

CareFirst Formulary 2

2025

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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ANOREXIANTS NON-AMPHETAMINE

ADIPEX-P CAP 37.5MG	2	PA, QL (1 unit every 1 day); Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	2	PA, QL (1 unit every 1 day); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
QSYMIA CAP 3.75-23	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA, QL (1 cap every 1 day); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
<i>orlistat cap 120 mg</i>	1	PA, QL (90 caps per 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
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 10/0.1ML	2	PA; Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 20/0.2ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.8ML	2	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ 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 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.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	2	PA, QL (12 mL every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 15MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 30MG ER	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	2	PA, QL (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.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG	2	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	2	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 20MG	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	2	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	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 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	
NALFON TAB 600MG	3	

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

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.
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); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
ORENCIA INJ 50/0.4ML	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
ORENCIA INJ 87.5/0.7	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
ORENCIA INJ 125MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
<i>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</i>		
ENBREL INJ 25/0.5ML	2	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	2	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL INJ 50MG/ML	2	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	2	PA, QL (4 cartridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	2	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
<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
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 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)

Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TAB 30MG	3	PA, QL (2 tabs every 1 day)
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA
<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

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	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	PA
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	PA
FIORICET CAP CODEINE	3	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)

OPIOID PARTIAL AGONISTS

<i>BELBUCA MIS 75MCG</i>	2	PA, QL (2 films every 1 day)
<i>BELBUCA MIS 150MCG</i>	2	PA, QL (2 films every 1 day)
<i>BELBUCA MIS 300MCG</i>	2	PA, QL (2 films every 1 day)
<i>BELBUCA MIS 450MCG</i>	2	PA, QL (2 films every 1 day)
<i>BELBUCA MIS 600MCG</i>	2	PA
<i>BELBUCA MIS 750MCG</i>	2	PA
<i>BELBUCA MIS 900MCG</i>	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	PA, QL (2.4 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
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

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<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

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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SOL 2MG/ML	3	PA
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
ISOSORB MONO TAB 10MG	3	
ISOSORB MONO TAB 20MG	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	

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

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	

Drug Name	Drug Tier	Requirements/Limits
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<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	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
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ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

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

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

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

ANTIASTHMATIC AND BRONCHODILATOR AGENTS**ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (8 mL every 1 day)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA INJ 10MG/0.5	2	PA, QL (1 syringe every 56 days)
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Drug Name	Drug Tier	Requirements/Limits
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)
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	1	PA, QL (1 package every 25 days); Brand preferred over generic
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STERIOD INHALANTS		
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (4 mL every 1 day)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (6 mL every 1 day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (2 mL every 1 day)
PULMICORT 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)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (4 ea every 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPT AER 62.5-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	PA, QL (2 blisters every 1 day); Brand preferred over generic
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<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)

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	
<i>rivaroxaban tab 2.5 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

Drug Name	Drug Tier	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTICONSULSANTS		
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	
<i>perampanel tab 2 mg</i>	1	
<i>perampanel tab 4 mg</i>	1	
<i>perampanel tab 6 mg</i>	1	
<i>perampanel tab 8 mg</i>	1	
<i>perampanel tab 10 mg</i>	1	
<i>perampanel tab 12 mg</i>	1	
ANTICONSULSANTS - 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	

Drug Name	Drug Tier	Requirements/Limits
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	
LIBERVANT MIS 5MG	3	PA
LIBERVANT MIS 7.5MG	3	PA
LIBERVANT MIS 10MG	3	PA
LIBERVANT MIS 12.5MG	3	PA
LIBERVANT MIS 15MG	3	PA
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
VALTOCO SPR 5MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 cartons every 25 days)

ANTICONVULSANTS - MISC.

APTiom TAB 200MG	2	
APTiom TAB 400MG	2	
APTiom TAB 600MG	2	
APTiom TAB 800MG	2	
BRIVIACT SOL 10MG/ML	2	
BRIVIACT TAB 10MG	2	
BRIVIACT TAB 25MG	2	
BRIVIACT TAB 50MG	2	
BRIVIACT TAB 75MG	2	
BRIVIACT TAB 100MG	2	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine chew tab 200 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	3	PA, QL (800 mL every 30 days)
<i>eslicarbazepine acetate tab 200 mg</i>	1	
<i>eslicarbazepine acetate tab 400 mg</i>	1	
<i>eslicarbazepine acetate tab 600 mg</i>	1	
<i>eslicarbazepine acetate tab 800 mg</i>	1	
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every 1 day)
<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	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)
NEURONTIN TAB 600MG	3	QL (6 tabs every 1 day)
NEURONTIN TAB 800MG	3	QL (4 tabs every 1 day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>oxcarbazepine tab er 24hr 150 mg</i>	1	
<i>oxcarbazepine tab er 24hr 300 mg</i>	1	
<i>oxcarbazepine tab er 24hr 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 50 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 75 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 100 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 150 mg</i>	1	PA, QL (4 caps every 1 day)
<i>pregabalin cap 200 mg</i>	1	PA, QL (3 caps every 1 day)
<i>pregabalin cap 225 mg</i>	1	PA, QL (2 caps every 1 day)
<i>pregabalin cap 300 mg</i>	1	PA, QL (2 caps every 1 day)
<i>pregabalin soln 20 mg/ml</i>	1	QL (30 mL every 1 day)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	

Drug Name	Drug Tier	Requirements/Limits
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 sprinkle cap 50 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<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	

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

ANTIDIABETICS**ALPHA-GLUCOSIDASE INHIBITORS**

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

ANTIDIABETIC - AMYLIN ANALOGS

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

ANTIDIABETIC COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 25-5 MG	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	ST
SOLIQUA 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, PA; Brand preferred over generic
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST, PA; Brand preferred over generic
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days)
ZITUVIMET TAB 50-500MG	2	ST
ZITUVIMET TAB 50-1000	2	ST
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
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 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 0.5/.1ML	2	
GVOKE PFS INJ 1/0.2ML	2	
<i>mifepristone tab 300 mg</i>	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST
ZITUVIO TAB 100MG	2	ST
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)

INSULIN

FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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, PA; Brand preferred over generic
FARXIGA TAB 10MG	2	ST, PA; Brand preferred over generic
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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 nasal spray 4 mg/0.1ml</i>	1	QL (2 cartons every 30 days)
<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	
NARCAN SPR 4MG	3	QL (2 cartons every 30 days)
ANTIEMETICS		
5-HT₃ RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 BIPACK PAK 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 125 & 80	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 165 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
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	
ANTI-HISTAMINES		
ANTI-HISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>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	
ANTI-HISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	PA; Brand preferred over generic
VASCEPA CAP 1GM	2	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metirosine 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
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	
TEKTURNA 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	

Drug Name	Drug Tier	Requirements/Limits
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>hydroxychloroquine sulfate tab 400 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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
JYLAMVO SOL 2MG/ML	0	PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	PA; \$0 copay based on your plan/benefit

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	PA
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	PA; \$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	PA; \$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	PA; \$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	PA; \$0 copay based on your plan/benefit
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	PA; \$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	PA
TREXALL TAB 7.5MG	0	PA
TREXALL TAB 10MG	0	PA
TREXALL TAB 15MG	0	PA
XATMEP SOL 2.5MG/ML	0	PA
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)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>gefitinib tab 250 mg</i>	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSE TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSE TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (4 tabs every 1 day)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (2 tabs every 1 day)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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 (16 tabs every 28 days)
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
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (10 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
AUGTYRO CAP 160MG	0	PA, QL (2 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
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 TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib tab 20 mg</i>	0	PA, QL (3 tabs every 1 day)
<i>dasatinib tab 50 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 70 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 80 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 100 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 140 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab for oral susp 2 mg</i>	0	PA, QL (2 ea every 1 day)
<i>everolimus tab for oral susp 3 mg</i>	0	PA, QL (3 ea every 1 day)
<i>everolimus tab for oral susp 5 mg</i>	0	PA, QL (2 ea every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
GOMEKLI CAP 1MG	0	PA, QL (42 caps every 21 days)
GOMEKLI CAP 2MG	0	PA, QL (84 caps every 21 days)
GOMEKLI TAB 1MG	0	PA, QL (168 tabs every 21 days)
IBRANCE CAP 75MG	0	PA, QL (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	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	0	PA, QL (1 tab every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (42 tabs every 28 days)
KISQALI TAB 400DOSE	0	PA, QL (84 tabs every 28 days)
KISQALI TAB 600DOSE	0	PA, QL (126 tabs every 28 days)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
KRAZATI TAB 200MG	0	PA, QL (6 tabs every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 4MG	0	PA, QL (3 caps every 21 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)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (10 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TRUQAP PAK 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	0	PA, QL (64 tabs every 28 days)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (56 tabs every 21 days)
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
VORANIGO TAB 10MG	0	PA, QL (2 tabs every 1 day)
VORANIGO TAB 40MG	0	PA, QL (1 tab every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
ZEJULA 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)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
<i>mesna tab 400 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, QL (20 cartridges every 28 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	2	PA, QL (10 caps every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 ASIM INJ 720MG	2	
ABILIFY ASIM INJ 960MG	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	2	\$0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	1	QL (1 cap every 1 day)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (680 mL every 28 days)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
SYMFI LO TAB	3	QL (1 tab every 1 day)
SYMFI TAB	3	QL (1 tab every 1 day)
SYMITUZA 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 PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 150-100	2	PA, QL (40 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TAB 300-100	2	PA, QL (60 ea every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	3	PA, QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day)
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	
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)

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
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)

Drug Name	Drug Tier	Requirements/Limits
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	PA

BETA BLOCKERS**ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG 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</i> (tartrate equiv)	1	
<i>metoprolol succinate tab er 24hr 50 mg</i> (tartrate equiv)	1	
<i>metoprolol succinate tab er 24hr 100 mg</i> (tartrate equiv)	1	
<i>metoprolol succinate tab er 24hr 200 mg</i> (tartrate equiv)	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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
<i>diltiazem hcl cap er 12hr 60 mg</i>	1
<i>diltiazem hcl cap er 12hr 90 mg</i>	1
<i>diltiazem hcl cap er 12hr 120 mg</i>	1
<i>diltiazem hcl cap er 24hr 120 mg</i>	1
<i>diltiazem hcl cap er 24hr 180 mg</i>	1
<i>diltiazem hcl cap er 24hr 240 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1
<i>diltiazem hcl tab 30 mg</i>	1
<i>diltiazem hcl tab 60 mg</i>	1
<i>diltiazem hcl tab 90 mg</i>	1
<i>diltiazem hcl tab 120 mg</i>	1
<i>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

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
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	

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

CARDIOTONICS**CARDIAC GLYCOSIDES**

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

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

CAMZYOS CAP 2.5MG	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	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	2	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	PA, QL (1 ea every 1 day)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	
<i>sacubitril-valsartan tab 49-51 mg</i>	1	
<i>sacubitril-valsartan tab 97-103 mg</i>	1	
IMPOTENCE AGENTS		
<i>avanafil tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>avanafil tab 200 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
CAVERJECT INJ 40MCG	3	QL (6 vials 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
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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>varafenafil 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 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 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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	3	PA
CORLANOR TAB 7.5MG	3	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	PA
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<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	0	
MIRCETTE TAB 28 DAY	0	
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	

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

Drug Name	Drug Tier	Requirements/Limits
DEPO-SQ PROV INJ 104	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 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	PA; Brand preferred over generic

MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	1
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Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	PA, QL (6 tabs every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	PA, QL (60 mL every 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	PA, QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	PA, QL (45 mL every 1 day), OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	PA, 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	

Drug Name	Drug Tier	Requirements/Limits
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA, OTC
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
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)
BENZEPRO LIQ CREAMY	3	
<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% (twice-daily)</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% PMP	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA

Drug Name	Drug Tier	Requirements/Limits
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)
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	3	QL (50 gm every 25 days)
PLEXION CLTH PAD 9.8-4.8%	3	
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
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	

Drug Name	Drug Tier	Requirements/Limits
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
<i>tretinoin microsphere gel 0.08%</i>	1	PA
TWYNEO CRE 0.1-3%	2	PA
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	
<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)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
COSENTYX INJ 75MG/0.5	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	2	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 150MG/ML	2	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 300DOSE	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	2	PA, QL (300 mg (2 mL) every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>methoxsalen rapid cap 10 mg</i>	1	
PYZCHIVA INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days)
PYZCHIVA INJ 90MG/ML	2	PA, QL (1 syringe every 56 days)
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.

Drug Name	Drug Tier	Requirements/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.
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.
<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, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	2	PA, QL (1 syringe every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VTAMA CRE 1%	2	PA
YESINTEK INJ 45/0.5ML	2	PA, QL (1 syringe every 84 days)
YESINTEK INJ 45/0.5ML	2	PA, QL (4 vials every 56 days)
YESINTEK INJ 90MG/ML	2	PA, QL (1 syringe every 56 days)
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 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	

Drug Name	Drug Tier	Requirements/Limits
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
SILVER NITRA SOL 0.5%	3	
<i>silver nitrate soln 0.5%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>amcinonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (4 mL every 1 day)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)
CAPEX SHA 0.01%	3	QL (4 mL every 1 day)
<i>clobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>clobetasol propionate 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)

Drug Name	Drug Tier	Requirements/Limits
<i>desonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desonide lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>desonide oint 0.05%</i>	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
<i>desoximetasone cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone cream 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone oint 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone spray 0.25%</i>	1	QL (4 mL every 1 day)
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (4 mL every 1 day)
<i>fluocinonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide soln 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate oint 0.005%</i>	1	QL (4 gm every 1 day)
<i>halcinonide soln 0.1%</i>	1	QL (4 mL 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 soln 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (4 gm every 1 day)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
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	
SERNIVO SPR	3	QL (4 mL every 1 day)
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
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)
EBGLYSS INJ 250/2ML	2	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	2	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
<i>urea cream 39%</i>	1	
<i>urea cream 41%</i>	1	
<i>urea cream 45%</i>	1	
<i>urea cream 47%</i>	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (3 gm every 1 day)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - 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	

Drug Name	Drug Tier	Requirements/Limits
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		
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 (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-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
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	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.15%	2	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA
FINACEA AER 15%	2	PA
<i>ivermectin cream 1%</i>	1	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	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>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (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

Drug Name	Drug Tier	Requirements/Limits
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
NOVA MAX PLS TES KETONE	0	OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	OTC
RELION TRUE TES METRIX	0	OTC
TRUE METRIX TES GLUCOSE	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	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS**CARBONIC ANHYDRASE INHIBITORS**

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

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 560/2.24	3	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	2	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	3	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	3	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	3	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	3	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 50MG	3	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	3	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	3	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	2	PA, QL (15 cartridges every 28 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (10 cartridges every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (7 cartridges every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	2	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA
GANIRELIX AC INJ 250/0.5	1	PA; Brand preferred over generic
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (1 vial every 1 day)
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
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	0	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
PHEBURANE MIS 483/GM	2	PA, QL (672 gm (8 bottles) every 30 days)
REVCovi INJ 1.6MG/ML	3	PA
ROCALtrol CAP 0.5MCG	3	
ROCALtrol CAP 0.25MCG	3	
ROCALtrol SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	3	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	3	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (798 gm every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 packets every 1 day)
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	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOC DURNA SUB 27.7MCG	3	
NOC DURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	PA
<i>mifepristone tab 200 mg</i>	1	PA; \$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)

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

ESTROGENS**ESTROGEN COMBINATIONS**

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	2	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA
ESTROGEL GEL 0.06%	3	
PREMARIN INJ 25MG	3	
VIVELLE-DOT DIS 0.05MG	3	

FLUOROQUINOLONES**FLUOROQUINOLONES**

BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<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.**5-HT₄ RECEPTOR AGONISTS**

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

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	3	
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BILE ACID SYNTHESIS DISORDER AGENTS

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

GALLSTONE SOLUBILIZING AGENTS

<i>chenodiol tab 250 mg</i>	1	PA, QL (3 tabs every 1 day)
URSO 250 TAB 250MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
<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.
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
TREMFYA CROH INJ 200/2ML	2	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	2	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	2	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 200/20ML	2	PA, QL (3 vials every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	2	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
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
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	2	PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	1	
PHOSLYRA SOL	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	PA, 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 (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	3	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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	
<i>ticagrelor tab 60 mg</i>	1	
<i>ticagrelor tab 90 mg</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA, QL (2 caps every 1 day)
<i>miglustat cap 100 mg</i>	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	3	PA, QL (3 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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
DOPTELET TAB 20MG	2	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	1	PA, QL (4 packets every 1 day)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	1	PA, QL (6 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	2	PA, QL (2 syringes every 28 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
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

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

HEMOSTATICS - TOPICAL

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

Drug Name	Drug Tier	Requirements/Limits
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	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (5 mL every 1 day)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
<i>lactulose oral crystal packet 10 gm</i>	1	
<i>lactulose oral crystal packet 20 gm</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<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
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

Drug Name	Drug Tier	Requirements/Limits
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)
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
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

Drug Name	Drug Tier	Requirements/Limits
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 MIS ENZ	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS RIBBED	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
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

Drug Name	Drug Tier	Requirements/Limits
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)
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

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

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

Drug Name	Drug Tier	Requirements/Limits
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
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS P-AC/21G	0	OTC
EASY TOUCH MIS P-AC/23G	0	OTC
EASY TOUCH MIS P-AC/26G	0	OTC
EASY TOUCH MIS P-AC/28G	0	OTC
EASY TOUCH MIS P-AC/30G	0	OTC
EASY TOUCH MIS TWST/28G	0	OTC
EASY TOUCH MIS TWST/30G	0	OTC
EASY TOUCH MIS TWST/32G	0	OTC
EASY TOUCH MIS TWST/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASYPHASE HGH SOL CONTROL	0	OTC
EASYPHASE LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN 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

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS RETRACT	0	OTC
HC LANCING MIS DEVICE	0	OTC
HYPOLANCE KIT LANCING	0	OTC
IN TOUCH LAN MIS 30G	0	OTC
IN TOUCH LAN MIS DEVICE	0	OTC
IN TOUCH SOL GLUCOSE	0	OTC
INCONTROL MIS LANC 28G	0	OTC
INCONTROL MIS LANC 30G	0	OTC
INCONTROL MIS LANC 33G	0	OTC
INCONTROL MIS LANC DEV	0	OTC
INFINITY SOL 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 THIN 30G	0	OTC
LANCET WITH MIS EJECTOR	0	OTC
LANCETS MICR MIS THIN 33G	0	OTC
LANCETS MIS	0	OTC
LANCETS MIS 21G	0	OTC
LANCETS MIS 21G COLR	0	OTC
LANCETS MIS 26G	0	OTC
LANCETS MIS 28G	0	OTC
LANCETS MIS 28G THIN	0	OTC
LANCETS MIS 30G	0	OTC
LANCETS MIS 33G	0	OTC
LANCETS MIS ORIGINAL	0	OTC
LANCETS MIS THIN	0	OTC
LANCETS MIS THIN 26G	0	OTC
LANCETS MIS THIN 30G	0	OTC
LANCETS SUPR MIS THIN 28G	0	OTC
LANCETS THIN MIS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCETS THIN MIS 26G	0	OTC
LANCETS ULTR MIS THIN	0	OTC
LANCETS ULTR MIS THIN 31G	0	OTC
LANCING DEVI MIS	0	OTC
LANCING DEVI MIS 25G	0	OTC
LANCING DEVI MIS 30G	0	OTC
LANCING MIS DEVICE	0	OTC
LANZO MIS LANCING	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS EXTR 21G	0	OTC
MEDLANCE MIS LITE 25G	0	OTC
MEDLANCE MIS PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
OMNIPOD 5 DX MIS POD G7G6	0	PA
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA
OMNIPOD 5 LB KIT INTRO G6	0	PA
OMNIPOD 5 LB MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA
OMNIPOD MIS CLASSIC	0	PA
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	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

Drug Name	Drug Tier	Requirements/Limits
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
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC
READYLANCE MIS 26G	0	OTC
READYLANCE MIS 28G	0	OTC
READYLANCE MIS 30G	0	OTC
REALITY MIS LANCETS	0	OTC
REALITY TRIG MIS LANCETS	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RELION KIT LANCING	0	OTC
RELION LANCE MIS THIN 26G	0	OTC
RELION LANCE MIS THIN 30G	0	OTC
RELION LANCI MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION TRUE KIT MET AIR	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTTEST ALT MIS ADAPTOR	0	OTC
RIGHTTEST LIQ HIGH CON	0	OTC
RIGHTTEST LIQ NORM CON	0	OTC
RIGHTTEST MIS GD500	0	OTC
RIGHTTEST MIS GL300	0	OTC
SAFE-T-LANCE MIS 21G	0	OTC
SAFE-T-LANCE MIS 25G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SAFE-T-LANCE MIS HI FLOW	0	OTC
SAFE-T-LANCE MIS LOW FLOW	0	OTC
SAFE-T-LANCE MIS NOR FLOW	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
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

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

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

Drug Name	Drug Tier	Requirements/Limits
UNISTIK PRO MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 30G	0	OTC
UNISTIK TOUC MIS LANC 21G	0	OTC
UNISTIK TOUC MIS LANC 23G	0	OTC
UNISTIK TOUC MIS LANC 28G	0	OTC
UNISTIK TOUC MIS LANC 30G	0	OTC
UNITSTIK PRO MIS LANC 25G	0	OTC
UNIVERSAL 1 MIS 33G	0	OTC
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
ZEV RX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC

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

Drug Name	Drug Tier	Requirements/Limits
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CEQR SIMPL KIT PATCH 2U	0	
CEQR SIMPL MIS INSERTER	0	
COMFORT EZ MIS 29GX12MM	0	OTC
DROPSAFE MIS SICURA	3	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASY TOUCH MIS 29GX1/2"	0	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
EMBECTA AUTO MIS DUO	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA UF MIS 29GX12.7	0	OTC
EMBECTA UF MIS 31GX5MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EMBECTA UF MIS 31GX8MM	0	OTC
EMBECTA UF MIS 32GX6MM	0	OTC
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
HYPO NEEDLE MIS 14GX1"	3	
HYPO NEEDLE MIS 14GX1.5"	3	
HYPO NEEDLE MIS 14GX2"	3	
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	

Drug Name	Drug Tier	Requirements/Limits
INCONTROL MIS 29GX12MM	0	OTC
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
INSUPEN MIS 29GX12MM	0	OTC
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
MAGELLAN SYR MIS 23GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
MM PENTIPS MIS 29GX12MM	0	
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOPEN ECHO MIS	0	
PEN NEEDLES MIS 29GX1/2"	0	OTC
PEN NEEDLES MIS 29GX12MM	0	OTC
PENTIPS MIS 29GX12MM	0	
PENTIPS MIS 29GX12MM	0	OTC
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 22GX1"	3	
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	
RAYA SURE MIS 29GX12MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
RELION PEN MIS 29GX12MM	0	OTC
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
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	
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE BARR MIS LUER 1ML	3	OTC
SYRINGE BARR MIS LUER 3ML	3	OTC
SYRINGE BARR MIS UNI 3ML	3	OTC
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
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

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
3ML SYRINGE MIS 25GX5/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 28GX1/2"	3	OTC
3ML SYRINGE MIS CANNULA	3	
60ML SYRINGE MIS CATH TIP	3	
20ML SYRINGE MIS ECC LUER	3	
60ML SYRINGE MIS ECC TIP	3	
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC
60ML SYRINGE MIS LUER LOK	3	
3ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
3ML SYRINGE MIS LUER-LOK	3	
6ML SYRINGE MIS REG LUER	3	
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
1ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
1ST TIER UNI MIS 29GX12MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
TOOMEY SYRIN MIS 70ML	3	
UNIFINE PNTP MIS 29GX12MM	0	OTC
VENT NEEDLE MIS 18GX1"	3	OTC
VERIFINE PEN MIS 29GX12MM	0	OTC
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	

Drug Name	Drug Tier	Requirements/Limits
MICROSPACER MIS	3	
OPTICHAMBER MIS DIA LG	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX CHAMB MIS PEDI MAS	3	
VORTEX VALVD MIS CHAMBER	3	
VORTEX VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (24 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces every 25 days)
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)

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

MINERALS & ELECTROLYTES**POTASSIUM**

EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
K-TAB TAB 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	

Drug Name	Drug Tier	Requirements/Limits
<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**

<i>DEPEN TITRA TAB 250MG</i>	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

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

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (42 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 2.5MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 5MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 10MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 15MG</i>	0	PA, QL (1 cap every 1 day)
<i>REVLIMID CAP 20MG</i>	0	PA, QL (42 caps every 28 days)
<i>REVLIMID CAP 25MG</i>	0	PA, QL (42 caps every 28 days)
<i>THALOMID CAP 50MG</i>	0	PA, QL (1 cap every 1 day)
<i>THALOMID CAP 100MG</i>	0	PA, QL (4 caps every 1 day)
<i>THALOMID CAP 150MG</i>	0	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
VYVGART INJ HYTRULO	2	PA
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	
ENVARUSUS XR TAB 1MG	3	
ENVARUSUS XR TAB 4MG	3	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	QL (3 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NA FL/K NITR GEL 1.1-5%	3	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	3	OTC
EQL PRENATAL TAB FORMULA	3	OTC
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
PRENATAL TAB	3	OTC
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB IRON	3	OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
PX PRENATAL TAB MULTIVIT	3	OTC
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC

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	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 packages every 25 days)
olopatadine hcl nasal soln 0.6%	1	QL (1 package every 25 days)
PATANASE SPR 0.6%	3	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 packages every 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 package every 25 days)
XHANCE MIS 93MCG	2	PA, QL (2 packages every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
epinephrine hcl nasal soln 0.1%	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)

Drug Name	Drug Tier	Requirements/Limits
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	3	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
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 soln 0.3%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
XDEMVY DRO 0.25%	2	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA; Brand preferred over generic
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	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	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<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% OP	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% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PROLENSA DRO 0.07% 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	
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	2	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)

ANTIDEMENTIA AGENTS

ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMENDA TAB 5-10MG	3	
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	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
BAFIERTAM CAP 95MG	2	PA, QL (4 caps every 1 day)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (2 tabs every 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	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)

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	

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	

Drug Name	Drug Tier	Requirements/Limits
<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	
LEVIBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 40MG	3	
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 pack 2.5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)

Drug Name	Drug Tier	Requirements/Limits
<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

ULCER DRUGS - PROSTAGLANDINS

CYTOTEC TAB 100MCG	3	PA
CYTOTEC TAB 200MCG	3	PA
<i>misoprostol tab 100 mcg</i>	1	PA; \$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	1	PA; \$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	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	PA; Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	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	
<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)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>phytonadione tab 5 mg</i>	1	

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<i>acetaminophen w/ codeine soln 120-12</i>		ADALIMU-ADAZ INJ 80/0.8ML	7
<i>mg/5ml</i>	20	ADALIMU-FKJP KIT 20/0.4ML.....	7
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<i>acetaminophen w/ codeine tab 300-30 mg</i>			100
.....	20	<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
<i>acetaminophen w/ codeine tab 300-60 mg</i>			100
.....	20	<i>adapalene cream 0.1%</i>	100
<i>acetazolamide cap er 12hr 500 mg</i>	115	<i>adapalene gel 0.1%</i>	100
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<i>amphetamine-dextroamphetamine tab 20 mg</i>	<i>1</i>
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<i>azathioprine tab 50 mg</i>	165
<i>azathioprine tab 75 mg</i>	165
<i>azelaic acid gel 15%</i>	113
<i>azelastine hcl-fluticasone prop nasal spray</i> <i>137-50 mcg/act.</i>	169
<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i>	169
<i>azelastine hcl ophth soln 0.05%</i>	173
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<i>azithromycin for susp 200 mg/5ml</i>	133
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<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i>	172
<i>baclofen oral soln 10 mg/5ml</i>	168
<i>baclofen oral soln 5 mg/5ml</i>	168
<i>baclofen tab 10 mg</i>	168
<i>baclofen tab 15 mg</i>	168
<i>baclofen tab 20 mg</i>	168
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<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	59
<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	59
<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	59
<i>benazepril hcl tab 10 mg</i>	55
<i>benazepril hcl tab 20 mg</i>	55

<i>benazepril hcl tab 40 mg</i>	55	BETASERON INJ 0.3MG	179
<i>benazepril hcl tab 5 mg</i>	55	<i>betaxolol hcl ophth soln 0.5%</i>	170
BENLYSTA INJ 200MG/ML	166	<i>betaxolol hcl tab 10 mg</i>	85
BENZALKONIUM SOL NF	80	<i>betaxolol hcl tab 20 mg</i>	85
BENZAMYCIN GEL 5-3%	100	<i>bethanechol chloride tab 10 mg</i>	187
BENZEPRO LIQ CREAMY	100	<i>bethanechol chloride tab 25 mg</i>	187
BENZNIDAZOLE TAB 100MG	23	<i>bethanechol chloride tab 50 mg</i>	187
BENZNIDAZOLE TAB 12.5MG	23	<i>bethanechol chloride tab 5 mg</i>	187
<i>benzonatate cap 100 mg</i>	99	BETOPTIC-S SUS 0.25% OP	170
<i>benzonatate cap 150 mg</i>	99	<i>bexarotene cap 75 mg</i>	71
<i>benzonatate cap 200 mg</i>	99	<i>bexarotene gel 1%</i>	103
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	100	<i>bicalutamide tab 50 mg</i>	65
<i>benzoyl peroxide foam 9.8%</i>	100	BIDIL TAB	90
<i>benzoyl peroxide-hydrocortisone lotion 5- 0.5%</i>	100	BIJUVA CAP 0.5-100	121
<i>benztropine mesylate tab 0.5 mg</i>	71	BIJUVA CAP 1-100MG	121
<i>benztropine mesylate tab 1 mg</i>	71	BIKTARVY TAB	80
<i>benztropine mesylate tab 2 mg</i>	71	BILTRICIDE TAB 600MG	23
<i>bepotastine besilate ophth soln 1.5%</i>	173	<i>bimatoprost ophth soln 0.03%</i>	174
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BETADINE SOL 5% OP	171	<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	59
<i>betaine powder for oral solution</i>	119	<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	59
<i>betamethasone dipropionate augmented cream 0.05%</i>	108	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	59
<i>betamethasone dipropionate augmented gel 0.05%</i>	108	<i>bisoprolol fumarate tab 10 mg</i>	85
<i>betamethasone dipropionate augmented lotion 0.05%</i>	108	<i>bisoprolol fumarate tab 5 mg</i>	85
<i>betamethasone dipropionate augmented oint 0.05%</i>	108	BLULINK LIQ HIGH/LOW	139
<i>betamethasone dipropionate cream 0.05%</i>	108	BLUNT CANNUL MIS 20GX1.5	154
<i>betamethasone dipropionate lotion 0.05%</i>	108	BLUNT CANNUL MIS 21GX1	154
<i>betamethasone valerate aerosol foam 0.12%</i>	108	BONJESTA TAB 20-20MG	50
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	108	<i>bosentan tab 125 mg</i>	93
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	108	<i>bosentan tab 62.5 mg</i>	92
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	108	BOSULIF CAP 100MG	67
		BOSULIF CAP 50MG	67
		BOSULIF TAB 100MG	67
		BOSULIF TAB 400MG	67
		BOSULIF TAB 500MG	67
		BRAFTOVI CAP 75MG	67
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BREO ELLIPTA INH 200-25	31
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BREZTRI AERO AER SPHERE	31
BRILINTA TAB 60MG	129
BRILINTA TAB 90MG	129
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	113
<i>brimonidine tartrate ophth soln 0.1%</i>	171
<i>brimonidine tartrate ophth soln 0.15%</i>	171
<i>brimonidine tartrate ophth soln 0.2%</i>	171
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	170
<i>brinzolamide ophth susp 1%</i>	173
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BRIVIACT TAB 25MG.....	35
BRIVIACT TAB 50MG	35
BRIVIACT TAB 75MG.....	35
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<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	173
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	173
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	72
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	72
BROVANA NEB 15MCG	31
BRUKINSA CAP 80MG	67
BRYHALI LOT 0.01%	108
<i>budesonide delayed release particles cap 3 mg</i>	97
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	31
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	31
<i>budesonide inhalation susp 0.25 mg/2ml</i> 30	
<i>budesonide inhalation susp 0.5 mg/2ml</i> ..	30
<i>budesonide inhalation susp 1 mg/2ml</i>	30

<i>budesonide rectal foam 2 mg/act</i>	22
<i>bumetanide tab 0.5 mg</i>	115
<i>bumetanide tab 1 mg</i>	115
<i>bumetanide tab 2 mg</i>	115
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<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	21
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	21
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	21
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	21
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	21
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	21
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	21
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	21
<i>buprenorphine td patch weekly 10 mcg/hr</i>	21
<i>buprenorphine td patch weekly 15 mcg/hr</i>	21
<i>buprenorphine td patch weekly 20 mcg/hr</i>	21
<i>buprenorphine td patch weekly 5 mcg/hr</i>	21
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	21
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	181
<i>bupropion hcl tab 100 mg</i>	40
<i>bupropion hcl tab 75 mg</i>	40
<i>bupropion hcl tab er 12hr 100 mg</i>	40
<i>bupropion hcl tab er 12hr 150 mg</i>	40
<i>bupropion hcl tab er 12hr 200 mg</i>	40
<i>bupropion hcl tab er 24hr 150 mg</i>	40
<i>bupropion hcl tab er 24hr 300 mg</i>	40
<i>buspirone hcl tab 10 mg</i>	26
<i>buspirone hcl tab 15 mg</i>	26
<i>buspirone hcl tab 30 mg</i>	26
<i>buspirone hcl tab 5 mg</i>	26
<i>buspirone hcl tab 7.5 mg</i>	26

<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	16
<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>	16
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	16
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	20
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	.21

C

<i>cabergoline tab 0.5 mg</i>	120
<i>CABOMETYX TAB 20MG</i>	67
<i>CABOMETYX TAB 40MG</i>	67
<i>CABOMETYX TAB 60MG</i>	67
<i>CADUET TAB 10-10MG</i>	90
<i>CADUET TAB 10-20MG</i>	90
<i>CADUET TAB 10-40MG</i>	90
<i>CADUET TAB 10-80MG</i>	90
<i>CADUET TAB 5-10MG</i>	90
<i>CADUET TAB 5-20MG</i>	90
<i>CADUET TAB 5-40MG</i>	90
<i>CADUET TAB 5-80MG</i>	90
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2
<i>calcipotriene oint 0.005%</i>	104
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	104
<i>calcitonin (salmon) inj 200 unit/ml</i>	116
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	116
<i>calcitriol cap 0.25 mcg</i>	119
<i>calcitriol cap 0.5 mcg</i>	119
<i>calcitriol oral soln 1 mcg/ml</i>	119
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	126
<i>CALQUENCE TAB 100MG</i>	67
<i>CAMZYOS CAP 10MG</i>	89
<i>CAMZYOS CAP 15MG</i>	89
<i>CAMZYOS CAP 2.5MG</i>	89
<i>CAMZYOS CAP 5MG</i>	89
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<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	59
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	59
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	59
<i>candesartan cilexetil tab 16 mg</i>	57
<i>candesartan cilexetil tab 32 mg</i>	57
<i>candesartan cilexetil tab 4 mg</i>	57
<i>candesartan cilexetil tab 8 mg</i>	57
<i>capecitabine tab 150 mg</i>	63
<i>capecitabine tab 500 mg</i>	63
<i>CAPEX SHA 0.01%</i>	108
<i>CAPLYTA CAP 10.5MG</i>	74
<i>CAPLYTA CAP 21MG</i>	74
<i>CAPRELSA TAB 100MG</i>	67
<i>CAPRELSA TAB 300MG</i>	67
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	59
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	59
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	59
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	59
<i>captopril tab 100 mg</i>	55
<i>captopril tab 12.5 mg</i>	55
<i>captopril tab 25 mg</i>	55
<i>captopril tab 50 mg</i>	55
<i>carbamazepine cap er 12hr 100 mg</i>	35
<i>carbamazepine cap er 12hr 200 mg</i>	35
<i>carbamazepine cap er 12hr 300 mg</i>	35
<i>carbamazepine chew tab 100 mg</i>	35
<i>carbamazepine chew tab 200 mg</i>	35
<i>carbamazepine susp 100 mg/5ml</i>	35
<i>carbamazepine tab 200 mg</i>	35
<i>carbamazepine tab er 12hr 100 mg</i>	35
<i>carbamazepine tab er 12hr 200 mg</i>	35
<i>carbamazepine tab er 12hr 400 mg</i>	36
<i>CARBATROL CAP 100MG</i>	36
<i>CARBATROL CAP 200MG</i>	36
<i>CARBATROL CAP 300MG</i>	36
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<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	72	CAREPOINT SY MIS 22GX1.5.....	154
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	72	CAREPOINT SY MIS 23GX1.....	154
<i>carbidopa & levodopa tab 10-100 mg</i>	72	CAREPOINT SY MIS 23GX1.5.....	154
<i>carbidopa & levodopa tab 25-100 mg</i>	72	CAREPOINT SY MIS 25GX1.....	154
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<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	72	CARETOUCH MIS EJECTOR.....	139
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	72	CARETOUCH MIS LANC 26G.....	139
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	72	CARETOUCH MIS LANC 28G.....	139
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	72	CARETOUCH MIS LANC 30G.....	139
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	72	CARETOUCH MIS TWIST 28.....	139
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	72	CARETOUCH MIS TWIST 30.....	139
<i>carbidopa tab 25 mg</i>	71	CARETOUCH MIS TWIST 33.....	139
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	51	CARETOUCH PAD ALCOHOL.....	152
<i>carbinoxamine maleate soln 4 mg/5ml</i>	51	<i>carglumic acid soluble tab 200 mg</i>	119
<i>carbinoxamine maleate tab 4 mg</i>	51	<i>carisoprodol tab 350 mg</i>	168
CARDIOCOM MIS LANCING.....	139	<i>carteolol hcl ophth soln 1%</i>	170
CARDURA TAB 1MG.....	57	<i>carvedilol phosphate cap er 24hr 10 mg</i> ...	85
CARDURA TAB 2MG.....	57	<i>carvedilol phosphate cap er 24hr 20 mg</i> ..	85
CARDURA TAB 4MG.....	57	<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	85
CARDURA TAB 8MG.....	57	<i>carvedilol phosphate cap er 24hr 80 mg</i> ..	85
CARDURA XL TAB 4MG.....	127	<i>carvedilol tab 12.5 mg</i>	85
CARDURA XL TAB 8MG.....	127	<i>carvedilol tab 25 mg</i>	85
CAREONE ADV MIS LANCING.....	139	<i>carvedilol tab 3.125 mg</i>	85
CAREONE LANC MIS 30G.....	139	<i>carvedilol tab 6.25 mg</i>	85
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CAREPOINT SA MIS 25GX11/2.....	154	CAVERJECT IM KIT 10MCG.....	90
CAREPOINT SA MIS 25GX5/8.....	154	CAVERJECT IM KIT 20MCG.....	90
CAREPOINT SY MIS 20GX1.....	154	CAVERJECT INJ 20MCG.....	90
CAREPOINT SY MIS 20GX1.5.....	154	CAVERJECT INJ 40MCG.....	91
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		<i>cefaclor cap 500 mg</i>	94
		CEFACLOR ER TAB 500MG.....	94
		<i>cefaclor for susp 125 mg/5ml</i>	94
		<i>cefaclor for susp 250 mg/5ml</i>	94
		<i>cefaclor for susp 375 mg/5ml</i>	94
		<i>cefadroxil cap 500 mg</i>	93
		<i>cefadroxil for susp 250 mg/5ml</i>	93
		<i>cefadroxil for susp 500 mg/5ml</i>	94

<i>cefadroxil tab 1 gm</i>	94	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	51
<i>cefdinir cap 300 mg</i>	94		51
<i>cefdinir for susp 125 mg/5ml</i>	94	CETRAXAL SOL 0.2%	174
<i>cefdinir for susp 250 mg/5ml</i>	94	<i>cetorelix acetate for inj kit 0.25 mg</i>	118
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<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	94	CHEMSTRIP 2 TES GP	113
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<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	94	CHEMSTRIP 7 TES	113
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<i>cefprozil tab 250 mg</i>	94	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>cefprozil tab 500 mg</i>	94	<i>mg</i>	178
<i>cefuroxime axetil tab 250 mg</i>	94	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>cefuroxime axetil tab 500 mg</i>	94	<i>mg</i>	178
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<i>celecoxib cap 200 mg</i>	11	<i>chlordiazepoxide hcl cap 25 mg</i>	27
<i>celecoxib cap 400 mg</i>	11	<i>chlordiazepoxide hcl cap 5 mg</i>	27
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<i>cephalexin cap 250 mg</i>	94	<i>chlorpromazine hcl tab 10 mg</i>	78
<i>cephalexin cap 500 mg</i>	94	<i>chlorpromazine hcl tab 200 mg</i>	78
<i>cephalexin cap 750 mg</i>	94	<i>chlorpromazine hcl tab 25 mg</i>	78
<i>cephalexin for susp 125 mg/5ml</i>	94	<i>chlorpromazine hcl tab 50 mg</i>	78
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<i>choline fenofibrate cap dr 45 mg (fenofibric</i> <i>acid equiv)</i>	53	<i>citalopram hydrobromide tab 10 mg (base</i> <i>equiv)</i>	41
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<i>ciclopirox olamine susp 0.77% (base equiv)</i>	102	<i>clarithromycin for susp 250 mg/5ml</i>	134
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<i>cimetidine hcl soln 300 mg/5ml</i>	185	<i>clemastine fumarate tab 2.68 mg</i>	51
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<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i>	174	CLINDAGEL GEL 1%.....	100
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	123	<i>clindamycin hcl cap 150 mg</i>	25
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	123	<i>clindamycin hcl cap 300 mg</i>	25
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	123	<i>clindamycin hcl cap 75 mg</i>	24
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	123	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	25
CIPRO TAB 250MG	123	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-2.5%</i>	100
		<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-3.75%</i>	100
		<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1-5%</i>	100

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<i>clindamycin phosphate lotion 1%</i>	<i>100</i>	<i>clonidine hcl tab 0.2 mg</i>	<i>57</i>
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<i>0.025%</i>	<i>100</i>	<i>clonidine td patch weekly 0.1 mg/24hr</i>	<i>57</i>
<i>clindamycin phosphate vaginal cream 2%</i>		<i>clonidine td patch weekly 0.2 mg/24hr</i>	<i>57</i>
<i>.....</i>	<i>187</i>	<i>clonidine td patch weekly 0.3 mg/24hr</i>	<i>58</i>
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<i>clobazam tab 20 mg</i>	<i>34</i>	<i>clorazepate dipotassium tab 3.75 mg</i>	<i>27</i>
<i>clobetasol propionate cream 0.025%</i>	<i>108</i>	<i>clorazepate dipotassium tab 7.5 mg</i>	<i>27</i>
<i>clobetasol propionate cream 0.05%</i>	<i>108</i>	<i>clotrimazole troche 10 mg</i>	<i>167</i>
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<i>clobetasol propionate gel 0.05%</i>	<i>108</i>	<i>0.05%.....</i>	<i>102</i>
<i>clobetasol propionate lotion 0.05%</i>	<i>108</i>	<i>clozapine orally disintegrating tab 100 mg</i>	
<i>clobetasol propionate oint 0.05%.....</i>	<i>108</i>	<i>.....</i>	<i>77</i>
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CODEINE SULF TAB 60MG	16	CONTROL HIGH SOL UNISTRIIP	140
<i>colchicine tab 0.6 mg</i>	128	CONTROL LOW SOL UNISTRIIP	140
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	128	CONTROL NORM SOL EASY STP	140
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COLESTID POW 5GM	53	CONZIP CAP 200MG	16
COLESTID TAB 1GM	53	CONZIP CAP 300MG	16
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<i>colestipol hcl tab 1 gm</i>	53	COPAXONE INJ 40MG/ML.....	179
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<i>dasatinib tab 20 mg</i>	<i>68</i>
<i>dasatinib tab 50 mg</i>	<i>68</i>
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<i>deferasirox tab 360 mg</i>	49	<i>desonide cream 0.05%</i>	109
<i>deferasirox tab 90 mg</i>	49	<i>desonide lotion 0.05%</i>	109
<i>deferasirox tab for oral susp 125 mg</i>	49	<i>desonide oint 0.05%</i>	109
<i>deferasirox tab for oral susp 250 mg</i>	49	DESOWEN CRE 0.05%	109
<i>deferasirox tab for oral susp 500 mg</i>	49	<i>desoximetasone cream 0.05%</i>	109
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<i>deferiprone tab 500 mg</i>	49	<i>desoximetasone gel 0.05%</i>	109
<i>deflazacort susp 22.75 mg/ml</i>	97	<i>desoximetasone oint 0.25%</i>	109
<i>deflazacort tab 18 mg</i>	97	<i>desoximetasone spray 0.25%</i>	109
<i>deflazacort tab 30 mg</i>	97	DESOXYN TAB 5MG	1
<i>deflazacort tab 36 mg</i>	97	<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	42
<i>deflazacort tab 6 mg</i>	97	<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	42
DELESTROGEN INJ 10MG/ML	122	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	42
DELESTROGEN INJ 20MG/ML	122	DESVENLAFAX TAB 100MG ER	42
DELESTROGEN INJ 40MG/ML	122	DESVENLAFAX TAB 50MG ER	42
<i>demeclocycline hcl tab 150 mg</i>	182	DETROL TAB 1MG	186
<i>demeclocycline hcl tab 300 mg</i>	182	DETROL TAB 2MG	186
DEMSEER CAP 250MG	56	DEXAMETHASON CON 1MG/ML	97
DENAVIR CRE 1%	107	<i>dexamethasone elixir 0.5 mg/5ml</i>	97
DEPEN TITRA TAB 250MG	164	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	172
DEPO-ESTRADI INJ 5MG/ML	122	<i>dexamethasone soln 0.5 mg/5ml</i>	97
DEPO-PROVERA INJ 150MG/ML	96	<i>dexamethasone tab 0.5 mg</i>	97
DEPO-SQ PROV INJ 104	97	<i>dexamethasone tab 0.75 mg</i>	97
DERMA-SMOOTH OIL /FS BODY	108		
DERMA-SMOOTH OIL /FS SCLP	108		
DERMOTIC OIL 0.01%	174		
DESCOVY TAB 120-15MG	80		
DESCOVY TAB 200/25MG	80		
<i>desipramine hcl tab 100 mg</i>	43		
<i>desipramine hcl tab 10 mg</i>	43		
<i>desipramine hcl tab 150 mg</i>	43		
<i>desipramine hcl tab 25 mg</i>	43		
<i>desipramine hcl tab 50 mg</i>	43		
<i>desipramine hcl tab 75 mg</i>	43		

<i>dexamethasone tab 1.5 mg</i>	97	<i>dextroamphetamine sulfate tab 10 mg</i>	1
<i>dexamethasone tab 1 mg</i>	97	<i>dextroamphetamine sulfate tab 15 mg</i>	2
<i>dexamethasone tab 2 mg</i>	97	<i>dextroamphetamine sulfate tab 2.5 mg</i>	1
<i>dexamethasone tab 4 mg</i>	97	<i>dextroamphetamine sulfate tab 20 mg</i>	2
<i>dexamethasone tab 6 mg</i>	97	<i>dextroamphetamine sulfate tab 30 mg</i>	2
<i>dexamethasone tab therapy pack 1.5 mg</i> <i>(21)</i>	97	<i>dextroamphetamine sulfate tab 5 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg</i> <i>(35)</i>	97	<i>dextroamphetamine sulfate tab 7.5 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg</i> <i>(51)</i>	97	DHIVY TAB 25-100MG.....	72
DEXCOM G6 MIS RECEIVER.....	140	DIASCREEN 10 MIS	140
DEXCOM G6 MIS SENSOR.....	140	DIASCREEN 3 MIS	140
DEXCOM G6 MIS TRANSMIT	140	DIASCREEN 5 MIS	140
DEXCOM G7 MIS RECEIVER.....	140	DIASCREEN 6 MIS	140
DEXCOM G7 MIS SENSOR.....	140	DIASCREEN 7 MIS	140
DEXEDRINE CAP 10MG CR.....	1	DIASCREEN 8 MIS	140
DEXEDRINE CAP 15MG CR.....	1	DIASCREEN 9 MIS	140
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	4	DIASCREEN MIS 1B	140
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	4	DIASCREEN MIS 1G.....	140
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	4	DIASCREEN MIS 1K	141
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	4	DIASCREEN MIS 2GK	141
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	4	DIASCREEN MIS 2GP.....	141
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	4	DIASCREEN MIS 4NL.....	141
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	4	DIASCREEN MIS 4OBL	141
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> 4		DIASCREEN MIS 4PH	141
<i>dexmethylphenidate hcl tab 10 mg</i>	4	DIASCREEN MIS CONTROL.....	141
<i>dexmethylphenidate hcl tab 2.5 mg</i>	4	DIASTAT ACDL GEL 12.5-20.....	34
<i>dexmethylphenidate hcl tab 5 mg</i>	4	DIASTAT ACDL GEL 5-10MG.....	34
<i>dextroamphetamine sulfate cap er 24hr 10</i> <i>mg</i>	1	DIASTAT PED GEL 2.5M GEL	35
<i>dextroamphetamine sulfate cap er 24hr 15</i> <i>mg</i>	1	DIASTIX TES STRIPS.....	114
<i>dextroamphetamine sulfate cap er 24hr 5</i> <i>mg</i>	1	DIATHRIVE LIQ CONTROL.....	141
<i>dextroamphetamine sulfate oral solution 5</i> <i>mg/5ml</i>	1	DIATHRIVE MIS LANCETS	141
		DIATHRIVE MIS LANCING	141
		DIATHRIVE MIS UT 30G	141
		DIATRUE CONT SOL LEVEL 1	141
		DIATRUE CONT SOL LEVEL 2.....	141
		DIATRUE CONT SOL LEVEL 3.....	141
		<i>diazepam conc 5 mg/ml</i>	27
		<i>diazepam oral soln 1 mg/ml</i>	27
		<i>diazepam rectal gel delivery system 10 mg</i>	35
		<i>diazepam rectal gel delivery system 2.5 mg</i>	35
		<i>diazepam rectal gel delivery system 20 mg</i>	35
		<i>diazepam tab 10 mg</i>	27

<i>diazepam tab 2 mg</i>	27	DILAUDID TAB 2MG	16
<i>diazepam tab 5 mg</i>	27	DILAUDID TAB 4MG	16
<i>diazoxide susp 50 mg/ml</i>	46	DILAUDID TAB 8MG	16
DIBENZYLINE CAP 10MG.....	56	<i>diltiazem hcl cap er 12hr 120 mg</i>	87
<i>dichlorphenamide tab 50 mg</i>	115	<i>diltiazem hcl cap er 12hr 60 mg</i>	87
DICLEGIS TAB 10-10MG.....	50	<i>diltiazem hcl cap er 12hr 90 mg</i>	87
<i>diclofenac epolamine patch 1.3%</i>	102	<i>diltiazem hcl cap er 24hr 120 mg</i>	87
<i>diclofenac potassium tab 50 mg</i>	12	<i>diltiazem hcl cap er 24hr 180 mg</i>	87
<i>diclofenac sodium (actinic keratoses) gel</i> 3%	103	<i>diltiazem hcl cap er 24hr 240 mg</i>	87
<i>diclofenac sodium ophth soln 0.1%</i>	173	<i>diltiazem hcl coated beads cap er 24hr 120</i> <i>mg</i>	87
<i>diclofenac sodium soln 1.5%</i>	102	<i>diltiazem hcl coated beads cap er 24hr 180</i> <i>mg</i>	87
<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 240</i> <i>mg</i>	87
<i>diclofenac sodium tab delayed release 50</i> <i>mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 300</i> <i>mg</i>	87
<i>diclofenac sodium tab delayed release 75</i> <i>mg</i>	12	<i>diltiazem hcl coated beads cap er 24hr 360</i> <i>mg</i>	87
<i>diclofenac sodium tab er 24hr 100 mg</i>	12	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 120 mg</i>	87
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	12	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 180 mg</i>	87
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	12	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i>	87
<i>dicloxacillin sodium cap 250 mg</i>	175	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i>	87
<i>dicloxacillin sodium cap 500 mg</i>	175	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i>	87
<i>dicyclomine hcl cap 10 mg</i>	184	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i>	87
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	184	<i>diltiazem hcl tab 120 mg</i>	87
<i>dicyclomine hcl tab 20 mg</i>	184	<i>diltiazem hcl tab 30 mg</i>	87
DIFFERIN CRE 0.1%	100	<i>diltiazem hcl tab 60 mg</i>	87
DIFFERIN GEL 0.1%.....	100	<i>diltiazem hcl tab 90 mg</i>	87
DIFFERIN GEL 0.3% PMP.....	100	<i>dimethyl fumarate capsule delayed release</i> <i>120 mg</i>	179
DIFICID SUS.....	134	<i>dimethyl fumarate capsule delayed release</i> <i>240 mg</i>	179
DIFICID TAB 200MG	134	<i>dimethyl fumarate capsule dr starter pack</i> <i>120 mg & 240 mg</i>	179
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DIFLUCAN TAB 100MG.....	51	<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	49
DIFLUCAN TAB 150MG.....	51		
DIFLUCAN TAB 200MG	51		
<i>diflunisal tab 500 mg</i>	16		
<i>difluprednate ophth emulsion 0.05%</i>	172		
<i>digoxin oral soln 0.05 mg/ml</i>	89		
<i>digoxin tab 125 mcg (0.125 mg)</i>	89		
<i>digoxin tab 250 mcg (0.25 mg)</i>	89		
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	89		
DILAUDID LIQ 1MG/ML.....	16		

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	49	<i>doxazosin mesylate tab 1 mg</i>	58
DIPROLENE OIN 0.05%.....	109	<i>doxazosin mesylate tab 2 mg</i>	58
<i>dipyridamole tab 25 mg</i>	129	<i>doxazosin mesylate tab 4 mg</i>	58
<i>dipyridamole tab 50 mg</i>	129	<i>doxazosin mesylate tab 8 mg</i>	58
<i>dipyridamole tab 75 mg</i>	129	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	132
<i>disopyramide phosphate cap 100 mg</i>	28	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	132
<i>disopyramide phosphate cap 150 mg</i>	28	<i>doxepin hcl cap 100 mg</i>	43
<i>disulfiram tab 250 mg</i>	176	<i>doxepin hcl cap 10 mg</i>	43
<i>disulfiram tab 500 mg</i>	176	<i>doxepin hcl cap 150 mg</i>	43
DITROPAN XL TAB 5MG	186	<i>doxepin hcl cap 25 mg</i>	43
DIURIL SUS 250/5ML	116	<i>doxepin hcl cap 50 mg</i>	43
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	39	<i>doxepin hcl cap 75 mg</i>	43
<i>divalproex sodium tab delayed release 125 mg</i>	39	<i>doxepin hcl conc 10 mg/ml</i>	43
<i>divalproex sodium tab delayed release 250 mg</i>	39	<i>doxercalciferol cap 0.5 mcg</i>	119
<i>divalproex sodium tab delayed release 500 mg</i>	39	<i>doxercalciferol cap 1 mcg</i>	119
<i>divalproex sodium tab er 24 hr 250 mg</i>	39	<i>doxercalciferol cap 2.5 mcg</i>	119
<i>divalproex sodium tab er 24 hr 500 mg</i>	39	<i>doxycycline hyclate cap 100 mg</i>	182
<i>dofetilide cap 125 mcg (0.125 mg)</i>	28	<i>doxycycline hyclate cap 50 mg</i>	182
<i>dofetilide cap 250 mcg (0.25 mg)</i>	28	<i>doxycycline hyclate tab 100 mg</i>	182
<i>dofetilide cap 500 mcg (0.5 mg)</i>	28	<i>doxycycline hyclate tab 20 mg</i>	182
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	176	<i>doxycycline monohydrate cap 100 mg</i> ...	182
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<i>donepezil hydrochloride tab 23 mg</i>	176	<i>doxycycline monohydrate tab 100 mg</i>	183
<i>donepezil hydrochloride tab 5 mg</i>	176	<i>doxycycline monohydrate tab 150 mg</i>	183
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DOPTelet TAB 20MG.....	130	DRISDOL CAP 50000UNT	189
DORAL TAB 15MG	132	<i>dronabinol cap 10 mg</i>	50
<i>dorzolamide hcl ophth soln 2%</i>	173	<i>dronabinol cap 2.5 mg</i>	50
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	170	<i>dronabinol cap 5 mg</i>	50
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	170	DROPLET GENT MIS LANCING.....	141
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		DROPLET PERS MIS LANC 30G.....	141
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		<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	95

<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	95
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	95
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	95
DROXIA CAP 200MG	130
DROXIA CAP 300MG	130
DROXIA CAP 400MG	130
<i>droxidopa cap 100 mg</i>	188
<i>droxidopa cap 200 mg</i>	188
<i>droxidopa cap 300 mg</i>	188
DRYSOL SOL 20%	112
DUAVEE TAB 0.45-20	121
DUETACT TAB 30-2MG	44
DUETACT TAB 30-4MG	44
DUEXIS TAB 800-26.6	12
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	42
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	42
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	42
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	42
DUO-CARE LIQ LEVEL1/2	141
DUPIXENT INJ 100/0.67	111
DUPIXENT INJ 200/1.14	111
DUPIXENT INJ 200MG	111
DUPIXENT INJ 300/2ML	111
DUREX EXTRA MIS SENSITIV	134
DUREX MIS REALFEEL	134
DUREX MIS TROPICAL	134
DUREZOL EMU 0.05%	172
<i>dutasteride cap 0.5 mg</i>	127
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	127

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EASIVENT MIS MASK LG	160
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EASY COMFORT MIS TWIST	141
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EASY TOUCH MIS LANC/26G	142
EASY TOUCH MIS LANC/28G	142
EASY TOUCH MIS LANC/30G	142
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EASY TOUCH MIS P-AC/21G	142
EASY TOUCH MIS P-AC/23G	142
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EASY TOUCH MIS P-AC/28G	142
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EASY TOUCH MIS TWST/30G	142
EASY TOUCH MIS TWST/32G	142
EASY TOUCH MIS TWST/33G	142

EASY TOUCH SOL CONTROL.....	142	<i>eltrombopag olamine powder pack for susp</i>	
EASY TOUCH SOL HIGH/LOW	142	<i>12.5 mg (base eq).....</i>	130
EASY TRAK II LIQ NORMAL	142	<i>eltrombopag olamine powder pack for susp</i>	
EASY TRAK SOL HIGH	142	<i>25 mg (base equiv).....</i>	130
EASY TRAK SOL LOW	142	<i>eltrombopag olamine tab 12.5 mg (base</i>	
EASY TRAK SOL NORMAL	142	<i>equiv).....</i>	131
EBGLYSS INJ 250/2ML.....	111	<i>eltrombopag olamine tab 25 mg (base</i>	
EC-NAPROSYN TAB 375MG.....	12	<i>equiv).....</i>	131
EC-NAPROSYN TAB 500MG	12	<i>eltrombopag olamine tab 50 mg (base</i>	
<i>econazole nitrate cream 1%.....</i>	102	<i>equiv).....</i>	131
ECOZA AER 1%	102	<i>eltrombopag olamine tab 75 mg (base</i>	
EDECRIN TAB 25MG.....	115	<i>equiv).....</i>	131
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<i>efavirenz cap 50 mg.....</i>	80	EMBECTA UF MIS 31GX8MM.....	155
<i>efavirenz-emtricitabine-tenofovir df tab</i>		EMBECTA UF MIS 32GX6MM	155
<i>600-200-300 mg</i>	80	EMBRACE CNTR LIQ HIGH	142
<i>efavirenz-lamivudine-tenofovir df tab 400-</i>		EMBRACE EVO LIQ LEVEL 1.....	142
<i>300-300 mg.....</i>	80	EMBRACE LANC MIS /EJECTOR	142
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<i>300-300 mg.....</i>	81	EMBRACE LANC MIS 28G.....	142
<i>efavirenz tab 600 mg</i>	80	EMBRACE LANC MIS THIN 30G.....	142
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EFFIENT TAB 5MG.....	129	EMBRACE TALK SOL LOW/L1	142
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EGRIFTA SV INJ 2MG	118	EMEND BIPACK PAK 80MG.....	50
ELEMENT CONT LIQ NORMAL.....	142	EMEND SUS 125MG.....	50
ELEMENT LIQ HIGH	142	EMEND TRIPAC PAK 125 & 80.....	50
ELEMENT LIQ LOW	142	EMGALITY INJ 100MG/ML	161
ELEMNT COMPA SOL LEVEL 2	142	EMGALITY INJ 120MG/ML	161
ELEMNT COMPA SOL LEVEL 3	142	EMSAM DIS 12MG/24H	40
<i>eletriptan hydrobromide tab 20 mg (base</i>		EMSAM DIS 6MG/24HR	40
<i>equivalent)</i>	162	EMSAM DIS 9MG/24HR	40
<i>eletriptan hydrobromide tab 40 mg (base</i>		<i>emtricitabine caps 200 mg.....</i>	81
<i>equivalent)</i>	162	<i>emtricitabine- rilpivirine-tenofovir df tab</i>	
ELIQUIS ST P TAB 5MG.....	32	<i>200-25-300 mg.....</i>	81
ELIQUIS TAB 2.5MG.....	32	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
ELIQUIS TAB 5MG.....	32	<i>tab 100-150 mg.....</i>	81
ELLA TAB 30MG	96	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
		<i>tab 133-200 mg</i>	81

<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	81	ENTRESTO CAP 15-16MG	90
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	81	ENTRESTO CAP 6-6MG	90
EMTRIVA CAP 200MG	81	ENTRESTO TAB 24-26MG	90
EMTRIVA SOL 10MG/ML	81	ENTRESTO TAB 49-51MG	90
EMVERM CHW 100MG	23	ENTRESTO TAB 97-103MG	90
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	59	ENVARBUS XR TAB 0.75MG	165
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	59	ENVARBUS XR TAB 1MG	165
<i>enalapril maleate oral soln 1 mg/ml</i>	55	ENVARBUS XR TAB 4MG	165
<i>enalapril maleate tab 10 mg</i>	55	EPCLUSA PAK 150-37.5	83
<i>enalapril maleate tab 2.5 mg</i>	55	EPCLUSA PAK 200-50MG	83
<i>enalapril maleate tab 20 mg</i>	55	EPCLUSA TAB 200-50MG	83
<i>enalapril maleate tab 5 mg</i>	55	EPCLUSA TAB 400-100	83
ENBREL INJ 25/0.5ML	15	EPIDIOLEX SOL 100MG/ML	36
ENBREL INJ 25MG	15	EPIDUO FORTE GEL 0.3-2.5%	100
ENBREL INJ 50MG/ML	15	EPIDUO GEL 0.1-2.5%	100
ENBREL MINI INJ 50MG/ML	15	EPIFOAM AER 1%	109
ENBREL SRCLK INJ 50MG/ML	15	<i>epinastine hcl ophth soln 0.05%</i>	173
ENCARE SUP 100MG	187	<i>epinephrine hcl nasal soln 0.1%</i>	169
ENDARI POW 5GM	130	<i>epinephrine inj 1 mg/ml (1:1000)</i>	188
<i>enoxaparin sodium inj 300 mg/3ml</i>	33	<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i> <i>(1:1000)</i>	188
<i>enoxaparin sodium inj soln pref syr 100</i> <i>mg/ml</i>	33	<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	188
<i>enoxaparin sodium inj soln pref syr 120</i> <i>mg/0.8ml</i>	33	<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	188
<i>enoxaparin sodium inj soln pref syr 150</i> <i>mg/ml</i>	33	EPIVIR SOL 10MG/ML	81
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<i>enoxaparin sodium inj soln pref syr 40</i> <i>mg/0.4ml</i>	33	EPIVIR TAB 300MG	81
<i>enoxaparin sodium inj soln pref syr 60</i> <i>mg/0.6ml</i>	33	<i>eplerenone tab 25 mg</i>	61
<i>enoxaparin sodium inj soln pref syr 80</i> <i>mg/0.8ml</i>	33	<i>eplerenone tab 50 mg</i>	61
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<i>glucagon (rdna) for inj kit 1 mg</i>	46	GNP LANCETS MIS 30G.....	144
GLUC CONTROL LIQ NORMAL.....	144	GNP LANCETS MIS 33G.....	144
GLUC CONTROL SOL.....	144	GNP LANCETS MIS THIN 26G.....	144
GLUC CONTROL SOL MID.....	144	GNP LANCING MIS DEVICE.....	144
GLUC CONTROL SOL NORMAL.....	144	GNP PRENATAL TAB 28-0.8MG.....	167
GLUCOCARD 01 LIQ NORM/HGH.....	144	GNP PRENATAL TAB FOLIC AC.....	167
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GLUCOCARD SOL NORMAL.....	144	GOJJI LANCET MIS 30G.....	144
GLUCOCARD SOL SHINE.....	144	GOJJI MIS LANC DEV.....	144
GLUCOCOM MIS 28G.....	144	GOMEKLI CAP 1MG.....	68
GLUCOCOM MIS 30G.....	144	GOMEKLI CAP 2MG.....	68
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GLUCOCOM TES HIGH CON.....	144	GOODSENSE MIS LANC 26G.....	144
GLUCOCOM TES NORM CON.....	144	GOODSENSE MIS LANC 30G.....	144
GLUCOTROL XL TAB 10MG.....	48	GOODSENSE MIS LANC 33G.....	144
GLUCOTROL XL TAB 2.5MG.....	48	GOODSENSE MIS LANC DVC.....	144
GLUCOTROL XL TAB 5MG.....	48	GORDOFILM SOL.....	112
<i>glutamine (sickle cell) powd pack 5 gm</i> ..	130	GRALISE TAB 300MG.....	180
GLUTARALDEHY SOL 25%.....	80	GRALISE TAB 450MG.....	180
<i>glyburide-metformin tab 1.25-250 mg</i>	44	GRALISE TAB 600MG.....	180
<i>glyburide-metformin tab 2.5-500 mg</i>	44	GRALISE TAB 750MG.....	181
<i>glyburide-metformin tab 5-500 mg</i>	44	GRALISE TAB 900MG.....	181
<i>glyburide micronized tab 1.5 mg</i>	48	<i>granisetron hcl tab 1 mg</i>	49
<i>glyburide micronized tab 3 mg</i>	48	GRASTEK SUB 2800BAU.....	6
<i>glyburide micronized tab 6 mg</i>	48	<i>griseofulvin microsize susp 125 mg/5ml</i> ..	50
<i>glyburide tab 1.25 mg</i>	48	<i>griseofulvin microsize tab 500 mg</i>	51
<i>glyburide tab 2.5 mg</i>	48	<i>griseofulvin ultramicrosize tab 125 mg</i>	51
<i>glyburide tab 5 mg</i>	48	<i>griseofulvin ultramicrosize tab 165 mg</i>	51
<i>glycopyrrolate inj pf soln prefilled syringe</i> 0.2 mg/ml.....	184	<i>griseofulvin ultramicrosize tab 250 mg</i>	51
<i>glycopyrrolate inj pf soln pref syr 0.4</i> <i>mg/2ml (0.2 mg/ml)</i>	184	<i>guaifenesin-codeine soln 100-10 mg/5ml</i> 99	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	184	<i>guanfacine hcl tab 1 mg</i>	58
<i>glycopyrrolate tab 1 mg</i>	184	<i>guanfacine hcl tab 2 mg</i>	58
<i>glycopyrrolate tab 2 mg</i>	185	<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	4

<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	4
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	4
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	4
GUARDIAN RT MIS CHARGER.....	144
GUARDIAN RT MIS TST PLUG	144
GVOKE HYPO 1 INJ 0.5/.1ML	46
GVOKE HYPO 1 INJ 1/0.2ML	46
GVOKE HYPO 2 INJ 0.5/.1ML.....	46
GVOKE HYPO 2 INJ 1/0.2ML.....	46
GVOKE KIT SOL 1/0.2ML	46
GVOKE PFS INJ 0.5/.1ML	46
GVOKE PFS INJ 1/0.2ML.....	46
GYNAZOLE-1 CRE 2%	188
GYNOL II GEL 3%	187
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HAEGARDA INJ 2000UNIT	128
HAEGARDA INJ 3000UNIT	129
HAEMOLANCE MIS HIGH FLO	144
HAEMOLANCE MIS LOW FLOW	144
HAEMOLANCE MIS PLUS	144
HAEMOLANCE MIS PLUS LOW	144
HAEMOLANCE MIS PLUS MAX.....	144
HAEMOLANCE MIS PLUS PED.....	144
HAEMOLANCE MIS RETRACT.....	145
<i>halcinonide soln 0.1%</i>	109
HALCION TAB 0.25MG	132
HALDOL DECAN INJ 100MG/ML	76
HALDOL DECAN INJ 50MG/ML	76
<i>halobetasol propionate cream 0.05%</i>	109
<i>halobetasol propionate oint 0.05%</i>	109
<i>haloperidol decanoate im soln 100 mg/ml</i>	76
<i>haloperidol decanoate im soln 50 mg/ml</i>	76
<i>haloperidol lactate inj 5 mg/ml</i>	76
<i>haloperidol lactate oral conc 2 mg/ml</i>	76
<i>haloperidol tab 0.5 mg</i>	76
<i>haloperidol tab 10 mg</i>	76
<i>haloperidol tab 1 mg</i>	76
<i>haloperidol tab 20 mg</i>	76
<i>haloperidol tab 2 mg</i>	76
<i>haloperidol tab 5 mg</i>	76

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HARVONI PAK 45-200MG.....	83
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HARVONI TAB 90-400MG	83
HC/PRAMOXINE CRE 1-2.35%	109
HC LANCING MIS DEVICE	145
HEMANGEOL SOL 4.28/ML	86
HEMLIBRA INJ 105/0.7	128
HEMLIBRA INJ 150/ML.....	128
HEMLIBRA INJ 300/2ML	128
HEMLIBRA INJ 30MG/ML.....	128
HEMLIBRA INJ 60/0.4	128
HEMLIBRA SOL 12/0.4ML	128
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	33
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	33
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	33
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	33
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	33
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	33
HETLIOZ CAP 20MG	133
HETLIOZ LQ SUS 4MG/ML.....	133
HIPREX TAB 1GM	25
HOLD CHAMBER MIS ADLT LG	160
HOLD CHAMBER MIS MEDIUM	160
HOLD CHAMBER MIS SMALL	160
<i>homatropine hbr ophth soln 5%</i>	171
HUMATROPE INJ 12MG	118
HUMATROPE INJ 24MG	118
HUMATROPE INJ 6MG.....	118
HUMULIN R INJ U-500.....	47
HYCANTIN CAP 0.25MG.....	71
HYCANTIN CAP 1MG	71
<i>hydralazine hcl tab 100 mg</i>	62
<i>hydralazine hcl tab 10 mg</i>	62
<i>hydralazine hcl tab 25 mg</i>	62
<i>hydralazine hcl tab 50 mg</i>	62
HYDREA CAP 500MG	71
<i>hydrochlorothiazide cap 12.5 mg</i>	116
<i>hydrochlorothiazide tab 12.5 mg</i>	116

hydrochlorothiazide tab 25 mg	116	hydrocodone-ibuprofen tab 7.5-200 mg...	21
hydrochlorothiazide tab 50 mg	116	hydrocod polst-chlorphen polst er susp 10-	
hydrocodone-acetaminophen soln 10-325		8 mg/5ml.....	99
mg/15ml	20	hydrocortisone acetate suppos 25 mg	23
hydrocodone-acetaminophen soln 7.5-325		hydrocortisone acetate suppos 30 mg	23
mg/15ml	20	hydrocortisone acetate w/ pramoxine	
hydrocodone-acetaminophen tab 10-300		perianal cream 1-1%.....	22
mg	20	hydrocortisone acetate w/ pramoxine	
hydrocodone-acetaminophen tab 10-325		perianal cream 2.5-1%.....	23
mg	20	hydrocortisone butyrate cream 0.1%	109
hydrocodone-acetaminophen tab 5-300		hydrocortisone butyrate oint 0.1%.....	109
mg	20	hydrocortisone butyrate soln 0.1%	109
hydrocodone-acetaminophen tab 5-325		hydrocortisone cream 2.5%	109
mg	20	hydrocortisone enema 100 mg/60ml.....	22
hydrocodone-acetaminophen tab 7.5-300		hydrocortisone lotion 2.5%.....	109
mg	20	hydrocortisone oint 2.5%	109
hydrocodone-acetaminophen tab 7.5-325		hydrocortisone perianal cream 2.5%	23
mg	20	hydrocortisone sodium succinate pf for inj	
hydrocodone bitart-homatropine		100 mg	97
methylbromide tab 5-1.5 mg	99	hydrocortisone soln 2.5%	109
hydrocodone bitart-homatropine		hydrocortisone tab 10 mg	97
methylbrom soln 5-1.5 mg/5ml.....	99	hydrocortisone tab 20 mg.....	97
hydrocodone bitartrate cap er 12hr 10 mg	17	hydrocortisone tab 5 mg.....	97
hydrocodone bitartrate cap er 12hr 15 mg.	17	hydrocortisone valerate cream 0.2%	109
hydrocodone bitartrate cap er 12hr 20 mg	17	hydrocortisone valerate oint 0.2%.....	109
hydrocodone bitartrate cap er 12hr 30 mg	17	hydrocortisone w/ acetic acid otic soln 1-	
hydrocodone bitartrate cap er 12hr 40 mg	17	2%.....	174
hydrocodone bitartrate cap er 12hr 50 mg	17	hydrogen peroxide soln 30%.....	80
hydrocodone bitartrate tab er 24hr deter		hydromorphone hcl liqd 1 mg/ml.....	18
100 mg	18	hydromorphone hcl tab 2 mg.....	18
hydrocodone bitartrate tab er 24hr deter		hydromorphone hcl tab 4 mg.....	18
120 mg	18	hydromorphone hcl tab 8 mg.....	18
hydrocodone bitartrate tab er 24hr deter 20		hydromorphone hcl tab er 24hr 12 mg.....	18
mg	17	hydromorphone hcl tab er 24hr 16 mg.....	18
hydrocodone bitartrate tab er 24hr deter 30		hydromorphone hcl tab er 24hr 32 mg	18
mg	17	hydromorphone hcl tab er 24hr 8 mg	18
hydrocodone bitartrate tab er 24hr deter 40		HYDOMORPHON SUP 3MG	18
mg	17	hydroxychloroquine sulfate tab 200 mg...	62
hydrocodone bitartrate tab er 24hr deter 60		hydroxychloroquine sulfate tab 400 mg...	62
mg	18	hydroxyurea cap 500 mg.....	71
hydrocodone bitartrate tab er 24hr deter 80		hydroxyzine hcl syrup 10 mg/5ml.....	26
mg	18	hydroxyzine hcl tab 10 mg	26
hydrocodone-ibuprofen tab 10-200 mg	21	hydroxyzine hcl tab 25 mg.....	26
hydrocodone-ibuprofen tab 5-200 mg.....	21	hydroxyzine hcl tab 50 mg.....	26

<i>hydroxyzine pamoate cap 100 mg</i>	26	HYRIMOZ SENS INJ 80/0.8ML	8
<i>hydroxyzine pamoate cap 25 mg</i>	26	HYSINGLA ER TAB 100 MG	18
<i>hydroxyzine pamoate cap 50 mg</i>	26	HYSINGLA ER TAB 120 MG	18
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	185	HYSINGLA ER TAB 20 MG.....	18
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	185	HYSINGLA ER TAB 30 MG.....	18
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ...	185	HYSINGLA ER TAB 40 MG.....	18
<i>hyoscyamine sulfate tab 0.125 mg</i>	185	HYSINGLA ER TAB 60 MG.....	18
<i>hyoscyamine sulfate tab disint 0.125 mg</i> ..	185	HYSINGLA ER TAB 80 MG.....	18
HYPERSAL NEB 3.5%.....	99	I	
HYPERSAL NEB 7%	99	<i>ibandronate sodium tab 150 mg (base</i>	
HYPOLANCE KIT LANCING	145	<i>equivalent)</i>	117
HYPO NEEDLE MIS 14GX1	155	IBRANCE CAP 100MG	68
HYPO NEEDLE MIS 14GX1.5.....	155	IBRANCE CAP 125MG	68
HYPO NEEDLE MIS 14GX2	155	IBRANCE CAP 75MG.....	68
HYPO NEEDLE MIS 16GX1	155	IBRANCE TAB 100MG	68
HYPO NEEDLE MIS 16GX1.5.....	155	IBRANCE TAB 125MG.....	68
HYPO NEEDLE MIS 16GX3/4	155	IBRANCE TAB 75MG	68
HYPO NEEDLE MIS 16GX5/8	155	<i>ibuprofen-famotidine tab 800-26.6 mg</i>	12
HYPO NEEDLE MIS 18GX1	155	<i>ibuprofen tab 400 mg</i>	12
HYPO NEEDLE MIS 18GX1.5.....	155	<i>ibuprofen tab 600 mg</i>	12
HYPO NEEDLE MIS 19GX1	155	<i>ibuprofen tab 800 mg</i>	12
HYPO NEEDLE MIS 19GX1.5.....	155	<i>icatibant acetate subcutaneous soln pref</i>	
HYPO NEEDLE MIS 20GX1	155	<i>syr 30 mg/3ml</i>	128
HYPO NEEDLE MIS 20GX1.5.....	155	IDHIFA TAB 100MG	68
HYPO NEEDLE MIS 21GX1	155	IDHIFA TAB 50MG	68
HYPO NEEDLE MIS 21GX1.5.....	155	ILEVRO DRO 0.3% OP.....	173
HYPO NEEDLE MIS 21GX2	155	<i>imatinib mesylate tab 100 mg (base</i>	
HYPO NEEDLE MIS 22GX1	155	<i>equivalent)</i>	68
HYPO NEEDLE MIS 22GX1.5	155	<i>imatinib mesylate tab 400 mg (base</i>	
HYPO NEEDLE MIS 23GX1	155	<i>equivalent)</i>	68
HYPO NEEDLE MIS 23GX1.5	155	<i>imipramine hcl tab 10 mg</i>	43
HYPO NEEDLE MIS 23GX3/4.....	155	<i>imipramine hcl tab 25 mg</i>	43
HYPO NEEDLE MIS 25GX1	155	<i>imipramine hcl tab 50 mg</i>	43
HYPO NEEDLE MIS 25GX1.25.....	155	<i>imipramine pamoate cap 100 mg</i>	44
HYPO NEEDLE MIS 25GX1.5	155	<i>imipramine pamoate cap 125 mg</i>	44
HYPO NEEDLE MIS 25GX2.....	155	<i>imipramine pamoate cap 150 mg</i>	44
HYPO NEEDLE MIS 25GX5/8	155	<i>imipramine pamoate cap 75 mg</i>	44
HYPO NEEDLE MIS 26GX1/2	155	<i>imiquimod cream 3.75%</i>	111
HYPO NEEDLE MIS 26GX1.5	155	<i>imiquimod cream 5%</i>	111
HYPO NEEDLE MIS 27GX1/2	155	IMITREX INJ 4MG/0.5	162
HYPO NEEDLE MIS 27GX1.25	155	IMITREX INJ 6MG/0.5	162
HYPO NEEDLE MIS 27GX1.5	155	IMITREX SPR 20MG/ACT	162
HYPO NEEDLE MIS 30GX3/4	155	IMITREX SPR 5MG/ACT	162
HYRIMOZ INJ 40/0.8ML	8	IMITREX TAB 100MG	162

IMITREX TAB 25MG	162	INSPIREASE MIS DD SYST	160
IMITREX TAB 50MG	162	INSPIREASE MIS RES BAG	160
IMPAVIDO CAP 50MG	23	INSPIRA TAB 25MG	61
IMURAN TAB 50MG	165	INSPIRA TAB 50MG	61
IMVEXXY MAIN SUP 10MCG	188	INS SYR U500 MIS 0.5/31G	156
IMVEXXY MAIN SUP 4MCG	188	INS SYR U500 MIS 31GX6MM	156
IMVEXXY STRT SUP 10MCG	188	INSUPEN MIS 29GX12MM	156
IMVEXXY STRT SUP 4MCG	188	IN TOUCH LAN MIS 30G	145
INBRIJA CAP 42MG	72	IN TOUCH LAN MIS DEVICE	145
INCONTROL MIS 29GX12MM	156	IN TOUCH SOL GLUCOSE	145
INCONTROL MIS LANC 28G	145	INVEGA SUST INJ 117/0.75	75
INCONTROL MIS LANC 30G	145	INVEGA SUST INJ 156MG/ML	75
INCONTROL MIS LANC 33G	145	INVEGA SUST INJ 234/1.5	75
INCONTROL MIS LANC DEV	145	INVEGA SUST INJ 39/0.25	75
INCONTROL PAD ALCOHOL	153	INVEGA SUST INJ 78/0.5ML	75
INCRELEX INJ 40MG/4ML	118	INVEGA TAB 1.5MG	75
<i>indapamide tab 1.25 mg</i>	116	INVEGA TAB 3MG	75
<i>indapamide tab 2.5 mg</i>	116	INVEGA TAB 6MG	75
<i>indomethacin cap 25 mg</i>	12	INVEGA TAB 9MG	75
<i>indomethacin cap 50 mg</i>	12	<i>iodoquinol-hc cream 1-1%</i>	102
<i>indomethacin cap er 75 mg</i>	12	<i>iodoquinol-hydrocortisone in aloe vehicle</i>	
<i>indomethacin suppos 50 mg</i>	12	<i>cream 1-1.9%</i>	102
<i>indomethacin susp 25 mg/5ml</i>	12	IOPIDINE SOL 1% OP	171
INFINITY SOL NORM CON	145	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
INFNTY VOICE LIQ LEVEL 2	145	<i>mg/3ml</i>	31
INGREZZA CAP 40-80MG	178	<i>ipratropium bromide inhal soln 0.02%</i>	29
INGREZZA CAP 40MG	178	<i>ipratropium bromide nasal soln 0.03% (21</i>	
INGREZZA CAP 60MG	179	<i>mcg/spray)</i>	169
INGREZZA CAP 80MG	179	<i>ipratropium bromide nasal soln 0.06% (42</i>	
INLYTA TAB 1MG	64	<i>mcg/spray)</i>	169
INLYTA TAB 5MG	64	IQIRVO TAB 80MG	126
INPEN 100EL MIS BLUE-HUM	156	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
INPEN 100EL MIS GREY-HUM	156	<i>mg</i>	60
INPEN 100EL MIS PINK HUM	156	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
INPEN 100NN MIS BLUE NOV	156	<i>12.5 mg</i>	60
INPEN 100NN MIS GREY NOV	156	<i>irbesartan tab 150 mg</i>	57
INPEN 100NN MIS PINK NOV	156	<i>irbesartan tab 300 mg</i>	57
INPEN BLUE MIS HUMALOG	156	<i>irbesartan tab 75 mg</i>	57
INPEN BLUE MIS NOVO/FIA	156	ISENTRESS CHW 100MG	81
INPEN GREY MIS HUMALOG	156	ISENTRESS CHW 25MG	81
INPEN GREY MIS NOVO/FIA	156	ISENTRESS HD TAB 600MG	81
INPEN PINK MIS HUMALOG	156	ISENTRESS POW 100MG	81
INPEN PINK MIS NOVO/FIA	156	ISENTRESS TAB 400MG	81
INQOVI TAB 35-100MG	66	<i>isoniazid syrup 50 mg/5ml</i>	63

<i>isoniazid tab 100 mg</i>	63
<i>isoniazid tab 300 mg</i>	63
ISOPTO ATROP SOL 1% OP	171
ISORDIL TAB 40MG	25
ISORDIL TAB 5MG	25
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	90
<i>isosorbide dinitrate tab 10 mg</i>	25
<i>isosorbide dinitrate tab 20 mg</i>	25
<i>isosorbide dinitrate tab 30 mg</i>	25
<i>isosorbide dinitrate tab 5 mg</i>	25
<i>isosorbide mononitrate tab 10 mg</i>	25
<i>isosorbide mononitrate tab 20 mg</i>	25
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	26
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	26
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	26
ISOSORB MONO TAB 10MG	25
ISOSORB MONO TAB 20MG	25
<i>isotretinoin cap 10 mg</i>	101
<i>isotretinoin cap 20 mg</i>	101
<i>isotretinoin cap 30 mg</i>	101
<i>isotretinoin cap 40 mg</i>	101
<i>isradipine cap 2.5 mg</i>	87
<i>isradipine cap 5 mg</i>	87
ISTALOL SOL 0.5% OP	170
ITOVEBI TAB 3MG	68
ITOVEBI TAB 9MG	68
<i>itraconazole cap 100 mg</i>	51
<i>itraconazole oral soln 10 mg/ml</i>	51
<i>ivabradine hcl tab 5 mg (base equiv)</i>	93
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	93
<i>ivermectin cream 1%</i>	113
<i>ivermectin tab 3 mg</i>	23
IWILFIN TAB 192MG	71
J	
JARDIANCE TAB 10MG	48
JARDIANCE TAB 25MG	48
J-TIP KIT KIT ADAPTERS	156
JUBLIA SOL 10%	102
JULUCA TAB 50-25MG	81
JYLAMVO SOL 2MG/ML	63

K	
KALYDECO GRA 13.4MG	181
KALYDECO GRA 5.8MG	181
KALYDECO PAK 25MG	181
KALYDECO PAK 50MG	182
KALYDECO PAK 75MG	182
KALYDECO TAB 150MG	182
KAMELEON LUB MIS COLORS	135
KAMELEON MIS TRI-COLR	135
KAPVAY TAB 0.1 MG	4
KARBINAL ER SUS 4MG/5ML	51
KENALOG AER SPRAY	109
KERALYT GEL 6%	112
KERENDIA TAB 10MG	120
KERENDIA TAB 20MG	120
KERYDIN SOL 5%	103
KESIMPTA INJ 20/.4ML	179
<i>ketoconazole cream 2%</i>	103
<i>ketoconazole shampoo 2%</i>	103
<i>ketoconazole tab 200 mg</i>	51
KETONE TES	114
KETONE TEST TES	114
<i>ketorolac tromethamine ophth soln 0.4%</i>	173
<i>ketorolac tromethamine ophth soln 0.5%</i>	174
<i>ketorolac tromethamine tab 10 mg</i>	12
KEVEYIS TAB 50MG	115
KEVZARA INJ 150/1.14	11
KEVZARA INJ 200/1.14	11
KIMONO COLOR MIS	135
KIMONO MAXX MIS LG FLARE	135
KIMONO MICRO MIS THIN	135
KIMONO MICRO MIS THIN +	135
KIMONO MICRO MIS THIN PLS	135
KIMONO MIS LUBRICAT	135
KIMONO MIS SENSATIO	135
KIMONO PLUS MIS LUBRICAT	135
KIMONO PLUS MIS SPERMICI	135
KIMONO PS MIS LUBRICAT	135
KIMONO PS MIS PLUS	135
KIMONO SENS MIS PLUS	135
KIMONO SPEC MIS	135
KINNEY MIS LANCETS	145

KINNEY THIN MIS LANCETS	145
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KISQALI 400 PAK FEMARA	67
KISQALI 600 PAK FEMARA	67
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KISQALI TAB 600DOSE	68
KLARON LOT 10%.....	101
KLONOPIN TAB 0.5MG.....	35
KLONOPIN TAB 1MG	35
KLONOPIN TAB 2MG	35
KLOXXADO SPR 8MG	49
KOSELUGO CAP 10MG	68
KOSELUGO CAP 25MG.....	68
K-PHOS TAB NO 2.....	127
KP PRENATAL TAB MULTIVIT	167
KRAZATI TAB 200MG	69
KROGER LANCE MIS	145
KROGER LANCE MIS 26G	145
KROGER LANCE MIS THIN	145
KROGER LANCE MIS THIN 30G	145
K-TAB TAB 10MEQ CR.....	163
K-TAB TAB 20MEQ	163
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<i>labetalol hcl tab 100 mg</i>	<i>85</i>
<i>labetalol hcl tab 200 mg.....</i>	<i>85</i>
<i>labetalol hcl tab 300 mg.....</i>	<i>85</i>
<i>lacosamide oral solution 10 mg/ml.....</i>	<i>36</i>
<i>lacosamide tab 100 mg</i>	<i>36</i>
<i>lacosamide tab 150 mg</i>	<i>36</i>
<i>lacosamide tab 200 mg.....</i>	<i>36</i>
<i>lacosamide tab 50 mg</i>	<i>36</i>
LACTIC ACID CRE E.....	111
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	<i>126</i>
<i>lactulose oral crystal packet 10 gm</i>	<i>133</i>
<i>lactulose oral crystal packet 20 gm</i>	<i>133</i>
<i>lactulose solution 10 gm/15ml.....</i>	<i>133</i>
LAGEVRIO CAP 200MG.....	84
<i>lamivudine oral soln 10 mg/ml</i>	<i>81</i>
<i>lamivudine tab 100 mg (hbv)</i>	<i>83</i>
<i>lamivudine tab 150 mg</i>	<i>81</i>
<i>lamivudine tab 300 mg</i>	<i>81</i>
<i>lamivudine-zidovudine tab 150-300 mg</i>	<i>81</i>

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 methylphenidate hcl cap er 24hr 30 mg (xr)
5
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NITRO-DUR DIS 0.4MG/HR.....	26		
NITRO-DUR DIS 0.6MG/HR.....	26		
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<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	95	<i>nortriptyline hcl cap 25 mg</i>	44
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	96	<i>nortriptyline hcl cap 50 mg</i>	44
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	96	<i>nortriptyline hcl cap 75 mg</i>	44
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	96	<i>nortriptyline hcl soln 10 mg/5ml</i>	44
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<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	96	NOVA SAFETY MIS LANC 23G	147
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<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	122	NOVA SUREFLX MIS LANC DEV	147
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<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	96	NOVOLIN N INJ 100 UNIT	47
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	96	NOVOLIN N INJ U-100	47
<i>norethindrone tab 0.35 mg</i>	97	NOVOLIN R INJ 100 UNIT	47
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<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	96	NOVOLOG INJ 100/ML	47
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	96	NOVOLOG INJ FLEXPEN	47
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	96	NOVOLOG INJ PENFILL.....	47
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		NUCALA INJ 100MG/ML	29
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		NURTEC TAB 75MG ODT	161
		NUZYRA TAB 150MG	182
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		<i>nystatin cream 100000 unit/gm</i>	103
		<i>nystatin oint 100000 unit/gm</i>	103
		<i>nystatin susp 100000 unit/ml</i>	167
		<i>nystatin tab 500000 unit</i>	51

nystatin topical powder 100000 unit/gm	103
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	103
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	103
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o	
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	120
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	120
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	120
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	120
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	120
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	121
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	121
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	121
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ofloxacin tab 300 mg	123
ofloxacin tab 400 mg	123
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olanzapine-fluoxetine hcl cap 12-50 mg	178
olanzapine-fluoxetine hcl cap 3-25 mg	178
olanzapine-fluoxetine hcl cap 6-25 mg	178
olanzapine-fluoxetine hcl cap 6-50 mg	178
olanzapine for im inj 10 mg	77
olanzapine orally disintegrating tab 10 mg	77
olanzapine orally disintegrating tab 15 mg	77
olanzapine orally disintegrating tab 20 mg	77

olanzapine orally disintegrating tab 5 mg	77
olanzapine tab 10 mg	77
olanzapine tab 15 mg	77
olanzapine tab 2.5 mg	77
olanzapine tab 20 mg	77
olanzapine tab 5 mg	77
olanzapine tab 7.5 mg	77
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	60
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	60
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	60
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	60
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	60
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	60
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	60
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	60
olmesartan medoxomil tab 20 mg	57
olmesartan medoxomil tab 40 mg	57
olmesartan medoxomil tab 5 mg	57
olopatadine hcl nasal soln 0.6%	169
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omega-3-acid ethyl esters cap 1 gm	52
omeprazole cap delayed release 10 mg	186
omeprazole cap delayed release 20 mg	186
omeprazole cap delayed release 40 mg	186
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OMNIPOD 5 DX KIT INT G7G6	147
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OMNIPOD 5 G7 KIT INTRO	147
OMNIPOD 5 G7 MIS PODS	147
OMNIPOD 5 LB KIT INTRO G6	147
OMNIPOD 5 LB MIS PODS G6	147
OMNIPOD DASH KIT INTRO	147
OMNIPOD DASH KIT PDM	147
OMNIPOD DASH MIS PODS	147
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ondansetron hcl oral soln 4 mg/5ml	49

<i>ondansetron hcl tab 24 mg</i>	50	ORENITRAM TAB MONTH 2.....	92
<i>ondansetron hcl tab 4 mg</i>	49	ORENITRAM TAB MONTH 3.....	92
<i>ondansetron hcl tab 8 mg</i>	50	ORFADIN CAP 10MG	119
<i>ondansetron orally disintegrating tab 4 mg</i>	50	ORFADIN CAP 20MG.....	119
<i>ondansetron orally disintegrating tab 8 mg</i>	50	ORFADIN CAP 2MG	119
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ORAPRED ODT TAB 15MG.....	98	OTREXUP INJ 10MG.....	10
ORAPRED ODT TAB 30MG.....	98	OTREXUP INJ 12.5/0.4.....	10
ORAVIG TAB 50MG.....	167	OTREXUP INJ 15MG	10
ORENCIA CLCK INJ 125MG/ML	14	OTREXUP INJ 17.5/0.4.....	10
ORENCIA INJ 125MG/ML	14	OTREXUP INJ 20MG	10
ORENCIA INJ 50/0.4ML.....	14	OTREXUP INJ 22.5/0.4.....	10
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oxandrolone tab 2.5 mg	22
oxaprozin cap 300 mg	13
oxaprozin tab 600 mg	13
oxazepam cap 10 mg	27
oxazepam cap 15 mg	27
oxazepam cap 30 mg	27
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	37
oxcarbazepine tab 150 mg	37
oxcarbazepine tab 300 mg	37
oxcarbazepine tab 600 mg	37
oxcarbazepine tab er 24hr 150 mg	37
oxcarbazepine tab er 24hr 300 mg	37
oxcarbazepine tab er 24hr 600 mg	37
OXERVATE SOL 20MCG/ML	172
oxiconazole nitrate cream 1%	103
OXISTAT CRE 1%	103
OXISTAT LOT 1%	103
OXTELLAR XR TAB 150MG	37
OXTELLAR XR TAB 300MG	37
OXTELLAR XR TAB 600MG	37
oxybutynin chloride solution 5 mg/5ml	187
oxybutynin chloride tab 5 mg	187
oxybutynin chloride tab er 24hr 10 mg	187
oxybutynin chloride tab er 24hr 15 mg	187
oxybutynin chloride tab er 24hr 5 mg	187
oxycodone hcl cap 5 mg	19
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	19
oxycodone hcl soln 5 mg/5ml	19
oxycodone hcl tab 10 mg	19
oxycodone hcl tab 15 mg	19
oxycodone hcl tab 20 mg	19
oxycodone hcl tab 30 mg	19
oxycodone hcl tab 5 mg	19
oxycodone hcl tab er 12hr deter 10 mg	19
oxycodone hcl tab er 12hr deter 20 mg	19
oxycodone hcl tab er 12hr deter 40 mg	19
oxycodone hcl tab er 12hr deter 80 mg	19
oxycodone w/ acetaminophen tab 10-325 mg	21

oxycodone w/ acetaminophen tab 2.5-325 mg	21
oxycodone w/ acetaminophen tab 5-325 mg	21
oxycodone w/ acetaminophen tab 7.5-325 mg	21
oxymorphone hcl tab 10 mg	19
oxymorphone hcl tab 5 mg	19
OZEMPIC INJ 2MG/3ML	46
OZEMPIC INJ 4MG/3ML	46
OZEMPIC INJ 8MG/3ML	47
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paliperidone tab er 24hr 1.5 mg	75
paliperidone tab er 24hr 3 mg	75
paliperidone tab er 24hr 6 mg	75
paliperidone tab er 24hr 9 mg	75
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	50
PAMELOR CAP 10MG	44
PAMELOR CAP 25MG	44
PAMELOR CAP 50MG	44
PAMELOR CAP 75MG	44
PANCREAZE CAP 10500UNT	114
PANCREAZE CAP 16800UNT	114
PANCREAZE CAP 21000UNT	114
PANCREAZE CAP 2600UNIT	114
PANCREAZE CAP 37000	114
PANCREAZE CAP 4200UNIT	114
PANDEL CRE 0.1%	110
PANRETIN GEL 0.1%	103
pantoprazole sodium ec tab 20 mg (base equiv)	186
pantoprazole sodium ec tab 40 mg (base equiv)	186
pantoprazole sodium for iv soln 40 mg (base equiv)	186
paricalcitol cap 1 mcg	119
paricalcitol cap 2 mcg	119
paricalcitol cap 4 mcg	119
PARLODEL CAP 5MG	73
PARLODEL TAB 2.5MG	73
PARNATE TAB 10MG	40
paroxetine hcl oral susp 10 mg/5ml (base equiv)	41

<i>paroxetine hcl tab 10 mg</i>	41	<i>perampanel tab 2 mg</i>	34
<i>paroxetine hcl tab 20 mg</i>	41	<i>perampanel tab 4 mg</i>	34
<i>paroxetine hcl tab 30 mg</i>	41	<i>perampanel tab 6 mg</i>	34
<i>paroxetine hcl tab 40 mg</i>	41	<i>perampanel tab 8 mg</i>	34
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	41	PERFECT 28G MIS LANCETS.....	147
<i>paroxetine hcl tab er 24hr 25 mg</i>	41	PERFECT 30G MIS LANCETS	147
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	41	PERFECT POIN MIS 25GX1.....	157
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PAXLOVID TAB 150-100.....	82	<i>perindopril erbumine tab 2 mg</i>	56
PAXLOVID TAB 300-100	82, 83	<i>perindopril erbumine tab 4 mg</i>	56
<i>pazopanib hcl tab 200 mg (base equiv)</i>	69	<i>perindopril erbumine tab 8 mg</i>	56
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-</i> <i>0.0194-0.0065 mg/5ml</i>	185	<i>perphenazine-amitriptyline tab 2-10 mg</i> .	178
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-</i> <i>0.0194-0.0065 mg</i>	185	<i>perphenazine-amitriptyline tab 2-25 mg</i> .178	
PEDIAPRED SOL 5MG/5ML	98	<i>perphenazine-amitriptyline tab 4-10 mg</i> .178	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i> <i>soln 236 gm</i>	133	<i>perphenazine-amitriptyline tab 4-25 mg</i> .178	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i> <i>soln 240 gm</i>	133	<i>perphenazine-amitriptyline tab 4-50 mg</i> 178	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-</i> <i>c for soln 100 gm</i>	133	<i>perphenazine tab 16 mg</i>	79
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i> <i>gm</i>	133	<i>perphenazine tab 2 mg</i>	79
PEG-PREP KIT	133	<i>perphenazine tab 4 mg</i>	79
<i> penciclovir cream 1%</i>	107	<i>perphenazine tab 8 mg</i>	79
<i>penicillamine cap 250 mg</i>	164	PERSERIS INJ 120MG	75
<i>penicillamine tab 250 mg</i>	164	PERSERIS INJ 90MG	75
<i>penicillin v potassium for soln 125 mg/5ml</i>	175	PERTZYE CAP 16000U	114
<i>penicillin v potassium for soln 250 mg/5ml</i>	175	PERTZYE CAP 24000U.....	114
<i>penicillin v potassium tab 250 mg</i>	175	PERTZYE CAP 4000UNIT	114
<i>penicillin v potassium tab 500 mg</i>	175	PERTZYE CAP 8000UNIT.....	114
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<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	21	PHARM TRAY MIS 12ML/LL.....	157
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<i>pentoxifylline tab er 400 mg</i>	129	PHARM TRAY MIS 20ML/LL.....	157
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<i>perampanel tab 10 mg</i>	34	PHARM TRAY MIS 3ML/LL	157
<i>perampanel tab 12 mg</i>	34	PHARM TRAY MIS 60ML/LL.....	157
		PHARM TRAY MIS 6ML	157
		PHEBURANE MIS 483/GM.....	119
		<i>phenazopyridine hcl tab 100 mg</i>	128
		<i>phenazopyridine hcl tab 200 mg</i>	128
		<i>phenelzine sulfate tab 15 mg</i>	40
		<i>phenobarbital elixir 20 mg/5ml</i>	132
		<i>phenobarbital tab 100 mg</i>	132
		<i>phenobarbital tab 15 mg</i>	132
		<i>phenobarbital tab 16.2 mg</i>	132

<i>phenobarbital tab 30 mg</i>	132	<i>pirfenidone tab 801 mg</i>	182
<i>phenobarbital tab 32.4 mg</i>	132	<i>piroxicam cap 10 mg</i>	13
<i>phenobarbital tab 60 mg</i>	132	<i>piroxicam cap 20 mg</i>	13
<i>phenobarbital tab 64.8 mg</i>	132	<i>pitavastatin calcium tab 1 mg</i>	54
<i>phenobarbital tab 97.2 mg</i>	132	<i>pitavastatin calcium tab 2 mg</i>	54
<i>phenoxybenzamine hcl cap 10 mg</i>	57	<i>pitavastatin calcium tab 4 mg</i>	54
<i>phenylephrine hcl ophth soln 10%</i>	171	PLAQUENIL TAB 200MG	62
<i>phenylephrine hcl ophth soln 2.5%</i>	171	PLEGRIDY INJ	180
<i>phenytoin chew tab 50 mg</i>	39	PLEGRIDY INJ PEN	180
<i>phenytoin sodium extended cap 100 mg</i>	39	PLEGRIDY INJ STARTER	180
<i>phenytoin sodium extended cap 200 mg</i>	39	PLEGRIDY PEN INJ STARTER	180
<i>phenytoin sodium extended cap 300 mg</i>	39	PLEXION CLTH PAD 9.8-4.8%	101
<i>phenytoin susp 125 mg/5ml</i>	39	PLEXION CRE 9.8-4.8%	101
PHEXXI GEL	188	PLEXION LIQ 9.8-4.8%	101
PHOSLYRA SOL	126	PLEXION LOT 9.8-4.8%	101
PHOSPHOLINE SOL 0.125%OP	171	POCKET CHAMB MIS	161
<i>phytonadione tab 5 mg</i>	189	POCKETCHEM SOL EZ	147
<i>pilocarpine hcl ophth soln 1%</i>	171	POCKET SPACE MIS	161
<i>pilocarpine hcl ophth soln 2%</i>	171	PODOCON-25 SOL	112
<i>pilocarpine hcl ophth soln 4%</i>	171	<i>podofilox gel 0.5%</i>	112
<i>pilocarpine hcl tab 5 mg</i>	167	<i>podofilox soln 0.5%</i>	112
<i>pilocarpine hcl tab 7.5 mg</i>	167	POLY HUB MIS 18GX1	157
<i>pimecrolimus cream 1%</i>	111	POLY HUB MIS 18GX1.5	157
<i>pimozide tab 1 mg</i>	181	POLY HUB MIS 20GX1	157
<i>pimozide tab 2 mg</i>	181	POLY HUB MIS 21GX1	157
<i>pindolol tab 10 mg</i>	86	POLY HUB MIS 21GX1.5	157
<i>pindolol tab 5 mg</i>	86	POLY HUB MIS 22GX1	157
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	45	POLY HUB MIS 22GX1.5	157
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	45	POLY HUB MIS 23GX1	157
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		POLY HUB MIS 23GX1.5	157
<i>mg</i>	45	POLY HUB MIS 25GX1	157
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		POLY HUB MIS 25GX1.5	157
<i>mg</i>	45	POLY HUB MIS 25GX5/8	157
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	48	POLY HUB MIS 27GX1/2	157
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	48	POLY HUB MIS 27GX1.25	157
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	48	POLY HUB MIS 30GX1/2	157
PIP CONTROL LIQ	147	<i>polymyxin b-trimethoprim ophth soln</i>	
PIP LANCETS MIS 28G	147	<i>10000 unit/ml-0.1%</i>	172
PIP LANCETS MIS 30G	147	POMALYST CAP 1MG	66
PIQRAY 200MG TAB DOSE	69	POMALYST CAP 2MG	66
PIQRAY 250MG TAB DOSE	69	POMALYST CAP 3MG	66
PIQRAY 300MG TAB DOSE	69	POMALYST CAP 4MG	66
<i>pirfenidone cap 267 mg</i>	182	PONVORY TAB 20MG	180
<i>pirfenidone tab 267 mg</i>	182	PONVORY TAB STARTER	180

<i>posaconazole susp 40 mg/ml</i>	51
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	127
<i>potassium chloride cap er 10 meq</i>	163
<i>potassium chloride cap er 8 meq</i>	163
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	163
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	163
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	163
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	163
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	164
<i>potassium chloride powder packet 20 meq</i>	164
<i>potassium chloride tab er 10 meq</i>	164
<i>potassium chloride tab er 15 meq</i>	164
<i>potassium chloride tab er 20 meq (1500 mg)</i>	164
<i>potassium chloride tab er 8 meq (600 mg)</i>	164
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	127
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	127
<i>potassium citrate tab er 10 meq (1080 mg)</i>	127
<i>potassium citrate tab er 15 meq (1620 mg)</i>	127
<i>potassium citrate tab er 5 meq (540 mg)</i>	127
<i>POVIDONE IOD SOL 5%</i>	172
<i>pramipexole dihydrochloride tab 0.125 mg</i>	73
<i>pramipexole dihydrochloride tab 0.25 mg</i>	73
<i>pramipexole dihydrochloride tab 0.5 mg</i>	73
<i>pramipexole dihydrochloride tab 0.75 mg</i>	73
<i>pramipexole dihydrochloride tab 1.5 mg</i>	73
<i>pramipexole dihydrochloride tab 1 mg</i>	73
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	73
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	73
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	73
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	73
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	73
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	73
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	73
<i>PRAMOSONE CRE 1-1%</i>	110
<i>PRAMOSONE CRE 1-2.5%</i>	110
<i>PRAMOSONE LOT 1%</i>	110
<i>PRAMOSONE LOT 2.5%</i>	110
<i>PRAMOSONE OIN 1%</i>	110
<i>PRAMOSONE OIN 2.5%</i>	110
<i>pramoxine-hc cream 1-2.5%</i>	110
<i>prasugrel hcl tab 10 mg (base equiv)</i>	129
<i>prasugrel hcl tab 5 mg (base equiv)</i>	129
<i>pravastatin sodium tab 10 mg</i>	54
<i>pravastatin sodium tab 20 mg</i>	54
<i>pravastatin sodium tab 40 mg</i>	54
<i>pravastatin sodium tab 80 mg</i>	54
<i>praziquantel tab 600 mg</i>	23
<i>prazosin hcl cap 1 mg</i>	58
<i>prazosin hcl cap 2 mg</i>	58
<i>prazosin hcl cap 5 mg</i>	58
<i>PR BENZOYL LIQ 7% WASH</i>	101
<i>PRECISION LIQ GLUC/KET</i>	147
<i>PRECISN XTRA TES KETONE</i>	114
<i>prednisolone acetate ophth susp 1%</i>	173
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	98
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	98
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	98
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	98
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	98

<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	98	<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	168
<i>prednisolone soln 15 mg/5ml</i>	98	<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	168
PREDNISOLONE SUS 1%	173	<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	168
<i>prednisolone tab 5 mg</i>	98	<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	168
PREDNISONE CON 5MG/ML	98	<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	168
<i>prednisone oral soln 5 mg/5ml</i>	98	<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	167
<i>prednisone tab 10 mg</i>	98	PREPIDIL GEL 0.5MG/3G	174
<i>prednisone tab 1 mg</i>	98	PREP PADS PAD	153
<i>prednisone tab 2.5 mg</i>	98	PRETOMANID TAB 200MG	63
<i>prednisone tab 20 mg</i>	98	PREVYMIS PAK 120MG	83
<i>prednisone tab 50 mg</i>	98	PREVYMIS PAK 20MG	83
<i>prednisone tab 5 mg</i>	98	PREVYMIS TAB 240MG	83
<i>prednisone tab therapy pack 10 mg (21)</i> ..	98	PREVYMIS TAB 480MG	83
<i>prednisone tab therapy pack 10 mg (48)</i> ..	98	PREZCOBIX TAB 800-150	82
<i>prednisone tab therapy pack 5 mg (21)</i>	98	PRIFTIN TAB 150MG	63
<i>prednisone tab therapy pack 5 mg (48)</i>	98	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	62
PRED SOD PHO SOL 1% OP	173	PRIMAQUINE TAB 26.3MG	62
PREFEST TAB	122	<i>primidone tab 250 mg</i>	37
<i>pregabalin cap 100 mg</i>	37	<i>primidone tab 50 mg</i>	37
<i>pregabalin cap 150 mg</i>	37	PRISMASOL SOL 0/0/1.2	164
<i>pregabalin cap 200 mg</i>	37	PRISMASOL SOL 0/2.5	164
<i>pregabalin cap 225 mg</i>	37	PRISMASOL SOL 2/0	164
<i>pregabalin cap 25 mg</i>	37	PRISMASOL SOL 2/3.5	164
<i>pregabalin cap 300 mg</i>	37	PRISMASOL SOL 4/0/1.2	164
<i>pregabalin cap 50 mg</i>	37	PRISMASOL SOL 4/2.5	164
<i>pregabalin cap 75 mg</i>	37	PRISMASOL SOL B22GK4/0	164
<i>pregabalin soln 20 mg/ml</i>	37	<i>probenecid tab 500 mg</i>	128
<i>pregabalin tab er 24hr 165 mg</i>	181	PROCARDIA XL TAB 30MG CR	88
<i>pregabalin tab er 24hr 330 mg</i>	181	PROCARDIA XL TAB 60MG CR	88
<i>pregabalin tab er 24hr 82.5 mg</i>	181	PROCARDIA XL TAB 90MG CR	88
PREGNYL INJ 10000UNT	118	<i>prochlorperazine edisylate inj 10 mg/2ml</i> ..	79
PREMARIN INJ 25MG	123	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	79
PREMPHASE TAB	122	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	79
PREMPRO TAB	122	<i>prochlorperazine suppos 25 mg</i>	79
PREMPRO TAB 0.3-1.5	122	PRO COMFORT MIS 31G	147
PREMPRO TAB 0.45-1.5	122		
PREMPRO TAB 0.625-5	122		
PRENATAL TAB	167		
PRENATAL TAB 28-0.8MG	167		
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PRENATAL VIT TAB 28-0.8MG	168		
PRENATAL VIT TAB MINERALS	168		

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PRO COMFORT MIS LANCETS.....	147	<i>propafenone hcl tab 225 mg</i>	28
PRO COMFORT PAD ALCOHOL.....	153	<i>propafenone hcl tab 300 mg</i>	28
PROCORT CRE	23	<i>proparacaine hcl ophth soln 0.5%</i>	172
PROCRIT INJ 10000/ML	131	<i>propranolol hcl cap er 24hr 120 mg</i>	86
PROCRIT INJ 2000/ML.....	131	<i>propranolol hcl cap er 24hr 160 mg</i>	86
PROCRIT INJ 20000/ML	131	<i>propranolol hcl cap er 24hr 60 mg</i>	86
PROCRIT INJ 3000/ML.....	131	<i>propranolol hcl cap er 24hr 80 mg</i>	86
PROCRIT INJ 4000/ML.....	131	<i>propranolol hcl oral soln 20 mg/5ml</i>	86
PROCRIT INJ 40000/ML	131	<i>propranolol hcl oral soln 40 mg/5ml</i>	86
PROCTOCORT SUP 30MG.....	23	<i>propranolol hcl tab 10 mg</i>	86
PROCTOFOAM AER HC 1%	23	<i>propranolol hcl tab 20 mg</i>	86
PRODIGY MIS 26G.....	147	<i>propranolol hcl tab 40 mg</i>	86
PRODIGY MIS 28G.....	147	<i>propranolol hcl tab 60 mg</i>	86
PRODIGY MIS LANC DEV	148	<i>propranolol hcl tab 80 mg</i>	86
PRODIGY SOL HIGH.....	148	<i>propylthiouracil tab 50 mg</i>	183
PRODIGY SOL LOW	148	PROSCAR TAB 5MG.....	127
<i>progesterone cap 100 mg</i>	176	PROTONIX INJ 40MG.....	186
<i>progesterone cap 200 mg</i>	176	<i>protriptyline hcl tab 10 mg</i>	44
<i>progesterone im in oil 50 mg/ml</i>	176	<i>protriptyline hcl tab 5 mg</i>	44
PROGLYCEM SUS 50MG/ML	46	PROVERA TAB 10MG	176
PROGRAF CAP 0.5MG.....	165	PROVERA TAB 2.5MG.....	176
PROGRAF CAP 1MG.....	165	PROVERA TAB 5MG.....	176
PROGRAF CAP 5MG	166	<i>prucalopride succinate tab 1 mg (base</i> <i>equivalent)</i>	123
PROGRAF GRA 0.2MG.....	166	<i>prucalopride succinate tab 2 mg (base</i> <i>equivalent)</i>	123
PROGRAF GRA 1MG.....	166	PRUDOXIN CRE 5%	103
PROLENSA DRO 0.07% OP	174	<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	99
<i>promethazine & phenylephrine syrup 6.25-</i> <i>5 mg/5ml</i>	99	PSS SAFE LAN MIS.....	148
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	99	PSS SEL LANC MIS	148
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	52	PSS SEL PLAT MIS	148
<i>promethazine hcl suppos 12.5 mg</i>	52	PULMICORT INH 180MCG.....	30
<i>promethazine hcl suppos 25 mg</i>	52	PULMICORT INH 90MCG	30
<i>promethazine hcl suppos 50 mg</i>	52	PULMICORT SUS 0.25MG/2	30
<i>promethazine hcl tab 12.5 mg</i>	52	PULMICORT SUS 0.5MG/2	30
<i>promethazine hcl tab 25 mg</i>	52	PULMICORT SUS 1MG/2ML	30
<i>promethazine hcl tab 50 mg</i>	52	PULMOZYME SOL 1MG/ML	182
<i>promethazine-phenylephrine-codeine</i> <i>syrup 6.25-5-10 mg/5ml</i>	99	PURE COMFORT MIS 30G LAN.....	148
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	99	PURE COMFORT PAD	153
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<i>propafenone hcl cap er 12hr 325 mg</i>	28	PX LANCETS MIS 28G	148
<i>propafenone hcl cap er 12hr 425 mg</i>	28	PX LANCETS MIS 33G	148

PX PRENATAL TAB MULTIVIT	168
PYLERA CAP	186
<i>pyrazinamide tab 500 mg</i>	63
PYRIDIUM TAB 100MG	128
PYRIDIUM TAB 200MG	128
<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i>	62
<i>pyridostigmine bromide tab 60 mg</i>	62
<i>pyridostigmine bromide tab er 180 mg</i>	62
<i>pyrimethamine tab 25 mg</i>	62
PYROGALL ACD OIN	112
PYZCHIVA INJ 45/0.5ML	105
PYZCHIVA INJ 90MG/ML	105
Q	
QBRELIS SOL 1MG/ML	56
QBREXZA PAD 2.4%	112
QC ALCOHOL PAD SWABS	153
QC LANCETS MIS 28G	148
QC LANCETS MIS 30G	148
QC LANCING MIS DEVICE	148
QC PRENATAL TAB 28-0.8MG	168
QELBREE CAP 100MG ER	4
QELBREE CAP 150MG ER	4
QELBREE CAP 200MG ER	4
QSYMIA CAP 11.25-69	3
QSYMIA CAP 15-92MG	3
QSYMIA CAP 3.75-23	3
QSYMIA CAP 7.5-46MG	3
QUALAQUIN CAP 324MG	62
QUARTETTE TAB	96
QUDEXY XR CAP 100/24HR	38
QUDEXY XR CAP 150/24HR	38
QUDEXY XR CAP 200/24HR	38
QUDEXY XR CAP 25/24HR	37
QUDEXY XR CAP 50/24HR	38
QUESTRAN POW 4GM	53
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<i>quetiapine fumarate tab 100 mg</i>	77
<i>quetiapine fumarate tab 150 mg</i>	77
<i>quetiapine fumarate tab 200 mg</i>	77
<i>quetiapine fumarate tab 25 mg</i>	77
<i>quetiapine fumarate tab 300 mg</i>	77
<i>quetiapine fumarate tab 400 mg</i>	77
<i>quetiapine fumarate tab 50 mg</i>	77

<i>quetiapine fumarate tab er 24hr 150 mg</i>	77
<i>quetiapine fumarate tab er 24hr 200 mg</i>	77
<i>quetiapine fumarate tab er 24hr 300 mg</i>	77
<i>quetiapine fumarate tab er 24hr 400 mg</i>	77
<i>quetiapine fumarate tab er 24hr 50 mg</i>	77
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quinapril hcl tab 10 mg	56
quinapril hcl tab 20 mg	56
quinapril hcl tab 40 mg	56
quinapril hcl tab 5 mg	56
quinapril-hydrochlorothiazide tab 10-12.5	
<i>mg</i>	60
quinapril-hydrochlorothiazide tab 20-12.5	
<i>mg</i>	60
quinapril-hydrochlorothiazide tab 20-25 mg	
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quinidine gluconate tab er 324 mg	28
quinine sulfate cap 324 mg	62
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QULIPTA TAB 10MG	161
QULIPTA TAB 30MG	161
QULIPTA TAB 60MG	161
QUVIVIQ TAB 25MG	133
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RA ALCOHOL PAD SWABS	153
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<i>rabeprazole sodium ec tab 20 mg</i>	186
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RADICAVA ORS SUS STARTER	169
RADIOGARDASE CAP 0.5GM	49
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RA E-ZJECT MIS THIN 26G	148
RA E-ZJECT MIS THIN 28G	148
RA E-ZJECT MIS ULT THIN	148
RAGWITEK SUB	6
<i>raloxifene hcl tab 60 mg</i>	118
<i>ramelteon tab 8 mg</i>	133
<i>ramipril cap 1.25 mg</i>	56
<i>ramipril cap 10 mg</i>	56
<i>ramipril cap 2.5 mg</i>	56
<i>ramipril cap 5 mg</i>	56
<i>ranolazine tab er 12hr 1000 mg</i>	25
<i>ranolazine tab er 12hr 500 mg</i>	25

RAPAMUNE SOL 1MG/ML	166	RELION ULTRA MIS THIN 30G	148
RAPAMUNE TAB 0.5MG.....	166	RELION ULTRA MIS THIN PLS.....	148
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RA PRENATAL TAB 28-0.8MG	168	REMERON SLTB TAB 30MG	40
RA PRENATAL TAB FORMULA.....	168	REMERON SLTB TAB 45MG	40
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>		REMERON TAB 15MG.....	40
.....	74	REMERON TAB 30MG.....	40
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	74	<i>repaglinide tab 0.5 mg</i>	48
RAYA SURE MIS 29GX12MM.....	157	<i>repaglinide tab 1 mg</i>	48
READYLANCE MIS 21G	148	<i>repaglinide tab 2 mg</i>	48
READYLANCE MIS 23G	148	REPATHA INJ 140MG/ML	55
READYLANCE MIS 26G	148	REPATHA PUSH INJ 420/3.5.....	55
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REGLAN TAB 10MG.....	124	RETEVMO TAB 160MG.....	69
REGLAN TAB 5MG	124	RETEVMO TAB 40MG	69
REGRANEX GEL 0.01%.....	113	RETEVMO TAB 80MG	69
RELENZA MIS DISKHALE.....	84	RETIN-A CRE 0.025%.....	101
RELION KIT LANCING.....	148	RETIN-A CRE 0.05%.....	101
RELION LANCE MIS THIN 26G	148	RETIN-A CRE 0.1%	101
RELION LANCE MIS THIN 30G.....	148	RETIN-A GEL 0.01%.....	101
RELION LANCI MIS DEVICE	148	RETIN-A GEL 0.025%.....	101
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RELION PEN MIS 29GX12MM	158	RETROVIR SYP 50MG/5ML.....	82
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REVLIMID CAP 20MG	164	RISPERDAL TAB 4MG	76
REVLIMID CAP 25MG	164	<i>risperidone microspheres for im extended</i>	
REVLIMID CAP 5MG	164	<i>rel susp 12.5 mg</i>	76
REXULTI TAB 0.25MG	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 0.5MG	79	<i>rel susp 25 mg.....</i>	76
REXULTI TAB 1MG.....	79	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 2MG.....	80	<i>rel susp 37.5 mg</i>	76
REXULTI TAB 3MG.....	80	<i>risperidone microspheres for im extended</i>	
REXULTI TAB 4MG	80	<i>rel susp 50 mg</i>	76
REYVOW TAB 100MG	162	<i>risperidone orally disintegrating tab 0.25</i>	
REYVOW TAB 50MG.....	162	<i>mg</i>	76
<i>ribavirin cap 200 mg</i>	83	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>ribavirin tab 200 mg.....</i>	83	<i>.....</i>	76
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<i>rifampin cap 150 mg</i>	63	<i>risperidone orally disintegrating tab 3 mg</i>	76
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RIGHTEST MIS GD500.....	148	<i>risperidone tab 1 mg</i>	76
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<i>riluzole tab 50 mg</i>	170	<i>risperidone tab 4 mg.....</i>	76
<i>rimantadine hydrochloride tab 100 mg.....</i>	84	RITALIN LA CAP 10MG	6
RINVOQ LQ SOL 1MG/ML	8	RITALIN LA CAP 20MG	6
RINVOQ TAB 15MG ER	8	RITALIN LA CAP 30MG	6
RINVOQ TAB 30MG ER	9	RITALIN LA CAP 40MG	6
RINVOQ TAB 45MG ER.....	9	RITALIN TAB 10MG	6
<i>risedronate sodium tab 150 mg.....</i>	117	RITALIN TAB 20MG	6
<i>risedronate sodium tab 30 mg</i>	117	RITALIN TAB 5MG.....	6
<i>risedronate sodium tab 35 mg.....</i>	117	RITEFLO MIS	161
<i>risedronate sodium tab 5 mg.....</i>	117	<i>ritonavir tab 100 mg</i>	82
<i>risedronate sodium tab delayed release 35</i>		<i>rivaroxaban tab 2.5 mg.....</i>	32
<i>mg.....</i>	117	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
RISPERDAL INJ 12.5MG	75	<i>equivalent)</i>	177
RISPERDAL INJ 25MG.....	75	<i>rivastigmine tartrate cap 3 mg (base</i>	
RISPERDAL INJ 37.5MG	75	<i>equivalent)</i>	177
RISPERDAL INJ 50MG	75	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
RISPERDAL SOL 1MG/ML.....	75	<i>equivalent)</i>	177
RISPERDAL TAB 0.5MG.....	76	<i>rivastigmine tartrate cap 6 mg (base</i>	
RISPERDAL TAB 1MG	76	<i>equivalent)</i>	177
RISPERDAL TAB 2MG.....	76	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	177

<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	177	<i>rufinamide tab 200 mg</i>	38
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	177	<i>rufinamide tab 400 mg</i>	38
<i>rizatriptan benzoate oral disintegrating tab</i> <i>10 mg (base eq)</i>	162	RUKOBIA TAB 600MG ER.....	82
<i>rizatriptan benzoate oral disintegrating tab</i> <i>5 mg (base eq)</i>	162	RYBELSUS TAB 1.5MG	47
<i>rizatriptan benzoate tab 10 mg (base</i> <i>equivalent)</i>	162	RYBELSUS TAB 14MG	47
<i>rizatriptan benzoate tab 5 mg (base</i> <i>equivalent)</i>	162	RYBELSUS TAB 3MG	47
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<i>roflumilast tab 250 mcg</i>	30	RYDAPT CAP 25MG	69
<i>roflumilast tab 500 mcg</i>	30	RYTARY CAP 145MG	74
<i>ropinirole hydrochloride tab 0.25 mg</i>	73	RYTARY CAP 195MG	74
<i>ropinirole hydrochloride tab 0.5 mg</i>	73	RYTARY CAP 245MG	74
<i>ropinirole hydrochloride tab 1 mg</i>	73	RYTARY CAP 95MG.....	74
<i>ropinirole hydrochloride tab 2 mg</i>	73	RYTHMOL SR CAP 225MG	28
<i>ropinirole hydrochloride tab 3 mg</i>	73	RYTHMOL SR CAP 325MG	28
<i>ropinirole hydrochloride tab 4 mg</i>	73	RYTHMOL SR CAP 425MG.....	28
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<i>ropinirole hydrochloride tab er 24hr 12 mg</i> <i>(base equivalent)</i>	74	<i>sacubitril-valsartan tab 24-26 mg</i>	90
<i>ropinirole hydrochloride tab er 24hr 2 mg</i> <i>(base equivalent)</i>	73	<i>sacubitril-valsartan tab 49-51 mg</i>	90
<i>ropinirole hydrochloride tab er 24hr 4 mg</i> <i>(base equivalent)</i>	73	<i>sacubitril-valsartan tab 97-103 mg</i>	90
<i>ropinirole hydrochloride tab er 24hr 6 mg</i> <i>(base equivalent)</i>	73	SAFE-T-LANCE MIS 21G.....	148
<i>ropinirole hydrochloride tab er 24hr 8 mg</i> <i>(base equivalent)</i>	74	SAFE-T-LANCE MIS 25G	148
<i>rosuvastatin calcium tab 10 mg</i>	54	SAFE-T-LANCE MIS HI FLOW	149
<i>rosuvastatin calcium tab 20 mg</i>	54	SAFE-T-LANCE MIS LOW FLOW	149
<i>rosuvastatin calcium tab 40 mg</i>	54	SAFE-T-LANCE MIS NOR FLOW	149
<i>rosuvastatin calcium tab 5 mg</i>	54	SAFE-T-PRO MIS LANCETS.....	149
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SALAGEN TAB 5MG	167	<i>saxagliptin-metformin hcl tab er 24hr 5-</i>	
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<i>salicylic acid film forming liquid 27.5%</i> ...	112	<i>mg</i>	45
<i>salicylic acid foam 6%</i>	112	SAXENDA INJ 18MG/3ML.....	3
<i>salicylic acid gel 6%</i>	112	SB ALCOHOL PAD PREP	153
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<i>salsalate tab 750 mg</i>	16	SCEMBLIX TAB 40MG	69
SALVAX AER 6%	112	<i>scopolamine td patch 72hr 1 mg/3days</i>	50
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SANDIMMUNE CAP 25MG.....	166	<i>selenium sulfide lotion 2.5%</i>	107
SANDIMMUNE SOL 100MG/ML.....	166	<i>selenium sulfide shampoo 2.25%</i>	107
SANDOSTATIN INJ 100MCG	121	<i>selenium sulfide shampoo 2.3%</i>	107
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SAVELLA MIS TITR PAK	178	<i>20 mg/ml</i>	41
SAVELLA TAB 100MG	178	<i>sertraline hcl tab 100 mg</i>	41

<i>sertraline hcl tab 25 mg</i>	41	SKYCLARYS CAP 50MG	170
<i>sertraline hcl tab 50 mg</i>	41	SKYRIZI INJ 150MG/ML	105
<i>sevelamer carbonate packet 0.8 gm</i>	126	SKYRIZI INJ 180/1.2	125
<i>sevelamer carbonate packet 2.4 gm</i>	126	SKYRIZI INJ 360/2.4	125
<i>sevelamer carbonate tab 800 mg</i>	126	SKYRIZI PEN INJ 150MG/ML	106
<i>sevelamer hcl tab 400 mg</i>	126	SLIP TIP 1ML MIS	158
<i>sevelamer hcl tab 800 mg</i>	127	SLIP TIP 3ML MIS	158
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SIGNIFOR INJ 0.6MG/ML	121	SMART SENSE MIS LANC 30G	149
SIGNIFOR INJ 0.9MG/ML	121	SMART SENSE MIS LANC 33G	149
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SIKLOS TAB 100MG	130	SM TRUEDRAW MIS LANC DEV	149
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<i>sildenafil citrate tab 100 mg</i>	91	<i>sodium chloride soln nebu 10%</i>	99
<i>sildenafil citrate tab 20 mg</i>	93	<i>sodium chloride soln nebu 3%</i>	99
<i>sildenafil citrate tab 25 mg</i>	91	<i>sodium chloride soln nebu 7%</i>	99
<i>sildenafil citrate tab 50 mg</i>	91	<i>sodium citrate & citric acid soln 500-334</i>	
<i>silodosin cap 4 mg</i>	127	<i>mg/5ml</i>	127
<i>silodosin cap 8 mg</i>	127	<i>sodium fluoride cream 1.1%</i>	167
SILVADENE CRE 1%	107	<i>sodium fluoride gel 1.1% (0.5% f)</i>	167
SILVER NITRA SOL 0.5%	108	<i>sodium fluoride paste 1.1%</i>	167
<i>silver nitrate soln 0.5%</i>	108	<i>sodium fluoride rinse 0.2%</i>	167
<i>silver sulfadiazine cream 1%</i>	107	<i>sodium phenylbutyrate oral powder 3</i>	
SIMBRINZA SUS 1-0.2%	171	<i>gm/teaspoonful</i>	120
SIMPLE DIAG MIS LANCING	149	<i>sodium phenylbutyrate tab 500 mg</i>	120
<i>simvastatin tab 10 mg</i>	54	<i>sodium polystyrene sulfonate powder</i>	166
<i>simvastatin tab 20 mg</i>	54	<i>sodium polystyrene sulfonate rectal susp</i>	
<i>simvastatin tab 40 mg</i>	54	<i>30 gm/120ml</i>	166
<i>simvastatin tab 5 mg</i>	54	<i>sodium polystyrene sulfonate susp 15</i>	
<i>simvastatin tab 80 mg</i>	55	<i>gm/60ml</i>	166
SINEMET TAB 10-100MG	74	SOD SUL/SULF EMU 10-5%	101
SINEMET TAB 25-100MG	74	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
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<i>sirolimus oral soln 1 mg/ml</i>	166	SOFTCLIX MIS LANCETS	149
<i>sirolimus tab 0.5 mg</i>	166	SOGROYA INJ 10MG/1.5	118
<i>sirolimus tab 1 mg</i>	166	SOGROYA INJ 15MG/1.5	118
<i>sirolimus tab 2 mg</i>	166	SOGROYA INJ 5MG/1.5	118
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SIRTURO TAB 20MG	63	<i>solifenacin succinate tab 5 mg</i>	187
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SIVEXTRO TAB 200MG	25	SOLODYN TAB 105MG	183

SOLODYN TAB 115MG	183	<i>spironolactone tab 50 mg</i>	116
SOLODYN TAB 55MG	183	SPORANOX CAP 100MG	51
SOLODYN TAB 65MG	183	SPORANOX SOL 10MG/ML	51
SOLODYN TAB 80MG	183	SPRAVATO SOL 56MG DOS	40
SOLTAMOX SOL 10MG/5ML	66	SPRAVATO SOL 84MG DOS	40
SOLU-CORTEF INJ 1000MG	98	STALEVO 100 TAB	74
SOLU-CORTEF INJ 100MG	98	STALEVO 125 TAB	74
SOLU-CORTEF INJ 250MG	98	STALEVO 150 TAB	74
SOLU-CORTEF INJ 500MG	98	STALEVO 200 TAB	74
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SOLUS V2 MIS LANC 30G	149	STALEVO 75 TAB	74
SOLUS V2 MIS LANC DEV	149	<i>stavudine cap 15 mg</i>	82
SOLUS V2 SOL HIGH	149	<i>stavudine cap 20 mg</i>	82
SOLUS V2 SOL LOW	149	<i>stavudine cap 30 mg</i>	82
SOMA TAB 250MG	168	<i>stavudine cap 40 mg</i>	82
SOMA TAB 350MG	168	STELARA INJ 45MG/0.5	106
<i>sorafenib tosylate tab 200 mg (base</i>		STELARA INJ 90MG/ML	106
<i>equivalent)</i>	70	STERILANCE MIS TL 28G	149
<i>sotalol hcl (afib/afl) tab 120 mg</i>	86	STERILANCE MIS TL 30G	149
<i>sotalol hcl (afib/afl) tab 160 mg</i>	86	STERILANCE MIS TL 32G	149
<i>sotalol hcl (afib/afl) tab 80 mg</i>	86	STIOLTO AER 2.5-2.5	32
<i>sotalol hcl tab 120 mg</i>	86	STIVARGA TAB 40MG	70
<i>sotalol hcl tab 160 mg</i>	86	STRATTERA CAP 100MG	4
<i>sotalol hcl tab 240 mg</i>	86	STRATTERA CAP 10MG	4
<i>sotalol hcl tab 80 mg</i>	86	STRATTERA CAP 18MG	4
SOTYLIZE SOL 5MG/ML	86	STRATTERA CAP 25MG	4
SOVALDI PAK 150MG	83	STRATTERA CAP 40MG	4
SOVALDI PAK 200MG	83	STRATTERA CAP 60MG	4
SOVALDI TAB 200MG	83	STRATTERA CAP 80MG	4
SOVALDI TAB 400MG	83	STRENSIQ INJ 18/0.45	120
SPACE CHAMBR MIS ANTI-STA	161	STRENSIQ INJ 28/0.7ML	120
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SPACE CHAMBR MIS MEDIUM	161	STRENSIQ INJ 80/0.8ML	120
SPACE CHAMBR MIS SMALL	161	STRIVERDI AER 2.5MCG	32
SPEVIGO INJ 150/1ML	106	STROMECTOL TAB 3MG	23
<i>spinosad susp 0.9%</i>	113	SUCRAID SOL 8500/ML	114
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SPIRIVA CAP HANDHLR	29	SULAR TAB 17MG ER	88
SPIRIVA SPR 2.5MCG	29	SULAR TAB 34MG ER	88
<i>spironolactone & hydrochlorothiazide tab</i>		SULAR TAB 8.5MG ER	88
<i>25-25 mg</i>	115	<i>sulconazole nitrate cream 1%</i>	103
<i>spironolactone susp 25 mg/5ml</i>	116	<i>sulconazole nitrate solution 1%</i>	103
<i>spironolactone tab 100 mg</i>	116	<i>sulfacetamide sodium cleansing gel 10%</i>	
<i>spironolactone tab 25 mg</i>	116		107

<i>sulfacetamide sodium liquid 10%</i>	<i>107</i>	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	<i>mg</i>	<i>24</i>
<i>sulfacetamide sodium lotion 10% (acne).101</i>		<i>sulfamethoxazole-trimethoprim tab 800-</i>		
<i>sulfacetamide sodium ophth oint 10%172</i>		<i>160 mg</i>		<i>24</i>
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<i>sulfacetamide sodium-prednisolone ophth</i>		<i>sulfasalazine tab 500 mg.....125</i>		
<i>soln 10-0.23(0.25)%</i>	<i>173</i>	<i>sulfasalazine tab delayed release 500 mg</i>		
<i>sulfacetamide sodium shampoo 10%107</i>		<i>.....125</i>		
<i>sulfacetamide sodium shampoo 9.8%...107</i>		<i>SULF LIME SOL.....113</i>		
<i>sulfacetamide sodium-sulfur in urea</i>		<i>sulindac tab 150 mg.....13</i>		
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<i>10-2%.....101</i>		<i>sumatriptan nasal spray 20 mg/act162</i>		
<i>sulfacetamide sodium w/ sulfur cleanser</i>		<i>sumatriptan nasal spray 5 mg/act162</i>		
<i>10-5%.....101</i>		<i>sumatriptan succinate inj 6 mg/0.5ml.....163</i>		
<i>sulfacetamide sodium w/ sulfur cleanser</i>		<i>sumatriptan succinate solution auto-</i>		
<i>9.8-4.8%.....101</i>		<i>injector 4 mg/0.5ml.....163</i>		
<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>		<i>sumatriptan succinate solution auto-</i>		
<i>4.5%.....101</i>		<i>injector 6 mg/0.5ml.....163</i>		
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<i>4%.....101</i>		<i>mg/0.5ml.....163</i>		
<i>sulfacetamide sodium w/ sulfur cleansing</i>		<i>sumatriptan succinate solution cartridge 6</i>		
<i>pad 10-4%.....101</i>		<i>mg/0.5ml.....163</i>		
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<i>2%.....101</i>		<i>sumatriptan succinate tab 25 mg.....163</i>		
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<i>sulfacetamide sodium w/ sulfur cream 9.8-</i>		<i>sunitinib malate cap 12.5 mg (base</i>		
<i>4.8%.....101</i>		<i>equivalent)70</i>		
<i>sulfacetamide sodium w/ sulfur emulsion</i>		<i>sunitinib malate cap 25 mg (base</i>		
<i>10-1%.....101</i>		<i>equivalent)70</i>		
<i>sulfacetamide sodium w/ sulfur foam 10-</i>		<i>sunitinib malate cap 37.5 mg (base</i>		
<i>5%.....101</i>		<i>equivalent)70</i>		
<i>sulfacetamide sodium w/ sulfur lotion 10-</i>		<i>sunitinib malate cap 50 mg (base</i>		
<i>5%.....101</i>		<i>equivalent)70</i>		
<i>sulfacetamide sodium w/ sulfur lotion 9.8-</i>		<i>SUNOSI TAB 150MG.....4</i>		
<i>4.8%.....101</i>		<i>SUNOSI TAB 75MG.....4</i>		
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<i>tacrolimus cap 1 mg</i>	<i>166</i>
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<i>tadalafil tab 10 mg.....</i>	<i>91</i>
<i>tadalafil tab 2.5 mg</i>	<i>91</i>
<i>tadalafil tab 20 mg</i>	<i>91</i>
<i>tadalafil tab 20 mg (pah)</i>	<i>93</i>
<i>tadalafil tab 5 mg</i>	<i>91</i>
TADLIQ SUS 20MG/5ML	93
TAFINLAR CAP 50MG.....	70
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TAFINLAR TAB 10MG	70
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	<i>174</i>
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TAKHZYRO INJ 150MG/ML	129
TAKHZYRO INJ 300/2ML	129
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TAMIFLU CAP 45MG.....	84
TAMIFLU CAP 75MG	84
TAMIFLU SUS 6MG/ML	84
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	<i>66</i>
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	<i>66</i>
<i>tamsulosin hcl cap 0.4 mg.....</i>	<i>127</i>
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<i>tasimelteon capsule 20 mg</i>	<i>133</i>
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<i>tazarotene cream 0.05%</i>	<i>106</i>
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<i>tazarotene gel 0.05%</i>	106	<i>terazosin hcl cap 2 mg (base equivalent)</i> .58	
<i>tazarotene gel 0.1%</i>	106	<i>terazosin hcl cap 5 mg (base equivalent)</i> .58	
TB SYRINGE MIS 0.5/28G	159	<i>terbinafine hcl tab 250 mg</i>	51
TECHLITE AST MIS LANCETS	150	<i>terbutaline sulfate tab 2.5 mg</i>	32
TECHLITE MIS LANC 26G	150	<i>terbutaline sulfate tab 5 mg</i>	32
TECHLITE MIS LANCETS	150	<i>terconazole vaginal cream 0.4%</i>	188
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TEKTRNA HCT TAB 300-12.5	61	<i>terconazole vaginal suppos 80 mg</i>	188
TEKTRNA HCT TAB 300-25MG	61	<i>teriflunomide tab 14 mg</i>	180
TEKTRNA TAB 150MG	61	<i>teriflunomide tab 7 mg</i>	180
TEKTRNA TAB 300MG	61	<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	117
<i>telmisartan-amlodipine tab 40-10 mg</i>	61	<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	22
<i>telmisartan-amlodipine tab 40-5 mg</i>	61	<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	22
<i>telmisartan-amlodipine tab 80-10 mg</i>	61	<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	22
<i>telmisartan-amlodipine tab 80-5 mg</i>	61	<i>testosterone td gel 10mg/act (2%)</i>	22
<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	61	<i>testosterone td gel 12.5 mg/act (1%)</i>	22
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	61	<i>testosterone td gel 20.25 mg/1.25gm</i> <i>(1.62%)</i>	22
<i>telmisartan-hydrochlorothiazide tab 80-25</i> <i>mg</i>	61	<i>testosterone td gel 20.25 mg/act (1.62%)</i> 22	
<i>telmisartan tab 20 mg</i>	57	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	22
<i>telmisartan tab 40 mg</i>	57	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	22
<i>telmisartan tab 80 mg</i>	57	<i>testosterone td gel 50 mg/5gm (1%)</i>	22
<i>temazepam cap 15 mg</i>	132	<i>testosterone td soln 30 mg/act</i>	22
<i>temazepam cap 22.5 mg</i>	132	<i>tetrabenazine tab 12.5 mg</i>	179
<i>temazepam cap 30 mg</i>	132	<i>tetrabenazine tab 25 mg</i>	179
<i>temazepam cap 7.5 mg</i>	132	<i>tetracaine hcl ophth soln 0.5%</i>	172
TEMBEXA SUS 10MG/ML	85	<i>tetracycline hcl cap 250 mg</i>	183
TEMBEXA TAB 100MG	85	<i>tetracycline hcl cap 500 mg</i>	183
<i>temozolomide cap 100 mg</i>	63	TEZSPIRE INJ 210MG	29
<i>temozolomide cap 140 mg</i>	63	TGT LANCET MIS 26G	150
<i>temozolomide cap 180 mg</i>	63	TGT LANCET MIS 30G	150
<i>temozolomide cap 20 mg</i>	63	TGT LANCET MIS 33G	150
<i>temozolomide cap 250 mg</i>	63	TGT LANCING MIS DEVICE	150
<i>temozolomide cap 5 mg</i>	63	THALOMID CAP 100MG	164
<i>tenofovir disoproxil fumarate tab 300 mg</i> 82		THALOMID CAP 150MG	164
TENORETIC TAB 100	61	THALOMID CAP 200MG	165
TENORETIC TAB 50	61	THALOMID CAP 50MG.....	164
TENORMIN TAB 100MG.....	86	<i>theophylline elixir 80 mg/15ml</i>	32
TENORMIN TAB 25MG.....	86	<i>theophylline soln 80 mg/15ml</i>	32
TENORMIN TAB 50MG	86		
<i>terazosin hcl cap 10 mg (base equivalent)</i> 58			
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..58			

<i>theophylline tab er 12hr 300 mg</i>	32	<i>timolol maleate tab 20 mg</i>	86
<i>theophylline tab er 12hr 450 mg</i>	32	<i>timolol maleate tab 5 mg</i>	86
<i>theophylline tab er 24hr 400 mg</i>	32	TIMOPTIC SOL 0.25% OP.....	170
<i>theophylline tab er 24hr 600 mg</i>	32	TIMOPTIC SOL 0.5% OP.....	170
THIN LANCETS MIS 26G.....	150	TIMOPTIC-XE SOL 0.25% OP.....	170
THIN LANCETS MIS 30G.....	150	TIMOPTIC-XE SOL 0.5% OP.....	170
THINLETS GP MIS 26G.....	150	<i>tinidazole tab 250 mg</i>	23
<i>thioridazine hcl tab 100 mg</i>	79	<i>tinidazole tab 500 mg</i>	23
<i>thioridazine hcl tab 10 mg</i>	79	<i>tiopronin tab 100 mg</i>	128
<i>thioridazine hcl tab 25 mg</i>	79	<i>tiopronin tab delayed release 100 mg</i>	128
<i>thioridazine hcl tab 50 mg</i>	79	<i>tiopronin tab delayed release 300 mg</i>	128
<i>thiothixene cap 10 mg</i>	80	TISSEEL KIT 10ML.....	131
<i>thiothixene cap 1 mg</i>	80	TISSEEL KIT 2ML.....	131
<i>thiothixene cap 2 mg</i>	80	TISSEEL KIT 4ML.....	131
<i>thiothixene cap 5 mg</i>	80	TISSEEL SOL 10ML.....	131
<i>tiagabine hcl tab 12 mg</i>	39	TISSEEL SOL 2ML.....	131
<i>tiagabine hcl tab 16 mg</i>	39	TISSEEL SOL 4ML.....	131
<i>tiagabine hcl tab 2 mg</i>	39	TIVICAY PD TAB 5MG.....	82
<i>tiagabine hcl tab 4 mg</i>	39	TIVICAY TAB 10MG.....	82
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TIAZAC CAP 180MG/24.....	88	TIVICAY TAB 50MG.....	82
TIAZAC CAP 240MG/24.....	88	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	168
TIAZAC CAP 300MG/24.....	88	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	168
TIAZAC CAP 360MG/24.....	88	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	168
TIAZAC CAP 420MG/24.....	88	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	168
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<i>ticagrelor tab 60 mg</i>	129	TOBRADEX OIN 0.3-0.1%.....	173
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TIKOSYN CAP 125MCG.....	28	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%.....	173
TIKOSYN CAP 250MCG.....	28	<i>tobramycin nebu soln 300 mg/4ml</i>	6
TIKOSYN CAP 500MCG.....	28	<i>tobramycin nebu soln 300 mg/5ml</i>	6
<i>timolol maleate ophth gel forming soln</i> 0.25%.....	170	<i>tobramycin ophth soln 0.3%</i>	172
<i>timolol maleate ophth gel forming soln</i> 0.5%.....	170	TOBREX OIN 0.3% OP.....	172
<i>timolol maleate ophth soln 0.25%</i>	170	TODAY SPONGE MIS.....	187
<i>timolol maleate ophth soln 0.5%</i>	170	<i>tolcapone tab 100 mg</i>	71
<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i>	170	<i>tolmetin sodium cap 400 mg</i>	13
<i>timolol maleate preservative free ophth soln</i> 0.25%.....	170	<i>tolmetin sodium tab 600 mg</i>	13
<i>timolol maleate preservative free ophth soln</i> 0.5%.....	170	<i>tolterodine tartrate cap er 24hr 2 mg</i>	187
<i>timolol maleate tab 10 mg</i>	86	<i>tolterodine tartrate cap er 24hr 4 mg</i>	187
		<i>tolterodine tartrate tab 1 mg</i>	187

<i>tolterodine tartrate tab 2 mg</i>	187	<i>tramadol hcl oral soln 5 mg/ml</i>	20
<i>tolvaptan tab 15 mg</i>	121	<i>tramadol hcl tab 50 mg</i>	20
<i>tolvaptan tab 30 mg</i>	121	<i>tramadol hcl tab er 24hr 100 mg</i>	20
<i>tolvaptan tab therapy pack 15 mg</i>	121	<i>tramadol hcl tab er 24hr 200 mg</i>	20
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	121	<i>tramadol hcl tab er 24hr 300 mg</i>	20
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	121	<i>tramadol hcl tab er 24hr biphasic release</i>	
<i>tolvaptan tab therapy pack 60 & 30 mg</i> ...	121	<i>100 mg</i>	20
<i>tolvaptan tab therapy pack 90 & 30 mg</i> ...	121	<i>tramadol hcl tab er 24hr biphasic release</i>	
TOOMEY SYRIN MIS 70ML	160	<i>200 mg</i>	20
TOPAMAX SPR CAP 15MG	38	<i>tramadol hcl tab er 24hr biphasic release</i>	
TOPAMAX SPR CAP 25MG	38	<i>300 mg</i>	20
TOPAMAX TAB 100MG	38	<i>trandolapril tab 1 mg</i>	56
TOPAMAX TAB 200MG	38	<i>trandolapril tab 2 mg</i>	56
TOPAMAX TAB 25MG	38	<i>trandolapril tab 4 mg</i>	56
TOPAMAX TAB 50MG	38	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
TOPCARE MIS LANC 33G	150		61
TOPICORT CRE 0.05%	110	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
TOPICORT CRE 0.25%	110		61
TOPICORT GEL 0.05%	110	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
TOPICORT OIN 0.05%	110		61
TOPICORT OIN 0.25%	110	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
TOPICORT SPR 0.25%	110		61
<i>topiramate cap er 24hr 100 mg</i>	38	<i>tranexamic acid tab 650 mg</i>	131
<i>topiramate cap er 24hr 200 mg</i>	38	<i>tranylcypromine sulfate tab 10 mg</i>	40
<i>topiramate cap er 24hr 25 mg</i>	38	TRAVEL LANCE MIS ADV 28G	150
<i>topiramate cap er 24hr 50 mg</i>	38	<i>travoprost ophth soln 0.004%</i>	
<i>topiramate sprinkle cap 15 mg</i>	38	<i>(benzalkonium free) (bak free)</i>	174
<i>topiramate sprinkle cap 25 mg</i>	38	<i>trazodone hcl tab 100 mg</i>	42
<i>topiramate sprinkle cap 50 mg</i>	38	<i>trazodone hcl tab 150 mg</i>	42
<i>topiramate tab 100 mg</i>	38	<i>trazodone hcl tab 300 mg</i>	42
<i>topiramate tab 200 mg</i>	38	<i>trazodone hcl tab 50 mg</i>	42
<i>topiramate tab 25 mg</i>	38	TRECTOR TAB 250MG	63
<i>topiramate tab 50 mg</i>	38	TRELEGY AER 100MCG	32
<i>toremifene citrate tab 60 mg (base</i>		TRELEGY AER 200MCG	32
<i>equivalent)</i>	66	TREMFYA CROH INJ 200/2ML	125
<i>torsemide tab 100 mg</i>	116	TREMFYA INJ 100MG/ML	106, 107
<i>torsemide tab 10 mg</i>	115	TREMFYA INJ 200/20ML	126
<i>torsemide tab 20 mg</i>	116	TREMFYA INJ 200/2ML	125
<i>torsemide tab 5 mg</i>	115	TRESIBA FLEX INJ 100UNIT	47
TOUJEO MAX INJ 300/ML	47	TRESIBA FLEX INJ 200UNIT	47
TOUJEO SOLO INJ 300/ML	47	TRESIBA INJ 100UNIT	47
TPOXX CAP 200MG	85	<i>tretinoin cap 10 mg</i>	71
<i>tramadol-acetaminophen tab 37.5-325 mg</i>		<i>tretinoin cream 0.025%</i>	102
.....	21	<i>tretinoin cream 0.05%</i>	102

<i>tretinoin cream 0.1%</i>	102	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	79
<i>tretinoin gel 0.01%</i>	102	<i>trifluridine ophth soln 1%</i>	172
<i>tretinoin gel 0.025%</i>	102	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	71
<i>tretinoin gel 0.05%</i>	102	<i>trihexyphenidyl hcl tab 2 mg</i>	71
<i>tretinoin microsphere gel 0.04%</i>	102	<i>trihexyphenidyl hcl tab 5 mg</i>	71
<i>tretinoin microsphere gel 0.08%</i>	102	TRIJARDY XR TAB	45
<i>tretinoin microsphere gel 0.1%</i>	102	TRIKAFTA PAK 59.5MG.....	182
TREXALL TAB 10MG.....	64	TRIKAFTA PAK 75MG	182
TREXALL TAB 15MG	64	TRIKAFTA TAB	182
TREXALL TAB 5MG	64	TRILIPIX CAP 135MG	53
TREXALL TAB 7.5MG	64	TRILIPIX CAP 45MG	53
<i>triamcinolone acetone cream 0.025%</i> .	110	<i>trimethobenzamide hcl cap 300 mg</i>	50
<i>triamcinolone acetone cream 0.1%</i>	110	<i>trimethoprim tab 100 mg</i>	23
<i>triamcinolone acetone cream 0.5%</i>	110	<i>trimipramine maleate cap 100 mg</i>	44
<i>triamcinolone acetone dental paste 0.1%</i>	167	<i>trimipramine maleate cap 25 mg</i>	44
<i>triamcinolone acetone lotion 0.025%</i> ...110		<i>trimipramine maleate cap 50 mg</i>	44
<i>triamcinolone acetone lotion 0.1%</i>	110	TRINTELLIX TAB 10MG	42
<i>triamcinolone acetone oint 0.025%</i>	110	TRINTELLIX TAB 20MG.....	42
<i>triamcinolone acetone oint 0.1%</i>	110	TRINTELLIX TAB 5MG	42
<i>triamcinolone acetone oint 0.5%</i>	110	TRIUMEQ PD TAB	82
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	115	TRIUMEQ TAB.....	82
<i>triamterene & hydrochlorothiazide tab 37.5-</i> <i>25 mg</i>	115	TRIZIVIR TAB	82
<i>triamterene & hydrochlorothiazide tab 75-</i> <i>50 mg</i>	115	TROJAN-ENZ MIS LUBRICAT	136
<i>triamterene cap 100 mg</i>	116	TROJAN-ENZ MIS W/SPERMI.....	136
<i>triamterene cap 50 mg</i>	116	TROJAN MAGN MIS.....	136
<i>triazolam tab 0.125 mg</i>	132	TROJAN MIS ENZ	136
<i>triazolam tab 0.25 mg</i>	132	TROJAN ULTRA MIS RIBBED.....	136
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TRIBENZOR40- TAB 10-25MG.....	61	TROKENDI XR CAP 200MG.....	38
TRIBENZOR40- TAB 5-12.5MG.....	61	TROKENDI XR CAP 25MG	38
TRIBENZOR40- TAB 5-25MG	61	TROKENDI XR CAP 50MG	38
TRIDESILON CRE 0.05%.....	110	<i>trospium chloride cap er 24hr 60 mg</i>	187
<i>trientine hcl cap 250 mg</i>	164	<i>trospium chloride tab 20 mg</i>	187
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	79	TRUE COMFORT MIS LANC 30G	150
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	79	TRUE COMFORT PAD PRO	153
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	79	TRUE COVER MIS CONDOM	136
		TRUEDRAW MIS LANC DEV	150
		TRUE METRIX KIT METER.....	150
		TRUE METRIX MIS AIR.....	150
		TRUE METRIX SOL LEVEL 1.....	150
		TRUE METRIX SOL LEVEL 2.....	150
		TRUE METRIX SOL LEVEL 3.....	150

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TRULICITY INJ 1.5/0.5.....	47
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TRUPLUS LANC MIS 28G.....	150
TRUPLUS LANC MIS 30G.....	150
TRUPLUS LANC MIS 33G.....	150
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TRUQAP PAK 200MG.....	70
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TWIST LANCET MIS 30G MULT	150
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TYVASO DPI POW 48MCG	92
TYVASO DPI POW 64MCG.....	92
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ULTILET MIS 28G	150
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ULTILET PAD ALCOHOL.....	153
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UNILET LANCE MIS 28G	151	UPTRAVI TAB 1400MCG	93
UNILET LANCE MIS 33G	151	UPTRAVI TAB 1600MCG	93
UNILET LANC MIS 33G	151	UPTRAVI TAB 200MCG	93
UNILET LANCT MIS 28G	151	UPTRAVI TAB 400MCG	93
UNILET LANCT MIS 30G	151	UPTRAVI TAB 600MCG	93
UNILET LANCT MIS 33G	151	UPTRAVI TAB 800MCG	93
UNILET MICRO MIS 33G	151	<i>urea cream 39%</i>	111
UNILET MIS 21G	151	<i>urea cream 41%</i>	111
UNILET SUPER MIS 23G	151	<i>urea cream 45%</i>	111
UNILET SUPER MIS G.P. 23G	151	<i>urea cream 47%</i>	111
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UNISTIK 2 MIS 1.8MM	151	URSO 250 TAB 250MG	123
UNISTIK 2 MIS 2.4MM	151	<i>ursodiol cap 300 mg</i>	124
UNISTIK 2 MIS COMFORT	151	<i>ursodiol tab 250 mg</i>	124
UNISTIK 2 MIS EXTRA	151	<i>ursodiol tab 500 mg</i>	124
UNISTIK 2 MIS NEONATAL	151	URSO FORTE TAB 500MG	124
UNISTIK 2 MIS NORMAL	151	V	
UNISTIK 2 MIS SUPER	151	VAGIFEM TAB 10MCG	188
UNISTIK 3 MIS 1.8MM	151	<i>valacyclovir hcl tab 1 gm</i>	84
UNISTIK 3 MIS COMFORT	151	<i>valacyclovir hcl tab 500 mg</i>	84
UNISTIK 3 MIS EXTRA	151	VALCHLOR GEL 0.016%	103
UNISTIK 3 MIS GENT 30G	151	<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv)</i>	83
UNISTIK 3 MIS NEONATAL	151	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	83
UNISTIK 3 MIS NORMAL	151	VALIUM TAB 10MG	27
UNISTIK CZT MIS COMFORT	151	VALIUM TAB 2MG	27
UNISTIK CZT MIS NORMAL	151	VALIUM TAB 5MG	27
UNISTIK PRO MIS LANC 21G	151	<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	39
UNISTIK PRO MIS LANC 28G	152	<i>valproic acid cap 250 mg</i>	39
UNISTIK SAFE MIS LANC 28G	152	<i>valsartan-hydrochlorothiazide tab 160-12.5</i> <i>mg</i>	61
UNISTIK SAFE MIS LANC 30G	152	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	61
UNISTIK TOUC MIS LANC 21G	152	<i>valsartan-hydrochlorothiazide tab 320-12.5</i> <i>mg</i>	61
UNISTIK TOUC MIS LANC 23G	152	<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	61
UNISTIK TOUC MIS LANC 28G	152		
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<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	61	VCF VAGINAL GEL CONTRACE	187
<i>valsartan oral soln 4 mg/ml</i>	57	VCF VAGINAL MIS CONTRACP	187
<i>valsartan tab 160 mg</i>	57	VECAMYL TAB 2.5MG	61
<i>valsartan tab 320 mg</i>	57	VELSIPITY TAB 2MG	126
<i>valsartan tab 40 mg</i>	57	VELTASSA POW 16.8GM	166
<i>valsartan tab 80 mg</i>	57	VELTASSA POW 1GM	166
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VALTOCO SPR 15MG	35	VELTASSA POW 8.4GM	166
VALTOCO SPR 20MG	35	VEMLIDY TAB 25MG	84
VALTOCO SPR 5MG	35	VENCLEXTA TAB 100MG	65
VANCOCIN CAP 125MG	24	VENCLEXTA TAB 10MG	65
VANCOCIN CAP 250MG	24	VENCLEXTA TAB 50MG	65
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	24	VENCLEXTA TAB START PK	65
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	24	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	43
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	24	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	42
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	24	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	42
VANFLYTA TAB 17.7MG	70	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	43
VANFLYTA TAB 26.5MG	70	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	43
VANOS CRE 0.1%	110	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	43
VANTAGE LANC MIS DEVICE	152	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	43
<i>varденаfil hcl orally disintegrating tab 10 mg</i>	92	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	43
<i>varденаfil hcl tab 10 mg</i>	92	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	43
<i>varденаfil hcl tab 2.5 mg</i>	92	VENTAVIS SOL 10MCG/ML	92
<i>varденаfil hcl tab 20 mg</i>	92	VENTAVIS SOL 20MCG/ML	92
<i>varденаfil hcl tab 5 mg</i>	92	VENT NEEDLE MIS 18GX1	160
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	181	<i>verapamil hcl cap er 24hr 100 mg</i>	88
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	181	<i>verapamil hcl cap er 24hr 120 mg</i>	88
<i>varenicline tartrate tab 1 mg (base equiv)</i>	181	<i>verapamil hcl cap er 24hr 180 mg</i>	88
VARUBI TAB 90MG	50	<i>verapamil hcl cap er 24hr 200 mg</i>	88
VASCEPA CAP 0.5GM	52	<i>verapamil hcl cap er 24hr 240 mg</i>	88
VASCEPA CAP 1GM	52	<i>verapamil hcl cap er 24hr 300 mg</i>	88
VASERETIC TAB 10-25MG	61	<i>verapamil hcl cap er 24hr 360 mg</i>	88
VASOTEC TAB 10MG	56	<i>verapamil hcl tab 120 mg</i>	88
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ZYVOX SOL 2MG/ML	25
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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Baa'ákonínízin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoolkáí dóo bee ida'ii'aahí háidíí shíí t'áá bich'í'jì' ha'át'ííshíí ádadiilííhígíí biyi'. Díí bee baa dahane'í dóo t'áá jik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bìł hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní bąąh béesh bee hane'í námboo biká'ígíí yee dahalne' dooleet. Nááná ła' 855-258-6518 yee dahalne' dóo yáłti'í biba' asdáago niléí ó bíł adíłchííd hodoo'niidjì'. Naalnishí haadzíí'go, saad nínízinígíí bee bíł hodíilnih dóo ata' yáłti'í bich'í' ni'doolnih.

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

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

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

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

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

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

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

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

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