158
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....136
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....136

etodolac cap 200 mg 18
etodolac cap 300 mg 18
etodolac tab 400 mg.....18
etodolac tab 500 mg.....18
etodolac tab er 24hr 400 mg 18
etodolac tab er 24hr 500 mg 18
etodolac tab er 24hr 600 mg 18
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 138
etoposide cap 50 mg 102
etravirine tab 100 mg 114
etravirine tab 200 mg 114
EUCRISA OIN 2%.....158
EVAMIST SPR 1.53MG.....186
EVEKEO ODT TAB 10MG 2
EVEKEO ODT TAB 15MG 2
EVEKEO ODT TAB 20MG 2
EVEKEO ODT TAB 5MG 2
EVEKEO TAB 10MG 2
EVEKEO TAB 5MG 2
EVENCARE + TES BLD GLUC.....162
EVENCARE G2 SOL LOW/HIGH 206
EVENCARE G2 TES 162
EVENCARE G3 SOL LOW/HIGH 206
EVENCARE G3 TES 162
EVENCARE SOL LIQ LOW/HIGH 206
EVENCARE TES BLD GLUC 162
EVENCARE TES MINI.....162
EVENCARE TES PROVIEW 162
EVENCAR MINI SOL NORMAL 206
everolimus tab 0.25 mg 224
everolimus tab 0.5 mg 224
everolimus tab 0.75 mg 224
everolimus tab 2.5 mg.....96
everolimus tab 5 mg.....96
everolimus tab 7.5 mg.....96
EVISTA TAB 60MG.....181
EVOCLIN AER 1%.....144
EVOLUTION SOL NORMAL.....206
EVOLUTION TES AUTOCODE 162
EVOTAZ TAB 300-150 114
EVOXAC CAP 30MG.....226
EVRYSDI SOL 233
EXACTECH TES 162
EXACTECH TES R-S-G.....163
EXELDERM CRE 1% 146
EXELDERM SOL 1% 146
EXELON DIS 13.3/24 242
EXELON DIS 4.6MG/24 242
EXELON DIS 9.5MG/24 242
exemestane tab 25 mg 92
EXFORGE HCT TAB 10-160-12.5 83
EXFORGE HCT TAB 10-160-25 83
EXFORGE HCT TAB 10-320-25 83
EXFORGE HCT TAB 5-160-12.5 83
EXFORGE HCT TAB 5-160-25 83
EXFORGE TAB 10-160MG 83
EXFORGE TAB 10-320MG 83
EXFORGE TAB 5-160MG.....83
EXFORGE TAB 5-320MG.....83
EXJADE TAB 125MG 69
EXJADE TAB 250MG 69
EXJADE TAB 500MG 69
EXODERM LOT 25-1%.....146
EXTAVIA INJ 0.3MG.....245
EXTINA AER 2%.....146
EYSUVIS DRO 0.25%.....236
EZALLOR SPR CAP 10MG.....75
EZALLOR SPR CAP 20MG.....75
EZALLOR SPR CAP 40MG.....75
EZALLOR SPR CAP 5MG 75
ezetimibe-simvastatin tab 10-10 mg.73
ezetimibe-simvastatin tab 10-20 mg.73
ezetimibe-simvastatin tab 10-40 mg.73
ezetimibe-simvastatin tab 10-80 mg.73
ezetimibe tab 10 mg.....76
E-ZJECT LANC MIS 33G.....205
E-Z JECT MIS 21G 205
E-Z JECT MIS 21G COLR.....205
E-Z JECT MIS 30G 205
E-Z JECT MIS 32G COLR.....205
E-Z JECT MIS LANC 21G.....205
E-Z JECT MIS THIN 26G 205
EZ-LETS 21G MIS LANCETS 206
EZ-LETS 26G MIS LANCETS 206
EZ-LETS 28G MIS LANCETS 206
EZ-LETS 30G MIS LANCETS 206

F

F.A.A. LIQ 168
FABIOR AER 0.1%.....144
famciclovir tab 125 mg.....121
famciclovir tab 250 mg.....121

famciclovir tab 500 mg.....121
famotidine for susp 40 mg/5ml 255
famotidine tab 40 mg 255
FANAPT PAK 106
FANAPT TAB 10MG 106
FANAPT TAB 12MG 106
FANAPT TAB 1MG 106
FANAPT TAB 2MG 106
FANAPT TAB 4MG 106
FANAPT TAB 6MG 106
FANAPT TAB 8MG 106
FARESTON TAB 60MG.....92
FARXIGA TAB 10MG 67
FARXIGA TAB 5MG 67
FARYDAK CAP 10MG.....96
FARYDAK CAP 15MG.....96
FARYDAK CAP 20MG.....96
FASENRA PEN INJ 30MG/ML 40
FASTCLIX MIS LANCETS.....206
FAVIPIRAVIR TAB 200MG 122
FC2 FEMALE MIS CONDOM 201
FC FEMALE MIS CONDOM 201
febuxostat tab 40 mg.....192
febuxostat tab 80 mg.....192
felbamate susp 600 mg/5ml 53
felbamate tab 400 mg 53
felbamate tab 600 mg 53
FELBATOL SUS 600/5ML 53
FELBATOL TAB 400MG 53
FELBATOL TAB 600MG 54
FELDENE CAP 10MG 18
FELDENE CAP 20MG 18
felodipine tab er 24hr 10 mg.....126
felodipine tab er 24hr 2.5 mg.....126
felodipine tab er 24hr 5 mg 126
FEMARA TAB 2.5MG 92
FEMCAP MIS 22MM.....201
FEMCAP MIS 26MM.....201
FEMCAP MIS 30MM.....201
FEMHRT TAB 0.5-2.5 185
FEMRING MIS 0.05/24H 259
FEMRING MIS 0.1MG/24 259
FENOFIB MICR CAP 30MG 74
FENOFIB MICR CAP 90MG 74
fenofibrate cap 150 mg.....74
fenofibrate cap 50 mg.....74
fenofibrate micronized cap 130 mg...74
fenofibrate micronized cap 134 mg...74
fenofibrate micronized cap 200 mg...74
fenofibrate micronized cap 43 mg.....74
fenofibrate micronized cap 67 mg.....74
fenofibrate tab 120 mg 74
fenofibrate tab 145 mg 74
fenofibrate tab 160 mg 74
fenofibrate tab 40 mg 74
fenofibrate tab 48 mg 74
fenofibrate tab 54 mg 74
fenofibric acid tab 105 mg.....74
fenofibric acid tab 35 mg.....74
FENOGLIDE TAB 120MG.....74
FENOGLIDE TAB 40MG.....74
fenoprofen calcium cap 200 mg 18
fenoprofen calcium cap 400 mg 18
fenoprofen calcium tab 600 mg.....18
FENOPROFEN CAP 200MG 18
FENORTHO CAP 200MG.....18
fentanyl citrate buccal tab 100 mcg (base equiv) 24
fentanyl citrate buccal tab 200 mcg (base equiv) 24
fentanyl citrate buccal tab 400 mcg (base equiv) 25
fentanyl citrate buccal tab 600 mcg (base equiv) 25
fentanyl citrate buccal tab 800 mcg (base equiv) 25
fentanyl citrate lozenge on a handle 1200 mcg.....25
fentanyl citrate lozenge on a handle 1600 mcg.....25
fentanyl citrate lozenge on a handle 200 mcg 25
fentanyl citrate lozenge on a handle 400 mcg 25
fentanyl citrate lozenge on a handle 600 mcg 25
fentanyl citrate lozenge on a handle 800 mcg 25
fentanyl td patch 72hr 100 mcg/hr...25
fentanyl td patch 72hr 12 mcg/hr.....25
fentanyl td patch 72hr 25 mcg/hr.....25
fentanyl td patch 72hr 37.5 mcg/hr..25

fentanyl td patch 72hr 50 mcg/hr 25
fentanyl td patch 72hr 62.5 mcg/hr ..25
fentanyl td patch 72hr 75 mcg/hr 25
fentanyl td patch 72hr 87.5 mcg/hr ..25
FENTORA TAB 100MCG 25
FENTORA TAB 200MCG 25
FENTORA TAB 400MCG 25
FENTORA TAB 600MCG 25
FENTORA TAB 800MCG 25
FERIVA TAB 21/7 197
FERPRX 2-DAY TAB 1000MG 69
FERRIPROX SOL 100MG/ML 69
FERRIPROX TAB 1000MG 69
FERRIPROX TAB 500MG 69
FETZIMA CAP 120MG.....59
FETZIMA CAP 20MG.....59
FETZIMA CAP 40MG.....59
FETZIMA CAP 80MG.....59
FETZIMA CAP TITRATIO 59
FIASP FLEX INJ TOUCH 66
FIASP INJ 100/ML 66
FIASP PENFIL INJ U-100 66
FIBERSOURCE LIQ CLS SYS 168
FIBERSOUR HN LIQ CLS SYS.....168
FIBRICOR TAB 105MG 74
FIBRICOR TAB 35MG 74
FIFTY50 GLUC TES 2.0 163
FIFTY50 PREP PAD PADS 217
FIFTY50 SAFE MIS LANCETS 206
FINACEA AER 15% 158
FINACEA GEL 15% 158
finasteride tab 5 mg 192
FINE 30 MIS 206
FINGERSTIX MIS LANCETS 206
FINTEPLA SOL 2.2MG/ML 49
FIORICET CAP 24
FIORICET CAP CODEINE.....30
FIRAZYR INJ 30MG/3ML 193
FIRDAPSE TAB 10MG.....87
FIRVANQ SOL 25MG/ML.....35
FIRVANQ SOL 50MG/ML.....35
FLAGYL CAP 375MG.....35
FLAGYL TAB 500MG.....35
FLAREX SUS 0.1% OP 236
flavoxate hcl tab 100 mg 258
flecainide acetate tab 100 mg 40
flecainide acetate tab 150 mg 40
flecainide acetate tab 50 mg 40
FLECTOR DIS 1.3% 145
FLEXICHAMBER MIS 219
FLEXICHAMBER MIS MASK LRG 219
FLEXICHAMBER MIS MASK SM 219
FLOLIPID SUS 20MG/5ML.....75
FLOLIPID SUS 40MG/5ML.....75
FLOMAX CAP 0.4MG.....192
FLOVENT DISK AER 100MCG 42
FLOVENT DISK AER 250MCG 42
FLOVENT DISK AER 50MCG 42
FLOVENT HFA AER 110MCG 42
FLOVENT HFA AER 220MCG 42
FLOVENT HFA AER 44MCG.....42
fluconazole for susp 10 mg/ml 72
fluconazole for susp 40 mg/ml 72
fluconazole tab 100 mg 72
fluconazole tab 150 mg 72
fluconazole tab 200 mg 72
fluconazole tab 50 mg 72
flucytosine cap 250 mg 71
flucytosine cap 500 mg 71
fludrocortisone acetate tab 0.1 mg .141
flunisolide nasal soln 25 mcg/act (0.025%) 232
fluocinolone acetonide (otic) oil 0.01% 239
fluocinolone acetonide cream 0.01% 154
fluocinolone acetonide cream 0.025% 154
fluocinolone acetonide oil 0.01% (body oil) 154
fluocinolone acetonide oil 0.01% (scalp oil) 154
fluocinolone acetonide oint 0.025% 154
fluocinolone acetonide soln 0.01% ..154
fluocinonide cream 0.05% 154
fluocinonide cream 0.1% 154
fluocinonide emulsified base cream 0.05% 154
fluocinonide gel 0.05%.....154
fluocinonide oint 0.05% 154
fluocinonide soln 0.05% 154
fluorometholone ophth susp 0.1% ..236

FLUOROPLEX CRE 1% 147
fluorouracil cream 0.5% 147
fluorouracil cream 5% 147
fluorouracil soln 2% 147
fluorouracil soln 5% 147
fluoxetine hcl (pmdd) tab 10 mg 247
fluoxetine hcl (pmdd) tab 20 mg 247
fluoxetine hcl cap 10 mg 57
fluoxetine hcl cap 20 mg 57
fluoxetine hcl cap 40 mg 57
fluoxetine hcl cap delayed release 90 mg 57
fluoxetine hcl solution 20 mg/5ml.....57
fluoxetine hcl tab 10 mg 57
fluoxetine hcl tab 20 mg 57
fluoxetine hcl tab 60 mg 57
fluphenazine decanoate inj 25 mg/ml 110
fluphenazine hcl elixir 2.5 mg/5ml ..110
fluphenazine hcl inj 2.5 mg/ml 110
fluphenazine hcl oral conc 5 mg/ml.110
fluphenazine hcl tab 10 mg.....110
fluphenazine hcl tab 1 mg 110
fluphenazine hcl tab 2.5 mg.....110
fluphenazine hcl tab 5 mg 110
flurandrenolide cream 0.05%.....154
flurandrenolide lotion 0.05%.....154
flurandrenolide oint 0.05% 154
flurazepam hcl cap 15 mg 198
flurazepam hcl cap 30 mg 198
flurbiprofen sodium ophth soln 0.03% 238
flurbiprofen tab 100 mg 18
flurbiprofen tab 50 mg 18
flutamide cap 125 mg 92
fluticasone propionate cream 0.05% 154
fluticasone propionate lotion 0.05% 154
fluticasone propionate nasal susp 50 mcg/act 232
fluticasone propionate oint 0.005%.154
fluticasone-salmeterol aer powder ba 100-50 mcg/dose 44
fluticasone-salmeterol aer powder ba 113-14 mcg/act 44
fluticasone-salmeterol aer powder ba 232-14 mcg/act 44
fluticasone-salmeterol aer powder ba 250-50 mcg/dose 44
fluticasone-salmeterol aer powder ba 500-50 mcg/dose 44
fluticasone-salmeterol aer powder ba 55-14 mcg/act 44
fluvastatin sodium cap 20 mg (base equivalent) 75
fluvastatin sodium cap 40 mg (base equivalent) 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 75
fluvoxamine maleate cap er 24hr 100 mg 57
fluvoxamine maleate cap er 24hr 150 mg 57
fluvoxamine maleate tab 100 mg 57
fluvoxamine maleate tab 25 mg 57
fluvoxamine maleate tab 50 mg 57
FML FORTE SUS 0.25% OP 236
FML LIQUIFLM SUS 0.1% OP.....236
FML OIN 0.1% OP 237
FOCALIN TAB 10MG 7
FOCALIN TAB 2.5MG 7
FOCALIN TAB 5MG 7
FOCALIN XR CAP 10MG 7
FOCALIN XR CAP 15MG 7
FOCALIN XR CAP 20MG 7
FOCALIN XR CAP 25MG 7
FOCALIN XR CAP 30MG 7
FOCALIN XR CAP 35MG 7
FOCALIN XR CAP 40MG 7
FOCALIN XR CAP 5MG 7
folic acid cap 0.8 mg.....195
folic acid-cholecalciferol tab 1 mg-3775 unit 197
folic acid tab 1 mg.....195
folic acid tab 400 mcg.....195
folic acid tab 800 mcg.....195
FOLIC-K CAP 227
FOLLISTIM AQ INJ 300UNIT.....178
FOLLISTIM AQ INJ 600UNIT.....178
FOLLISTIM AQ INJ 900UNIT.....178

fondaparinux sodium subcutaneous inj 10 mg/0.8ml 47
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 46
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 47
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 47
FORA 6 MIS CONNECT 163
FORA BLOOD TES GLUCOSE 163
FORACARE GDH SOL HIGH 207
FORACARE GDH SOL LOW 207
FORACARE GDH SOL NORMAL.....207
FORACARE TES GD40 163
FORACARE TES PREM V10 163
FORACARE TES TST N GO.....163
FORA CONTROL SOL HIGH 206
FORA CONTROL SOL LOW.....206
FORA CONTROL SOL NORMAL.....206
FORA D15G TES BLD GLUC.....163
FORA D20 TES BLD GLUC.....163
FORA D40/G31 TES GLUCOSE.....163
FORA G20 TES BLD GLUC.....163
FORA G30/V10 TES BLD GLUC 163
FORA GD20 TES BLD GLUC.....163
FORA GD50 TES.....163
FORA GTEL TES BLD GLUC 163
FORA GTEL TES KETONE 163
FORA LANCETS MIS 30G 206
FORA MIS LANCETS.....207
FORA MIS LANCING.....207
FORA TN'G TES TN'G VOI 163
FORA V10 TES BLD GLUC 163
FORA V12 TES BLD GLUC 163
FORA V20 TES BLD GLUC 163
FORA V30A TES BLD GLUC 163
FORFIVO XL TAB 450MG 56
formaldehyde solution 10% 112
formoterol fumarate soln nebu 20 mcg/2ml 44
FORTAMET TAB 1000MG 63
FORTAMET TAB 500MG 63
FORTEO INJ 620/2.48 177
FORTESTA GEL 10MG/ACT.....33
FORTISCARE SOL CNTL HI.....207
FORTISCARE SOL CNTL LOW 207
FORTISCARE SOL CNTL NML.....207
FORTISCARE TES BLD GLUC 163
FOSAMAX + D TAB 70-2800 177
FOSAMAX + D TAB 70-5600 177
FOSAMAX TAB 70MG 177
fosamprenavir calcium tab 700 mg (base equiv) 114
fosfomycin tromethamine powd pack 3 gm (base equivalent).....36
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....83
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....83
fosinopril sodium tab 10 mg 78
fosinopril sodium tab 20 mg 78
fosinopril sodium tab 40 mg 78
FOSRENOL CHW 1000MG 190
FOSRENOL CHW 500MG 190
FOSRENOL CHW 750MG 190
FOSRENOL POW 1000MG 190
FOSRENOL POW 750MG 190
FOSTEUM CAP.....169
FOSTEUM PLUS CAP.....169
FOTIVDA CAP 0.89MG.....96
FOTIVDA CAP 1.34MG.....96
FRAGMIN INJ 10000/ML.....47
FRAGMIN INJ 12500UNT 47
FRAGMIN INJ 15000UNT 47
FRAGMIN INJ 18000UNT 47
FRAGMIN INJ 2500/0.2 47
FRAGMIN INJ 5000/0.2 47
FRAGMIN INJ 7500/0.3 47
FRAGMIN INJ 95000UNT 47
FREESTYLE KIT SENSOR.....207
FREESTYLE LIQ CONTROL.....207
FREESTYLE MIS LANCETS.....207
FREESTYLE MIS READER 207
FREESTYLE MIS UNISTICK.....207
FREESTYLE TES.....164
FREESTYLE TES INSULINX.....164
FREESTYLE TES LITE 164
FREESTYLE TES PREC NEO 164
FREESTY LIBR KIT 2 SENSOR.....207
FREESTY LIBR MIS 2 READER 207
FROVA TAB 2.5MG.....220

frovatriptan succinate tab 2.5 mg (base equivalent) 220
FULPHILA INJ 6/0.6ML 195
furosemide oral soln 10 mg/ml.....176
furosemide oral soln 8 mg/ml 176
furosemide tab 20 mg.....176
furosemide tab 40 mg.....176
furosemide tab 80 mg.....176
FUZEON INJ 90MG.....114
FYCOMPA SUS 0.5MG/ML 47
FYCOMPA TAB 10MG.....48
FYCOMPA TAB 12MG.....48
FYCOMPA TAB 2MG 47
FYCOMPA TAB 4MG 47
FYCOMPA TAB 6MG 47
FYCOMPA TAB 8MG 47
G
G4 PLATINUM MIS PEDIATRC.....207
G4 PLATINUM MIS RCV/SHAR 207
G4 PLATINUM MIS RECEIVER.....207
G4 PLATINUM MIS TRANSMIT 207
G4 PLAT PED MIS RVC/SHAR 207
G4 SENSOR MIS.....207
G5/G4 MIS SENSOR 207
GA-1 ANAMIX POW ERLY YRS 169
gabapentin cap 100 mg 49
gabapentin cap 300 mg 49
gabapentin cap 400 mg 49
gabapentin oral soln 250 mg/5ml.....49
gabapentin tab 600 mg.....50
gabapentin tab 800 mg.....50
GABITRIL TAB 12MG 54
GABITRIL TAB 16MG 54
GABITRIL TAB 2MG 54
GABITRIL TAB 4MG 54
GALAFOLD CAP 123MG 181
galantamine hydrobromide cap er 24hr 16 mg.....242
galantamine hydrobromide cap er 24hr 24 mg.....242
galantamine hydrobromide cap er 24hr 8 mg.....242
galantamine hydrobromide oral soln 4 mg/ml.....242
galantamine hydrobromide tab 12 mg 242
galantamine hydrobromide tab 4 mg 242
galantamine hydrobromide tab 8 mg 242
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml 179
GANIRELIX AC INJ 250/0.5.....179
GA POW 169
GASTROCROM CON 100/5ML 188
gatifloxacin ophth soln 0.5%.....235
GATTEX KIT 5MG 191
GAVRETO CAP 100MG.....96
GE100 BLOOD TES GLUCOSE.....164
GE100 CONTRL SOL NORMAL.....207
GEAMETDRAY GEL 5-2-17% 157
GELFILM MIS OP 238
GELNIQUE GEL 10% 257
gemfibrozil tab 600 mg.....74
GEMTESA TAB 75MG.....258
GENERESS FE CHW 136
GENOTROPIN INJ 0.2MG 180
GENOTROPIN INJ 0.4MG 180
GENOTROPIN INJ 0.6MG 180
GENOTROPIN INJ 0.8MG 180
GENOTROPIN INJ 1.2MG 180
GENOTROPIN INJ 1.4MG 180
GENOTROPIN INJ 1.6MG 180
GENOTROPIN INJ 1.8MG 180
GENOTROPIN INJ 12MG 180
GENOTROPIN INJ 1MG 180
GENOTROPIN INJ 2MG 180
GENOTROPIN INJ 5MG 180
gentamicin sulfate cream 0.1% 145
gentamicin sulfate oint 0.1% 145
gentamicin sulfate ophth oint 0.3% 235
gentamicin sulfate ophth soln 0.3% 235
GENTEEL LANC KIT BLUE.....207
GENTEEL MIS LANCETS.....207
GENTEEL MIS NOZZLES 207
GENTEEL PLUS MIS BLACK 207
GENTEEL PLUS MIS BLUE 207
GENTEEL PLUS MIS PINK.....207
GENTEEL PLUS MIS PURPLE.....207
GENTEEL PLUS MIS WHITE 207
GENTEEL TIPS MIS BLUE 207
GENTEEL TIPS MIS CLEAR 207

GENTEEL TIPS MIS GREEN.....207
GENTEEL TIPS MIS ORANGE 207
GENTEEL TIPS MIS RAINBOW 208
GENTEEL TIPS MIS VIOLET 208
GENTEEL TIPS MIS YELLOW.....208
GENTLE-LET MIS 26G 208
GENTLE-LET MIS 28G 208
GENTLE-LET MIS LANCETS 208
GENTLE-LET MIS PLATFORM 208
GENULTIMATE TES 164
GENVOYA TAB 115
GEODON CAP 20MG.....106
GEODON CAP 40MG.....106
GEODON CAP 60MG.....106
GEODON CAP 80MG.....106
GEODON INJ 20MG.....106
GHT TEST TES STRIPS 164
GILENYA CAP 0.5MG.....245
GILOTRIF TAB 20MG 91
GILOTRIF TAB 30MG 91
GILOTRIF TAB 40MG 91
GIMOTI SPR 15MG 188
glatiramer acetate soln prefilled syringe 20 mg/ml 245
glatiramer acetate soln prefilled syringe 40 mg/ml 245
GLEEVEC TAB 100MG 96
GLEEVEC TAB 400MG 96
GLEOSTINE CAP 100MG.....88
GLEOSTINE CAP 10MG.....88
GLEOSTINE CAP 40MG.....88
glimepiride tab 1 mg 68
glimepiride tab 2 mg 68
glimepiride tab 4 mg 68
glipizide-metformin hcl tab 2.5-250 mg 62
glipizide-metformin hcl tab 2.5-500 mg 62
*glipizide-metformin hcl tab 5-500 mg*62
glipizide tab 10 mg.....68
glipizide tab 5 mg 68
glipizide tab er 24hr 10 mg.....68
glipizide tab er 24hr 2.5 mg.....68
glipizide tab er 24hr 5 mg 68
GLOBAL 28G MIS LANCETS.....208
GLOBAL 30G MIS LANCETS.....208
GLOBAL LANC MIS DEVICE 208
GLOBAL PREP PAD PADS 217
GLOPERBA SOL 0.6/5ML.....192
GLUCAGEN INJ HYPOKIT 64
glucagon (rdna) for inj kit 1 mg 64
GLUCAGON EMR SOL 1MG.....64
GLUCAGON KIT 1MG 64
GLUC CONTROL LIQ NORMAL.....208
GLUC CONTROL SOL.....208
GLUC CONTROL SOL MID 208
GLUC CONTROL SOL NORMAL.....208
GLUCERNA 1.0 LIQ CARB VAN.....169
GLUCERNA LIQ 1.2 CAL.....169
GLUCERNA SEL LIQ VANILLA 169
GLUCOCARD 01 LIQ NORM/HGH.....208
GLUCOCARD 01 SOL NORMAL.....208
GLUCOCARD 01 TES PLUS 164
GLUCOCARD 01 TES SENSOR 164
GLUCOCARD LIQ LEVEL 1 208
GLUCOCARD SOL NORMAL 208
GLUCOCARD SOL SHINE 208
GLUCOCARD TES EXPRESSI.....164
GLUCOCARD TES SHINE.....164
GLUCOCARD TES VITAL 164
GLUCOCARD TES X-SENSOR.....164
GLUCOCOM MIS 28G 208
GLUCOCOM MIS 30G 208
GLUCOCOM MIS 33G 208
GLUCOCOM TES 164
GLUCOCOM TES HIGH CON 208
GLUCOCOM TES NORM CON 208
GLUCONAVII TES STRIPS 164
GLUCO PERFEC TES 3 164
GLUCOSE CONT LIQ HIGH/LOW 208
GLUCOSE CONT SOL HIGH 208
GLUCOSE CONT SOL NORMAL.....208
GLUCOSE CONT SOL PRECISIO 208
GLUCOSE TES STRIPS.....164
GLUCOTROL TAB 10MG.....68
GLUCOTROL XL TAB 10MG 68
GLUCOTROL XL TAB 2.5MG 68
GLUCOTROL XL TAB 5MG 68
GLUMETZA TAB 1000MG 64
GLUMETZA TAB 500MG.....63
GLUTARALDEHY SOL 25% 112
GLUTAREX-1 POW 169

GLUTAREX-2 POW 169
glyburide-metformin tab 1.25-250 mg 62
glyburide-metformin tab 2.5-500 mg 62
glyburide-metformin tab 5-500 mg ...62
glyburide micronized tab 1.5 mg 68
glyburide micronized tab 3 mg 68
glyburide micronized tab 6 mg 68
glyburide tab 1.25 mg 68
glyburide tab 2.5 mg 68
glyburide tab 5 mg 68
GLYCATE TAB 1.5MG 254
GLYCOPYRROLA TAB 1.5MG.....254
glycopyrrolate tab 1 mg 254
glycopyrrolate tab 2 mg 254
GLYCOPYRROL INJ 0.2MG/ML.....254
GLYCOPYRROL INJ 0.4/2ML 254
GLYNASE TAB 1.5MG.....68
GLYNASE TAB 3MG.....68
GLYNASE TAB 6MG.....68
GLYROL LIQ PREBIO1 169
GLYTACTIN POW RESTOR10 169
GLYTROL LIQ PREBIO1.....169
GLYXAMBI TAB 10-5 MG 62
GLYXAMBI TAB 25-5 MG 62
GNP ALCOHOL PAD SWABS 217
GNP LANCETS MIS 21G.....208
GNP LANCETS MIS THIN.....208
GNP LANCETS MIS THIN 26G 208
GOCOVRI CAP 137MG.....103
GOCOVRI CAP 68.5MG.....103
GOJJI BLOOD TES GLUCOSE.....164
GOJJI BLOOD TES KETONE.....164
GOJJI CNTRL SOL NORMAL.....208
GOJJI LANCET MIS 30G.....208
GOJJI MIS LANC DEV 208
GOJJI STRIPS MIS W/LANCET 164
GOLYTELY SOL.....199
GONAL-F INJ 1050UNIT 179
GONAL-F INJ 450UNIT 178
GONAL-F RFF INJ 300/0.5 179
GONAL-F RFF INJ 450/0.75.....179
GONAL-F RFF INJ 75UNIT.....179
GONAL-F RFF INJ 900/1.5 179
GONITRO POW 400MCG.....37
GOODSENSE MIS LANC 26G 208
GOODSENSE MIS LANC 30G 208
GOODSENSE MIS LANC 33G 208
GOODSENSE MIS LANC DVC.....208
GOPRELTO SOL 40MG/ML.....232
GORDOFILM SOL.....157
GRALISE TAB 300MG 246
GRALISE TAB 600MG 246
granisetron hcl tab 1 mg 70
GRANIX INJ 300/0.5 195
GRANIX INJ 480/0.8 195
GRASTEK SUB 2800BAU 9
griseofulvin microsize susp 125 mg/5ml 71
griseofulvin microsize tab 500 mg 71
griseofulvin ultramicrosize tab 125 mg 71
griseofulvin ultramicrosize tab 250 mg 71
guaifenesin-codeine liquid 225-7.5 mg/5ml 141
guaifenesin-codeine soln 100-10 mg/5ml 142
guanfacine hcl tab 1 mg 80
guanfacine hcl tab 2 mg 80
guanfacine hcl tab er 24hr 1 mg (base equiv) 5
guanfacine hcl tab er 24hr 2 mg (base equiv) 5
guanfacine hcl tab er 24hr 3 mg (base equiv) 5
guanfacine hcl tab er 24hr 4 mg (base equiv) 5
GUANIDINE TAB 125MG.....87
GVOKE HYPO 1 INJ .5/.1ML 64
GVOKE HYPO 1 INJ 1MG/.2ML.....64
GVOKE HYPO 2 INJ .5/.1ML 64
GVOKE HYPO 2 INJ 1MG/.2ML.....64
GVOKE PFS INJ.....64
GYNAZOLE-1 CRE 2% 259
GYNOL II GEL 3% 258

H

HAEGARDA INJ 2000UNIT 193
HAEGARDA INJ 3000UNIT 193
HAEMOLANCE MIS HIGH FLO 208
HAEMOLANCE MIS LOW FLOW 208
HAEMOLANCE MIS PLUS.....208

HAEMOLANCE MIS PLUS LOW 209
HAEMOLANCE MIS PLUS MAX.....209
HAEMOLANCE MIS PLUS PED 209
HAEMOLANCE MIS RETRACT 209
halcinonide cream 0.1% 155
HALCION TAB 0.25MG.....198
HALDOL DECAN INJ 100MG/ML 108
HALDOL DECAN INJ 50MG/ML.....108
HALDOL INJ 5MG/ML 108
HALOBETASOL AER 0.05% 155
halobetasol propionate cream 0.05% 155
halobetasol propionate oint 0.05% .155
HALOG CRE 0.1%.....155
HALOG OIN 0.1%.....155
HALOG SOL 0.1%.....155
haloperidol decanoate im soln 100 mg/ml.....108
haloperidol decanoate im soln 50 mg/ml.....108
haloperidol lactate inj 5 mg/ml.....108
haloperidol lactate oral conc 2 mg/ml 108
haloperidol tab 0.5 mg 108
haloperidol tab 10 mg 108
haloperidol tab 1 mg.....108
haloperidol tab 20 mg 108
haloperidol tab 2 mg.....108
haloperidol tab 5 mg.....108
HARMONY TES BLD GLUC 164
HARVONI PAK.....120
HARVONI PAK 45-200MG 120
HARVONI TAB 45-200MG 120
HARVONI TAB 90-400MG 120
HC LANCING MIS DEVICE.....209
HCU ANAMIX POW ERLY YRS 169
HCU EXP20 PAK UNFLAVOR 169
HCU EXPRESS PAK 169
HCY 2 POW 169
HELIDAC MIS THERAPY 257
HEMADY TAB 20MG 140
HEMANGEOL SOL 4.28/ML.....123
HEMLIBRA INJ 105/0.7 193
HEMLIBRA INJ 150/ML 193
HEMLIBRA INJ 30MG/ML 193
HEMLIBRA INJ 60/0.4 193
HEPARIN SOD INJ 5000/0.5 47
HEPARIN SOD INJ 5000/ML.....47
heparin sodium (porcine) inj 10000 unit/ml 47
heparin sodium (porcine) inj 1000 unit/ml 47
heparin sodium (porcine) inj 20000 unit/ml 47
heparin sodium (porcine) inj 5000 unit/ml 47
heparin sodium (porcine) pf inj 5000 unit/0.5ml.....47
HEPSERA TAB 10MG 120
HETLIOZ CAP 20MG.....199
HETLIOZ LQ SUS 4MG/ML 199
HIPREX TAB 1GM 36
HIXDEFRIMA SOL 8-1-1% 146
HLTHY ACCNTS MIS LANC 30G.....209
HM INSULIN S MIS 0.3/31G.....218
HM INSULIN S MIS 1ML/30G.....218
HM STERILE PAD ALCHOL.....217
HOLD CHAMBER MIS ADLT LG.....219
HOLD CHAMBER MIS MEDIUM.....219
HOLD CHAMBER MIS SMALL 219
HOM 2 POW.....169
HOMACTIN AA LIQ PLUS.....169
HOMINEX-1 POW 169
HOMINEX-2 POW 169
HORIZANT TAB 300MG ER.....247
HORIZANT TAB 600MG ER.....247
HUMALOG INJ 100/ML 66
HUMALOG JR INJ 100/ML 66
HUMALOG KWIK INJ 100/ML.....66
HUMALOG KWIK INJ 200/ML.....66
HUMALOG MIX INJ 50/50 66
HUMALOG MIX INJ 50/50KWP.....66
HUMALOG MIX INJ 75/25KWP.....66
HUMALOG MIX SUS 75/25.....66
HUMATROPE INJ 12MG.....180
HUMATROPE INJ 24MG.....180
HUMATROPE INJ 5MG 180
HUMATROPE INJ 6MG 180
HUMIRA INJ 10/0.1ML 10
HUMIRA INJ 20/0.2ML 10
HUMIRA INJ 40/0.4ML 11
HUMIRA KIT 40MG/0.8 11

HUMIRA PEDIA INJ CROHNS 11
HUMIRA PEN INJ 40/0.4ML.....11
HUMIRA PEN INJ 40MG/0.8 12
HUMIRA PEN INJ 80/0.8ML.....12
HUMIRA PEN INJ CD/UC/HS.....12
HUMIRA PEN INJ PS/UV 12
HUMIRA PEN KIT CD/UC/HS 13
HUMIRA PEN KIT PED UC 13
HUMIRA PEN KIT PS/UV 13
HUMULIN INJ 70/30 66
HUMULIN INJ 70/30KWP 66
HUMULIN N INJ U-100 66
HUMULIN N INJ U-100KWP.....66
HUMULIN R INJ U-100 66
HUMULIN R INJ U-500 66
HW EMBRACE TES PRO 164
HW EMBRACE TES STRIPS.....165
HYCAMTIN CAP 0.25MG.....102
HYCAMTIN CAP 1MG 102
HYCODAN SYP 5-1.5/5.....141
hydralazine hcl tab 100 mg 87
hydralazine hcl tab 10 mg 86
hydralazine hcl tab 25 mg 86
hydralazine hcl tab 50 mg 86
HYDREA CAP 500MG.....101
HYDRO/ACETA SOL 10-325MG.....30
hydrochlorothiazide cap 12.5 mg 177
hydrochlorothiazide tab 12.5 mg 177
hydrochlorothiazide tab 25 mg 177
hydrochlorothiazide tab 50 mg 177
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....30
hydrocodone-acetaminophen tab 10-300 mg.....30
hydrocodone-acetaminophen tab 10-325 mg.....30
hydrocodone-acetaminophen tab 5-300 mg 30
hydrocodone-acetaminophen tab 5-325 mg 30
hydrocodone-acetaminophen tab 7.5-300 mg.....30
hydrocodone-acetaminophen tab 7.5-325 mg.....30
hydrocodone bitartrate cap er 12hr 10 mg 25
hydrocodone bitartrate cap er 12hr 15 mg 25
hydrocodone bitartrate cap er 12hr 20 mg 25
hydrocodone bitartrate cap er 12hr 30 mg 25
hydrocodone bitartrate cap er 12hr 40 mg 26
hydrocodone bitartrate cap er 12hr 50 mg 26
hydrocodone bitartrate tab er 24hr deter 100 mg.....26
hydrocodone bitartrate tab er 24hr deter 120 mg.....26
hydrocodone bitartrate tab er 24hr deter 20 mg 26
hydrocodone bitartrate tab er 24hr deter 30 mg 26
hydrocodone bitartrate tab er 24hr deter 40 mg 26
hydrocodone bitartrate tab er 24hr deter 60 mg 26
hydrocodone bitartrate tab er 24hr deter 80 mg 26
hydrocodone-ibuprofen tab 10-200 mg 30
hydrocodone-ibuprofen tab 5-200 mg 30
hydrocodone-ibuprofen tab 7.5-200 mg 30
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml 141
hydrocodone w/ homatropine tab 5-1.5 mg 141
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml 142
hydrocortisone acetate suppos 25 mg 34
hydrocortisone acetate w/ pramoxine perianal cream 1-1% 34
hydrocortisone butyrate cream 0.1% 155
hydrocortisone butyrate hydrophilic lipo base cream 0.1% 155
hydrocortisone butyrate lotion 0.1% 155

hydrocortisone butyrate oint 0.1%..155
hydrocortisone butyrate soln 0.1% .155
hydrocortisone cream 2.5% 155
hydrocortisone enema 100 mg/60ml.34
hydrocortisone lotion 2.5% 155
hydrocortisone lotion 2%.....155
hydrocortisone oint 2.5% 155
hydrocortisone perianal cream 1% ...34
hydrocortisone perianal cream 2.5%.34
hydrocortisone tab 10 mg.....140
hydrocortisone tab 20 mg.....140
hydrocortisone tab 5 mg 140
hydrocortisone valerate cream 0.2% 155
hydrocortisone valerate oint 0.2% ..155
hydrocortisone w/ acetic acid otic soln 1-2% 239
hydrogen peroxide soln 30% 112
hydromorphone hcl liqd 1 mg/ml.....26
hydromorphone hcl tab 2 mg 26
hydromorphone hcl tab 4 mg 26
hydromorphone hcl tab 8 mg 26
hydromorphone hcl tab er 24hr 12 mg 26
hydromorphone hcl tab er 24hr 16 mg 26
hydromorphone hcl tab er 24hr 32 mg 26
*hydromorphone hcl tab er 24hr 8 mg*26
HYDROMORPHON SUP 3MG 26
hydroxychloroquine sulfate tab 200 mg 87
hydroxyurea cap 500 mg.....101
hydroxyzine hcl syrup 10 mg/5ml.....38
hydroxyzine hcl tab 10 mg 38
hydroxyzine hcl tab 25 mg 38
hydroxyzine hcl tab 50 mg 38
hydroxyzine pamoate cap 100 mg 38
hydroxyzine pamoate cap 25 mg.....38
hydroxyzine pamoate cap 50 mg.....38
hyoscyamine sulfate elixir 0.125 mg/5ml 254
hyoscyamine sulfate sl tab 0.125 mg 254
hyoscyamine sulfate soln 0.125 mg/ml 254
hyoscyamine sulfate tab 0.125 mg .255
hyoscyamine sulfate tab disint 0.125 mg 255
hyoscyamine sulfate tab er 12hr 0.375 mg 255
HYPERSAL NEB 3.5% 142
HYPERSAL NEB 7%.....142
HYPOLANCE KIT LANCING 209
HYSINGLA ER TAB 100 MG 26
HYSINGLA ER TAB 120 MG 26
HYSINGLA ER TAB 20 MG.....26
HYSINGLA ER TAB 30 MG.....26
HYSINGLA ER TAB 40 MG.....26
HYSINGLA ER TAB 60 MG.....26
HYSINGLA ER TAB 80 MG.....26
HYZAAR TAB 100-12.5.....83
HYZAAR TAB 100-25 83
HYZAAR TAB 50-12.5 83

I

ibandronate sodium tab 150 mg (base equivalent) 177
IBRANCE CAP 100MG 96
IBRANCE CAP 125MG 96
IBRANCE CAP 75MG 96
IBRANCE TAB 100MG 96
IBRANCE TAB 125MG 96
IBRANCE TAB 75MG 96
ibuprofen tab 400 mg 18
ibuprofen tab 600 mg 18
ibuprofen tab 800 mg 18
icatibant acetate inj 30 mg/3ml (base equivalent) 193
ICLUSIG TAB 10MG 96
ICLUSIG TAB 15MG 96
ICLUSIG TAB 30MG 96
ICLUSIG TAB 45MG 96
icosapent ethyl cap 1 gm 73
IDHIFA TAB 100MG 97
IDHIFA TAB 50MG.....97
IGLUCOSE TES.....165
ILEVRO DRO 0.3% OP.....238
imatinib mesylate tab 100 mg (base equivalent) 97
imatinib mesylate tab 400 mg (base equivalent) 97
IMBRUVICA CAP 140MG 97

IMBRUVICA CAP 70MG.....97
IMBRUVICA TAB 140MG.....97
IMBRUVICA TAB 280MG.....97
IMBRUVICA TAB 420MG.....97
IMBRUVICA TAB 560MG.....97
imipramine hcl tab 10 mg 61
imipramine hcl tab 25 mg 61
imipramine hcl tab 50 mg 61
imipramine pamoate cap 100 mg 61
imipramine pamoate cap 125 mg 61
imipramine pamoate cap 150 mg 61
imipramine pamoate cap 75 mg 61
imiquimod cream 3.75% 157
imiquimod cream 5%.....157
IMITREX INJ 4MG/0.5 220
IMITREX INJ 6MG/0.5 220
IMITREX SPR 20MG/ACT 221
IMITREX SPR 5MG/ACT 220
IMITREX TAB 100MG 221
IMITREX TAB 25MG 221
IMITREX TAB 50MG 221
IMPAVIDO CAP 50MG 35
IMPEKLO LOT 0.05% 155
IMPOYZ CRE 0.025% 155
IMURAN TAB 50MG.....224
IMVEXXY MAIN SUP 10MCG 259
IMVEXXY MAIN SUP 4MCG.....259
IMVEXXY STRT SUP 10MCG 259
IMVEXXY STRT SUP 4MCG 259
INBRIJA CAP 42MG.....103
INCONTROL MIS LANC 28G 209
INCONTROL MIS LANC 30G 209
INCONTROL MIS LANC 33G 209
INCONTROL MIS LANC DEV 209
INCONTROL PAD ALCOHOL.....217
INCRELEX INJ 40MG/4ML 181
INCRUSE ELPT INH 62.5MCG 41
indapamide tab 1.25 mg 177
indapamide tab 2.5 mg 177
INDERAL LA CAP 120MG.....124
INDERAL LA CAP 160MG.....124
INDERAL LA CAP 60MG 123
INDERAL LA CAP 80MG 124
INDERAL XL CAP 120MG.....124
INDERAL XL CAP 80MG 124
INDOCIN SUP 50MG 18
INDOCIN SUS 25MG/5ML 18
indomethacin cap 20 mg 18
indomethacin cap 25 mg 18
indomethacin cap 50 mg 18
indomethacin cap er 75 mg 18
INFINITY SOL NORM CON.....209
INFINITY TES BLD GLUC 165
INFINITY TES VOICE.....165
INFNTY VOICE LIQ LEVEL 2 209
INGREZZA CAP 40-80MG.....244
INGREZZA CAP 40MG 244
INGREZZA CAP 60MG 244
INGREZZA CAP 80MG 244
INLYTA TAB 1MG.....90
INLYTA TAB 5MG.....90
INNOPRAN XL CAP 120MG 124
INNOPRAN XL CAP 80MG.....124
INQOVI TAB 35-100MG.....94
INREBIC CAP 100MG 97
INS ASP PROT INJ FLEXPEN.....66
INSPIRACHAMB MIS LARGE 219
INSPIRACHAMB MIS MEDIUM.....219
INSPIRACHAMB MIS MOUTHPCE.....219
INSPIRACHAMB MIS SMALL 219
INSPIREASE MIS DD SYST.....219
INSPIREASE MIS RES BAG.....219
INSPRA TAB 25MG 86
INSPRA TAB 50MG 86
INSULIN ASPA INJ 100/ML 66
INSULIN ASPA INJ 70/30 66
INSULIN ASPA INJ FLEXPEN 66
INSULIN ASPA INJ PENFILL 66
INSULIN LISP INJ 100/ML 66
INSULIN LISP INJ JUNIOR 66
INSULIN LISP INJ PROTAMIN 66
INSULIN SRYG MIS 1ML/32G 218
INTELENCE TAB 100MG.....115
INTELENCE TAB 200MG.....115
INTELENCE TAB 25MG 115
IN TOUCH LAN MIS 30G 209
IN TOUCH LAN MIS DEVICE 209
IN TOUCH SOL GLUCOSE 209
IN TOUCH TES BLOOD 165
INTRAROSA SUP 6.5MG 258
INTRON A INJ 10MU 101
INTRON A INJ 18MU 101

INTRON A INJ 25MU 101
INTRON A INJ 50MU 101
INTUNIV TAB 1MG 5
INTUNIV TAB 2MG 5
INTUNIV TAB 3MG 5
INTUNIV TAB 4MG 5
INVEGA SUST INJ 117/0.75 107
INVEGA SUST INJ 156MG/ML.....107
INVEGA SUST INJ 234/1.5.....107
INVEGA SUST INJ 39/0.25.....106
INVEGA SUST INJ 78/0.5ML.....107
INVEGA TAB 1.5MG 107
INVEGA TAB 3MG.....107
INVEGA TAB 6MG.....107
INVEGA TAB 9MG.....107
INVEGA TRINZ INJ 273MG.....107
INVEGA TRINZ INJ 410MG.....107
INVEGA TRINZ INJ 546MG.....107
INVEGA TRINZ INJ 819MG.....107
INVELTYS SUS 1% 237
INVIRASE TAB 500MG.....115
INVOKAMET TAB 150-1000 62
INVOKAMET TAB 150-500 62
INVOKAMET TAB 50-1000 62
INVOKAMET TAB 50-500MG 62
INVOKAMET XR TAB 150-1000.....62
INVOKAMET XR TAB 150-500 62
INVOKAMET XR TAB 50-1000 62
INVOKAMET XR TAB 50-500MG.....62
INVOKANA TAB 100MG 67
INVOKANA TAB 300MG 68
iodoquinol-hc cream 1-1%.....146
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9% 146
IOPIDINE SOL 1% OP 234
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 44
ipratropium bromide inhal soln 0.02% 41
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 232
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 232
irbesartan-hydrochlorothiazide tab 150-12.5 mg 83
irbesartan-hydrochlorothiazide tab 300-12.5 mg 83
irbesartan tab 150 mg 79
irbesartan tab 300 mg 79
irbesartan tab 75 mg 79
IRESSA TAB 250MG.....91
ISENTRESS CHW 100MG 115
ISENTRESS CHW 25MG.....115
ISENTRESS HD TAB 600MG 115
ISENTRESS POW 100MG 115
ISENTRESS TAB 400MG 115
isoniazid syrup 50 mg/5ml 88
isoniazid tab 100 mg 88
isoniazid tab 300 mg 88
ISOPTO ATROP SOL 1% OP 234
ISOPTO CARP SOL 1% OP 234
ISOPTO CARP SOL 2% OP 234
ISOPTO CARP SOL 4% OP 234
ISORDIL TAB 40MG.....37
ISORDIL TAB 5MG.....37
isosorbide dinitrate tab 10 mg 37
isosorbide dinitrate tab 20 mg 37
isosorbide dinitrate tab 30 mg 37
isosorbide dinitrate tab 40 mg 37
isosorbide dinitrate tab 5 mg 37
isosorbide mononitrate tab 10 mg 37
isosorbide mononitrate tab 20 mg 37
isosorbide mononitrate tab er 24hr 120 mg 37
isosorbide mononitrate tab er 24hr 30 mg 37
isosorbide mononitrate tab er 24hr 60 mg 37
ISOSOURCE HN LIQ.....170
ISOSOURCE LIQ.....170
isotretinoin cap 10 mg 144
isotretinoin cap 20 mg 144
isotretinoin cap 30 mg 144
isotretinoin cap 40 mg 144
ISOVACTIN AA LIQ PLUS 170
isradipine cap 2.5 mg 126
isradipine cap 5 mg 126
ISTALOL SOL 0.5% OP.....233
ISTURISA TAB 10MG 177
ISTURISA TAB 1MG 177
ISTURISA TAB 5MG 177

itraconazole cap 100 mg 72
itraconazole oral soln 10 mg/ml 72
IVA ANAMIX POW ERLY YRS.....170
I-VALEX-1 POW.....169
I-VALEX-2 POW.....169
ivermectin lotion 0.5%.....159
ivermectin tab 3 mg 34
J
JADENU SPRKL GRA 180MG.....69
JADENU SPRKL GRA 360MG.....69
JADENU SPRKL GRA 90MG 69
JADENU TAB 180MG 69
JADENU TAB 360MG 69
JADENU TAB 90MG.....69
JAKAFI TAB 10MG 97
JAKAFI TAB 15MG 97
JAKAFI TAB 20MG 97
JAKAFI TAB 25MG 97
JAKAFI TAB 5MG 97
JALYN CAP.....192
JANUMET TAB 50-1000 62
JANUMET TAB 50-500MG 62
JANUMET XR TAB 100-1000.....62
JANUMET XR TAB 50-1000 62
JANUMET XR TAB 50-500MG.....62
JANUVIA TAB 100MG 65
JANUVIA TAB 25MG.....64
JANUVIA TAB 50MG.....64
JARDIANCE TAB 10MG.....68
JARDIANCE TAB 25MG.....68
JATENZO CAP 158MG 33
JATENZO CAP 198MG 33
JATENZO CAP 237MG 33
JENLIVA CAP 227
JENTADUETO TAB 2.5-1000.....62
JENTADUETO TAB 2.5-500 62
JENTADUETO TAB 2.5-850 62
JENTADUETO TAB XR.....62
JEVITY 1.2 LIQ CAL 170
JEVITY 1.5 LIQ CAL 170
JEVITY 1 CAL LIQ 170
JORNAY PM CAP 100MG ER 7
JORNAY PM CAP 20MG ER 7
JORNAY PM CAP 40MG ER 7
JORNAY PM CAP 60MG ER 7
JORNAY PM CAP 80MG ER 7
JUBLIA SOL 10%.....146
JULUCA TAB 50-25MG.....115
JUXTAPID CAP 10MG 77
JUXTAPID CAP 20MG 77
JUXTAPID CAP 30MG 77
JUXTAPID CAP 5MG 76
JYNARQUE PAK 30-15MG.....184
JYNARQUE PAK 45-15MG.....184
JYNARQUE PAK 60-30MG.....184
JYNARQUE PAK 90-30MG.....184
JYNARQUE TAB 15MG 184
JYNARQUE TAB 30MG 184
K
KALBITOR INJ 10MG/ML.....193
KALETRA SOL 115
KALETRA TAB 100-25MG 115
KALETRA TAB 200-50MG 115
KALYDECO PAK 25MG 248
KALYDECO PAK 50MG 248
KALYDECO PAK 75MG 248
KALYDECO TAB 150MG 248
KAPSPARGO CAP 100MG 123
KAPSPARGO CAP 200MG 123
KAPSPARGO CAP 25MG 122
KAPSPARGO CAP 50MG 123
KAPVAY TAB 0.1 MG.....5
KARBINAL ER SUS 4MG/5ML.....72
KATERZIA SUS 1MG/ML 126
KAZANO 12.5- TAB 1000MG 62
KAZANO 12.5- TAB 500MG.....62
KEFLEX CAP 750MG 135
KENALOG AER SPRAY 155
KEPPRA SOL 100MG/ML 50
KEPPRA TAB 1000MG.....50
KEPPRA TAB 250MG 50
KEPPRA TAB 500MG 50
KEPPRA TAB 750MG 50
KEPPRA XR TAB 500MG.....50
KEPPRA XR TAB 750MG.....50
KERENDIA TAB 10MG.....183
KERENDIA TAB 20MG.....183
KERYDIN SOL 5%.....146
KESIMPTA INJ 20/.4ML 245
ketoconazole cream 2% 146
ketoconazole foam 2%.....146
ketoconazole shampoo 2% 146

ketoconazole tab 200 mg 72
KETO-DIASTIX TES.....165
KETONE TES.....165
KETONE TEST TES.....165
KETONEX-1 POW.....170
KETONEX-2 POW.....170
ketoprofen cap 25 mg.....18
ketoprofen cap 50 mg.....18
ketoprofen cap 75 mg.....18
ketoprofen cap er 24hr 200 mg.....18
ketorolac tromethamine ophth soln 0.4% 238
ketorolac tromethamine ophth soln 0.5% 238
ketorolac tromethamine tab 10 mg...18
KETOR TROMET SPR 15.75MG 18
KETOSTIX TES STRIP.....165
KEVEYIS TAB 50MG 175
KEVZARA INJ 150/1.14 17
KEVZARA INJ 200/1.14 17
KINERET INJ 16
KINNEY MIS LANCETS.....209
KINNEY THIN MIS LANCETS.....209
KISQALI 200 PAK FEMARA.....94
KISQALI 400 PAK FEMARA.....94
KISQALI 600 PAK FEMARA.....94
KISQALI TAB 200DOSE.....97
KISQALI TAB 400DOSE.....97
KISQALI TAB 600DOSE.....97
KITABIS PAK NEB 300/5ML 10
KLARITY-A DRO 1%.....235
KLARITY-L DRO 0.2% 237
KLARITY-L DRO 0.5% 237
KLARON LOT 10% 144
KLISYRI OIN 1% 147
KLONOPIN TAB 0.5MG 48
KLONOPIN TAB 1MG.....48
KLONOPIN TAB 2MG.....48
KOMBIGLYZ XR TAB 2.5-1000.....62
KOMBIGLYZ XR TAB 5-1000MG.....62
KOMBIGLYZ XR TAB 5-500MG.....62
KORLYM TAB 300MG.....64
KOSELUGO CAP 10MG 97
KOSELUGO CAP 25MG 97
KOSHR PRENAT TAB 30-1MG 227
K-PHOS TAB NO 2 191
KRINTAFEL TAB 150MG.....87
KRISTALOSE PAK 10GM 200
KRISTALOSE PAK 20GM 200
KROGER BLOOD TES GLUCOSE 165
KROGER LANCE MIS 209
KROGER LANCE MIS 26G.....209
KROGER LANCE MIS THIN 209
KROGER LANCE MIS THIN 30G.....209
KROGER TES 165
K-TAB TAB 10MEQ CR.....223
K-TAB TAB 20MEQ.....223
K-TAB TAB 8MEQ CR.....222
KUVAN POW 100MG 181
KUVAN POW 500MG 181
KUVAN TAB 100MG.....181
KYNMOBI MIS 10MG.....103
KYNMOBI MIS 15MG.....103
KYNMOBI MIS 20MG.....103
KYNMOBI MIS 25MG.....103
KYNMOBI MIS 30MG.....103

L

labetalol hcl tab 100 mg.....122
labetalol hcl tab 200 mg.....122
labetalol hcl tab 300 mg.....122
LACRISERT MIS 5MG OP 233
LACTIC ACID LOT 10% 157
lactulose (encephalopathy) solution 10 gm/15ml 189
LACTULOSE PAK 10GM.....200
lactulose solution 10 gm/15ml 200
LAMICTAL CHW 25MG.....50
LAMICTAL CHW 5MG 50
LAMICTAL KIT START 35 50
LAMICTAL KIT START 49 50
LAMICTAL KIT START 98 50
LAMICTAL ODT KIT.....50
LAMICTAL ODT TAB 100MG 50
LAMICTAL ODT TAB 200MG 50
LAMICTAL ODT TAB 25MG.....50
LAMICTAL ODT TAB 50MG.....50
LAMICTAL TAB 100MG 50
LAMICTAL TAB 150MG 50
LAMICTAL TAB 200MG 50
LAMICTAL TAB 25MG.....50
LAMICTAL XR KIT.....50
LAMICTAL XR TAB 100MG 50

LAMICTAL XR TAB 200MG 50
LAMICTAL XR TAB 250MG 50
LAMICTAL XR TAB 25MG 50
LAMICTAL XR TAB 300MG 50
LAMICTAL XR TAB 50MG 50
lamivudine oral soln 10 mg/ml 115
lamivudine tab 100 mg (hbv).....120
lamivudine tab 150 mg 115
lamivudine tab 300 mg 115
lamivudine-zidovudine tab 150-300 mg 115
lamotrigine orally disintegrating tab 100 mg.....50
lamotrigine orally disintegrating tab 200 mg.....50
lamotrigine orally disintegrating tab 25 mg 50
lamotrigine orally disintegrating tab 50 mg 50
lamotrigine tab 100 mg.....51
lamotrigine tab 150 mg.....51
lamotrigine tab 200 mg.....51
lamotrigine tab 25 mg 50
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....50
lamotrigine tab 35 x 25 mg starter kit 50
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 51
lamotrigine tab chewable dispersible 25 mg 51
lamotrigine tab chewable dispersible 5 mg 51
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 51
lamotrigine tab er 24hr 100 mg 51
lamotrigine tab er 24hr 200 mg 51
lamotrigine tab er 24hr 250 mg 51
lamotrigine tab er 24hr 25 mg 51
lamotrigine tab er 24hr 300 mg 51
lamotrigine tab er 24hr 50 mg 51
LAMPIT TAB 120MG.....35
LAMPIT TAB 30MG.....35
LANAFLEX PAK.....170
LANCET AUTO MIS INJECTOR.....209
LANCET CARRY MIS CASE.....209
LANCET DEVIC MIS 30G.....209
LANCET DEVIC MIS ADJUST.....209
LANCET MICRO MIS THIN 33G 209
LANCETS MICR MIS THIN 33G.....209
LANCETS MIS 209
LANCETS MIS 21G.....209
LANCETS MIS 21G COLR 209
LANCETS MIS 28G.....209
LANCETS MIS 30G.....209
LANCETS MIS 33G.....209
LANCETS MIS ORANGE.....209
LANCETS MIS ORIGINAL 209
LANCETS MIS THIN 210
LANCETS MIS THIN 26G.....210
LANCETS MIS THIN 30G.....210
LANCETS SUPR MIS THIN 28G 210
LANCET STAND MIS 21G 209
LANCETS THIN MIS 210
LANCETS THIN MIS 26G.....210
LANCETS ULTR MIS THIN 210
LANCET SUPER MIS THIN 30G.....209
LANCET ULTRA MIS 28G.....209
LANCET ULTRA MIS THIN 30G.....209
LANCET WITH MIS EJECTOR 209
LANCING DEVI MIS 210
LANCING DEVI MIS 25G.....210
LANCING DEVI MIS 30G.....210
LANCING MIS DEVICE.....210
LANOXIN TAB 0.0625MG 128
LANOXIN TAB 0.125MG.....128
LANOXIN TAB 0.25MG.....128
lansoprazole cap delayed release 15 mg 256
lansoprazole cap delayed release 30 mg 256
lansoprazole tab delayed release orally disintegrating 15 mg.....256
lansoprazole tab delayed release orally disintegrating 30 mg.....256
lanthanum carbonate chew tab 1000 mg (elemental) 190
lanthanum carbonate chew tab 500 mg (elemental).....190
lanthanum carbonate chew tab 750 mg (elemental).....190
LANTUS INJ 100/ML 66

LANTUS SOLOS INJ 100/ML.....66
LANZO MIS LANCING.....210
lapatinib ditosylate tab 250 mg (base equiv).....98
LASIX TAB 20MG.....176
LASIX TAB 40MG.....176
LASIX TAB 80MG.....176
LASTACAFT SOL 0.25%.....238
latanoprost ophth soln 0.005% 238
LATUDA TAB 120MG 106
LATUDA TAB 20MG.....106
LATUDA TAB 40MG.....106
LATUDA TAB 60MG.....106
LATUDA TAB 80MG.....106
LAZANDA SPR 100MCG.....26
LAZANDA SPR 400MCG.....26
LB LANCET MIS 28G 210
LB LANCING MIS DEVICE 210
leflunomide tab 10 mg.....20
leflunomide tab 20 mg.....20
LENVIMA CAP 10 MG 90
LENVIMA CAP 12MG 90
LENVIMA CAP 14 MG 90
LENVIMA CAP 18 MG 90
LENVIMA CAP 20 MG 90
LENVIMA CAP 24 MG 90
LENVIMA CAP 4MG.....90
LENVIMA CAP 8 MG.....90
LESCOL XL TAB 80MG.....75
LETAIRIS TAB 10MG 133
LETAIRIS TAB 5MG.....133
letrozole tab 2.5 mg 92
leucovorin calcium tab 10 mg.....101
leucovorin calcium tab 15 mg.....101
leucovorin calcium tab 25 mg.....102
leucovorin calcium tab 5 mg 101
LEUKERAN TAB 2MG.....88
LEUKINE INJ 250MCG 195
leuprolide acetate inj kit 5 mg/ml.....92
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 44
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 44
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 44
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 44
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....44
LEVBID TAB 0.375 ER 255
LEVEMIR INJ 66
LEVEMIR INJ FLEXTOUC.....66
levetiracetam oral soln 100 mg/ml ...51
levetiracetam tab 1000 mg.....51
levetiracetam tab 250 mg 51
levetiracetam tab 500 mg 51
levetiracetam tab 750 mg 51
levetiracetam tab er 24hr 500 mg 51
levetiracetam tab er 24hr 750 mg 51
LEVITRA TAB 10MG 130
LEVITRA TAB 20MG 130
levobunolol hcl ophth soln 0.5%.....233
levocarnitine oral soln 1 gm/10ml (10%).....181
levocarnitine tab 330 mg.....182
levofloxacin ophth soln 0.5% 235
levofloxacin oral soln 25 mg/ml.....187
levofloxacin tab 250 mg 187
levofloxacin tab 500 mg 187
levofloxacin tab 750 mg 187
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 136
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....136
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 136
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 136
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....136
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....136
levonorgestrel tab 1.5 mg 138
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....136
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....136
levorphanol tartrate tab 2 mg 26
levorphanol tartrate tab 3 mg 26
LEVOTHYROXIN CAP 100MCG 252

LEVOTHYROXIN CAP 112MCG 252
LEVOTHYROXIN CAP 125MCG 252
LEVOTHYROXIN CAP 137MCG 252
LEVOTHYROXIN CAP 13MCG 252
LEVOTHYROXIN CAP 150MCG 252
LEVOTHYROXIN CAP 175MCG 252
LEVOTHYROXIN CAP 200MCG 252
LEVOTHYROXIN CAP 25MCG 252
LEVOTHYROXIN CAP 50MCG 252
LEVOTHYROXIN CAP 75MCG 252
LEVOTHYROXIN CAP 88MCG 252
levothyroxine sodium tab 100 mcg .252
levothyroxine sodium tab 112 mcg .252
levothyroxine sodium tab 125 mcg .252
levothyroxine sodium tab 137 mcg .252
levothyroxine sodium tab 150 mcg .252
levothyroxine sodium tab 175 mcg .252
levothyroxine sodium tab 200 mcg .252
levothyroxine sodium tab 25 mcg ...252
levothyroxine sodium tab 300 mcg .252
levothyroxine sodium tab 50 mcg ...252
levothyroxine sodium tab 75 mcg ...252
levothyroxine sodium tab 88 mcg ...252
LEVSIN/SL SUB 0.125MG 255
LEVSIN TAB 0.125MG 255
LEVULAN KERA SOL 20% 147
LEXAPRO TAB 10MG 57
LEXAPRO TAB 20MG 57
LEXAPRO TAB 5MG.....57
LEXETTE AER 0.05%.....155
LEXIVA SUS 50MG/ML.....115
LEXIVA TAB 700MG 115
LIALDA TAB 1.2GM 189
LIBERTY NEXT TES GEN 165
LIBERTY TES 165
LIBRAX CAP 5-2.5MG.....255
LICART DIS 1.3%.....145
LIDOCA/TETRA CRE 7/7% 158
LIDOCAINE CRE TETRACAI 158
lidocaine hcl laryngotracheal soln 4% 226
lidocaine hcl soln 4% 158
lidocaine hcl urethral/mucosal gel 2% 158
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....158
lidocaine hcl viscous soln 2% 226
lidocaine oint 5% 158
lidocaine patch 5% 158
lidocaine-prilocaine cream 2.5-2.5% 158
LIDODERM DIS 5%.....158
LIFESCAN MIS UNISTIK2.....210
lindane shampoo 1% 159
linezolid for susp 100 mg/5ml.....36
linezolid tab 600 mg 36
LINZESS CAP 145MCG 189
LINZESS CAP 290MCG 189
LINZESS CAP 72MCG.....189
liothyronine sodium tab 25 mcg 252
liothyronine sodium tab 50 mcg 252
liothyronine sodium tab 5 mcg 252
LIPISTART POW 170
LIPITOR TAB 10MG.....75
LIPITOR TAB 20MG.....75
LIPITOR TAB 40MG.....75
LIPITOR TAB 80MG.....75
LIPOFEN CAP 150MG 74
LIPOFEN CAP 50MG 74
LIQUID HOPE LIQ.....170
lisinopril & hydrochlorothiazide tab 10-12.5 mg.....83
lisinopril & hydrochlorothiazide tab 20-12.5 mg.....84
lisinopril & hydrochlorothiazide tab 20-25 mg.....84
lisinopril tab 10 mg 78
lisinopril tab 2.5 mg 78
lisinopril tab 20 mg 78
lisinopril tab 30 mg 78
lisinopril tab 40 mg 78
lisinopril tab 5 mg 78
LITETOUCH MIS LANCETS 210
LITE TOUCH MIS LANCETS 210
LITE TOUCH MIS LANC PEN 210
lithium carbonate cap 150 mg.....105
lithium carbonate cap 300 mg.....105
lithium carbonate cap 600 mg.....105
lithium carbonate tab 300 mg 105
lithium carbonate tab er 300 mg 105
lithium carbonate tab er 450 mg 106
LITHIUM SOL 8MEQ/5ML 106

LITHOBID TAB 300MG CR.....106
LITHOSTAT TAB 250MG.....192
LIVALO TAB 1MG 75
LIVALO TAB 2MG 75
LIVALO TAB 4MG 75
LMD POW 170
LOCOID LIPO CRE 0.1% 155
LOCOID LOT 0.1%.....155
LODINE TAB 400MG 19
LODOSYN TAB 25MG 102
LOKELMA PAK 10GM 225
LOKELMA PAK 5GM.....225
LO LOESTRIN TAB 1-10-10 136
LOMAIRA TAB 8MG 4
LOMOTIL TAB 2.5MG 69
LONGS LANCET MIS STANDARD 210
LONGS LANCET MIS THIN.....210
LONGS LANCET MIS ULTRA TH.....210
LONHALA MAGN SOL 25MCG 41
LONSURF TAB 15-6.14.....94
LONSURF TAB 20-8.19.....94
LOPHLEX POW 170
LOPID TAB 600MG 75
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 115
lopinavir-ritonavir tab 100-25 mg ...116
lopinavir-ritonavir tab 200-50 mg ...116
LOPRESSOR TAB 100MG 123
LOPRESSOR TAB 50MG 123
LOPROX CRE 0.77% 146
LOPROX SHA 1%.....146
LOPROX SUS 0.77% 146
lorazepam conc 2 mg/ml 39
lorazepam tab 0.5 mg.....39
lorazepam tab 1 mg 39
lorazepam tab 2 mg 39
LORBRENA TAB 100MG 98
LORBRENA TAB 25MG.....98
LORTAB ELX 10-300MG.....31
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 84
*losartan potassium & hydrochlorothiazide tab 100-25 mg*84
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 84
losartan potassium tab 100 mg 80
losartan potassium tab 25 mg.....79
losartan potassium tab 50 mg.....80
LOSEASONIQUE TAB.....136
LOTEMAX GEL 0.5% 237
LOTEMAX OIN 0.5% 237
LOTEMAX SM GEL 0.38% 237
LOTEMAX SUS 0.5% 237
LOTENSIN HCT TAB 10-12.5 84
LOTENSIN HCT TAB 20-12.5 84
LOTENSIN HCT TAB 20-25MG 84
LOTENSIN TAB 10MG.....78
LOTENSIN TAB 20MG.....78
LOTENSIN TAB 40MG.....78
loteprednol etabonate ophth gel 0.5% 237
loteprednol etabonate ophth susp 0.5% 237
LOTREL CAP 10-20MG 84
LOTREL CAP 10-40MG 84
LOTREL CAP 5-10MG 84
LOTREL CAP 5-20MG 84
LOTRONEX TAB 0.5MG 189
LOTRONEX TAB 1MG.....190
lovastatin tab 10 mg 76
lovastatin tab 20 mg 76
lovastatin tab 40 mg 76
LOVAZA CAP 1GM 73
LOVENOX INJ 100MG/ML.....47
LOVENOX INJ 120/0.8 47
LOVENOX INJ 150MG/ML.....47
LOVENOX INJ 30/0.3ML 47
LOVENOX INJ 300/3ML 47
LOVENOX INJ 40/0.4ML 47
LOVENOX INJ 60/0.6ML 47
LOVENOX INJ 80/0.8ML 47
loxapine succinate cap 10 mg 108
loxapine succinate cap 25 mg 108
loxapine succinate cap 50 mg 108
loxapine succinate cap 5 mg 108
lubiprostone cap 24 mcg 188
lubiprostone cap 8 mcg 188
LUCEMYRA TAB 0.18MG 241

luliconazole cream 1% 146
LUMAKRAS TAB 120MG.....98
LUMIGAN SOL 0.01%.....238
LUNESTA TAB 1MG.....198
LUNESTA TAB 2MG.....198
LUNESTA TAB 3MG.....198
LUPKYNIS CAP 7.9MG.....224
LUXIQ AER 0.12%.....155
LUZU CRE 1%.....146
LYNPARZA TAB 100MG.....98
LYNPARZA TAB 150MG.....98
LYRICA CAP 100MG.....51
LYRICA CAP 150MG.....51
LYRICA CAP 200MG.....51
LYRICA CAP 225MG.....51
LYRICA CAP 25MG.....51
LYRICA CAP 300MG.....51
LYRICA CAP 50MG.....51
LYRICA CAP 75MG.....51
LYRICA CR TAB 165MG 246
LYRICA CR TAB 330MG 246
LYRICA CR TAB 82.5MG 246
LYRICA SOL 20MG/ML 51
LYSODREN TAB 500MG.....92
LYSTEDA TAB 650MG.....197
LYUMJEV INJ 100UT/ML 66
LYUMJEV KWPN INJ 100UT/ML.....66
LYUMJEV KWPN INJ 200UT/ML.....66
M
MACROBID CAP 100MG.....36
MACRODANTIN CAP 100MG.....36
MACRODANTIN CAP 25MG.....36
MACRODANTIN CAP 50MG.....36
mafenide acetate packet for topical soln 5% (50 gm) 152
MALARONE TAB 250-100.....87
MALARONE TAB 62.5-25 87
malathion lotion 0.5%.....159
maprotiline hcl tab 25 mg 56
maprotiline hcl tab 50 mg 56
maprotiline hcl tab 75 mg 56
MAR-COF CG LIQ 225-7.5.....142
MARINOL CAP 10MG.....71
MARINOL CAP 2.5MG.....71
MARINOL CAP 5MG.....71
MARPLAN TAB 10MG.....56
MATULANE CAP 50MG.....101
MAVENCLAD PAK 10MG(10).....245
MAVENCLAD PAK 10MG(4) 245
MAVENCLAD PAK 10MG(5) 245
MAVENCLAD PAK 10MG(6) 245
MAVENCLAD PAK 10MG(7) 245
MAVENCLAD PAK 10MG(8) 245
MAVENCLAD PAK 10MG(9) 245
MAVYRET PAK 50-20MG 120
MAVYRET TAB 100-40MG 120
MAXALT-MLT TAB 10MG 221
MAXALT TAB 10MG.....221
MAXIDEX SUS 0.1% OP 237
MAXITROL OIN 0.1% OP 237
MAXITROL SUS 0.1% OP.....237
MAXZIDE-25 TAB 175
MAXZIDE TAB 75-50.....175
MAYZENT PAK STARTER.....245
MAYZENT TAB 0.25MG.....245
MAYZENT TAB 2MG.....245
MCT PRO-CAL PAK.....170
MECLIZINE TAB 50MG 70
meclofenamate sodium cap 100 mg..19
meclofenamate sodium cap 50 mg ...19
MEDICHOICE MIS LANCET.....210
MEDISENSE LIQ GLUC/KET.....210
MEDISENSE LIQ GLUC-KET.....210
MEDLANCE MIS 30G PLUS 210
MEDLANCE MIS EXTR 21G.....210
MEDLANCE MIS LITE 25G 210
MEDLANCE MIS PLUS.....210
MEDLANCE MIS PLUS 30G 210
MEDLANCE MIS UNV 21G 210
MEDLANCE PLS MIS 0.8MM.....210
MEDLANCE PLS MIS EXTR 21G.....210
MEDLANCE PLS MIS LITE 25G.....210
MEDLANCE PLS MIS UNIV 21G.....210
MEDROL TAB 16MG 140
MEDROL TAB 2MG.....140
MEDROL TAB 32MG 140
MEDROL TAB 4MG.....140
MEDROL TAB 8MG.....140
medroxyprogesterone acetate im susp 150 mg/ml 138
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 138

medroxyprogesterone acetate tab 10 mg 241
medroxyprogesterone acetate tab 2.5 mg 241
medroxyprogesterone acetate tab 5 mg 241
mefenamic acid cap 250 mg 19
mefloquine hcl tab 250 mg 87
megestrol acetate susp 40 mg/ml 92
megestrol acetate susp 625 mg/5ml 241
megestrol acetate tab 20 mg 92
megestrol acetate tab 40 mg 92
MEIJER BLOOD TES GLUCOSE.....165
MEIJER LANCE MIS COLOR 210
MEIJER LANCE MIS UNIV 21G 210
MEIJER LANCE MIS UNIV 30G 210
MEIJER LANCE MIS UNIVERSA 210
MEIJER MIS LANCETS 210
MEIJER TES TRUETEST.....165
MEIJER TES TRUETRAC 165
MEKINIST TAB 0.5MG.....98
MEKINIST TAB 2MG.....98
MEKTOVI TAB 15MG.....98
meloxicam cap 10 mg.....19
meloxicam cap 5 mg 19
meloxicam tab 15 mg 19
meloxicam tab 7.5 mg 19
melphalan tab 2 mg 88
memantine hcl cap er 24hr 14 mg ..242
memantine hcl cap er 24hr 21 mg ..242
memantine hcl cap er 24hr 28 mg ..242
memantine hcl cap er 24hr 7 mg 242
memantine hcl oral solution 2 mg/ml 242
memantine hcl tab 10 mg.....242
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 242
memantine hcl tab 5 mg 242
MEMBRANEBLUE SOL 0.15%.....238
MENEST TAB 0.3MG.....186
MENEST TAB 0.625MG 186
MENEST TAB 1.25MG.....186
MENOPUR INJ 75UNIT.....179
MENOSTAR DIS 14MCG.....186
meperidine hcl oral soln 50 mg/5ml..26
meperidine hcl tab 50 mg.....26
MEPHYTON TAB 5MG 260
meprobamate tab 200 mg.....38
meprobamate tab 400 mg.....38
MEPRON SUS.....35
mercaptopurine tab 50 mg 89
mesalamine cap dr 400 mg.....189
mesalamine cap er 24hr 0.375 gm..189
mesalamine enema 4 gm 189
mesalamine suppos 1000 mg.....189
mesalamine tab delayed release 1.2 gm 189
mesalamine tab delayed release 800 mg 189
MESNEX TAB 400MG.....102
MESTINON SOL 60MG/5ML.....87
MESTINON TAB 60MG.....87
MESTINON TAB TIMESPAN 87
metaxalone tab 400 mg 231
metaxalone tab 800 mg 231
metformin hcl oral soln 500 mg/5ml .64
metformin hcl tab 1000 mg 64
metformin hcl tab 500 mg 64
metformin hcl tab 850 mg 64
metformin hcl tab er 24hr 500 mg....64
metformin hcl tab er 24hr 750 mg....64
metformin hcl tab er 24hr modified release 1000 mg 64
metformin hcl tab er 24hr modified release 500 mg 64
metformin hcl tab er 24hr osmotic 1000 mg 64
metformin hcl tab er 24hr osmotic 500 mg 64
methadone hcl conc 10 mg/ml 26
methadone hcl soln 10 mg/5ml 27
methadone hcl soln 5 mg/5ml.....26
methadone hcl tab 10 mg 27
methadone hcl tab 5 mg 27
methadone hcl tab for oral susp 40 mg 27
METHADOSE CON 10MG/ML 27
METHADOSE SF CON 10MG/ML 27
methamphetamine hcl tab 5 mg 2
methazolamide tab 25 mg 175
methazolamide tab 50 mg 175

methenamine hippurate tab 1 gm 36
methenamine mandelate tab 0.5 gm 36
methenamine mandelate tab 1 gm ...36
methimazole tab 10 mg 251
methimazole tab 5 mg 251
METHIONAID POW.....170
METHITEST TAB 10MG.....33
methocarbamol tab 500 mg.....231
methocarbamol tab 750 mg.....231
methotrexate sodium for inj 1 gm 89
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 89
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 89
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....89
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....89
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 89
methotrexate sodium tab 2.5 mg (base equiv).....89
methoxsalen rapid cap 10 mg 149
methscopolamine bromide tab 2.5 mg 255
methscopolamine bromide tab 5 mg 255
methyldopa & hydrochlorothiazide tab 250-15 mg 84
methyldopa & hydrochlorothiazide tab 250-25 mg 84
methyldopa tab 250 mg.....80
methyldopa tab 500 mg.....80
methylergonovine maleate tab 0.2 mg 239
METHYLIN SOL 10MG/5ML 7
METHYLIN SOL 5MG/5ML.....7
methylphenidate hcl cap er 10 mg (cd) 7
methylphenidate hcl cap er 20 mg (cd) 7
methylphenidate hcl cap er 24hr 10 mg (la) 7
methylphenidate hcl cap er 24hr 10 mg (xr).....7
methylphenidate hcl cap er 24hr 15 mg (xr).....7
methylphenidate hcl cap er 24hr 20 mg (la) 7
methylphenidate hcl cap er 24hr 20 mg (xr).....7
methylphenidate hcl cap er 24hr 30 mg (la) 7
methylphenidate hcl cap er 24hr 30 mg (xr).....7
methylphenidate hcl cap er 24hr 40 mg (la) 7
methylphenidate hcl cap er 24hr 40 mg (xr).....7
methylphenidate hcl cap er 24hr 50 mg (xr).....7
methylphenidate hcl cap er 24hr 60 mg (la) 8
methylphenidate hcl cap er 24hr 60 mg (xr).....8
methylphenidate hcl cap er 30 mg (cd) 8
methylphenidate hcl cap er 40 mg (cd) 8
methylphenidate hcl cap er 50 mg (cd) 8
methylphenidate hcl cap er 60 mg (cd) 8
methylphenidate hcl chew tab 10 mg..8
methylphenidate hcl chew tab 2.5 mg.8
methylphenidate hcl chew tab 5 mg ...8
methylphenidate hcl soln 10 mg/5ml..8
methylphenidate hcl soln 5 mg/5ml....8
methylphenidate hcl tab 10 mg.....8
methylphenidate hcl tab 20 mg.....8
methylphenidate hcl tab 5 mg 8
methylphenidate hcl tab er 10 mg.....8
methylphenidate hcl tab er 20 mg.....8
methylphenidate hcl tab er 24hr 18 mg 8
methylphenidate hcl tab er 24hr 27 mg 8
methylphenidate hcl tab er 24hr 36 mg 8
methylphenidate hcl tab er 24hr 54 mg 8

methylphenidate hcl tab er osmotic release (osm) 18 mg 8
methylphenidate hcl tab er osmotic release (osm) 27 mg 8
methylphenidate hcl tab er osmotic release (osm) 36 mg 8
methylphenidate hcl tab er osmotic release (osm) 54 mg 8
METHYLPHENID TAB 72MG ER 7
methylprednisolone tab 16 mg 140
methylprednisolone tab 32 mg 140
methylprednisolone tab 4 mg 140
methylprednisolone tab 8 mg 140
methylprednisolone tab therapy pack 4 mg (21) 140
methyltestosterone cap 10 mg 33
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 188
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 188
metoclopramide hcl tab 10 mg (base equivalent) 188
metoclopramide hcl tab 5 mg (base equivalent) 188
METOCLOPRAMI TAB 10MG ODT.....188
metolazone tab 10 mg 177
metolazone tab 2.5 mg 177
metolazone tab 5 mg 177
metoprolol & hydrochlorothiazide tab 100-25 mg 84
metoprolol & hydrochlorothiazide tab 100-50 mg 84
metoprolol & hydrochlorothiazide tab 50-25 mg 84
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 123
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 123
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 123
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 123
metoprolol tartrate tab 100 mg 123
metoprolol tartrate tab 25 mg 123
metoprolol tartrate tab 37.5 mg 123
metoprolol tartrate tab 50 mg 123
metoprolol tartrate tab 75 mg 123
METROCREAM CRE 0.75% 158
METROGEL GEL 1% 158
METROLOTION LOT 0.75% 158
metronidazole cap 375 mg 35
metronidazole cream 0.75% 158
metronidazole gel 0.75%.....158
metronidazole gel 1% 158
metronidazole lotion 0.75% 158
metronidazole tab 250 mg.....35
metronidazole tab 500 mg.....35
metronidazole vaginal gel 0.75%....259
metyrosine cap 250 mg 79
mexiletine hcl cap 150 mg.....40
mexiletine hcl cap 200 mg.....40
mexiletine hcl cap 250 mg.....40
MIACALCIN INJ 200/ML.....177
MICARDIS HCT TAB 40/12.5.....84
MICARDIS HCT TAB 80/12.5.....84
MICARDIS HCT TAB 80-25MG 84
MICARDIS TAB 20MG 80
MICARDIS TAB 40MG 80
MICARDIS TAB 80MG 80
miconazole nitrate vaginal suppos 200 mg 259
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% .146
MICROCHAMBER MIS.....219
MICRODOT CON SOL HIGH/LOW 210
MICRODOT TES.....165
MICRODOT TES XTRA 165
MICROLET MIS LANCETS 211
MICROLET MIS NEXT 211
MICRO THIN MIS LANC 33G.....210
midodrine hcl tab 10 mg 260
midodrine hcl tab 2.5 mg 260
midodrine hcl tab 5 mg 260
MIFEPREX TAB 200MG 183
mifepristone tab 200 mg 183
miglitol tab 100 mg 61
miglitol tab 25 mg.....61
miglitol tab 50 mg.....61
miglustat cap 100 mg 194
MIGRANAL SPR 4MG/ML.....220
MILLIPRED TAB 5MG.....140
MINASTRIN 24 CHW FE.....137

MINI LANCING MIS DEVICE 211
MINIPRESS CAP 1MG.....80
MINIPRESS CAP 2MG.....80
MINIPRESS CAP 5MG.....80
MINIVELLE DIS 0.025MG.....186
MINIVELLE DIS 0.0375MG 187
MINIVELLE DIS 0.05MG 186
MINIVELLE DIS 0.075MG.....186
MINIVELLE DIS 0.1MG 186
minocycline hcl cap 100 mg 250
minocycline hcl cap 50 mg.....250
minocycline hcl cap 75 mg.....250
minocycline hcl cap er 24hr 135 mg (base equivalent) 250
minocycline hcl cap er 24hr 45 mg (base equivalent) 250
minocycline hcl cap er 24hr 90 mg (base equivalent) 250
minocycline hcl tab 100 mg 250
minocycline hcl tab 50 mg 250
minocycline hcl tab 75 mg 250
minocycline hcl tab er 24hr 105 mg 251
minocycline hcl tab er 24hr 115 mg 251
minocycline hcl tab er 24hr 135 mg 251
minocycline hcl tab er 24hr 45 mg ..251
minocycline hcl tab er 24hr 55 mg ..251
minocycline hcl tab er 24hr 65 mg ..251
minocycline hcl tab er 24hr 80 mg ..251
minocycline hcl tab er 24hr 90 mg ..251
MINOLIRA TAB 105MG 251
MINOLIRA TAB 135MG 251
minoxidil tab 10 mg 87
minoxidil tab 2.5 mg 87
MIRAPEX ER TAB 0.375MG 103
MIRAPEX ER TAB 0.75MG 103
MIRAPEX ER TAB 1.5MG.....103
MIRAPEX ER TAB 2.25MG 103
MIRAPEX ER TAB 3.75MG 103
MIRAPEX ER TAB 3MG.....103
MIRAPEX ER TAB 4.5MG.....103
MIRAPEX TAB 0.125MG 104
MIRAPEX TAB 0.5MG 104
MIRAPEX TAB 0.75MG.....104
MIRAPEX TAB 1MG 104
MIRCERA INJ 100MCG.....196
MIRCERA INJ 150MCG.....196
MIRCERA INJ 200MCG.....196
MIRCERA INJ 30MCG 195
MIRCERA INJ 50MCG 196
MIRCERA INJ 75MCG 196
MIRCETTE TAB 28 DAY.....137
mirtazapine orally disintegrating tab 15 mg 55
mirtazapine orally disintegrating tab 30 mg 55
mirtazapine orally disintegrating tab 45 mg 55
mirtazapine tab 15 mg.....55
mirtazapine tab 30 mg.....55
mirtazapine tab 45 mg.....55
mirtazapine tab 7.5 mg.....55
MIRVASO GEL 0.33%.....158
misoprostol tab 100 mcg 257
misoprostol tab 200 mcg 257
MITIGARE CAP 0.6MG 192
MITOSOL KIT 0.2MG.....235
MMA/PA ANAMI POW ERLY YRS 170
MM LANCING MIS DEVICE 211
MM TWIST MIS LANCETS.....211
M-NATAL PLUS TAB 227
MOBIC TAB 15MG 19
MOBIC TAB 7.5MG 19
MOBILE LANCE MIS 30G.....211
modafinil tab 100 mg 8
modafinil tab 200 mg 8
MODULEN IBD POW.....170
moexipril hcl tab 15 mg 78
moexipril hcl tab 7.5 mg 78
molindone hcl tab 10 mg 110
molindone hcl tab 25 mg 110
molindone hcl tab 5 mg.....110
mometasone furoate cream 0.1%...155
mometasone furoate nasal susp 50 mcg/act 232
mometasone furoate oint 0.1% 155
mometasone furoate solution 0.1% (lotion) 155
MONOLET MIS LANCETS.....211
MONOLET OPD MIS LANCETS.....211
MONOLETTOR MIS LANCETS 211
montelukast sodium chew tab 4 mg (base equiv) 41

montelukast sodium chew tab 5 mg (base equiv) 41
montelukast sodium oral granules packet 4 mg (base equiv) 41
montelukast sodium tab 10 mg (base equiv) 41
MONUROL PAK GRANULES 36
morphine sulfate beads cap er 24hr 120 mg 27
morphine sulfate beads cap er 24hr 30 mg 27
morphine sulfate beads cap er 24hr 45 mg 27
morphine sulfate beads cap er 24hr 60 mg 27
morphine sulfate beads cap er 24hr 75 mg 27
morphine sulfate beads cap er 24hr 90 mg 27
morphine sulfate cap er 24hr 100 mg 27
morphine sulfate cap er 24hr 10 mg .27
morphine sulfate cap er 24hr 20 mg .27
morphine sulfate cap er 24hr 30 mg .27
morphine sulfate cap er 24hr 40 mg .27
morphine sulfate cap er 24hr 50 mg .27
morphine sulfate cap er 24hr 60 mg .27
morphine sulfate cap er 24hr 80 mg .27
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 27
morphine sulfate oral soln 10 mg/5ml 27
morphine sulfate oral soln 20 mg/5ml 27
morphine sulfate suppos 10 mg 27
morphine sulfate suppos 20 mg 27
morphine sulfate suppos 30 mg 27
morphine sulfate suppos 5 mg 27
morphine sulfate tab 15 mg 27
morphine sulfate tab 30 mg 27
morphine sulfate tab er 100 mg 27
morphine sulfate tab er 15 mg 27
morphine sulfate tab er 200 mg 27
morphine sulfate tab er 30 mg 27
morphine sulfate tab er 60 mg 27
MOTEGRITY TAB 1MG 187
MOTEGRITY TAB 2MG 187
MOTOFEN TAB 1-0.025 69
MOVANTIK TAB 12.5MG 190
MOVANTIK TAB 25MG 190
MOVIPREP SOL 199
MOXEZA SOL 0.5% 235
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 235
moxifloxacin hcl ophth soln 0.5% (base equiv) 235
moxifloxacin hcl tab 400 mg (base equiv) 187
MOXIFLOXACIN SOL 0.5% 235
MPD SFTY LAN MIS 21G 211
MPD SFTY LAN MIS 23G 211
MPD SFTY LAN MIS 28G 211
MPD SFTY LAN MIS 30G 211
MS CONTIN TAB 100MG ER 28
MS CONTIN TAB 15MG ER 27
MS CONTIN TAB 200MG ER 28
MS CONTIN TAB 30MG ER 28
MS CONTIN TAB 60MG ER 28
MSUD AID POW 170
MULPLETA TAB 3MG 196
MULTAQ TAB 400MG 40
MULTI-LANCET KIT DEVICE 211
MULTI-LANCET MIS DEVICE 211
mupirocin calcium cream 2% 145
mupirocin oint 2% 145
MUSE SUP 1000MCG 130
MUSE SUP 125MCG 130
MUSE SUP 250MCG 130
MUSE SUP 500MCG 130
MYALEPT INJ 11.3MG 182
MYAMBUTOL TAB 400MG 88
MYCAPSSA CAP 20MG 183
MYCOBUTIN CAP 150MG 88
mycophenolate mofetil cap 250 mg .224
mycophenolate mofetil for oral susp 200 mg/ml 224
mycophenolate mofetil tab 500 mg .224
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 224
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 225
MYDAYIS CAP 12.5MG 2

MYDAYIS CAP 25MG.....2
MYDAYIS CAP 37.5MG.....2
MYDAYIS CAP 50MG.....2
MYFEMBREE TAB.....185
MYFORTIC TAB 180MG.....225
MYFORTIC TAB 360MG.....225
MYGLUCOHEALT MIS LANC 30G 211
MYGLUCOHEALT SOL LO/NL/HI 211
MYGLUCOHEALT TES BLD GLUC 165
MYLERAN TAB 2MG 88
MYNATAL CAP.....227
MYNATAL PLUS TAB.....227
MYNATAL-Z TAB.....227
MYRBETRIQ SUS 8MG/ML.....258
MYRBETRIQ TAB 25MG.....258
MYRBETRIQ TAB 50MG.....258
MYSOLINE TAB 250MG 51
MYSOLINE TAB 50MG 51
MYTESI TAB 125MG.....68
MYXREDLIN SOL 1UNIT/ML 66
N
nabumetone tab 500 mg.....19
nabumetone tab 750 mg.....19
nadolol tab 20 mg 124
nadolol tab 40 mg 124
nadolol tab 80 mg 124
NAFRINSE DLY SOL /NEUTRAL 226
NAFRINSE SOL DAILY 226
NAFRINSE WK SOL 0.2%.....226
naftifine hcl cream 1% 146
naftifine hcl cream 2% 146
naftifine hcl gel 1% 146
NAFTIN GEL 1%.....146
NAFTIN GEL 2%.....146
NALFON CAP 400MG.....19
NALFON TAB 600MG.....19
nalocet tab 2.5-300.....31
naloxone hcl inj 0.4 mg/ml.....70
naloxone hcl inj 4 mg/10ml 70
naloxone hcl soln cartridge 0.4 mg/ml 70
naloxone hcl soln prefilled syringe 2 mg/2ml.....70
naltrexone hcl tab 50 mg 70
NAMENDA TAB 10MG.....242
NAMENDA TAB 5-10MG.....242
NAMENDA TAB 5MG.....242
NAMENDA XR CAP 14MG 242
NAMENDA XR CAP 21MG 242
NAMENDA XR CAP 28MG 242
NAMENDA XR CAP 7MG.....242
NAMENDA XR CAP TITRATIO.....242
NAMZARIC CAP.....242
NAMZARIC CAP 14-10MG 242
NAMZARIC CAP 21-10MG 242
NAMZARIC CAP 28-10MG 242
NAMZARIC CAP 7-10MG.....242
NAPRELAN TAB 375MG CR.....19
NAPRELAN TAB 500MG CR.....19
NAPRELAN TAB 750MG CR.....19
NAPROSYN SUS 125/5ML.....19
NAPROSYN TAB 500MG.....19
naproxen-esomeprazole magnesium tab dr 375-20 mg.....19
naproxen-esomeprazole magnesium tab dr 500-20 mg.....19
naproxen sodium tab 275 mg 19
naproxen sodium tab 550 mg 19
naproxen sodium tab er 24hr 375 mg (base equiv) 19
naproxen sodium tab er 24hr 500 mg (base equiv) 19
naproxen sodium tab er 24hr 750 mg (base equiv) 19
naproxen susp 125 mg/5ml.....19
naproxen tab 250 mg 19
naproxen tab 375 mg 19
naproxen tab 500 mg 19
naproxen tab ec 375 mg 19
naproxen tab ec 500 mg 19
naratriptan hcl tab 1 mg (base equiv) 221
naratriptan hcl tab 2.5 mg (base equiv) 221
NARCAN SPR.....70
NARDIL TAB 15MG 56
NASCOBAL SPR 500MCG 195
NASONEX SPR 50MCG/AC 232
NATACHEW CHW.....227
NATACYN SUS 5% OP.....235
NATALVIT TAB 75-1MG 227
NATAZIA TAB.....137

nateglinide tab 120 mg 67
nateglinide tab 60 mg.....67
NATESTO GEL 5.5MG.....33
NATPARA INJ 100MCG 178
NATPARA INJ 25MCG 177
NATPARA INJ 50MCG 178
NATPARA INJ 75MCG 178
NATROBA SUS 0.9%.....159
NATURE-THROI TAB 113.75MG 252
NATURE-THROI TAB 130MG.....253
NATURE-THROI TAB 146.25MG 253
NATURE-THROI TAB 16.25MG.....252
NATURE THROI TAB 162.5MG 252
NATURE-THROI TAB 195MG.....253
NATURE-THROI TAB 260MG.....253
NATURE-THROI TAB 32.5MG.....252
NATURE-THROI TAB 325MG.....253
NATURE-THROI TAB 48.75MG.....252
NATURE-THROI TAB 65MG 252
NATURE-THROI TAB 81.25MG.....252
NATURE-THROI TAB 97.5MG.....252
NAYZILAM SPR 5MG 48
nebivolol hcl tab 10 mg (base equivalent) 123
nebivolol hcl tab 2.5 mg (base equivalent) 123
nebivolol hcl tab 20 mg (base equivalent) 123
nebivolol hcl tab 5 mg (base equivalent) 123
NEEVO DHA CAP 27-1.13 227
nefazodone hcl tab 100 mg 58
nefazodone hcl tab 150 mg 58
nefazodone hcl tab 200 mg 58
nefazodone hcl tab 250 mg 58
nefazodone hcl tab 50 mg 58
NEOCATE LIQ SPLASH 170
NEOKE MCT70 POW.....170
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 235
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.235
neomycin-polymyxin-dexamethasone ophth oint 0.1% 237
neomycin-polymyxin-dexamethasone ophth susp 0.1% 237
neomycin-polymyxin-hc ophth susp 237
neomycin-polymyxin-hc otic soln 1% 239
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....239
neomycin sulfate tab 500 mg.....10
NEONATAL/DHA MIS.....228
NEONATAL 19 TAB 227
NEONATAL FE TAB.....227
NEONATAL PLS TAB 27-1MG.....227
NEONATAL TAB COMPLETE 227
NEONATAL TAB COMPLTE.....227
NEORAL CAP 100MG 225
NEORAL CAP 25MG.....225
NEORAL SOL 100MG/ML.....225
NEO-SYNALAR CRE.....145
NEOTUSS PLUS LIQ 142
NEPRO LIQ VANILLA 171
NERLYNX TAB 40MG.....98
NESINA TAB 12.5MG 65
NESINA TAB 25MG 65
NESINA TAB 6.25MG 65
NESTABS DHA PAK.....228
NESTABS ONE CAP 228
NESTABS TAB.....228
NEULASTA INJ 6MG/0.6M 196
NEULASTA KIT 6MG/0.6M.....196
NEUPOGEN INJ 300/0.5 196
NEUPOGEN INJ 300MCG.....196
NEUPOGEN INJ 480/0.8 196
NEUPOGEN INJ 480MCG.....196
NEUPRO DIS 1MG/24HR.....104
NEUPRO DIS 2MG/24HR.....104
NEUPRO DIS 3MG/24HR.....104
NEUPRO DIS 4MG/24HR.....104
NEUPRO DIS 6MG/24HR.....104
NEUPRO DIS 8MG/24HR.....104
NEURONTIN CAP 100MG 51
NEURONTIN CAP 300MG 51
NEURONTIN CAP 400MG 51
NEURONTIN SOL 250/5ML.....51
NEURONTIN TAB 600MG 52
NEURONTIN TAB 800MG 52
NEUTEK 2TEK SOL CONTROL 211

NEUTEK 2TEK TES STRIPS.....165
NEVANAC SUS 0.1%.....238
nevirapine susp 50 mg/5ml 116
nevirapine tab 200 mg 116
nevirapine tab er 24hr 100 mg.....116
nevirapine tab er 24hr 400 mg.....116
NEXAVAR TAB 200MG.....98
NEXIUM CAP 20MG.....256
NEXIUM CAP 40MG.....256
NEXIUM GRA 10MG DR 256
NEXIUM GRA 2.5MG DR 256
NEXIUM GRA 20MG DR 256
NEXIUM GRA 40MG DR 256
NEXIUM GRA 5MG DR 256
NEXLETOL TAB 180MG.....73
NEXLIZET TAB 180/10MG.....73
niacin (antihyperlipidemic) tab 500 mg 77
niacin tab er 1000 mg (antihyperlipidemic).....77
niacin tab er 500 mg (antihyperlipidemic).....77
niacin tab er 750 mg (antihyperlipidemic).....77
NIASPAN TAB 1000 ER.....77
NIASPAN TAB 500MG ER.....77
NIASPAN TAB 750MG ER.....77
NICAPRIN TAB 171
nicardipine hcl cap 20 mg.....126
nicardipine hcl cap 30 mg.....126
NICAZEL TAB.....227
NICAZEL TAB FORTE.....227
NICODERM CQ DIS 14MG/24H 247
NICODERM CQ DIS 21MG/24H 247
NICODERM CQ DIS 7MG/24HR.....247
NICOMIDE TAB 230
NICORETTE GUM 2MG.....247
NICORETTE GUM 2MG CINN.....247
NICORETTE GUM 2MGFRUIT 247
NICORETTE GUM 2MG MINT.....247
NICORETTE GUM 2MG ORIG 247
NICORETTE GUM 4MG.....247
NICORETTE GUM 4MG CINN.....247
NICORETTE GUM 4MGFRUIT 247
NICORETTE GUM 4MG MINT.....247
NICORETTE GUM 4MG ORIG 247
NICORETTE LOZ 2MG MINT 247
NICORETTE LOZ 4MG MINT 247
NICORETTE ST GUM 2MG MINT.....247
NICORETTE ST GUM 2MG ORIG.....247
NICORETTE ST GUM 4MG ORIG.....247
nicotine polacrilex gum 2 mg 247
nicotine polacrilex gum 4 mg 248
nicotine polacrilex lozenge 2 mg.....248
nicotine polacrilex lozenge 4 mg.....248
nicotine td patch 24hr 14 mg/24hr .248
nicotine td patch 24hr 21 mg/24hr .248
nicotine td patch 24hr 7 mg/24hr ...248
NICOTROL INH.....248
NICOTROL NS SPR 10MG/ML 248
nifedipine cap 10 mg 126
nifedipine cap 20 mg 126
nifedipine tab er 24hr 30 mg.....126
nifedipine tab er 24hr 60 mg.....126
nifedipine tab er 24hr 90 mg.....126
nifedipine tab er 24hr osmotic release 30 mg.....127
nifedipine tab er 24hr osmotic release 60 mg.....127
nifedipine tab er 24hr osmotic release 90 mg.....127
NILANDRON TAB 150MG 92
nilutamide tab 150 mg.....92
nimodipine cap 30 mg.....127
NINLARO CAP 2.3MG 98
NINLARO CAP 3MG.....98
NINLARO CAP 4MG.....98
nisoldipine tab er 24hr 17 mg 127
nisoldipine tab er 24hr 20 mg 127
nisoldipine tab er 24hr 25.5 mg.....127
nisoldipine tab er 24hr 30 mg 127
nisoldipine tab er 24hr 34 mg 127
nisoldipine tab er 24hr 40 mg 127
nisoldipine tab er 24hr 8.5 mg 127
nitazoxanide tab 500 mg.....35
nitisinone cap 10 mg 182
nitisinone cap 2 mg 182
nitisinone cap 5 mg 182
NITRO-BID OIN 2%.....37
NITRO-DUR DIS 0.1MG/HR.....37
NITRO-DUR DIS 0.2MG/HR.....37
NITRO-DUR DIS 0.3MG/HR.....37

NITRO-DUR DIS 0.4MG/HR.....37
NITRO-DUR DIS 0.6MG/HR.....37
NITRO-DUR DIS 0.8MG/HR.....37
nitrofurantoin macrocrystalline cap 100 mg 37
nitrofurantoin macrocrystalline cap 25 mg 36
nitrofurantoin macrocrystalline cap 50 mg 37
nitrofurantoin monohydrate macrocrystalline cap 100 mg 37
nitrofurantoin susp 25 mg/5ml.....37
nitroglycerin sl tab 0.3 mg 37
nitroglycerin sl tab 0.4 mg 37
nitroglycerin sl tab 0.6 mg 37
nitroglycerin td patch 24hr 0.1 mg/hr 37
nitroglycerin td patch 24hr 0.2 mg/hr 37
nitroglycerin td patch 24hr 0.4 mg/hr 37
nitroglycerin td patch 24hr 0.6 mg/hr 37
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 38
NITROLINGUAL SPR PUMPSPRA 38
NITROMIST AER 400MCG 38
NITROSTAT SUB 0.3MG 38
NITROSTAT SUB 0.4MG 38
NITROSTAT SUB 0.6MG 38
NITYR TAB 10MG.....182
NITYR TAB 2MG 182
NITYR TAB 5MG 182
NIVA-PLUS TAB.....228
NIVESTYM INJ 300/0.5.....196
NIVESTYM INJ 300MCG 196
NIVESTYM INJ 480/0.8.....196
NIVESTYM INJ 480MCG 196
nizatidine cap 150 mg 255
nizatidine cap 300 mg 255
nizatidine oral soln 15 mg/ml 255
NOCDURNA SUB 27.7MCG 183
NOCDURNA SUB 55.3MCG 183
NO CODING TES BLD GLUC 165
nonoxynol-9 gel 4% 258
NORDITROPIN INJ 10/1.5ML.....180
NORDITROPIN INJ 15/1.5ML.....180
NORDITROPIN INJ 30/3ML.....180
NORDITROPIN INJ 5/1.5ML.....180
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....138
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 137
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 137
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 137
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg 137
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 137
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 137
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG 137
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....137
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG 137
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 137
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG .137
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....137
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG....137
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....137
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 137
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....137
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 185
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 185
norethindrone acetate tab 5 mg 241
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 137

norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 137
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 137
norethindrone tab 0.35 mg 138
NORGESIC TAB FORTE 231
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 137
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 138
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 138
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 138
NORITATE CRE 1% 158
NORPACE CAP 100MG 39
NORPACE CAP 100MG CR 39
NORPACE CAP 150MG 39
NORPACE CAP 150MG CR 39
NORPRAMIN TAB 10MG 61
NORPRAMIN TAB 25MG 61
NORTHERA CAP 100MG 260
NORTHERA CAP 200MG 260
NORTHERA CAP 300MG 260
nortriptyline hcl cap 10 mg 61
nortriptyline hcl cap 25 mg 61
nortriptyline hcl cap 50 mg 61
nortriptyline hcl cap 75 mg 61
nortriptyline hcl soln 10 mg/5ml 61
NORVASC TAB 10MG 127
NORVASC TAB 2.5MG 127
NORVASC TAB 5MG 127
NORVIR POW 100MG 116
NORVIR SOL 80MG/ML 116
NORVIR TAB 100MG 116
NOURIANZ TAB 20MG 102
NOURIANZ TAB 40MG 102
NOVA MAX GLU LIQ /KET CON 211
NOVA MAX PLS TES KETONE 165
NOVA MAX TES GLUCOSE 165
NOVAREL INJ 10000UNT 179
NOVAREL INJ 5000UNIT 179
NOVA SAFETY MIS LANC 23G 211
NOVA SAFETY MIS LANC 28G 211
NOVASOURCE LIQ RENAL 171
NOVA SUREFLX MIS LANC DEV 211
NOVA SURE MIS LANCETS 211
NOVOLIN70/30 INJ RELION 66
NOVOLIN INJ 70/30 66
NOVOLIN INJ 70/30 FP 66
NOVOLIN N INJ 100 UNIT 67
NOVOLIN N INJ RELION 67
NOVOLIN N INJ U-100 67
NOVOLIN R INJ 100 UNIT 67
NOVOLIN R INJ RELION 67
NOVOLIN R INJ U-100 67
NOVOLOG INJ 100/ML 67
NOVOLOG INJ FLEXPEN 67
NOVOLOG INJ PENFILL 67
NOVOLOG MIX INJ 70/30 67
NOVOLOG MIX INJ FLEXPEN 67
NOXAFIL SUS 40MG/ML 72
NOXAFIL TAB 100MG 72
NOZIN NASAL MIS SANITIZE 232
NUBEQA TAB 300MG 92
NUCALA INJ 100MG/ML 40, 41
NUCYNTA ER TAB 100MG 28
NUCYNTA ER TAB 150MG 28
NUCYNTA ER TAB 200MG 28
NUCYNTA ER TAB 250MG 28
NUCYNTA ER TAB 50MG 28
NUCYNTA TAB 100MG 28
NUCYNTA TAB 50MG 28
NUCYNTA TAB 75MG 28
NUEDEXTA CAP 20-10MG 247
NULYTELY SOL LMN/LIME 199
NUMBRINO SOL 40MG/ML 232
NUPLAZID CAP 34MG 106
NUPLAZID TAB 10MG 106
NURTEC TAB 75MG ODT 219
NUTRAMINE PAK 171
NUTREN 1.0 LIQ UNFLAVOR 171
NUTREN 1.5 LIQ FIBER 171
NUTREN 2.0 LIQ VANILLA 171
NUTREN JR LIQ 171
NUTREN LIQ JUNIOR 171
NUTREN RENAL LIQ 171
NUTRIRENAL LIQ 171
NUTROPIN AQ INJ 10MG/2ML 180
NUTROPIN AQ INJ 20MG/2ML 180
NUTROPIN AQ INJ NUSPIN 5 180
NUVARING MIS 138

NUVESSA GEL 1.3% 259
NUVIGIL TAB 150MG.....8
NUVIGIL TAB 200MG.....8
NUVIGIL TAB 250MG.....9
NUVIGIL TAB 50MG.....8
NUZYRA TAB 150MG.....249
NYMALIZE SOL.....127
nystatin cream 100000 unit/gm 147
nystatin oint 100000 unit/gm.....147
nystatin susp 100000 unit/ml.....226
nystatin tab 500000 unit.....71
nystatin topical powder 100000 unit/gm.....147
nystatin-triamcinolone cream 100000-0.1 unit/gm-% 147
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 147
NYVEPRIA INJ 6/0.6ML.....196
O
OA 2 POW 171
OB COMPLETE/ CAP DHA.....228
OB COMPLETE CAP ONE 228
OB COMPLETE CAP PETITE.....228
OB COMPLETE TAB 228
OB COMPLETE TAB PREMIER.....228
OBSTETRIX EC TAB 228
OBSTETRIX PAK DHA.....228
OBSTETRX ONE CAP 38-1-225 228
OCALIVA TAB 10MG.....188
OCALIVA TAB 5MG 188
O-CAL TAB PRENATAL.....228
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 184
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 183
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 184
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 184
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 183
OCUFLOX DRO 0.3% OP.....235
ODACTRA SUB.....9
ODEFSEY TAB 116
ODOMZO CAP 200MG 91
OFEV CAP 100MG.....249
OFEV CAP 150MG.....249
ofloxacin ophth soln 0.3% 235
ofloxacin otic soln 0.3% 239
ofloxacin tab 300 mg 187
ofloxacin tab 400 mg 187
olanzapine-fluoxetine hcl cap 12-25 mg 243
olanzapine-fluoxetine hcl cap 12-50 mg 243
olanzapine-fluoxetine hcl cap 3-25 mg 243
olanzapine-fluoxetine hcl cap 6-25 mg 243
olanzapine-fluoxetine hcl cap 6-50 mg 243
olanzapine for im inj 10 mg 108
olanzapine orally disintegrating tab 10 mg 109
olanzapine orally disintegrating tab 15 mg 109
olanzapine orally disintegrating tab 20 mg 109
olanzapine orally disintegrating tab 5 mg 109
olanzapine tab 10 mg 109
olanzapine tab 15 mg 109
olanzapine tab 2.5 mg 109
olanzapine tab 20 mg 109
olanzapine tab 5 mg 109
olanzapine tab 7.5 mg 109
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 84
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 85
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 85
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 84
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 84

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 84
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 84
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .84
olmesartan medoxomil tab 20 mg 80
olmesartan medoxomil tab 40 mg 80
olmesartan medoxomil tab 5 mg 80
olopatadine hcl nasal soln 0.6% 232
OLUMIANT TAB 1MG.....13
OLUMIANT TAB 2MG.....13
OLUX AER 0.05% 155
OLUX-E AER 0.05% 155
OMECLAMOX- MIS PAK 257
omega-3-acid ethyl esters cap 1 gm .73
omeprazole cap delayed release 10 mg 256
omeprazole cap delayed release 20 mg 256
omeprazole cap delayed release 40 mg 256
omeprazole-sodium bicarbonate cap 20-1100 mg.....257
omeprazole-sodium bicarbonate cap 40-1100 mg.....257
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg 257
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg 257
OMNARIS SPR.....232
OMNIFLEX DPR 201
OMNIPOD KIT STARTER 211
OMNIPOD MIS 5 PACK 211
OMNITROPE INJ 10/1.5ML.....180
OMNITROPE INJ 5/1.5ML.....180
OMNITROPE INJ 5.8MG 180
OMNIVEX TAB.....171
ondansetron hcl oral soln 4 mg/5ml..70
ondansetron hcl tab 24 mg.....70
ondansetron hcl tab 4 mg 70
ondansetron hcl tab 8 mg 70
ondansetron orally disintegrating tab 4 mg 70
ondansetron orally disintegrating tab 8 mg 70
ONE DROP TES BLD GLUC 165
ONETOUCH DEL MIS LANC DEV.....211
ONETOUCH DEL MIS PLUS 30G 211
ONETOUCH DEL MIS PLUS 33G 211
ONETOUCH FP MIS LANCETS 211
ONETOUCH MIS 30G.....211
ONETOUCH MIS LANC DEV 211
ONETOUCH MIS LANCETS.....211
ONETOUCH SOL ULT CONT 211
ONETOUCH SOL VERIO 211
ONETOUCH SOL VERIO-HI.....211
ONETOUCH TES ULTRA 166
ONETOUCH TES VERIO 166
ONETOUCH US MIS LANCETS.....211
ONE VITE TAB 1MG PLUS 228
ONEXTON GEL 1.2-3.75 144
ONFI SUS 2.5MG/ML 48
ONFI TAB 10MG.....48
ONFI TAB 20MG.....48
ONGENTYS CAP 25MG.....102
ONGENTYS CAP 50MG.....102
ONGLYZA TAB 2.5MG 65
ONGLYZA TAB 5MG 65
ON-THE-GO MIS LANC 30G.....211
ONUREG TAB 200MG 89
ONUREG TAB 300MG 89
ONZETRA XSAI MIS 11MG 221
OPSUMIT TAB 10MG 133
OPTICHAMBER MIS DIA MD 219
OPTICHAMBER MIS DIAMOND 219
OPTICHAMBER MIS DIA SM 219
OPTIMENTAL LIQ.....171
OPTIUMEZ TES 166
OPTIUM TES 166
ORACEA CAP 40MG.....158
ORACIT SOL 191
ORAFATE PST 10% 226
ORALAIR SUB 300 IR 9
ORAPRED ODT TAB 10MG.....140
ORAPRED ODT TAB 15MG.....140
ORAPRED ODT TAB 30MG.....140
ORAVIG TAB 50MG 226
ORENCIA CLCK INJ 125MG/ML.....21
ORENCIA INJ 125MG/ML 21

ORENCIA INJ 50/0.4ML.....21
ORENCIA INJ 87.5/0.7.....21
ORENITRAM TAB 0.125MG.....132
ORENITRAM TAB 0.25MG 132
ORENITRAM TAB 1MG.....132
ORENITRAM TAB 2.5MG 132
ORENITRAM TAB 5MG.....132
ORFADIN CAP 10MG 182
ORFADIN CAP 20MG 182
ORFADIN CAP 2MG.....182
ORFADIN CAP 5MG.....182
ORFADIN SUS 4MG/ML.....182
ORGOVYX TAB 120MG 92
ORIAHNN CAP.....185
ORILISSA TAB 150MG.....179
ORILISSA TAB 200MG.....179
ORKAMBI GRA 100-125.....248
ORKAMBI GRA 150-188.....248
ORKAMBI TAB 100-125 249
ORKAMBI TAB 200-125 249
ORLADEYO CAP 110MG 193
ORLADEYO CAP 150MG 193
orphenadrine citrate tab er 12hr 100 mg 231
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg.....231
ORTHO DF CAP 1-3775IU 197
ORTHO MICRON TAB 0.35MG.....138
ORTIKOS CAP 6MG ER 140
ORTIKOS CAP 9MG ER 140
OS 2 POW 171
oseltamivir phosphate cap 30 mg (base equiv) 121
oseltamivir phosphate cap 45 mg (base equiv) 121
oseltamivir phosphate cap 75 mg (base equiv) 121
oseltamivir phosphate for susp 6 mg/ml (base equiv) 121
OSENI TAB 12.5-15.....63
OSENI TAB 12.5-30.....63
OSENI TAB 12.5-45.....63
OSENI TAB 25-15MG 63
OSENI TAB 25-30MG 63
OSENI TAB 25-45MG 63
OSMOLEX ER TAB.....104
OSMOLEX ER TAB 129MG 104
OSMOLEX ER TAB 193MG 104
OSMOLEX ER TAB 258MG 104
OSMOLITE 1.2 LIQ CAL 171
OSMOLITE 1.5 LIQ CAL 171
OSMOLITE 1 LIQ CAL.....171
OSMOLITE HN LIQ.....171
OSMOLITE LIQ.....171
OSMOPREP TAB 1.5GM.....200
OSPHENA TAB 60MG.....181
OTEZLA TAB 10/20/30.....20
OTEZLA TAB 30MG.....20
OTOVEL DRO 239
OTREXUP INJ 10MG.....15
OTREXUP INJ 12.5/0.4.....15
OTREXUP INJ 15MG.....15
OTREXUP INJ 17.5/0.4.....15
OTREXUP INJ 20MG.....15
OTREXUP INJ 22.5/0.4.....15
OTREXUP INJ 25MG.....15
OVIDE LOT 0.5%.....159
OVIDREL INJ 179
oxandrolone tab 10 mg.....33
oxandrolone tab 2.5 mg.....33
oxaprozin tab 600 mg.....19
OXAYDO TAB 5MG.....28
OXAYDO TAB 7.5MG.....28
oxazepam cap 10 mg 39
oxazepam cap 15 mg 39
oxazepam cap 30 mg 39
OXBRYTA TAB 500MG 195
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 52
oxcarbazepine tab 150 mg 52
oxcarbazepine tab 300 mg 52
oxcarbazepine tab 600 mg 52
OXEPA 1.5 LIQ.....171
OXEPA LIQ 171
OXERVATE SOL 20MCG/ML.....236
OXIANUJO CRE 4-0.1%.....157
OXIAZAR CRE 4-0.1%.....144
oxiconazole nitrate cream 1% 147
OXISTAT CRE 1%.....147
OXISTAT LOT 1% 147
OXSORALEN-UL CAP 10MG 149
OXTELLAR XR TAB 150MG 52

OXTELLAR XR TAB 300MG 52
OXTELLAR XR TAB 600MG 52
oxybutynin chloride syrup 5 mg/5ml 258
oxybutynin chloride tab 5 mg 258
oxybutynin chloride tab er 24hr 10 mg 258
oxybutynin chloride tab er 24hr 15 mg 258
oxybutynin chloride tab er 24hr 5 mg 258
OXYCOD/ACETA SOL 10/300MG 31
OXYCOD/APAP TAB 10-300MG 31
OXYCOD/APAP TAB 5-300MG 31
oxycod-apap tab 2.5-300 31
oxycodone-aspirin tab 4.8355-325 mg 31
oxycodone hcl cap 5 mg 28
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 28
oxycodone hcl soln 5 mg/5ml 28
oxycodone hcl tab 10 mg 28
oxycodone hcl tab 15 mg 28
oxycodone hcl tab 20 mg 28
oxycodone hcl tab 30 mg 28
oxycodone hcl tab 5 mg 28
oxycodone hcl tab er 12hr deter 10 mg 28
oxycodone hcl tab er 12hr deter 15 mg 28
oxycodone hcl tab er 12hr deter 20 mg 28
oxycodone hcl tab er 12hr deter 30 mg 28
oxycodone hcl tab er 12hr deter 40 mg 28
oxycodone hcl tab er 12hr deter 60 mg 28
oxycodone hcl tab er 12hr deter 80 mg 28
OXYCODONE TAB 10MG ER 28
OXYCODONE TAB 20MG ER 28
OXYCODONE TAB 40MG ER 28
oxycodone w/ acetaminophen tab 10-325 mg 31
oxycodone w/ acetaminophen tab 2.5-325 mg 31
oxycodone w/ acetaminophen tab 5-325 mg 31
oxycodone w/ acetaminophen tab 7.5-325 mg 31
OXYCONTIN TAB 10MG CR 28
OXYCONTIN TAB 15MG CR 28
OXYCONTIN TAB 20MG CR 28
OXYCONTIN TAB 30MG CR 28
OXYCONTIN TAB 40MG CR 28
OXYCONTIN TAB 60MG CR 28
OXYCONTIN TAB 80MG CR 28
oxymorphone hcl tab 10 mg 29
oxymorphone hcl tab 5 mg 28
oxymorphone hcl tab er 12hr 10 mg .29
oxymorphone hcl tab er 12hr 15 mg .29
oxymorphone hcl tab er 12hr 20 mg .29
oxymorphone hcl tab er 12hr 30 mg .29
oxymorphone hcl tab er 12hr 40 mg .29
oxymorphone hcl tab er 12hr 5 mg ...29
oxymorphone hcl tab er 12hr 7.5 mg 29
OXYTROL DIS 3.9MG/24.....258
OZEMPIC INJ 2/1.5ML.....65
OZEMPIC INJ 4MG/3ML.....65
OZOBAX SOL 5MG/5ML.....231

P

PALFORZIA CAP ESCALAT 9
PALFORZIA CAP LEVEL 1.....9
PALFORZIA CAP LEVEL 10 9
PALFORZIA CAP LEVEL 2.....9
PALFORZIA CAP LEVEL 3.....9
PALFORZIA CAP LEVEL 4.....9
PALFORZIA CAP LEVEL 5.....9
PALFORZIA CAP LEVEL 6.....9
PALFORZIA CAP LEVEL 7.....9
PALFORZIA CAP LEVEL 8.....9
PALFORZIA CAP LEVEL 9.....9
PALFORZIA POW LEVEL 11 9
paliperidone tab er 24hr 1.5 mg 107
paliperidone tab er 24hr 3 mg 107
paliperidone tab er 24hr 6 mg 107
paliperidone tab er 24hr 9 mg 107
PALYNZIQ INJ 10/0.5ML.....182
PALYNZIQ INJ 2.5/0.5.....182
PALYNZIQ INJ 20MG/ML.....182

PAMELOR CAP 10MG.....61
PAMELOR CAP 25MG.....61
PAMELOR CAP 50MG.....61
PAMELOR CAP 75MG.....61
PANCREAZE CAP 10500UNT.....175
PANCREAZE CAP 16800UNT.....175
PANCREAZE CAP 21000UNT.....175
PANCREAZE CAP 2600UNIT 175
PANCREAZE CAP 37000.....175
PANCREAZE CAP 4200UNIT 175
PANDEL CRE 0.1% 155
PANRETIN GEL 0.1% 147
pantoprazole sodium ec tab 20 mg (base equiv) 256
pantoprazole sodium ec tab 40 mg (base equiv) 256
pantoprazole sodium for delayed release susp packet 40 mg 256
pantoprazole sodium for iv soln 40 mg (base equiv) 256
paricalcitol cap 1 mcg 182
paricalcitol cap 2 mcg 182
paricalcitol cap 4 mcg 182
PARLODEL CAP 5MG 104
PARLODEL TAB 2.5MG.....104
PARNATE TAB 10MG.....56
paromomycin sulfate cap 250 mg.....10
paroxetine hcl oral susp 10 mg/5ml (base equiv) 57
paroxetine hcl tab 10 mg 57
paroxetine hcl tab 20 mg 57
paroxetine hcl tab 30 mg 57
paroxetine hcl tab 40 mg 57
paroxetine hcl tab er 24hr 12.5 mg ..57
paroxetine hcl tab er 24hr 25 mg 57
paroxetine hcl tab er 24hr 37.5 mg ..57
paroxetine mesylate cap 7.5 mg (base equiv) 248
PASER GRA 4GM 88
PATANASE SPR 0.6% 232
PAXIL CR TAB 12.5MG 57
PAXIL CR TAB 25MG.....57
PAXIL CR TAB 37.5MG 57
PAXIL SUS 10MG/5ML.....57
PAXIL TAB 10MG.....57
PAXIL TAB 20MG.....57
PAXIL TAB 30MG.....58
PAXIL TAB 40MG.....58
PC LANCETS MIS 30G 211
PEDIAPRED SOL 5MG/5ML.....140
PEDIASURE EN LIQ /FIBER 172
PEDIASURE LIQ PEPTIDE.....172
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....199
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....199
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....199
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 200
PEGASYS INJ 120
PEGASYS INJ 180MCG/M 120
PEGINTRON KIT 50MCG 120
PEMAZYRE TAB 13.5MG 98
PEMAZYRE TAB 4.5MG 98
PEMAZYRE TAB 9MG.....98
penicillamine cap 250 mg 223
penicillamine tab 250 mg 223
penicillin v potassium for soln 125 mg/5ml.....240
penicillin v potassium for soln 250 mg/5ml.....240
penicillin v potassium tab 250 mg...240
penicillin v potassium tab 500 mg...240
PENLET II KIT BLOOD 211
PENLET II MIS REPL CAP 211
PENNSAID SOL 2%.....145
PENTASA CAP 250MG CR.....189
PENTASA CAP 500MG CR.....189
pentazocine w/ naloxone hcl tab 50-0.5 mg 32
PENTETATE CA SOL 200MG/ML 69
PENTETATE ZI SOL 200MG/ML.....69
PENTOSAN CAP 150MG 191
PENTOSAN CAP 200MG 191
pentoxifylline tab er 400 mg 193
PEPCID TAB 40MG.....255
PEPTAMEN LIQ PREBIO1.....172
PEPTAMEN LIQ UNFLAVOR.....172
PEPTINEX DT LIQ 172
PEPTINEX DT LIQ VANILLA 172
PERATIVE LIQ.....172

PERCOCET TAB 10-325MG.....31
PERCOCET TAB 2.5-325.....31
PERCOCET TAB 5-325MG.....31
PERCOCET TAB 7.5-325.....31
PERFECT 28G MIS LANCETS.....211
PERFECT 30G MIS LANCETS.....212
PERFOROMIST NEB 20MCG.....45
PERIDEX SOL 0.12%.....226
PERIFLEX POW ADVANCE.....172
perindopril erbumine tab 2 mg.....78
perindopril erbumine tab 4 mg.....78
perindopril erbumine tab 8 mg.....78
permethrin cream 5%.....159
perphenazine-amitriptyline tab 2-10 mg.....243
perphenazine-amitriptyline tab 2-25 mg.....243
perphenazine-amitriptyline tab 4-10 mg.....243
perphenazine-amitriptyline tab 4-25 mg.....243
perphenazine-amitriptyline tab 4-50 mg.....243
perphenazine tab 16 mg.....110
perphenazine tab 2 mg.....110
perphenazine tab 4 mg.....110
perphenazine tab 8 mg.....110
PERSERIS INJ 120MG.....107
PERSERIS INJ 90MG.....107
PERTZYE CAP 16000U.....175
PERTZYE CAP 24000U.....175
PERTZYE CAP 4000UNIT.....175
PERTZYE CAP 8000UNIT.....175
PEXEVA TAB 10MG.....58
PEXEVA TAB 20MG.....58
PEXEVA TAB 30MG.....58
PEXEVA TAB 40MG.....58
PFD 2 POW.....172
PHARMACY COU MIS LANCETS.....212
PHENACTIN AA LIQ PLUS.....172
phenazopyridine hcl tab 200 mg.....192
phendimetrazine tartrate cap er 24hr 105 mg.....4
phendimetrazine tartrate tab 35 mg...4
phenelzine sulfate tab 15 mg.....56
PHENEX-1 POW.....172
PHENEX-2 POW.....172
phenobarbital elixir 20 mg/5ml.....197
phenobarbital tab 100 mg.....198
phenobarbital tab 15 mg.....198
phenobarbital tab 16.2 mg.....198
phenobarbital tab 30 mg.....198
phenobarbital tab 32.4 mg.....198
phenobarbital tab 60 mg.....198
phenobarbital tab 64.8 mg.....198
phenobarbital tab 97.2 mg.....198
phenoxybenzamine hcl cap 10 mg....79
phentermine hcl cap 15 mg.....4
phentermine hcl cap 30 mg.....4
phentermine hcl cap 37.5 mg.....4
phentermine hcl tab 37.5 mg.....4
PHENYLADE60 POW.....172
phenylephrine hcl ophth soln 10%..234
phenylephrine hcl ophth soln 2.5%.234
PHENYL-FREE POW 2.....172
PHENYTEK CAP 200MG.....54
PHENYTEK CAP 300MG.....54
phenytoin chew tab 50 mg.....54
phenytoin sodium extended cap 100 mg.....54
phenytoin sodium extended cap 200 mg.....54
phenytoin sodium extended cap 300 mg.....54
phenytoin susp 125 mg/5ml.....54
PHOSLYRA SOL.....190
PHOSPHOLINE SOL 0.125%OP.....234
PHOTREXA/PHO SOL VISC KIT.....236
PHOTREXA VIS SOL 0.146-20.....236
phytonadione tab 5 mg.....260
PICATO GEL 0.015%.....147
PICATO GEL 0.05%.....147
PIFELTRO TAB 100MG.....116
pilocarpine hcl ophth soln 1%.....234
pilocarpine hcl ophth soln 2%.....234
pilocarpine hcl ophth soln 4%.....234
pilocarpine hcl tab 5 mg.....226
pilocarpine hcl tab 7.5 mg.....226
pimecrolimus cream 1%.....157
pimozide tab 1 mg.....247
pimozide tab 2 mg.....247
pindolol tab 10 mg.....124

pindolol tab 5 mg 124
pioglitazone hcl-glimepiride tab 30-2 mg 63
pioglitazone hcl-glimepiride tab 30-4 mg 63
pioglitazone hcl-metformin hcl tab 15-500 mg 63
pioglitazone hcl-metformin hcl tab 15-850 mg 63
pioglitazone hcl tab 15 mg (base equiv) 67
pioglitazone hcl tab 30 mg (base equiv) 67
pioglitazone hcl tab 45 mg (base equiv) 67
PIP LANCETS MIS 28G 212
PIP LANCETS MIS 30G 212
PIQRAY 200MG TAB DOSE.....98
PIQRAY 250MG TAB DOSE.....98
PIQRAY 300MG TAB DOSE.....98
piroxicam cap 10 mg 19
piroxicam cap 20 mg 19
PIVOT LIQ 1.5 CAL 172
PKU EXPLORE5 POW UNFLAVOR.....172
PLAQUENIL TAB 200MG 87
PLAVIX TAB 75MG 194
PLEGRIDY INJ 245
PLEGRIDY INJ PEN.....245
PLEGRIDY INJ STARTER 245
PLEGRIDY PEN INJ STARTER.....245
PLENVU SOL.....200
PLIAGLIS CRE 7-7% 158
PNV-DHA CAP DOCUSATE.....228
PNV-OMEGA CAP.....228
PNV TAB 20-1 TAB 228
PNV TABS TAB 29-1MG 228
POCKET CHAMB MIS 219
POCKETCHEM SOL EZ 212
POCKETCHEM TES EZ 166
POCKET SPACE MIS 219
podofilox soln 0.5% 157
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 235
POLYTRIM SOL OP 235
POMALYST CAP 1MG.....93
POMALYST CAP 2MG.....93
POMALYST CAP 3MG.....93
POMALYST CAP 4MG.....93
PONVORY TAB 20MG.....246
PONVORY TAB STARTER.....246
PORTAGEN POW.....172
posaconazole tab delayed release 100 mg 72
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml 191
potassium chloride cap er 10 meq ..223
potassium chloride cap er 8 meq 223
potassium chloride microencapsulated crys er tab 10 meq 223
potassium chloride microencapsulated crys er tab 15 meq 223
potassium chloride microencapsulated crys er tab 20 meq 223
potassium chloride oral soln 10% (20 meq/15ml) 223
potassium chloride oral soln 20% (40 meq/15ml) 223
potassium chloride powder packet 20 meq.....223
potassium chloride tab er 10 meq...223
potassium chloride tab er 20 meq (1500 mg).....223
potassium chloride tab er 8 meq (600 mg) 223
potassium citrate & citric acid powder pack 3300-1002 mg.....191
potassium citrate & citric acid soln 1100-334 mg/5ml 191
potassium citrate tab er 10 meq (1080 mg) 191
potassium citrate tab er 15 meq (1620 mg) 191
potassium citrate tab er 5 meq (540 mg) 191
POTASSIUM POW CHLORIDE.....223
POVIDONE IOD SOL 5%.....235
PPA/MMA POW EXPRESS 172
PRADAXA CAP 110MG.....47
PRADAXA CAP 150MG.....47
PRADAXA CAP 75MG.....47
PRALUENT INJ 150MG/ML 77
PRALUENT INJ 75MG/ML 77

pramipexole dihydrochloride tab 0.125 mg 104
pramipexole dihydrochloride tab 0.25 mg 104
pramipexole dihydrochloride tab 0.5 mg 104
pramipexole dihydrochloride tab 0.75 mg 104
pramipexole dihydrochloride tab 1.5 mg 104
pramipexole dihydrochloride tab 1 mg 104
pramipexole dihydrochloride tab er 24hr 0.375 mg 104
pramipexole dihydrochloride tab er 24hr 0.75 mg 104
pramipexole dihydrochloride tab er 24hr 1.5 mg 104
pramipexole dihydrochloride tab er 24hr 2.25 mg 104
pramipexole dihydrochloride tab er 24hr 3.75 mg 104
pramipexole dihydrochloride tab er 24hr 3 mg 104
pramipexole dihydrochloride tab er 24hr 4.5 mg 104
PRAMOSONE CRE 1-1% 155
PRAMOSONE LOT 1%.....155
PRAMOSONE LOT 2.5%.....155
PRAMOX GEL 1%.....158
prasugrel hcl tab 10 mg (base equiv) 194
*prasugrel hcl tab 5 mg (base equiv)*194
pravastatin sodium tab 10 mg 76
pravastatin sodium tab 20 mg 76
pravastatin sodium tab 40 mg 76
pravastatin sodium tab 80 mg 76
praziquantel tab 600 mg 34
prazosin hcl cap 1 mg 80
prazosin hcl cap 2 mg 81
prazosin hcl cap 5 mg 81
PRECISION LIQ CONTROL.....212
PRECISION LIQ GLUC/KET.....212
PRECISION LIQ NRML/MID 212
PRECISION PT TES OF CARE 166
PRECISION TES PCX 166
PRECISION TES PCX PLUS 166
PRECISION TES QID 166
PRECISION TES SOF-TACT 166
PRECISION TES XTRA 166
PRECISN XTRA TES KETONE 166
PRECOSE TAB 100MG 61
PRECOSE TAB 25MG.....61
PRECOSE TAB 50MG.....61
PRED/NEPAFEN DRO 1-0.1% 237
PRED FORTE SUS 1% OP.....237
PRED-GATIFL- SUS BROMFENA 237
PRED-GATI SUS 1-0.5%.....237
PRED-G S.O.P OIN OP.....237
PRED-G SUS OP 237
PRED MILD SUS 0.12% OP 237
PRED MOXIFLO SOL 1-0.5% 237
PRED MOXIFLO SUS BROMFEN.....237
PREDNI/MOXI/ DRO NEPAFENA 237
PREDNI/MOXIF DRO 1-0.5%.....237
prednicarbate cream 0.1% 155
prednicarbate oint 0.1%.....155
prednisolone acetate ophth susp 1% 237
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....140
prednisolone sod phos orally disintegr tab 10 mg (base eq) 140
prednisolone sod phos orally disintegr tab 15 mg (base eq) 140
prednisolone sod phos orally disintegr tab 30 mg (base eq) 140
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) 140
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 140
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) 140
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) 140
PREDNISOLONE SOL MOX-BROM....237
PREDNISOLONE SUS 1%.....237
prednisolone syrup 15 mg/5ml (usp solution equivalent) 141
PREDNISONE CON 5MG/ML.....141
prednisone oral soln 5 mg/5ml 141
prednisone tab 10 mg 141

prednisone tab 1 mg.....141
prednisone tab 2.5 mg.....141
prednisone tab 20 mg.....141
prednisone tab 50 mg.....141
prednisone tab 5 mg.....141
prednisone tab therapy pack 10 mg (21).....141
prednisone tab therapy pack 10 mg (48).....141
prednisone tab therapy pack 5 mg (21).....141
prednisone tab therapy pack 5 mg (48).....141
PRED SOD PHO SOL 1% OP.....237
PREFEST TAB.....185
pregabalin cap 100 mg.....52
pregabalin cap 150 mg.....52
pregabalin cap 200 mg.....52
pregabalin cap 225 mg.....52
pregabalin cap 25 mg.....52
pregabalin cap 300 mg.....52
pregabalin cap 50 mg.....52
pregabalin cap 75 mg.....52
pregabalin soln 20 mg/ml.....52
pregabalin tab er 24hr 165 mg.....246
pregabalin tab er 24hr 330 mg.....246
pregabalin tab er 24hr 82.5 mg.....246
PREGEN DHA CAP.....228
PREGENNA TAB.....228
PREGNYL INJ 10000UNT.....179
PREMARIN INJ 25MG.....187
PREMARIN TAB 0.3MG.....187
PREMARIN TAB 0.45MG.....187
PREMARIN TAB 0.625MG.....187
PREMARIN TAB 0.9MG.....187
PREMARIN TAB 1.25MG.....187
PREMARIN VAG CRE 0.625MG.....259
PREMESISRX TAB.....228
PREMIUM BLOO MIS GLUCOSE.....166
PREMPHASE TAB.....185
PREMPRO TAB.....185
PREMPRO TAB 0.3-1.5.....185
PREMPRO TAB 0.45-1.5.....185
PREMPRO TAB 0.625-5.....185
PRENA1 CHW.....228
PRENA1 PEARL CAP.....228
PRENA 1 TRUE MIS.....228
PRENAISSANCE CAP.....228
PRENAISSANCE CAP PLUS.....228
PRENARA CAP PRENATAL.....228
PRENATAL+FE TAB 29-1MG.....229
PRENATAL 19 CHW 29-1MG.....228
PRENATAL 19 TAB 29-1MG.....228
PRENATAL TAB 27-1MG.....228
PRENATAL-U CAP 106.5-1.....229
PRENATAL VIT TAB LOW IRON.....228
PRENATE AM TAB 1MG.....229
PRENATE CAP ENHANCE.....229
PRENATE CAP ESSENT.....229
PRENATE CAP PIXIE.....229
PRENATE CAP RESTORE.....229
PRENATE CHW 0.6-0.4.....229
PRENATE DHA CAP.....229
PRENATE MINI CAP.....229
PRENATE TAB ELITE.....229
PRENATRIX TAB.....229
PRENATRYL TAB.....229
PRENATVITE TAB COMPLETE.....229
PRENATVITE TAB PLUS.....229
PRENATVITE TAB RX.....229
PREPIDIL GEL 0.5MG/3G.....239
PREPLUS TAB 27-1MG.....229
PREP PADS PAD.....217
PRESSURE ACT MIS LANCET.....212
PRESSURE ACT MIS LANCETS.....212
PRESTALIA TAB 14-10MG.....85
PRESTALIA TAB 3.5-2.5.....85
PRESTALIA TAB 7-5MG.....85
PRETAB TAB 29-1MG.....229
PRETOMANID TAB 200MG.....88
PREVACID CAP 15MG DR.....256
PREVACID CAP 30MG DR.....256
PREVACID TAB 15MG STB.....256
PREVACID TAB 30MG STB.....256
PREVYMIS TAB 240MG.....119
PREVYMIS TAB 480MG.....119
PREZCOBIX TAB 800-150.....116
PREZISTA SUS 100MG/ML.....116
PREZISTA TAB 150MG.....116
PREZISTA TAB 600MG.....116
PREZISTA TAB 75MG.....116
PREZISTA TAB 800MG.....116

PRIFTIN TAB 150MG 88
PRILOSEC POW 10MG 256
PRILOSEC POW 2.5MG 256
PRIMACARE CAP.....229
primaquine phosphate tab 26.3 mg (15 mg base) 87
PRIMAQUINE TAB 26.3MG 87
primidone tab 250 mg 52
primidone tab 50 mg 52
PRIMSOL SOL 50MG/5ML 35
PRINIVIL TAB 20MG 78
PRISTIQ TAB 100MG 59
PRISTIQ TAB 25MG 59
PRISTIQ TAB 50MG 59
PROAIR DIGIH AER 45
PROAIR HFA AER 45
PROAIR RESPI AER.....45
probenecid tab 500 mg 193
PROCARDIA CAP 10MG 127
PROCARDIA XL TAB 30MG CR 127
PROCARDIA XL TAB 60MG CR 127
PROCARDIA XL TAB 90MG CR 127
prochlorperazine edisylate inj 10 mg/2ml 110
prochlorperazine edisylate inj 50 mg/10ml 110
prochlorperazine maleate tab 10 mg (base equivalent) 111
prochlorperazine maleate tab 5 mg (base equivalent) 110
prochlorperazine suppos 25 mg 111
PRO COMFORT MIS 31G 212
PRO COMFORT MIS LANCETS 212
PRO COMFORT PAD ALCOHOL 217
PROCORT CRE 34
PROCRIT INJ 10000/ML.....196
PROCRIT INJ 2000/ML 196
PROCRIT INJ 20000/ML.....196
PROCRIT INJ 3000/ML 196
PROCRIT INJ 4000/ML 196
PROCRIT INJ 40000/ML.....196
PROCTOCORT CRE 1%.....34
PROCTOCORT SUP 30MG 34
PROCTOFOAM AER HC 1%.....34
PROCYSBI CAP 25MG.....191
PROCYSBI CAP 75MG.....191
PROCYSBI GRA 300MG.....191
PROCYSBI GRA 75MG 191
PRODIGEN CAP.....68
PRODIGY MIS 26G.....212
PRODIGY MIS 28G.....212
PRODIGY MIS LANC DEV 212
PRODIGY NO TES CODING.....166
PRODIGY SOL HIGH.....212
PRODIGY SOL LOW.....212
progesterone cap 100 mg 241
progesterone cap 200 mg 241
progesterone im in oil 50 mg/ml.....241
PROGLYCEM SUS 50MG/ML 64
PROGRAF CAP 0.5MG.....225
PROGRAF CAP 1MG.....225
PROGRAF CAP 5MG.....225
PROGRAF GRA 0.2MG 225
PROGRAF GRA 1MG 225
PROLATE SOL 10/300MG.....31
PROLATE TAB 10-300MG.....31
PROLATE TAB 5-300MG 31
PROLATE TAB 7.5-300 31
PROLENSA SOL 0.07% 238
PROMACTA PAK 25MG.....196
PROMACTA POW 12.5MG.....196
PROMACTA TAB 12.5MG.....196
PROMACTA TAB 25MG.....196
PROMACTA TAB 50MG.....196
PROMACTA TAB 75MG.....196
PROMACTIN AA SUS PLUS 172
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....142
promethazine-dm syrup 6.25-15 mg/5ml 142
promethazine hcl suppos 12.5 mg 72
promethazine hcl suppos 25 mg 72
promethazine hcl suppos 50 mg 73
*promethazine hcl syrup 6.25 mg/5ml*73
promethazine hcl tab 12.5 mg 73
promethazine hcl tab 25 mg 73
promethazine hcl tab 50 mg 73
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml 142
promethazine w/ codeine syrup 6.25-10 mg/5ml 142
PROMETRIUM CAP 100MG 241

PROMETRIUM CAP 200MG 241
PROMOTE/ LIQ FIBER 173
PROMOTE 1.0 LIQ W/ FIBER 172
PROMOTE LIQ VANILLA 173
PROMOTE W/FB LIQ VANILLA.....173
PROMOTE W/ LIQ FIBER.....173
propafenone hcl cap er 12hr 225 mg 40
propafenone hcl cap er 12hr 325 mg 40
propafenone hcl cap er 12hr 425 mg 40
propafenone hcl tab 150 mg 40
propafenone hcl tab 225 mg 40
propafenone hcl tab 300 mg 40
proparacaine hcl ophth soln 0.5%...236
PRO-PHREE POW 172
PROPIMEX-1 POW 173
PROPIMEX-2 POW 173
propranolol & hydrochlorothiazide tab 40-25 mg 85
propranolol & hydrochlorothiazide tab 80-25 mg 85
propranolol hcl cap er 24hr 120 mg 124
propranolol hcl cap er 24hr 160 mg 124
propranolol hcl cap er 24hr 60 mg ..124
propranolol hcl cap er 24hr 80 mg ..124
*propranolol hcl oral soln 20 mg/5ml*124
*propranolol hcl oral soln 40 mg/5ml*124
propranolol hcl tab 10 mg.....124
propranolol hcl tab 20 mg.....124
propranolol hcl tab 40 mg.....124
propranolol hcl tab 60 mg.....124
propranolol hcl tab 80 mg.....124
propylthiouracil tab 50 mg 251
PROSCAR TAB 5MG 192
PROSOURCE LIQ TF 173
PROSTIN E2 SUP 20MG 239
PROTHELIAL PST 10% 226
PROTONIX INJ 40MG 256
PROTONIX PAK 40MG 256
PROTONIX TAB 20MG 256
PROTONIX TAB 40MG 256
PROTOPIC OIN 0.03%.....157
PROTOPIC OIN 0.1% 157
protriptyline hcl tab 10 mg 61
protriptyline hcl tab 5 mg 61
PROVAD CAP 68
PROVENTIL AER HFA 45
PROVERA TAB 10MG 241
PROVERA TAB 2.5MG 241
PROVERA TAB 5MG.....241
PROVIDA OB CAP 229
PROVIGIL TAB 100MG 9
PROVIGIL TAB 200MG 9
PROVIMIN POW.....173
PRO VOICE TES V8/V9 166
PROZAC CAP 10MG 58
PROZAC CAP 20MG 58
PROZAC CAP 40MG 58
PRUDOXIN CRE 5% 148
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 142
PSORCON CRE 0.05% 155
PSS SAFE LAN MIS 212
PSS SEL LANC MIS 212
PSS SEL PLAT MIS 212
PTS PANELS TES GLUCOSE.....166
PTS PANELS TES KETONE 166
PULMICORT INH 180MCG 42
PULMICORT INH 90MCG.....42
PULMICORT SUS 0.25MG/2 42
PULMICORT SUS 0.5MG/2 42
PULMICORT SUS 1MG/2ML 42
PULMOZYME SOL 1MG/ML 249
PURE COMFORT PAD.....217
PURIXAN SUS 20MG/ML.....89
PX LANCETS MIS 28G 212
PX LANCETS MIS ULT THIN.....212
PYLERA CAP.....257
pyrazinamide tab 500 mg.....88
pyridostigmine bromide oral soln 60 mg/5ml.....88
pyridostigmine bromide tab 30 mg ...88
pyridostigmine bromide tab 60 mg ...88
pyridostigmine bromide tab er 180 mg 88
PYRIME/LEUCO CAP 12.5/2.5.....87
PYRIME/LEUCO CAP 25/10MG 87
PYRIME/LEUCO CAP 25/5MG.....87
PYRIME/LEUCO CAP 50/10MG 87
PYRIME/LEUCO CAP 50/20MG 87
PYRIME/LEUCO CAP 50/25MG 87
PYRIME/LEUCO CAP 75/25MG 87
pyrimethamine tab 25 mg 87

PYROGALL ACD OIN.....157
Q
QBRELIS SOL 1MG/ML.....78
QBREXZA PAD 2.4%.....158
QC ALCOHOL PAD SWABS.....217
QC LANCETS MIS 28G.....212
QC LANCETS MIS 30G.....212
QC LANCING MIS DEVICE.....212
QDOLO SOL 5MG/ML.....29
QELBREE CAP 100MG ER.....5
QELBREE CAP 150MG ER.....5
QELBREE CAP 200MG ER.....5
QINLOCK TAB 50MG.....98
QMIIZ ODT TAB 15 MG.....20
QMIIZ ODT TAB 7.5MG.....20
QNASL AER 80MCG.....232
QNASL CHILD SPR 40MCG.....232
QSYMIA CAP 11.25-69.....4
QSYMIA CAP 15-92MG.....4
QSYMIA CAP 3.75-23.....4
QSYMIA CAP 7.5-46MG.....4
QTERN TAB 10-5MG.....63
QTERN TAB 5-5MG.....63
QUALAQUIN CAP 324MG.....87
QUARTETTE TAB.....138
quazepam tab 15 mg.....198
QUDEXY XR CAP 100/24HR.....52
QUDEXY XR CAP 150/24HR.....52
QUDEXY XR CAP 200/24HR.....52
QUDEXY XR CAP 25/24HR.....52
QUDEXY XR CAP 50/24HR.....52
QUESTRAN POW 4GM.....74
QUESTRAN POW 4GM LITE.....74
quetiapine fumarate tab 100 mg....109
quetiapine fumarate tab 200 mg....109
quetiapine fumarate tab 25 mg.....109
quetiapine fumarate tab 300 mg....109
quetiapine fumarate tab 400 mg....109
quetiapine fumarate tab 50 mg.....109
quetiapine fumarate tab er 24hr 150 mg.....109
quetiapine fumarate tab er 24hr 200 mg.....109
quetiapine fumarate tab er 24hr 300 mg.....109
quetiapine fumarate tab er 24hr 400 mg.....109
quetiapine fumarate tab er 24hr 50 mg.....109
QUICKTEK LIQ SOLUTION.....212
QUICKTEK TES.....166
QUILLICHEW CHW 20MG ER.....9
QUILLICHEW CHW 30MG ER.....9
QUILLICHEW CHW 40MG ER.....9
QUILLIVANT SUS 25MG/5ML.....9
quinapril hcl tab 10 mg.....78
quinapril hcl tab 20 mg.....78
quinapril hcl tab 40 mg.....78
quinapril hcl tab 5 mg.....78
quinapril-hydrochlorothiazide tab 10-12.5 mg.....85
quinapril-hydrochlorothiazide tab 20-12.5 mg.....85
quinapril-hydrochlorothiazide tab 20-25 mg.....85
quinidine gluconate tab er 324 mg...40
quinidine sulfate tab 200 mg.....40
quinidine sulfate tab 300 mg.....40
quinine sulfate cap 324 mg.....87
QUINTET AC TES BLD GLUC.....166
QUINTET CONT SOL HGH/NORM.....212
QUINTET TES BLD GLUC.....166
QUZYTTIR INJ 10MG/ML.....72
QVAR REDIHA AER 80MCG.....42
QVAR REDIHAL AER 40MCG.....42
R
RABEPRAZOLE CAP 10MG DR.....256
rabeprazole sodium ec tab 20 mg...256
RADIOGARDASE CAP 0.5GM.....69
RA E-ZJECT MIS 28G.....212
RA E-ZJECT MIS THIN 26G.....212
RA E-ZJECT MIS THIN 28G.....212
RA E-ZJECT MIS ULT THIN.....212
RAGWITEK SUB.....9
raloxifene hcl tab 60 mg.....181
ramelteon tab 8 mg.....199
ramipril cap 1.25 mg.....78
ramipril cap 10 mg.....78
ramipril cap 2.5 mg.....78
ramipril cap 5 mg.....78
RANEXA TAB 1000MG.....37

RANEXA TAB 500MG.....37
ranolazine tab er 12hr 1000 mg.....37
ranolazine tab er 12hr 500 mg.....37
RAPAFLO CAP 4MG.....192
RAPAFLO CAP 8MG.....192
RAPAMUNE SOL 1MG/ML.....225
RAPAMUNE TAB 0.5MG.....225
RAPAMUNE TAB 1MG.....225
RAPAMUNE TAB 2MG.....225
RAPID-SAFE MIS LANCING.....212
rasagiline mesylate tab 0.5 mg (base equiv).....105
rasagiline mesylate tab 1 mg (base equiv).....105
RASUVO INJ 10MG.....15
RASUVO INJ 12.5MG.....16
RASUVO INJ 15MG.....16
RASUVO INJ 17.5MG.....16
RASUVO INJ 20MG.....16
RASUVO INJ 22.5MG.....16
RASUVO INJ 25MG.....16
RASUVO INJ 30MG.....16
RASUVO INJ 7.5MG.....15
RAVICTI LIQ 1.1GM/ML.....182
RAYOS TAB 1MG.....141
RAYOS TAB 2MG.....141
RAYOS TAB 5MG.....141
RAZADYNE ER CAP 16MG.....243
RAZADYNE ER CAP 24MG.....243
RAZADYNE ER CAP 8MG.....243
READYLANCE MIS 21G.....212
READYLANCE MIS 23G.....212
READYLANCE MIS 26G.....212
READYLANCE MIS 28G.....212
READYLANCE MIS 30G.....212
REALITY MIS LANCETS.....212
REALITY SWAB PAD.....217
REALITY TRIG MIS LANCETS.....212
REBIF INJ 22/0.5.....246
REBIF INJ 44/0.5.....246
REBIF REBIDO INJ 22/0.5.....246
REBIF REBIDO INJ 44/0.5.....246
REBIF REBIDO INJ TITRATN.....246
REBIF TITRTN INJ PACK.....246
RECTIV OIN 0.4%.....34
RECURA CRE.....147
REDICHEW RX CHW.....229
REDITREX INJ 10/.4ML.....16
REDITREX INJ 12.5/0.5.....16
REDITREX INJ 15/.6ML.....16
REDITREX INJ 17.5/0.7.....16
REDITREX INJ 20/.8ML.....16
REDITREX INJ 22.5/0.9.....16
REDITREX INJ 25MG/ML.....16
REDITREX INJ 7.5/.3ML.....16
REFUAH PLUS SOL CONTROL.....212
REFUAH PLUS TES BLD GLUC.....166
REGIMEX TAB 25MG.....4
REGLAN TAB 10MG.....188
REGLAN TAB 5MG.....188
REGRANEX GEL 0.01%.....159
RELAFEN DS TAB 1000MG.....20
RELENZA MIS DISKHALE.....121
RELEXXII TAB 72MG.....9
RELION BLOOD TES GLUCOSE.....166
RELION KIT LANCING.....212
RELION LANCE MIS THIN 26G.....213
RELION LANCE MIS THIN 30G.....213
RELION LANCI MIS DEVICE.....213
RELION MICRO MIS THIN 33G.....213
RELION PREMI TES GLUCOSE.....166
RELION PRIME TES.....167
RELION PRIME TES GLUCOSE.....167
RELION TES KETONE.....167
RELION TES ULTIMA.....167
RELION TRUE TES METRIX.....167
RELION ULTRA MIS THIN 30G.....213
RELION ULTRA MIS THIN PLS.....213
RELISTOR INJ 12/0.6ML.....190
RELISTOR INJ 8/0.4ML.....190
RELISTOR TAB 150MG.....190
RELNATE DHA CAP.....229
RELPAX TAB 20MG.....221
RELPAX TAB 40MG.....221
RELTONE CAP 200MG.....188
RELTONE CAP 400MG.....188
REMERON SLTB TAB 15MG.....55
REMERON SLTB TAB 30MG.....55
REMERON SLTB TAB 45MG.....55
REMERON TAB 15MG.....55
REMERON TAB 30MG.....55
RENAGEL TAB 800MG.....190

RENASTART POW 173
RENVELA POW 0.8GM 190
RENVELA POW 2.4GM 190
RENVELA TAB 800MG.....190
repaglinide tab 0.5 mg.....67
repaglinide tab 1 mg 67
repaglinide tab 2 mg 67
REPATHA INJ 140MG/ML 77
REPATHA PUSH INJ 420/3.5 77
REPATHA SURE INJ 140MG/ML.....77
REPLETE FIBE LIQ 1 CAL 173
REPLETE LIQ ULTRAPAK 173
RESOURCE DIA LIQ TF 173
RESTASIS EMU 0.05% 236
RESTASIS MUL EMU 0.05% 236
RESTORA RX CAP 60-1.25.....68
RESTORIL CAP 15MG 198
RESTORIL CAP 22.5MG 198
RESTORIL CAP 30MG 198
RESTORIL CAP 7.5MG 198
RETACRIT INJ 10000UNT.....197
RETACRIT INJ 20000UNI 197
RETACRIT INJ 2000UNIT 196
RETACRIT INJ 3000UNIT 196
RETACRIT INJ 40000UNT.....197
RETACRIT INJ 4000UNIT 196
RETEVMO CAP 40MG 99
RETEVMO CAP 80MG 99
RETIN-A CRE 0.025% 144
RETIN-A CRE 0.05% 144
RETIN-A CRE 0.1%.....144
RETIN-A GEL 0.01% 144
RETIN-A GEL 0.025% 144
RETIN-A MICR GEL 0.04% 144
RETIN-A MICR GEL 0.04%PMP 144
RETIN-A MICR GEL 0.06% 144
RETIN-A MICR GEL 0.08% 144
RETIN-A MICR GEL 0.1%.....144
RETIN-A MICR GEL 0.1%PUMP 144
RETROVIR CAP 100MG 116
RETROVIR SYP 50MG/5ML 116
REVATIO SUS 10MG/ML 133
REVATIO TAB 20MG.....133
REVCOVI INJ 1.6MG/ML 182
REVLIMID CAP 10MG 223
REVLIMID CAP 15MG 223
REVLIMID CAP 2.5MG 223
REVLIMID CAP 20MG 223
REVLIMID CAP 25MG 223
REVLIMID CAP 5MG 223
REXULTI TAB 0.25MG 112
REXULTI TAB 0.5MG 112
REXULTI TAB 1MG.....112
REXULTI TAB 2MG.....112
REXULTI TAB 3MG.....112
REXULTI TAB 4MG.....112
REYATAZ CAP 150MG.....116
REYATAZ CAP 200MG.....116
REYATAZ CAP 300MG.....117
REYATAZ POW 50MG 117
REYVOW TAB 100MG 221
REYVOW TAB 50MG 221
REZUROCK TAB 200MG.....225
RHEUMATE CAP.....173
RHOFADE CRE 1%.....158
RHOPRESSA SOL 0.02%.....236
RIAX AER 5.5%.....145
RIAX AER 9.5%.....145
ribavirin cap 200 mg.....120
ribavirin tab 200 mg 120
RIBOZEL CAP.....173
RIDAURA CAP 3MG.....16
rifabutin cap 150 mg 88
rifampin cap 150 mg 88
rifampin cap 300 mg 88
RIGHTEST ALT MIS ADAPTOR 213
RIGHTEST LIQ HIGH CON.....213
RIGHTEST LIQ NORM CON.....213
RIGHTEST MIS GD500 213
RIGHTEST MIS GL300 213
RIGHTEST TES GS100.....167
RIGHTEST TES GS300.....167
RIGHTEST TES GS550.....167
RILUTEK TAB 50MG 232
riluzole tab 50 mg 232
rimantadine hydrochloride tab 100 mg 121
RIMSO-50 SOL 50% 191
RINVOQ TAB 15MG ER.....14
RIOMET SOL.....64
RIOMET SOL 500/5ML.....64
risedronate sodium tab 150 mg.....178

risedronate sodium tab 30 mg.....178
risedronate sodium tab 35 mg.....178
risedronate sodium tab 5 mg 178
risedronate sodium tab delayed release 35 mg.....178
RISPERDAL INJ 12.5MG 107
RISPERDAL INJ 25MG 107
RISPERDAL INJ 37.5MG 107
RISPERDAL INJ 50MG 107
RISPERDAL SOL 1MG/ML.....107
RISPERDAL TAB 0.5MG 107
RISPERDAL TAB 1MG 107
RISPERDAL TAB 2MG 107
RISPERDAL TAB 3MG 107
RISPERDAL TAB 4MG 107
risperidone orally disintegrating tab 0.25 mg 107
risperidone orally disintegrating tab 0.5 mg 107
risperidone orally disintegrating tab 1 mg 107
risperidone orally disintegrating tab 2 mg 107
risperidone orally disintegrating tab 3 mg 107
risperidone orally disintegrating tab 4 mg 107
risperidone soln 1 mg/ml.....107
risperidone tab 0.25 mg 107
risperidone tab 0.5 mg.....107
risperidone tab 1 mg 107
risperidone tab 2 mg 107
risperidone tab 3 mg 107
risperidone tab 4 mg 108
RITALIN LA CAP 10MG.....9
RITALIN LA CAP 20MG.....9
RITALIN LA CAP 30MG.....9
RITALIN LA CAP 40MG.....9
RITALIN TAB 10MG 9
RITALIN TAB 20MG 9
RITALIN TAB 5MG 9
RITEFLO MIS 219
ritonavir tab 100 mg.....117
rivastigmine tartrate cap 1.5 mg (base equivalent) 243
rivastigmine tartrate cap 3 mg (base equivalent) 243
rivastigmine tartrate cap 4.5 mg (base equivalent) 243
rivastigmine tartrate cap 6 mg (base equivalent) 243
rivastigmine td patch 24hr 13.3 mg/24hr.....243
rivastigmine td patch 24hr 4.6 mg/24hr 243
rivastigmine td patch 24hr 9.5 mg/24hr 243
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 221
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 221
rizatriptan benzoate tab 10 mg (base equivalent) 221
rizatriptan benzoate tab 5 mg (base equivalent) 221
ROAOXIA GEL 3-4% 147
ROCALTROL CAP 0.25MCG.....182
ROCALTROL CAP 0.5MCG 182
ROCALTROL SOL 1MCG/ML.....182
ROCKLATAN DRO 236
ropinirole hydrochloride tab 0.25 mg 104
ropinirole hydrochloride tab 0.5 mg 104
ropinirole hydrochloride tab 1 mg ...104
ropinirole hydrochloride tab 2 mg ...104
ropinirole hydrochloride tab 3 mg ...104
ropinirole hydrochloride tab 4 mg ...104
ropinirole hydrochloride tab 5 mg ...105
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) 105
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) 105
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) 105
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) 105
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) 105
rosuvastatin calcium tab 10 mg 76
rosuvastatin calcium tab 20 mg 76
rosuvastatin calcium tab 40 mg 76

rosuvastatin calcium tab 5 mg 76
ROSZET TAB 10-10MG.....73
ROSZET TAB 20-10MG.....73
ROSZET TAB 40-10MG.....73
ROSZET TAB 5-10MG.....73
ROWASA KIT 4GM 189
ROXICODONE TAB 15MG.....29
ROXICODONE TAB 30MG.....29
ROXICODONE TAB 5MG 29
ROZEREM TAB 8MG 199
ROZLYTREK CAP 100MG.....99
ROZLYTREK CAP 200MG.....99
RUBRACA TAB 200MG.....99
RUBRACA TAB 250MG.....99
RUBRACA TAB 300MG.....99
RUCONEST INJ 2100UNIT.....193
rufinamide susp 40 mg/ml.....52
RUKOBIA TAB 600MG ER.....117
RUZURGI TAB 10MG.....88
RYBELSUS TAB 14MG 65
RYBELSUS TAB 3MG 65
RYBELSUS TAB 7MG 65
RYDAPT CAP 25MG.....99
RYTARY CAP 145MG.....105
RYTARY CAP 195MG.....105
RYTARY CAP 245MG.....105
RYTARY CAP 95MG 105
RYTHMOL SR CAP 225MG.....40
RYTHMOL SR CAP 325MG.....40
RYTHMOL SR CAP 425MG.....40
RYVENT TAB 6MG.....72

S

S.O.S. 20 POW 173
S.O.S. 25 POW 173
SABRIL POW 500MG.....54
SABRIL TAB 500MG.....54
SAFE-T-LANCE MIS 21G 213
SAFE-T-LANCE MIS 25G 213
SAFE-T-LANCE MIS HI FLOW.....213
SAFE-T-LANCE MIS LOW FLOW 213
SAFE-T-LANCE MIS NOR FLOW.....213
SAFE-T-PRO MIS LANCETS 213
SAFE-T-PRO MIS PLUS 213
SAFETY 21G MIS LANCETS 213
SAFETY 23G MIS LANCETS 213
SAFETY 28G MIS LANCETS 213
SAFETY 30G MIS LANCETS 213
SAFETY MIS LANCETS 213
SAFYRAL TAB.....138
SAIZEN INJ 5MG 180
SAIZEN INJ 8.8MG 180
SAIZENPREP INJ 8.8MG 180
SALAGEN TAB 5MG.....226
SALAGEN TAB 7.5MG 226
salicylic acid cream 6% 157
SALIMEZ FORT CRE 10%.....157
salsalate tab 500 mg 24
salsalate tab 750 mg 24
SAMSCA TAB 15MG 184
SAMSCA TAB 30MG 184
SANCUSO DIS 3.1MG 70
SANDIMMUNE CAP 100MG.....225
SANDIMMUNE CAP 25MG.....225
SANDIMMUNE SOL 100MG/ML.....225
SANDOSTATIN INJ 100MCG.....184
SANDOSTATIN INJ 500MCG.....184
SANDOSTATIN INJ 50MCG/ML.....184
SANTYL OIN 250/GM 157
SAPHRIS SUB 10MG 109
SAPHRIS SUB 2.5MG 109
SAPHRIS SUB 5MG 109
sapropterin dihydrochloride powder packet 100 mg 182
sapropterin dihydrochloride powder packet 500 mg 182
sapropterin dihydrochloride tab 100 mg 182
SAPSCARE MIS TWIST 213
SAPS CARE PAD ALCOHOL.....217
SAPS HEALTH MIS TWIST.....213
SAPS HEALTH PAD ALCOHOL 217
SAPS TWIST MIS 30G 213
SAVAYSA TAB 15MG.....46
SAVAYSA TAB 30MG.....46
SAVAYSA TAB 60MG.....46
SAVELLA MIS TITR PAK.....243
SAVELLA TAB 100MG.....243
SAVELLA TAB 12.5MG.....243
SAVELLA TAB 25MG.....243
SAVELLA TAB 50MG.....243
SAXENDA INJ 18MG/3ML 3
SB ALCOHOL PAD PREP.....217

SB LANCETS MIS THIN.....213
SB LANCETS MIS ULTR THN.....213
SCEMBLIX TAB 40MG 99
scopolamine td patch 72hr 1 mg/3days 70
SEASONIQUE TAB 138
SECUADO DIS 3.8MG.....109
SECUADO DIS 5.7MG.....109
SECUADO DIS 7.6MG.....109
SEEBRI NEOHA CAP 15.6MCG.....41
SEGLUROMET TAB 2.5-1000.....63
SEGLUROMET TAB 2.5-500.....63
SEGLUROMET TAB 7.5-1000.....63
SEGLUROMET TAB 7.5-500.....63
SELECT-LITE KIT DEV/LANC 213
SELECT-LITE MIS LANC DEV 213
SELECT-OB+ PAK DHA.....229
SELECT-OB CHW.....229
selegiline hcl cap 5 mg.....105
selegiline hcl tab 5 mg 105
selenium sulfide lotion 2.5%.....152
SELZENTRY SOL 20MG/ML.....117
SELZENTRY TAB 150MG 117
SELZENTRY TAB 25MG.....117
SELZENTRY TAB 300MG 117
SELZENTRY TAB 75MG.....117
SEMGLEE INJ 100U/ML 67
SEMGLEE SOL 100U/ML 67
SE-NATAL 19 CHW 229
SE-NATAL 19 TAB.....229
SENSIPAR TAB 30MG.....182
SENSIPAR TAB 60MG.....182
SENSIPAR TAB 90MG.....182
SEREVENT DIS AER 50MCG.....45
SERNIVO SPR 156
SERNIVO SPR 0.05% 156
SEROQUEL TAB 100MG 109
SEROQUEL TAB 200MG 109
SEROQUEL TAB 25MG.....109
SEROQUEL TAB 300MG 109
SEROQUEL TAB 400MG 109
SEROQUEL TAB 50MG.....109
SEROQUEL XR TAB 150MG 109
SEROQUEL XR TAB 200MG 109
SEROQUEL XR TAB 300MG 109
SEROQUEL XR TAB 400MG 109
SEROQUEL XR TAB 50MG 109
SEROSTIM INJ 4MG 180
SEROSTIM INJ 5MG 180
SEROSTIM INJ 6MG 181
sertraline hcl oral concentrate for solution 20 mg/ml 58
sertraline hcl tab 100 mg 58
sertraline hcl tab 25 mg 58
sertraline hcl tab 50 mg 58
*sevelamer carbonate packet 0.8 gm*190
*sevelamer carbonate packet 2.4 gm*190
sevelamer carbonate tab 800 mg ...190
sevelamer hcl tab 400 mg 190
sevelamer hcl tab 800 mg 190
SEYSARA TAB 100MG 251
SEYSARA TAB 150MG 251
SEYSARA TAB 60MG 251
SFROWASA ENE 4GM.....189
SHOPKO LANC MIS DEVICE 213
SHUR-SEAL GEL 2% 258
SIDE BUTTON MIS SAFETY 213
SIGNIFOR INJ 0.3MG/ML.....184
SIGNIFOR INJ 0.6MG/ML.....184
SIGNIFOR INJ 0.9MG/ML.....184
SIKLOS TAB 1000MG.....195
SIKLOS TAB 100MG.....195
sildenafil citrate for suspension 10 mg/ml.....133
sildenafil citrate tab 100 mg 131
sildenafil citrate tab 20 mg 133
sildenafil citrate tab 25 mg 130
sildenafil citrate tab 50 mg 130
SILENOR TAB 3MG 198
SILENOR TAB 6MG 198
SILIQ INJ 210/1.5 149
silodosin cap 4 mg.....192
silodosin cap 8 mg.....192
SILVADENE CRE 1% 152
silver sulfadiazine cream 1%.....152
SIMBRINZA SUS 1-0.2% 234
SIMPLE DIAG MIS LANCING.....213
SIMPONI INJ 100MG/ML.....13
SIMPONI INJ 50/0.5ML 13
simvastatin tab 10 mg 76
simvastatin tab 20 mg 76
simvastatin tab 40 mg 76

simvastatin tab 5 mg.....76
simvastatin tab 80 mg.....76
SINEMET TAB 10-100MG.....105
SINEMET TAB 25-100MG.....105
SINGLE-LET MIS 23G.....213
SINGULAIR CHW 4MG.....41
SINGULAIR CHW 5MG.....41
SINGULAIR GRA 4MG.....41
SINGULAIR TAB 10MG.....41
sirolimus oral soln 1 mg/ml.....225
sirolimus tab 0.5 mg.....225
sirolimus tab 1 mg.....225
sirolimus tab 2 mg.....225
SIRTURO TAB 100MG.....88
SIRTURO TAB 20MG.....88
SITAVIG TAB 50MG.....121
SIVEXTRO TAB 200MG.....36
SKELAXIN TAB 800MG.....231
SKYRIZI INJ 150DOSE.....149
SKYRIZI INJ 150MG/ML.....149
SKYRIZI PEN INJ 150MG/ML.....149
SLYND TAB 4MG.....138
SM ALCOHOL PAD PREP.....218
SMARTEST MIS LANCETS.....213
SMARTEST SOL CONTROL.....214
SMARTEST TES BLD GLUC.....167
SMART SENSE MIS LANC 21G.....213
SMART SENSE MIS LANC 26G.....213
SMART SENSE MIS LANC 30G.....213
SMART SENSE MIS LANC 33G.....213
SMART SENSE TES TEST.....167
SM LANCETS MIS 33G.....213
SM TRUEDRAW MIS LANC DEV.....213
sodium chloride soln nebu 0.9%.....142
sodium chloride soln nebu 10%.....142
sodium chloride soln nebu 3%.....142
sodium chloride soln nebu 7%.....142
sodium citrate & citric acid soln 500-334 mg/5ml.....191
sodium fluoride gel 1.1% (0.5% f)..226
sodium phenylbutyrate oral powder 3 gm/teaspoonful.....182
sodium phenylbutyrate tab 500 mg.183
sodium polystyrene sulfonate oral susp 15 gm/60ml.....225
SODIUM SULFA LIQ 10% WASH.....152
SOFTCLIX MIS LANCETS.....214
SOL CARB POW.....173
solifenacin succinate tab 10 mg.....258
solifenacin succinate tab 5 mg.....258
SOLIQUA INJ 100/33.....63
SOLODYN TAB 105MG.....251
SOLODYN TAB 115MG.....251
SOLODYN TAB 55MG.....251
SOLODYN TAB 65MG.....251
SOLODYN TAB 80MG.....251
SOLOSEC GRA 2GM.....9
SOLTAMOX SOL 10MG/5ML.....92
SOLU-CORTEF INJ 1000MG.....141
SOLU-CORTEF INJ 100MG.....141
SOLU-CORTEF INJ 250MG.....141
SOLU-CORTEF INJ 500MG.....141
SOLUS V2 MIS LANC 28G.....214
SOLUS V2 MIS LANC 30G.....214
SOLUS V2 MIS LANC DEV.....214
SOLUS V2 SOL HIGH.....214
SOLUS V2 SOL LOW.....214
SOLUS V2 TES AUDIBLE.....167
SOMA TAB 250MG.....231
SOMA TAB 350MG.....231
SOMAVERT INJ 10MG.....179
SOMAVERT INJ 15MG.....179
SOMAVERT INJ 20MG.....180
SOMAVERT INJ 25MG.....180
SOMAVERT INJ 30MG.....180
SOOLANTRA CRE 1%.....159
SORIATANE CAP 10MG.....149
SORIATANE CAP 25MG.....149
SORILUX AER 0.005%.....149
sotalol hcl (afib/afl) tab 120 mg.....124
sotalol hcl (afib/afl) tab 160 mg.....124
sotalol hcl (afib/afl) tab 80 mg.....124
sotalol hcl tab 120 mg.....124
sotalol hcl tab 160 mg.....124
sotalol hcl tab 240 mg.....124
sotalol hcl tab 80 mg.....124
SOTYLIZE SOL 5MG/ML.....124
SOVALDI PAK 150MG.....120
SOVALDI PAK 200MG.....120
SOVALDI TAB 200MG.....120
SOVALDI TAB 400MG.....120
spinosad susp 0.9%.....159

SPIRIVA AER 1.25MCG.....41
SPIRIVA CAP HANDIHLR 41
SPIRIVA SPR 2.5MCG 41
spironolactone & hydrochlorothiazide tab 25-25 mg.....175
spironolactone tab 100 mg 176
spironolactone tab 25 mg 176
spironolactone tab 50 mg 176
SPORANOX CAP 100MG 72
SPORANOX CAP PULSEPAK.....72
SPORANOX SOL 10MG/ML.....72
SPRAVATO SOL 56MG DOS.....56
SPRAVATO SOL 84MG DOS.....56
SPRITAM TAB 1000MG.....52
SPRITAM TAB 250MG.....52
SPRITAM TAB 500MG.....52
SPRITAM TAB 750MG.....52
SPRIX SPR 15.75MG.....20
SPRYCEL TAB 100MG.....99
SPRYCEL TAB 140MG.....99
SPRYCEL TAB 20MG 99
SPRYCEL TAB 50MG 99
SPRYCEL TAB 70MG 99
SPRYCEL TAB 80MG 99
STALEVO 100 TAB.....105
STALEVO 125 TAB.....105
STALEVO 150 TAB.....105
STALEVO 200 TAB.....105
STALEVO 50 TAB.....105
STALEVO 75 TAB.....105
STARLIX TAB 120MG 67
stavudine cap 15 mg 117
stavudine cap 20 mg 117
stavudine cap 30 mg 117
stavudine cap 40 mg 117
STAXYN TAB 10MG.....131
STEGLATRO TAB 15MG 68
STEGLATRO TAB 5MG.....68
STEGLUJAN TAB 15-100MG 63
STEGLUJAN TAB 5-100MG.....63
STELARA INJ 45MG/0.5.....150
STELARA INJ 90MG/ML 150
STENDRA TAB 100MG.....131
STENDRA TAB 200MG.....131
STENDRA TAB 50MG.....131
STERILANCE MIS 1.8MM 214
STERILANCE MIS TL 28G.....214
STERILANCE MIS TL 30G.....214
STERILANCE MIS TL 32G.....214
STIMATE SOL 1.5MG/ML 183
STIOLTO AER 2.5-2.5 45
STIVARGA TAB 40MG 99
STRATTERA CAP 100MG 5
STRATTERA CAP 10MG 5
STRATTERA CAP 18MG 5
STRATTERA CAP 25MG 5
STRATTERA CAP 40MG 5
STRATTERA CAP 60MG 5
STRATTERA CAP 80MG 5
STRENSIQ INJ 18/0.45.....183
STRENSIQ INJ 28/0.7ML 183
STRENSIQ INJ 40MG/ML 183
STRENSIQ INJ 80/0.8ML 183
STRIBILD TAB.....117
STRIVERDI AER 2.5MCG 45
STROMECTOL TAB 3MG.....34
SUBOXONE MIS 12-3MG 32
SUBOXONE MIS 2-0.5MG 32
SUBOXONE MIS 4-1MG.....32
SUBOXONE MIS 8-2MG.....32
SUBSYS SPR 100MCG.....29
SUBSYS SPR 1200MCG 29
SUBSYS SPR 1600MCG 29
SUBSYS SPR 200MCG.....29
SUBSYS SPR 400MCG.....29
SUBSYS SPR 600MCG.....29
SUBSYS SPR 800MCG.....29
SUCRAID SOL 8500/ML.....175
sucralfate susp 1 gm/10ml 255
sucralfate tab 1 gm 255
SULAR TAB 17MG.....127
SULAR TAB 34MG.....127
SULAR TAB 8.5MG.....127
sulconazole nitrate cream 1% 147
sulconazole nitrate solution 1%.....147
sulfacetamide sodium lotion 10% (acne).....145
sulfacetamide sodium ophth oint 10% 235
sulfacetamide sodium ophth soln 10% 235

sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 237
sulfacetamide sodium w/ sulfur cleansing pad 10-4% 145
sulfacetamide sodium w/ sulfur emulsion 10-1% 145
SULFADIAZINE TAB 500MG 249
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 35
sulfamethoxazole-trimethoprim tab 400-80 mg 35
sulfamethoxazole-trimethoprim tab 800-160 mg 35
SULFAMYLON CRE 85MG/GM.....152
SULFAMYLON PAK 5%.....152
sulfasalazine tab 500 mg 189
sulfasalazine tab delayed release 500 mg 189
SULF LIME SOL 159
sulindac tab 150 mg 20
sulindac tab 200 mg 20
sumatriptan-naproxen sodium tab 85-500 mg 220
sumatriptan nasal spray 20 mg/act .221
sumatriptan nasal spray 5 mg/act ..221
sumatriptan succinate inj 6 mg/0.5ml 221
sumatriptan succinate solution auto-injector 4 mg/0.5ml 221
sumatriptan succinate solution auto-injector 6 mg/0.5ml 221
sumatriptan succinate solution cartridge 4 mg/0.5ml 222
sumatriptan succinate solution cartridge 6 mg/0.5ml 222
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml 222
sumatriptan succinate tab 100 mg ..222
sumatriptan succinate tab 25 mg....222
sumatriptan succinate tab 50 mg....222
sunitinib malate cap 12.5 mg (base equivalent) 99
sunitinib malate cap 25 mg (base equivalent) 99
sunitinib malate cap 37.5 mg (base equivalent) 99
sunitinib malate cap 50 mg (base equivalent) 99
SUNOSI TAB 150MG.....5
SUNOSI TAB 75MG 5
SUPER THIN MIS LANC 28G 214
SUPER THIN MIS LANCETS 214
SUPLENA LIQ VANILLA 173
SUPRAX CAP 400MG 135
SUPRAX CHW 100MG 135
SUPRAX CHW 200MG 135
SUPRAX SUS 100/5ML 135
SUPRAX SUS 200/5ML 135
SUPRAX SUS 500/5ML 135
SUPREME II LIQ HIGH/LOW 214
SUPREME TES 167
SUPREP BOWEL SOL PREP KIT 200
SURE COMFORT MIS LANC 18G.....214
SURE COMFORT MIS LANC 21G.....214
SURE COMFORT MIS LANC 23G.....214
SURE COMFORT MIS LANC 30G.....214
SURE COMFORT MIS LANCETS 214
SURE COMFORT MIS LANC PEN 214
SUREFLEX MIS LANCETS 214
SURE-LANCE MIS 26G.....214
SURE-LANCE MIS LANCETS 214
SURELITE MIS LANCETS.....214
SURE-PEN MIS 214
SURESTEP GLU SOL.....214
SURESTEP GLU SOL HIGH/LOW.....214
SURESTEP PRO TES HIGH CON 214
SURESTEP PRO TES LOW CON 214
SURESTEP PRO TES NORM CON 214
SURESTEP SOL CONTROL.....214
SURE-TEST TES EASYPLUS 167
SURE-TOUCH MIS UNV LANC 214
SUSTIVA CAP 200MG 117
SUSTIVA CAP 50MG.....117
SUSTIVA TAB 600MG 117
SUSTOL INJ 10/0.4ML 70
SUTAB TAB.....200
SUTENT CAP 12.5MG 99
SUTENT CAP 25MG.....99
SUTENT CAP 37.5MG 100
SUTENT CAP 50MG 100
SYMAX DUOTAB TAB.....255
SYMBICORT AER 160-4.5 45

SYMBICORT AER 80-4.5.....45
SYMBYAX CAP 12-50MG.....243
SYMBYAX CAP 3-25MG.....243
SYMBYAX CAP 6-25MG.....243
SYMBYAX CAP 6-50MG.....243
SYMDEKO TAB 100-150 249
SYMDEKO TAB 50-75MG 249
SYMFI LO TAB.....117
SYMFI TAB 117
SYMJEPI INJ 0.15MG.....260
SYMJEPI INJ 0.3MG 260
SYMLINPEN 60 INJ 1000MCG.....61
SYMLNPEN 120 INJ 1000MCG 61
SYMPAZAN MIS 10MG.....48
SYMPAZAN MIS 20MG.....48
SYMPAZAN MIS 5MG 48
SYMPROIC TAB 0.2MG 190
SYMTUZA TAB.....117
SYNALAR CRE 0.025% 156
SYNALAR OIN 0.025% 156
SYNALAR SOL 0.01%.....156
SYNAREL SOL 2MG/ML.....181
SYNDROS SOL 5MG/ML.....71
SYNERA DIS 70-70MG 158
SYNJARDY TAB 63
SYNJARDY TAB 12.5-500.....63
SYNJARDY TAB 5-1000MG.....63
SYNJARDY TAB 5-500MG.....63
SYNJARDY XR TAB 63
SYNJARDY XR TAB 10-1000.....63
SYNJARDY XR TAB 25-1000.....63
SYNJARDY XR TAB 5-1000MG 63
SYNTHROID TAB 100MCG.....253
SYNTHROID TAB 112MCG.....253
SYNTHROID TAB 125MCG.....253
SYNTHROID TAB 137MCG.....253
SYNTHROID TAB 150MCG.....253
SYNTHROID TAB 175MCG.....253
SYNTHROID TAB 200MCG.....253
SYNTHROID TAB 25MCG 253
SYNTHROID TAB 300MCG.....253
SYNTHROID TAB 50MCG 253
SYNTHROID TAB 75MCG 253
SYNTHROID TAB 88MCG 253
SYPRINE CAP 250MG 223
SYRINGE MIS 0.5/30G 218

T

TABLOID TAB 40MG 89
TABRECTA TAB 150MG.....100
TABRECTA TAB 200MG.....100
TACHOSIL PAD 4.8X4.8.....197
TACHOSIL PAD 9.5X4.8.....197
TACLONEX OIN 156
TACLONEX SUS.....156
tacrolimus cap 0.5 mg 225
tacrolimus cap 1 mg 225
tacrolimus cap 5 mg 225
tacrolimus oint 0.03%.....157
tacrolimus oint 0.1% 157
tadalafil tab 10 mg 131
tadalafil tab 2.5 mg 131
tadalafil tab 20 mg 131
tadalafil tab 20 mg (pah).....133
tadalafil tab 5 mg 131
TAFINLAR CAP 50MG 100
TAFINLAR CAP 75MG 100
TAGRISSO TAB 40MG 91
TAGRISSO TAB 80MG 91
TAI DOC SOL NORM CON 214
TAKHZYRO INJ 300/2ML.....193
TALICIA CAP.....257
TALIVA CAP.....197
TALTZ INJ 80MG/ML 151
TALZENNA CAP 0.25MG.....100
TALZENNA CAP 1MG 100
TAMIFLU CAP 30MG.....121
TAMIFLU CAP 45MG.....121
TAMIFLU CAP 75MG.....121
TAMIFLU SUS 6MG/ML 121
tamoxifen citrate tab 10 mg (base equivalent).....92
tamoxifen citrate tab 20 mg (base equivalent).....92
tamsulosin hcl cap 0.4 mg 192
TAPAZOLE TAB 10MG.....251
TAPAZOLE TAB 5MG 251
TARCEVA TAB 100MG 91
TARCEVA TAB 150MG 91
TARCEVA TAB 25MG.....91
TARGADOX TAB 50MG 251
TARGRETIN CAP 75MG.....101
TARGRETIN GEL 1% 147

TARKA TAB 2-180 CR 85
TARKA TAB 2-240 CR 85
TARKA TAB 4-240 CR 85
TARON-PREX CAP.....229
TASIGNA CAP 150MG.....100
TASIGNA CAP 200MG.....100
TASIGNA CAP 50MG 100
TASMAR TAB 100MG.....102
tavaborole soln 5%.....147
TAVALISSE TAB 100MG.....193
TAVALISSE TAB 150MG.....193
TAYTULLA CAP 1MG/20MC.....138
TAZAROTENE AER 0.1%.....145
tazarotene cream 0.1%.....151
TAZORAC CRE 0.05% 151
TAZORAC CRE 0.1% 151
TAZORAC GEL 0.05% 151
TAZORAC GEL 0.1% 151
TAZVERIK TAB 200MG 100
TECFIDERA CAP 120MG.....246
TECFIDERA CAP 240MG.....246
TECFIDERA MIS STARTER.....246
TECHLITE AST MIS LANCETS 214
TECHLITE MIS LANC 30G.....214
TECHLITE MIS LANCETS.....214
TEGRETOL SUS 100/5ML.....52
TEGRETOL TAB 200MG 52
TEGRETOL-XR TAB 100MG 52
TEGRETOL-XR TAB 200MG 52
TEGRETOL-XR TAB 400MG 52
TEGSEDI INJ 284/1.5.....248
TEKTURNA HCT TAB 150-12.5 85
TEKTURNA HCT TAB 150-25MG.....85
TEKTURNA HCT TAB 300-12.5 85
TEKTURNA HCT TAB 300-25MG.....85
TEKTURNA TAB 150MG 86
TEKTURNA TAB 300MG 86
telmisartan-amlodipine tab 40-10 mg 85
telmisartan-amlodipine tab 40-5 mg .85
telmisartan-amlodipine tab 80-10 mg 85
telmisartan-amlodipine tab 80-5 mg .85
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....85
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....85
telmisartan-hydrochlorothiazide tab 80-25 mg.....85
telmisartan tab 20 mg 80
telmisartan tab 40 mg 80
telmisartan tab 80 mg 80
temazepam cap 15 mg.....198
temazepam cap 22.5 mg.....198
temazepam cap 30 mg.....199
temazepam cap 7.5 mg.....198
TEMIXYS TAB 300-300.....117
TEMODAR CAP 100MG 89
TEMODAR CAP 140MG 89
TEMODAR CAP 180MG 89
TEMODAR CAP 250MG 89
TEMOVATE CRE 0.05%.....156
TEMOVATE OIN 0.05%.....156
temozolomide cap 100 mg 89
temozolomide cap 140 mg 89
temozolomide cap 180 mg 89
temozolomide cap 20 mg 89
temozolomide cap 250 mg 89
temozolomide cap 5 mg.....89
tenofovir disoproxil fumarate tab 300 mg 118
TENORETIC TAB 100 85
TENORETIC TAB 50 85
TENORMIN TAB 100MG 123
TENORMIN TAB 25MG.....123
TENORMIN TAB 50MG.....123
TEPMETKO TAB 225MG 100
terazosin hcl cap 10 mg (base equivalent).....81
terazosin hcl cap 1 mg (base equivalent).....81
terazosin hcl cap 2 mg (base equivalent).....81
terazosin hcl cap 5 mg (base equivalent).....81
terbinafine hcl tab 250 mg 71
terbutaline sulfate tab 2.5 mg.....45
terbutaline sulfate tab 5 mg 45
terconazole vaginal cream 0.4%.....259
terconazole vaginal cream 0.8%.....259
terconazole vaginal suppos 80 mg ..259

TERIPARATIDE INJ 178
TESSALON PER CAP 100MG 141
TESTIM GEL 1%(50MG) 33
testosterone cyp im or subcutaneous inj in oil 200 mg/ml 33
testosterone cypionate im inj in oil 100 mg/ml 33
testosterone cypionate im inj in oil 200 mg/ml 33
testosterone enanthate im inj in oil 200 mg/ml 33
testosterone td gel 10mg/act (2%)...33
testosterone td gel 12.5 mg/act (1%) 33
testosterone td gel 20.25 mg/1.25gm (1.62%).....33
testosterone td gel 20.25 mg/act (1.62%).....33
testosterone td gel 25 mg/2.5gm (1%) 33
testosterone td gel 40.5 mg/2.5gm (1.62%).....33
*testosterone td gel 50 mg/5gm (1%)*33
testosterone td soln 30 mg/act 33
tetrabenazine tab 12.5 mg 244
tetrabenazine tab 25 mg 244
tetracaine hcl ophth soln 0.5%.....236
tetracycline hcl cap 250 mg 251
tetracycline hcl cap 500 mg 251
TEXACORT SOL 2.5%.....156
TGT LANCET MIS 26G 214
TGT LANCET MIS 30G 214
TGT LANCET MIS 33G 214
TGT LANCING MIS DEVICE 214
THALOMID CAP 100MG 224
THALOMID CAP 150MG 224
THALOMID CAP 200MG 224
THALOMID CAP 50MG 224
THEO-24 CAP 100MG CR.....45
THEO-24 CAP 200MG CR.....45
THEO-24 CAP 300MG CR.....45
THEO-24 CAP 400MG ER 45
theophylline soln 80 mg/15ml.....45
theophylline tab er 12hr 300 mg 45
theophylline tab er 12hr 450 mg 45
theophylline tab er 24hr 400 mg 45
theophylline tab er 24hr 600 mg 45
THIN LANCETS MIS 214
THIN LANCETS MIS 26G.....215
THIN LANCETS MIS 30G.....215
THINLETS GP MIS 26G.....215
THIOLA EC TAB 100MG 192
THIOLA EC TAB 300MG 192
thioridazine hcl tab 100 mg 111
thioridazine hcl tab 10 mg 111
thioridazine hcl tab 25 mg 111
thioridazine hcl tab 50 mg 111
thiothixene cap 10 mg 112
thiothixene cap 1 mg 112
thiothixene cap 2 mg 112
thiothixene cap 5 mg 112
THRIVITE RX TAB 29-1MG 229
THYQUIDITY SOL 100MCG.....253
thyroid tab 120 mg (2 grain) 253
thyroid tab 15 mg (1/4 grain) 253
thyroid tab 30 mg (1/2 grain) 253
thyroid tab 60 mg (1 grain) 253
thyroid tab 90 mg (1 1/2 grain) 253
tiagabine hcl tab 12 mg 54
tiagabine hcl tab 16 mg 54
tiagabine hcl tab 2 mg 54
tiagabine hcl tab 4 mg 54
TIAZAC CAP 120MG/24 127
TIAZAC CAP 180MG/24 127
TIAZAC CAP 240MG/24 127
TIAZAC CAP 300MG/24 127
TIAZAC CAP 360MG/24 127
TIAZAC CAP 420MG/24 127
TIBSOVO TAB 250MG 100
TIGAN CAP 300MG 70
TIGLUTIK SUS 50/10ML 232
TIKOSYN CAP 125MCG.....40
TIKOSYN CAP 250MCG.....40
TIKOSYN CAP 500MCG.....40
TIM/BRIM/DOR SOL.....233
TIM/DORZ/LAT SOL 233
TIMOL/BRIM SOL DORZ/LAT 233
TIMOL/LATAN SOL.....233
timolol maleate ophth gel forming soln 0.25% 233
timolol maleate ophth gel forming soln 0.5% 233

timolol maleate ophth soln 0.25% ..233
timolol maleate ophth soln 0.5% 233
timolol maleate ophth soln 0.5% (once-daily) 233
timolol maleate preservative free ophth soln 0.5%.....233
timolol maleate tab 10 mg.....124
timolol maleate tab 20 mg.....124
timolol maleate tab 5 mg 124
TIMOPTIC OCU SOL 0.25% OP 233
TIMOPTIC OCU SOL 0.5% OP.....233
TIMOPTIC SOL 0.25% OP 234
TIMOPTIC SOL 0.5% OP.....233
TIMOPTIC-XE SOL 0.25% OP 234
TIMOPTIC-XE SOL 0.5% OP.....234
tinidazole tab 250 mg 35
tinidazole tab 500 mg 35
tiopronin tab 100 mg 192
TIROSINT CAP 100MCG.....253
TIROSINT CAP 112MCG.....253
TIROSINT CAP 125MCG.....253
TIROSINT CAP 137MCG.....253
TIROSINT CAP 13MCG 253
TIROSINT CAP 150MCG.....253
TIROSINT CAP 175MCG.....253
TIROSINT CAP 200 253
TIROSINT CAP 25MCG 253
TIROSINT CAP 50MCG 253
TIROSINT CAP 75MCG 253
TIROSINT CAP 88MCG 253
TIROSINT-SOL SOL 100MCG.....253
TIROSINT-SOL SOL 112MCG.....254
TIROSINT-SOL SOL 125MCG.....254
TIROSINT-SOL SOL 137MCG.....254
TIROSINT-SOL SOL 13MCG/ML 253
TIROSINT-SOL SOL 150MCG.....254
TIROSINT-SOL SOL 175MCG.....254
TIROSINT-SOL SOL 200MCG.....254
TIROSINT-SOL SOL 25MCG/ML 253
TIROSINT-SOL SOL 50MCG/ML 253
TIROSINT-SOL SOL 75MCG/ML 253
TIROSINT-SOL SOL 88MCG/ML 253
TISSEEL KIT 10ML.....197
TISSEEL KIT 2ML 197
TISSEEL KIT 4ML 197
TISSEEL SOL 10ML.....197
TISSEEL SOL 2ML.....197
TISSEEL SOL 4ML.....197
TIVICAY PD TAB 5MG.....118
TIVICAY TAB 10MG.....118
TIVICAY TAB 25MG.....118
TIVICAY TAB 50MG.....118
TIVORBEX CAP 20MG 20
tizanidine hcl cap 2 mg (base equivalent) 231
tizanidine hcl cap 4 mg (base equivalent) 231
tizanidine hcl cap 6 mg (base equivalent) 231
tizanidine hcl tab 2 mg (base equivalent) 231
tizanidine hcl tab 4 mg (base equivalent) 231
TOBI NEB 300/5ML.....10
TOBI PODHALR CAP 28MG.....10
TOBRADEX OIN 0.3-0.1%.....237
TOBRADEX ST SUS 0.3-0.05.....237
TOBRADEX SUS 0.3-0.1% 237
tobramycin-dexamethasone ophth susp 0.3-0.1% 237
tobramycin nebu soln 300 mg/4ml ...10
tobramycin nebu soln 300 mg/5ml ...10
tobramycin ophth soln 0.3% 235
TOBREX OIN 0.3% OP.....235
TOBREX SOL 0.3% OP 235
TODAY SPONGE MIS 258
tolbutamide tab 500 mg.....68
tolcapone tab 100 mg 102
TOLEREX POW 173
tolmetin sodium cap 400 mg 20
tolmetin sodium tab 600 mg.....20
TOLSURA CAP 65MG.....72
tolterodine tartrate cap er 24hr 2 mg 258
tolterodine tartrate cap er 24hr 4 mg 258
tolterodine tartrate tab 1 mg 258
tolterodine tartrate tab 2 mg 258
tolvaptan tab 15 mg 184
tolvaptan tab 30 mg 184
TOPAMAX SPR CAP 15MG.....53
TOPAMAX SPR CAP 25MG.....53

TOPAMAX TAB 100MG.....53
TOPAMAX TAB 200MG.....53
TOPAMAX TAB 25MG 53
TOPAMAX TAB 50MG 53
TOPCARE MIS LANC 33G 215
TOPICORT CRE 0.05% 156
TOPICORT CRE 0.25% 156
TOPICORT GEL 0.05% 156
TOPICORT OIN 0.05% 156
TOPICORT OIN 0.25% 156
TOPICORT SPR 0.25% 156
topiramate cap er 24hr sprinkle 100 mg 53
topiramate cap er 24hr sprinkle 150 mg 53
topiramate cap er 24hr sprinkle 200 mg 53
topiramate cap er 24hr sprinkle 25 mg 53
topiramate cap er 24hr sprinkle 50 mg 53
topiramate sprinkle cap 15 mg.....53
topiramate sprinkle cap 25 mg.....53
topiramate tab 100 mg 53
topiramate tab 200 mg 53
topiramate tab 25 mg.....53
topiramate tab 50 mg.....53
TOPROL XL TAB 100MG.....123
TOPROL XL TAB 200MG.....123
TOPROL XL TAB 25MG.....123
TOPROL XL TAB 50MG.....123
toremifene citrate tab 60 mg (base equivalent).....92
torsemide tab 100 mg.....176
torsemide tab 10 mg 176
torsemide tab 20 mg 176
torsemide tab 5 mg 176
TOSYMRA SOL 10MG 222
TOUJEO MAX INJ 300IU/ML 67
TOUJEO SOLO INJ 300IU/ML 67
TOVIAZ TAB 4MG 258
TOVIAZ TAB 8MG 258
TRACLEER TAB 125MG 133
TRACLEER TAB 32MG.....133
TRACLEER TAB 62.5MG 133
TRADJENTA TAB 5MG 65
tramadol-acetaminophen tab 37.5-325 mg 31
tramadol hcl tab 100 mg 29
tramadol hcl tab 50 mg.....29
tramadol hcl tab er 24hr 100 mg.....29
tramadol hcl tab er 24hr 200 mg.....29
tramadol hcl tab er 24hr 300 mg.....29
tramadol hcl tab er 24hr biphasic release 100 mg 29
tramadol hcl tab er 24hr biphasic release 200 mg 29
tramadol hcl tab er 24hr biphasic release 300 mg 29
trandolapril tab 1 mg 78
trandolapril tab 2 mg 78
trandolapril tab 4 mg 78
trandolapril-verapamil hcl tab er 1-240 mg 85
trandolapril-verapamil hcl tab er 2-180 mg 85
trandolapril-verapamil hcl tab er 2-240 mg 85
trandolapril-verapamil hcl tab er 4-240 mg 85
tranexamic acid tab 650 mg 197
TRANSDERM SC DIS 1MG/3DAY.....70
TRANSDERM-SC DIS 1MG/3DAY.....70
TRANXENE T TAB 7.5MG 39
tranylcypromine sulfate tab 10 mg ...56
TRAVATAN Z DRO 0.004%.....239
TRAVEL LANCE MIS 30G.....215
TRAVEL LANCE MIS ADV 28G.....215
travoprost ophth soln 0.004% (benzalkonium free) (bak free)....239
trazodone hcl tab 100 mg 58
trazodone hcl tab 150 mg 58
trazodone hcl tab 300 mg 58
trazodone hcl tab 50 mg 58
TRECATOR TAB 250MG 88
TRELEGY AER ELLIPTA 45
TREMFYA INJ 100MG/ML 151
TRESIBA FLEX INJ 100UNIT.....67
TRESIBA FLEX INJ 200UNIT.....67
TRESIBA INJ 100UNIT 67
tretinoin cap 10 mg 101
tretinoin cream 0.025% 145

tretinoin cream 0.05% 145
tretinoin cream 0.1%.....145
tretinoin gel 0.01% 145
tretinoin gel 0.025%.....145
tretinoin gel 0.05% 145
tretinoin microsphere gel 0.04% 145
tretinoin microsphere gel 0.1% 145
TREXALL TAB 10MG.....89
TREXALL TAB 15MG.....89
TREXALL TAB 5MG 89
TREXALL TAB 7.5MG.....89
TREXIMET TAB 85-500MG 220
triamcinolone acetonide aerosol soln 0.147 mg/gm.....156
triamcinolone acetonide cream 0.025% 156
triamcinolone acetonide cream 0.1% 156
triamcinolone acetonide cream 0.5% 156
triamcinolone acetonide dental paste 0.1% 226
triamcinolone acetonide lotion 0.025% 156
triamcinolone acetonide lotion 0.1% 156
triamcinolone acetonide oint 0.025% 156
triamcinolone acetonide oint 0.05% 156
triamcinolone acetonide oint 0.1%..156
triamcinolone acetonide oint 0.5%..156
triamterene & hydrochlorothiazide cap 37.5-25 mg 176
triamterene & hydrochlorothiazide tab 37.5-25 mg 176
triamterene & hydrochlorothiazide tab 75-50 mg 176
triamterene cap 100 mg.....176
triamterene cap 50 mg.....176
triazolam tab 0.125 mg.....199
triazolam tab 0.25 mg.....199
TRIBENZOR20- TAB 5-12.5MG.....85
TRIBENZOR40- TAB 10-12.5.....86
TRIBENZOR40- TAB 10-25MG.....86
TRIBENZOR40- TAB 5-12.5MG.....85
TRIBENZOR40- TAB 5-25MG.....85
TRICARE PRE CAP 27-1-500.....229
TRICARE TAB PRENATAL 229
TRICOR TAB 145MG 75
TRICOR TAB 48MG 75
TRIDESILON CRE 0.05% 156
trientine hcl cap 250 mg.....223
trifluoperazine hcl tab 10 mg (base equivalent) 111
trifluoperazine hcl tab 1 mg (base equivalent) 111
trifluoperazine hcl tab 2 mg (base equivalent) 111
trifluoperazine hcl tab 5 mg (base equivalent) 111
trifluridine ophth soln 1% 235
trihexyphenidyl hcl oral soln 0.4 mg/ml 102
trihexyphenidyl hcl tab 2 mg.....102
trihexyphenidyl hcl tab 5 mg.....102
TRIJARDY XR TAB 63
TRIKAFTA TAB 249
TRILEPTAL SUS 300MG/5M.....53
TRILEPTAL TAB 150MG 53
TRILEPTAL TAB 300MG 53
TRILEPTAL TAB 600MG 53
TRILIPIX CAP 135MG.....75
TRILIPIX CAP 45MG.....75
trimethobenzamide hcl cap 300 mg ..70
trimethoprim tab 100 mg 35
trimipramine maleate cap 100 mg 61
trimipramine maleate cap 25 mg.....61
trimipramine maleate cap 50 mg.....61
TRINAZ TAB 12-1MG 229
TRINTELLIX TAB 10MG 58
TRINTELLIX TAB 20MG 58
TRINTELLIX TAB 5MG 58
TRISTART CAP FREE 229
TRISTART DHA CAP 229
TRISTART ONE CAP 35-1-215 229
TRIUMEQ TAB 118
TRIZIVIR TAB 118
TROKENDI XR CAP 100MG.....53
TROKENDI XR CAP 200MG.....53
TROKENDI XR CAP 25MG 53
TROKENDI XR CAP 50MG 53
TROP/CYC/PE/ SOL KETO/PRO 234

TROP/CYC/PE/ SOL KETOROLA.....234
TROP/CYCL/PE SOL KETOROLA 234
TROP-CYC-PE DRO 1-1-2.5.....234
TROP-PHENYL SOL 1-2.5%.....234
trospium chloride cap er 24hr 60 mg 258
trospium chloride tab 20 mg 258
TRUECONTROL LIQ LEVEL 0.....215
TRUECONTROL LIQ LEVEL 1.....215
TRUEDRAW MIS LANC DEV.....215
TRUE FOCUS MIS BLOOD 167
TRUE METRIX SOL LEVEL 1.....215
TRUE METRIX SOL LEVEL 2.....215
TRUE METRIX SOL LEVEL 3.....215
TRUE METRIX TES GLUCOSE.....167
TRUETEST TES.....167
TRUETRACK TES 167
TRUETRACK TES BLD GLUC 167
TRULANCE TAB 3MG.....187
TRULICITY INJ 0.75/0.5.....65
TRULICITY INJ 1.5/0.5.....65
TRULICITY INJ 3/0.5 65
TRULICITY INJ 4.5/0.5.....65
TRUPLUS LANC MIS 26G 215
TRUPLUS LANC MIS 28G 215
TRUPLUS LANC MIS 30G 215
TRUPLUS LANC MIS 33G 215
TRUSOPT SOL 2% OP 238
TRUVADA TAB 100-150.....118
TRUVADA TAB 133-200.....118
TRUVADA TAB 167-250.....118
TRUVADA TAB 200-300.....118
TRUZONE PEAK MIS FLOW MTR.....219
TUDORZA PRES AER 400/ACT.....41
TUKYSA TAB 150MG.....90
TUKYSA TAB 50MG.....90
TURALIO CAP 200MG.....100
TURPENTINE SOL SPIRITS.....157
TUSSICAPS CAP 10-8MG.....142
TUXARIN ER TAB 54.3-8MG.....142
TUZISTRA XR SUS.....142
TWIRLA DIS 120-30 138
TWOCAL HN LIQ.....173
TWYNSTA TAB 40-10MG 86
TWYNSTA TAB 40-5MG 86
TWYNSTA TAB 80-10MG 86
TWYNSTA TAB 80-5MG 86
TYBLUME CHW 0.1-0.02.....138
TYBOST TAB 150MG 118
TYKERB TAB 250MG 100
TYLACTIN POW BLD 20PE.....173
TYMLOS INJ.....178
TYR ANAMIX POW ERLY YRS 173
TYREX-1 POW 174
TYREX-2 POW 174
TYROS 2 POW 174
TYVASO REFIL SOL 0.6MG/ML.....132
TYVASO SOL 0.6MG/ML.....132
TYVASO START SOL 0.6MG/ML.....132

U

UBRELVY TAB 100MG.....219
UBRELVY TAB 50MG 219
UCD ANAMIX POW JUNIOR 174
UCERIS AER 2MG/ACT 34
UCERIS TAB 9MG 141
UDENYCA INJ 6MG/.6ML.....197
UKONIQ TAB 200MG.....100
ULORIC TAB 40MG 192
ULORIC TAB 80MG 192
ULTICARE PAD ALCOHOL.....218
ULTI-LANCE MIS CLR TIP 215
ULTILET MIS 26G 215
ULTILET MIS 28G 215
ULTILET MIS 30G 215
ULTILET MIS 33G 215
ULTILET MIS LANCETS 215
ULTILET MIS SAFETY 215
ULTILET PAD ALCOHOL 218
ULTILET SAFE MIS 21G 215
ULTRACAL HN LIQ PLUS 174
ULTRACAL LIQ 174
ULTRACET TAB 37.5-325.....31
ULTRAMINO POW SOY PROT 174
ULTRAM TAB 50MG 29
ULTRA THIN MIS 28G 215
ULTRA THIN MIS 30G 215
ULTRA THIN MIS 31G 215
ULTRA THIN MIS 33G 215
ULTRA THIN MIS LAN 31G 215
ULTRA THIN MIS LANC 28G 215
ULTRA THIN MIS LANC 30G 215
ULTRA THIN MIS LANCETS 215

ULTRAVATE LOT 0.05%.....156
ULTRIENT 1.5 LIQ SAFE-T 174
UNILET CMFR MIS TCH 28G.....215
UNILET CMFR MIS TCH 30G.....215
UNILET EXCEL MIS 23G 215
UNILET EX II MIS 28G 215
UNILET G.P. MIS 21G.....215
UNILET G.P MIS SUPR 23G 215
UNILET GP 28 MIS ULT THIN 215
UNILET LANCE MIS 21G 215
UNILET LANCE MIS 28G 216
UNILET LANCE MIS 33G 216
UNILET LANC MIS 33G.....215
UNILET LANCT MIS 28G 216
UNILET LANCT MIS 30G 216
UNILET LANCT MIS 33G 216
UNILET MICRO MIS 33G.....216
UNILET MIS 21G 216
UNILET SUPER MIS 23G 216
UNILET SUPER MIS G.P. 23G 216
UNISTIK 1 MIS 2.4MM 216
UNISTIK 1 MIS 3.0MM 216
UNISTIK 2 MIS 216
UNISTIK 2 MIS 1.8MM 216
UNISTIK 2 MIS 2.4MM 216
UNISTIK 2 MIS COMFORT.....216
UNISTIK 2 MIS EXTRA 216
UNISTIK 2 MIS NEONATAL.....216
UNISTIK 2 MIS NORMAL.....216
UNISTIK 2 MIS SUPER 216
UNISTIK 3 MIS 1.8MM 216
UNISTIK 3 MIS COMFORT.....216
UNISTIK 3 MIS EXTRA 216
UNISTIK 3 MIS GENT 30G 216
UNISTIK 3 MIS NEONATAL.....216
UNISTIK 3 MIS NORMAL.....216
UNISTIK 3 MIS XTR 21G 216
UNISTIK CZT MIS COMFORT.....216
UNISTIK CZT MIS NORMAL.....216
UNISTIK II MIS LANCETS 216
UNISTIK PRO MIS LANC 21G.....216
UNISTIK PRO MIS LANC 28G.....216
UNISTIK SAFE MIS LANC 28G 216
UNISTIK SAFE MIS LANC 30G 216
UNISTIK TOUC MIS LANC 21G 216
UNISTIK TOUC MIS LANC 23G 216
UNISTIK TOUC MIS LANC 28G 216
UNISTIK TOUC MIS LANC 30G 216
UNISTRIP1 TES GENERIC 167
UNITSTIK PRO MIS LANC 25G.....216
UNIVERSAL 1 MIS 33G.....216
UNIVERSAL 1 MIS LANC 26G 216
UNIVERSAL 1 MIS LANC 30G 216
UPNEEQ SOL 0.1% 238
UPTRAVI TAB 1000MCG 134
UPTRAVI TAB 1200MCG 134
UPTRAVI TAB 1400MCG 134
UPTRAVI TAB 1600MCG 134
UPTRAVI TAB 200/800 133
UPTRAVI TAB 200MCG 133
UPTRAVI TAB 400MCG 133
UPTRAVI TAB 600MCG 134
UPTRAVI TAB 800MCG 134
urea cream 39% 157
urea lotion 40% 157
UROCIT-K 10 TAB 191
UROCIT-K 15 TAB 191
UROCIT-K 5 TAB 191
UROXATRAL TAB 10MG 192
URSO 250 TAB 250MG 188
ursodiol cap 300 mg 188
ursodiol tab 250 mg 188
ursodiol tab 500 mg 188
URSO FORTE TAB 500MG 188
UTIBRON CAP NEOHALER.....45
V
VAGIFEM TAB 10MCG 259
valacyclovir hcl tab 1 gm 121
valacyclovir hcl tab 500 mg 121
VALCHLOR GEL 0.016% 147
VALCYTE SOL 50MG/ML 119
VALCYTE TAB 450MG.....119
valganciclovir hcl for soln 50 mg/ml (base equiv) 119
valganciclovir hcl tab 450 mg (base equivalent) 119
VALIUM TAB 10MG.....39
VALIUM TAB 2MG.....39
VALIUM TAB 5MG.....39
valproate sodium oral soln 250 mg/5ml (base equiv) 55
valproic acid cap 250 mg.....55

valsartan-hydrochlorothiazide tab 160-12.5 mg 86
valsartan-hydrochlorothiazide tab 160-25 mg 86
valsartan-hydrochlorothiazide tab 320-12.5 mg 86
valsartan-hydrochlorothiazide tab 320-25 mg 86
valsartan-hydrochlorothiazide tab 80-12.5 mg 86
valsartan tab 160 mg 80
valsartan tab 320 mg 80
valsartan tab 40 mg 80
valsartan tab 80 mg 80
VALTOCO SPR 10MG 48
VALTOCO SPR 15MG 48
VALTOCO SPR 20MG 48
VALTOCO SPR 5MG 48
VALTREX TAB 1GM 121
VALTREX TAB 500MG 121
VANCOCIN CAP 250MG 35
VANCOCIN HCL CAP 125MG 35
vancomycin hcl cap 125 mg (base equivalent) 35
vancomycin hcl cap 250 mg (base equivalent) 36
VANCOMYCIN SOL 10MG/ML 236
VANCOMYCIN SOL 250/5ML 36
VANOS CRE 0.1% 156
VANTAGE LANC MIS DEVICE 217
vardenafil hcl orally disintegrating tab 10 mg 131
vardenafil hcl tab 10 mg 132
vardenafil hcl tab 2.5 mg 131
vardenafil hcl tab 20 mg 132
vardenafil hcl tab 5 mg 132
VARUBI TAB 90MG 71
VASCEPA CAP 0.5GM 73
VASCEPA CAP 1GM 73
VASCULERA TAB 174
VASERETIC TAB 10-25MG 86
VASOTEC TAB 10MG 78
VASOTEC TAB 2.5MG 78
VASOTEC TAB 20MG 79
VASOTEC TAB 5MG 78
VCF VAGINAL AER CONTRACP 259
VCF VAGINAL MIS CONTRACP 259
VECAMYL TAB 2.5MG 86
VECTICAL OIN 3MCG/GM 151
VELPHORO CHW 500MG 190
VELTASSA POW 16.8GM 225
VELTASSA POW 25.2GM 225
VELTASSA POW 8.4GM 225
VELTIN GEL 145
VEMLIDY TAB 25MG 120
VENCLEXTA TAB 100MG 90
VENCLEXTA TAB 10MG 90
VENCLEXTA TAB 50MG 90
VENCLEXTA TAB START PK 90
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 59
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 59
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 59
venlafaxine hcl tab 100 mg (base equivalent) 60
venlafaxine hcl tab 25 mg (base equivalent) 59
venlafaxine hcl tab 37.5 mg (base equivalent) 59
venlafaxine hcl tab 50 mg (base equivalent) 59
venlafaxine hcl tab 75 mg (base equivalent) 60
venlafaxine hcl tab er 24hr 150 mg (base equivalent) 60
venlafaxine hcl tab er 24hr 225 mg (base equivalent) 60
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) 60
venlafaxine hcl tab er 24hr 75 mg (base equivalent) 60
VENTAVIS SOL 10MCG/ML 132
VENTAVIS SOL 20MCG/ML 132
VENTOLIN HFA AER 45
verapamil hcl cap er 24hr 100 mg ..127
verapamil hcl cap er 24hr 120 mg ..127
verapamil hcl cap er 24hr 180 mg ..127
verapamil hcl cap er 24hr 200 mg ..127
verapamil hcl cap er 24hr 240 mg ..127
verapamil hcl cap er 24hr 300 mg ..127

verapamil hcl cap er 24hr 360 mg ..127
verapamil hcl tab 120 mg 127
verapamil hcl tab 40 mg.....127
verapamil hcl tab 80 mg.....127
verapamil hcl tab er 120 mg 128
verapamil hcl tab er 180 mg 128
verapamil hcl tab er 240 mg 128
VERASENS LIQ LEVEL 1 217
VERASENS TES 167
VERDESO AER 0.05% 156
VEREGEN OIN 15% 145
VERELAN CAP 120MG SR.....128
VERELAN CAP 180MG SR.....128
VERELAN CAP 240MG SR.....128
VERELAN CAP 360MG SR.....128
VERELAN PM CAP 100MG ER.....128
VERELAN PM CAP 200MG ER.....128
VERELAN PM CAP 300MG ER.....128
VERQUVO TAB 10MG 134
VERQUVO TAB 2.5MG 134
VERQUVO TAB 5MG 134
VERSACLOZ SUS 50MG/ML.....109
VERZENIO TAB 100MG.....100
VERZENIO TAB 150MG.....100
VERZENIO TAB 200MG.....100
VERZENIO TAB 50MG.....100
VESICARE LS SUS 5MG/5ML 258
VESICARE TAB 10MG 258
VESICARE TAB 5MG.....258
VFEND SUS 40MG/ML 72
VFEND TAB 200MG.....72
VFEND TAB 50MG 72
V-GO 20 KIT.....217
V-GO 30 KIT.....217
V-GO 40 KIT.....217
VIAGRA TAB 100MG 132
VIAGRA TAB 25MG 132
VIAGRA TAB 50MG 132
VIBERZI TAB 100MG.....190
VIBERZI TAB 75MG 190
VIBRAMYCIN CAP 100MG 251
VIBRAMYCIN SUS 25MG/5ML 251
VIBRAMYCIN SYP 50MG/5ML.....251
VICTOZA INJ 18MG/3ML 65
VIDAZA INJ 100MG 89
VIEKIRA PAK TAB 120
vigabatrin powd pack 500 mg 54
vigabatrin tab 500 mg 54
VIGAMOX DRO 0.5% 236
VIIBRYD KIT STARTER 58
VIIBRYD TAB 10MG 58
VIIBRYD TAB 20MG 58
VIIBRYD TAB 40MG 58
VILACTIN AA LIQ PLUS.....174
VIMOVO TAB 375-20MG.....20
VIMOVO TAB 500-20MG.....20
VIMPAT SOL 10MG/ML 53
VIMPAT TAB 100MG 53
VIMPAT TAB 150MG 53
VIMPAT TAB 200MG 53
VIMPAT TAB 50MG 53
VINATE DHA CAP 27-1.13.....229
VINATE II TAB 229
VINATE ONE TAB.....229
VIOKACE TAB 10440.....175
VIOKACE TAB 20880.....175
VIRACEPT TAB 250MG 118
VIRACEPT TAB 625MG 118
VIRAMUNE SUS 50MG/5ML.....118
VIRAMUNE XR TAB 400MG.....118
VIREAD POW 40MG/GM.....118
VIREAD TAB 150MG.....118
VIREAD TAB 200MG.....118
VIREAD TAB 250MG.....118
VIREAD TAB 300MG.....118
VIRT-C DHA CAP 230
VIRT-NATE CAP DHA.....230
VIRT-PN DHA CAP 230
VIRT-PN PLUS CAP 230
VISIONBLUE SOL 0.06% 238
VISTARIL CAP 25MG.....38
VISTARIL CAP 50MG.....38
VISTOGARD PAK 10GM 69
VITAFOL CAP ULTRA 230
VITAFOL CHW GUMMIES 230
VITAFOL FE+ CAP.....230
VITAFOL-NANO TAB.....230
VITAFOL-OB PAK +DHA 230
VITAFOL-OB TAB 65-1MG.....230
VITAFOL-ONE CAP.....230
VITAFOL STRP MIS 1MG.....230
VITAL HN POW.....174

VITAMEDMD CAP ONE RX 230
VITAPEARL CAP.....230
VITATHELY TAB.....230
VITATRUE MIS 230
VITRAKVI CAP 100MG.....101
VITRAKVI CAP 25MG.....101
VITRAKVI SOL 20MG/ML 101
VIVA DHA CAP 230
VIVAGUARD LIQ CONTROL 217
VIVAGUARD MIS 30G.....217
VIVAGUARD MIS LANCING.....217
VIVAGUARD TES INO 167
VIVELLE-DOT DIS 0.025MG 187
VIVELLE-DOT DIS 0.0375MG 187
VIVELLE-DOT DIS 0.05MG.....187
VIVELLE-DOT DIS 0.075MG 187
VIVELLE-DOT DIS 0.1MG.....187
VIVLODEX CAP 10MG 20
VIVLODEX CAP 5MG 20
VIVONEX RTF LIQ.....174
VIZIMPRO TAB 15MG.....91
VIZIMPRO TAB 30MG.....91
VIZIMPRO TAB 45MG.....91
VOGELXO GEL 1%(50MG) 34
VOGELXO GEL PUMP 1% 34
voriconazole for susp 40 mg/ml 72
voriconazole tab 200 mg 72
voriconazole tab 50 mg.....72
VOSEVI TAB 121
VOTRIENT TAB 200MG 101
VP-PNV-DHA CAP 230
VRAYLAR CAP 1.5-3MG 106
VRAYLAR CAP 1.5MG 106
VRAYLAR CAP 3MG 106
VRAYLAR CAP 4.5MG 106
VRAYLAR CAP 6MG 106
VUMERITY CAP 231MG.....246
VUSION OIN.....147
VYLEESI INJ 1.75/0.3 243
VYNDAMAX CAP 61MG 134
VYNDAQEL CAP 20MG.....134
VYTORIN TAB 10-10MG 73
VYTORIN TAB 10-20MG 73
VYTORIN TAB 10-40MG 73
VYTORIN TAB 10-80MG 73
VYVANSE CAP 10MG.....2
VYVANSE CAP 20MG.....3
VYVANSE CAP 30MG.....3
VYVANSE CAP 40MG.....3
VYVANSE CAP 50MG.....3
VYVANSE CAP 60MG.....3
VYVANSE CAP 70MG.....3
VYVANSE CHW 10MG 3
VYVANSE CHW 20MG 3
VYVANSE CHW 30MG 3
VYVANSE CHW 40MG 3
VYVANSE CHW 50MG 3
VYVANSE CHW 60MG 3
VYZULTA SOL 0.024% 239

W

WAKIX TAB 17.8MG 5
WAKIX TAB 4.45MG 5
warfarin sodium tab 10 mg.....46
warfarin sodium tab 1 mg 46
warfarin sodium tab 2.5 mg.....46
warfarin sodium tab 2 mg 46
warfarin sodium tab 3 mg 46
warfarin sodium tab 4 mg 46
warfarin sodium tab 5 mg 46
warfarin sodium tab 6 mg 46
warfarin sodium tab 7.5 mg.....46
WEBCOL PREP PAD LARGE.....218
WEBCOL PREP PAD MEDIUM 218
WEGOVY INJ 0.25MG 3
WEGOVY INJ 0.5MG 3
WEGOVY INJ 1.7MG 3
WEGOVY INJ 1MG 3
WEGOVY INJ 2.4MG 3
WELCHOL PAK 3.75GM 74
WELCHOL TAB 625MG 74
WELLBUTRIN TAB 100MG SR 56
WELLBUTRIN TAB 150MG SR 56
WELLBUTRIN TAB 200MG SR 56
WELLBUTRIN TAB XL 150MG 56
WELLBUTRIN TAB XL 300MG 56
WESTAB PLUS TAB 27-1MG 230
WESTGEL DHA CAP 230
WESTHROID TAB 130MG.....254
WESTHROID TAB 195MG.....254
WESTHROID TAB 32.5MG.....254
WESTHROID TAB 65MG.....254
WESTHROID TAB 97.5MG.....254

WIDE-SEAL DPR KIT 60.....201
WIDE-SEAL DPR KIT 65.....201
WIDE-SEAL DPR KIT 70.....201
WIDE-SEAL DPR KIT 75.....201
WIDE-SEAL DPR KIT 80.....201
WIDE-SEAL DPR KIT 85.....201
WIDE-SEAL DPR KIT 90.....201
WIDE-SEAL DPR KIT 95.....201
WINLEVI CRE 1% 145
WND 2 POW 174
WP THYROID TAB 113.75MG.....254
WP THYROID TAB 130MG 254
WP THYROID TAB 16.25MG 254
WP THYROID TAB 32.5MG 254
WP THYROID TAB 48.75MG 254
WP THYROID TAB 65MG.....254
WP THYROID TAB 81.25MG 254
WP THYROID TAB 97.5MG 254
WYNZORA CRE.....156

X

XADAGO TAB 100MG 105
XADAGO TAB 50MG 105
XALATAN SOL 0.005% 239
XALKORI CAP 200MG.....101
XALKORI CAP 250MG.....101
XANAX TAB 0.25MG 39
XANAX TAB 0.5MG 39
XANAX TAB 1MG 39
XANAX TAB 2MG 39
XANAX XR TAB 0.5MG 39
XANAX XR TAB 1MG 39
XANAX XR TAB 2MG 39
XANAX XR TAB 3MG 39
XARELTO STAR TAB 15/20MG.....46
XARELTO TAB 10MG 46
XARELTO TAB 15MG 46
XARELTO TAB 2.5MG 46
XARELTO TAB 20MG 46
XATMEP SOL 2.5MG/ML 89
XCOPRI PAK 100-150 54
XCOPRI PAK 12.5-25 54
XCOPRI PAK 150-200 54
XCOPRI PAK 50-100MG.....54
XCOPRI PAK 50-200MG.....54
XCOPRI TAB 100MG 54
XCOPRI TAB 150MG 54
XCOPRI TAB 200MG 54
XCOPRI TAB 50MG 54
XELJANZ SOL 1MG/ML 14
XELJANZ TAB 10MG.....14
XELJANZ TAB 5MG 14
XELJANZ XR TAB 11MG.....15
XELJANZ XR TAB 22MG.....15
XELODA TAB 150MG.....90
XELODA TAB 500MG.....90
XELPROS EMU 0.005%.....239
XENAZINE TAB 12.5MG.....244
XENAZINE TAB 25MG.....244
XENICAL CAP 120MG.....4
XENLETA TAB 600MG.....36
XEPI CRE 1%.....145
XERAC-AC SOL 6.25% 158
XERESE CRE 5-1% 152
XERMELO TAB 250MG 191
XHANCE MIS 93MCG.....232
XIFAXAN TAB 200MG.....35
XIFAXAN TAB 550MG.....35
XIGDUO XR TAB 10-1000.....63
XIGDUO XR TAB 10-500MG 63
XIGDUO XR TAB 2.5-1000.....63
XIGDUO XR TAB 5-1000MG 63
XIGDUO XR TAB 5-500MG.....63
XIIDRA DRO 5% 236
XIMINO CAP 135MG ER.....251
XIMINO CAP 45MG ER.....251
XIMINO CAP 90MG ER.....251
XLEU MAXAMUM POW 174
XLYS-XTRP POW MAXAMAID 174
XMET XCYS POW MAXAMAID 174
XMTVI MAXAMU POW.....174
XOFLUZA TAB 20MG 122
XOFLUZA TAB 40MG 122
XOLEGEL GEL 2%.....147
XOPENEX CONC NEB 1.25/0.5 45
XOPENEX HFA AER 45
XOPENEX NEB 0.31MG.....45
XOPENEX NEB 0.63MG.....45
XOPENEX NEB 1.25/3ML 45
XOSPATA TAB 40MG 101
XPHE-XTYR POW MAXAMAID.....174
XPOVIO PAK 100MG 94
XPOVIO PAK 40MG 93

XPOVIO PAK 50MG.....93
XPOVIO PAK 60MG.....93
XPOVIO PAK 80MG.....94
XTAMPZA ER CAP 13.5MG 29
XTAMPZA ER CAP 18MG 29
XTAMPZA ER CAP 27MG 29
XTAMPZA ER CAP 36MG 29
XTAMPZA ER CAP 9MG.....29
XTANDI CAP 40MG 92
XTANDI TAB 40MG 92
XTANDI TAB 80MG 92
XULTOPHY INJ 100/3.6 63
XURIDEN POW 2GM.....183
XYOSTED INJ 100/0.5.....34
XYOSTED INJ 50/0.5 34
XYOSTED INJ 75/0.5 34
XYREM SOL 500MG/ML.....241
XYWAV SOL 0.5GM/ML.....241
XYZBAC TAB.....174
Y
YASMIN 28 TAB 3-0.03MG.....138
YAZ TAB 3-0.02MG.....138
YONSA TAB 125MG 92
YOSPRALA TAB 325-40MG.....194
YOSPRALA TAB 81-40MG.....194
YUPELRI SOL.....41
Z
ZACLIR LOT 8% 145
zafirlukast tab 10 mg.....41
zafirlukast tab 20 mg.....41
zaleplon cap 10 mg 199
zaleplon cap 5 mg 199
ZALVIT TAB 13-1MG.....230
ZANAFLEX CAP 2MG 231
ZANAFLEX CAP 4MG 231
ZANAFLEX CAP 6MG 231
ZANAFLEX TAB 4MG 231
ZARONTIN CAP 250MG 55
ZARONTIN SOL 250/5ML.....55
ZARXIO INJ 300/0.5 197
ZARXIO INJ 480/0.8 197
ZAVESCA CAP 100MG 194
ZCORT 7-DAY TAB 1.5MG.....141
ZEGALOGUE INJ 0.6/0.6 64
ZEGERID CAP 20-1100.....257
ZEGERID CAP 40-1100.....257
ZEGERID POW 20-1680 257
ZEGERID POW 40-1680 257
ZEJULA CAP 100MG 101
ZELAC CAP.....68
ZELAPAR TAB 1.25MG.....105
ZELBORAF TAB 240MG.....101
ZELNORM TAB 6MG 190
ZEMBRACE SYM INJ 3/0.5ML.....222
ZEMPLAR CAP 1MCG 183
ZEMPLAR CAP 2MCG 183
ZENPEP CAP 10000UNT.....175
ZENPEP CAP 15000UNT.....175
ZENPEP CAP 20000UNT.....175
ZENPEP CAP 25000.....175
ZENPEP CAP 3000UNIT 175
ZENPEP CAP 40000.....175
ZENPEP CAP 5000UNIT 175
ZENZEDI TAB 15MG 3
ZENZEDI TAB 2.5MG 3
ZENZEDI TAB 20MG 3
ZENZEDI TAB 30MG 3
ZENZEDI TAB 7.5MG 3
ZEPATIER TAB 50-100MG.....121
ZEPOSIA 7DAY CAP STR PACK 246
ZEPOSIA CAP .92MG.....246
ZEPOSIA CAP STR KIT 246
ZERVIATE DRO 0.24% 238
ZESTORETIC TAB 10-12.5 86
ZESTORETIC TAB 20-12.5 86
ZESTORETIC TAB 20-25MG 86
ZESTRIL TAB 10MG 79
ZESTRIL TAB 2.5MG 79
ZESTRIL TAB 20MG 79
ZESTRIL TAB 30MG 79
ZESTRIL TAB 40MG 79
ZESTRIL TAB 5MG.....79
ZETIA TAB 10MG 76
ZETONNA AER 37MCG.....232
ZIAC TAB 10/6.25 86
ZIAC TAB 2.5/6.25 86
ZIAC TAB 5-6.25MG 86
ZIAGEN SOL 20MG/ML.....119
ZIAGEN TAB 300MG 119
ZIANA GEL 145
zidovudine cap 100 mg 119
zidovudine syrup 10 mg/ml 119

zidovudine tab 300 mg.....119
ZIEXTENZO INJ 6/0.6ML 197
zileuton tab er 12hr 600 mg 41
ZILXI AER 1.5%.....159
ZIOPTAN DRO 0.0015% 239
ziprasidone hcl cap 20 mg 106
ziprasidone hcl cap 40 mg 106
ziprasidone hcl cap 60 mg 106
ziprasidone hcl cap 80 mg 106
ziprasidone mesylate for inj 20 mg (base equivalent) 106
ZIPSOR CAP 25MG 20
ZIRGAN GEL 0.15%.....236
ZITHROMAX POW 1GM PAK 200
ZITHROMAX SUS 100/5ML.....200
ZITHROMAX SUS 200/5ML.....200
ZITHROMAX TAB 250MG 200
ZITHROMAX TAB 500MG 200
ZITHROMAX TAB TRI-PAK.....200
ZITHROMAX TAB Z-PAK 200
ZOCOR TAB 10MG.....76
ZOCOR TAB 20MG.....76
ZOCOR TAB 40MG.....76
ZOCOR TAB 80MG.....76
ZOFRAN TAB 4MG 70
ZOHYDRO ER CAP 10MG 29
ZOHYDRO ER CAP 15MG 29
ZOHYDRO ER CAP 20MG 29
ZOHYDRO ER CAP 30MG 29
ZOHYDRO ER CAP 40MG 30
ZOHYDRO ER CAP 50MG 30
ZOKINVY CAP 50MG 226
ZOKINVY CAP 75MG 226
ZOLINZA CAP 100MG.....101
zolmitriptan nasal spray 2.5 mg/spray unit 222
zolmitriptan nasal spray 5 mg/spray unit 222
zolmitriptan orally disintegrating tab 2.5 mg.....222
zolmitriptan orally disintegrating tab 5 mg 222
zolmitriptan tab 2.5 mg.....222
zolmitriptan tab 5 mg 222
ZOLOFT CON 20MG/ML.....58
ZOLOFT TAB 100MG 58
ZOLOFT TAB 25MG.....58
ZOLOFT TAB 50MG.....58
zolpidem tartrate sl tab 1.75 mg 199
zolpidem tartrate sl tab 3.5 mg 199
zolpidem tartrate tab 10 mg 199
zolpidem tartrate tab 5 mg 199
zolpidem tartrate tab er 12.5 mg....199
zolpidem tartrate tab er 6.25 mg....199
ZOLPIMIST SPR 5MG 199
ZOMACTON INJ 10MG.....181
ZOMACTON INJ 5MG.....181
ZOMIG SPR 2.5MG 222
ZOMIG SPR 5MG 222
ZOMIG TAB 2.5MG 222
ZOMIG TAB 5MG 222
ZOMIG ZMT TAB 2.5 MG.....222
ZOMIG ZMT TAB 5MG ODT 222
ZONALON CRE 5% 148
ZONEGRAN CAP 100MG 53
ZONEGRAN CAP 25MG 53
zonisamide cap 100 mg 53
zonisamide cap 25 mg 53
zonisamide cap 50 mg 53
ZONTIVITY TAB 2.08MG.....194
ZORBTIVE INJ 8.8MG.....181
ZORTRESS TAB 0.25MG 225
ZORTRESS TAB 0.5MG 225
ZORTRESS TAB 0.75MG 225
ZORTRESS TAB 1MG.....225
ZORVOLEX CAP 18MG.....20
ZORVOLEX CAP 35MG.....20
ZOVIRAX CRE 5% 152
ZOVIRAX OIN 5%.....152
ZOVIRAX SUS 200/5ML.....121
ZTLIDO PAD 1.8%.....158
ZUBSOLV SUB 0.7-0.18 32
ZUBSOLV SUB 1.4-0.36 32
ZUBSOLV SUB 11.4-2.9 32
ZUBSOLV SUB 2.9-0.71 32
ZUBSOLV SUB 5.7-1.4 32
ZUBSOLV SUB 8.6-2.1 32
ZUPLENZ MIS 4MG.....70
ZUPLENZ MIS 8MG.....70
ZYCLARA CRE 3.75% 157
ZYCLARA PUMP CRE 2.5% 157
ZYCLARA PUMP CRE 3.75% 157

ZYDELIG TAB 100MG 101
ZYDELIG TAB 150MG 101
ZYFLO TAB 600MG 41
ZYKADIA TAB 150MG.....101
ZYLET SUS 0.5-0.3% 237
ZYLOPRIM TAB 100MG 192
ZYLOPRIM TAB 300MG 193
ZYMAXID SOL 0.5% 236
ZYPITAMAG TAB 2MG 76
ZYPITAMAG TAB 4MG 76
ZYPREXA INJ 10MG 109
ZYPREXA RELP INJ 210MG.....109
ZYPREXA RELP INJ 300MG.....110
ZYPREXA RELP INJ 405MG.....110
ZYPREXA TAB 10MG 110
ZYPREXA TAB 15MG 110
ZYPREXA TAB 2.5MG 110
ZYPREXA TAB 20MG 110
ZYPREXA TAB 5MG 110
ZYPREXA TAB 7.5MG 110
ZYPREXA ZYDI TAB 10MG.....110
ZYPREXA ZYDI TAB 15MG.....110
ZYPREXA ZYDI TAB 20MG.....110
ZYPREXA ZYDI TAB 5MG 110
ZYTIGA TAB 250MG.....93
ZYTIGA TAB 500MG.....93
ZYVIT TAB.....174
ZYVOX SUS 100MG/5M 36
ZYVOX TAB 600MG.....36

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carefirst.com/rxgroup

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

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

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

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Foreign Language Assistance

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

አማርኛ(Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። 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 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ kan.

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

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

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

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

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

Ɓǎsɔ́ɔ̀-wùɖù (Bassa) Tò Ɖùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fûà-fǔá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓéɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké ɖɛ wa mɔ́ m̀ ké nyuɛɛ nyu hwɛ̀ ɓɛ́ wé ɓěa ké zi. Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé ɖé nì ɓíɖí-wùɖù mú ɓɛ́ m̀ ké se wíɖí ɖò pɛ́ɛ̀. Kpooɔ̀ nyɔ ɓě mɛ ɖá fǔùn-nɔ̀ɓà nìà ɖé waà I.D. káàɔ̀ ɖeín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ ɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàɖàìn hwɛ̀. Ɔ jǔ ké nyɔ ɖò dyi m̀ gɔ̌ jǔǐn, po wuɖu m̀ mɔ́ poɛ dyiɛ, ké nyɔ ɖò mu ɓó nììn ɓɛ́ ɔ ké nì wuɖuɔ̀ mú zà.

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

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

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

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

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

Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa okwu.

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

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

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

Diné Bizaad *(Navajo)* Ge': Díí bee ił hane'ígíí bii' dahólǫ́ bee éédahózin béeso ách'ą́ą́h naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ́ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyį́į́lígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'į́į́h. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédę́ę́' bikáá' bich'į' hodoonihjį́'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'į́ił yałtí'ígíí t'áá níléíjį́ áádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ą́go, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.