

CareFirst Formulary 2

2024

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.

Introduction

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

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

Using Your Formulary

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

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

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

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

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

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

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

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

Tier 0: \$0 Drugs	■ 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.

Drug Name **Drug Tier** **Requirements/Limits**

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

<i>amphetamine sulfate tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (4 tabs every 1 day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (3 caps every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (1 cap every 1 day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (3 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (2 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (2 tabs every 1 day)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (1 tab every 1 day)
DESOXYN TAB 5MG	3	QL (6 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (4 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (4 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (2 caps every 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (48 mL every 1 day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (4 tabs every 1 day)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (4 tabs every 1 day)

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

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

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

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

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

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

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

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

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.8ML	2	PA, QL (5 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ SENS INJ 80/0.8ML	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-CROH INJ UC SP	2	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PED INJ CROHNS	2	PA, QL (3 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSOR/UVE	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	2	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>ANTIRHEUMATIC - ENZYME INHIBITORS</i>		
RINVOQ LQ SOL 1MG/ML	2	PA, QL (12 mL every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 15MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 45MG ER	2	PA, QL (84 tablets every 84 days); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
XELJANZ SOL 1MG/ML	2	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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

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

Drug Name	Drug Tier	Requirements/Limits
NALFON TAB 600MG	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin cap 300 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
TRESNI SUP 100MG	3	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	2	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 20MG	2	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 30MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	2	PA, QL (4 syringes every 28 days)
ORENCIA INJ 50/0.4ML	2	PA, QL (4 syringes every 28 days)
ORENCIA INJ 87.5/0.7	2	PA, QL (4 syringes every 28 days)
ORENCIA INJ 125MG/ML	2	PA, QL (4 syringes every 28 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	2	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

ANALGESICS - NONNARCOTIC**ANALGESIC COMBINATIONS**

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

SALICYLATES

<i>aspirin chew tab 81 mg</i>	1	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	1	OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

ANALGESICS - OPIOID**OPIOID AGONISTS**

ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 30 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 30 days)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 30 days)
CONZIP CAP 100MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 200MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 300MG	3	PA, QL (1 cap every 1 day)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every 1 day)
DILAUDID TAB 2MG	3	PA, QL (6 tabs every 1 day)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every 1 day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs every 1 day)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supp every 1 day)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (16 mL every 1 day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	2	PA
HYSINGLA ER TAB 30 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 40 MG	2	PA
HYSINGLA ER TAB 60 MG	2	PA
HYSINGLA ER TAB 80 MG	2	PA
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL every 1 day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (15 mL every 1 day)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (10 mL every 1 day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	PA, QL (2 mL every 1 day)
METHADOSE SF CON 10MG/ML	3	PA, QL (2 mL every 1 day)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (2 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (22.5 mL every 1 day)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 30 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (6 supp every 1 day)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (6 supp every 1 day)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (4 supp every 1 day)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (3 supp every 1 day)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 ea every 1 day)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs every 1 day)
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs every 1 day)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (6 caps every 1 day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (3 mL every 1 day)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab abuse deter 5 mg</i>	1	PA
<i>oxycodone hcl tab abuse deter 15 mg</i>	1	PA
<i>oxycodone hcl tab abuse deter 30 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs every 1 day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs every 1 day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs every 1 day)
<i>tramadol hcl oral soln 5 mg/ml</i>	1	
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
XTAMPZA ER CAP 9MG	2	PA
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA
XTAMPZA ER CAP 27MG	2	PA
XTAMPZA ER CAP 36MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 mL every 1 day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (390 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>acetaminophen-cafeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (10 caps every 1 day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
FIORICET CAP CODEINE	3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs every 1 day)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL every 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 150MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 300MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 450MCG	2	PA, QL (2 films every 1 day)

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2.4 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

ANDROGENS-ANABOLIC**ANABOLIC STEROIDS**

<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	

ANDROGENS

ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>danazol cap 200 mg</i>	1	
JATENZO CAP 158MG	3	PA
JATENZO CAP 198MG	3	PA
JATENZO CAP 237MG	3	PA
<i>methyltestosterone cap 10 mg</i>	1	
<i>methyltestosterone oral tab 10 mg</i>	1	
NATESTO GEL 5.5MG	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
XYOSTED INJ 50/0.5	2	PA
XYOSTED INJ 75/0.5	2	PA
XYOSTED INJ 100/0.5	2	PA

ANORECTAL AND RELATED PRODUCTS**INTRARECTAL STEROIDS**

<i>budesonide rectal foam 2 mg/act</i>	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
UCERIS AER 2MG/ACT	3	

RECTAL COMBINATIONS

ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

RECTAL STEROIDS

ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
PROCTOCORT SUP 30MG	3	
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i>	1	
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	PA, QL (9 tabs every 90 days)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i>	1	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
UROGESIC- TAB BLUE	3	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SOL 2MG/ML	3	PA
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	

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

ANTIANXIETY AGENTS**ANTIANXIETY AGENTS - MISC.**

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

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
quinidine gluconate tab er 324 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	3	PA
TIKOSYN CAP 250MCG	3	PA
TIKOSYN CAP 500MCG	3	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 pens every 28 days)
NUCALA INJ 40MG/0.4	2	PA, QL (1 syringe every 28 days)

Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG/ML	2	PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	2	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	2	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	2	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 cap every 1 day)
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	QL (1 ea every 1 day)
YUPELRI SOL	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
budesonide inhalation susp 0.5 mg/2ml	1	QL (4 mL every 1 day)
budesonide inhalation susp 0.25 mg/2ml	1	QL (6 mL every 1 day)
budesonide inhalation susp 1 mg/2ml	1	QL (2 mL every 1 day)
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 packages every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (2 mL every 1 day)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (4 ea every 1 day)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL every 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL every 30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPTA AER 62.5-25	2	QL (2 blisters every 1 day)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day)
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 50-5MCG	3	QL (1 package every 28 days)
DULERA AER 100-5MCG	3	QL (3 packages every 25 days)
DULERA AER 200-5MCG	3	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (4 mL every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (3 ea every 1 day)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XOPENEX CONC NEB 1.25/0.5	3	QL (3 ea every 1 day)
XOPENEX NEB 0.31MG	3	QL (10 mL every 1 day)
XOPENEX NEB 0.63MG	3	QL (10 mL every 1 day)
XOPENEX NEB 1.25/3ML	3	QL (10 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
VALTOCO SPR 5MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea every 25 days)
ANTICONVULSANTS - MISC.		
APTiom TAB 200MG	2	

Drug Name	Drug Tier	Requirements/Limits
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	3	PA, QL (800 mL every 30 days)
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every 1 day)
<i>gabapentin tab 600 mg</i>	1	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	

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 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)
NEURONTIN TAB 600MG	3	QL (6 tabs every 1 day)
NEURONTIN TAB 800MG	3	QL (4 tabs every 1 day)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
oxcarbazepine tab er 24hr 150 mg	1	
oxcarbazepine tab er 24hr 300 mg	1	
oxcarbazepine tab er 24hr 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG	2	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
FLUOXETINE TAB 60MG	3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	

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

ANTIDIABETICS**ALPHA-GLUCOSIDASE INHIBITORS**

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

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	ST
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Drug Name	Drug Tier	Requirements/Limits
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
JANUMET TAB 50-500MG	2	ST
JANUMET TAB 50-1000	2	ST
JANUMET XR TAB 50-500MG	2	ST
JANUMET XR TAB 50-1000	2	ST
JANUMET XR TAB 100-1000	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	ST
SOLQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days)
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
<i>mifepristone tab 300 mg</i>	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	QL (3 pens every 28 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2/1.5ML	2	PA, QL (1 pen every 30 days); Starter Pen
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 25 days)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	2	PA, QL (3 pens every 30 days)

INSULIN

FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
<i>deferiprone tab 1000 mg</i>	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	QL (2 cartons every 30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	
ANTIEMETICS		
5-HT₃ RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl tab 1 mg</i>	1	QL (12 ea every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	QL (2 vials every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)

ANTIEMETICS - ANTICHOLINERGIC

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

ANTIEMETICS - MISCELLANEOUS

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

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 ea every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs every 21 days)
EMEND CAP 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)

ANTIFUNGALS**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

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

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

Drug Name	Drug Tier	Requirements/Limits
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	

Drug Name	Drug Tier	Requirements/Limits
TRILIPX CAP 45MG	3	
TRILIPX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	0	
<i>pitavastatin calcium tab 2 mg</i>	0	
<i>pitavastatin calcium tab 4 mg</i>	0	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 cartridges every 28 days)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER CAP 250MG	3	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
<i>metyrosine cap 250 mg</i>	1	PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
<i>clonidine hcl tab 0.1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine tab er 24hr 0.17 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>AVALIDE TAB 150-12.5</i>	3	
<i>AVALIDE TAB 300-12.5</i>	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA TAB 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
TEKTURN TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	3	
INSPIRA TAB 50MG	3	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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ANTIMYCOBACTERIAL AGENTS**ANTIMYCOBACTERIAL AGENTS**

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**ALKYLATING AGENTS**

ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	\$0 copay based on your plan/benefit
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (4 tabs every 1 day)
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	3	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>gefitinib tab 250 mg</i>	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSE TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSE TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 150MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (4 tabs every 1 day)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (2 tabs every 1 day)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
ORGOVYX TAB 120MG	0	PA, QL (1 tab every 1 day)
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 2MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 3MG	0	PA, QL (42 caps every 28 days)
POMALYST CAP 4MG	0	PA, QL (42 caps every 28 days)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 tabs every 28 days); Therapy Pack
XPOVIO PAK 50MG	0	PA, QL (8 tabs every 28 days); Therapy Pack
XPOVIO PAK 60MG	0	PA, QL (24 tabs every 28 days); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 80MG	0	PA, QL (32 tabs every 28 days); Twice Weekly

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (10 tabs every 25 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE CAP 100MG	0	PA, QL (2 caps every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
COTELLIC TAB 20MG	0	PA, QL (63 tabs every 28 days)
<i>dasatinib tab 20 mg</i>	0	PA, QL (3 tabs every 1 day)
<i>dasatinib tab 50 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 70 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 80 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 100 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 140 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 ea every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab for oral susp 2 mg</i>	0	PA, QL (2 ea every 1 day)
<i>everolimus tab for oral susp 3 mg</i>	0	PA, QL (3 ea every 1 day)
<i>everolimus tab for oral susp 5 mg</i>	0	PA, QL (2 ea every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
IBRANCE CAP 75MG	0	PA, QL (1 cap every 1 day)
IBRANCE CAP 100MG	0	PA, QL (1 cap every 1 day)
IBRANCE CAP 125MG	0	PA, QL (1 cap every 1 day)
IBRANCE TAB 75MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 100MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 125MG	0	PA, QL (42 tabs every 28 days)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	3	
ITOVEBI TAB 9MG	3	
KISQALI TAB 200DOSE	0	PA, QL (42 tabs every 28 days)
KISQALI TAB 400DOSE	0	PA, QL (84 tabs every 28 days)
KISQALI TAB 600DOSE	0	PA, QL (126 tabs every 28 days)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG	0	PA, QL (6 tabs every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (6 tabs every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 4MG	0	PA, QL (6 ea every 28 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	0	PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (3 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA, QL (3 tabs every 1 day)
RETEVMO TAB 80MG	0	PA, QL (4 tabs every 1 day)
RETEVMO TAB 120MG	0	PA, QL (2 tabs every 1 day)
RETEVMO TAB 160MG	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	0	PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	0	PA, QL (1 tab every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (28 tabs every 21 days)
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
VORANIGO TAB 10MG	0	PA, QL (2 tabs every 1 day)
VORANIGO TAB 40MG	0	PA, QL (1 tab every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
ZEJULA CAP 100MG	0	PA, QL (3 caps every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZELBORAF TAB 240MG	0	PA, QL (8 tabs every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYDELIG TAB 100MG	0	PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	0	PA, QL (2 tabs every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA
BESREMI SOL 500MCG	2	PA, QL (2 syringes every 28 days)
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
<i>tretinoin cap 10 mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
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	
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	
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	
apomorphine hcl soln cartridge 30 mg/3ml	1	PA, QL (20 cartridges every 28 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	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	2	PA, QL (10 caps every 1 day)
KYNMOBI MIS 10MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 15MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 20MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 25MG	2	PA, QL (5 films every 1 day)
KYNMOBI MIS 30MG	2	PA, QL (5 films every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	3	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	3	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (680 mL every 28 days)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
<i>etravirine tab 100 mg</i>	1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	3	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	1	QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (1 tab every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	3	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
<i>ritonavir tab 100 mg</i>	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 15 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	1	QL (2 caps every 1 day)
SUSTIVA CAP 50MG	3	QL (3 caps every 1 day)
SUSTIVA CAP 200MG	3	QL (3 caps every 1 day)
SYMFI LO TAB	3	QL (1 tab every 1 day)
SYMFI TAB	3	QL (1 tab every 1 day)
SYMTUZA TAB	2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 10MG	2	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	2	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
TRIZIVIR TAB	3	QL (2 tabs every 1 day)
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
ZIAGEN TAB 300MG	3	QL (2 tabs every 1 day)
<i>zidovudine cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	3	PA, QL (4 tabs every 1 day)
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day)
PREVYMIS TAB 480MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOL	3	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	2	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	2	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	2	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	3	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	3	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	3	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	3	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	2	QL (1 tab every 1 day)
VOSEVI TAB	2	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
ZOVIRAX SUS 200/5ML	3	

INFLUENZA AGENTS

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

MISC. ANTIVIRALS

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

BETA BLOCKERS**ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS NON-SELECTIVE		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>levamlodipine maleate tab 2.5 mg</i>	1	
<i>levamlodipine maleate tab 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

Drug Name	Drug Tier	Requirements/Limits
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CARDIOTONICS**CARDIAC GLYCOSIDES**

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

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

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	PA, QL (1 ea every 1 day)
IMPOTENCE AGENTS		
<i>avanafil tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 200 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 28 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varafenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varafenafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varafenafil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>varafenafil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>varденаfil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
TYVASO DPI POW 16-32-48	2	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	2	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32-48MCG	2	PA, QL (8 ea every 1 day)
TYVASO DPI POW 32MCG	2	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 32MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	2	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	2	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 64MCG	2	PA, QL (4 ea every 1 day)
TYVASO RF KT SOL 0.6MG/ML	2	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	2	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	2	PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML	3	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	3	PA, QL (9 mL every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG	2	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (784 mL every 30 days)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (12 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML	2	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	2	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	PA
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
GENERESS FE CHW	3	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	
NATAZIA TAB	0	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
QUARTETTE TAB	3	
SAFYRAL TAB	3	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 ea every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 rings every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
OPILL TAB 0.075MG	0	OTC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>deflazacort susp 22.75 mg/ml</i>	1	PA, QL (1.8 mL every 1 day)
<i>deflazacort tab 6 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	1	PA, QL (1 tab every 1 day)
<i>deflazacort tab 30 mg</i>	1	PA, QL (1 tab every 1 day)
<i>deflazacort tab 36 mg</i>	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	PA
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORAPRED ODT TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
PREDNISONE CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	1	Brand preferred over generic

MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	1
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COUGH/COLD/ALLERGY**ANTITUSSIVES**

<i>benzonatate cap 100 mg</i>	1
<i>benzonatate cap 150 mg</i>	1
<i>benzonatate cap 200 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (6 tabs every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (60 mL every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	QL (45 mL every 1 day), OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL every 1 day)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUZISTRA XR SUS	3	QL (20 mL every 1 day)
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
<i>adapalene cream 0.1%</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA, OTC
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
AKLIEF CRE 0.005%	2	PA
ATRALIN GEL 0.05%	3	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 25 days)
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 gm every 25 days)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
CLINDAGEL GEL 1%	3	QL (60 mL every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate soln 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1- 5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2- 0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA, OTC
DIFFERIN GEL 0.3%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
<i>erythromycin gel 2%</i>	1	QL (2 gm every 1 day)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (2 mL every 1 day)
EVOCLIN AER 1%	3	
<i>isotretinoin cap 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	3	QL (50 gm every 25 days)
PLEXION CLTH PAD 9.8-4.8%	3	
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
SOD SUL/SULF EMU 10-5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
<i>tretinoin microsphere gel 0.08%</i>	1	
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm every 25 days)
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 gm every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 gm every 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 mL every 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120 mL every 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (2 gm every 1 day)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (2 mL every 1 day)
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
EXTINA AER 2%	3	QL (100 gm every 25 days)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
KERYDIN SOL 5%	3	PA, QL (4 mL every 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
LOPROX SHA 1%	3	QL (120 mL every 25 days)
LUZU CRE 1%	3	QL (60 gm every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl gel 2%</i>	1	QL (60 gm every 25 days)
NAFTIN GEL 1%	2	QL (120 gm every 25 days)
NAFTIN GEL 2%	2	QL (60 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
OXISTAT CRE 1%	3	QL (60 gm every 25 days)
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)
VYTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	3	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
COSENTYX INJ 75MG/0.5	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 150MG/ML	2	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150MG/ML	2	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SPEVIGO INJ 150/1ML	3	PA, QL (2 syringes every 28 days)
STELARA INJ 45MG/0.5	2	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	2	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
TALTZ INJ 80MG/ML	2	PA, QL (1 pen every 28 days)
TALTZ INJ 80MG/ML	2	PA, QL (1 syringe every 28 days)
<i>tazarotene cream 0.1%</i>	1	
<i>tazarotene cream 0.05%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	2	PA, QL (1 pen every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 100MG/ML	2	PA, QL (1 syringe every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	2	PA
TREMFYA INJ 200/20ML	2	PA
VTAMA CRE 1%	2	PA
ZITHRANOL SHA 1%	3	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	

Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	3	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
GRAFCO SILVR MIS NIT APPL	3	
SILVER NITRA SOL 0.5%	3	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>amcinonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (4 mL every 1 day)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
CAPEX SHA 0.01%	3	QL (4 mL every 1 day)
<i>clobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate foam 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>clobetasol propionate oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (4 mL every 1 day)
<i>clobetasol propionate soln 0.05%</i>	1	QL (4 mL every 1 day)
CLOBEX LOT 0.05%	3	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	3	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
<i>desonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desonide lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>desonide oint 0.05%</i>	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
<i>desoximetasone cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone cream 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone oint 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone spray 0.25%</i>	1	QL (4 mL every 1 day)
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (4 mL every 1 day)
<i>fluocinonide cream 0.05%</i>	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide soln 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate oint 0.005%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate oint 0.05%</i>	1	QL (4 gm every 1 day)
HC/PRAMOXINE CRE 1-2.35%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone cream 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone lotion 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone oint 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (4 gm every 1 day)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
LUXIQ AER 0.12%	3	QL (4 gm every 1 day)
<i>mometasone furoate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
OLUX AER 0.05%	3	QL (4 gm every 1 day)
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	QL (4 gm every 1 day)
SERNIVO SPR	3	QL (4 mL every 1 day)
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUS	3	PA
TEXACORT SOL 2.5%	3	QL (4 mL every 1 day)
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
TRIDESILON CRE 0.05%	3	QL (4 gm every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
VERDESO AER 0.05%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	2	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	2	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 100/0.67	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200/1.14	2	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	PA, QL (4 syringes every 28 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
<i>urea cream 39%</i>	1	
<i>urea cream 41%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>urea cream 45%</i>	1	
<i>urea cream 47%</i>	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (3 gm every 1 day)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	3	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	PA
<i>imiquimod cream 5%</i>	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	3	PA
ZYCLARA PUMP CRE 2.5%	3	PA
ZYCLARA PUMP CRE 3.75%	3	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
<i>salicylic acid er film-forming soln 28.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	

Drug Name	Drug Tier	Requirements/Limits
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	QL (3 ea every 1 day)
<i>lidocaine patch 5%</i>	1	QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
LIDODERM DIS 5%	3	QL (3 ea every 1 day)
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
ZTLIDO PAD 1.8%	3	PA, QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.15%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA
FINACEA AER 15%	2	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	Brand preferred over generic
RHOFADE CRE 1%	3	PA
SOOLANTRA CRE 1%	1	PA; Brand preferred over generic
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
REGANEX GEL 0.01%	3	PA, QL (2 gm every 1 day)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
MULTISTIX 10 TES SG	0	OTC

Drug Name	Drug Tier	Requirements/Limits
NOVA MAX PLS TES KETONE	0	OTC
ONETOUCH TES ULT BLUE	0	QL (5 strips every 1 day), OTC
ONETOUCH TES ULTRA	0	QL (5 strips every 1 day), OTC
ONETOUCH TES VERIO	0	QL (5 strips every 1 day), OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	OTC

DIGESTIVE AIDS***DIGESTIVE ENZYMES***

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS***CARBONIC ANHYDRASE INHIBITORS***

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dichlorphenamide tab 50 mg</i>	1	PA, QL (4 tabs every 1 day)
KEVEYIS TAB 50MG	3	PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4	3	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	2	PA, QL (1 pen every 28 days)
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	2	PA, QL (15 cartridges every 28 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (10 cartridges every 28 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (7 cartridges every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	2	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA
GANIRELIX AC INJ 250/0.5	2	PA; Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (1 vial every 1 day)
GROWTH HORMONES		
HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
SOGROYA INJ 5MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	2	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	3	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
<i>raloxifene hcl tab 60 mg</i>	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	1	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	2	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	3	PA, QL (1 vial every 1 day)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PHEBURANE MIS 483/GM	2	PA, QL (672 gm (8 bottles) every 30 days)
REVCovi INJ 1.6MG/ML	3	
ROCALtrol CAP 0.5MCG	3	
ROCALtrol CAP 0.25MCG	3	
ROCALtrol SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (798 gm every 30 days)
sodium phenylbutyrate tab 500 mg	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	3	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	3	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
desmopressin acetate nasal spray soln 0.01%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
<i>mifepristone tab 200 mg</i>	1	\$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	3	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	3	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	3	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	3	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	3	PA, QL (2 tabs every 1 day)
SAMSCA TAB 30MG	3	PA, QL (1 tab every 1 day)
<i>tolvaptan tab 15 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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ESTROGENS**ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
MYFEMBREE TAB	2	PA
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	PA
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	

ESTROGENS

ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	

Drug Name	Drug Tier	Requirements/Limits
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	PA
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
ESTROGEL GEL 0.06%	3	
EVAMIST SPR 1.53MG	3	
MENOSTAR DIS 14MCG	3	
PREMARIN INJ 25MG	3	PA

FLUOROQUINOLONES**FLUOROQUINOLONES**

BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OALIVA TAB 5MG	3	PA, QL (1 tab every 1 day)
OALIVA TAB 10MG	3	PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	3	PA
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
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		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
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	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	3	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	3	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
CIMZIA PREFL KIT 200MG/ML	2	PA, QL (2 kits every 28 days)
CIMZIA START KIT 200MG/ML	2	PA, QL (2 kits every 28 days)
DIPENTUM CAP 250MG	3	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
VELSIPITY TAB 2MG	2	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
SYMPROIC TAB 0.2MG	2	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
PHOSLYRA SOL	3	
RENAGEL TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	1	PA
<i>tiopronin tab delayed release 100 mg</i>	1	PA
<i>tiopronin tab delayed release 300 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 200 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL (4 tabs every 1 day)
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	1	QL (2 caps every 1 day); Brand preferred over generic
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
HEMLIBRA INJ 300/2ML	3	PA
HEMLIBRA SOL 12/0.4ML	3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (135 mL every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	3	PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	2	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	3	PA, QL (6 caps every 1 day)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	2	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG	2	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat cap 100 mg</i>	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	3	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	2	PA, QL (6 packets every 1 day)
<i>glutamine (sickle cell) powd pack 5 gm</i>	1	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	OTC; \$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; \$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	OTC; \$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	2	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	2	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	2	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTelet TAB 20MG	2	PA, QL (2 tabs every 1 day)
DOPTelet TAB 20MG	2	PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	2	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
MULPLETA TAB 3MG	3	PA, QL (7 tabs every 14 days)
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	2	PA
PROCRIT INJ 3000/ML	2	PA
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 10000/ML	2	PA
PROCRIT INJ 20000/ML	2	PA
PROCRIT INJ 40000/ML	2	PA
PROMACTA PAK 25MG	2	PA, QL (6 packets every 1 day)
PROMACTA POW 12.5MG	2	PA, QL (4 packets every 1 day)
PROMACTA TAB 12.5MG	2	PA, QL (2 tabs every 1 day)
PROMACTA TAB 25MG	2	PA, QL (3 tabs every 1 day)
PROMACTA TAB 50MG	2	PA, QL (3 tabs every 1 day)
PROMACTA TAB 75MG	2	PA, QL (2 tabs every 1 day)
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

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

HEMOSTATICS - TOPICAL

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

Drug Name	Drug Tier	Requirements/Limits
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	

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

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

HYPNOTICS - TRICYCLIC AGENTS

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

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	2	
DAYVIGO TAB 10MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (5 mL every 1 day)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	3	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
CAYA DPR	0	QL (1 each every 300 days)
COLOR CONDOM MIS + LUBE	0	QL (12 condoms every 25 days), OTC
CONDOMS MIS	0	QL (12 condoms every 25 days), OTC
DUREX EXTRA MIS SENSITIV	0	QL (12 condoms every 25 days), OTC
DUREX MIS REALFEEL	0	QL (12 condoms every 25 days), OTC
DUREX MIS TROPICAL	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
FANTASY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
K-Y ME & YOU MIS EX LUBRI	0	QL (12 condoms every 25 days), OTC
K-Y ME & YOU MIS INTENSE	0	QL (12 condoms every 25 days), OTC
KAMELEON LUB MIS COLORS	0	QL (12 condoms every 25 days), OTC
KAMELEON MIS TRI-COLR	0	QL (12 condoms every 25 days), OTC
KIMONO COLOR MIS	0	QL (12 condoms every 25 days), OTC
KIMONO MAXX MIS LG FLARE	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN +	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN PLS	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
KIMONO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO MIS SENSATIO	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SENSE MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SPEC MIS	0	QL (12 condoms every 25 days), OTC
MAXX MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
MAXX PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
NATURAL COND MIS + LUBE	0	QL (12 condoms every 25 days), OTC
OMNIFLEX DPR	0	QL (1 each every 300 days)
REALITY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS TEXTURED	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN MAGN MIS	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS W/SPERMI	0	QL (12 condoms every 25 days), OTC
TRUE COVER MIS CONDOM	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS ASSORTED	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS BANANA	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBR MIS CHOC	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX LARGE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX STR	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS GRAPE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS BANANA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS CHOCOLAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS FLAVORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
ACCUTREND SOL GLUCOSE	0	OTC
ACTI-LANCE MIS 28G	0	OTC
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC
ADJ LANCING MIS DEVICE	0	OTC
ADV LANCING MIS DEVICE	0	OTC
ADV TRAVEL MIS LANC 28G	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVCATE SAFE MIS LANC 26G	0	OTC
ADVOCATE LIQ HIGH	0	OTC
ADVOCATE LIQ LOW	0	OTC
ADVOCATE MIS LANC 30G	0	OTC
ADVOCATE MIS LANC DEV	0	OTC
ADVOCATE MIS LANCETS	0	OTC
ADVOCATE+ SOL REDI-COD	0	OTC
AGAMATRIX MIS 33G	0	OTC
AGAMATRIX SOL HIGH	0	OTC
AGAMATRIX SOL LEVEL 2	0	OTC
AGAMATRIX SOL LEVEL 4	0	OTC
AGAMATRIX SOL NORM/HGH	0	OTC
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	0	OTC
AQUALANCE MIS 30G	0	OTC
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET IMPR MIS LANC DEV	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
AUTOLET PLUS MIS LANC DEV	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT MIS LANCETS	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTOUR HIGH LIQ CONTROL	0	OTC
CONTOUR LOW LIQ CONTROL	0	OTC
CONTOUR NEXT SOL LEVEL 1	0	OTC
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HI/MID/L	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS RECEIVER	0	ST
DEXCOM G6 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	ST
DEXCOM G7 MIS RECEIVER	0	ST
DEXCOM G7 MIS SENSOR	0	ST, QL (3 sensors every 30 days)
DIASCREEN 3 MIS	0	OTC
DIASCREEN 5 MIS	0	OTC
DIASCREEN 6 MIS	0	OTC
DIASCREEN 7 MIS	0	OTC
DIASCREEN 8 MIS	0	OTC
DIASCREEN 9 MIS	0	OTC
DIASCREEN 10 MIS	0	OTC
DIASCREEN MIS 1B	0	OTC
DIASCREEN MIS 1G	0	OTC
DIASCREEN MIS 1K	0	OTC
DIASCREEN MIS 2GK	0	OTC
DIASCREEN MIS 2GP	0	OTC
DIASCREEN MIS 4NL	0	OTC
DIASCREEN MIS 4OBL	0	OTC
DIASCREEN MIS 4PH	0	OTC
DIASCREEN MIS CONTROL	0	OTC
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS LANC/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASYPHASE HGH SOL CONTROL	0	OTC
EASYPHASE LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINE 30 MIS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FORTISCARE SOL CNTL HI	0	OTC
FORTISCARE SOL CNTL LOW	0	OTC
FORTISCARE SOL CNTL NML	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS 21G COLR	0	OTC
LANCETS MIS 26G	0	OTC
LANCETS MIS 28G	0	OTC
LANCETS MIS 30G	0	OTC
LANCETS MIS 33G	0	OTC
LANCETS MIS ORIGINAL	0	OTC
LANCETS MIS THIN	0	OTC
LANCETS MIS THIN 26G	0	OTC
LANCETS MIS THIN 30G	0	OTC
LANCETS SUPR MIS THIN 28G	0	OTC
LANCETS THIN MIS	0	OTC
LANCETS THIN MIS 26G	0	OTC
LANCETS ULTR MIS THIN	0	OTC
LANCETS ULTR MIS THIN 31G	0	OTC
LANCING DEVI MIS	0	OTC
LANCING DEVI MIS 25G	0	OTC
LANCING DEVI MIS 30G	0	OTC
LANCING MIS DEVICE	0	OTC
LANZO MIS LANCING	0	OTC
LB LANCET MIS 28G	0	OTC
LB LANCING MIS DEVICE	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS EXTR 21G	0	OTC
MEDLANCE MIS LITE 25G	0	OTC
MEDLANCE MIS PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA, QL (1 kit every 999 days)
OMNIPOD 5 DX MIS POD G7G6	0	PA, QL (10 pods every month)
OMNIPOD 5 G7 KIT INTRO	0	PA, QL (1 kit every 999 days)
OMNIPOD 5 G7 MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD 5 LB KIT INTRO G6	0	PA, QL (1 kit every 999 days)
OMNIPOD 5 LB MIS PODS G6	0	PA, QL (10 pods every month)
OMNIPOD DASH KIT INTRO	0	PA, QL (1 kit every 999 days)
OMNIPOD DASH KIT PDM	0	PA, QL (1 kit every 999 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods every month)
OMNIPOD PDM KIT CLASSIC	0	PA, QL (1 kit every 999 days)
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH DEL MIS LANC DEV	0	OTC
ONETOUCH DEL MIS PLUS 30G	0	OTC
ONETOUCH DEL MIS PLUS 33G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
ONETOUCH MIS LANC DEV	0	OTC
ONETOUCH US MIS 2 30G	0	OTC
PC LANCETS MIS 30G	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PSS SAFE LAN MIS	0	OTC
PSS SEL LANC MIS	0	OTC
PSS SEL PLAT MIS	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
PX LANCETS MIS ULT THIN	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC
READYLANCE MIS 26G	0	OTC
READYLANCE MIS 28G	0	OTC
READYLANCE MIS 30G	0	OTC
REALITY MIS LANCETS	0	OTC
REALITY TRIG MIS LANCETS	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RELION KIT LANCING	0	OTC
RELION LANCE MIS THIN 26G	0	OTC
RELION LANCE MIS THIN 30G	0	OTC
RELION LANCI MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTEST ALT MIS ADAPTOR	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
RIGHTEST MIS GD500	0	OTC
RIGHTEST MIS GL300	0	OTC
SAFE-T-LANCE MIS 21G	0	OTC
SAFE-T-LANCE MIS 25G	0	OTC
SAFE-T-LANCE MIS HI FLOW	0	OTC
SAFE-T-LANCE MIS LOW FLOW	0	OTC
SAFE-T-LANCE MIS NOR FLOW	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SHOPKO LANC MIS DEVICE	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SM TRUEDRAW MIS LANC DEV	0	OTC
SMART SENSE MIS LANC 21G	0	OTC
SMART SENSE MIS LANC 26G	0	OTC
SMART SENSE MIS LANC 30G	0	OTC
SMART SENSE MIS LANC 33G	0	OTC
SMARTEST MIS LANCETS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 MIS LANC 28G	0	OTC
SOLUS V2 MIS LANC 30G	0	OTC
SOLUS V2 MIS LANC DEV	0	OTC
SOLUS V2 SOL HIGH	0	OTC
SOLUS V2 SOL LOW	0	OTC
STERILANCE MIS TL 28G	0	OTC
STERILANCE MIS TL 30G	0	OTC
STERILANCE MIS TL 32G	0	OTC
SUPER THIN MIS LANC 28G	0	OTC
SUPER THIN MIS LANCETS	0	OTC
SUPREME II LIQ HIGH/LOW	0	OTC
SURE COMFORT MIS LANC 18G	0	OTC
SURE COMFORT MIS LANC 21G	0	OTC
SURE COMFORT MIS LANC 23G	0	OTC
SURE COMFORT MIS LANC 30G	0	OTC
SURE COMFORT MIS LANC PEN	0	OTC
SURE COMFORT MIS LANCETS	0	OTC
SUREFLEX MIS LANCETS	0	OTC
SURELITE MIS LANCETS	0	OTC
TAI DOC SOL NORM CON	0	OTC
TECHLITE AST MIS LANCETS	0	OTC
TECHLITE MIS LANC 26G	0	OTC
TECHLITE MIS LANCETS	0	OTC
TGT LANCET MIS 26G	0	OTC
TGT LANCET MIS 30G	0	OTC
TGT LANCET MIS 33G	0	OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
V-GO 20 KIT	0	PA, QL (30 pumps every month)
V-GO 30 KIT	0	PA
V-GO 40 KIT	0	PA
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
HM STERILE PAD ALCHOL	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
SM ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVRX STERIL PAD ALCHOL	0	OTC
PARENTERAL THERAPY SUPPLIES		
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD ECLIPSE MIS 25GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CEQUR SIMPL KIT PATCH 2U	0	
DROPSAFE MIS SICURA	3	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
HUBER NEEDLE MIS 22GX1.5"	3	OTC
HYPON NEEDLE MIS 14GX1"	3	
HYPON NEEDLE MIS 14GX1.5"	3	
HYPON NEEDLE MIS 14GX2"	3	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	

Drug Name	Drug Tier	Requirements/Limits
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
1M ALLR SYR MIS 27GX1/2"	3	OTC
MAGELLAN SYR MIS 23GX1"	3	
MULIT-DRAW MIS 22GX1.5"	3	OTC
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOPEN ECHO MIS	0	
PEN NEEDLES MIS 32GX4MM	0	OTC
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	

Drug Name	Drug Tier	Requirements/Limits
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SIMPLICITY MIS INSERTER	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
2-3ML SYRING MIS LUER LCK	3	OTC
2-3ML SYRING MIS LUER SLP	3	OTC
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
3ML SYRINGE MIS 25GX5/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 28GX1/2"	3	OTC
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
20ML SYRINGE MIS ECC LUER	3	

Drug Name	Drug Tier	Requirements/Limits
60ML SYRINGE MIS ECC TIP	3	
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC
60ML SYRINGE MIS LUER LOK	3	
3ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
3ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
TOOMEY SYRIN MIS 70ML	3	
VENT NEEDLE MIS 18GX1"	3	OTC

RESPIRATORY THERAPY SUPPLIES

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

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

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

AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
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Drug Name	Drug Tier	Requirements/Limits
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8.01 mL every 30 days)
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (24 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces every 25 days)
RELPAK TAB 20MG	3	QL (12 tabs every 30 days)
RELPAK TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (36 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (24 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections every 25 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)
ZOMIG TAB 2.5MG	3	QL (12 tabs every 28 days)
ZOMIG TAB 5MG	3	QL (12 tabs every 28 days)

MINERALS & ELECTROLYTES**POTASSIUM**

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

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

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

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS

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

Drug Name	Drug Tier	Requirements/Limits
PRISMASOL SOL B22GK4/0	3	
REGIOCIT SOL	3	
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG	0	PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	0	PA, QL (42 caps every 28 days)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	2	PA, QL (1 syringes every 28 days)
ENVARUSUS XR TAB 0.75MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	3	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	PA, QL (4 pens every 28 days)
BENLYSTA INJ 200MG/ML	3	PA, QL (4 syringes every 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	QL (3 ea every 1 day)
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
sodium fluoride-potassium nitrate gel 1.1-5%	1	

Drug Name	Drug Tier	Requirements/Limits
STERIODS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 1000 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 packages every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package every 25 days)
PATANASE SPR 0.6%	3	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package every 25 days)
XHANCE MIS 93MCG	3	PA, QL (2 packages every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	2	PA, QL (50 mL every 28 days)
RADICAVA ORS SUS STARTER	2	PA, QL (50 mL every 28 days)
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (2 bottles every 24 days)
NUTRIENTS		
LIPIDS		
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth oint 1%</i>	1	
<i>atropine sulfate ophth soln 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
CLOBETASOL SUS 0.05%	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIOL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	3	PA, QL (4 bottles every 28 days)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PROLENSA SOL 0.07%	3	
TRUSOPT SOL 2% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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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
AUGMENTIN SUS ES-600	3
AUGMENTIN TAB 500MG	3

PENICILLINASE-RESISTANT PENICILLINS

dicloxacillin sodium cap 250 mg	1
dicloxacillin sodium cap 500 mg	1

Drug Name	Drug Tier	Requirements/Limits
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
CORN SYP	3	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	2	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	PA
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
LYBALVI TAB 5-10MG	3	
LYBALVI TAB 10-10MG	3	
LYBALVI TAB 15-10MG	3	
LYBALVI TAB 20-10MG	3	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG	2	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	2	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB 48MG ER	2	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	2	PA, QL (1 ea every 1 day)
AUSTEDO XR TAB TITR KIT	2	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	2	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (2 tabs every 1 day)

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	3	PA, QL (2 tabs every 1 day)
AVONEX PEN KIT 30MCG	2	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	2	PA, QL (4 syringes every 28 days)
BETASERON INJ 0.3MG	2	PA, QL (14 kits every 28 days)
COPAXONE INJ 40MG/ML	2	PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (2 ea every 1 day)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL (1 cap every 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL (1 injection every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 syringes every 28 days)
KESIMPTA INJ 20/.4ML	2	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 tabs every 270 days)

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	2	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	2	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	3	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	3	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	3	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	3	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	3	PA, QL (1 pack every 28 days)
PONVORY TAB 20MG	3	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	3	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	2	PA, QL (12 syringes every 28 days)
<i>teriflunomide tab 7 mg</i>	1	PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	2	PA, QL (1 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	1	QL (5 tabs every 1 day)
<i>gabapentin (once-daily) tab 600 mg</i>	1	QL (3 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (2 tabs every 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
APO-VARENICL TAB 0.5MG	0	
APO-VARENICL TAB 1MG	0	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	

Drug Name	Drug Tier	Requirements/Limits
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	2	PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	3	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	3	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	3	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	3	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	3	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	3	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	3	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	3	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	3	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	3	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	3	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	3	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	3	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	2	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	1	PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	1	PA, QL (3 tabs every 1 day)
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	QL (4 caps every 1 day)
<i>tetracycline hcl cap 500 mg</i>	1	QL (4 caps every 1 day)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	

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

TOXOIDS**TOXOID COMBINATIONS**

ADACEL INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	

Drug Name	Drug Tier	Requirements/Limits
DIP/TET PED INJ 25-5LFU	3	
INFANRIX INJ	3	
KINRIX INJ	3	
PEDIARIX INJ 0.5ML	3	
PENTACEL INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
TDVAX INJ 2-2 LF	3	
TENIVAC INJ 5-2LF	3	
TET/DIP TOX INJ 2-2 LF	3	
VAXELIS INJ	3	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

ANASPAZ TAB 0.125MG	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
DONNATAL ELX GRAPE	3	
DONNATAL ELX MINT	3	
DONNATAL TAB 16.2MG	3	
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
<i>misoprostol tab 100 mcg</i>	1	\$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	1	\$0 copay based on your plan/benefit
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
GELNIQUE GEL 10%	3	ST
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	ST
<i>mirabegron tab er 24 hr 25 mg</i>	1	
<i>mirabegron tab er 24 hr 50 mg</i>	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Brand preferred over generic

VAGINAL PROGESTINS

CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	

VASOPRESSORS**ANAPHYLAXIS THERAPY AGENTS**

AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (6 pens every 300 days)

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

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

VASOPRESSORS

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

VITAMINS**OIL SOLUBLE VITAMINS**

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

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<i>acetaminophen-caffeine-dihydrocodeine</i>			99
<i>cap 320.5-30-16 mg</i>	20	<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
<i>acetaminophen w/ codeine soln 120-12</i>			99
<i>mg/5ml</i>	20	<i>adapalene cream 0.1%</i>	98
<i>acetaminophen w/ codeine tab 300-15 mg</i>		<i>adapalene gel 0.1%</i>	99
.....	20	<i>adapalene gel 0.3%</i>	99
<i>acetaminophen w/ codeine tab 300-30 mg</i>		ADASUVE INH 10MG	75
.....	20	ADBRY INJ 150MG/ML	109
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<i>BENZALKONIUM SOL NF</i>	78
<i>BENZAMYCIN GEL 5-3%</i>	99
<i>BENZNIDAZOLE TAB 100MG</i>	23
<i>BENZNIDAZOLE TAB 12.5MG</i>	23
<i>benzonatate cap 100 mg</i>	97
<i>benzonatate cap 150 mg</i>	97
<i>benzonatate cap 200 mg</i>	97
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	99
<i>benzoyl peroxide foam 9.8%</i>	99
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	99
<i>benztropine mesylate tab 0.5 mg</i>	70
<i>benztropine mesylate tab 1 mg</i>	70
<i>benztropine mesylate tab 2 mg</i>	70
<i>bepotastine besilate ophth soln 1.5%</i>	171
<i>BESIVANCE SUS 0.6%</i>	169
<i>BESREMI SOL 500MCG</i>	69
<i>BETADINE SOL 5% OP</i>	169
<i>betaine powder for oral solution</i>	117
<i>betamethasone dipropionate augmented cream 0.05%</i>	106
<i>betamethasone dipropionate augmented gel 0.05%</i>	106
<i>betamethasone dipropionate augmented lotion 0.05%</i>	106
<i>betamethasone dipropionate augmented oint 0.05%</i>	106
<i>betamethasone dipropionate cream 0.05%</i>	106
<i>betamethasone dipropionate lotion 0.05%</i>	106
<i>betamethasone valerate aerosol foam 0.12%</i>	107
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	107

<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	107
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	107
<i>BETASERON INJ 0.3MG</i>	177
<i>betaxolol hcl ophth soln 0.5%</i>	168
<i>betaxolol hcl tab 10 mg</i>	84
<i>betaxolol hcl tab 20 mg</i>	84
<i>bethanechol chloride tab 10 mg</i>	186
<i>bethanechol chloride tab 25 mg</i>	186
<i>bethanechol chloride tab 50 mg</i>	186
<i>bethanechol chloride tab 5 mg</i>	186
<i>BETOPTIC-S SUS 0.25% OP</i>	168
<i>bexarotene cap 75 mg</i>	69
<i>bexarotene gel 1%</i>	102
<i>bicalutamide tab 50 mg</i>	64
<i>BIDIL TAB</i>	88
<i>BIJUVA CAP 0.5-100</i>	120
<i>BIJUVA CAP 1-100MG</i>	120
<i>BIKTARVY TAB</i>	79
<i>BILTRICIDE TAB 600MG</i>	23
<i>bimatoprost ophth soln 0.03%</i>	172
<i>BINOSTO TAB 70MG</i>	115
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	185
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	58
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	58
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	58
<i>bisoprolol fumarate tab 10 mg</i>	84
<i>bisoprolol fumarate tab 5 mg</i>	84
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<i>bosentan tab 125 mg</i>	91
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<i>BOSULIF CAP 50MG</i>	66
<i>BOSULIF TAB 100MG</i>	66

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BRILINTA TAB 90MG	127
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<i>brimonidine tartrate ophth soln 0.1%</i>	169
<i>brimonidine tartrate ophth soln 0.15%</i>	169
<i>brimonidine tartrate ophth soln 0.2%.....</i>	169
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<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	171
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	171
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	70
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<i>budesonide delayed release particles cap 3 mg</i>	96
<i>budesonide inhalation susp 0.25 mg/2ml</i>	30

<i>budesonide inhalation susp 0.5 mg/2ml ..</i>	30
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<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	21
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<i>buspirone hcl tab 15 mg</i>	26
<i>buspirone hcl tab 30 mg</i>	26

<i>buspirone hcl tab 5 mg</i>	26
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<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	20
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	20
<i>butalbital-acetaminophen tab 50-325 mg</i>	15
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	15
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	20
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<i>cabergoline tab 0.5 mg</i>	119
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<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .	103
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<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	58
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<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	58
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<i>200-200 mg</i>	71	<i>carvedilol phosphate cap er 24hr 40 mg</i>	83
<i>carbidopa tab 25 mg</i>	70	<i>carvedilol phosphate cap er 24hr 80 mg</i>	83
<i>carbinoxamine maleate extended release</i>		<i>carvedilol tab 12.5 mg</i>	84
<i>susp 4 mg/5ml</i>	50	<i>carvedilol tab 25 mg</i>	84
<i>carbinoxamine maleate soln 4 mg/5ml</i>	50	<i>carvedilol tab 3.125 mg</i>	83
<i>carbinoxamine maleate tab 4 mg</i>	50	<i>carvedilol tab 6.25 mg</i>	83
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CARDURA TAB 8MG	56	CAVERJECT IM KIT 10MCG	89
CARDURA XL TAB 4MG	125	CAVERJECT INJ 20MCG	89
CARDURA XL TAB 8MG	125	CAVERJECT INJ 40MCG	89
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<i>cefadroxil for susp 500 mg/5ml</i>	92	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	
<i>cefadroxil tab 1 gm</i>	92		51
<i>cefdinir cap 300 mg</i>	93	CETRAXAL SOL 0.2%	172
<i>cefdinir for susp 125 mg/5ml</i>	93	<i>cetorelix acetate for inj kit 0.25 mg</i>	116
<i>cefdinir for susp 250 mg/5ml</i>	93	<i>cevimeline hcl cap 30 mg</i>	166
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<i>cefprozil tab 250 mg</i>	93	<i>mg</i>	176
<i>cefprozil tab 500 mg</i>	93	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>cefuroxime axetil tab 250 mg</i>	93	<i>mg</i>	176
<i>cefuroxime axetil tab 500 mg</i>	93	<i>chlordiazepoxide hcl cap 10 mg</i>	27
<i>celecoxib cap 100 mg</i>	11	<i>chlordiazepoxide hcl cap 25 mg</i>	27
<i>celecoxib cap 200 mg</i>	11	<i>chlordiazepoxide hcl cap 5 mg</i>	27
<i>celecoxib cap 400 mg</i>	11	<i>chlordiazepoxide hcl-clidinium bromide</i>	
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CELLCEPT SUS 200MG/ML	163	<i>chlorpromazine hcl inj 25 mg/ml</i>	77
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CEM-UREA SOL 45%.....	109	<i>chlorpromazine hcl tab 10 mg</i>	77
CENTANY OIN 2%	101	<i>chlorpromazine hcl tab 200 mg</i>	77
<i>cephalexin cap 250 mg</i>	92	<i>chlorpromazine hcl tab 25 mg</i>	77
<i>cephalexin cap 500 mg</i>	92	<i>chlorpromazine hcl tab 50 mg</i>	77
<i>cephalexin cap 750 mg</i>	92	<i>chlorthalidone tab 25 mg</i>	115
<i>cephalexin for susp 125 mg/5ml</i>	92	<i>chlorthalidone tab 50 mg</i>	115
<i>cephalexin for susp 250 mg/5ml</i>	92	<i>chlorzoxazone tab 500 mg</i>	166
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ciclopirox olamine cream 0.77% (base	101
equiv)	101
ciclopirox olamine susp 0.77% (base equiv)	101
ciclopirox shampoo 1%	101
ciclopirox solution 8%	101
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cilostazol tab 50 mg	127
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cimetidine hcl soln 300 mg/5ml	184
cimetidine tab 300 mg	184
cimetidine tab 400 mg	184
cimetidine tab 800 mg	184
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cinacalcet hcl tab 60 mg (base equiv)	117
cinacalcet hcl tab 90 mg (base equiv)	117
CIPRO (10%) SUS 500MG/5	121
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ciprofloxacin for oral susp 250 mg/5ml	121
(5%) (5 gm/100ml)	121
ciprofloxacin for oral susp 500 mg/5ml	122
(10%) (10 gm/100ml)	122
ciprofloxacin hcl ophth soln 0.3% (base	169
equivalent)	169
ciprofloxacin hcl otic soln 0.2% (base	172
equivalent)	172
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<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	122
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	122
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	122
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<i>citalopram hydrobromide tab 10 mg (base</i> <i>equiv)</i>	40
<i>citalopram hydrobromide tab 20 mg (base</i> <i>equiv)</i>	40
<i>citalopram hydrobromide tab 40 mg (base</i> <i>equiv)</i>	40
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CLEOCIN PED SOL 75MG/5ML	24
CLEOCIN SUP 100MG	186
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CLIMARA PRO DIS WEEKLY	120
CLINDAGEL GEL 1%	99
clindamycin hcl cap 150 mg	24
clindamycin hcl cap 300 mg	24
clindamycin hcl cap 75 mg	24

clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	24
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	99
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	99
clindamycin phosphate-benzoyl peroxide gel 1-5%	99
clindamycin phosphate foam 1%.....	99
clindamycin phosphate gel 1%	99
clindamycin phosphate lotion 1%	99
clindamycin phosphate soln 1%	99
clindamycin phosphate swab 1%	99
clindamycin phosphate-tretinoin gel 1.2-0.025%	99
clindamycin phosphate vaginal cream 2%	186
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	99
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clobazam suspension 2.5 mg/ml	34
clobazam tab 10 mg	34
clobazam tab 20 mg	34
clobetasol propionate cream 0.05%	107
clobetasol propionate emollient base cream 0.05%.....	107
clobetasol propionate foam 0.05%	107
clobetasol propionate gel 0.05%	107
clobetasol propionate lotion 0.05%.....	107
clobetasol propionate oint 0.05%.....	107
clobetasol propionate shampoo 0.05% ..	107
clobetasol propionate soln 0.05%	107
CLOBETASOL SUS 0.05%.....	170
CLOBEX LOT 0.05%	107
CLOBEX SHA 0.05%	107
CLODERM CRE 0.1%.....	107
clomiphene citrate tab 50 mg	116
clomipramine hcl cap 25 mg	42
clomipramine hcl cap 50 mg	42
clomipramine hcl cap 75 mg	42
clonazepam orally disintegrating tab 0.125 mg	34
clonazepam orally disintegrating tab 0.25 mg	34

clonazepam orally disintegrating tab 0.5 mg	34
clonazepam orally disintegrating tab 1 mg	34
clonazepam orally disintegrating tab 2 mg	34
clonazepam tab 0.5 mg.....	34
clonazepam tab 1 mg	34
clonazepam tab 2 mg	34
clonidine hcl tab 0.1 mg.....	56
clonidine hcl tab 0.2 mg	57
clonidine hcl tab 0.3 mg	57
clonidine hcl tab er 12hr 0.1 mg	2
clonidine tab er 24hr 0.17 mg	57
clonidine td patch weekly 0.1 mg/24hr	57
clonidine td patch weekly 0.2 mg/24hr	57
clonidine td patch weekly 0.3 mg/24hr	57
clopidogrel bisulfate tab 300 mg (base equiv)	127
clopidogrel bisulfate tab 75 mg (base equiv)	127
clorazepate dipotassium tab 15 mg	27
clorazepate dipotassium tab 3.75 mg	27
clorazepate dipotassium tab 7.5 mg	27
clotrimazole troche 10 mg	165
clotrimazole w/ betamethasone cream 1-0.05%	101
clotrimazole w/ betamethasone lotion 1-0.05%	101
clozapine orally disintegrating tab 100 mg	75
clozapine orally disintegrating tab 12.5 mg	75
clozapine orally disintegrating tab 150 mg	75
clozapine orally disintegrating tab 200 mg	75
clozapine orally disintegrating tab 25 mg ..	75
clozapine tab 100 mg.....	75
clozapine tab 200 mg	75
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CLOZARIL TAB 50MG	75	CONDYLOX GEL 0.5%	110
COAGUCHEK MIS LANCETS	138	CONTOUR HIGH LIQ CONTROL.....	138
<i>coal tar soln 20%</i>	112	CONTOUR LOW LIQ CONTROL	138
COARTEM TAB 20-120MG	61	CONTOUR NEXT SOL LEVEL 1.....	138
<i>codeine sulfate tab 30 mg</i>	16	CONTOUR NEXT SOL LEVEL 2	138
CODEINE SULF TAB 15MG	16	CONTOUR NORM LIQ CONTROL	138
CODEINE SULF TAB 60MG	16	CONTROL HIGH SOL UNISTRIP	138
<i>colchicine tab 0.6 mg</i>	126	CONTROL LOW SOL UNISTRIP.....	138
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	126	CONTROL NORM SOL EASY STP	138
<i>colesevelam hcl packet for susp 3.75 gm</i>	52	CONTROL SOL LIQ HI/MID/L.....	138
<i>colesevelam hcl tab 625 mg</i>	52	CONTROL SOL LIQ HIGH/LOW.....	138
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COLESTID FLA GRA 5GM	52	CONTROL SOL NORMAL	138
COLESTID GRA 5GM	52	CONZIP CAP 100MG	16
COLESTID POW 5GM	52	CONZIP CAP 200MG	16
COLESTID TAB 1GM	52	CONZIP CAP 300MG	16
<i>colestipol hcl granule packets 5 gm</i>	52	COOL CONTROL SOL A.....	138
<i>colestipol hcl granules 5 gm</i>	52	COOL CONTROL SOL B.....	138
<i>colestipol hcl tab 1 gm</i>	52	COPAXONE INJ 40MG/ML	177
COLOR CONDOM MIS + LUBE	133	COPIKTRA CAP 15MG	67
COMBIPATCH DIS.....	120	COPIKTRA CAP 25MG	67
COMBIVENT AER 20-100	30	COREG TAB 12.5MG	84
COMBIVIR TAB 150-300	79	COREG TAB 25MG.....	84
COMETRIQ KIT 100MG	66	COREG TAB 3.125MG.....	84
COMETRIQ KIT 140MG.....	67	COREG TAB 6.25MG	84
COMETRIQ KIT 60MG.....	66	CORGARD TAB 20MG.....	85
COMFORT ASSU MIS LANC 28G	138	CORGARD TAB 40MG.....	85
COMFORT ASSU MIS LANC 33G	138	CORGARD TAB 80MG.....	85
COMFORT EZ MIS 21G.....	138	CORLANOR SOL 5MG/5ML	92
COMFORT EZ MIS 23G	138	CORLANOR TAB 5MG.....	92
COMFORT EZ MIS 28G	138	CORLANOR TAB 7.5MG.....	92
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COMFRT TOUCH PAD ALC PREP	151	CORTENEMA ENE 100MG	22
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COMPACT SPAC MIS LG MASK	159	CORTISPORIN SUS -TC OTIC	172
COMPACT SPAC MIS MD MASK	159	COSENTYX INJ 150MG/ML	103
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		COSENTYX PEN INJ 150MG/ML.....	103

<i>dasatinib tab 50 mg</i>	67	<i>desipramine hcl tab 150 mg</i>	43
<i>dasatinib tab 70 mg</i>	67	<i>desipramine hcl tab 25 mg</i>	42
<i>dasatinib tab 80 mg</i>	67	<i>desipramine hcl tab 50 mg</i>	42
DAYBUE SOL 200MG/ML	168	<i>desipramine hcl tab 75 mg</i>	42
DAYPRO TAB 600MG	11	<i>desloratadine tab 5 mg</i>	51
DAYVIGO TAB 10MG.....	131	<i>desloratadine tab orally disintegrating 2.5</i>	
DAYVIGO TAB 5MG	131	<i>mg</i>	51
DDAVP TAB 0.1MG.....	118	<i>desloratadine tab orally disintegrating 5 mg</i>	
DDAVP TAB 0.2MG.....	118		51
DEBACTEROL SOL 30-50%.....	165	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox granules packet 180 mg</i>	48	<i>0.01%</i>	118
<i>deferasirox granules packet 360 mg</i>	48	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox granules packet 90 mg</i>	48	<i>0.01% (refrigerated)</i>	119
<i>deferasirox tab 180 mg</i>	48	<i>desmopressin acetate tab 0.1 mg</i>	119
<i>deferasirox tab 360 mg</i>	48	<i>desmopressin acetate tab 0.2 mg</i>	119
<i>deferasirox tab 90 mg</i>	48	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
<i>deferasirox tab for oral susp 125 mg</i>	48	<i>0.02/0.01 mg(21/5)</i>	93
<i>deferasirox tab for oral susp 250 mg</i>	48	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<i>deferasirox tab for oral susp 500 mg</i>	48	<i>0.025/0.15-0.025mg-mg</i>	93
<i>deferiprone tab 1000 mg</i>	48	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>	
<i>deferiprone tab 500 mg</i>	48	<i>30 mcg</i>	93
<i>deflazacort susp 22.75 mg/ml</i>	96	<i>desonide cream 0.05%</i>	107
<i>deflazacort tab 18 mg</i>	96	<i>desonide lotion 0.05%</i>	107
<i>deflazacort tab 30 mg</i>	96	<i>desonide oint 0.05%</i>	107
<i>deflazacort tab 36 mg</i>	96	DESOWEN CRE 0.05%	107
<i>deflazacort tab 6 mg</i>	96	<i>desoximetasone cream 0.05%</i>	107
DELESTROGEN INJ 10MG/ML	120	<i>desoximetasone cream 0.25%</i>	107
DELESTROGEN INJ 20MG/ML.....	120	<i>desoximetasone gel 0.05%</i>	107
DELESTROGEN INJ 40MG/ML.....	120	<i>desoximetasone oint 0.25%</i>	107
<i>demeclocycline hcl tab 150 mg</i>	181	<i>desoximetasone spray 0.25%</i>	107
<i>demeclocycline hcl tab 300 mg</i>	181	DESODYN TAB 5MG	1
DEMSER CAP 250MG	56	<i>desvenlafaxine succinate tab er 24hr 100</i>	
DENAVIR CRE 1%	106	<i>mg (base equiv)</i>	41
DEPEN TITRA TAB 250MG.....	162	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
DEPO-ESTRADI INJ 5MG/ML.....	120	<i>(base equiv)</i>	41
DEPO-PROVERA INJ 150MG/ML	95	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
DEPO-SQ PROV INJ 104	95	<i>(base equiv)</i>	41
DERMA-SMOOTH OIL /FS BODY.....	107	DESVENLAFAX TAB 100MG ER.....	41
DERMA-SMOOTH OIL /FS SCLP	107	DESVENLAFAX TAB 50MG ER.....	41
DERMOTIC OIL 0.01%.....	172	DETROL TAB 1MG	185
DESCOVY TAB 120-15MG	79	DETROL TAB 2MG.....	185
DESCOVY TAB 200/25MG	79	DEXAMETHASON CON 1MG/ML	96
<i>desipramine hcl tab 100 mg</i>	43	<i>dexamethasone elixir 0.5 mg/5ml</i>	96
<i>desipramine hcl tab 10 mg</i>	42		

dexamethasone sodium phosphate ophth soln 0.1%.....	170	dextroamphetamine sulfate cap er 24hr 15 mg	1
dexamethasone soln 0.5 mg/5ml.....	96	dextroamphetamine sulfate cap er 24hr 5 mg	1
dexamethasone tab 0.5 mg.....	96	dextroamphetamine sulfate oral solution 5 mg/5ml	1
dexamethasone tab 0.75 mg	96	dextroamphetamine sulfate tab 10 mg	1
dexamethasone tab 1.5 mg.....	96	dextroamphetamine sulfate tab 15 mg.....	2
dexamethasone tab 1 mg	96	dextroamphetamine sulfate tab 2.5 mg.....	1
dexamethasone tab 2 mg	96	dextroamphetamine sulfate tab 20 mg	2
dexamethasone tab 4 mg	96	dextroamphetamine sulfate tab 30 mg	2
dexamethasone tab 6 mg	96	dextroamphetamine sulfate tab 5 mg	1
dexamethasone tab therapy pack 1.5 mg (21)	96	dextroamphetamine sulfate tab 7.5 mg.....	1
dexamethasone tab therapy pack 1.5 mg (35)	96	DHIVY TAB 25-100MG	71
dexamethasone tab therapy pack 1.5 mg (51)	96	DIASCREEN 10 MIS	139
DEXCOM G6 MIS RECEIVER	139	DIASCREEN 3 MIS	139
DEXCOM G6 MIS SENSOR	139	DIASCREEN 5 MIS	139
DEXCOM G6 MIS TRANSMIT	139	DIASCREEN 6 MIS	139
DEXCOM G7 MIS RECEIVER	139	DIASCREEN 7 MIS	139
DEXCOM G7 MIS SENSOR	139	DIASCREEN 8 MIS	139
DEXEDRINE CAP 10MG CR.....	1	DIASCREEN 9 MIS	139
DEXEDRINE CAP 15MG CR.....	1	DIASCREEN MIS 1B	139
dexmethylphenidate hcl cap er 24 hr 10 mg	3	DIASCREEN MIS 1G	139
dexmethylphenidate hcl cap er 24 hr 15 mg	3	DIASCREEN MIS 1K	139
dexmethylphenidate hcl cap er 24 hr 20 mg	3	DIASCREEN MIS 2GK.....	139
dexmethylphenidate hcl cap er 24 hr 25 mg	3	DIASCREEN MIS 2GP	139
dexmethylphenidate hcl cap er 24 hr 30 mg	3	DIASCREEN MIS 4NL	139
dexmethylphenidate hcl cap er 24 hr 35 mg	3	DIASCREEN MIS 4OBL	139
dexmethylphenidate hcl cap er 24 hr 40 mg	3	DIASCREEN MIS 4PH.....	139
dexmethylphenidate hcl cap er 24 hr 5 mg 3		DIASCREEN MIS CONTROL	139
dexmethylphenidate hcl tab 10 mg.....	3	DIASTAT ACDL GEL 12.5-20.....	34
dexmethylphenidate hcl tab 2.5 mg	3	DIASTAT ACDL GEL 5-10MG.....	34
dexmethylphenidate hcl tab 5 mg	3	DIASTAT PED GEL 2.5M GEL	34
dextroamphetamine sulfate cap er 24hr 10 mg	1	DIASTIX TES STRIPS	112
		DIATHRIVE LIQ CONTROL	139
		DIATHRIVE MIS LANCETS	139
		DIATHRIVE MIS LANCING.....	139
		DIATHRIVE MIS UT 30G.....	139
		DIATRUE CONT SOL LEVEL 1.....	139
		DIATRUE CONT SOL LEVEL 2	139
		DIATRUE CONT SOL LEVEL 3.....	139
		diazepam conc 5 mg/ml	27
		diazepam oral soln 1 mg/ml	27

<i>diazepam rectal gel delivery system 10 mg</i>	34	DIFLUCAN TAB 200MG	50
<i>diazepam rectal gel delivery system 2.5 mg</i>	34	<i>diflunisal tab 500 mg</i>	15
<i>diazepam rectal gel delivery system 20 mg</i>	34	<i>difluprednate ophth emulsion 0.05%</i>	170
<i>diazepam tab 10 mg</i>	27	<i>digoxin oral soln 0.05 mg/ml</i>	88
<i>diazepam tab 2 mg</i>	27	<i>digoxin tab 125 mcg (0.125 mg)</i>	88
<i>diazepam tab 5 mg</i>	27	<i>digoxin tab 250 mcg (0.25 mg)</i>	88
<i>diazoxide susp 50 mg/ml</i>	45	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	88
DIBENZYLINE CAP 10MG	56	DILAUDID LIQ 1MG/ML	16
<i>dichlorphenamide tab 50 mg</i>	114	DILAUDID TAB 2MG	16
DICLEGIS TAB 10-10MG	49	DILAUDID TAB 4MG	16
<i>diclofenac epolamine patch 1.3%</i>	101	DILAUDID TAB 8MG	16
<i>diclofenac potassium tab 50 mg</i>	12	<i>diltiazem hcl cap er 12hr 120 mg</i>	86
<i>diclofenac sodium (actinic keratoses) gel</i> 3%	102	<i>diltiazem hcl cap er 12hr 60 mg</i>	85
<i>diclofenac sodium ophth soln 0.1%</i>	171	<i>diltiazem hcl cap er 12hr 90 mg</i>	86
<i>diclofenac sodium soln 1.5%</i>	101	<i>diltiazem hcl cap er 24hr 120 mg</i>	86
<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>	12	<i>diltiazem hcl cap er 24hr 180 mg</i>	86
<i>diclofenac sodium tab delayed release 50</i> <i>mg</i>	12	<i>diltiazem hcl cap er 24hr 240 mg</i>	86
<i>diclofenac sodium tab delayed release 75</i> <i>mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 120</i> <i>mg</i>	86
<i>diclofenac sodium tab er 24hr 100 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 180</i> <i>mg</i>	86
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 240</i> <i>mg</i>	86
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 300</i> <i>mg</i>	86
<i>dicloxacillin sodium cap 250 mg</i>	173	<i>diltiazem hcl coated beads cap er 24hr 360</i> <i>mg</i>	86
<i>dicloxacillin sodium cap 500 mg</i>	173	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 120 mg</i>	86
<i>dicyclomine hcl cap 10 mg</i>	183	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 180 mg</i>	86
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	183	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i>	86
<i>dicyclomine hcl tab 20 mg</i>	183	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i>	86
DIFFERIN CRE 0.1%	99	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i>	86
DIFFERIN GEL 0.1%	99	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i>	86
DIFFERIN GEL 0.3%	99	<i>diltiazem hcl tab 120 mg</i>	86
DIFICID SUS	132	<i>diltiazem hcl tab 30 mg</i>	86
DIFICID TAB 200MG	132	<i>diltiazem hcl tab 60 mg</i>	86
DIFLUCAN SUS 10MG/ML	50	<i>diltiazem hcl tab 90 mg</i>	86
DIFLUCAN SUS 40MG/ML	50		
DIFLUCAN TAB 100MG	50		
DIFLUCAN TAB 150MG	50		

<i>dimethyl fumarate capsule delayed release</i>		
120 mg	177	
<i>dimethyl fumarate capsule delayed release</i>		
240 mg	177	
<i>dimethyl fumarate capsule dr starter pack</i>		
120 mg & 240 mg	177	
DIP/TET PED INJ 25-5LFU	183	
DIPENTUM CAP 250MG	123	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		
mg/5ml	48	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		
mg	48	
DIPROLENE OIN 0.05%	107	
<i>dipyridamole tab 25 mg</i>	127	
<i>dipyridamole tab 50 mg</i>	127	
<i>dipyridamole tab 75 mg</i>	127	
<i>disopyramide phosphate cap 100 mg</i>	27	
<i>disopyramide phosphate cap 150 mg</i>	27	
<i>disulfiram tab 250 mg</i>	174	
<i>disulfiram tab 500 mg</i>	174	
DITROPAN XL TAB 10MG	185	
DITROPAN XL TAB 5MG	185	
DIURIL SUS 250/5ML	115	
<i>divalproex sodium cap delayed release</i>		
sprinkle 125 mg	39	
<i>divalproex sodium tab delayed release 125</i>		
mg	39	
<i>divalproex sodium tab delayed release 250</i>		
mg	39	
<i>divalproex sodium tab delayed release 500</i>		
mg	39	
<i>divalproex sodium tab er 24 hr 250 mg</i>	39	
<i>divalproex sodium tab er 24 hr 500 mg</i>	39	
DIVIGEL GEL 0.25MG	120	
DIVIGEL GEL 0.5MG	120	
DIVIGEL GEL 0.75MG	120	
DIVIGEL GEL 1.25MG	120	
DIVIGEL GEL 1MG/GM	120	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	28	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	28	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	28	
<i>donepezil hydrochloride orally</i>		
disintegrating tab 10 mg	175	
<i>donepezil hydrochloride orally</i>		
disintegrating tab 5 mg	174	
<i>donepezil hydrochloride tab 10 mg</i>	175	
<i>donepezil hydrochloride tab 23 mg</i>	175	
<i>donepezil hydrochloride tab 5 mg</i>	175	
DONNATAL ELX GRAPE	183	
DONNATAL ELX MINT	183	
DONNATAL TAB 16.2MG	183	
DOPTLET TAB 20MG	128	
DORAL TAB 15MG	130	
<i>dorzolamide hcl ophth soln 2%</i>	171	
<i>dorzolamide hcl-timolol maleate ophth soln</i>		
2-0.5%	168	
<i>dorzolamide hcl-timolol maleate pf ophth</i>		
soln 2-0.5%	168	
DORZOLAMIDE SOL 2%	171	
DOVATO TAB 50-300MG	79	
<i>doxazosin mesylate tab 1 mg</i>	57	
<i>doxazosin mesylate tab 2 mg</i>	57	
<i>doxazosin mesylate tab 4 mg</i>	57	
<i>doxazosin mesylate tab 8 mg</i>	57	
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>		
.....	130	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>		
.....	130	
<i>doxepin hcl cap 100 mg</i>	43	
<i>doxepin hcl cap 10 mg</i>	43	
<i>doxepin hcl cap 150 mg</i>	43	
<i>doxepin hcl cap 25 mg</i>	43	
<i>doxepin hcl cap 50 mg</i>	43	
<i>doxepin hcl cap 75 mg</i>	43	
<i>doxepin hcl conc 10 mg/ml</i>	43	
<i>doxercalciferol cap 0.5 mcg</i>	117	
<i>doxercalciferol cap 1 mcg</i>	117	
<i>doxercalciferol cap 2.5 mcg</i>	117	
<i>doxycycline hyclate cap 100 mg</i>	181	
<i>doxycycline hyclate cap 50 mg</i>	181	
<i>doxycycline hyclate tab 100 mg</i>	181	
<i>doxycycline hyclate tab 20 mg</i>	181	
<i>doxycycline monohydrate cap 100 mg</i>	181	
<i>doxycycline monohydrate cap 50 mg</i>	181	
<i>doxycycline monohydrate for susp 25</i>		
mg/5ml	181	
<i>doxycycline monohydrate tab 100 mg</i>	181	

<i>doxycycline monohydrate tab 150 mg</i>	181
<i>doxycycline monohydrate tab 50 mg</i>	181
<i>doxycycline monohydrate tab 75 mg</i>	181
<i>doxylamine-pyridoxine tab delayed release</i> <i>10-10 mg</i>	49
DRISDOL CAP 50000UNT	187
<i>dronabinol cap 10 mg</i>	49
<i>dronabinol cap 2.5 mg</i>	49
<i>dronabinol cap 5 mg</i>	49
DROPLET GENT MIS LANCING	139
DROPLET LANC MIS 30G	139
DROPLET LANC MIS DEVICE	139
DROPLET PERS MIS LANC 30G	139
DROPSAFE MIS SICURA	153
<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	93
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	93
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.02-0.451 mg</i>	93
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.03-0.451 mg</i>	93
DROXIA CAP 200MG	128
DROXIA CAP 300MG	128
DROXIA CAP 400MG	128
<i>droxidopa cap 100 mg</i>	187
<i>droxidopa cap 200 mg</i>	187
<i>droxidopa cap 300 mg</i>	187
DRYSOL SOL 20%	111
DUAVEE TAB 0.45-20	120
DUETACT TAB 30-2MG	44
DUETACT TAB 30-4MG	44
DUEXIS TAB 800-26.6	12
DULERA AER 100-5MCG	31
DULERA AER 200-5MCG	31
DULERA AER 50-5MCG	31
<i>duloxetine hcl enteric coated pellets cap 20</i> <i>mg (base eq)</i>	41
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg (base eq)</i>	41
<i>duloxetine hcl enteric coated pellets cap 40</i> <i>mg (base eq)</i>	42
<i>duloxetine hcl enteric coated pellets cap 60</i> <i>mg (base eq)</i>	42

DUO-CARE LIQ LEVEL1/2	139
DUPIXENT INJ 100/0.67	109
DUPIXENT INJ 200/1.14	109
DUPIXENT INJ 200MG	109
DUPIXENT INJ 300/2ML	109
DUREX EXTRA MIS SENSITIV	133
DUREX MIS REALFEEL	133
DUREX MIS TROPICAL	133
DUREZOL EMU 0.05%	170
<i>dutasteride cap 0.5 mg</i>	125
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	125

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EASIVENT MIS	159
EASIVENT MIS MASK LG	159
EASIVENT MIS MASK MED	159
EASIVENT MIS MASK SM	159
EASY COMFORT MIS 30G	140
EASY COMFORT MIS LANC/30G	140
EASY COMFORT MIS TWIST	140
EASY COMFORT PAD ALCOHOL	151
EASY GLIDE MIS 1ML SYR	153
EASY GLIDE MIS 3ML SYR	153
EASYMAX 15 LIQ LEVEL2-3	140
EASYMAX 15 SOL LEVEL 2	140
EASYMAX LIQ NORM/HIG	140
EASYMAX SOL NORMAL	140
EASY MINI MIS	140
EASY MINI MIS EJECT	140
EASY PLUS II SOL HIGH	140
EASY PLUS II SOL LOW	140
EASYPOINT MIS 18GX1	153
EASYPOINT MIS 18GX1.5	153
EASYPOINT MIS 22GX1.5	153
EASYPOINT MIS 23GX1	153
EASYPOINT MIS 25GX1	153
EASYPOINT MIS 25GX5/8	153
EASYSTEP HGH SOL CONTROL	140
EASYSTEP LOW SOL CONTROL	140
EASY TALK PL SOL HIGH	140
EASY TALK PL SOL LOW	140
EASY TALK SOL HIGH	140
EASY TALK SOL LOW	140
EASY TALK SOL NORMAL	140

EASY TOUCH LIQ HIGH/LOW	140	ELESTRIN GEL 0.06%	121
EASY TOUCH MIS	140	<i>eletriptan hydrobromide tab 20 mg (base</i>	
EASY TOUCH MIS /EJECTOR.....	140	<i>equivalent)</i>	160
EASY TOUCH MIS LANC/21G.....	140	<i>eletriptan hydrobromide tab 40 mg (base</i>	
EASY TOUCH MIS LANC/23G	140	<i>equivalent)</i>	160
EASY TOUCH MIS LANC/26G	140	ELIQUIS ST P TAB 5MG	32
EASY TOUCH MIS LANC/28G	140	ELIQUIS TAB 2.5MG.....	32
EASY TOUCH MIS LANC/30G.....	140	ELIQUIS TAB 5MG	32
EASY TOUCH MIS LANC/32G	140	ELLA TAB 30MG.....	95
EASY TOUCH MIS LANC/33G	140	EMBRACE CNTR LIQ HIGH	140
EASY TOUCH SOL CONTROL	140	EMBRACE EVO LIQ LEVEL 1.....	140
EASY TOUCH SOL HIGH/LOW	140	EMBRACE LANC MIS /EJECTOR.....	141
EASY TRAK II LIQ NORMAL	140	EMBRACE LANC MIS 21G	140
EASY TRAK SOL HIGH.....	140	EMBRACE LANC MIS 28G	141
EASY TRAK SOL LOW	140	EMBRACE LANC MIS THIN 30G	141
EASY TRAK SOL NORMAL.....	140	EMBRACE PRO LIQ GLUCOSE	141
EC-NAPROSYN TAB 375MG	12	EMBRACE SOL LOW.....	141
EC-NAPROSYN TAB 500MG	12	EMBRACE TALK SOL HIGH/L2	141
<i>econazole nitrate cream 1%</i>	101	EMBRACE TALK SOL LOW/L1.....	141
ECOZA AER 1%	101	EMCYT CAP 140MG	64
EDECRIN TAB 25MG.....	114	EMEND CAP 80MG.....	49
EDEX KIT 10MCG	89	EMEND SUS 125MG	49
EDEX KIT 20MCG.....	89	EMEND TRIPAC PAK 80 & 125.....	49
EDEX KIT 40MCG.....	89	EMGALITY INJ 100MG/ML	160
<i>efavirenz cap 200 mg</i>	79	EMGALITY INJ 120MG/ML	160
<i>efavirenz cap 50 mg</i>	79	EMSAM DIS 12MG/24H	40
<i>efavirenz-emtricitabine-tenofovir df tab</i>		EMSAM DIS 6MG/24HR	40
<i>600-200-300 mg</i>	79	EMSAM DIS 9MG/24HR	40
<i>efavirenz-lamivudine-tenofovir df tab 400-</i>		<i>emtricitabine caps 200 mg</i>	79
<i>300-300 mg</i>	79	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-lamivudine-tenofovir df tab 600-</i>		<i>tab 100-150 mg</i>	79
<i>300-300 mg</i>	79	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz tab 600 mg</i>	79	<i>tab 133-200 mg</i>	79
EFFER-K TAB 10MEQ	162	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EFFER-K TAB 20MEQ.....	162	<i>tab 167-250 mg</i>	80
EFFIENT TAB 10MG	127	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EFFIENT TAB 5MG.....	127	<i>tab 200-300 mg</i>	80
EFUDEX CRE 5%.....	102	EMTRIVA CAP 200MG	80
EGRIFTA SV INJ 2MG	116	EMTRIVA SOL 10MG/ML	80
ELEMENT CONT LIQ NORMAL	140	EMVERM CHW 100MG.....	23
ELEMENT LIQ HIGH	140	<i>enalapril maleate & hydrochlorothiazide tab</i>	
ELEMENT LIQ LOW	140	<i>10-25 mg</i>	59
ELEMNT COMPA SOL LEVEL 2	140	<i>enalapril maleate & hydrochlorothiazide tab</i>	
ELEMNT COMPA SOL LEVEL 3	140	<i>5-12.5 mg</i>	59

<i>enalapril maleate oral soln 1 mg/ml</i>	54	EPCLUSA TAB 200-50MG.....	82
<i>enalapril maleate tab 10 mg</i>	55	EPCLUSA TAB 400-100	82
<i>enalapril maleate tab 2.5 mg</i>	55	EPIDIOLEX SOL 100MG/ML	35
<i>enalapril maleate tab 20 mg</i>	55	EPIDUO FORTE GEL 0.3-2.5%	99
<i>enalapril maleate tab 5 mg</i>	55	EPIDUO GEL 0.1-2.5%	99
ENBREL INJ 25/0.5ML.....	14	EPIFOAM AER 1%	107
ENBREL INJ 25MG	14	<i>epinastine hcl ophth soln 0.05%</i>	172
ENBREL INJ 50MG/ML.....	15	<i>epinephrine hcl nasal soln 0.1%</i>	167
ENBREL MINI INJ 50MG/ML	15	<i>epinephrine inj 1 mg/ml (1:1000)</i>	187
ENBREL SRCLK INJ 50MG/ML.....	15	<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i>	
ENCARE SUP 100MG	186	<i>(1:1000)</i>	187
ENDARI POW 5GM.....	128	<i>epinephrine solution auto-injector 0.15</i>	
ENDOMETRIN SUP 100MG	187	<i>mg/0.15ml (1:1000)</i>	187
<i>enoxaparin sodium inj 300 mg/3ml</i>	32	<i>epinephrine solution auto-injector 0.3</i>	
<i>enoxaparin sodium inj soln pref syr 100</i>		<i>mg/0.3ml (1:1000)</i>	187
<i>mg/ml</i>	33	EPIVIR SOL 10MG/ML	80
<i>enoxaparin sodium inj soln pref syr 120</i>		EPIVIR TAB 150MG	80
<i>mg/0.8ml</i>	33	EPIVIR TAB 300MG	80
<i>enoxaparin sodium inj soln pref syr 150</i>		<i>eplerenone tab 25 mg</i>	61
<i>mg/ml</i>	33	<i>eplerenone tab 50 mg</i>	61
<i>enoxaparin sodium inj soln pref syr 30</i>		EPZICOM TAB 600-300.....	80
<i>mg/0.3ml</i>	32	EQL LANCETS MIS 21G COLR	141
<i>enoxaparin sodium inj soln pref syr 40</i>		EQL LANCETS MIS 33G COLR	141
<i>mg/0.4ml</i>	32	EQL LANCETS MIS THIN 26G.....	141
<i>enoxaparin sodium inj soln pref syr 60</i>		EQL LANCETS MIS THIN 30G	141
<i>mg/0.6ml</i>	32	EQUETRO CAP 100MG	73
<i>enoxaparin sodium inj soln pref syr 80</i>		EQUETRO CAP 200MG	73
<i>mg/0.8ml</i>	32	EQUETRO CAP 300MG	73
ENSPRYNG INJ	163	<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	187
ENSTILAR AER	107	<i>ergoloid mesylates tab 1 mg</i>	179
<i>entacapone tab 200 mg</i>	70	ERGOMAR SUB 2MG	160
<i>entecavir tab 0.5 mg</i>	82	ERIVEDGE CAP 150MG	64
<i>entecavir tab 1 mg</i>	82	ERLEADA TAB 240MG	64
ENTEREG CAP 12MG.....	124	ERLEADA TAB 60MG	64
ENTRESTO CAP 15-16MG	89	<i>erlotinib hcl tab 100 mg (base equivalent)</i> 64	
ENTRESTO CAP 6-6MG	89	<i>erlotinib hcl tab 150 mg (base equivalent)</i> 64	
ENTRESTO TAB 24-26MG	89	<i>erlotinib hcl tab 25 mg (base equivalent)</i> .	64
ENTRESTO TAB 49-51MG.....	89	ERTACZO CRE 2%	101
ENTRESTO TAB 97-103MG	89	ERYGEL GEL 2%.....	99
ENVARUSUS XR TAB 0.75MG.....	163	<i>erythromycin ethylsuccinate for susp 200</i>	
ENVARUSUS XR TAB 1MG	164	<i>mg/5ml</i>	132
ENVARUSUS XR TAB 4MG	164	<i>erythromycin ethylsuccinate for susp 400</i>	
EPCLUSA PAK 150-37.5	82	<i>mg/5ml</i>	132
EPCLUSA PAK 200-50MG.....	82		

<i>erythromycin ethylsuccinate tab 400 mg</i>	ESTRACE TAB 1MG	121
.....132	ESTRACE TAB 2MG.....	121
<i>erythromycin gel 2%</i>	ESTRACE VAG CRE 0.01%	186
<i>erythromycin ophth oint 5 mg/gm</i>	<i>estradiol & norethindrone acetate tab 0.5-</i>	
<i>erythromycin pads 2%</i>	<i>0.1 mg</i>	120
<i>erythromycin soln 2%</i>	<i>estradiol & norethindrone acetate tab 1-0.5</i>	
<i>erythromycin stearate tab 250 mg</i>	<i>mg</i>	120
<i>erythromycin tab 250 mg</i>	<i>estradiol gel 0.06% (0.75 mg/1.25 gm</i>	
<i>erythromycin tab 500 mg</i>	<i>metered-dose pump)</i>	121
<i>erythromycin tab delayed release 250 mg</i>	<i>estradiol tab 0.5 mg</i>	121
.....132	<i>estradiol tab 1 mg</i>	121
<i>erythromycin tab delayed release 333 mg</i>	<i>estradiol tab 2 mg</i>	121
.....132	<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i> ..121	
<i>erythromycin tab delayed release 500 mg</i>	<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	121
.....132	<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i> ..121	
<i>erythromycin w/ delayed release particles</i>	<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>121	
<i>cap 250 mg</i>	<i>estradiol td gel 1 mg/gm (0.1%)</i>	121
.....132	<i>estradiol td patch twice weekly 0.025</i>	
<i>escitalopram oxalate soln 5 mg/5ml (base</i>	<i>mg/24hr</i>	121
<i>equiv)</i>	<i>estradiol td patch twice weekly 0.0375</i>	
.....40	<i>mg/24hr</i>	121
<i>escitalopram oxalate tab 10 mg (base</i>	<i>estradiol td patch twice weekly 0.05</i>	
<i>equiv)</i>	<i>mg/24hr</i>	121
.....40	<i>estradiol td patch twice weekly 0.075</i>	
<i>escitalopram oxalate tab 20 mg (base</i>	<i>mg/24hr</i>	121
<i>equiv)</i>	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	
.....40	121	
ESGIC TAB	<i>estradiol td patch weekly 0.025 mg/24hr</i> 121	
.....15	<i>estradiol td patch weekly 0.0375 mg/24hr</i>	
<i>esomeprazole magnesium cap delayed</i>	<i>(37.5 mcg/24hr)</i>	121
<i>release 20 mg (base eq)</i>	<i>estradiol td patch weekly 0.05 mg/24hr</i> ..121	
.....184	<i>estradiol td patch weekly 0.06 mg/24hr</i> ..121	
<i>esomeprazole magnesium cap delayed</i>	<i>estradiol td patch weekly 0.075 mg/24hr</i> 121	
<i>release 40 mg (base eq)</i>	<i>estradiol td patch weekly 0.1 mg/24hr</i>121	
.....184	<i>estradiol vaginal cream 0.1 mg/gm</i>186	
<i>esomeprazole magnesium for delayed</i>	<i>estradiol valerate im in oil 10 mg/ml</i>	121
<i>release susp packet 10 mg</i>	<i>estradiol valerate im in oil 20 mg/ml</i>	121
.....184	<i>estradiol valerate im in oil 40 mg/ml</i>	121
<i>esomeprazole magnesium for delayed</i>	ESTROGEL GEL 0.06%	121
<i>release susp packet 20 mg</i>	<i>eszopiclone tab 1 mg</i>	130
.....184	<i>eszopiclone tab 2 mg</i>	130
<i>esomeprazole magnesium for delayed</i>	<i>eszopiclone tab 3 mg</i>	130
<i>release susp packet 40 mg</i>	<i>ethacrynic acid tab 25 mg</i>	114
.....184	<i>ethambutol hcl tab 100 mg</i>	62
ESSENTRA MIS 9X9		
.....151		
<i>estazolam tab 1 mg</i>		
.....130		
<i>estazolam tab 2 mg</i>		
.....130		
<i>esterified estrogens & methyltestosterone</i>		
<i>tab 0.625-1.25 mg</i>		120
<i>esterified estrogens & methyltestosterone</i>		
<i>tab 1.25-2.5 mg</i>		120
ESTRACE TAB 0.5MG		121

<i>ethambutol hcl tab 400 mg</i>	62	<i>EVRYSDI SOL</i>	168
<i>ethosuximide cap 250 mg</i>	38	<i>EXELDERM CRE 1%</i>	101
<i>ethosuximide soln 250 mg/5ml</i>	38	<i>EXELDERM SOL 1%</i>	101
<i>ETHYL CHLOR AER FINE PIN</i>	111	<i>EXELON DIS 13.3/24</i>	175
<i>ETHYL CHLOR AER FN STRM</i>	111	<i>EXELON DIS 4.6MG/24</i>	175
<i>ETHYL CHLOR AER MED JET</i>	111	<i>EXELON DIS 9.5MG/24</i>	175
<i>ETHYL CHLOR AER MED STRM</i>	111	<i>exemestane tab 25 mg</i>	64
<i>ETHYL CHLOR AER MIST</i>	111	<i>EXTINA AER 2%</i>	101
<i>ethyl chloride aerosol spray</i>	111	<i>EYSUVIS DRO 0.25%</i>	170
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	93	<i>ezetimibe-simvastatin tab 10-10 mg</i>	51
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	94	<i>ezetimibe-simvastatin tab 10-20 mg</i>	51
<i>etodolac cap 200 mg</i>	12	<i>ezetimibe-simvastatin tab 10-40 mg</i>	51
<i>etodolac cap 300 mg</i>	12	<i>ezetimibe-simvastatin tab 10-80 mg</i>	51
<i>etodolac tab 400 mg</i>	12	<i>ezetimibe tab 10 mg</i>	54
<i>etodolac tab 500 mg</i>	12	<i>E-ZJECT LANC MIS 33G</i>	139
<i>etodolac tab er 24hr 400 mg</i>	12	<i>E-Z JECT MIS 21G</i>	139
<i>etodolac tab er 24hr 500 mg</i>	12	<i>E-Z JECT MIS 21G COLR</i>	139
<i>etodolac tab er 24hr 600 mg</i>	12	<i>E-Z JECT MIS 30G</i>	139
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	95	<i>E-Z JECT MIS 32G COLR</i>	139
<i>etoposide cap 50 mg</i>	70	<i>E-Z JECT MIS LANC 21G</i>	139
<i>etravirine tab 100 mg</i>	80	<i>E-Z JECT MIS THIN 26G</i>	139
<i>etravirine tab 200 mg</i>	80	<i>EZ-LETS 21G MIS LANCETS</i>	141
<i>EUA PATIENT MIS ASSESS</i>	165	<i>EZ-LETS 26G MIS LANCETS</i>	141
<i>EUCRISA OIN 2%</i>	111	<i>EZ-LETS 28G MIS LANCETS</i>	141
<i>EVAMIST SPR 1.53MG</i>	121	<i>EZ-LETS 30G MIS LANCETS</i>	141
<i>everolimus tab 0.25 mg</i>	164	F	
<i>everolimus tab 0.5 mg</i>	164	<i>FABHALTA CAP 200MG</i>	126
<i>everolimus tab 0.75 mg</i>	164	<i>famciclovir tab 125 mg</i>	83
<i>everolimus tab 10 mg</i>	67	<i>famciclovir tab 250 mg</i>	83
<i>everolimus tab 1 mg</i>	164	<i>famciclovir tab 500 mg</i>	83
<i>everolimus tab 2.5 mg</i>	67	<i>famotidine for susp 40 mg/5ml</i>	184
<i>everolimus tab 5 mg</i>	67	<i>famotidine tab 40 mg</i>	184
<i>everolimus tab 7.5 mg</i>	67	<i>FANTASY LUBR MIS</i>	133
<i>everolimus tab for oral susp 2 mg</i>	67	<i>FANTASY LUBR MIS COLORS</i>	133
<i>everolimus tab for oral susp 3 mg</i>	67	<i>FANTASY LUBR MIS SPERMICI</i>	133
<i>everolimus tab for oral susp 5 mg</i>	67	<i>FANTASY MIS LUBRICAT</i>	133
<i>EVISTA TAB 60MG</i>	117	<i>FARESTON TAB 60MG</i>	64
<i>EVOCLIN AER 1%</i>	99	<i>FARXIGA TAB 10MG</i>	47
<i>EVOLUTION SOL NORMAL</i>	141	<i>FARXIGA TAB 5MG</i>	47
<i>EVOTAZ TAB 300-150</i>	80	<i>FASENRA INJ 10MG/0.5</i>	28
<i>EVOXAC CAP 30MG</i>	166	<i>FASENRA PEN INJ 30MG/ML</i>	28
		<i>FASTCLIX MIS LANCETS</i>	141
		<i>FC2 FEMALE MIS CONDOM</i>	133
		<i>febuxostat tab 40 mg</i>	126

<i>febuxostat tab 80 mg</i>	126	<i>fantanyl citrate lozenge on a handle 200</i>	
<i>felbamate susp 600 mg/5ml</i>	38	<i>mcg</i>	16
<i>felbamate tab 400 mg</i>	38	<i>fantanyl citrate lozenge on a handle 400</i>	
<i>felbamate tab 600 mg</i>	38	<i>mcg</i>	16
FELBATOL SUS 600/5ML	38	<i>fantanyl citrate lozenge on a handle 600</i>	
FELBATOL TAB 400MG	38	<i>mcg</i>	16
FELBATOL TAB 600MG	38	<i>fantanyl citrate lozenge on a handle 800</i>	
FELDENE CAP 10MG	12	<i>mcg</i>	16
FELDENE CAP 20MG.....	12	<i>fantanyl td patch 72hr 100 mcg/hr</i>	17
<i>felodipine tab er 24hr 10 mg</i>	86	<i>fantanyl td patch 72hr 12 mcg/hr</i>	16
<i>felodipine tab er 24hr 2.5 mg</i>	86	<i>fantanyl td patch 72hr 25 mcg/hr</i>	16
<i>felodipine tab er 24hr 5 mg</i>	86	<i>fantanyl td patch 72hr 37.5 mcg/hr</i>	16
FEMARA TAB 2.5MG	64	<i>fantanyl td patch 72hr 50 mcg/hr</i>	16
FEMCAP MIS 22MM.....	133	<i>fantanyl td patch 72hr 62.5 mcg/hr</i>	16
FEMCAP MIS 26MM.....	133	<i>fantanyl td patch 72hr 75 mcg/hr</i>	17
FEMCAP MIS 30MM.....	133	<i>fantanyl td patch 72hr 87.5 mcg/hr</i>	17
FEM PH GEL	186	FENTORA TAB 100MCG	17
<i>fenofibrate cap 150 mg</i>	52	FENTORA TAB 200MCG.....	17
<i>fenofibrate micronized cap 134 mg</i>	52	FENTORA TAB 400MCG.....	17
<i>fenofibrate micronized cap 200 mg</i>	52	FENTORA TAB 600MCG.....	17
<i>fenofibrate micronized cap 43 mg</i>	52	FENTORA TAB 800MCG.....	17
<i>fenofibrate micronized cap 67 mg</i>	52	<i>fesoterodine fumarate tab er 24hr 4 mg</i> .	185
<i>fenofibrate tab 145 mg</i>	52	<i>fesoterodine fumarate tab er 24hr 8 mg</i> .	185
<i>fenofibrate tab 160 mg</i>	52	FETZIMA CAP 120MG	42
<i>fenofibrate tab 48 mg</i>	52	FETZIMA CAP 20MG	42
<i>fenofibrate tab 54 mg</i>	52	FETZIMA CAP 40MG	42
<i>fenofibric acid tab 105 mg</i>	52	FETZIMA CAP 80MG	42
<i>fenofibric acid tab 35 mg</i>	52	FETZIMA CAP TITRATIO	42
FENOGLIDE TAB 40MG	52	FIASP FLEX INJ TOUCH	46
<i>fantanyl citrate buccal tab 100 mcg (base</i>		FIASP INJ 100/ML.....	46
<i>equiv)</i>	16	FIASP PENFIL INJ U-100	46
<i>fantanyl citrate buccal tab 200 mcg (base</i>		FIBRICOR TAB 105MG.....	52
<i>equiv)</i>	16	FIBRICOR TAB 35MG.....	52
<i>fantanyl citrate buccal tab 400 mcg (base</i>		FIFTY50 PREP PAD PADS	151
<i>equiv)</i>	16	FIFTY50 SAFE MIS LANCETS	141
<i>fantanyl citrate buccal tab 600 mcg (base</i>		FILL NEEDLE MIS 18GX1.5	153
<i>equiv)</i>	16	FILTER NEEDL MIS 18GX1.5	153
<i>fantanyl citrate buccal tab 800 mcg (base</i>		FILTER NEEDL MIS 20GX1.5	153
<i>equiv)</i>	16	FINACEA AER 15%	111
<i>fantanyl citrate lozenge on a handle 1200</i>		<i>finasteride tab 5 mg</i>	125
<i>mcg</i>	16	FINE 30 MIS.....	141
<i>fantanyl citrate lozenge on a handle 1600</i>		FINGERSTIX MIS LANCETS	141
<i>mcg</i>	16	<i>ingolimod hcl cap 0.5 mg (base equiv)</i> ..	177
		FIORICET CAP CODEINE	20

FIRDAPSE TAB 10MG	61	fluoxetine hcl solution 20 mg/5ml	40
FLAGYL CAP 375MG	23	fluoxetine hcl tab 10 mg	40
flavoxate hcl tab 100 mg	186	fluoxetine hcl tab 20 mg	40
flecainide acetate tab 100 mg	28	FLUOXETINE TAB 60MG	40
flecainide acetate tab 150 mg	28	fluphenazine decanoate inj 25 mg/ml	77
flecainide acetate tab 50 mg	28	fluphenazine hcl elixir 2.5 mg/5ml	77
FLECTOR DIS 1.3%	101	fluphenazine hcl inj 2.5 mg/ml	77
FLEXICHAMBER MIS	159	fluphenazine hcl oral conc 5 mg/ml	77
FLEXICHAMBER MIS MASK LRG	159	fluphenazine hcl tab 10 mg	77
FLEXICHAMBER MIS MASK SM	159	fluphenazine hcl tab 1 mg	77
FLOMAX CAP 0.4MG	125	fluphenazine hcl tab 2.5 mg	77
fluconazole for susp 10 mg/ml	50	fluphenazine hcl tab 5 mg	77
fluconazole for susp 40 mg/ml	50	flurazepam hcl cap 15 mg	130
fluconazole tab 100 mg	50	flurazepam hcl cap 30 mg	130
fluconazole tab 150 mg	50	flurbiprofen sodium ophth soln 0.03%	172
fluconazole tab 200 mg	50	flurbiprofen tab 100 mg	12
fluconazole tab 50 mg	50	flurbiprofen tab 50 mg	12
flucytosine cap 250 mg	50	flutamide cap 125 mg	64
fludrocortisone acetate tab 0.1 mg	97	fluticasone propionate cream 0.05%	108
flunisolide nasal soln 25 mcg/act (0.025%)	167	fluticasone propionate lotion 0.05%	108
fluocinolone acetonide (otic) oil 0.01% ...	172	fluticasone propionate nasal susp 50 mcg/act	167
fluocinolone acetonide cream 0.01%	107	fluticasone propionate oint 0.005%	108
fluocinolone acetonide cream 0.025% ...	107	fluticasone-salmeterol aer powder ba 100- 50 mcg/act	31
fluocinolone acetonide oil 0.01% (body oil)	107	fluticasone-salmeterol aer powder ba 250- 50 mcg/act	31
fluocinolone acetonide oil 0.01% (scalp oil)	107	fluticasone-salmeterol aer powder ba 500- 50 mcg/act	31
fluocinolone acetonide oint 0.025%	107	fluvastatin sodium cap 20 mg (base equivalent)	53
fluocinolone acetonide soln 0.01%	107	fluvastatin sodium cap 40 mg (base equivalent)	53
fluocinonide cream 0.05%	107	fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	53
fluocinonide emulsified base cream 0.05%	108	fluvoxamine maleate cap er 24hr 100 mg	40
fluocinonide gel 0.05%	108	fluvoxamine maleate cap er 24hr 150 mg	40
fluocinonide oint 0.05%	108	fluvoxamine maleate tab 100 mg	40
fluocinonide soln 0.05%	108	fluvoxamine maleate tab 25 mg	40
fluorometholone ophth susp 0.1%	170	fluvoxamine maleate tab 50 mg	40
fluorouracil cream 5%	102	FOCALIN TAB 10MG	4
fluorouracil soln 2%	102	FOCALIN TAB 2.5MG	3
fluorouracil soln 5%	102	FOCALIN TAB 5MG	3
fluoxetine hcl cap 10 mg	40	folic acid cap 0.8 mg	128
fluoxetine hcl cap 20 mg	40		
fluoxetine hcl cap 40 mg	40		
fluoxetine hcl cap delayed release 90 mg	40		

<i>folic acid tab 1 mg</i>	128	<i>fosinopril sodium tab 10 mg</i>	55
<i>folic acid tab 400 mcg</i>	128	<i>fosinopril sodium tab 20 mg</i>	55
<i>folic acid tab 800 mcg</i>	128	<i>fosinopril sodium tab 40 mg</i>	55
FOLLISTIM AQ INJ 300UNIT	116	FRAGMIN INJ 10000/ML	33
FOLLISTIM AQ INJ 600UNIT	116	FRAGMIN INJ 12500UNT	33
FOLLISTIM AQ INJ 900UNIT	116	FRAGMIN INJ 15000UNT	33
<i>fondaparinux sodium subcutaneous inj 10</i> <i>mg/0.8ml</i>	33	FRAGMIN INJ 18000UNT	33
<i>fondaparinux sodium subcutaneous inj 2.5</i> <i>mg/0.5ml</i>	33	FRAGMIN INJ 2500/0.2	33
<i>fondaparinux sodium subcutaneous inj 5</i> <i>mg/0.4ml</i>	33	FRAGMIN INJ 2500/ML	33
<i>fondaparinux sodium subcutaneous inj 7.5</i> <i>mg/0.6ml</i>	33	FRAGMIN INJ 5000/0.2	33
FORACARE GDH SOL HIGH	141	FRAGMIN INJ 7500/0.3	33
FORACARE GDH SOL LOW	141	FRAGMIN INJ 95000UNT	33
FORACARE GDH SOL NORMAL	141	FREESTYLE LIQ CONTROL	141
FORA CONTROL SOL HIGH	141	FREESTYLE MIS LANCETS	141
FORA CONTROL SOL LOW	141	FROVA TAB 2.5MG	160
FORA CONTROL SOL NORMAL	141	<i>frovatriptan succinate tab 2.5 mg (base</i> <i>equivalent)</i>	160
FORA GTEL TES KETONE	112	<i>furosemide oral soln 10 mg/ml</i>	114
FORA LANCETS MIS 30G	141	<i>furosemide oral soln 8 mg/ml</i>	114
FORA MIS LANCETS	141	<i>furosemide tab 20 mg</i>	114
FORA MIS LANCING	141	<i>furosemide tab 40 mg</i>	114
FORA TEST GO TES ADV VOIC	112	<i>furosemide tab 80 mg</i>	114
FORFIVO XL TAB 450MG	39	FUZEON INJ 90MG	80
<i>formaldehyde solution 10%</i>	78	FYCOMPA SUS 0.5MG/ML	34
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	31	FYCOMPA TAB 10MG	34
FORTEO INJ 600/2.4	115	FYCOMPA TAB 12MG	34
FORTISCARE SOL CNTL HI	141	FYCOMPA TAB 2MG	34
FORTISCARE SOL CNTL LOW	141	FYCOMPA TAB 4MG	34
FORTISCARE SOL CNTL NML	141	FYCOMPA TAB 6MG	34
FOSAMAX + D TAB 70-2800	115	FYCOMPA TAB 8MG	34
FOSAMAX + D TAB 70-5600	115	FYLNETRA INJ 6MG/0.6	128
FOSAMAX TAB 70MG	115	G	
<i>fosamprenavir calcium tab 700 mg (base</i> <i>equiv)</i>	80	<i>gabapentin (once-daily) tab 300 mg</i>	179
<i>fosfomycin tromethamine powd pack 3 gm</i> <i>(base equivalent)</i>	25	<i>gabapentin (once-daily) tab 600 mg</i>	179
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	59	<i>gabapentin cap 100 mg</i>	35
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	59	<i>gabapentin cap 300 mg</i>	35
		<i>gabapentin cap 400 mg</i>	35
		<i>gabapentin oral soln 250 mg/5ml</i>	35
		<i>gabapentin tab 600 mg</i>	35
		<i>gabapentin tab 800 mg</i>	35
		GABITRIL TAB 12MG	38
		GABITRIL TAB 16MG	38
		GABITRIL TAB 2MG	38
		GABITRIL TAB 4MG	38

GALAFOLD CAP 123MG	117
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	175
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	175
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	175
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	175
<i>galantamine hydrobromide tab 12 mg</i>	175
<i>galantamine hydrobromide tab 4 mg</i>	175
<i>galantamine hydrobromide tab 8 mg</i>	175
GANIRELIX AC INJ 250/0.5	116
GASTROCROM CON 100/5ML	122
gatifloxacin ophth soln 0.5%	169
GATTEX KIT 5MG	125
GAVRETO CAP 100MG	67
GE100 CONTRL SOL NORMAL	141
gefitinib tab 250 mg	64
GELFILM MIS OP	171
GELNIQUE GEL 10%	185
gemfibrozil tab 600 mg	52
GEMTESA TAB 75MG	186
GENERESS FE CHW	94
gentamicin sulfate cream 0.1%	101
gentamicin sulfate oint 0.1%	101
gentamicin sulfate ophth oint 0.3%	169
gentamicin sulfate ophth soln 0.3%	169
GENTEEL LANC KIT BLUE	141
GENTEEL MIS LANCETS	141
GENTEEL MIS NOZZLES	141
GENTEEL PLUS MIS BLACK	141
GENTEEL PLUS MIS BLUE	141
GENTEEL PLUS MIS PINK	141
GENTEEL PLUS MIS PURPLE	141
GENTEEL PLUS MIS WHITE	142
GENTEEL TIPS MIS BLUE	142
GENTEEL TIPS MIS CLEAR	142
GENTEEL TIPS MIS GREEN	142
GENTEEL TIPS MIS ORANGE	142
GENTEEL TIPS MIS RAINBOW	142
GENTEEL TIPS MIS VIOLET	142
GENTEEL TIPS MIS YELLOW	142
GENTLE-LET MIS 26G	142

GENTLE-LET MIS 28G	142
GENTLE-LET MIS LANCETS	142
GENTLE-LET MIS PLATFORM	142
GENVOYA TAB	80
GEODON CAP 20MG	73
GEODON CAP 40MG	73
GEODON CAP 60MG	73
GEODON CAP 80MG	73
GEODON INJ 20MG	73
GILOTRIF TAB 20MG	64
GILOTRIF TAB 30MG	64
GILOTRIF TAB 40MG	64
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	177
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	177
GLEOSTINE CAP 100MG	62
GLEOSTINE CAP 10MG	62
GLEOSTINE CAP 40MG	62
<i>glimepiride tab 1 mg</i>	47
<i>glimepiride tab 2 mg</i>	47
<i>glimepiride tab 4 mg</i>	47
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	44
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	44
<i>glipizide-metformin hcl tab 5-500 mg</i>	44
<i>glipizide tab 10 mg</i>	47
<i>glipizide tab 5 mg</i>	47
<i>glipizide tab er 24hr 10 mg</i>	47
<i>glipizide tab er 24hr 2.5 mg</i>	47
<i>glipizide tab er 24hr 5 mg</i>	47
GLOBAL 28G MIS LANCETS	142
GLOBAL 30G MIS LANCETS	142
GLOBAL LANC MIS DEVICE	142
GLOBAL PREP PAD PADS	152
<i>glucagon (rdna) for inj kit 1 mg</i>	45
GLUC CONTROL LIQ NORMAL	142
GLUC CONTROL SOL	142
GLUC CONTROL SOL MID	142
GLUC CONTROL SOL NORMAL	142
GLUCOCARD 01 LIQ NORM/HGH	142
GLUCOCARD 01 SOL NORMAL	142
GLUCOCARD LIQ LEVEL 1	142
GLUCOCARD SOL NORMAL	142
GLUCOCARD SOL SHINE	142

GLUCOCOM MIS 28G	142
GLUCOCOM MIS 30G	142
GLUCOCOM MIS 33G	142
GLUCOCOM TES HIGH CON	142
GLUCOCOM TES NORM CON	142
GLUCOSE CONT SOL HIGH	142
GLUCOSE CONT SOL NORMAL	142
GLUCOTROL XL TAB 10MG	47
GLUCOTROL XL TAB 2.5MG	47
GLUCOTROL XL TAB 5MG	47
<i>glutamine (sickle cell) powd pack 5 gm</i> ..	128
GLUTARALDEHY SOL 25%	78
<i>glyburide-metformin tab 1.25-250 mg</i>	44
<i>glyburide-metformin tab 2.5-500 mg</i>	44
<i>glyburide-metformin tab 5-500 mg</i>	44
<i>glyburide micronized tab 1.5 mg</i>	47
<i>glyburide micronized tab 3 mg</i>	47
<i>glyburide micronized tab 6 mg</i>	47
<i>glyburide tab 1.25 mg</i>	47
<i>glyburide tab 2.5 mg</i>	47
<i>glyburide tab 5 mg</i>	48
<i>glycopyrrolate inj pf soln prefilled syringe</i> <i>0.2 mg/ml</i>	183
<i>glycopyrrolate inj pf soln pref syr 0.4</i> <i>mg/2ml (0.2 mg/ml)</i>	183
<i>glycopyrrolate oral soln 1 mg/5ml</i>	183
<i>glycopyrrolate tab 1 mg</i>	183
<i>glycopyrrolate tab 2 mg</i>	183
GLYNASE TAB 1.5MG	48
GLYNASE TAB 3MG	48
GLYNASE TAB 6MG	48
GLYXAMBI TAB 10-5 MG	44
GLYXAMBI TAB 25-5 MG	44
GNP ALCOHOL PAD SWABS	152
GNP LANCETS MIS 21G	142
GNP LANCETS MIS 28G	142
GNP LANCETS MIS 30G	142
GNP LANCETS MIS 33G	142
GNP LANCETS MIS THIN 26G	142
GNP LANCING MIS DEVICE	142
GOJJI BLOOD TES KETONE	112
GOJJI CNTRL SOL NORMAL	142
GOJJI LANCET MIS 30G	142
GOJJI MIS LANC DEV	142

GOODSENSE MIS LANC 26G	142
GOODSENSE MIS LANC 30G	142
GOODSENSE MIS LANC 33G	143
GOODSENSE MIS LANC DVC	143
GORDOFILM SOL	110
GRAFCO SILVR MIS NIT APPL	106
GRALISE TAB 300MG	179
GRALISE TAB 450MG	179
GRALISE TAB 600MG	179
GRALISE TAB 750MG	179
GRALISE TAB 900MG	179
<i>granisetron hcl tab 1 mg</i>	49
GRASTEK SUB 2800BAU	5
<i>griseofulvin microsize susp 125 mg/5ml</i> ..	50
<i>griseofulvin microsize tab 500 mg</i>	50
<i>griseofulvin ultramicrosize tab 125 mg</i>	50
<i>griseofulvin ultramicrosize tab 250 mg</i>	50
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> 98	
<i>guanfacine hcl tab 1 mg</i>	57
<i>guanfacine hcl tab 2 mg</i>	57
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	3
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	3
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	3
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	3
GUARDIAN RT MIS CHARGER	143
GUARDIAN RT MIS TST PLUG	143
GVOKE HYPO 1 INJ 0.5/.1ML	45
GVOKE HYPO 1 INJ 1MG/.2ML	45
GVOKE HYPO 2 INJ 0.5/.1ML	45
GVOKE HYPO 2 INJ 1MG/.2ML	45
GVOKE KIT SOL 1MG/0.2M	45
GVOKE PFS INJ	45
GYNAZOLE-1 CRE 2%	186
GYNOL II GEL 3%	186
H	
HAEGARDA INJ 2000UNIT	127
HAEGARDA INJ 3000UNIT	127
HAEMOLANCE MIS HIGH FLO	143
HAEMOLANCE MIS LOW FLOW	143
HAEMOLANCE MIS PLUS	143

HAEMOLANCE MIS PLUS LOW.....	143	HETLIOZ CAP 20MG.....	131
HAEMOLANCE MIS PLUS MAX.....	143	HETLIOZ LQ SUS 4MG/ML	131
HAEMOLANCE MIS PLUS PED.....	143	HIPREX TAB 1GM	25
HAEMOLANCE MIS RETRACT.....	143	HLTHY ACCNTS MIS LANC 30G.....	143
HALCION TAB 0.25MG.....	130	HM STERILE PAD ALCHOL	152
HALDOL DECAN INJ 100MG/ML	75	HOLD CHAMBER MIS ADLT LG	159
HALDOL DECAN INJ 50MG/ML	75	HOLD CHAMBER MIS MEDIUM	159
<i>halobetasol propionate cream 0.05%</i>	<i>108</i>	HOLD CHAMBER MIS SMALL	<i>159</i>
<i>halobetasol propionate oint 0.05%</i>	<i>108</i>	<i>homatropine hbr ophth soln 5%.....</i>	<i>169</i>
<i>haloperidol decanoate im soln 100 mg/ml</i>	<i>75</i>	HUBER NEEDLE MIS 22GX1.5	153
<i>.....</i>	<i>75</i>	HUMATROPE INJ 12MG	116
<i>haloperidol decanoate im soln 50 mg/ml.</i>	<i>75</i>	HUMATROPE INJ 24MG	116
<i>haloperidol lactate inj 5 mg/ml</i>	<i>75</i>	HUMATROPE INJ 6MG.....	116
<i>haloperidol lactate oral conc 2 mg/ml</i>	<i>75</i>	HUMULIN R INJ U-500.....	46
<i>haloperidol tab 0.5 mg</i>	<i>75</i>	HYCAMTIN CAP 0.25MG.....	70
<i>haloperidol tab 10 mg</i>	<i>75</i>	HYCAMTIN CAP 1MG.....	70
<i>haloperidol tab 1 mg.....</i>	<i>75</i>	<i>hydralazine hcl tab 100 mg.....</i>	<i>61</i>
<i>haloperidol tab 20 mg.....</i>	<i>75</i>	<i>hydralazine hcl tab 10 mg</i>	<i>61</i>
<i>haloperidol tab 2 mg</i>	<i>75</i>	<i>hydralazine hcl tab 25 mg.....</i>	<i>61</i>
<i>haloperidol tab 5 mg</i>	<i>75</i>	<i>hydralazine hcl tab 50 mg</i>	<i>61</i>
HARVONI PAK	82	HYDREA CAP 500MG	69
HARVONI PAK 45-200MG.....	82	<i>hydrochlorothiazide cap 12.5 mg</i>	<i>115</i>
HARVONI TAB 45-200MG.....	82	<i>hydrochlorothiazide tab 12.5 mg</i>	<i>115</i>
HARVONI TAB 90-400MG.....	82	<i>hydrochlorothiazide tab 25 mg</i>	<i>115</i>
HC/PRAMOXINE CRE 1-2.35%	108	<i>hydrochlorothiazide tab 50 mg</i>	<i>115</i>
HC LANCING MIS DEVICE	143	<i>hydrocodone-acetaminophen soln 10-325</i>	<i>20</i>
HEMANGEOL SOL 4.28/ML	85	<i>mg/15ml</i>	<i>20</i>
HEMLIBRA INJ 105/0.7.....	126	<i>hydrocodone-acetaminophen soln 7.5-325</i>	<i>20</i>
HEMLIBRA INJ 150/ML.....	126	<i>mg/15ml</i>	<i>20</i>
HEMLIBRA INJ 300/2ML	126	<i>hydrocodone-acetaminophen tab 10-300</i>	<i>20</i>
HEMLIBRA INJ 30MG/ML.....	126	<i>mg</i>	<i>20</i>
HEMLIBRA INJ 60/0.4.....	126	<i>hydrocodone-acetaminophen tab 10-325</i>	<i>20</i>
HEMLIBRA SOL 12/0.4ML.....	126	<i>mg</i>	<i>20</i>
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	<i>33</i>	<i>hydrocodone-acetaminophen tab 5-300</i>	<i>20</i>
<i>.....</i>	<i>33</i>	<i>mg</i>	<i>20</i>
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	<i>33</i>	<i>hydrocodone-acetaminophen tab 5-325</i>	<i>20</i>
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	<i>33</i>	<i>mg</i>	<i>20</i>
<i>.....</i>	<i>33</i>	<i>hydrocodone-acetaminophen tab 7.5-300</i>	<i>20</i>
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	<i>33</i>	<i>mg</i>	<i>20</i>
<i>.....</i>	<i>33</i>	<i>hydrocodone-acetaminophen tab 7.5-325</i>	<i>20</i>
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	<i>33</i>	<i>mg</i>	<i>20</i>
<i>.....</i>	<i>33</i>	<i>hydrocodone bitart-homatropine</i>	<i>98</i>
<i>heparin sodium (porcine) pf inj 5000</i>	<i>33</i>	<i>methylbromide tab 5-1.5 mg</i>	<i>98</i>
<i>unit/0.5ml.....</i>	<i>33</i>		

<i>hydrocodone bitart-homatropine</i>	
<i>methylbrom soln 5-1.5 mg/5ml</i>	98
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	17
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	17
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	17
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	17
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	17
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	17
<i>hydrocodone bitartrate tab er 24hr deter</i>	
100 mg	17
<i>hydrocodone bitartrate tab er 24hr deter</i>	
120 mg	17
<i>hydrocodone bitartrate tab er 24hr deter 20</i>	
mg	17
<i>hydrocodone bitartrate tab er 24hr deter 30</i>	
mg	17
<i>hydrocodone bitartrate tab er 24hr deter 40</i>	
mg	17
<i>hydrocodone bitartrate tab er 24hr deter 60</i>	
mg	17
<i>hydrocodone bitartrate tab er 24hr deter 80</i>	
mg	17
<i>hydrocodone-ibuprofen tab 10-200 mg</i> ...	20
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	20
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ..	20
<i>hydrocod polst-chlorphen polst er susp 10-</i>	
8 mg/5ml	98
<i>hydrocortisone acetate suppos 25 mg</i>	22
<i>hydrocortisone acetate suppos 30 mg</i>	23
<i>hydrocortisone acetate w/ pramoxine</i>	
<i>perianal cream 1-1%</i>	22
<i>hydrocortisone acetate w/ pramoxine</i>	
<i>perianal cream 2.5-1%</i>	22
<i>hydrocortisone butyrate cream 0.1%</i>	108
<i>hydrocortisone butyrate oint 0.1%</i>	108
<i>hydrocortisone butyrate soln 0.1%</i>	108
<i>hydrocortisone cream 2.5%</i>	108
<i>hydrocortisone enema 100 mg/60ml</i>	22
<i>hydrocortisone lotion 2.5%</i>	108
<i>hydrocortisone oint 2.5%</i>	108
<i>hydrocortisone perianal cream 2.5%</i>	23
<i>hydrocortisone sodium succinate pf for inj</i>	
100 mg	96
<i>hydrocortisone tab 10 mg</i>	96
<i>hydrocortisone tab 20 mg</i>	96
<i>hydrocortisone tab 5 mg</i>	96
<i>hydrocortisone valerate cream 0.2%</i>	108
<i>hydrocortisone valerate oint 0.2%</i>	108
<i>hydrocortisone w/ acetic acid otic soln 1-</i>	
2%	172
<i>hydrogen peroxide soln 30%</i>	78
<i>hydromorphone hcl liqd 1 mg/ml</i>	17
<i>hydromorphone hcl tab 2 mg</i>	17
<i>hydromorphone hcl tab 4 mg</i>	17
<i>hydromorphone hcl tab 8 mg</i>	17
<i>hydromorphone hcl tab er 24hr 12 mg</i>	17
<i>hydromorphone hcl tab er 24hr 16 mg</i>	17
<i>hydromorphone hcl tab er 24hr 32 mg</i>	17
<i>hydromorphone hcl tab er 24hr 8 mg</i>	17
<i>HYDROMORPHON SUP 3MG</i>	17
<i>hydroxychloroquine sulfate tab 200 mg</i> ...	61
<i>hydroxyurea cap 500 mg</i>	69
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	26
<i>hydroxyzine hcl tab 10 mg</i>	26
<i>hydroxyzine hcl tab 25 mg</i>	26
<i>hydroxyzine hcl tab 50 mg</i>	26
<i>hydroxyzine pamoate cap 100 mg</i>	26
<i>hydroxyzine pamoate cap 25 mg</i>	26
<i>hydroxyzine pamoate cap 50 mg</i>	26
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	183
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	183
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ...	183
<i>hyoscyamine sulfate tab 0.125 mg</i>	183
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	183
<i>HYPERSAL NEB 3.5%</i>	98
<i>HYPERSAL NEB 7%</i>	98
<i>HYPOLANCE KIT LANCING</i>	143
<i>HYPO NEEDLE MIS 14GX1</i>	153
<i>HYPO NEEDLE MIS 14GX1.5</i>	153
<i>HYPO NEEDLE MIS 14GX2</i>	153
<i>HYPO NEEDLE MIS 16GX1</i>	154
<i>HYPO NEEDLE MIS 16GX1.5</i>	154
<i>HYPO NEEDLE MIS 16GX3/4</i>	154
<i>HYPO NEEDLE MIS 16GX5/8</i>	154
<i>HYPO NEEDLE MIS 18GX1</i>	154
<i>HYPO NEEDLE MIS 18GX1.5</i>	154
<i>HYPO NEEDLE MIS 19GX1</i>	154
<i>HYPO NEEDLE MIS 19GX1.5</i>	154

HYPO NEEDLE MIS 20GX1	154
HYPO NEEDLE MIS 20GX1.5	154
HYPO NEEDLE MIS 21GX1	154
HYPO NEEDLE MIS 21GX1.5	154
HYPO NEEDLE MIS 21GX2	154
HYPO NEEDLE MIS 22GX1	154
HYPO NEEDLE MIS 22GX1.5	154
HYPO NEEDLE MIS 23GX1	154
HYPO NEEDLE MIS 23GX1.5	154
HYPO NEEDLE MIS 23GX3/4	154
HYPO NEEDLE MIS 25GX1	154
HYPO NEEDLE MIS 25GX1.25	154
HYPO NEEDLE MIS 25GX1.5	154
HYPO NEEDLE MIS 25GX2	154
HYPO NEEDLE MIS 25GX5/8	154
HYPO NEEDLE MIS 26GX1/2	154
HYPO NEEDLE MIS 26GX1.5	154
HYPO NEEDLE MIS 27GX1/2	154
HYPO NEEDLE MIS 27GX1.25	154
HYPO NEEDLE MIS 27GX1.5	154
HYPO NEEDLE MIS 30GX3/4	154
HYRIMOZ-CROH INJ UC SP	7
HYRIMOZ INJ 10/0.1ML	6
HYRIMOZ INJ 20/0.2ML	6
HYRIMOZ INJ 40/0.4ML	6
HYRIMOZ INJ 40/0.8ML	6, 7
HYRIMOZ INJ 80/0.8ML	7
HYRIMOZ-PED INJ CROHNS	7
HYRIMOZ-PLAQ INJ PSOR/UVE	7
HYRIMOZ-PLAQ INJ PSORIASI	8
HYRIMOZ SENS INJ 80/0.8ML	7
HYSINGLA ER TAB 100 MG	18
HYSINGLA ER TAB 120 MG	18
HYSINGLA ER TAB 20 MG	17
HYSINGLA ER TAB 30 MG	17
HYSINGLA ER TAB 40 MG	18
HYSINGLA ER TAB 60 MG	18
HYSINGLA ER TAB 80 MG	18
I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	115
IBRANCE CAP 100MG	67
IBRANCE CAP 125MG	67
IBRANCE CAP 75MG	67

IBRANCE TAB 100MG	67
IBRANCE TAB 125MG	67
IBRANCE TAB 75MG	67
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	12
<i>ibuprofen tab 400 mg</i>	12
<i>ibuprofen tab 600 mg</i>	12
<i>ibuprofen tab 800 mg</i>	12
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	126
<i>icosapent ethyl cap 0.5 gm</i>	51
<i>icosapent ethyl cap 1 gm</i>	51
IDHIFA TAB 100MG	67
IDHIFA TAB 50MG	67
ILEVRO DRO 0.3% OP	172
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	67
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	67
<i>imipramine hcl tab 10 mg</i>	43
<i>imipramine hcl tab 25 mg</i>	43
<i>imipramine hcl tab 50 mg</i>	43
<i>imipramine pamoate cap 100 mg</i>	43
<i>imipramine pamoate cap 125 mg</i>	43
<i>imipramine pamoate cap 150 mg</i>	43
<i>imipramine pamoate cap 75 mg</i>	43
<i>imiquimod cream 3.75%</i>	110
<i>imiquimod cream 5%</i>	110
IMITREX INJ 4MG/0.5	160
IMITREX INJ 6MG/0.5	160
IMITREX SPR 20MG/ACT	160
IMITREX SPR 5MG/ACT	160
IMITREX TAB 100MG	160
IMITREX TAB 25MG	160
IMITREX TAB 50MG	160
IMPAVIDO CAP 50MG	23
IMURAN TAB 50MG	164
IMVEXXY MAIN SUP 10MCG	187
IMVEXXY MAIN SUP 4MCG	187
IMVEXXY STRT SUP 10MCG	187
IMVEXXY STRT SUP 4MCG	187
INBRIJA CAP 42MG	71
INCONTROL MIS LANC 28G	143
INCONTROL MIS LANC 30G	143
INCONTROL MIS LANC 33G	143

<i>isosorbide mononitrate tab er 24hr 30 mg</i>	25
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	25
<i>isotretinoin cap 10 mg</i>	99
<i>isotretinoin cap 20 mg</i>	100
<i>isotretinoin cap 30 mg</i>	100
<i>isotretinoin cap 40 mg</i>	100
<i>isradipine cap 2.5 mg</i>	86
<i>isradipine cap 5 mg</i>	86
ISTALOL SOL 0.5% OP	168
ITOVEBI TAB 3MG	67
ITOVEBI TAB 9MG	67
<i>itraconazole cap 100 mg</i>	50
<i>itraconazole oral soln 10 mg/ml</i>	50
<i>ivabradine hcl tab 5 mg (base equiv)</i>	92
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	92
<i>ivermectin tab 3 mg</i>	23
IWILFIN TAB 192MG	70

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JANUMET TAB 50-1000	44
JANUMET TAB 50-500MG	44
JANUMET XR TAB 100-1000	44
JANUMET XR TAB 50-1000	44
JANUMET XR TAB 50-500MG	44
JANUVIA TAB 100MG	45
JANUVIA TAB 25MG	45
JANUVIA TAB 50MG	45
JARDIANCE TAB 10MG	47
JARDIANCE TAB 25MG	47
JATENZO CAP 158MG	22
JATENZO CAP 198MG	22
JATENZO CAP 237MG	22
J-TIP KIT KIT ADAPTERS	155
JUBLIA SOL 10%	101
JULUCA TAB 50-25MG	80

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KALYDECO GRA 13.4MG	180
KALYDECO GRA 5.8MG	180
KALYDECO PAK 25MG	180
KALYDECO PAK 50MG	180
KALYDECO PAK 75MG	180
KALYDECO TAB 150MG	180
KAMELEON LUB MIS COLORS	133

KAMELEON MIS TRI-COLR	133
KAPVAY TAB 0.1 MG	3
KARBINAL ER SUS 4MG/5ML	51
KENALOG AER SPRAY	108
KERALYT GEL 6%	110
KERENDIA TAB 10MG	118
KERENDIA TAB 20MG	118
KERYDIN SOL 5%	101
KESIMPTA INJ 20/.4ML	177
<i>ketoconazole cream 2%</i>	101
<i>ketoconazole shampoo 2%</i>	101
<i>ketoconazole tab 200 mg</i>	50
KETONE TES	112
KETONE TEST TES	112
<i>ketorolac tromethamine ophth soln 0.4%</i>	172
<i>ketorolac tromethamine ophth soln 0.5%</i>	172
<i>ketorolac tromethamine tab 10 mg</i>	12
KEVEYIS TAB 50MG	114
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KEVZARA INJ 200/1.14	11
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KIMONO MAXX MIS LG FLARE	133
KIMONO MICRO MIS THIN	133
KIMONO MICRO MIS THIN +	133
KIMONO MICRO MIS THIN PLS	133
KIMONO MIS LUBRICAT	134
KIMONO MIS SENSATIO	134
KIMONO PLUS MIS LUBRICAT	134
KIMONO PLUS MIS SPERMICI	134
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KISQALI 400 PAK FEMARA	66
KISQALI 600 PAK FEMARA	66
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KISQALI TAB 400DOSE	67
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KLONOPIN TAB 2MG.....	34
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KOSELUGO CAP 25MG.....	68
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lamotrigine orally disintegrating tab 25 mg	35
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lamotrigine tab 200 mg.....	36
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LANCETS MIS 33G	144	LENVIMA CAP 18 MG	63
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LANCETS MIS THIN 26G	144	LENVIMA CAP 4MG.....	63
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LANCETS SUPR MIS THIN 28G	144	<i>letrozole tab 2.5 mg</i>	64
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LANCETS THIN MIS	144	<i>leucovorin calcium tab 15 mg</i>	70
LANCETS THIN MIS 26G	144	<i>leucovorin calcium tab 25 mg</i>	70
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LANCETS ULTR MIS THIN 31G	144	LEUKERAN TAB 2MG	62
LANCET SUPER MIS THIN 30G	143	<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i> <i>mg/ml)</i>	64
LANCET ULTRA MIS 28G	143	<i>levabuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	31
LANCET ULTRA MIS THIN 30G	143	<i>levabuterol hcl soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	31
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LANCING DEVI MIS 25G.....	144	<i>levabuterol tartrate inhal aerosol 45</i> <i>mcg/act (base equiv)</i>	31
LANCING DEVI MIS 30G.....	144	<i>levamlodipine maleate tab 2.5 mg</i>	86
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<i>lansoprazole cap delayed release 30 mg</i> 184		<i>levetiracetam tab 1000 mg</i>	36
LANTUS INJ 100/ML	46	<i>levetiracetam tab 250 mg</i>	36
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<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	68	<i>levetiracetam tab er 24hr 500 mg</i>	36
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LASIX TAB 80MG	114	<i>levocarnitine oral soln 1 gm/10ml (10%)</i> ...117	
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LB LANCING MIS DEVICE	144	<i>levocetirizine dihydrochloride tab 5 mg</i>	51
<i>leflunomide tab 10 mg</i>	14	<i>levofloxacin ophth soln 0.5%</i>	169
<i>leflunomide tab 20 mg</i>	14	<i>levofloxacin ophth soln 1.5%</i>	169
<i>lenalidomide cap 10 mg</i>	163		
<i>lenalidomide cap 15 mg</i>	163		
<i>lenalidomide cap 20 mg</i>	163		
<i>lenalidomide cap 25 mg</i>	163		
<i>lenalidomide cap 5 mg</i>	163		
<i>lenalidomide caps 2.5 mg</i>	163		

<i>levofloxacin oral soln 25 mg/ml</i>	122	<i>lidocaine oint 5%</i>	111
<i>levofloxacin tab 250 mg</i>	122	<i>lidocaine patch 5%</i>	111
<i>levofloxacin tab 500 mg</i>	122	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	111
<i>levofloxacin tab 750 mg</i>	122	<i>LIDODERM DIS 5%</i>	111
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i> <i>mg &eth est 0.01 mg</i>	94	<i>linezolid for susp 100 mg/5ml</i>	24
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	94	<i>linezolid tab 600 mg</i>	25
<i>levonorgestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	94	<i>LINZESS CAP 145MCG</i>	124
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	94	<i>LINZESS CAP 290MCG</i>	124
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	94	<i>LINZESS CAP 72MCG</i>	124
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	94	<i>liothyronine sodium tab 25 mcg</i>	182
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i> <i>mg-20 mcg (21)</i>	94	<i>liothyronine sodium tab 50 mcg</i>	182
<i>levonorgestrel tab 1.5 mg</i>	95	<i>liothyronine sodium tab 5 mcg</i>	182
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i> <i>est tab 0.01mg(7)</i>	94	<i>LIPOFEN CAP 150MG</i>	52
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth</i> <i>est tab 0.01mg(7)</i>	94	<i>LIPOFEN CAP 50MG</i>	52
<i>levothyroxine sodium tab 100 mcg</i>	182	<i>liraglutide soln pen-injector 18 mg/3ml (6</i> <i>mg/ml)</i>	45
<i>levothyroxine sodium tab 112 mcg</i>	182	<i>lisdexamfetamine dimesylate cap 10 mg</i>	2
<i>levothyroxine sodium tab 125 mcg</i>	182	<i>lisdexamfetamine dimesylate cap 20 mg</i> ...	2
<i>levothyroxine sodium tab 137 mcg</i>	182	<i>lisdexamfetamine dimesylate cap 30 mg</i> ...	2
<i>levothyroxine sodium tab 150 mcg</i>	182	<i>lisdexamfetamine dimesylate cap 40 mg</i> ...	2
<i>levothyroxine sodium tab 175 mcg</i>	182	<i>lisdexamfetamine dimesylate cap 50 mg</i> ...	2
<i>levothyroxine sodium tab 200 mcg</i>	182	<i>lisdexamfetamine dimesylate cap 60 mg</i> ...	2
<i>levothyroxine sodium tab 25 mcg</i>	182	<i>lisdexamfetamine dimesylate cap 70 mg</i> ...	2
<i>levothyroxine sodium tab 300 mcg</i>	182	<i>lisdexamfetamine dimesylate chew tab 10</i> <i>mg</i>	2
<i>levothyroxine sodium tab 50 mcg</i>	182	<i>lisdexamfetamine dimesylate chew tab 20</i> <i>mg</i>	2
<i>levothyroxine sodium tab 75 mcg</i>	182	<i>lisdexamfetamine dimesylate chew tab 30</i> <i>mg</i>	2
<i>levothyroxine sodium tab 88 mcg</i>	182	<i>lisdexamfetamine dimesylate chew tab 40</i> <i>mg</i>	2
<i>LEVSIN/SL SUB 0.125MG</i>	183	<i>lisdexamfetamine dimesylate chew tab 50</i> <i>mg</i>	2
<i>LEVSIN TAB 0.125MG</i>	183	<i>lisdexamfetamine dimesylate chew tab 60</i> <i>mg</i>	2
<i>LEVULAN KERA SOL 20%</i>	102	<i>lisinopril & hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	59
<i>lidocaine hcl laryngotracheal soln 4%</i>	165	<i>lisinopril & hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	59
<i>lidocaine hcl soln 4%</i>	111	<i>lisinopril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	59
<i>lidocaine hcl urethral/mucosal gel 2%</i>	111	<i>lisinopril tab 10 mg</i>	55
<i>lidocaine hcl urethral/mucosal gel prefilled</i> <i>syringe 2%</i>	111	<i>lisinopril tab 2.5 mg</i>	55
<i>lidocaine hcl viscous soln 2%</i>	165	<i>lisinopril tab 20 mg</i>	55

<i>lisinopril tab 30 mg</i>	55	LOREEV XR CAP 2MG	27
<i>lisinopril tab 40 mg</i>	55	LOREEV XR CAP 3MG	27
<i>lisinopril tab 5 mg</i>	55	LORTAB ELX 10-300MG	20
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LITFULO CAP 50MG	110	<i>tab 100-25 mg</i>	59
<i>lithium carbonate cap 150 mg</i>	73	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lithium carbonate cap 300 mg</i>	73	<i>tab 50-12.5 mg</i>	59
<i>lithium carbonate cap 600 mg</i>	73	<i>losartan potassium tab 100 mg</i>	56
<i>lithium carbonate tab 300 mg</i>	73	<i>losartan potassium tab 25 mg</i>	56
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LOCOID LIPO CRE 0.1%	108	LOTENSIN TAB 40MG.....	55
LOCOID LOT 0.1%	108	<i>loteprednol etabonate ophth gel 0.5%</i>	171
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<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>		<i>loteprednol etabonate ophth susp 0.5%</i> .	171
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<i>(80-20 mg/ml)</i>	80	LOVENOX INJ 120/0.8	33
<i>lopinavir-ritonavir tab 100-25 mg</i>	80	LOVENOX INJ 150MG/ML	33
<i>lopinavir-ritonavir tab 200-50 mg</i>	80	LOVENOX INJ 30/0.3ML	33
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LOPRESSOR TAB 50MG	84	LOVENOX INJ 40/0.4ML	33
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<i>lorazepam conc 2 mg/ml</i>	27	LOVENOX INJ 80/0.8ML	33
<i>lorazepam tab 0.5 mg</i>	27	<i>loxapine succinate cap 10 mg</i>	76
<i>lorazepam tab 1 mg</i>	27	<i>loxapine succinate cap 25 mg</i>	76
<i>lorazepam tab 2 mg</i>	27	<i>loxapine succinate cap 50 mg</i>	76
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<i>lurasidone hcl tab 20 mg</i>	73
<i>lurasidone hcl tab 40 mg</i>	73
<i>lurasidone hcl tab 60 mg</i>	73
<i>lurasidone hcl tab 80 mg</i>	73
LUXIQ AER 0.12%	108
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<i>maraviroc tab 150 mg</i>	80
<i>maraviroc tab 300 mg</i>	80
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<i>meclofenamate sodium cap 100 mg</i>	12
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<i>mg/ml</i>	95
<i>medroxyprogesterone acetate im susp</i>	
<i>prefilled syr 150 mg/ml</i>	95
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<i>medroxyprogesterone acetate tab 2.5 mg</i>	
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<i>medroxyprogesterone acetate tab 5 mg</i>	174
<i>mefenamic acid cap 250 mg</i>	12
<i>mefloquine hcl tab 250 mg</i>	61
<i>megestrol acetate susp 40 mg/ml</i>	64
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<i>meloxicam tab 7.5 mg</i>	12
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<i>memantine hcl cap er 24hr 14 mg</i>	175
<i>memantine hcl cap er 24hr 21 mg</i>	175
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<i>metformin hcl tab 1000 mg</i>	45
<i>metformin hcl tab 500 mg</i>	45
<i>metformin hcl tab 850 mg</i>	45
<i>metformin hcl tab er 24hr 500 mg</i>	45
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<i>methadone hcl soln 10 mg/5ml</i>	18
<i>methadone hcl soln 5 mg/5ml</i>	18
<i>methadone hcl tab 10 mg</i>	18
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<i>methenamine-hyosc-meth blue-benz acid-</i> <i>phenyl sal tab 81.6mg</i>	23
<i>methenamine-hyosc-meth blue-sod phos-</i> <i>phen sal cap 118 mg</i>	23
<i>methenamine-hyosc-meth blue-sod phos-</i> <i>phen sal cap 120 mg</i>	23
<i>methenamine-hyosc-meth blue-sod phos-</i> <i>phen sal tab 81 mg</i>	24
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<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	4
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	4
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<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	4
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<i>methylphenidate hcl cap er 40 mg (cd)</i>	4
<i>methylphenidate hcl cap er 50 mg (cd)</i>	4
<i>methylphenidate hcl cap er 60 mg (cd)</i>	4
<i>methylphenidate hcl chew tab 10 mg</i>	4
<i>methylphenidate hcl chew tab 2.5 mg</i>	4
<i>methylphenidate hcl chew tab 5 mg</i>	4
<i>methylphenidate hcl soln 10 mg/5ml</i>	4
<i>methylphenidate hcl soln 5 mg/5ml</i>	4
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<i>methylphenidate hcl tab 20 mg</i>	4
<i>methylphenidate hcl tab 5 mg</i>	4
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<i>methylphenidate hcl tab er 24hr 27 mg</i>	4
<i>methylphenidate hcl tab er 24hr 36 mg</i>	4
<i>methylphenidate hcl tab er 24hr 54 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	5
<i>methylphenidate td patch 10 mg/9hr</i>	5
<i>methylphenidate td patch 15 mg/9hr</i>	5
<i>methylphenidate td patch 20 mg/9hr</i>	5
<i>methylphenidate td patch 30 mg/9hr</i>	5
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<i>methylprednisolone tab 32 mg</i>	96
<i>methylprednisolone tab 4 mg</i>	96
<i>methylprednisolone tab 8 mg</i>	96
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<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	122	<i>miconazole nitrate vaginal suppos 200 mg</i>	186
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	123	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	102
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<i>metoprolol tartrate tab 100 mg</i>	84	<i>mifepristone tab 300 mg</i>	45
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<i>metronidazole gel 1%</i>	111	<i>minocycline hcl cap 50 mg</i>	181
<i>metronidazole lotion 0.75%</i>	112	<i>minocycline hcl cap 75 mg</i>	181
<i>metronidazole tab 250 mg</i>	23	<i>minocycline hcl tab 100 mg</i>	181
<i>metronidazole tab 500 mg</i>	23	<i>minocycline hcl tab 50 mg</i>	181
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<i>mirtazapine tab 7.5 mg</i>	39	<i>morphine sulfate cap er 24hr 50 mg</i>	18
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<i>modafinil tab 200 mg</i>	5	<i>morphine sulfate suppos 30 mg</i>	18
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<i>moexipril hcl tab 7.5 mg</i>	55	<i>morphine sulfate tab 15 mg</i>	18
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<i>molindone hcl tab 25 mg</i>	77	<i>morphine sulfate tab er 100 mg</i>	19
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<i>mometasone furoate cream 0.1%</i>	108	<i>morphine sulfate tab er 200 mg</i>	19
<i>mometasone furoate oint 0.1%</i>	108	<i>morphine sulfate tab er 30 mg</i>	18
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<i>pimecrolimus cream 1%</i>	110	POLY HUB MIS 18GX1.5.....	156
<i>pimozide tab 1 mg</i>	179	POLY HUB MIS 20GX1	156
<i>pimozide tab 2 mg</i>	179	POLY HUB MIS 21GX1	156
<i>pindolol tab 10 mg</i>	85	POLY HUB MIS 21GX1.5	156
<i>pindolol tab 5 mg</i>	85	POLY HUB MIS 22GX1.....	156
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .	44	POLY HUB MIS 22GX1.5	156
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .	44	POLY HUB MIS 23GX1.....	156
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		POLY HUB MIS 23GX1.5	156
<i>mg</i>	44	POLY HUB MIS 25GX1.....	156
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		POLY HUB MIS 25GX1.5	156
<i>mg</i>	44	POLY HUB MIS 25GX5/8.....	156
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	47	POLY HUB MIS 27GX1/2.....	156
<i>pioglitazone hcl tab 30 mg (base equiv)</i> ...	47	POLY HUB MIS 27GX1.25	156
<i>pioglitazone hcl tab 45 mg (base equiv)</i> ...	47	POLY HUB MIS 30GX1/2	156
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PIP LANCETS MIS 30G	146	POMALYST CAP 1MG.....	65
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PIQRAY 250MG TAB DOSE	68	POMALYST CAP 3MG	65
PIQRAY 300MG TAB DOSE	68	POMALYST CAP 4MG	65
<i>pirfenidone cap 267 mg</i>	180	PONVORY TAB 20MG.....	178
<i>pirfenidone tab 267 mg</i>	180	PONVORY TAB STARTER.....	178
<i>pirfenidone tab 801 mg</i>	180	<i>posaconazole susp 40 mg/ml</i>	50
<i>piroxicam cap 10 mg</i>	13	<i>pot & sod citrates w/ cit ac soln 550-500-</i>	
<i>piroxicam cap 20 mg</i>	13	<i>334 mg/5ml</i>	125
<i>pitavastatin calcium tab 1 mg</i>	53	<i>potassium chloride cap er 10 meq</i>	162
<i>pitavastatin calcium tab 2 mg</i>	53	<i>potassium chloride cap er 8 meq</i>	162
<i>pitavastatin calcium tab 4 mg</i>	53	<i>potassium chloride microencapsulated crys</i>	
PLAQUENIL TAB 200MG	61	<i>er tab 10 meq</i>	162

<i>potassium chloride microencapsulated crys</i> <i>er tab 15 meq</i>	162	<i>pramipexole dihydrochloride tab er 24hr 3</i> <i>mg</i>	72
<i>potassium chloride microencapsulated crys</i> <i>er tab 20 meq</i>	162	<i>pramipexole dihydrochloride tab er 24hr</i> <i>4.5 mg</i>	72
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	162	PRAMOSONE CRE 1-1%	108
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	162	PRAMOSONE CRE 1-2.5%	108
<i>potassium chloride powder packet 20 meq</i>	162	PRAMOSONE LOT 1%.....	108
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<i>potassium chloride tab er 15 meq</i>	162	PRAMOSONE OIN 1%	108
<i>potassium chloride tab er 20 meq (1500</i> <i>mg)</i>	162	PRAMOSONE OIN 2.5%	108
<i>potassium chloride tab er 8 meq (600 mg)</i>	162	<i>pramoxine-hc cream 1-2.5%</i>	108
<i>potassium citrate & citric acid powder pack</i> <i>3300-1002 mg</i>	125	<i>prasugrel hcl tab 10 mg (base equiv)</i>	127
<i>potassium citrate & citric acid soln 1100-</i> <i>334 mg/5ml</i>	125	<i>prasugrel hcl tab 5 mg (base equiv)</i>	127
<i>potassium citrate tab er 10 meq (1080 mg)</i>	125	<i>pravastatin sodium tab 10 mg</i>	53
<i>potassium citrate tab er 15 meq (1620 mg)</i>	125	<i>pravastatin sodium tab 20 mg</i>	53
<i>potassium citrate tab er 5 meq (540 mg)</i>	125	<i>pravastatin sodium tab 40 mg</i>	53
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<i>pramipexole dihydrochloride tab 0.125 mg</i>	72	<i>praziquantel tab 600 mg</i>	23
<i>pramipexole dihydrochloride tab 0.25 mg</i>	72	<i>prazosin hcl cap 1 mg</i>	57
<i>pramipexole dihydrochloride tab 0.5 mg</i> ..	71	<i>prazosin hcl cap 2 mg</i>	57
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<i>pramipexole dihydrochloride tab er 24hr</i> <i>0.75 mg</i>	72	<i>prednicarbate oint 0.1%</i>	108
<i>pramipexole dihydrochloride tab er 24hr 1.5</i> <i>mg</i>	72	<i>prednisolone acetate ophth susp 1%</i>	171
<i>pramipexole dihydrochloride tab er 24hr</i> <i>2.25 mg</i>	72	<i>prednisolone sodium phosphate oral soln</i> <i>25 mg/5ml (base eq)</i>	97
<i>pramipexole dihydrochloride tab er 24hr</i> <i>3.75 mg</i>	72	<i>prednisolone sod phos orally disintegr tab</i> <i>10 mg (base eq)</i>	97
		<i>prednisolone sod phos orally disintegr tab</i> <i>15 mg (base eq)</i>	97
		<i>prednisolone sod phos orally disintegr tab</i> <i>30 mg (base eq)</i>	97
		<i>prednisolone sod phosphate oral soln 15</i> <i>mg/5ml (base equiv)</i>	97
		<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	97
		<i>prednisolone soln 15 mg/5ml</i>	97
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		<i>prednisolone tab 5 mg</i>	97
		PREDNISONE CON 5MG/ML	97
		<i>prednisone oral soln 5 mg/5ml</i>	97
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<i>pregabalin cap 150 mg</i>	37	PRO COMFORT MIS 31G	146
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<i>promethazine hcl oral soln 6.25 mg/5ml...51</i>	<i>51</i>
<i>promethazine hcl suppos 12.5 mg</i>	<i>51</i>
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<i>propafenone hcl cap er 12hr 325 mg</i>	<i>28</i>
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<i>propafenone hcl tab 300 mg</i>	<i>28</i>
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<i>propranolol hcl cap er 24hr 120 mg</i>	<i>85</i>
<i>propranolol hcl cap er 24hr 160 mg</i>	<i>85</i>
<i>propranolol hcl cap er 24hr 60 mg</i>	<i>85</i>
<i>propranolol hcl cap er 24hr 80 mg</i>	<i>85</i>
<i>propranolol hcl oral soln 20 mg/5ml</i>	<i>85</i>
<i>propranolol hcl oral soln 40 mg/5ml</i>	<i>85</i>
<i>propranolol hcl tab 10 mg</i>	<i>85</i>
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<i>propranolol hcl tab 60 mg.....</i>	<i>85</i>
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<i>quetiapine fumarate tab 100 mg</i>	76	<i>ramipril cap 10 mg</i>	55
<i>quetiapine fumarate tab 150 mg</i>	76	<i>ramipril cap 2.5 mg</i>	55
<i>quetiapine fumarate tab 200 mg</i>	76	<i>ramipril cap 5 mg</i>	55
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<i>quinapril hcl tab 5 mg</i>	55	RASUVO INJ 15MG	10
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	60	RASUVO INJ 17.5MG	10
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	60	RASUVO INJ 20MG	10
<i>quinidine gluconate tab er 324 mg</i>	28	RASUVO INJ 22.5MG	10
<i>quinine sulfate cap 324 mg</i>	61	RASUVO INJ 25MG	10
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REGIOCIT SOL	163	RETEVMO TAB 40MG	68
REGLAN TAB 10MG	123	RETEVMO TAB 80MG	68
REGLAN TAB 5MG	123	RETIN-A CRE 0.025%	100
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RELION KIT LANCING	147	RETIN-A GEL 0.01%	100
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REMERON TAB 30MG	39	REXULTI TAB 2MG	78
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<i>repaglinide tab 0.5 mg</i>	47	REXULTI TAB 4MG	78
<i>repaglinide tab 1 mg</i>	47	REYVOW TAB 100MG	161
<i>repaglinide tab 2 mg</i>	47	REYVOW TAB 50MG	161
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RINVOQ TAB 15MG ER	8	RITALIN LA CAP 30MG	5
RINVOQ TAB 30MG ER	8	RITALIN LA CAP 40MG	5
RINVOQ TAB 45MG ER	9	RITALIN TAB 10MG	5
<i>risedronate sodium tab 150 mg</i>	115	RITALIN TAB 20MG	5
<i>risedronate sodium tab 30 mg</i>	115	RITALIN TAB 5MG	5
<i>risedronate sodium tab 35 mg</i>	115	RITEFLO MIS	159
<i>risedronate sodium tab 5 mg</i>	115	<i>ritonavir tab 100 mg</i>	80
<i>risedronate sodium tab delayed release 35 mg</i>	116	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	175
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RISPERDAL TAB 1MG	74	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	161
RISPERDAL TAB 2MG	74	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	161
RISPERDAL TAB 3MG	74	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	161
RISPERDAL TAB 4MG	74	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	161
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	74	ROCALtrol CAP 0.25MCG	118
<i>risperidone microspheres for im extended rel susp 25 mg</i>	74	ROCALtrol CAP 0.5MCG	118
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	74	ROCALtrol SOL 1MCG/ML	118
<i>risperidone microspheres for im extended rel susp 50 mg</i>	74	<i>roflumilast tab 250 mcg</i>	30
<i>risperidone orally disintegrating tab 0.25 mg</i>	75	<i>roflumilast tab 500 mcg</i>	30
<i>risperidone orally disintegrating tab 0.5 mg</i>	75	<i>ropinirole hydrochloride tab 0.25 mg</i>	72
<i>risperidone orally disintegrating tab 1 mg</i>	75	<i>ropinirole hydrochloride tab 0.5 mg</i>	72
<i>risperidone orally disintegrating tab 2 mg</i>	75	<i>ropinirole hydrochloride tab 1 mg</i>	72
<i>risperidone orally disintegrating tab 3 mg</i>	75	<i>ropinirole hydrochloride tab 2 mg</i>	72
<i>risperidone orally disintegrating tab 4 mg</i>	75	<i>ropinirole hydrochloride tab 3 mg</i>	72
<i>risperidone soln 1 mg/ml</i>	75	<i>ropinirole hydrochloride tab 4 mg</i>	72
<i>risperidone tab 0.25 mg</i>	75	<i>ropinirole hydrochloride tab 5 mg</i>	72
<i>risperidone tab 0.5 mg</i>	75	<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	72
<i>risperidone tab 1 mg</i>	75		
<i>risperidone tab 2 mg</i>	75		
<i>risperidone tab 3 mg</i>	75		

<i>ropinirole hydrochloride tab er 24hr 2 mg</i> (base equivalent)	72
<i>ropinirole hydrochloride tab er 24hr 4 mg</i> (base equivalent)	72
<i>ropinirole hydrochloride tab er 24hr 6 mg</i> (base equivalent)	72
<i>ropinirole hydrochloride tab er 24hr 8 mg</i> (base equivalent)	72
<i>rosuvastatin calcium tab 10 mg</i>	53
<i>rosuvastatin calcium tab 20 mg</i>	53
<i>rosuvastatin calcium tab 40 mg</i>	53
<i>rosuvastatin calcium tab 5 mg</i>	53
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ROXICODONE TAB 30MG	19
ROZLYTREK CAP 100MG	68
ROZLYTREK CAP 200MG	68
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<i>rufinamide susp 40 mg/ml</i>	37
<i>rufinamide tab 200 mg</i>	37
<i>rufinamide tab 400 mg</i>	37
RUKOBIA TAB 600MG ER	80
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RYBELSUS TAB 3MG	46
RYBELSUS TAB 7MG	46
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RYTARY CAP 145MG	72
RYTARY CAP 195MG	72
RYTARY CAP 245MG	72
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<i>salicylic acid er film-forming soln 28.5%</i>	110
<i>salicylic acid film forming liquid 27.5%</i>	110
<i>salicylic acid foam 6%</i>	110
<i>salicylic acid gel 6%</i>	110
<i>salicylic acid shampoo 6%</i>	110
<i>salicylic acid soln 26%</i>	110
SALIMEZ FORT CRE 10%	110
<i>salsalate tab 500 mg</i>	15
<i>salsalate tab 750 mg</i>	15
SALVAX AER 6%	110
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SANDIMMUNE CAP 25MG	164
SANDIMMUNE SOL 100MG/ML	164
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SAPS HEALTH PAD ALCOHOL.....	152	<i>sertraline hcl tab 25 mg.....</i>	41
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SAVELLA TAB 25MG.....	176	<i>sevelamer hcl tab 400 mg.....</i>	125
SAVELLA TAB 50MG.....	176	<i>sevelamer hcl tab 800 mg.....</i>	125
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SB LANCETS MIS ULTR THN.....	148	<i>sildenafil citrate tab 100 mg.....</i>	90
<i>scopolamine td patch 72hr 1 mg/3days....</i>	49	<i>sildenafil citrate tab 20 mg.....</i>	91
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<i>selegiline hcl cap 5 mg.....</i>	73	<i>silodosin cap 4 mg.....</i>	125
<i>selegiline hcl tab 5 mg.....</i>	73	<i>silodosin cap 8 mg.....</i>	125
<i>selenium sulfide lotion 2.5%.....</i>	106	SILVADENE CRE 1%.....	106
<i>selenium sulfide shampoo 2.25%.....</i>	106	SILVER NITRA SOL 0.5%.....	106
<i>selenium sulfide shampoo 2.3%.....</i>	106	<i>silver sulfadiazine cream 1%.....</i>	106
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SERNIVO SPR 0.05%.....	108	<i>simvastatin tab 40 mg.....</i>	54
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SINEMET TAB 25-100MG.....	72	30 gm/120ml	165
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<i>sirolimus oral soln 1 mg/ml.....</i>	164	gm/60ml	165
<i>sirolimus tab 0.5 mg.....</i>	164	SOD SUL/SULF EMU 10-5%	100
<i>sirolimus tab 1 mg.....</i>	164	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
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<i>sodium citrate & citric acid soln 500-334</i>		SOOLANTRA CRE 1%.....	112
<i>mg/5ml.....</i>	125	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>sodium fluoride cream 1.1%</i>	165	<i>equivalent)</i>	68
<i>sodium fluoride gel 1.1% (0.5% f).....</i>	165	<i>sotalol hcl (afib/afl) tab 120 mg</i>	85
<i>sodium fluoride paste 1.1%.....</i>	165	<i>sotalol hcl (afib/afl) tab 160 mg.....</i>	85
<i>sodium fluoride-potassium nitrate gel 1.1-</i>		<i>sotalol hcl (afib/afl) tab 80 mg</i>	85
<i>5%.....</i>	165	<i>sotalol hcl tab 120 mg</i>	85
<i>sodium fluoride rinse 0.2%</i>	165	<i>sotalol hcl tab 160 mg</i>	85
<i>sodium phenylbutyrate oral powder 3</i>		<i>sotalol hcl tab 240 mg</i>	85
<i>gm/teaspoonful</i>	118	<i>sotalol hcl tab 80 mg</i>	85
<i>sodium phenylbutyrate tab 500 mg</i>	118	SOTYLIZE SOL 5MG/ML	85
<i>sodium polystyrene sulfonate powder</i>	165	SOVALDI PAK 150MG.....	82
		SOVALDI PAK 200MG.....	82

SOVALDI TAB 200MG	82	STRATTERA CAP 100MG	3
SOVALDI TAB 400MG	82	STRATTERA CAP 10MG	3
SPACE CHAMBR MIS ANTI-STA	159	STRATTERA CAP 18MG	3
SPACE CHAMBR MIS LARGE	159	STRATTERA CAP 25MG	3
SPACE CHAMBR MIS MEDIUM	159	STRATTERA CAP 40MG	3
SPACE CHAMBR MIS SMALL	159	STRATTERA CAP 60MG	3
SPEVIGO INJ 150/1ML	104	STRATTERA CAP 80MG	3
<i>spinosad susp 0.9%</i>	112	STRENSIQ INJ 18/0.45	118
SPIRIVA AER 1.25MCG	29	STRENSIQ INJ 28/0.7ML	118
SPIRIVA CAP HANDHLR	29	STRENSIQ INJ 40MG/ML	118
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<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	114	STRIVERDI AER 2.5MCG	31
<i>spironolactone susp 25 mg/5ml</i>	114	STROMECTOL TAB 3MG	23
<i>spironolactone tab 100 mg</i>	115	SUCRAID SOL 8500/ML	113
<i>spironolactone tab 25 mg</i>	115	<i>sucralfate tab 1 gm</i>	184
<i>spironolactone tab 50 mg</i>	115	SULAR TAB 17MG ER	87
SPORANOX CAP 100MG	50	SULAR TAB 34MG ER	87
SPORANOX SOL 10MG/ML	50	SULAR TAB 8.5MG ER	87
SPRAVATO SOL 56MG DOS	40	<i>sulconazole nitrate cream 1%</i>	102
SPRAVATO SOL 84MG DOS	40	<i>sulconazole nitrate solution 1%</i>	102
SPRYCEL TAB 100MG	68	<i>sulfacetamide sodium cleansing gel 10%</i>	106
SPRYCEL TAB 140MG	68	<i>sulfacetamide sodium liquid 10%</i>	106
SPRYCEL TAB 20MG	68	<i>sulfacetamide sodium lotion 10% (acne)</i> 100	
SPRYCEL TAB 50MG	68	<i>sulfacetamide sodium ophth oint 10%</i> ...	170
SPRYCEL TAB 70MG	68	<i>sulfacetamide sodium ophth soln 10%</i> ...	170
SPRYCEL TAB 80MG	68	<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	171
STALEVO 100 TAB	72	<i>sulfacetamide sodium shampoo 10%</i>	106
STALEVO 125 TAB	72	<i>sulfacetamide sodium shampoo 9.8%</i>	106
STALEVO 150 TAB	73	<i>sulfacetamide sodium-sulfur in urea</i> <i>emulsion 10-4%</i>	100
STALEVO 200 TAB	73	<i>sulfacetamide sodium w/ sulfur cleanser</i> <i>10-2%</i>	100
STALEVO 50 TAB	72	<i>sulfacetamide sodium w/ sulfur cleanser</i> <i>10-5%</i>	100
STALEVO 75 TAB	72	<i>sulfacetamide sodium w/ sulfur cleanser</i> <i>9.8-4.8%</i>	100
<i>stavudine cap 15 mg</i>	81	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i> <i>4.5%</i>	100
<i>stavudine cap 20 mg</i>	81	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i> <i>4%</i>	100
<i>stavudine cap 30 mg</i>	81	<i>sulfacetamide sodium w/ sulfur cleansing</i> <i>pad 10-4%</i>	100
<i>stavudine cap 40 mg</i>	81		
STELARA INJ 45MG/0.5	104, 105		
STELARA INJ 90MG/ML	105		
STERILANCE MIS TL 28G	148		
STERILANCE MIS TL 30G	148		
STERILANCE MIS TL 32G	148		
STIOLTO AER 2.5-2.5	31		
STIVARGA TAB 40MG	68		

<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	<i>100</i>	<i>sumatriptan succinate tab 100 mg</i>	<i>161</i>
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	<i>100</i>	<i>sumatriptan succinate tab 25 mg</i>	<i>161</i>
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	<i>100</i>	<i>sumatriptan succinate tab 50 mg</i>	<i>161</i>
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%.....</i>	<i>100</i>	<i>SUMAXIN PAD 10-4%</i>	<i>100</i>
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	<i>100</i>	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	<i>68</i>
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	<i>100</i>	<i>sunitinib malate cap 25 mg (base equivalent)</i>	<i>68</i>
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	<i>100</i>	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	<i>68</i>
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	<i>100</i>	<i>sunitinib malate cap 50 mg (base equivalent)</i>	<i>69</i>
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	<i>100</i>	<i>SUNOSI TAB 150MG</i>	<i>3</i>
<i>sulfadiazine tab 500 mg</i>	<i>180</i>	<i>SUNOSI TAB 75MG</i>	<i>3</i>
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	<i>24</i>	<i>SUPER THIN MIS LANC 28G</i>	<i>148</i>
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	<i>24</i>	<i>SUPER THIN MIS LANCETS</i>	<i>148</i>
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	<i>24</i>	<i>SUPREME II LIQ HIGH/LOW</i>	<i>148</i>
<i>SULFAMYLON CRE 85MG/GM</i>	<i>106</i>	<i>SURE COMFORT MIS LANC 18G</i>	<i>148</i>
<i>sulfasalazine tab 500 mg.....</i>	<i>124</i>	<i>SURE COMFORT MIS LANC 21G</i>	<i>148</i>
<i>sulfasalazine tab delayed release 500 mg</i>	<i>124</i>	<i>SURE COMFORT MIS LANC 23G</i>	<i>148</i>
<i>SULF LIME SOL</i>	<i>112</i>	<i>SURE COMFORT MIS LANC 30G</i>	<i>148</i>
<i>sulindac tab 150 mg.....</i>	<i>13</i>	<i>SURE COMFORT MIS LANCETS.....</i>	<i>148</i>
<i>sulindac tab 200 mg.....</i>	<i>13</i>	<i>SURE COMFORT MIS LANC PEN</i>	<i>148</i>
<i>SUMADAN WASH LIQ 9-4.5%</i>	<i>100</i>	<i>SUREFLEX MIS LANCETS.....</i>	<i>148</i>
<i>sumatriptan nasal spray 20 mg/act.....</i>	<i>161</i>	<i>SURELITE MIS LANCETS</i>	<i>148</i>
<i>sumatriptan nasal spray 5 mg/act</i>	<i>161</i>	<i>SUSTIVA CAP 200MG</i>	<i>81</i>
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	<i>161</i>	<i>SUSTIVA CAP 50MG</i>	<i>81</i>
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	<i>161</i>	<i>SYMBYAX CAP 3-25MG.....</i>	<i>176</i>
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	<i>161</i>	<i>SYMBYAX CAP 6-25MG.....</i>	<i>176</i>
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	<i>161</i>	<i>SYMDEKO TAB 100-150</i>	<i>180</i>
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	<i>161</i>	<i>SYMDEKO TAB 50-75MG</i>	<i>180</i>
		<i>SYMFI LO TAB</i>	<i>81</i>
		<i>SYMFI TAB</i>	<i>81</i>
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		<i>SYNALAR CRE 0.025%</i>	<i>108</i>
		<i>SYNALAR OIN 0.025%</i>	<i>108</i>
		<i>SYNALAR SOL 0.01%</i>	<i>108</i>
		<i>SYNAREL SOL 2MG/ML</i>	<i>117</i>
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SYNJARDY XR TAB 10-1000	44	TALTZ INJ 80MG/ML	105
SYNJARDY XR TAB 25-1000.....	44	TAMIFLU CAP 30MG	83
SYNJARDY XR TAB 5-1000MG	44	TAMIFLU CAP 45MG	83
SYNTHROID TAB 100MCG.....	182	TAMIFLU CAP 75MG	83
SYNTHROID TAB 112MCG	182	TAMIFLU SUS 6MG/ML	83
SYNTHROID TAB 125MCG	182	<i>tamoxifen citrate tab 10 mg (base</i>	
SYNTHROID TAB 137MCG	182	<i>equivalent)</i>	65
SYNTHROID TAB 150MCG.....	182	<i>tamoxifen citrate tab 20 mg (base</i>	
SYNTHROID TAB 175MCG	182	<i>equivalent)</i>	65
SYNTHROID TAB 200MCG	182	<i>tamsulosin hcl cap 0.4 mg.....</i>	125
SYNTHROID TAB 25MCG.....	182	TARCEVA TAB 100MG	64
SYNTHROID TAB 300MCG	182	TARCEVA TAB 150MG	64
SYNTHROID TAB 50MCG	182	<i>tasimelteon capsule 20 mg.....</i>	131
SYNTHROID TAB 75MCG.....	182	TASMAR TAB 100MG	70
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SYRG/NDL 3ML MIS 22G X 1	157	TAVALISSE TAB 150MG.....	127
SYRG/NDL 3ML MIS 25GX5/8	157	TAVNEOS CAP 10MG.....	127
SYRINGE LUER MIS -LOK 1ML.....	157	<i>tazarotene cream 0.05%</i>	105
T		<i>tazarotene cream 0.1%.....</i>	105
TABLOID TAB 40MG	63	<i>tazarotene gel 0.05%</i>	105
TACHOSIL PAD 4.8X4.8	129	<i>tazarotene gel 0.1%</i>	105
TACHOSIL PAD 9.5X4.8	130	TB SYRINGE MIS 0.5/28G.....	158
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TACLONEX SUS.....	109	TECHLITE AST MIS LANCETS	148
<i>tacrolimus cap 0.5 mg</i>	164	TECHLITE MIS LANC 26G	148
<i>tacrolimus cap 1 mg</i>	164	TECHLITE MIS LANCETS	148
<i>tacrolimus cap 5 mg.....</i>	164	TEGSEDI INJ 284/1.5	180
<i>tacrolimus oint 0.03%</i>	110	TEKTURNA HCT TAB 150-12.5.....	60
<i>tacrolimus oint 0.1%</i>	110	TEKTURNA HCT TAB 300-12.5	60
<i>tadalafil tab 10 mg.....</i>	90	TEKTURNA HCT TAB 300-25MG	60
<i>tadalafil tab 2.5 mg</i>	90	TEKTURNA TAB 150MG.....	60
<i>tadalafil tab 20 mg</i>	90	TEKTURNA TAB 300MG.....	61
<i>tadalafil tab 20 mg (pah)</i>	92	<i>telmisartan-amlodipine tab 40-10 mg.....</i>	60
<i>tadalafil tab 5 mg</i>	90	<i>telmisartan-amlodipine tab 40-5 mg</i>	60
TADLIQ SUS 20MG/5ML	92	<i>telmisartan-amlodipine tab 80-10 mg.....</i>	60
TAFINLAR TAB 10MG	69	<i>telmisartan-amlodipine tab 80-5 mg</i>	60
<i>tafluprost preservative free (pf) ophth soln</i>		<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>0.0015%</i>	172	<i>12.5 mg</i>	60
TAGRISSO TAB 40MG.....	64	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
TAGRISSO TAB 80MG.....	64	<i>mg</i>	60
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<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	60	<i>testosterone td gel 12.5 mg/act (1%)</i>	22
<i>telmisartan tab 20 mg</i>	56	<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	22
<i>telmisartan tab 40 mg</i>	56	<i>testosterone td gel 20.25 mg/act (1.62%)</i>	22
<i>telmisartan tab 80 mg</i>	56	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	22
<i>temazepam cap 15 mg</i>	130	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	22
<i>temazepam cap 22.5 mg</i>	130	<i>testosterone td gel 50 mg/5gm (1%)</i>	22
<i>temazepam cap 30 mg</i>	131	<i>testosterone td soln 30 mg/act</i>	22
<i>temazepam cap 7.5 mg</i>	130	<i>TET/DIP TOX INJ 2-2 LF</i>	183
<i>TEMBEXA SUS 10MG/ML</i>	83	<i>tetrabenazine tab 12.5 mg</i>	177
<i>TEMBEXA TAB 100MG</i>	83	<i>tetrabenazine tab 25 mg</i>	177
<i>temozolomide cap 100 mg</i>	62	<i>tetracaine hcl ophth soln 0.5%</i>	170
<i>temozolomide cap 140 mg</i>	62	<i>tetracycline hcl cap 250 mg</i>	181
<i>temozolomide cap 180 mg</i>	62	<i>tetracycline hcl cap 500 mg</i>	181
<i>temozolomide cap 20 mg</i>	62	<i>TEXACORT SOL 2.5%</i>	109
<i>temozolomide cap 250 mg</i>	62	<i>TEZSPIRE INJ 210MG</i>	29
<i>temozolomide cap 5 mg</i>	62	<i>TGT LANCET MIS 26G</i>	148
<i>TENIVAC INJ 5-2LF</i>	183	<i>TGT LANCET MIS 30G</i>	148
<i>tenofovir disoproxil fumarate tab 300 mg</i>	81	<i>TGT LANCET MIS 33G</i>	148
<i>TENORETIC TAB 100</i>	60	<i>TGT LANCING MIS DEVICE</i>	149
<i>TENORETIC TAB 50</i>	60	<i>THALOMID CAP 100MG</i>	163
<i>TENORMIN TAB 100MG</i>	84	<i>THALOMID CAP 150MG</i>	163
<i>TENORMIN TAB 25MG</i>	84	<i>THALOMID CAP 200MG</i>	163
<i>TENORMIN TAB 50MG</i>	84	<i>THALOMID CAP 50MG</i>	163
<i>terazosin hcl cap 10 mg (base equivalent)</i>	57	<i>theophylline elixir 80 mg/15ml</i>	32
<i>terazosin hcl cap 1 mg (base equivalent)</i>	57	<i>theophylline soln 80 mg/15ml</i>	32
<i>terazosin hcl cap 2 mg (base equivalent)</i>	57	<i>theophylline tab er 12hr 300 mg</i>	32
<i>terazosin hcl cap 5 mg (base equivalent)</i>	57	<i>theophylline tab er 12hr 450 mg</i>	32
<i>terbinafine hcl tab 250 mg</i>	50	<i>theophylline tab er 24hr 400 mg</i>	32
<i>terbutaline sulfate tab 2.5 mg</i>	31	<i>theophylline tab er 24hr 600 mg</i>	32
<i>terbutaline sulfate tab 5 mg</i>	31	<i>THIN LANCETS MIS 26G</i>	149
<i>terconazole vaginal cream 0.4%</i>	186	<i>THIN LANCETS MIS 30G</i>	149
<i>terconazole vaginal cream 0.8%</i>	186	<i>THINLETS GP MIS 26G</i>	149
<i>terconazole vaginal suppos 80 mg</i>	186	<i>thioridazine hcl tab 100 mg</i>	78
<i>teriflunomide tab 14 mg</i>	178	<i>thioridazine hcl tab 10 mg</i>	77
<i>teriflunomide tab 7 mg</i>	178	<i>thioridazine hcl tab 25 mg</i>	78
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	116	<i>thioridazine hcl tab 50 mg</i>	78
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	22	<i>thiothixene cap 10 mg</i>	78
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	22	<i>thiothixene cap 1 mg</i>	78
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	22	<i>thiothixene cap 2 mg</i>	78
<i>testosterone td gel 10mg/act (2%)</i>	22	<i>thiothixene cap 5 mg</i>	78
		<i>tiagabine hcl tab 12 mg</i>	38
		<i>tiagabine hcl tab 16 mg</i>	38

<i>tiagabine hcl tab 2 mg</i>	38	TIVICAY PD TAB 5MG	81
<i>tiagabine hcl tab 4 mg</i>	38	TIVICAY TAB 10MG	81
TIAZAC CAP 120MG/24	87	TIVICAY TAB 25MG	81
TIAZAC CAP 180MG/24	87	TIVICAY TAB 50MG.....	81
TIAZAC CAP 240MG/24	87	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	166
TIAZAC CAP 300MG/24	87	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	166
TIAZAC CAP 360MG/24	87	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	166
TIAZAC CAP 420MG/24	87	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	166
TIBSOVO TAB 250MG.....	69	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	166
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TIKOSYN CAP 250MCG.....	28	TOBRADEX SUS 0.3-0.1%	171
TIKOSYN CAP 500MCG.....	28	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%.....	171
<i>timolol maleate ophth gel forming soln</i> 0.25%	168	<i>tobramycin nebu soln 300 mg/4ml</i>	5
<i>timolol maleate ophth gel forming soln</i> 0.5%	168	<i>tobramycin nebu soln 300 mg/5ml</i>	5
<i>timolol maleate ophth soln 0.25%</i>	168	<i>tobramycin ophth soln 0.3%</i>	170
<i>timolol maleate ophth soln 0.5%</i>	168	TOBREX OIN 0.3% OP	170
<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i>	168	TODAY SPONGE MIS	186
<i>timolol maleate preservative free ophth soln</i> 0.25%	168	<i>tolcapone tab 100 mg</i>	70
<i>timolol maleate preservative free ophth soln</i> 0.5%	168	<i>tolmetin sodium cap 400 mg</i>	13
<i>timolol maleate tab 10 mg</i>	85	<i>tolmetin sodium tab 600 mg</i>	13
<i>timolol maleate tab 20 mg</i>	85	<i>tolterodine tartrate cap er 24hr 2 mg</i>	185
<i>timolol maleate tab 5 mg</i>	85	<i>tolterodine tartrate cap er 24hr 4 mg</i>	185
TIMOPTIC SOL 0.25% OP	168	<i>tolterodine tartrate tab 1 mg</i>	185
TIMOPTIC SOL 0.5% OP	168	<i>tolterodine tartrate tab 2 mg</i>	185
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TIMOPTIC-XE SOL 0.5% OP	168	<i>tolvaptan tab 30 mg</i>	119
<i>tinidazole tab 250 mg</i>	23	TOOMEY SYRIN MIS 70ML	158
<i>tinidazole tab 500 mg</i>	23	TOPAMAX SPR CAP 15MG	37
<i>tiopronin tab 100 mg</i>	126	TOPAMAX SPR CAP 25MG	37
<i>tiopronin tab delayed release 100 mg</i>	126	TOPAMAX TAB 100MG	37
<i>tiopronin tab delayed release 300 mg</i>	126	TOPAMAX TAB 200MG.....	37
<i>tiotropium bromide monohydrate inhal cap</i> 18 mcg (base equiv)	29	TOPAMAX TAB 25MG	37
TISSEEL KIT 10ML	130	TOPAMAX TAB 50MG.....	37
TISSEEL KIT 2ML	130	TOPCARE MIS LANC 33G	149
TISSEEL KIT 4ML	130	TOPICORT CRE 0.05%	109
TISSEEL SOL 10ML.....	130	TOPICORT CRE 0.25%	109
TISSEEL SOL 2ML.....	130	TOPICORT GEL 0.05%	109
TISSEEL SOL 4ML	130	TOPICORT OIN 0.05%.....	109
		TOPICORT OIN 0.25%.....	109
		TOPICORT SPR 0.25%	109

<i>topiramate cap er 24hr 100 mg</i>	37	<i>TRANXENE T TAB 7.5MG</i>	27
<i>topiramate cap er 24hr 200 mg</i>	37	<i>tranylcypromine sulfate tab 10 mg</i>	40
<i>topiramate cap er 24hr 25 mg</i>	37	<i>TRAVEL LANCE MIS 30G</i>	149
<i>topiramate cap er 24hr 50 mg</i>	37	<i>TRAVEL LANCE MIS ADV 28G</i>	149
<i>topiramate sprinkle cap 15 mg</i>	37	<i>travoprost ophth soln 0.004%</i>	
<i>topiramate sprinkle cap 25 mg</i>	37	<i>(benzalkonium free) (bak free)</i>	172
<i>topiramate tab 100 mg</i>	37	<i>trazodone hcl tab 100 mg</i>	41
<i>topiramate tab 200 mg</i>	37	<i>trazodone hcl tab 150 mg</i>	41
<i>topiramate tab 25 mg</i>	37	<i>trazodone hcl tab 300 mg</i>	41
<i>topiramate tab 50 mg</i>	37	<i>trazodone hcl tab 50 mg</i>	41
<i>toremifene citrate tab 60 mg (base</i>		<i>TRECATOR TAB 250MG</i>	62
<i>equivalent)</i>	65	<i>TRELEGY AER 100MCG</i>	31
<i>torsemide tab 100 mg</i>	114	<i>TRELEGY AER 200MCG</i>	31
<i>torsemide tab 10 mg</i>	114	<i>TREMFYA INJ 100MG/ML</i>	105
<i>torsemide tab 20 mg</i>	114	<i>TREMFYA INJ 200/20ML</i>	105
<i>torsemide tab 5 mg</i>	114	<i>TREMFYA INJ 200/2ML</i>	105
<i>TOUJEO MAX INJ 300/ML</i>	47	<i>TRESIBA FLEX INJ 100UNIT</i>	47
<i>TOUJEO SOLO INJ 300/ML</i>	47	<i>TRESIBA FLEX INJ 200UNIT</i>	47
<i>TPOXX CAP 200MG</i>	83	<i>TRESIBA INJ 100UNIT</i>	47
<i>tramadol-acetaminophen tab 37.5-325 mg</i>		<i>TRESNI SUP 100MG</i>	13
.....	20	<i>tretinoin cap 10 mg</i>	69
<i>tramadol hcl oral soln 5 mg/ml</i>	19	<i>tretinoin cream 0.025%</i>	100
<i>tramadol hcl tab 50 mg</i>	19	<i>tretinoin cream 0.05%</i>	100
<i>tramadol hcl tab er 24hr 100 mg</i>	19	<i>tretinoin cream 0.1%</i>	100
<i>tramadol hcl tab er 24hr 200 mg</i>	19	<i>tretinoin gel 0.01%</i>	100
<i>tramadol hcl tab er 24hr 300 mg</i>	19	<i>tretinoin gel 0.025%</i>	101
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>tretinoin gel 0.05%</i>	101
<i>100 mg</i>	19	<i>tretinoin microsphere gel 0.04%</i>	101
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>tretinoin microsphere gel 0.08%</i>	101
<i>200 mg</i>	19	<i>tretinoin microsphere gel 0.1%</i>	101
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>TREXALL TAB 10MG</i>	63
<i>300 mg</i>	19	<i>TREXALL TAB 15MG</i>	63
<i>trandolapril tab 1 mg</i>	55	<i>TREXALL TAB 5MG</i>	63
<i>trandolapril tab 2 mg</i>	55	<i>TREXALL TAB 7.5MG</i>	63
<i>trandolapril tab 4 mg</i>	55	<i>triamcinolone acetonide cream 0.025%</i>	109
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>			109
.....	60	<i>triamcinolone acetonide cream 0.5%</i>	109
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>		<i>triamcinolone acetonide dental paste 0.1%</i>	
.....	60		166
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>		<i>triamcinolone acetonide lotion 0.025%</i> ..	109
.....	60	<i>triamcinolone acetonide lotion 0.1%</i>	109
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>		<i>triamcinolone acetonide oint 0.025%</i>	109
.....	60	<i>triamcinolone acetonide oint 0.1%</i>	109
<i>tranexamic acid tab 650 mg</i>	129	<i>triamcinolone acetonide oint 0.5%</i>	109

<i>triamterene & hydrochlorothiazide cap</i>		
37.5-25 mg	114	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	114	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	114	
<i>triamterene cap 100 mg</i>	115	
<i>triamterene cap 50 mg</i>	115	
<i>triazolam tab 0.125 mg</i>	131	
<i>triazolam tab 0.25 mg</i>	131	
TRIBENZOR20- TAB 5-12.5MG	60	
TRIBENZOR40- TAB 10-12.5	60	
TRIBENZOR40- TAB 10-25MG.....	60	
TRIBENZOR40- TAB 5-12.5MG.....	60	
TRIBENZOR40- TAB 5-25MG	60	
TRIDESILON CRE 0.05%	109	
<i>trientine hcl cap 250 mg</i>	162	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	78	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	78	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	78	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	78	
<i>trifluridine ophth soln 1%</i>	170	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ...	70	
<i>trihexyphenidyl hcl tab 2 mg</i>	70	
<i>trihexyphenidyl hcl tab 5 mg</i>	70	
TRIJARDY XR TAB	44	
TRIKAFTA PAK 59.5MG	180	
TRIKAFTA PAK 75MG.....	180	
TRIKAFTA TAB.....	180	
TRILIPIX CAP 135MG	53	
TRILIPIX CAP 45MG	53	
<i>trimethobenzamide hcl cap 300 mg</i>	49	
<i>trimethoprim tab 100 mg</i>	23	
<i>trimipramine maleate cap 100 mg</i>	43	
<i>trimipramine maleate cap 25 mg</i>	43	
<i>trimipramine maleate cap 50 mg</i>	43	
TRINTELLIX TAB 10MG	41	
TRINTELLIX TAB 20MG	41	
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TROKENDI XR CAP 200MG.....	37	
TROKENDI XR CAP 25MG	37	
TROKENDI XR CAP 50MG	37	
<i>trosipium chloride cap er 24hr 60 mg</i>	185	
<i>trosipium chloride tab 20 mg</i>	186	
TRUE COMFORT MIS LANC 30G	149	
TRUE COMFORT PAD PRO	152	
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TRUE COVER MIS CONDOM	134	
TRUEDRAW MIS LANC DEV	149	
TRUE METRIX SOL LEVEL 1.....	149	
TRUE METRIX SOL LEVEL 2	149	
TRUE METRIX SOL LEVEL 3.....	149	
TRULANCE TAB 3MG.....	122	
TRULICITY INJ 0.75/0.5	46	
TRULICITY INJ 1.5/0.5	46	
TRULICITY INJ 3/0.5	46	
TRULICITY INJ 4.5/0.5.....	46	
TRUPLUS LANC MIS 26G	149	
TRUPLUS LANC MIS 28G	149	
TRUPLUS LANC MIS 30G.....	149	
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TRUSOPT SOL 2% OP	172	
TRUSTEX/RIA MIS LUBRICAT	135	
TRUSTEX/RIA MIS NON-LUB	135	
TRUSTEX/RIA MIS SPERMICI	135	
TRUSTEX LUBR MIS ASSORTED	134	
TRUSTEX LUBR MIS BANANA	134	
TRUSTEX LUBR MIS CHOC	135	
TRUSTEX LUBR MIS COLA.....	135	
TRUSTEX LUBR MIS COLORS.....	135	
TRUSTEX LUBR MIS EX LARGE	135	
TRUSTEX LUBR MIS EX STR	135	
TRUSTEX LUBR MIS GRAPE.....	135	
TRUSTEX LUBR MIS MINT	135	
TRUSTEX LUBR MIS RIB/STUD	135	

TRUSTEX LUBR MIS SPERMICI	135
TRUSTEX LUBR MIS STRWBRY	135
TRUSTEX LUBR MIS VANILLA	135
TRUSTEX MIS BANANA.....	135
TRUSTEX MIS CHOCOLAT	135
TRUSTEX MIS FLAVORS.....	135
TRUSTEX MIS MINT	135
TRUSTEX MIS STRWBRY	135
TRUSTEX MIS VANILLA	135
TRUSTX NON-9 MIS RIB/STUD	135
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TUKYSA TAB 150MG	63
TUKYSA TAB 50MG.....	63
TURPENTINE SOL SPIRITS	110
TUZISTRA XR SUS.....	98
TWIST LANCET MIS 30G.....	149
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TYVASO DPI POW 32MCG.....	91
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TYVASO DPI POW 64MCG.....	91
TYVASO RF KT SOL 0.6MG/ML	91
TYVASO SOL 0.6MG/ML.....	91
TYVASO ST KT SOL 0.6MG/ML	91

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UBRELVY TAB 50MG	160
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UNILET G.P. MIS 21G.....	149
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UNILET LANCE MIS 21G	150
UNILET LANCE MIS 28G	150
UNILET LANCE MIS 33G.....	150
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UNILET LANCT MIS 28G	150
UNILET LANCT MIS 30G	150
UNILET LANCT MIS 33G	150
UNILET MICRO MIS 33G	150
UNILET MIS 21G.....	150
UNILET SUPER MIS 23G	150
UNILET SUPER MIS G.P. 23G.....	150
UNISTIK 1 MIS 2.4MM	150
UNISTIK 1 MIS 3.0MM.....	150
UNISTIK 23G MIS NORMAL	150
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UNISTIK 2 MIS 2.4MM	150
UNISTIK 2 MIS COMFORT	150
UNISTIK 2 MIS EXTRA	150
UNISTIK 2 MIS NEONATAL	150
UNISTIK 2 MIS NORMAL	150
UNISTIK 2 MIS SUPER.....	150
UNISTIK 3 MIS 1.8MM	150
UNISTIK 3 MIS COMFORT	150
UNISTIK 3 MIS EXTRA	150
UNISTIK 3 MIS GENT 30G	150

UNISTIK 3 MIS NEONATAL	150
UNISTIK 3 MIS NORMAL	150
UNISTIK 3 MIS XTR 21G	150
UNISTIK CZT MIS COMFORT	150
UNISTIK CZT MIS NORMAL	150
UNISTIK PRO MIS LANC 21G	150
UNISTIK PRO MIS LANC 28G	150
UNISTIK SAFE MIS LANC 28G	150
UNISTIK SAFE MIS LANC 30G	150
UNISTIK TOUC MIS LANC 21G	150
UNISTIK TOUC MIS LANC 23G	150
UNISTIK TOUC MIS LANC 28G	150
UNISTIK TOUC MIS LANC 30G	150
UNITSTIK PRO MIS LANC 25G	150
UNIVERSAL 1 MIS 33G	150
UNIVERSAL 1 MIS LANC 26G	151
UNIVERSAL 1 MIS LANC 30G	151
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UPTRAVI TAB 1000MCG	92
UPTRAVI TAB 1200MCG	92
UPTRAVI TAB 1400MCG	92
UPTRAVI TAB 1600MCG	92
UPTRAVI TAB 200MCG	92
UPTRAVI TAB 400MCG	92
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urea cream 41%	109
urea cream 45%	110
urea cream 47%	110
UROCIT-K 10 TAB	125
UROCIT-K 15 TAB	125
UROCIT-K 5 TAB	125
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URSO 250 TAB 250MG	122
ursodiol cap 300 mg	122
ursodiol tab 250 mg	122
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valganciclovir hcl tab 450 mg (base equivalent)	81
VALIUM TAB 10MG	27
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VALIUM TAB 5MG	27
valproate sodium oral soln 250 mg/5ml (base equiv)	39
valproic acid cap 250 mg	39
valsartan-hydrochlorothiazide tab 160-12.5 mg	60
valsartan-hydrochlorothiazide tab 160-25 mg	60
valsartan-hydrochlorothiazide tab 320-12.5 mg	60
valsartan-hydrochlorothiazide tab 320-25 mg	60
valsartan-hydrochlorothiazide tab 80-12.5 mg	60
valsartan oral soln 4 mg/ml	56
valsartan tab 160 mg	56
valsartan tab 320 mg	56
valsartan tab 40 mg	56
valsartan tab 80 mg	56
VALTOCO SPR 10MG	34
VALTOCO SPR 15MG	34
VALTOCO SPR 20MG	34
VALTOCO SPR 5MG	34
VANCOCIN CAP 125MG	24
VANCOCIN CAP 250MG	24
vancomycin hcl cap 125 mg (base equivalent)	24
vancomycin hcl cap 250 mg (base equivalent)	24
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	24
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	24
VANFLYTA TAB 17.7MG	69
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<i>vardenafil hcl orally disintegrating tab 10 mg</i>	90
<i>vardenafil hcl tab 10 mg</i>	90
<i>vardenafil hcl tab 2.5 mg</i>	90
<i>vardenafil hcl tab 20 mg</i>	91
<i>vardenafil hcl tab 5 mg</i>	90
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	179
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VENCLEXTA TAB 10MG	64
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<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	42
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	42
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	42
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	42
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	42

<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	42
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	42
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	42
VENTAVIS SOL 10MCG/ML.....	91
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VENT NEEDLE MIS 18GX1.....	158
<i>verapamil hcl cap er 24hr 100 mg</i>	87
<i>verapamil hcl cap er 24hr 120 mg</i>	87
<i>verapamil hcl cap er 24hr 180 mg</i>	87
<i>verapamil hcl cap er 24hr 200 mg</i>	87
<i>verapamil hcl cap er 24hr 240 mg</i>	87
<i>verapamil hcl cap er 24hr 300 mg</i>	87
<i>verapamil hcl cap er 24hr 360 mg</i>	87
<i>verapamil hcl tab 120 mg</i>	87
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VESICARE TAB 5MG	186	VORANIGO TAB 10MG	69
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VFEND TAB 200MG.....	50	<i>voriconazole for susp 40 mg/ml</i>	50
VFEND TAB 50MG	50	<i>voriconazole tab 200 mg</i>	50
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VITRAKVI CAP 100MG	69	VYVANSE CAP 50MG	2
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<i>warfarin sodium tab 1 mg</i>	32
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<i>warfarin sodium tab 3 mg</i>	32
<i>warfarin sodium tab 4 mg</i>	32
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XALKORI CAP 20MG	69
XALKORI CAP 50MG	69
XARELTO STAR TAB 15/20MG	32
XARELTO SUS 1MG/ML	32
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XCOPRI TAB 150MG	38
XCOPRI TAB 200MG	38
XCOPRI TAB 25MG	38
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XELJANZ SOL 1MG/ML	9
XELJANZ TAB 10MG	9
XELJANZ TAB 5MG	9
XELJANZ XR TAB 11MG	10
XELJANZ XR TAB 22MG	10
XELODA TAB 150MG	63
XELODA TAB 500MG	63
XENLETA TAB 600MG	25
XEPI CRE 1%	101
XERAC-AC SOL 6.25%	111
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XHANCE MIS 93MCG	167
XIFAXAN TAB 200MG	23
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XIGDUO XR TAB 10-1000	45
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XIGDUO XR TAB 5-500MG	44
XIIDRA DRO 5%	170
XOLAIR INJ 150MG/ML	29
XOLAIR INJ 300/2ML	29
XOLAIR INJ 75/0.5	29
XOPENEX CONC NEB 1.25/0.5	31
XOPENEX NEB 0.31MG	31
XOPENEX NEB 0.63MG	31
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ZARONTIN SOL 250/5ML.....	38	<i>ziprasidone hcl cap 80 mg</i>	74
ZAVESCA CAP 100MG.....	128	<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	74
ZEGALOGUE INJ 0.6/0.6	45	ZIPSOR CAP 25MG	13
ZEJULA CAP 100MG.....	69	ZITHRANOL SHA 1%	105
ZEJULA TAB 100MG	69	ZITHROMAX POW 1GM PAK.....	132
ZEJULA TAB 200MG	69	ZITHROMAX SUS 100/5ML	132
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161	ZURZUVAE CAP 30MG.....	39
<i>zolmitriptan tab 5 mg</i>	ZYCLARA CRE 3.75%	110
161	ZYCLARA PUMP CRE 2.5%	110
<i>zolpidem tartrate tab 10 mg</i>	ZYCLARA PUMP CRE 3.75%	110
131	ZYDELIG TAB 100MG	69
<i>zolpidem tartrate tab 5 mg</i>	ZYDELIG TAB 150MG	69
131	ZYFLO TAB 600MG	30
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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

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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

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

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

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፤ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèfẹ. Àwọn omọ-egbé gbòdò pe nóm̀bà fòò̀nù tò wà lẹ̀yìn kààdì ìdánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjìròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ ògbufò kan.

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

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

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

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

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। 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।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáó! Bǝ nìà kɛ bá nyo bǝ kɛ m̃ gbo kpá bó nì fùà-fúá-tiĩn nyɛɛ jè dyí. Bǝ nìà kɛ bédé wé jéé bǝ bǝ m̃ kɛ dɛ wa mó m̃ kɛ nyuɛɛ nyu hwè bǝ wé bǝa kɛ zi. ɔ m̃ nì kpé bǝ m̃ kɛ bǝ nìà kɛ kɛ gbo-kpá-kpá m̃ m̃óɛ dyé dɛ nì bídí-wùdù mú bǝ m̃ kɛ se wídí dò péè. Kpooò nyo bǝ m̃ dǝ fúùn-nòbà nìà dɛ waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̃ dǝ nòbà nìà kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bǝ wa kɛ m̃ gbo cǝ bǝ m̃ kɛ nòbà m̃òà 0 kɛ dyi pàdàin hwè. ɔ jǝ kɛ nyo dò dyi m̃ gǝ jǝin, po wudu m̃ mó poɛ dyie, kɛ nyo dò mu bó nìin bǝ ɔ kɛ nì wuduò 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। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

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

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

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

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

Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike inwe ụbọchị ndị dị mkpa, i nwere ike ime ihe tupu ụfọdụ ụbọchị njedebe. I nwere ikike inweta ozi na enyemaka a n'asụsụ gi na akwughị ugwo ọ bụla. Ndị otu kwesiri ikpo akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ozo niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asụsụ i choro, a ga-ejiko gi na onye okowa okwu.

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áádoo le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánáta' éi koji' dahódoonih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áá níléljį áádóo éi bikéé'dóo naasbaqas bił adidiilchil. Áká'anidaalwó'ígíí neidiitąągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.