

CareFirst Formulary 2

Federal Employees Health Benefits Program

List of Covered Drugs

2024

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

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

Introduction

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

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

Using Your Formulary

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

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

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

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

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

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

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

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

Tier 0: \$0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs \$\$\$\$	■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$	■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

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

Drug Name	Drug Tier	Requirements/Limits
<i>benzphetamine hcl tab 50 mg</i>	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA, QL (180 tabs every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	PA, QL (60 caps every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
CONTRACE TAB 8-90MG	3	PA
<i>orlistat cap 120 mg</i>	1	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits

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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

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

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ SENS INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-CROH INJ UC SP	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSOR/UVE	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	4	PA, QL (12 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 15MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	4	PA, QL (NOT FOR DAILY USE); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
XELJANZ SOL 1MG/ML	4	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days)
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

ANAPROX DS TAB 550MG	3
<i>celecoxib cap 50 mg</i>	1
<i>celecoxib cap 100 mg</i>	1
<i>celecoxib cap 200 mg</i>	1
<i>celecoxib cap 400 mg</i>	1
DAYPRO TAB 600MG	3
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
EC-NAPROSYN TAB 375MG	3
EC-NAPROSYN TAB 500MG	3
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>indomethacin suppos 50 mg</i>	1	
<i>indomethacin susp 25 mg/5ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin cap 300 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 20MG	4	PA, QL (2 tabs every 1 day)
OTEZLA TAB 30MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 syringes every 28 days)
ORENCIA INJ 50/0.4ML	4	PA, QL (4 syringes every 28 days)
ORENCIA INJ 87.5/0.7	4	PA, QL (4 syringes every 28 days)
ORENCIA INJ 125MG/ML	4	PA, QL (4 syringes every 28 days)

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

**ANALGESICS - NONNARCOTIC
ANALGESIC COMBINATIONS**

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (1 tab every 1 day)
HYDROMORPHON SUP 3MG	3	PA
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab every 1 day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	3	PA
HYSINGLA ER TAB 30 MG	3	PA
HYSINGLA ER TAB 40 MG	3	PA
HYSINGLA ER TAB 60 MG	3	PA
HYSINGLA ER TAB 80 MG	3	PA
HYSINGLA ER TAB 100 MG	3	PA
HYSINGLA ER TAB 120 MG	3	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (2 mL every 1 day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL every 1 day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (7.5 mL every 1 day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs every 1 day)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (2 mL every 1 day)
METHADOSE SF CON 10MG/ML	3	QL (2 mL every 1 day)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps every 1 day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 cap every 1 day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (30 mL every 1 day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 27 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA
<i>morphine sulfate suppos 10 mg</i>	1	PA
<i>morphine sulfate suppos 20 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<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, QL (2 caps every 1 day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps every 1 day)

OPIOID COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
LORTAB ELX 10-300MG	3	PA, QL (2040 mL every 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 150MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 450MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2.4 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	PA
ANDRODERM DIS 4MG/24HR	2	PA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	
<i>methyltestosterone oral tab 10 mg</i>	1	
NATESTO GEL 5.5MG	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide rectal foam 2 mg/act</i>	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i>	1	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg</i>	1	
<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	2	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
MONOBACTAMS		
CAYSTON INH 75MG	5	PA, QL (3 vials every 1 day)
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	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		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	2	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
MONUROL PAK GRANULES	3	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
ranolazine tab er 12hr 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin cap er 2.5 mg</i>	1	
<i>nitroglycerin cap er 6.5 mg</i>	1	
<i>nitroglycerin cap er 9 mg</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR 400MCG	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
<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	

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

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

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

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	

ANTIARRHYTHMICS TYPE III

amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	5	PA
TIKOSYN CAP 250MCG	5	PA
TIKOSYN CAP 500MCG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pen every 56 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG	5	PA, QL (3 vials every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 injections every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 cap every 1 day)
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	QL (1 ea every 1 day)
YUPELRI SOL	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	3	
DALIRESP TAB 500MCG	3	
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	QL (1 inhaler every 30 days)
ARNUITY ELPT INH 100MCG	2	QL (1 blister every 1 day)
ARNUITY ELPT INH 200MCG	2	QL (1 blister every 1 day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (4 mL every 1 day)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (6 mL every 1 day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (2 mL every 1 day)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
QVAR REDIHA AER 80MCG	2	QL (2 packages every 25 days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages every 25 days)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (2 mL every 1 day)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (4 ea every 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (4 mL every 1 day)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day)
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
DULERA AER 50-5MCG	2	QL (1 package every 25 days)
DULERA AER 100-5MCG	2	PA, QL (1 package every 25 days)
DULERA AER 200-5MCG	2	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (4 mL every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (3 ea every 1 day)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XOPENEX CONC NEB 1.25/0.5	3	QL (3 ea every 1 day)
XOPENEX NEB 0.31MG	3	QL (10 mL every 1 day)
XOPENEX NEB 0.63MG	3	QL (10 mL every 1 day)
XOPENEX NEB 1.25/3ML	3	QL (10 mL every 1 day)

XANTHINES

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

ANTICOAGULANTS**COUMARIN ANTICOAGULANTS**

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

DIRECT FACTOR XA INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	2	
ARIXTRA INJ 5/0.4ML	2	
ARIXTRA INJ 7.5/0.6	2	
ARIXTRA INJ 10/0.8ML	2	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2	2	
FRAGMIN INJ 2500/ML	2	
FRAGMIN INJ 5000/0.2	2	
FRAGMIN INJ 7500/0.3	2	
FRAGMIN INJ 10000/ML	2	
FRAGMIN INJ 12500UNT	2	
FRAGMIN INJ 15000UNT	2	
FRAGMIN INJ 18000UNT	2	
FRAGMIN INJ 95000UNT	2	
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 1000 unit/ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
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	
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	
DIASAT ACDL GEL 5-10MG	3	
DIASAT ACDL GEL 12.5-20	3	
DIASAT 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	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 30 days)
VALTOCO SPR 5MG	2	PA, QL (5 sprays every 30 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea every 30 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea every 30 days)

ANTICONVULSANTS - MISC.

APTiom TAB 200MG	3	
APTiom TAB 400MG	3	
APTiom TAB 600MG	3	
APTiom TAB 800MG	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	5	PA, QL (12 caps every 1 day)
DIACOMIT CAP 500MG	5	PA, QL (6 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PAK 250MG	5	PA, QL (12 packets every 1 day)
DIACOMIT PAK 500MG	5	PA, QL (6 packets every 1 day)
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 mL every 30 days)
FINTEPLA SOL 2.2MG/ML	5	PA, QL (12 mL every 1 day)
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every 1 day)
<i>gabapentin tab 600 mg</i>	1	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every 1 day)
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	

Drug Name	Drug Tier	Requirements/Limits
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

ANTIDEPRESSANTS**ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	

N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS

SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA

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	
FLUOXETINE TAB 60MG	3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	

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	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<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
SYMLINPEN 120 INJ 1000MCG	2	ST

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
JANUMET TAB 50-500MG	2	ST
JANUMET TAB 50-1000	2	ST
JANUMET XR TAB 50-500MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 50-1000	2	ST
JANUMET XR TAB 100-1000	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	ST
SOLQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days)

BIGUANIDES

<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	2	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	5	PA, QL (4 tabs every 1 day)
<i>mifepristone tab 300 mg</i>	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	QL (3 pens every 28 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2/1.5ML	2	PA, QL (1 pen every 30 days); Starter Pen
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 25 days)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	2	PA, QL (3 pens every 28 days)
INSULIN		
BASAGLAR INJ 100UNIT	2	
BASAGLAR INJ TEMPO PN	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
FIASP PMPCRT INJ U-100	2	
HUMULIN R INJ U-500	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	2	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
<i>deferiprone tab 1000 mg</i>	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 ea every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	QL (2 vials every 21 days)
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)

Drug Name	Drug Tier	Requirements/Limits
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

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

ANTIFUNGALS**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

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

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

IMIDAZOLE-RELATED ANTIFUNGALS

DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	2	
VFEND TAB 50MG	2	
VFEND TAB 200MG	2	
VIVJOA CAP 150MG	3	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

ANTIHIISTAMINES**ANTIHIISTAMINES - ETHANOLAMINES**

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

ANTIHIISTAMINES - NON-SEDATING

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

ANTIHIISTAMINES - PHENOTHIAZINES

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 50 mg</i>	1	
ANTI HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST, PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	ST, PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	PA
<i>icosapent ethyl cap 1 gm</i>	1	PA
LOVAZA CAP 1GM	3	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	

Drug Name	Drug Tier	Requirements/Limits
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
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 10MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 20MG	5	PA, QL (2 caps every 1 day)
JUXTAPID CAP 30MG	5	PA, QL (2 caps every 1 day)
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
<i>metyrosine cap 250 mg</i>	1	PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine tab er 24hr 0.17 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<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 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURN HCT TAB 150-12.5	2	
TEKTURN HCT TAB 300-12.5	2	
TEKTURN 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	

Drug Name	Drug Tier	Requirements/Limits
<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	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	
ANTIHYPERTENSIVES - MISC.		
VECAMEYL 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	
TEKTURN TAB 150MG	3	
TEKTURN TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	2	
INSPIRA TAB 50MG	2	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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ANTIMALARIALS**ANTIMALARIAL COMBINATIONS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

FIRDAPSE TAB 10MG	5	PA, QL (10 tabs every 1 day)
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	

ANTIMYCOBACTERIAL AGENTS**ANTIMYCOBACTERIAL AGENTS**

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**ALKYLATING AGENTS**

ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<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
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (4 tabs every 1 day)
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	5	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (1 tab every 1 day)
<i>gefitinib tab 250 mg</i>	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
IRESSA TAB 250MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 150MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (4 tabs every 1 day)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (2 tabs every 1 day)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer

Drug Name	Drug Tier	Requirements/Limits
<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 COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (10 tabs every 25 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (2 tabs every 1 day)
AFINITOR DIS TAB 3MG	0	PA, QL (3 tabs every 1 day)
AFINITOR DIS TAB 5MG	0	PA, QL (2 tabs every 1 day)
AFINITOR TAB 2.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 7.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 10MG	0	PA, QL (1 tab every 1 day)
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE CAP 100MG	0	PA, QL (2 caps every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
COTELLIC TAB 20MG	0	PA, QL (63 tabs every 28 days)
<i>dasatinib tab 20 mg</i>	0	PA, QL (3 tabs every 1 day)
<i>dasatinib tab 50 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 70 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 80 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 100 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 140 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 ea every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab for oral susp 2 mg</i>	0	PA, QL (2 ea every 1 day)
<i>everolimus tab for oral susp 3 mg</i>	0	PA, QL (3 ea every 1 day)
<i>everolimus tab for oral susp 5 mg</i>	0	PA, QL (2 ea every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 75MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 100MG	0	PA, QL (42 tabs every 28 days)
IBRANCE TAB 125MG	0	PA, QL (42 tabs every 28 days)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (2 tabs every 1 day)
IMBRUVICA CAP 70MG	0	PA, QL (1 cap every 1 day)
IMBRUVICA CAP 140MG	0	PA, QL (3 caps every 1 day)
IMBRUVICA SUS 70MG/ML	0	PA, QL (6 mL every 1 day)
IMBRUVICA TAB 140MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 280MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 420MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 560MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (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)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR TAB 200MG	0	PA, QL (4 tabs every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 3MG	0	PA, QL (6 ea every 28 days)
NINLARO CAP 4MG	0	PA, QL (6 ea every 28 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	0	PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RUBRACA TAB 200MG	0	PA, QL (4 tabs every 1 day)
RUBRACA TAB 250MG	0	PA, QL (4 tabs every 1 day)
RUBRACA TAB 300MG	0	PA, QL (4 tabs every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	0	PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	0	PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	0	PA, QL (1 tab every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
SUTENT CAP 12.5MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 25MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 37.5MG	0	PA, QL (1 cap every 1 day)
SUTENT CAP 50MG	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
VOTRIENT TAB 200MG	0	PA, QL (4 tabs every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XALKORI CAP 200MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 250MG	0	PA, QL (4 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
ZEJULA CAP 100MG	0	PA, QL (3 caps every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZELBORAF TAB 240MG	0	PA, QL (8 tabs every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
<i>tretinoin cap 10 mg</i>	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
INBRIJA CAP 42MG	4	PA, QL (10 caps every 1 day)
KYNMOBI MIS 10MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 15MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 20MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 25MG	4	PA, QL (5 films every 1 day)
KYNMOBI MIS 30MG	4	PA, QL (5 films every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
SINEMET TAB 10-100MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID TAB 300MG CR	2	
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	5	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	5	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5-3MG	2	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<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		
<i>ABILIFY MAIN INJ 300MG</i>	2	
<i>ABILIFY MAIN INJ 400MG</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	QL (23.077 injections every year)
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
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)

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 120-15MG	2	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (1 tab every 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
EDURANT TAB 25MG	2	QL (2 tabs every 1 day)
<i>efavirenz cap 50 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	1	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	2	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	2	QL (680 mL every 28 days)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
<i>etravirine tab 100 mg</i>	1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	2	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
FUZEON INJ 90MG	2	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
INTELENCE TAB 25MG	2	QL (4 tabs every 1 day)
INTELENCE TAB 100MG	2	QL (4 tabs every 1 day)
INTELENCE TAB 200MG	2	QL (2 tabs every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
KALETRA SOL	3	QL (16 mL every 1 day)
KALETRA TAB 100-25MG	3	QL (10 tabs every 1 day)
KALETRA TAB 200-50MG	3	QL (4 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	1	QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (1 tab every 1 day)
NORVIR CAP 100MG	2	
NORVIR POW 100MG	2	QL (12 packets every 1 day)
NORVIR SOL 80MG/ML	2	QL (16 mL every 1 day)
NORVIR TAB 100MG	2	QL (12 tabs every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	2	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	2	QL (400 mL every 30 days)
PREZISTA TAB 75MG	2	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	2	QL (6 tabs every 1 day)
PREZISTA TAB 600MG	2	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	2	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
REYATAZ CAP 200MG	3	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAP 300MG	3	QL (1 cap every 1 day)
REYATAZ POW 50MG	3	QL (6 packets every 1 day)
<i>ritonavir tab 100 mg</i>	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	QL (2 tabs every 1 day)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	3	QL (8 tabs every 1 day)
SELZENTRY TAB 75MG	3	QL (2 tabs every 1 day)
SELZENTRY TAB 150MG	3	QL (2 tabs every 1 day)
SELZENTRY TAB 300MG	3	QL (4 tabs every 1 day)
<i>stavudine cap 15 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	1	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	1	QL (2 caps every 1 day)
SUSTIVA CAP 50MG	3	QL (3 caps every 1 day)
SUSTIVA CAP 200MG	3	QL (3 caps every 1 day)
SYMFI LO TAB	3	QL (1 tab every 1 day)
SYMFI TAB	3	QL (1 tab every 1 day)
SYMTUZA TAB	2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 10MG	2	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	2	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	3	QL (6 tabs every 1 day)
TRIUMEQ TAB	3	QL (1 tab every 1 day)
TRIZIVIR TAB	3	QL (2 tabs every 1 day)
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
ZIAGEN TAB 300MG	3	QL (2 tabs every 1 day)
<i>zidovudine cap 100 mg</i>	1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (40 ea every 30 days)
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	QL (60 ea every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TAB 300-100	3	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	QL (4 tabs every 1 day)
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
PREVYMIS TAB 480MG	3	Max 224-day supply per 365 days
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	2	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	4	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	5	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	5	PA, QL (2 packets every 1 day)
SOVALDI TAB 200MG	5	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	5	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VEMLIDY TAB 25MG	2	QL (1 tab every 1 day)
VOSEVI TAB	4	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

HERPES AGENTS

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

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<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	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS**CALCIUM CHANNEL BLOCKERS**

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

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

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

CARDIOTONICS**CARDIAC GLYCOSIDES**

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

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

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	

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

IMPOTENCE AGENTS

<i>avanafil tab 50 mg</i>	1	QL (0.2 tabs every 1 day)
<i>avanafil tab 100 mg</i>	1	QL (0.2 tabs every 1 day)
<i>avanafil tab 200 mg</i>	1	QL (0.2 tabs every 1 day)
CAVERJECT IM KIT 10MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits

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

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

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO DPI POW 16-32-48	5	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	5	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	5	PA, QL (4 ea every 1 day)
TYVASO DPI POW 32-48MCG	5	PA, QL (8 ea every 1 day)
TYVASO DPI POW 32MCG	5	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	5	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	5	PA, QL (4 ea every 1 day)
TYVASO RF KT SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML	5	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	5	PA, QL (9 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG	4	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (784 mL every 30 days)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	4	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	4	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	PA
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	5	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
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CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

cefadroxil cap 500 mg	1
cefadroxil for susp 250 mg/5ml	1
cefadroxil for susp 500 mg/5ml	1
cefadroxil tab 1 gm	1
cephalexin cap 250 mg	1
cephalexin cap 500 mg	1
cephalexin cap 750 mg	1
cephalexin for susp 125 mg/5ml	1
cephalexin for susp 250 mg/5ml	1
cephalexin tab 250 mg	1
cephalexin tab 500 mg	1

CEPHALOSPORINS - 2ND GENERATION

cefaclor cap 250 mg	1
cefaclor cap 500 mg	1
CEFACLO ER TAB 500MG	3
cefaclor for susp 125 mg/5ml	1
cefaclor for susp 250 mg/5ml	1
cefaclor for susp 375 mg/5ml	1
cefprozil for susp 125 mg/5ml	1
cefprozil for susp 250 mg/5ml	1
cefprozil tab 250 mg	1
cefprozil tab 500 mg	1
cefuroxime axetil tab 250 mg	1
cefuroxime axetil tab 500 mg	1

CEPHALOSPORINS - 3RD GENERATION

cefdinir cap 300 mg	1
cefdinir for susp 125 mg/5ml	1
cefdinir for susp 250 mg/5ml	1
cefixime cap 400 mg	1
cefixime for susp 100 mg/5ml	1
cefixime for susp 200 mg/5ml	1
cefpodoxime proxetil for susp 50 mg/5ml	1
cefpodoxime proxetil for susp 100 mg/5ml	1
cefpodoxime proxetil tab 100 mg	1
cefpodoxime proxetil tab 200 mg	1

CONTRACEPTIVES**COMBINATION CONTRACEPTIVES - ORAL**

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
QUARTETTE TAB	3	
SAFYRAL TAB	3	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 ea every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 rings every 300 days)

Drug Name	Drug Tier	Requirements/Limits
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	2	QL (1 injection every 59 days)
DEPO-SQ PROV INJ 104	0	QL (4 injections every 300 days)
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 injections every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
deflazacort susp 22.75 mg/ml	1	PA, QL (1.8 mL every 1 day)
deflazacort tab 6 mg	1	PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hydrocortisone sodium succinate pf for inj 100 mg	1	PA
hydrocortisone tab 5 mg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA, OTC
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
ARAZLO LOT 0.045%	3	PA
ATRALIN GEL 0.05%	3	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 30 days)
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 gm every 30 days)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
CLINDAGEL GEL 1%	3	QL (60 mL every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate soln 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur foam 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
sulfacetamide sodium-sulfur in urea emulsion 10-4%	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.08%	1	
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm every 25 days)
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (2 gm every 1 day)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (2 mL every 1 day)
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
EXTINA AER 2%	3	QL (100 gm every 25 days)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
KERYDIN SOL 5%	3	PA, QL (4 mL every 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
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
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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
TARGRETIN GEL 1%	5	PA
VALCHLOR GEL 0.016%	5	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SPEVIGO INJ 150/1ML	5	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45MG/0.5	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
TALTZ INJ 20/0.25	4	PA, QL (0.036 syringes every 1 day)
TALTZ INJ 40/0.5ML	4	PA, QL (0.036 syringes every 1 day)
TALTZ INJ 80MG/ML	4	PA, QL (1 pen every 28 days)
TALTZ INJ 80MG/ML	4	PA, QL (1 syringe every 28 days)
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for Psoriasis ; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Psoriasis ; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	4	PA
TREMFYA INJ 200/2ML	5	PA
TREMFYA INJ 200/20ML	4	PA
TREMFYA INJ 200/20ML	5	PA
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	
XERESE CRE 5-1%	3	
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%	2	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
GRAFCO SILVR MIS NIT APPL	3	
SILVER NITRA SOL 0.5%	3	

Drug Name	Drug Tier	Requirements/Limits
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 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%	2	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	2	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
<i>desonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>desonide lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>desonide oint 0.05%</i>	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
<i>desoximetasone cream 0.05%</i>	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone cream 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone oint 0.25%</i>	1	QL (4 gm every 1 day)
<i>desoximetasone spray 0.25%</i>	1	QL (4 mL every 1 day)
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
DUOBRII LOT	3	
ENSTILAR AER	3	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (4 mL every 1 day)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (4 mL every 1 day)
<i>fluocinonide cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide gel 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide oint 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluocinonide soln 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (4 mL every 1 day)
<i>fluticasone propionate oint 0.005%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate cream 0.05%</i>	1	QL (4 gm every 1 day)
<i>halobetasol propionate oint 0.05%</i>	1	QL (4 gm every 1 day)
HC/PRAMOXINE CRE 1-2.35%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone cream 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone lotion 2.5%</i>	1	QL (4 mL every 1 day)
<i>hydrocortisone oint 2.5%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (4 gm every 1 day)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (4 gm every 1 day)
KENALOG AER SPRAY	3	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
LUXIQ AER 0.12%	3	QL (4 gm every 1 day)
<i>mometasone furoate cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
OLUX AER 0.05%	3	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	QL (4 gm every 1 day)
SERNIVO SPR	3	QL (4 mL every 1 day)
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
TEXACORT SOL 2.5%	3	QL (4 mL every 1 day)
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
TRIDESILON CRE 0.05%	3	QL (4 gm every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
VERDESO AER 0.05%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
urea cream 39%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (90 grams every 30 days)
HAIR GROWTH AGENTS		
finasteride tab 1 mg	1	PA
LITFULO CAP 50MG	5	PA, QL (1 cap every 1 day)
PROPECIA TAB 1MG	3	PA
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	2	PA
ZYCLARA PUMP CRE 2.5%	2	PA
ZYCLARA PUMP CRE 3.75%	2	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
salicylic acid er film-forming soln 28.5%	1	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	1	
salicylic acid gel 6%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	QL (3 ea every 1 day)
<i>lidocaine patch 5%</i>	1	QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
LIDODERM DIS 5%	2	QL (3 ea every 1 day)
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<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	Brand preferred over generic
RHOFADE CRE 1%	3	PA
SOOLANTRA CRE 1%	3	PA
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (60 grams every 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	PA, QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	PA, QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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
KETO-DIASTIX TES	0	OTC
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
KETOSTIX TES STRIP	0	OTC
MULTISTIX 10 TES SG	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
ONETOUCH TES ULT BLUE	0	QL (5 strips every 1 day), OTC
ONETOUCH TES ULTRA	0	QL (5 strips every 1 day), OTC
ONETOUCH TES VERIO	0	QL (5 strips every 1 day), OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	OTC

DIGESTIVE AIDS***DIGESTIVE ENZYMES***

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	5	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS***CARBONIC ANHYDRASE INHIBITORS***

acetazolamide cap er 12hr 500 mg	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>dichlorphenamide tab 50 mg</i>	1	PA, QL (4 tabs every 1 day)
KEVEYIS TAB 50MG	5	PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
<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 600/2.4	5	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 30 days)
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	5	PA, QL (10 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	5	PA, QL (6 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	5	PA, QL (60 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	5	PA, QL (15 pens every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	5	PA, QL (10 pens every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	5	PA, QL (7 pens every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	5	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA
CETROTIDE KIT 0.25MG	5	PA
GANIRELIX AC INJ 250/0.5	4	PA; Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (1 vial every 1 day)
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	5	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
<i>raloxifene hcl tab 60 mg</i>	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	5	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	3	PA, QL (1 tab every 1 day)
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	5	PA
<i>carglumic acid soluble tab 200 mg</i>	1	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (4 tabs every 1 day)
CYSTADANE POW	5	PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MYALEPT INJ 11.3MG	5	PA, QL (1 vial every 1 day)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM	5	PA, QL (672 gm every 30 days)
REVCovi INJ 1.6MG/ML	5	
ROCALtrol CAP 0.5MCG	2	
ROCALtrol CAP 0.25MCG	2	
ROCALtrol SOL 1MCG/ML	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	5	PA, QL (4 tabs every 1 day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (798 gm every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
XURIDEN POW 2GM	5	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	5	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	1	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (3 ampules every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN INJ 100MCG	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	5	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (2 ampules every 1 day)

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 30-15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 45-15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 60-30MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE PAK 90-30MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 15MG	5	PA, QL (2 tabs every 1 day)
JYNARQUE TAB 30MG	5	PA, QL (1 tab every 1 day)
SAMSCA TAB 15MG	5	PA, QL (2 tabs every 1 day)
SAMSCA TAB 30MG	5	PA, QL (1 tab every 1 day)
<i>tolvaptan tab 15 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA, QL (1 tab every 1 day)

ESTROGENS**ESTROGEN COMBINATIONS**

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA
EVAMIST SPR 1.53MG	2	
MENOSTAR DIS 14MCG	3	
PREMARIN INJ 25MG	3	PA

FLUOROQUINOLONES**FLUOROQUINOLONES**

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

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	PA, QL (1 tab every 1 day)
OCALIVA TAB 10MG	5	PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	5	PA
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	5	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	5	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
DIPENTUM CAP 250MG	3	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
MITIGARE CAP 0.6MG	1	QL (2 caps every 1 day); Brand preferred over generic
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	5	PA, QL (45 syringes every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (135 mL every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
CINRYZE SOL 500 UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	4	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG	4	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	2	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (2 caps every 1 day)
<i>miglustat cap 100 mg</i>	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	5	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	PA, QL (6 packets every 1 day)
<i>glutamine (sickle cell) powd pack 5 gm</i>	1	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	OTC; \$0 copay for women younger than 55

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; \$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	OTC; \$0 copay for women younger than 55

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTLET TAB 20MG	4	PA, QL (2 tabs every 1 day)
DOPTLET TAB 20MG	4	PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syringes every 28 days)
LEUKINE INJ 250MCG	5	PA
MULPLETA TAB 3MG	5	PA, QL (7 tabs every 14 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

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

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid tab 650 mg</i>	1	
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5 mL every 1 day)
ramelteon tab 8 mg	1	
tasimelteon capsule 20 mg	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	\$0 copay for members age 45 through 75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	3	\$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	

Drug Name	Drug Tier	Requirements/Limits
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	

MACROLIDES**AZITHROMYCIN**

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FIDAXOMICIN

DIFICID SUS	2	
DIFICID TAB 200MG	2	

Drug Name	Drug Tier	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (0.4 boxes every 1 day), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
OMNIFLEX DPR	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
ACCUTREND SOL GLUCOSE	0	OTC
ACTI-LANCE MIS 28G	0	OTC
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC
ADJ LANCING MIS DEVICE	0	OTC
ADV LANCING MIS DEVICE	0	OTC
ADV TRAVEL MIS LANC 28G	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVCATE SAFE MIS LANC 26G	0	OTC
ADVOCATE LIQ HIGH	0	OTC
ADVOCATE LIQ LOW	0	OTC
ADVOCATE MIS LANC 30G	0	OTC
ADVOCATE MIS LANC DEV	0	OTC
ADVOCATE MIS LANCETS	0	OTC
ADVOCATE+ SOL REDI-COD	0	OTC
AGAMATRIX MIS 33G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX SOL HIGH	0	OTC
AGAMATRIX SOL LEVEL 2	0	OTC
AGAMATRIX SOL LEVEL 4	0	OTC
AGAMATRIX SOL NORM/HGH	0	OTC
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	0	OTC
AQUALANCE MIS 30G	0	OTC
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	0	OTC
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET IMPR MIS LANC DEV	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC
AUTOLET PLUS MIS	0	OTC
AUTOLET PLUS MIS LANC DEV	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT MIS LANCETS	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTROL HIGH SOL UNISTrip	0	OTC
CONTROL LOW SOL UNISTrip	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
COUNT-A-DOSE MIS	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINE 30 MIS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FORTISCARE SOL CNTL HI	0	OTC
FORTISCARE SOL CNTL LOW	0	OTC
FORTISCARE SOL CNTL NML	0	OTC
FREESTYLE MIS LANCETS	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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 LANC MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
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
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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1.5"	3	
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 30GX3/4"	3	
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	

Drug Name	Drug Tier	Requirements/Limits
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INSULIN PEN MIS 29GX12MM	0	OTC
INSUPEN MIS 29GX12MM	0	OTC
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
1M ALLR SYR MIS 27GX1/2"	3	OTC
MAGELLAN SYR MIS 23GX1"	3	
MM PENTIPS MIS 29GX12MM	0	
MULIT-DRAW MIS 22GX1.5"	3	OTC
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOPEN ECHO MIS	0	
PEN NEEDLES MIS 29GX1/2"	0	OTC
PEN NEEDLES MIS 29GX12MM	0	OTC
PEN NEEDLES MIS 29GX12MM	0	PA, QL (5 boxes every 1 day), OTC
PEN NEEDLES MIS 32GX4MM	0	OTC
PEN NEEDLES MIS 32GX5/32	0	OTC
PENTIPS MIS 29GX12MM	0	
PENTIPS MIS 29GX12MM	0	OTC
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
POLY HUB MIS 18GX1"	3	
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	
RELION PEN MIS 29GX12MM	0	OTC
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SHARP CONTAI MIS	0	
SHARPS CONT MIS 14QT	0	
SIMPLICITY MIS INSERTER	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
2-3ML SYRING MIS LUER LCK	3	OTC
2-3ML SYRING MIS LUER SLP	3	OTC
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC

Drug Name	Drug Tier	Requirements/Limits
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
TOOMEY SYRIN MIS 70ML	3	
UNIFINE PNTP MIS 29GX1/2"	0	OTC
UNIFINE PNTP MIS 29GX12MM	0	OTC
VENT NEEDLE MIS 18GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
POCKET SPACE MIS	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	

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

AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
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; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	PA; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)

MIGRAINE PRODUCTS

ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8 mL every 30 days)

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections every 25 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 28 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 28 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 28 days)
ZOMIG SPR 2.5MG	3	QL (0.4 inhalers every 1 day)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 28 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 28 days)
ZOMIG TAB 2.5MG	3	QL (12 tabs every 28 days)
ZOMIG TAB 5MG	3	QL (12 tabs every 28 days)

MINERALS & ELECTROLYTES**FLUORIDE**

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

POTASSIUM

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

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

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

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

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS

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

IMMUNOMODULATORS

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 25MG	0	PA, QL (42 caps every 28 days)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	4	PA, QL (1 syringe every 28 days)
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	2	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	5	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 injections every 28 days)

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		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	2	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
MULTIVITAMINS		
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CL PRENATAL TAB 28-0.8MG	3	OTC
EQL PRENATAL TAB FORMULA	3	OTC

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

MUSCULOSKELETAL THERAPY AGENTS**CENTRAL MUSCLE RELAXANTS**

<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 30 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	3	
LYVISPAH GRA 10MG	3	
LYVISPAH GRA 20MG	3	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 1000 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SOMA TAB 250MG	3	QL (84 tabs every 30 days)
SOMA TAB 350MG	3	QL (84 tabs every 30 days)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	2	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG	5	PA, QL (2 caps every 1 day)
SOHONOS CAP 1MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 2.5MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 5MG	5	PA, QL (1 cap every 1 day)
SOHONOS CAP 10MG	5	PA, QL (2 caps every 1 day)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package (23gm) every 25 days)
DYMISTA SPR 137-50	3	QL (1 package (23gm) every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 packages every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package every 25 days)
PATANASE SPR 0.6%	3	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package (16gm) every 25 days)
XHANCE MIS 93MCG	3	PA, QL (2 packages every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	4	PA, QL (50mL every 28 days)
RADICAVA ORS SUS STARTER	4	PA, QL (50 mL every 28 days)
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	5	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	5	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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 sulfatate ophth oint 1%</i>	1	
<i>atropine sulfatate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIOL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2%	3	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
PROLENSA SOL 0.07%	2	
TRUSOPT SOL 2% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01% OP	2	
tafluprost preservative free (pf) ophth soln 0.0015%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	

Drug Name	Drug Tier	Requirements/Limits
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OTIC AGENTS**OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid otic soln 2%</i>	1
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OTIC ANTI-INFECTIVES

CETRAXAL SOL 0.2%	3
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<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1
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<i>ofloxacin otic soln 0.3%</i>	1
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OTIC COMBINATIONS

<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1
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CORTISPORIN SUS -TC OTIC	3
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<i>neomycin-polymyxin-hc otic soln 1%</i>	1
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<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1
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OTIC STEROIDS

DERMOTIC OIL 0.01%	3
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<i>fluocinolone acetonide (otic) oil 0.01%</i>	1
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<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1
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OXYTOCICS**ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING**

CERVIDIL VAG MIS 10MG INS	3
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PREPIDIL GEL 0.5MG/3G	3
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OXYTOCICS

<i>methylergonovine maleate tab 0.2 mg</i>	1
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PENICILLINS**AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	1
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<i>amoxicillin (trihydrate) cap 500 mg</i>	1
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<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1
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<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1
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<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1
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<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1
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<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1
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<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1
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<i>amoxicillin (trihydrate) tab 500 mg</i>	1
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<i>amoxicillin (trihydrate) tab 875 mg</i>	1
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<i>ampicillin cap 500 mg</i>	1
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NATURAL PENICILLINS

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

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTI-CATAPLECTIC AGENTS

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

ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
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	

Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG	4	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (1 ea every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	4	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN KIT 30MCG	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 syringes every 28 days)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days)
COPAXONE INJ 40MG/ML	4	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 injections every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA INJ 20/.4ML	4	PA, QL (1 pen every 28 days)
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	4	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	4	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	4	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	4	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	4	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	5	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	5	PA, QL (2 PENS every 28 DAYS)
PLEGRIDY INJ STARTER	5	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRTN INJ PACK	4	PA, QL (12 injections every 28 days)
<i>teriflunomide tab 7 mg</i>	1	PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	4	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	4	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	4	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	1	QL (5 tabs every 1 day)
<i>gabapentin (once-daily) tab 600 mg</i>	1	QL (3 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (2 tabs every 1 day)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (2 tabs every 1 day)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$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

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	5	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	5	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	5	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	5	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	5	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	5	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	5	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	5	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	5	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	5	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	4	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	PA, QL (9 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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	
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TETRACYCLINES**AMINOMETHYLCYCLINES**

NUZYRA TAB 150MG	3	
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TETRACYCLINES

<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	QL (4 caps every 1 day)
<i>tetracycline hcl cap 500 mg</i>	1	QL (4 caps every 1 day)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
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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
<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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	

TOXOIDS**TOXOID COMBINATIONS**

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

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

Drug Name	Drug Tier	Requirements/Limits
<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	
LEVBIID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
CIMETIDINE SOL 300/5ML	3	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<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		
DEXILANT CAP 30MG DR	3	QL (90 caps every year)
DEXILANT CAP 60MG DR	3	QL (90 caps every year)
<i>dexlansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>dexlansoprazole cap delayed release 60 mg</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)

ULCER DRUGS - PROSTAGLANDINS

CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

ULCER THERAPY COMBINATIONS

<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	3	
TALICIA CAP	3	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	

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

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
GELNIQUE GEL 10%	3	ST
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>mirabegron tab er 24 hr 25 mg</i>	1	
<i>mirabegron tab er 24 hr 50 mg</i>	1	
MYRBETRIQ SUS 8MG/ML	2	ST
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
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	2	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (6 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens every 300 days)
EPIPEN-JR INJ 0.15MG	3	QL (6 pens every 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes every 300 days)
SYMJEPI INJ 0.15MG	2	QL (3 syringes every 300 days)

Drug Name	Drug Tier	Requirements/Limits
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	PA, QL (6 caps every 1 day)
<i>droxidopa cap 200 mg</i>	1	PA, QL (6 caps every 1 day)
<i>droxidopa cap 300 mg</i>	1	PA, QL (6 caps every 1 day)
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
MEPHYTON TAB 5MG	3	
<i>phytonadione tab 5 mg</i>	1	

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<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	
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<i>acarbose tab 25 mg</i>	45
<i>acarbose tab 50 mg</i>	45
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<i>acetaminophen w/ codeine tab 300-15 mg</i>	
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<i>acetaminophen w/ codeine tab 300-30 mg</i>	
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ACTI-LANCE MIS SPEC 17G	134
ACTI-LANCE MIS UNIV 23G	134
ACTIMMUNE INJ 2MU/0.5	71
ACTIQ LOZ 1200MCG	16
ACTIQ LOZ 1600MCG	16
ACTIQ LOZ 200MCG	16
ACTIQ LOZ 400MCG	16
ACTIQ LOZ 600MCG	16
ACTIQ LOZ 800MCG	16
ACTIVELLA TAB 1-0.5MG	121
ACTONEL TAB 150MG	116
ACTONEL TAB 35MG	116
ACTOPLUS MET TAB 15-850MG	45
ACULAR LS SOL 0.4%	171
ACULAR SOL 0.5% OP	171
<i>acyclovir cap 200 mg</i>	85
<i>acyclovir oint 5%</i>	107
<i>acyclovir susp 200 mg/5ml</i>	85
<i>acyclovir tab 400 mg</i>	85
<i>acyclovir tab 800 mg</i>	85
ACZONE GEL 5%	101
ACZONE GEL 7.5%	101
ADACEL INJ	182
ADALIMU-ADAZ INJ 40/0.4ML	7
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	
.....	101
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
.....	101
<i>adapalene cream 0.1%</i>	101
<i>adapalene gel 0.1%</i>	101
<i>adapalene gel 0.3%</i>	101
ADASUVE INH 10MG	77
<i>adefovir dipivoxil tab 10 mg</i>	84
ADEMPAS TAB 0.5MG	94
ADEMPAS TAB 1.5MG	94
ADEMPAS TAB 1MG	94
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ADIPEX-P TAB 37.5MG	2	AGAMATRIX SOL NORM/HGH.....	135
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ADMIX NEEDLE MIS 18GX1.5	150	AGRYLIN CAP 0.5MG	129
ADRENALIN INJ 1MG/ML	186	AIMSCO TWIST MIS 32G.....	135
ADRENALIN INJ 30/30ML	186	AIMSCO TWIST MIS 33G.....	135
ADRENALIN SOL 1:1000	167	AIRSUPRA AER 90-80MCG.....	30
ADVANCE LIQ CONTROL.....	134	AJOVY INJ 225/1.5.....	158
ADVANCE LIQ INTUITIO	134	AKTEN GEL 3.5%.....	170
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ADVATE SAFE MIS LANC 26G	134	<i>albendazole tab 200 mg</i>	23
ADV LANCING MIS DEVICE	134	<i>albuterol sulfate inhal aero 108 mcg/act</i> <i>(90mcg base equiv)</i>	30
ADVOCATE+ SOL REDI-COD	134	<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	30
ADVOCATE LIQ HIGH	134	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	30
ADVOCATE LIQ LOW.....	134	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	30
ADVOCATE MIS LANC 30G	134	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	31
ADVOCATE MIS LANC DEV	134	<i>albuterol sulfate syrup 2 mg/5ml</i>	31
ADVOCATE MIS LANCETS.....	134	<i>albuterol sulfate tab 2 mg</i>	31
ADV TRAVEL MIS LANC 28G.....	134	<i>albuterol sulfate tab 4 mg</i>	31
AEMCOLO TAB 194MG	23	ALCAINE SOL 0.5% OP	170
AERCHMBR PLS MIS FLOW-VU.....	157	<i>alclometasone dipropionate cream 0.05%</i>	108
AERCHMBR PLS MIS INTERMED	157	<i>alclometasone dipropionate oint 0.05%</i>	108
AERCHMBR PLS MIS LRG MASK	157	ALCOH-GLOVE PAD CONTOURE.....	149
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AERCHMBR PLS MIS SM MASK.....	157	ALCOHOL PAD 70%	149
AERCHMBR Z- MIS STAT PLS	157	ALCOHOL PAD PREP.....	149
AEROCHAMBER KIT ACTION.....	157	ALCOHOL PADS PAD 70%	149
AEROCHAMBER MIS CHAMBER	157	ALCOHOL PREP PAD.....	149
AEROCHAMBER MIS FLOSIGNA.....	157	ALCOHOL PREP PAD 70%	149
AEROCHAMBER MIS HOLDING	157	ALCOHOL PREP PAD MED 70%	149
AEROCHAMBER MIS MTHPIECE	157	ALCOHOL PREP PAD PADS 70%	149
AEROCHAMBER MIS MV	157	ALCOHOL SWAB PAD	149
AEROCHAMBER MIS PLUS.....	157	ALCOHOL SWAB PAD 70%.....	149
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<i>alendronate sodium oral soln 70 mg/75ml</i>	116
<i>alendronate sodium tab 10 mg</i>	116
<i>alendronate sodium tab 35 mg</i>	116
<i>alendronate sodium tab 5 mg</i>	116
<i>alendronate sodium tab 70 mg</i>	116
<i>alfuzosin hcl tab er 24hr 10 mg</i>	127
ALINIA SUS 100/5ML	24
ALINIA TAB 500MG.....	24
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	62
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	62
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ALLERGIST KIT 0.5/28G.....	150
ALLERGIST KIT 1MLX27G	150
ALLERGIST KIT 1MLX28G	150
<i>allopurinol tab 100 mg</i>	127
<i>allopurinol tab 200 mg</i>	127
<i>allopurinol tab 300 mg</i>	127
<i>almotriptan malate tab 12.5 mg</i>	158
<i>almotriptan malate tab 6.25 mg</i>	158
ALOCRIOL SOL 2%	171
ALOMIDE SOL 0.1% OP	171
ALORA DIS 0.025MG	122
ALORA DIS 0.075MG	122
ALORA DIS 0.1MG.....	122
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	125
<i>alosetron hcl tab 1 mg (base equiv)</i>	125
ALPHAGAN P SOL 0.1%	168
ALPHAGAN P SOL 0.15%.....	168
ALPRAZOLAM CON 1 MG/ML.....	27
<i>alprazolam orally disintegrating tab 0.25 mg</i>	27
<i>alprazolam orally disintegrating tab 0.5 mg</i>	27
<i>alprazolam orally disintegrating tab 1 mg</i>	27
<i>alprazolam orally disintegrating tab 2 mg</i>	27
<i>alprazolam tab 0.25 mg</i>	27
<i>alprazolam tab 0.5 mg</i>	27
<i>alprazolam tab 1 mg</i>	27

<i>alprazolam tab 2 mg</i>	27
<i>alprazolam tab er 24hr 0.5 mg</i>	27
<i>alprazolam tab er 24hr 1 mg</i>	27
<i>alprazolam tab er 24hr 2 mg</i>	27
<i>alprazolam tab er 24hr 3 mg</i>	27
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<i>amantadine hcl tab 100 mg</i>	72
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<i>ambrisentan tab 5 mg</i>	94
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AMICAR TAB 500MG.....	130
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	115
<i>amiloride hcl tab 5 mg</i>	116
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	130
<i>aminocaproic acid tab 1000 mg</i>	130
<i>aminocaproic acid tab 500 mg</i>	130
<i>amiodarone hcl tab 100 mg</i>	28
<i>amiodarone hcl tab 200 mg</i>	28
<i>amiodarone hcl tab 400 mg</i>	28
<i>amitriptyline hcl tab 100 mg</i>	44
<i>amitriptyline hcl tab 10 mg</i>	44
<i>amitriptyline hcl tab 150 mg</i>	44
<i>amitriptyline hcl tab 25 mg</i>	44
<i>amitriptyline hcl tab 50 mg</i>	44

amitriptyline hcl tab 75 mg	44	amlodipine besylate tab 10 mg (base equivalent)	88
amlodipine besylate-atorvastatin calcium tab 10-10 mg	91	amlodipine besylate tab 2.5 mg (base equivalent)	88
amlodipine besylate-atorvastatin calcium tab 10-20 mg	91	amlodipine besylate tab 5 mg (base equivalent)	88
amlodipine besylate-atorvastatin calcium tab 10-40 mg	91	amlodipine besylate-valsartan tab 10-160 mg	59
amlodipine besylate-atorvastatin calcium tab 10-80 mg	91	amlodipine besylate-valsartan tab 10-320 mg	59
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	90	amlodipine besylate-valsartan tab 5-160 mg	59
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	90	amlodipine besylate-valsartan tab 5-320 mg	59
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	90	amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	59
amlodipine besylate-atorvastatin calcium tab 5-10 mg	90	amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	59
amlodipine besylate-atorvastatin calcium tab 5-20 mg	90	amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	60
amlodipine besylate-atorvastatin calcium tab 5-40 mg	91	amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	59
amlodipine besylate-atorvastatin calcium tab 5-80 mg	91	amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	59
amlodipine besylate-benazepril hcl cap 10- 20 mg	59	amoxapine tab 100 mg	44
amlodipine besylate-benazepril hcl cap 10- 40 mg	59	amoxapine tab 150 mg	44
amlodipine besylate-benazepril hcl cap 2.5- 10 mg	59	amoxapine tab 25 mg	44
amlodipine besylate-benazepril hcl cap 5- 10 mg	59	amoxapine tab 50 mg	44
amlodipine besylate-benazepril hcl cap 5- 20 mg	59	amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	184
amlodipine besylate-benazepril hcl cap 5- 40 mg	59	amoxicillin (trihydrate) cap 250 mg	172
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	59	amoxicillin (trihydrate) cap 500 mg	172
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	59	amoxicillin (trihydrate) chew tab 125 mg	172
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	59	amoxicillin (trihydrate) chew tab 250 mg	172
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	59	amoxicillin (trihydrate) for susp 125 mg/5ml	172
		amoxicillin (trihydrate) for susp 200 mg/5ml	172
		amoxicillin (trihydrate) for susp 250 mg/5ml	172
		amoxicillin (trihydrate) for susp 400 mg/5ml	172
		amoxicillin (trihydrate) tab 500 mg	172
		amoxicillin (trihydrate) tab 875 mg	172

amoxicillin & k clavulanate chew tab 200-28.5 mg	173
amoxicillin & k clavulanate chew tab 400-57 mg	173
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	173
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	173
amoxicillin & k clavulanate for susp 400-57 mg/5ml	173
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	173
amoxicillin & k clavulanate tab 250-125 mg	173
amoxicillin & k clavulanate tab 500-125 mg	173
amoxicillin & k clavulanate tab 875-125 mg	173
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	173
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1
amphetamine-dextroamphetamine cap er 24hr 10 mg	1
amphetamine-dextroamphetamine cap er 24hr 15 mg	1
amphetamine-dextroamphetamine cap er 24hr 20 mg	1
amphetamine-dextroamphetamine cap er 24hr 25 mg	1
amphetamine-dextroamphetamine cap er 24hr 30 mg	1
amphetamine-dextroamphetamine cap er 24hr 5 mg	1
amphetamine-dextroamphetamine tab 10 mg	1
amphetamine-dextroamphetamine tab 12.5 mg	1

amphetamine-dextroamphetamine tab 15 mg	1
amphetamine-dextroamphetamine tab 20 mg	1
amphetamine-dextroamphetamine tab 30 mg	1
amphetamine-dextroamphetamine tab 5 mg	1
amphetamine-dextroamphetamine tab 7.5 mg	1
amphetamine sulfate tab 10 mg	1
amphetamine sulfate tab 5 mg	1
ampicillin cap 500 mg	172
ANACAINE OIN	112
ANAFRANIL CAP 25MG	44
ANAFRANIL CAP 50MG	44
ANAFRANIL CAP 75MG	44
anagrelide hcl cap 0.5 mg	129
anagrelide hcl cap 1 mg	129
ANALPRAM-HC CRE 1-1%	23
ANALPRAM HC CRE 2.5-1%	23
ANALPRAM-HC LOT 2.5%	23
ANALPRM SNGL CRE HC 2.5-1	23
ANAPROX DS TAB 550MG	12
ANASPAZ TAB 0.125MG	182
anastrozole tab 1 mg	66
ANCOBON CAP 250MG	51
ANCOBON CAP 500MG	51
ANDRODERM DIS 2MG/24HR	22
ANDRODERM DIS 4MG/24HR	22
ANGELIQ TAB 0.25-0.5	121
ANGELIQ TAB 0.5-1MG	121
ANNOVERA MIS	97
ANUSOL-HC CRE 2.5%	23
ANZEMET TAB 50MG	50
apomorphine hcl soln cartridge 30 mg/3ml	72
apraclonidine hcl ophth soln 0.5% (base equivalent)	168
aprepitant capsule 125 mg	51
aprepitant capsule 40 mg	51
aprepitant capsule 80 mg	51
aprepitant capsule therapy pack 80 & 125 mg	51

APRISO CAP 0.375GM	124	ARIXTRA INJ 5/0.4ML.....	33
APTIOM TAB 200MG.....	35	ARIXTRA INJ 7.5/0.6	33
APTIOM TAB 400MG	35	<i>armodafinil tab 150 mg</i>	5
APTIOM TAB 600MG	35	<i>armodafinil tab 200 mg</i>	5
APTIOM TAB 800MG	35	<i>armodafinil tab 250 mg</i>	5
AQUALANCE MIS 30G.....	135	<i>armodafinil tab 50 mg</i>	5
ARANESP INJ 100MCG	130	ARMOUR THYRO TAB 120MG.....	181
ARANESP INJ 10MCG.....	130	ARMOUR THYRO TAB 15MG	181
ARANESP INJ 150MCG	130	ARMOUR THYRO TAB 180MG.....	181
ARANESP INJ 200MCG.....	130	ARMOUR THYRO TAB 240MG	181
ARANESP INJ 25MCG	130	ARMOUR THYRO TAB 300MG.....	181
ARANESP INJ 300MCG.....	130	ARMOUR THYRO TAB 30MG	181
ARANESP INJ 40MCG.....	130	ARMOUR THYRO TAB 60MG	181
ARANESP INJ 500MCG.....	130	ARMOUR THYRO TAB 90MG	181
ARANESP INJ 60MCG.....	130	ARNICA TIN FLOWER	112
ARAVA TAB 10MG	14	ARNUITY ELPT INH 100MCG	30
ARAVA TAB 20MG.....	14	ARNUITY ELPT INH 200MCG.....	30
ARAZLO LOT 0.045%.....	101	ARNUITY ELPT INH 50MCG	30
ARCALYST INJ 220MG.....	11	AROMASIN TAB 25MG	66
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	31	ARTISS SOL 10ML	131
ARICEPT TAB 10MG	174	ARTISS SOL 2ML	131
ARICEPT TAB 23MG.....	174	ARTISS SOL 4ML	131
ARICEPT TAB 5MG.....	174	ARZOL SILVER MIS NITR APP	107
ARIKAYCE SUS	7	<i>asenapine maleate sl tab 10 mg (base</i> <i>equiv)</i>	77
ARIMIDEX TAB 1MG.....	66	<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	77
<i>aripiprazole orally disintegrating tab 10 mg</i>	79	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	77
<i>aripiprazole orally disintegrating tab 15 mg</i>	79	<i>aspirin chew tab 81 mg</i>	16
<i>aripiprazole oral solution 1 mg/ml</i>	79	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	129
<i>aripiprazole tab 10 mg</i>	79	<i>aspirin tab delayed release 81 mg</i>	16
<i>aripiprazole tab 15 mg</i>	79	ASSURE 3 LIQ CONTROL	135
<i>aripiprazole tab 20 mg</i>	79	ASSURE 4 LIQ LEVEL1/2.....	135
<i>aripiprazole tab 2 mg</i>	79	ASSURE CMFRT MIS 28G.....	135
<i>aripiprazole tab 30 mg</i>	80	ASSURE DOSE SOL NORM/HGH	135
<i>aripiprazole tab 5 mg</i>	79	ASSURE DOSE SOL NORMAL.....	135
ARISTADA INJ 1064MG	80	ASSURE II LIQ LEVEL 1	135
ARISTADA INJ 441MG/1.	80	ASSURE II LIQ LEVEL1/2	135
ARISTADA INJ 662MG/2	80	ASSURE LANCE MIS 21G	135
ARISTADA INJ 882MG/3	80	ASSURE LANCE MIS 28G	135
ARISTADA INJ INITIO.....	80	ASSURE LANCE MIS LOW FLOW.....	135
ARIXTRA INJ 10/0.8ML.....	33	ASSURE LANCE MIS MICRO.....	135
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ASSURE LANCE MIS SAFE 25G	135	AUGMENTIN SUS 125/5ML	173
ASSURE LANCE MIS SAFE 30G	135	AUGMENTIN SUS ES-600	173
ASSURE PRISM SOL LEVEL1/2	135	AUGMENTIN TAB 500MG	173
ASSURE PRO LIQ LEVEL1/2	135	AUM ALCOHOL PAD PREP 70%	149
ASTAGRAF XL CAP 0.5MG	162	AURORA LANCE MIS 30G	135
ASTAGRAF XL CAP 1MG	162	AURORA LANCE MIS THIN 23G	135
ASTAGRAF XL CAP 5MG	162	AUSTEDO TAB 12MG	176
<i>atazanavir sulfat cap 150 mg (base equiv)</i>		AUSTEDO TAB 6MG	176
.....	80	AUSTEDO TAB 9MG	176
<i>atazanavir sulfat cap 200 mg (base equiv)</i>		AUSTEDO XR TAB 12MG	176
.....	80	AUSTEDO XR TAB 18MG	176
<i>atazanavir sulfat cap 300 mg (base equiv)</i>		AUSTEDO XR TAB 24MG	176
.....	80	AUSTEDO XR TAB 30MG ER	176
ATELVIA TAB	116	AUSTEDO XR TAB 36MG ER	176
<i>atenolol & chlorthalidone tab 100-25 mg</i>	60	AUSTEDO XR TAB 42MG ER	176
<i>atenolol & chlorthalidone tab 50-25 mg</i>	60	AUSTEDO XR TAB 48MG ER	176
<i>atenolol tab 100 mg</i>	86	AUSTEDO XR TAB 6MG	176
<i>atenolol tab 25 mg</i>	86	AUSTEDO XR TAB TITR KIT	176
<i>atenolol tab 50 mg</i>	86	AUTO LANCET MIS	135
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	4	AUTO-LANCET MIS	135
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	4	AUTO-LANCET MIS MINI	135
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4	AUTOLET II KIT CLINISAF	135
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	4	AUTOLET IMPR MIS LANC DEV	135
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	4	AUTOLET LANC MIS DEVICE	135
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4	AUTOLET LITE KIT	135
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4	AUTOLET LITE KIT CLINISAF	135
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	54	AUTOLET LITE KIT STARTER	135
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	54	AUTOLET MINI MIS	135
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	54	AUTOLET PLAT MIS 1.8MM	135
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	54	AUTOLET PLAT MIS 2.4MM	135
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	63	AUTOLET PLAT MIS 3.0MM	135
.....	63	AUTOLET PLUS MIS	135
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	63	AUTOLET PLUS MIS LANC DEV	135
.....	63	AUTOPEN MIS 1-21UNIT	150
<i>atovaquone susp 750 mg/5ml</i>	24	AUTOPEN MIS 1 UNIT	150
ATRALIN GEL 0.05%	101	AUTOPEN MIS 2-42UNIT	150
<i>atropine sulfat ophth oint 1%</i>	168	AUTOPEN MIS 2 UNIT	150
<i>atropine sulfat ophth soln 1%</i>	168	AUTOSHIELD MIS 30GX5MM	150
ATROPINE SUL SOL 1% OP	168	AVALIDE TAB 150-12.5	60
ATROVENT HFA AER 17MCG	29	AVALIDE TAB 300-12.5	60
		<i>avanafil tab 100 mg</i>	91
		<i>avanafil tab 200 mg</i>	91
		<i>avanafil tab 50 mg</i>	91
		AVAPRO TAB 150MG	57

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AVAR-E LS CRE 10-2%	101
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<i>azathioprine tab 100 mg</i>	162
<i>azathioprine tab 50 mg</i>	162
<i>azathioprine tab 75 mg</i>	162
<i>azelaic acid gel 15%</i>	112
<i>azelastine hcl-fluticasone prop nasal spray</i> <i>137-50 mcg/act.....</i>	166
<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i>	166
<i>azelastine hcl ophth soln 0.05%</i>	171
AZILECT TAB 0.5MG	74
AZILECT TAB 1MG.....	74
<i>azithromycin for susp 100 mg/5ml.....</i>	133
<i>azithromycin for susp 200 mg/5ml.....</i>	133
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<i>azithromycin tab 250 mg</i>	133
<i>azithromycin tab 500 mg</i>	133
<i>azithromycin tab 600 mg</i>	133
AZOPT SUS 1% OP	171
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AZSTARYS CAP 39.2-7.8	5
AZSTARYS CAP 52.3-10	5
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B	
<i>bacitracin ophth oint 500 unit/gm</i>	169
<i>bacitracin-polymyxin b ophth oint</i>	169
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%.....</i>	170
<i>baclofen oral soln 10 mg/5ml.....</i>	165
<i>baclofen oral soln 5 mg/5ml</i>	165
<i>baclofen tab 10 mg</i>	165
<i>baclofen tab 15 mg</i>	165
<i>baclofen tab 20 mg</i>	165
<i>baclofen tab 5 mg.....</i>	165
BACTRIM DS TAB 800-160	24
BACTRIM TAB 400-80MG.....	24

<i>balsalazide disodium cap 750 mg.....</i>	124
BALVERSA TAB 3MG.....	67
BALVERSA TAB 4MG.....	67
BALVERSA TAB 5MG.....	67
BANZEL TAB 200MG.....	35
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BD ECLIPSE MIS 25GX1.....	150
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<i>benztropine mesylate tab 0.5 mg</i>	<i>72</i>
<i>benztropine mesylate tab 1 mg</i>	<i>72</i>
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<i>bethanechol chloride tab 10 mg</i>	<i>185</i>
<i>bethanechol chloride tab 25 mg.....</i>	<i>185</i>
<i>bethanechol chloride tab 50 mg</i>	<i>185</i>
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<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	171
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<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>budesonide tab er 24hr 9 mg</i>	98
<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 tab 8-2 mg (base equiv)</i>	21
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	21
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<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
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<i>bupropion hcl tab 75 mg</i>	41
<i>bupropion hcl tab er 12hr 100 mg</i>	41
<i>bupropion hcl tab er 12hr 150 mg</i>	41
<i>bupropion hcl tab er 12hr 200 mg</i>	41
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<i>bupirone hcl tab 10 mg</i>	26
<i>bupirone hcl tab 15 mg</i>	27
<i>bupirone hcl tab 30 mg</i>	27
<i>bupirone hcl tab 5 mg</i>	26
<i>bupirone hcl tab 7.5 mg</i>	26
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325-40 mg	15
<i>butalbital-acetaminophen-caff w/ cod cap</i>	
50-300-40-30 mg	20
<i>butalbital-acetaminophen-caff w/ cod cap</i>	
50-325-40-30 mg	20
<i>butalbital-acetaminophen tab 50-325 mg</i>	15
<i>butalbital-aspirin-caffeine cap 50-325-40</i>	
mg	15
<i>butalbital-aspirin-caff w/ codeine cap 50-</i>	
325-40-30 mg	20
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	22
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BYSTOLIC TAB 2.5MG	86
BYSTOLIC TAB 20MG	86
BYSTOLIC TAB 5MG	86
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<i>cabergoline tab 0.5 mg</i>	120
CABOMETYX TAB 20MG	68
CABOMETYX TAB 40MG	68
CABOMETYX TAB 60MG	68
CADUET TAB 10-10MG	91
CADUET TAB 10-20MG	91
CADUET TAB 10-40MG	91
CADUET TAB 10-80MG	91
CADUET TAB 5-10MG	91
CADUET TAB 5-20MG	91
CADUET TAB 5-40MG	91
CADUET TAB 5-80MG	91

<i>caffeine citrate oral soln 60 mg/3ml (10</i>	
mg/ml base equiv)	2
CALAN SR TAB 120MG	88
CALAN SR TAB 180MG	88
<i>calcipotriene oint 0.005%</i>	105
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	105
<i>calcitonin (salmon) inj 200 unit/ml</i>	116
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<i>calcitriol oral soln 1 mcg/ml</i>	118
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667 mg (169 mg ca)	126
CALQUENCE CAP 100MG	68
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CAMZYOS CAP 10MG	90
CAMZYOS CAP 15MG	90
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<i>candesartan cilexetil-hydrochlorothiazide</i>	
tab 32-12.5 mg	60
<i>candesartan cilexetil-hydrochlorothiazide</i>	
tab 32-25 mg	60
<i>candesartan cilexetil tab 16 mg</i>	58
<i>candesartan cilexetil tab 32 mg</i>	58
<i>candesartan cilexetil tab 4 mg</i>	57
<i>candesartan cilexetil tab 8 mg</i>	57
<i>capecitabine tab 150 mg</i>	64
<i>capecitabine tab 500 mg</i>	64
CAPEX SHA 0.01%	108
CAPRELSA TAB 100MG	68
CAPRELSA TAB 300MG	68
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mg	60
<i>captopril & hydrochlorothiazide tab 25-25</i>	
mg	60
<i>captopril & hydrochlorothiazide tab 50-15</i>	
mg	60
<i>captopril & hydrochlorothiazide tab 50-25</i>	
mg	60

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<i>captopril tab 12.5 mg</i>	56	CARDIOCOM MIS LANCING.....	136
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<i>carbamazepine tab 200 mg</i>	35	CAREONE LANC MIS THIN 23G	136
<i>carbamazepine tab er 12hr 100 mg</i>	35	CAREPOINT SA MIS 23GX1.....	151
<i>carbamazepine tab er 12hr 200 mg</i>	35	CAREPOINT SA MIS 23GX11/2	151
<i>carbamazepine tab er 12hr 400 mg</i>	35	CAREPOINT SA MIS 25GX1.....	151
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<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-100 mg</i>	72	CAREPOINT SY MIS 22G X 1	151
<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-250 mg</i>	72	CAREPOINT SY MIS 22GX1.5.....	151
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<i>carbidopa-levodopa-entacapone tabs 12.5-</i> <i>50-200 mg</i>	72	CARESENS SOL CONTROL.....	136
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	72	CARETOUCH MIS EJECTOR	136
<i>carbidopa-levodopa-entacapone tabs 25-</i> <i>100-200 mg</i>	73	CARETOUCH MIS LANC 26G.....	136
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		<i>carisoprodol tab 350 mg</i>	165
		<i>carteolol hcl ophth soln 1%</i>	167
		<i>carvedilol phosphate cap er 24hr 10 mg</i> ...86	
		<i>carvedilol phosphate cap er 24hr 20 mg</i> ..86	
		<i>carvedilol phosphate cap er 24hr 40 mg</i> ..86	
		<i>carvedilol phosphate cap er 24hr 80 mg</i> ..86	
		<i>carvedilol tab 12.5 mg</i>	86
		<i>carvedilol tab 25 mg</i>	86
		<i>carvedilol tab 3.125 mg</i>	86

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CATAPRES-TTS DIS 0.2/24HR	58	CELLCEPT SUS 200MG/ML	162
CATAPRES-TTS DIS 0.3/24HR	58	CELLCEPT TAB 500MG	162
CAVERJECT IM KIT 10MCG	91	CELONTIN CAP 300MG	40
CAVERJECT INJ 20MCG	91	CEM-UREA SOL 45%	111
CAVERJECT INJ 40MCG	91	CENTANY OIN 2%	103
CAVERJECT KIT 20MCG	92	<i>cephalexin cap 250 mg</i>	95
CAYA DPR	134	<i>cephalexin cap 500 mg</i>	95
CAYSTON INH 75MG	25	<i>cephalexin cap 750 mg</i>	95
<i>cefaclor cap 250 mg</i>	95	<i>cephalexin for susp 125 mg/5ml</i>	95
<i>cefaclor cap 500 mg</i>	95	<i>cephalexin for susp 250 mg/5ml</i>	95
CEFACLOR ER TAB 500MG	95	<i>cephalexin tab 250 mg</i>	95
<i>cefaclor for susp 125 mg/5ml</i>	95	<i>cephalexin tab 500 mg</i>	95
<i>cefaclor for susp 250 mg/5ml</i>	95	CEQUR SIMPL KIT PATCH 2U	151
<i>cefaclor for susp 375 mg/5ml</i>	95	CERDELGA CAP 84MG	129
<i>cefadroxil cap 500 mg</i>	95	CERVIDIL VAG MIS 10MG INS	172
<i>cefadroxil for susp 250 mg/5ml</i>	95	CETACAINE AER	112
<i>cefadroxil for susp 500 mg/5ml</i>	95	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	52
<i>cefadroxil tab 1 gm</i>	95	CETRAXAL SOL 0.2%	172
<i>cefdinir cap 300 mg</i>	95	<i>cetrorelix acetate for inj kit 0.25 mg</i>	117
<i>cefdinir for susp 125 mg/5ml</i>	95	CETROTIDE KIT 0.25MG	117
<i>cefdinir for susp 250 mg/5ml</i>	95	<i>cevimeline hcl cap 30 mg</i>	164
<i>cefixime cap 400 mg</i>	95	CHEMET CAP 100MG	49
<i>cefixime for susp 100 mg/5ml</i>	95	CHEMSTRIP 10 TES MD	113
<i>cefixime for susp 200 mg/5ml</i>	95	CHEMSTRIP 2 TES GP	113
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	95	CHEMSTRIP 5 TES OB	113
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	95	CHEMSTRIP 7 TES	113
<i>cefpodoxime proxetil tab 100 mg</i>	95	CHEMSTRIP 9 TES STRIPS	113
<i>cefpodoxime proxetil tab 200 mg</i>	95	CHEMSTRIP K TES	113
<i>cefprozil for susp 125 mg/5ml</i>	95	CHEMSTRIP TES -10 SG	114
<i>cefprozil for susp 250 mg/5ml</i>	95	CHEMSTRIP TES UGK	114
<i>cefprozil tab 250 mg</i>	95	CHENODAL TAB 250MG	124
<i>cefprozil tab 500 mg</i>	95	<i>chlordiazepoxide-amitriptyline tab 10-25</i> <i>mg</i>	175
<i>cefuroxime axetil tab 250 mg</i>	95	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i> <i>mg</i>	175
<i>cefuroxime axetil tab 500 mg</i>	95	<i>chlordiazepoxide hcl cap 10 mg</i>	27
<i>celecoxib cap 100 mg</i>	12	<i>chlordiazepoxide hcl cap 25 mg</i>	27
<i>celecoxib cap 200 mg</i>	12	<i>chlordiazepoxide hcl cap 5 mg</i>	27
<i>celecoxib cap 400 mg</i>	12	<i>chlordiazepoxide hcl-clidinium bromide</i> <i>cap 5-2.5 mg</i>	182
<i>celecoxib cap 50 mg</i>	12		
CELEXA TAB 10MG	42		

CHLORHEX GLU SOL 20%	80	CIPRO (10%) SUS 500MG/5	123
chlorhexidine gluconate soln 0.12%	164	CIPRO (5%) SUS 250MG/5	123
chloroquine phosphate tab 250 mg	63	ciprofloxacin-dexamethasone otic susp	
chloroquine phosphate tab 500 mg	63	0.3-0.1%	172
chlorpromazine hcl inj 25 mg/ml	78	ciprofloxacin for oral susp 250 mg/5ml	
chlorpromazine hcl inj 50 mg/2ml	78	(5%) (5 gm/100ml)	123
chlorpromazine hcl tab 100 mg	79	ciprofloxacin for oral susp 500 mg/5ml	
chlorpromazine hcl tab 10 mg	79	(10%) (10 gm/100ml)	123
chlorpromazine hcl tab 200 mg	79	ciprofloxacin hcl ophth soln 0.3% (base	
chlorpromazine hcl tab 25 mg	79	equivalent)	169
chlorpromazine hcl tab 50 mg	79	ciprofloxacin hcl otic soln 0.2% (base	
chlorthalidone tab 25 mg	116	equivalent)	172
chlorthalidone tab 50 mg	116	ciprofloxacin hcl tab 100 mg (base equiv)	
chlorzoxazone tab 500 mg	165		123
CHOLBAM CAP 250MG	124	ciprofloxacin hcl tab 250 mg (base equiv)	
CHOLBAM CAP 50MG	124		123
cholestyramine light powder 4 gm/dose..	53	ciprofloxacin hcl tab 500 mg (base equiv)	
cholestyramine light powder packets 4 gm			123
.....	53	ciprofloxacin hcl tab 750 mg (base equiv)	
cholestyramine powder 4 gm/dose	53		123
cholestyramine powder packets 4 gm	53	CIPRO TAB 250MG	123
choline fenofibrate cap dr 135 mg		CIPRO TAB 500MG	123
(fenofibric acid equiv)	54	citalopram hydrobromide oral soln 10	
choline fenofibrate cap dr 45 mg (fenofibric		mg/5ml	42
acid equiv)	54	citalopram hydrobromide tab 10 mg (base	
ciclopirox gel 0.77%	103	equiv)	42
ciclopirox olamine cream 0.77% (base		citalopram hydrobromide tab 20 mg (base	
equiv)	103	equiv)	42
ciclopirox olamine susp 0.77% (base equiv)		citalopram hydrobromide tab 40 mg (base	
.....	103	equiv)	42
ciclopirox shampoo 1%	103	CITRANATAL CAP HARMONY	164
ciclopirox solution 8%	104	CITRANATAL CAP MEDLEY	164
cilostazol tab 100 mg	129	CITRANATAL MIS 90 DHA	164
cilostazol tab 50 mg	129	CITRANATAL MIS B-CALM	164
CIMDUO TAB 300-300	80	CITRANATAL PAK ASSURE	164
cimetidine hcl soln 300 mg/5ml	183	CITRANATAL PAK DHA	164
CIMETIDINE SOL 300/5ML	183	CITRANATAL TAB BLOOM	164
cimetidine tab 300 mg	183	CLARINEX-D TAB 2.5-120	100
cimetidine tab 400 mg	183	CLARINEX TAB 5MG	52
cimetidine tab 800 mg	183	clarithromycin for susp 125 mg/5ml	133
cinacalcet hcl tab 30 mg (base equiv)	118	clarithromycin for susp 250 mg/5ml	133
cinacalcet hcl tab 60 mg (base equiv)	118	clarithromycin tab 250 mg	133
cinacalcet hcl tab 90 mg (base equiv)	118	clarithromycin tab 500 mg	133
CINRYZE SOL 500 UNIT	128	clarithromycin tab er 24hr 500 mg	133

CLEANLET 28G MIS LANCETS	136	<i>clindamycin phosph-benzoyl peroxide</i>	
<i>clemastine fumarate syrup 0.67 mg/5ml</i>		<i>(refrig) gel 1.2 (1)-5%.....</i>	101
<i>(0.5 mg/5ml base eq)</i>	52	CLINDESSE CRE 2%.....	185
<i>clemastine fumarate tab 2.68 mg</i>	52	<i>clobazam suspension 2.5 mg/ml</i>	34
CLENPIQ SOL	132	<i>clobazam tab 10 mg</i>	34
CLEOCIN CAP 150MG	25	<i>clobazam tab 20 mg</i>	34
CLEOCIN CAP 300MG	25	<i>clobetasol propionate cream 0.05%</i>	108
CLEOCIN CAP 75MG	25	<i>clobetasol propionate emollient base cream</i>	
CLEOCIN CRE 2% VAG.....	185	<i>0.05%.....</i>	108
CLEOCIN PED SOL 75MG/5ML	25	<i>clobetasol propionate foam 0.05%</i>	108
CLEOCIN SUP 100MG.....	185	<i>clobetasol propionate gel 0.05%</i>	108
CLEOCIN-T LOT 1%	101	<i>clobetasol propionate lotion 0.05%</i>	108
CLEVER CHECK MIS	136	<i>clobetasol propionate oint 0.05%.....</i>	108
CLEVER CHECK MIS 30G.....	136	<i>clobetasol propionate shampoo 0.05%..</i>	108
CLEVR CHOICE LIQ HIGH	136	<i>clobetasol propionate soln 0.05%</i>	108
CLEVR CHOICE LIQ LOW	136	CLOBEX LOT 0.05%	108
CLIMARA DIS 0.025MG.....	122	CLOBEX SHA 0.05%.....	108
CLIMARA DIS 0.0375MG.....	122	CLODERM CRE 0.1%.....	108
CLIMARA DIS 0.05MG	122	<i>clomiphene citrate tab 50 mg.....</i>	117
CLIMARA DIS 0.06MG	122	<i>clomipramine hcl cap 25 mg</i>	44
CLIMARA DIS 0.075MG.....	122	<i>clomipramine hcl cap 50 mg.....</i>	44
CLIMARA DIS 0.1MG	122	<i>clomipramine hcl cap 75 mg</i>	44
CLIMARA PRO DIS WEEKLY	121	<i>clonazepam orally disintegrating tab 0.125</i>	
CLINDAGEL GEL 1%	101	<i>mg</i>	34
<i>clindamycin hcl cap 150 mg</i>	25	<i>clonazepam orally disintegrating tab 0.25</i>	
<i>clindamycin hcl cap 300 mg</i>	25	<i>mg</i>	34
<i>clindamycin hcl cap 75 mg</i>	25	<i>clonazepam orally disintegrating tab 0.5 mg</i>	
<i>clindamycin palmitate hcl for soln 75</i>		<i>.....</i>	34
<i>mg/5ml (base equiv).....</i>	25	<i>clonazepam orally disintegrating tab 1 mg</i>	
<i>clindamycin phosphate-benzoyl peroxide</i>		<i>.....</i>	34
<i>gel 1.2-2.5%.....</i>	101	<i>clonazepam orally disintegrating tab 2 mg</i>	
<i>clindamycin phosphate-benzoyl peroxide</i>		<i>.....</i>	34
<i>gel 1.2-3.75%</i>	101	<i>clonazepam tab 0.5 mg.....</i>	34
<i>clindamycin phosphate-benzoyl peroxide</i>		<i>clonazepam tab 1 mg.....</i>	34
<i>gel 1-5%</i>	101	<i>clonazepam tab 2 mg</i>	34
<i>clindamycin phosphate foam 1%</i>	101	<i>clonidine hcl tab 0.1 mg.....</i>	58
<i>clindamycin phosphate gel 1%.....</i>	101	<i>clonidine hcl tab 0.2 mg</i>	58
<i>clindamycin phosphate lotion 1%</i>	101	<i>clonidine hcl tab 0.3 mg</i>	58
<i>clindamycin phosphate soln 1%.....</i>	101	<i>clonidine hcl tab er 12hr 0.1 mg</i>	4
<i>clindamycin phosphate swab 1%.....</i>	101	<i>clonidine tab er 24hr 0.17 mg</i>	58
<i>clindamycin phosphate-tretinoin gel 1.2-</i>		<i>clonidine td patch weekly 0.1 mg/24hr</i>	58
<i>0.025%</i>	101	<i>clonidine td patch weekly 0.2 mg/24hr</i>	58
<i>clindamycin phosphate vaginal cream 2%</i>		<i>clonidine td patch weekly 0.3 mg/24hr</i>	58
<i>.....</i>	185		

<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	129
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	129
<i>clorazepate dipotassium tab 15 mg</i>	27
<i>clorazepate dipotassium tab 3.75 mg</i>	27
<i>clorazepate dipotassium tab 7.5 mg</i>	27
<i>clotrimazole troche 10 mg</i>	164
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	104
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	104
<i>clozapine orally disintegrating tab 100 mg</i>	77
<i>clozapine orally disintegrating tab 12.5 mg</i>	77
<i>clozapine orally disintegrating tab 150 mg</i>	77
<i>clozapine orally disintegrating tab 200 mg</i>	77
<i>clozapine orally disintegrating tab 25 mg</i>	77
<i>clozapine tab 100 mg</i>	77
<i>clozapine tab 200 mg</i>	77
<i>clozapine tab 25 mg</i>	77
<i>clozapine tab 50 mg</i>	77
<i>CLOZARIL TAB 100MG</i>	77
<i>CLOZARIL TAB 200MG</i>	77
<i>CLOZARIL TAB 25MG</i>	77
<i>CLOZARIL TAB 50MG</i>	77
<i>CL PRENATAL TAB 28-0.8MG</i>	164
<i>COAGUCHEK MIS LANCETS</i>	136
<i>coal tar soln 20%</i>	113
<i>COARTEM TAB 20-120MG</i>	63
<i>codeine sulfate tab 30 mg</i>	16
<i>CODEINE SULF TAB 15MG</i>	16
<i>CODEINE SULF TAB 60MG</i>	16
<i>colchicine tab 0.6 mg</i>	127
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	127
<i>colesevelam hcl packet for susp 3.75 gm</i>	53
<i>colesevelam hcl tab 625 mg</i>	53
<i>COLESTID FLA GRA 5/7.5GM</i>	53
<i>COLESTID FLA GRA 5GM</i>	53
<i>COLESTID GRA 5GM</i>	53

<i>COLESTID POW 5GM</i>	53
<i>COLESTID TAB 1GM</i>	53
<i>colestipol hcl granule packets 5 gm</i>	53
<i>colestipol hcl granules 5 gm</i>	53
<i>colestipol hcl tab 1 gm</i>	53
<i>COMBIGAN SOL 0.2/0.5%</i>	167
<i>COMBIPATCH DIS</i>	121
<i>COMBIVENT AER 20-100</i>	31
<i>COMBIVIR TAB 150-300</i>	80
<i>COMETRIQ KIT 100MG</i>	68
<i>COMETRIQ KIT 140MG</i>	68
<i>COMETRIQ KIT 60MG</i>	68
<i>COMFORT ASSU MIS LANC 28G</i>	136
<i>COMFORT ASSU MIS LANC 33G</i>	136
<i>COMFORT EZ MIS 21G</i>	136
<i>COMFORT EZ MIS 23G</i>	136
<i>COMFORT EZ MIS 28G</i>	136
<i>COMFORT EZ MIS 29GX12MM</i>	151
<i>COMFORT MIS LANCETS</i>	136
<i>COMFORTOUCH MIS LANCET</i>	136
<i>COMFORT TCH MIS LANC 28G</i>	136
<i>COMFORT TCH MIS LANC 30G</i>	136
<i>COMFORT TCH MIS LANC 31G</i>	136
<i>COMFRT TOUCH PAD ALC PREP</i>	149
<i>COMPACT SPAC MIS CHAMBER</i>	157
<i>COMPACT SPAC MIS LG MASK</i>	157
<i>COMPACT SPAC MIS MD MASK</i>	157
<i>COMPACT SPAC MIS SM MASK</i>	157
<i>COMTAN TAB 200MG</i>	72
<i>CONDYLOX GEL 0.5%</i>	111
<i>CONTRACE TAB 8-90MG</i>	3
<i>CONTROL HIGH SOL UNISTRIP</i>	136
<i>CONTROL LOW SOL UNISTRIP</i>	136
<i>CONTROL NORM SOL EASY STP</i>	136
<i>CONTROL SOL LIQ HIGH/LOW</i>	136
<i>CONTROL SOL LIQ LEVEL 2</i>	136
<i>CONTROL SOL NORMAL</i>	136
<i>CONZIP CAP 100MG</i>	16
<i>CONZIP CAP 200MG</i>	16
<i>CONZIP CAP 300MG</i>	16
<i>COOL CONTROL SOL A</i>	136
<i>COOL CONTROL SOL B</i>	136
<i>COPAXONE INJ 40MG/ML</i>	176
<i>COPIKTRA CAP 15MG</i>	68

<i>danazol cap 100 mg</i>	22	<i>deflazacort tab 6 mg</i>	98
<i>danazol cap 200 mg</i>	22	DELESTROGEN INJ 10MG/ML	122
<i>danazol cap 50 mg</i>	22	DELESTROGEN INJ 20MG/ML	122
DANTRIUM CAP 25MG	166	DELESTROGEN INJ 40MG/ML	122
<i>dantrolene sodium cap 100 mg</i>	166	<i>demeclocycline hcl tab 150 mg</i>	180
<i>dantrolene sodium cap 25 mg</i>	166	<i>demeclocycline hcl tab 300 mg</i>	180
<i>dantrolene sodium cap 50 mg</i>	166	DEMSEER CAP 250MG	57
<i>dapsone gel 5%</i>	102	DENAVIR CRE 1%	107
<i>dapsone gel 7.5%</i>	102	DEPAKOTE ER TAB 250MG	40
<i>dapsone tab 100 mg</i>	25	DEPAKOTE ER TAB 500MG	40
<i>dapsone tab 25 mg</i>	24	DEPAKOTE SPR CAP 125MG	40
DAPTACEL INJ	182	DEPAKOTE TAB 125MG DR	40
<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i>	184	DEPAKOTE TAB 250MG DR	40
<i>darifenacin hydrobromide tab er 24hr 7.5</i> <i>mg (base equiv)</i>	184	DEPAKOTE TAB 500MG DR	40
<i>darunavir tab 600 mg</i>	80	DEPEN TITRA TAB 250MG	161
<i>darunavir tab 800 mg</i>	80	DEPO-ESTRADI INJ 5MG/ML	122
<i>dasatinib tab 100 mg</i>	68	DEPO-PROVERA INJ 150MG/ML	98
<i>dasatinib tab 140 mg</i>	68	DEPO-SQ PROV INJ 104	98
<i>dasatinib tab 20 mg</i>	68	DERMA-SMOOTH OIL /FS BODY	108
<i>dasatinib tab 50 mg</i>	68	DERMA-SMOOTH OIL /FS SCLP	108
<i>dasatinib tab 70 mg</i>	68	DERMOTIC OIL 0.01%	172
<i>dasatinib tab 80 mg</i>	68	DESCOVY TAB 120-15MG	81
DAYBUE SOL 200MG/ML	167	DESCOVY TAB 200/25MG	81
DAYPRO TAB 600MG	12	<i>desipramine hcl tab 100 mg</i>	44
DDAVP TAB 0.1MG	120	<i>desipramine hcl tab 10 mg</i>	44
DDAVP TAB 0.2MG	120	<i>desipramine hcl tab 150 mg</i>	44
DEBACTEROL SOL 30-50%	164	<i>desipramine hcl tab 25 mg</i>	44
<i>deferasirox granules packet 180 mg</i>	50	<i>desipramine hcl tab 50 mg</i>	44
<i>deferasirox granules packet 360 mg</i>	50	<i>desipramine hcl tab 75 mg</i>	44
<i>deferasirox granules packet 90 mg</i>	49	<i>desloratadine tab 5 mg</i>	52
<i>deferasirox tab 180 mg</i>	50	<i>desloratadine tab orally disintegrating 2.5</i> <i>mg</i>	52
<i>deferasirox tab 360 mg</i>	50	<i>desloratadine tab orally disintegrating 5 mg</i>	52
<i>deferasirox tab 90 mg</i>	50	<i>desmopressin acetate nasal spray soln</i> <i>0.01%</i>	120
<i>deferasirox tab for oral susp 125 mg</i>	50	<i>desmopressin acetate nasal spray soln</i> <i>0.01% (refrigerated)</i>	120
<i>deferasirox tab for oral susp 250 mg</i>	50	<i>desmopressin acetate tab 0.1 mg</i>	120
<i>deferasirox tab for oral susp 500 mg</i>	50	<i>desmopressin acetate tab 0.2 mg</i>	120
<i>deferiprone tab 1000 mg</i>	50	<i>desogest-eth estrad & eth estrad tab 0.15-</i> <i>0.02/0.01 mg(21/5)</i>	95
<i>deferiprone tab 500 mg</i>	50	<i>desogest-ethin est tab 0.1-0.025/0.125-</i> <i>0.025/0.15-0.025mg-mg</i>	96
<i>deflazacort susp 22.75 mg/ml</i>	98		
<i>deflazacort tab 18 mg</i>	98		
<i>deflazacort tab 30 mg</i>	98		
<i>deflazacort tab 36 mg</i>	98		

<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	96	DEXCOM G7 MIS SENSOR	137
<i>desonide cream 0.05%</i>	108	DEXEDRINE CAP 10MG CR.....	1
<i>desonide lotion 0.05%</i>	108	DEXEDRINE CAP 15MG CR.....	1
<i>desonide oint 0.05%</i>	108	DEXILANT CAP 30MG DR	183
DESOWEN CRE 0.05%	108	DEXILANT CAP 60MG DR	183
<i>desoximetasone cream 0.05%</i>	108	<i>dexlansoprazole cap delayed release 30 mg</i>	183
<i>desoximetasone cream 0.25%</i>	109	<i>dexlansoprazole cap delayed release 60 mg</i>	183
<i>desoximetasone gel 0.05%</i>	109	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	5
<i>desoximetasone oint 0.25%</i>	109	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	5
<i>desoximetasone spray 0.25%</i>	109	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	5
DESOXYN TAB 5MG	1	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	5
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	43	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	5
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	43	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	5
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	43	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	5
DESVENLAFAX TAB 100MG ER	43	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	5
DESVENLAFAX TAB 50MG ER.....	43	<i>dexmethylphenidate hcl tab 10 mg</i>	5
DETROL TAB 1MG	184	<i>dexmethylphenidate hcl tab 2.5 mg</i>	5
DETROL TAB 2MG.....	184	<i>dexmethylphenidate hcl tab 5 mg</i>	5
DEXAMETHASON CON 1MG/ML	98	<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1
<i>dexamethasone elixir 0.5 mg/5ml</i>	98	<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	170	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1
<i>dexamethasone soln 0.5 mg/5ml</i>	98	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1
<i>dexamethasone tab 0.5 mg</i>	98	<i>dextroamphetamine sulfate tab 10 mg</i>	1
<i>dexamethasone tab 0.75 mg</i>	98	<i>dextroamphetamine sulfate tab 15 mg</i>	2
<i>dexamethasone tab 1.5 mg</i>	98	<i>dextroamphetamine sulfate tab 2.5 mg</i>	1
<i>dexamethasone tab 1 mg</i>	98	<i>dextroamphetamine sulfate tab 20 mg</i>	2
<i>dexamethasone tab 2 mg</i>	98	<i>dextroamphetamine sulfate tab 30 mg</i>	2
<i>dexamethasone tab 4 mg</i>	98	<i>dextroamphetamine sulfate tab 5 mg</i>	1
<i>dexamethasone tab 6 mg</i>	98	<i>dextroamphetamine sulfate tab 7.5 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	98	DIACOMIT CAP 250MG	35
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	98	DIACOMIT CAP 500MG.....	35
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	98		
DEXCOM G6 MIS RECEIVER	137		
DEXCOM G6 MIS SENSOR	137		
DEXCOM G6 MIS TRANSMIT.....	137		
DEXCOM G7 MIS RECEIVER	137		

DIACOMIT PAK 250MG	36	<i>diclofenac epolamine patch 1.3%</i>	103
DIACOMIT PAK 500MG	36	<i>diclofenac potassium tab 50 mg</i>	12
DIASCREEN 10 MIS.....	137	<i>diclofenac sodium (actinic keratoses) gel</i>	
DIASCREEN 3 MIS	137	3%	105
DIASCREEN 5 MIS	137	<i>diclofenac sodium ophth soln 0.1%</i>	171
DIASCREEN 6 MIS	137	<i>diclofenac sodium soln 1.5%</i>	103
DIASCREEN 7 MIS	137	<i>diclofenac sodium tab delayed release 25</i>	
DIASCREEN 8 MIS	137	mg	12
DIASCREEN 9 MIS	137	<i>diclofenac sodium tab delayed release 50</i>	
DIASCREEN MIS 1B	137	mg	12
DIASCREEN MIS 1G	137	<i>diclofenac sodium tab delayed release 75</i>	
DIASCREEN MIS 1K	137	mg	12
DIASCREEN MIS 2GK.....	137	<i>diclofenac sodium tab er 24hr 100 mg</i>	12
DIASCREEN MIS 2GP	137	<i>diclofenac w/ misoprostol tab delayed</i>	
DIASCREEN MIS 4NL	137	release 50-0.2 mg	12
DIASCREEN MIS 4OBL.....	137	<i>diclofenac w/ misoprostol tab delayed</i>	
DIASCREEN MIS 4PH.....	137	release 75-0.2 mg	12
DIASCREEN MIS CONTROL	137	<i>dicloxacillin sodium cap 250 mg</i>	173
DIASTAT ACDL GEL 12.5-20.....	34	<i>dicloxacillin sodium cap 500 mg</i>	173
DIASTAT ACDL GEL 5-10MG.....	34	<i>dicyclomine hcl cap 10 mg</i>	182
DIASTAT PED GEL 2.5M GEL	34	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	182
DIASTIX TES STRIPS.....	114	<i>dicyclomine hcl tab 20 mg</i>	182
DIATHRIVE LIQ CONTROL	137	<i>diethylpropion hcl tab 25 mg</i>	3
DIATHRIVE MIS LANCETS.....	137	DIFFERIN CRE 0.1%.....	102
DIATHRIVE MIS LANCING.....	137	DIFFERIN GEL 0.1%	102
DIATHRIVE MIS UT 30G.....	137	DIFFERIN GEL 0.3%	102
DIATRUE CONT SOL LEVEL 1.....	137	DIFICID SUS.....	133
DIATRUE CONT SOL LEVEL 2	137	DIFICID TAB 200MG	133
DIATRUE CONT SOL LEVEL 3	137	DIFLUCAN SUS 10MG/ML	51
<i>diazepam conc 5 mg/ml</i>	27	DIFLUCAN SUS 40MG/ML	51
<i>diazepam oral soln 1 mg/ml</i>	27	DIFLUCAN TAB 100MG.....	51
<i>diazepam rectal gel delivery system 10 mg</i>		DIFLUCAN TAB 150MG.....	51
.....	34	DIFLUCAN TAB 200MG	51
<i>diazepam rectal gel delivery system 2.5 mg</i>		<i>diflunisal tab 500 mg.....</i>	16
.....	34	<i>difluprednate ophth emulsion 0.05%.....</i>	170
<i>diazepam rectal gel delivery system 20 mg</i>		<i>digoxin oral soln 0.05 mg/ml</i>	90
.....	35	<i>digoxin tab 125 mcg (0.125 mg)</i>	90
<i>diazepam tab 10 mg.....</i>	27	<i>digoxin tab 250 mcg (0.25 mg).....</i>	90
<i>diazepam tab 2 mg.....</i>	27	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	90
<i>diazepam tab 5 mg</i>	27	DILANTIN-125 SUS 125/5ML.....	40
<i>diazoxide susp 50 mg/ml</i>	46	DILANTIN CAP 100MG.....	40
DIBENZYLINE CAP 10MG.....	57	DILANTIN CAP 30MG	40
<i>dichlorphenamide tab 50 mg</i>	115	DILANTIN CHW 50MG.....	40
DICLEGIS TAB 10-10MG.....	51	DILAUDID LIQ 1MG/ML.....	16

DILAUDID TAB 2MG	16
DILAUDID TAB 4MG	16
DILAUDID TAB 8MG	16
diltiazem hcl cap er 12hr 120 mg	88
diltiazem hcl cap er 12hr 60 mg	88
diltiazem hcl cap er 12hr 90 mg	88
diltiazem hcl cap er 24hr 120 mg	88
diltiazem hcl cap er 24hr 180 mg	88
diltiazem hcl cap er 24hr 240 mg	88
diltiazem hcl coated beads cap er 24hr 120 mg	88
diltiazem hcl coated beads cap er 24hr 180 mg	88
diltiazem hcl coated beads cap er 24hr 240 mg	88
diltiazem hcl coated beads cap er 24hr 300 mg	88
diltiazem hcl coated beads cap er 24hr 360 mg	88
diltiazem hcl extended release beads cap er 24hr 120 mg	88
diltiazem hcl extended release beads cap er 24hr 180 mg	88
diltiazem hcl extended release beads cap er 24hr 240 mg	88
diltiazem hcl extended release beads cap er 24hr 300 mg	88
diltiazem hcl extended release beads cap er 24hr 360 mg	88
diltiazem hcl extended release beads cap er 24hr 420 mg	88
diltiazem hcl tab 120 mg	89
diltiazem hcl tab 30 mg	88
diltiazem hcl tab 60 mg	88
diltiazem hcl tab 90 mg	88
dimethyl fumarate capsule delayed release 120 mg	176
dimethyl fumarate capsule delayed release 240 mg	176
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	176
DIP/TET PED INJ 25-5LFU	182
DIPENTUM CAP 250MG	124

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	49
diphenoxylate w/ atropine tab 2.5-0.025 mg	49
DIPROLENE OIN 0.05%	109
dipyridamole tab 25 mg	129
dipyridamole tab 50 mg	129
dipyridamole tab 75 mg	129
disopyramide phosphate cap 100 mg	28
disopyramide phosphate cap 150 mg	28
disulfiram tab 250 mg	174
disulfiram tab 500 mg	174
DITROPAN XL TAB 10MG	184
DITROPAN XL TAB 5MG	184
DIURIL SUS 250/5ML	116
divalproex sodium cap delayed release sprinkle 125 mg	40
divalproex sodium tab delayed release 125 mg	40
divalproex sodium tab delayed release 250 mg	40
divalproex sodium tab delayed release 500 mg	40
divalproex sodium tab er 24 hr 250 mg	40
divalproex sodium tab er 24 hr 500 mg	41
DIVIGEL GEL 0.25MG	122
DIVIGEL GEL 0.5MG	122
DIVIGEL GEL 0.75MG	122
DIVIGEL GEL 1.25MG	122
DIVIGEL GEL 1MG/GM	122
dofetilide cap 125 mcg (0.125 mg)	28
dofetilide cap 250 mcg (0.25 mg)	28
dofetilide cap 500 mcg (0.5 mg)	28
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<i>finasteride tab 5 mg</i>	127	<i>fluoxetine hcl cap 40 mg</i>	42
FINE 30 MIS	139	<i>fluoxetine hcl cap delayed release 90 mg</i>	42
<i> fingolimod hcl cap 0.5 mg (base equiv)</i> ..	176	<i>fluoxetine hcl solution 20 mg/5ml</i>	42
FINTEPLA SOL 2.2MG/ML	36	<i>fluoxetine hcl tab 10 mg</i>	42
FIORICET CAP CODEINE	20	<i>fluoxetine hcl tab 20 mg</i>	42
FIRAZYR INJ 30MG/3ML	128	FLUOXETINE TAB 60MG.....	42
FIRDAPSE TAB 10MG	63	<i>fluphenazine decanoate inj 25 mg/ml</i>	79
FLAGYL CAP 375MG	23	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	79
<i>flavoxate hcl tab 100 mg</i>	185		
<i>flecainide acetate tab 100 mg</i>	28		
<i>flecainide acetate tab 150 mg</i>	28		
<i>flecainide acetate tab 50 mg</i>	28		

<i>fluphenazine hcl inj 2.5 mg/ml</i>	79	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	33
<i>fluphenazine hcl oral conc 5 mg/ml</i>	79	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	33
<i>fluphenazine hcl tab 10 mg</i>	79	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	33
<i>fluphenazine hcl tab 1 mg</i>	79	FORACARE GDH SOL HIGH	139
<i>fluphenazine hcl tab 2.5 mg</i>	79	FORACARE GDH SOL LOW	139
<i>fluphenazine hcl tab 5 mg</i>	79	FORACARE GDH SOL NORMAL	139
<i>flurazepam hcl cap 15 mg</i>	131	FORA CONTROL SOL HIGH	139
<i>flurazepam hcl cap 30 mg</i>	131	FORA CONTROL SOL LOW	139
<i>flurbiprofen sodium ophth soln 0.03%</i>	171	FORA CONTROL SOL NORMAL	139
<i>flurbiprofen tab 100 mg</i>	13	FORA GTEL TES KETONE.....	114
<i>flurbiprofen tab 50 mg</i>	13	FORA LANCETS MIS 30G.....	139
<i>flutamide cap 125 mg</i>	66	FORA MIS LANCETS	139
<i>fluticasone propionate cream 0.05%</i>	109	FORA MIS LANCING	139
<i>fluticasone propionate lotion 0.05%</i>	109	FORA TEST GO TES ADV VOIC	114
<i>fluticasone propionate nasal susp 50 mcg/act</i>	167	FORFIVO XL TAB 450MG	41
<i>fluticasone propionate oint 0.005%</i>	109	<i>formaldehyde solution 10%</i>	80
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	31	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	31
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	31	FORTEO INJ 600/2.4.....	116
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	31	FORTISCARE SOL CNTL HI	139
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<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	54	FORTISCARE SOL CNTL NML	139
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<i>fluvoxamine maleate tab 25 mg</i>	42	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	25
<i>fluvoxamine maleate tab 50 mg</i>	42	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	60
FOCALIN TAB 10MG	5	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	60
FOCALIN TAB 2.5MG.....	5	<i>fosinopril sodium tab 10 mg</i>	56
FOCALIN TAB 5MG.....	5	<i>fosinopril sodium tab 20 mg</i>	56
<i>folic acid cap 0.8 mg</i>	129	<i>fosinopril sodium tab 40 mg</i>	56
<i>folic acid tab 1 mg</i>	130	FRAGMIN INJ 10000/ML	33
<i>folic acid tab 400 mcg</i>	130	FRAGMIN INJ 12500UNT	33
<i>folic acid tab 800 mcg</i>	130	FRAGMIN INJ 15000UNT	33
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	33	FRAGMIN INJ 18000UNT	33
		FRAGMIN INJ 2500/0.2	33

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<i>furosemide oral soln 10 mg/ml</i>	115
<i>furosemide oral soln 8 mg/ml</i>	115
<i>furosemide tab 20 mg</i>	115
<i>furosemide tab 40 mg</i>	115
<i>furosemide tab 80 mg</i>	115
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FYCOMPA TAB 10MG	34
FYCOMPA TAB 12MG	34
FYCOMPA TAB 2MG	34
FYCOMPA TAB 4MG	34
FYCOMPA TAB 6MG	34
FYCOMPA TAB 8MG	34
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<i>gabapentin (once-daily) tab 300 mg</i>	178
<i>gabapentin (once-daily) tab 600 mg</i>	178
<i>gabapentin cap 100 mg</i>	36
<i>gabapentin cap 300 mg</i>	36
<i>gabapentin cap 400 mg</i>	36
<i>gabapentin oral soln 250 mg/5ml</i>	36
<i>gabapentin tab 600 mg</i>	36
<i>gabapentin tab 800 mg</i>	36
GABITRIL TAB 12MG	40
GABITRIL TAB 16MG	40
GABITRIL TAB 2MG	40
GABITRIL TAB 4MG	40
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<i>galantamine hydrobromide cap er 24hr 24 mg</i>	174
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	174
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	174

<i>galantamine hydrobromide tab 12 mg</i>	174
<i>galantamine hydrobromide tab 4 mg</i>	174
<i>galantamine hydrobromide tab 8 mg</i>	174
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<i>gefitinib tab 250 mg</i>	65
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GELNIQUE GEL 10%	184
<i>gemfibrozil tab 600 mg</i>	54
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<i>gentamicin sulfate cream 0.1%</i>	103
<i>gentamicin sulfate oint 0.1%</i>	103
<i>gentamicin sulfate ophth oint 0.3%</i>	169
<i>gentamicin sulfate ophth soln 0.3%</i>	169
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GEODON CAP 40MG	75
GEODON CAP 60MG	75
GEODON CAP 80MG	75
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<i>mg/ml</i>	176	GLUTARALDEHY SOL 25%	80
<i>glatiramer acetate soln prefilled syringe 40</i>		<i>glyburide-metformin tab 1.25-250 mg</i>	45
<i>mg/ml</i>	176	<i>glyburide-metformin tab 2.5-500 mg</i>	45
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<i>glimepiride tab 1 mg</i>	49	<i>glyburide micronized tab 6 mg</i>	49
<i>glimepiride tab 2 mg</i>	49	<i>glyburide tab 1.25 mg</i>	49
<i>glimepiride tab 4 mg</i>	49	<i>glyburide tab 2.5 mg</i>	49
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<i>glipizide-metformin hcl tab 5-500 mg</i>	45	<i>0.2 mg/ml</i>	182
<i>glipizide tab 10 mg</i>	49	<i>glycopyrrolate inj pf soln pref syr 0.4</i>	
<i>glipizide tab 5 mg</i>	49	<i>mg/2ml (0.2 mg/ml)</i>	182
<i>glipizide tab er 24hr 10 mg</i>	49	<i>glycopyrrolate oral soln 1 mg/5ml</i>	182
<i>glipizide tab er 24hr 2.5 mg</i>	49	<i>glycopyrrolate tab 1 mg</i>	182
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<i>griseofulvin microsize tab 500 mg</i>	51
<i>griseofulvin ultramicrosize tab 125 mg</i>	51
<i>griseofulvin ultramicrosize tab 250 mg</i>	51
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	100
<i>guanfacine hcl tab 1 mg</i>	58
<i>guanfacine hcl tab 2 mg</i>	58
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	4
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	5
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	5
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<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>	77
<i>haloperidol lactate oral conc 2 mg/ml</i>	77
<i>haloperidol tab 0.5 mg</i>	77
<i>haloperidol tab 10 mg</i>	77
<i>haloperidol tab 1 mg</i>	77
<i>haloperidol tab 20 mg</i>	77
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HEMLIBRA INJ 30MG/ML.....	128
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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
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hydralazine hcl tab 10 mg	62
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hydrochlorothiazide tab 25 mg	116
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hydrocodone-acetaminophen soln 10-325 mg/15ml	20
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	20
hydrocodone-acetaminophen tab 10-300 mg	20
hydrocodone-acetaminophen tab 10-325 mg	20
hydrocodone-acetaminophen tab 5-300 mg	20
hydrocodone-acetaminophen tab 5-325 mg	20
hydrocodone-acetaminophen tab 7.5-300 mg	20
hydrocodone-acetaminophen tab 7.5-325 mg	20
hydrocodone bitart-homatropine methylobromide tab 5-1.5 mg.....	100
hydrocodone bitart-homatropine methylobrom soln 5-1.5 mg/5ml	100

hydrocodone bitartrate cap er 12hr 10 mg	17
hydrocodone bitartrate cap er 12hr 15 mg.	17
hydrocodone bitartrate cap er 12hr 20 mg	17
hydrocodone bitartrate cap er 12hr 30 mg	17
hydrocodone bitartrate cap er 12hr 40 mg	17
hydrocodone bitartrate cap er 12hr 50 mg	17
hydrocodone bitartrate tab er 24hr deter 100 mg	17
hydrocodone bitartrate tab er 24hr deter 120 mg	17
hydrocodone bitartrate tab er 24hr deter 20 mg	17
hydrocodone bitartrate tab er 24hr deter 30 mg	17
hydrocodone bitartrate tab er 24hr deter 40 mg	17
hydrocodone bitartrate tab er 24hr deter 60 mg	17
hydrocodone bitartrate tab er 24hr deter 80 mg	17
hydrocodone-ibuprofen tab 10-200 mg ...	20
hydrocodone-ibuprofen tab 5-200 mg	20
hydrocodone-ibuprofen tab 7.5-200 mg..	20
hydrocod polst-chlorphen polst er susp 10- 8 mg/5ml	100
hydrocortisone acetate suppos 25 mg	23
hydrocortisone acetate suppos 30 mg	23
hydrocortisone acetate w/ pramoxine perianal cream 1-1%.....	23
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hydrocortisone cream 2.5%	109
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<i>2%</i>	172	<i>HYPO NEEDLE MIS 22GX1</i>	152
<i>hydrogen peroxide soln 30%</i>	80	<i>HYPO NEEDLE MIS 22GX1.5</i>	152
<i>hydromorphone hcl liqd 1 mg/ml</i>	17	<i>HYPO NEEDLE MIS 23GX1</i>	152
<i>hydromorphone hcl tab 2 mg</i>	17	<i>HYPO NEEDLE MIS 23GX1.5</i>	152
<i>hydromorphone hcl tab 4 mg</i>	17	<i>HYPO NEEDLE MIS 23GX3/4</i>	152
<i>hydromorphone hcl tab 8 mg</i>	17	<i>HYPO NEEDLE MIS 25GX1</i>	152
<i>hydromorphone hcl tab er 24hr 12 mg</i>	18	<i>HYPO NEEDLE MIS 25GX1.25</i>	152
<i>hydromorphone hcl tab er 24hr 16 mg</i>	18	<i>HYPO NEEDLE MIS 25GX1.5</i>	152
<i>hydromorphone hcl tab er 24hr 32 mg</i>	18	<i>HYPO NEEDLE MIS 25GX2</i>	152
<i>hydromorphone hcl tab er 24hr 8 mg</i>	17	<i>HYPO NEEDLE MIS 25GX5/8</i>	152
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<i>hydroxyurea cap 500 mg</i>	71	<i>HYPO NEEDLE MIS 27GX1/2</i>	152
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	27	<i>HYPO NEEDLE MIS 27GX1.25</i>	152
<i>hydroxyzine hcl tab 10 mg</i>	27	<i>HYPO NEEDLE MIS 27GX1.5</i>	152
<i>hydroxyzine hcl tab 25 mg</i>	27	<i>HYPO NEEDLE MIS 30GX3/4</i>	152
<i>hydroxyzine hcl tab 50 mg</i>	27	<i>HYRIMOZ-CROH INJ UC SP</i>	9
<i>hydroxyzine pamoate cap 100 mg</i>	27	<i>HYRIMOZ INJ 10/0.1ML</i>	8
<i>hydroxyzine pamoate cap 25 mg</i>	27	<i>HYRIMOZ INJ 20/0.2ML</i>	8
<i>hydroxyzine pamoate cap 50 mg</i>	27	<i>HYRIMOZ INJ 40/0.4ML</i>	8
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	182	<i>HYRIMOZ INJ 40/0.8ML</i>	8
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	183	<i>HYRIMOZ INJ 80/0.8ML</i>	9
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ...	183	<i>HYRIMOZ-PED INJ CROHNS</i>	9
<i>hyoscyamine sulfate tab 0.125 mg</i>	183	<i>HYRIMOZ-PLAQ INJ PSOR/UVE</i>	9
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	183	<i>HYRIMOZ-PLAQ INJ PSORIASI</i>	9
<i>HYPERSAL NEB 3.5%</i>	100	<i>HYRIMOZ SENS INJ 80/0.8ML</i>	9
<i>HYPERSAL NEB 7%</i>	100	<i>HYSINGLA ER TAB 100 MG</i>	18
<i>HYPOLANCE KIT LANCING</i>	141	<i>HYSINGLA ER TAB 120 MG</i>	18
<i>HYPO NEEDLE MIS 14GX1</i>	151	<i>HYSINGLA ER TAB 20 MG</i>	18
<i>HYPO NEEDLE MIS 14GX1.5</i>	151	<i>HYSINGLA ER TAB 30 MG</i>	18
<i>HYPO NEEDLE MIS 14GX2</i>	151	<i>HYSINGLA ER TAB 40 MG</i>	18
<i>HYPO NEEDLE MIS 16GX1</i>	152	<i>HYSINGLA ER TAB 60 MG</i>	18
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<i>nabumetone tab 500 mg</i>	13
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<i>naftifine hcl gel 2%</i>	104
NAFTIN GEL 1%	104
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NALFON TAB 600MG	13
<i>naloxone hcl inj 0.4 mg/ml</i>	50
<i>naloxone hcl inj 4 mg/10ml</i>	50
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	50
<i>naloxone hcl soln prefilled syringe 0.4</i> <i>mg/ml</i>	50
<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	50
<i>naltrexone hcl tab 50 mg</i>	50
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<i>naproxen sodium tab 550 mg</i>	13
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<i>naproxen tab 500 mg</i>	13
<i>naproxen tab ec 375 mg</i>	13
<i>naproxen tab ec 500 mg</i>	13
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<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	159
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<i>nateglinide tab 60 mg</i>	48
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NATROBA SUS 0.9%	113
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<i>nebivolol hcl tab 10 mg (base equivalent)</i>	87
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	87
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	87
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NEEDLES MIS 18GX1.5	153
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<i>nefazodone hcl tab 150 mg</i>	43
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<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	170
<i>neomycin-polymyxin-hc ophth susp</i>	170
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<i>nicardipine hcl cap 20 mg</i>	89
<i>nicardipine hcl cap 30 mg</i>	89
<i>nicotine polacrilex gum 2 mg</i>	178
<i>nicotine polacrilex gum 4 mg</i>	178
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<i>nifedipine cap 10 mg</i>	89
<i>nifedipine cap 20 mg</i>	89
<i>nifedipine tab er 24hr 30 mg</i>	89
<i>nifedipine tab er 24hr 60 mg</i>	89
<i>nifedipine tab er 24hr 90 mg</i>	89
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	89
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	89
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<i>nitisinone cap 20 mg</i>	119	<i>nizatidine cap 150 mg</i>	183
<i>nitisinone cap 2 mg</i>	119	<i>nizatidine cap 300 mg</i>	183
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<i>nitroglycerin cap er 6.5 mg</i>	26	<i>norethindrone ace & ethinyl estradiol tab 1.5</i> <i>mg-30 mcg</i>	97
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<i>nitroglycerin sl tab 0.3 mg</i>	26	<i>norethindrone ace-ethinyl estradiol-fe cap 1</i> <i>mg-20 mcg (24)</i>	97
<i>nitroglycerin sl tab 0.4 mg</i>	26	<i>norethindrone ace-ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg (24)</i>	97
<i>nitroglycerin sl tab 0.6 mg</i>	26	<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	121
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	26	<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	122
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octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	120
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	120
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oxcarbazepine tab 300 mg	38
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oxcarbazepine tab er 24hr 150 mg	38
oxcarbazepine tab er 24hr 300 mg	38
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oxycodone hcl tab er 12hr deter 20 mg	19
oxycodone hcl tab er 12hr deter 40 mg	19
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PAMELOR CAP 10MG	45
PAMELOR CAP 25MG	45
PAMELOR CAP 50MG	45
PAMELOR CAP 75MG	45
PANDEL CRE 0.1%	110
PANRETIN GEL 0.1%	105
pantoprazole sodium ec tab 20 mg (base equiv)	184
pantoprazole sodium ec tab 40 mg (base equiv)	184
pantoprazole sodium for iv soln 40 mg (base equiv)	184
paricalcitol cap 1 mcg	119
paricalcitol cap 2 mcg	119
paricalcitol cap 4 mcg	119
PARLODEL CAP 5MG	73
PARLODEL TAB 2.5MG	73
PARNATE TAB 10MG	41
paroxetine hcl oral susp 10 mg/5ml (base equiv)	42
paroxetine hcl tab 10 mg	42
paroxetine hcl tab 20 mg	42
paroxetine hcl tab 30 mg	42
paroxetine hcl tab 40 mg	42
paroxetine hcl tab er 24hr 12.5 mg	42
paroxetine hcl tab er 24hr 25 mg	42
paroxetine hcl tab er 24hr 37.5 mg	42
PASER GRA 4GM	63
PATANASE SPR 0.6%	166
PAXLOVID TAB 150-100	83
PAXLOVID TAB 300-100	83, 84

<i>pazopanib hcl tab 200 mg (base equiv)....</i>	<i>70</i>	<i>permethrin cream 5%.....</i>	<i>113</i>
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-</i>		<i>perphenazine-amitriptyline tab 2-10 mg .</i>	<i>175</i>
<i>0.0194-0.0065 mg/5ml</i>	<i>183</i>	<i>perphenazine-amitriptyline tab 2-25 mg.</i>	<i>175</i>
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-</i>		<i>perphenazine-amitriptyline tab 4-10 mg .</i>	<i>175</i>
<i>0.0194-0.0065 mg</i>	<i>183</i>	<i>perphenazine-amitriptyline tab 4-25 mg.</i>	<i>175</i>
<i>PC LANCETS MIS 30G.....</i>	<i>144</i>	<i>perphenazine-amitriptyline tab 4-50 mg</i>	<i>175</i>
<i>PEDIAPRED SOL 5MG/5ML</i>	<i>99</i>	<i>perphenazine tab 16 mg</i>	<i>79</i>
<i>PEDIARIX INJ 0.5ML</i>	<i>182</i>	<i>perphenazine tab 2 mg.....</i>	<i>79</i>
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i>		<i>perphenazine tab 4 mg.....</i>	<i>79</i>
<i>soln 236 gm</i>	<i>132</i>	<i>perphenazine tab 8 mg.....</i>	<i>79</i>
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i>		<i>PERSERIS INJ 120MG</i>	<i>76</i>
<i>soln 240 gm</i>	<i>132</i>	<i>PERSERIS INJ 90MG</i>	<i>76</i>
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>		<i>PHARMACY COU MIS LANCETS</i>	<i>144</i>
<i>gm</i>	<i>132</i>	<i>PHARM SYRNG MIS TRAY 1ML.....</i>	<i>154</i>
<i>PEG-PREP KIT</i>	<i>132</i>	<i>PHARM TRAY MIS 12ML/LL</i>	<i>154</i>
<i>penciclovir cream 1%.....</i>	<i>107</i>	<i>PHARM TRAY MIS 1ML/REG</i>	<i>154</i>
<i>penicillamine cap 250 mg</i>	<i>161</i>	<i>PHARM TRAY MIS 20ML/LL.....</i>	<i>154</i>
<i>penicillamine tab 250 mg</i>	<i>161</i>	<i>PHARM TRAY MIS 35ML/LL.....</i>	<i>154</i>
<i>penicillin v potassium for soln 125 mg/5ml</i>		<i>PHARM TRAY MIS 3ML/LL</i>	<i>154</i>
<i>.....</i>	<i>172</i>	<i>PHARM TRAY MIS 60ML/LL</i>	<i>154</i>
<i>penicillin v potassium for soln 250 mg/5ml</i>		<i>PHARM TRAY MIS 6ML</i>	<i>154</i>
<i>.....</i>	<i>172</i>	<i>PHEBURANE MIS 483/GM.....</i>	<i>119</i>
<i>penicillin v potassium tab 250 mg.....</i>	<i>173</i>	<i>phenazopyridine hcl tab 100 mg.....</i>	<i>127</i>
<i>penicillin v potassium tab 500 mg.....</i>	<i>173</i>	<i>phenazopyridine hcl tab 200 mg</i>	<i>127</i>
<i>PEN NEEDLES MIS 29GX1/2</i>	<i>154</i>	<i>phendimetrazine tartrate tab 35 mg.....</i>	<i>3</i>
<i>PEN NEEDLES MIS 29GX12MM</i>	<i>154</i>	<i>phenelzine sulfate tab 15 mg.....</i>	<i>41</i>
<i>PEN NEEDLES MIS 32GX4MM</i>	<i>154</i>	<i>phenobarbital elixir 20 mg/5ml</i>	<i>131</i>
<i>PEN NEEDLES MIS 32GX5/32</i>	<i>154</i>	<i>phenobarbital tab 100 mg</i>	<i>131</i>
<i>PENTACEL INJ</i>	<i>182</i>	<i>phenobarbital tab 15 mg</i>	<i>131</i>
<i>PENTASA CAP 250MG CR</i>	<i>125</i>	<i>phenobarbital tab 16.2 mg.....</i>	<i>131</i>
<i>PENTASA CAP 500MG CR.....</i>	<i>125</i>	<i>phenobarbital tab 30 mg</i>	<i>131</i>
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>		<i>phenobarbital tab 32.4 mg</i>	<i>131</i>
<i>.....</i>	<i>22</i>	<i>phenobarbital tab 60 mg</i>	<i>131</i>
<i>PENTIPS MIS 29GX12MM</i>	<i>154</i>	<i>phenobarbital tab 64.8 mg.....</i>	<i>131</i>
<i>pentoxifylline tab er 400 mg</i>	<i>128</i>	<i>phenobarbital tab 97.2 mg</i>	<i>131</i>
<i>PEPCID TAB 40MG</i>	<i>183</i>	<i>phenoxybenzamine hcl cap 10 mg</i>	<i>57</i>
<i>PERFECT 28G MIS LANCETS</i>	<i>144</i>	<i>phentermine hcl cap 15 mg</i>	<i>3</i>
<i>PERFECT 30G MIS LANCETS</i>	<i>144</i>	<i>phentermine hcl cap 30 mg</i>	<i>3</i>
<i>PERFECT POIN MIS 25GX1.....</i>	<i>154</i>	<i>phentermine hcl cap 37.5 mg</i>	<i>3</i>
<i>PERFOROMIST NEB 20MCG</i>	<i>32</i>	<i>phentermine hcl tab 37.5 mg.....</i>	<i>3</i>
<i>PERIDEX SOL 0.12%.....</i>	<i>164</i>	<i>phenylephrine hcl ophth soln 10%</i>	<i>168</i>
<i>perindopril erbumine tab 2 mg.....</i>	<i>57</i>	<i>phenylephrine hcl ophth soln 2.5%.....</i>	<i>168</i>
<i>perindopril erbumine tab 4 mg.....</i>	<i>57</i>	<i>phenytoin chew tab 50 mg</i>	<i>40</i>
<i>perindopril erbumine tab 8 mg.....</i>	<i>57</i>	<i>phenytoin sodium extended cap 100 mg .</i>	<i>40</i>

<i>phenytoin sodium extended cap 200 mg</i>	40	PLEGRIDY PEN INJ STARTER	177
<i>phenytoin sodium extended cap 300 mg</i>	40	PLEXION CLTH PAD 9.8-4.8%	102
<i>phenytoin susp 125 mg/5ml</i>	40	PLEXION CRE 9.8-4.8%	102
PHEXXI GEL	186	PLEXION LIQ 9.8-4.8%	102
PHOSLYRA SOL	126	PLEXION LOT 9.8-4.8%	102
PHOSPHOLINE SOL 0.125%OP	168	POCKET CHAMB MIS	157
<i>phytonadione tab 5 mg</i>	187	POCKETCHEM SOL EZ	144
<i>pilocarpine hcl ophth soln 1%</i>	168	POCKET SPACE MIS	158
<i>pilocarpine hcl ophth soln 2%</i>	168	PODOCON-25 SOL	111
<i>pilocarpine hcl ophth soln 4%</i>	168	<i>podofilox gel 0.5%</i>	111
<i>pilocarpine hcl tab 5 mg</i>	164	<i>podofilox soln 0.5%</i>	111
<i>pilocarpine hcl tab 7.5 mg</i>	164	POLY HUB MIS 18GX1	154
<i>pimecrolimus cream 1%</i>	111	POLY HUB MIS 18GX1.5	154
<i>pimozide tab 1 mg</i>	178	POLY HUB MIS 20GX1	154
<i>pimozide tab 2 mg</i>	178	POLY HUB MIS 21GX1	154
<i>pindolol tab 10 mg</i>	87	POLY HUB MIS 21GX1.5	154
<i>pindolol tab 5 mg</i>	87	POLY HUB MIS 22GX1	154
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	46	POLY HUB MIS 22GX1.5	154
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	46	POLY HUB MIS 23GX1	154
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		POLY HUB MIS 23GX1.5	154
<i>mg</i>	46	POLY HUB MIS 25GX1	154
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		POLY HUB MIS 25GX1.5	154
<i>mg</i>	46	POLY HUB MIS 25GX5/8	154
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	48	POLY HUB MIS 27GX1/2	154
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	48	POLY HUB MIS 27GX1.25	154
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	48	POLY HUB MIS 30GX1/2	154
PIP CONTROL LIQ	144	<i>polymyxin b-trimethoprim ophth soln</i>	
PIP LANCETS MIS 28G	144	<i>10000 unit/ml-0.1%</i>	169
PIP LANCETS MIS 30G	144	POMALYST CAP 1MG	67
PIQRAY 200MG TAB DOSE	70	POMALYST CAP 2MG	67
PIQRAY 250MG TAB DOSE	70	POMALYST CAP 3MG	67
PIQRAY 300MG TAB DOSE	70	POMALYST CAP 4MG	67
<i>pirfenidone cap 267 mg</i>	179	<i>posaconazole susp 40 mg/ml</i>	52
<i>pirfenidone tab 267 mg</i>	180	<i>pot & sod citrates w/ cit ac soln 550-500-</i>	
<i>pirfenidone tab 801 mg</i>	180	<i>334 mg/5ml</i>	126
<i>piroxicam cap 10 mg</i>	13	<i>potassium chloride cap er 10 meq</i>	160
<i>piroxicam cap 20 mg</i>	13	<i>potassium chloride cap er 8 meq</i>	160
<i>pitavastatin calcium tab 1 mg</i>	55	<i>potassium chloride microencapsulated crys</i>	
<i>pitavastatin calcium tab 2 mg</i>	55	<i>er tab 10 meq</i>	160
<i>pitavastatin calcium tab 4 mg</i>	55	<i>potassium chloride microencapsulated crys</i>	
PLAQUENIL TAB 200MG	63	<i>er tab 15 meq</i>	161
PLEGRIDY INJ	177	<i>potassium chloride microencapsulated crys</i>	
PLEGRIDY INJ PEN	177	<i>er tab 20 meq</i>	161
PLEGRIDY INJ STARTER	177		

<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	161	PRAMOSONE CRE 1-1%	110
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	161	PRAMOSONE CRE 1-2.5%	110
<i>potassium chloride powder packet 20 meq</i>	161	PRAMOSONE LOT 1%	110
<i>potassium chloride tab er 10 meq</i>	161	PRAMOSONE LOT 2.5%	110
<i>potassium chloride tab er 20 meq (1500 mg)</i>	161	PRAMOSONE OIN 1%	110
<i>potassium chloride tab er 8 meq (600 mg)</i>	161	PRAMOSONE OIN 2.5%	110
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	126	<i>pramoxine-hc cream 1-2.5%</i>	110
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	126	<i>prasugrel hcl tab 10 mg (base equiv)</i>	129
<i>potassium citrate tab er 10 meq (1080 mg)</i>	127	<i>prasugrel hcl tab 5 mg (base equiv)</i>	129
<i>potassium citrate tab er 15 meq (1620 mg)</i>	127	<i>pravastatin sodium tab 10 mg</i>	55
<i>potassium citrate tab er 5 meq (540 mg)</i>	126	<i>pravastatin sodium tab 20 mg</i>	55
POVIDONE IOD SOL 5%	169	<i>pravastatin sodium tab 40 mg</i>	55
<i>pramipexole dihydrochloride tab 0.125 mg</i>	73	<i>pravastatin sodium tab 80 mg</i>	55
<i>pramipexole dihydrochloride tab 0.25 mg</i>	73	<i>praziquantel tab 600 mg</i>	23
<i>pramipexole dihydrochloride tab 0.5 mg</i>	73	<i>prazosin hcl cap 1 mg</i>	59
<i>pramipexole dihydrochloride tab 0.75 mg</i>	73	<i>prazosin hcl cap 2 mg</i>	59
<i>pramipexole dihydrochloride tab 1.5 mg</i>	73	<i>prazosin hcl cap 5 mg</i>	59
<i>pramipexole dihydrochloride tab 1 mg</i>	73	PRECISN XTRA TES KETONE	114
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	73	PRED-G S.O.P OIN OP	170
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	73	<i>prednicarbate oint 0.1%</i>	110
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	73	<i>prednisolone acetate ophth susp 1%</i>	170
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	73	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	99
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	74	<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	99
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	74	<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	99
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	74	<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	99
		<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	99
		<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	99
		<i>prednisolone soln 15 mg/5ml</i>	99
		PREDNISOLONE SUS 1%	170
		<i>prednisolone tab 5 mg</i>	99
		PREDNISONE CON 5MG/ML	99
		<i>prednisone oral soln 5 mg/5ml</i>	99
		<i>prednisone tab 10 mg</i>	99
		<i>prednisone tab 1 mg</i>	99
		<i>prednisone tab 2.5 mg</i>	99
		<i>prednisone tab 20 mg</i>	99
		<i>prednisone tab 50 mg</i>	99
		<i>prednisone tab 5 mg</i>	99

<i>prednisone tab therapy pack 10 mg (21) ...</i>	99	PRETOMANID TAB 200MG	63
<i>prednisone tab therapy pack 10 mg (48) ..</i>	99	PREVYMIS TAB 240MG	84
<i>prednisone tab therapy pack 5 mg (21)</i>	99	PREVYMIS TAB 480MG	84
<i>prednisone tab therapy pack 5 mg (48) ...</i>	99	PREZCOBIX TAB 800-150.....	82
PRED SOD PHO SOL 1% OP	170	PREZISTA SUS 100MG/ML	82
PREFEST TAB	122	PREZISTA TAB 150MG	82
<i>pregabalin cap 100 mg</i>	38	PREZISTA TAB 600MG	82
<i>pregabalin cap 150 mg</i>	38	PREZISTA TAB 75MG	82
<i>pregabalin cap 200 mg</i>	38	PREZISTA TAB 800MG	82
<i>pregabalin cap 225 mg</i>	38	PRIFTIN TAB 150MG.....	63
<i>pregabalin cap 25 mg</i>	38	<i>primaquine phosphate tab 26.3 mg (15 mg</i>	
<i>pregabalin cap 300 mg</i>	38	<i>base)</i>	63
<i>pregabalin cap 50 mg</i>	38	PRIMAQUINE TAB 26.3MG.....	63
<i>pregabalin cap 75 mg</i>	38	<i>primidone tab 250 mg</i>	38
<i>pregabalin soln 20 mg/ml</i>	38	<i>primidone tab 50 mg</i>	38
<i>pregabalin tab er 24hr 165 mg</i>	178	PRISMASOL SOL 0/0/1.2	161
<i>pregabalin tab er 24hr 330 mg</i>	178	PRISMASOL SOL 0/2.5	161
<i>pregabalin tab er 24hr 82.5 mg</i>	178	PRISMASOL SOL 2/0.....	161
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PREMPRO TAB.....	122	PRISMASOL SOL 4/2.5	161
PREMPRO TAB 0.3-1.5.....	122	PRISMASOL SOL B22GK4/0	161
PREMPRO TAB 0.45-1.5	122	<i>probenecid tab 500 mg</i>	128
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PRENATAL TAB	165	PROCARDIA XL TAB 60MG CR.....	89
PRENATAL TAB 28-0.8MG	165	PROCARDIA XL TAB 90MG CR.....	89
PRENATAL TAB IRON	165	<i>prochlorperazine edisylate inj 10 mg/2ml.</i>	79
PRENATAL TAB MULTIVIT	165	<i>prochlorperazine maleate tab 10 mg (base</i>	
PRENATAL VIT TAB 28-0.8MG	165	<i>equivalent).....</i>	79
PRENATAL VIT TAB MINERALS	165	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1</i>		<i>equivalent).....</i>	79
<i>mg</i>	165	<i>prochlorperazine suppos 25 mg</i>	79
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i>		PRO COMFORT MIS 31G	144
<i>mg</i>	165	PRO COMFORT MIS LANC 30G	144
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>		PRO COMFORT MIS LANCETS	144
<i>.....</i>	165	PRO COMFORT PAD ALCOHOL	150
<i>prenatal vit w/ fe fum-methylfolate-fa tab</i>		PROCORT CRE	23
<i>27-0.6-0.4 mg</i>	165	PROCTOCORT SUP 30MG.....	23
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i>		PROCTOFOAM AER HC 1%	23
<i>mg</i>	165	PRODIGY MIS 26G	144
<i>prenat w/o a w/fefum-methfol-fa-dha cap</i>		PRODIGY MIS 28G	144
<i>27-0.6-0.4-300 mg.....</i>	165	PRODIGY MIS LANC DEV	144
PREPIDIL GEL 0.5MG/3G	172	PRODIGY SOL HIGH.....	144
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<i>progesterone cap 100 mg</i>	173	<i>propylthiouracil tab 50 mg</i>	181
<i>progesterone cap 200 mg</i>	173	PROSCAR TAB 5MG	127
<i>progesterone im in oil 50 mg/ml</i>	173	PROTONIX INJ 40MG	184
PROGLYCEM SUS 50MG/ML	47	<i>protriptyline hcl tab 10 mg</i>	45
PROGRAF CAP 0.5MG	163	<i>protriptyline hcl tab 5 mg</i>	45
PROGRAF CAP 1MG	163	PROVERA TAB 10MG	173
PROGRAF CAP 5MG	163	PROVERA TAB 2.5MG	173
PROGRAF GRA 0.2MG	163	PROVERA TAB 5MG	173
PROGRAF GRA 1MG	163	PRUDOXIN CRE 5%	105
PROLENSA SOL 0.07%	171	<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	100
<i>promethazine & phenylephrine syrup 6.25-</i> <i>5 mg/5ml</i>	100	PSS SAFE LAN MIS	144
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	100	PSS SEL LANC MIS	144
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	52	PSS SEL PLAT MIS	144
<i>promethazine hcl suppos 12.5 mg</i>	52	PULMICORT SUS 0.25MG/2	30
<i>promethazine hcl suppos 25 mg</i>	52	PULMICORT SUS 0.5MG/2	30
<i>promethazine hcl suppos 50 mg</i>	52	PULMICORT SUS 1MG/2ML	30
<i>promethazine hcl tab 12.5 mg</i>	52	PULMOZYME SOL 1MG/ML	179
<i>promethazine hcl tab 25 mg</i>	52	PURE COMFORT MIS 30G LAN	144
<i>promethazine hcl tab 50 mg</i>	53	PURE COMFORT PAD	150
<i>promethazine-phenylephrine-codeine</i> <i>syrup 6.25-5-10 mg/5ml</i>	100	PURIXAN SUS 20MG/ML	65
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	100	PX LANCETS MIS 28G	144
<i>propafenone hcl cap er 12hr 225 mg</i>	28	PX LANCETS MIS 33G	144
<i>propafenone hcl cap er 12hr 325 mg</i>	28	PX LANCETS MIS ULT THIN	144
<i>propafenone hcl cap er 12hr 425 mg</i>	28	PX PRENATAL TAB MULTIVIT	165
<i>propafenone hcl tab 150 mg</i>	28	PYLERA CAP	184
<i>propafenone hcl tab 225 mg</i>	28	<i>pyrazinamide tab 500 mg</i>	64
<i>propafenone hcl tab 300 mg</i>	28	PYRIDIUM TAB 100MG	127
<i>proparacaine hcl ophth soln 0.5%</i>	170	PYRIDIUM TAB 200MG	127
PROPECIA TAB 1MG	111	<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i>	63
<i>propranolol hcl cap er 24hr 120 mg</i>	87	<i>pyridostigmine bromide tab 60 mg</i>	63
<i>propranolol hcl cap er 24hr 160 mg</i>	87	<i>pyridostigmine bromide tab er 180 mg</i>	63
<i>propranolol hcl cap er 24hr 60 mg</i>	87	<i>pyrimethamine tab 25 mg</i>	63
<i>propranolol hcl cap er 24hr 80 mg</i>	87	PYROGALL ACD OIN	111
<i>propranolol hcl oral soln 20 mg/5ml</i>	87	Q	
<i>propranolol hcl oral soln 40 mg/5ml</i>	87	QBRELIS SOL 1MG/ML	57
<i>propranolol hcl tab 10 mg</i>	87	QBREXZA PAD 2.4%	112
<i>propranolol hcl tab 20 mg</i>	87	QC ALCOHOL PAD SWABS	150
<i>propranolol hcl tab 40 mg</i>	87	QC LANCETS MIS 28G	144
<i>propranolol hcl tab 60 mg</i>	87	QC LANCETS MIS 30G	144
<i>propranolol hcl tab 80 mg</i>	87	QC LANCING MIS DEVICE	144
		QC PRENATAL TAB 28-0.8MG	165
		QELBREE CAP 100MG ER	5

QELBREE CAP 150MG ER	5
QELBREE CAP 200MG ER.....	5
QSYMIA CAP 11.25-69	3
QSYMIA CAP 15-92MG.....	3
QSYMIA CAP 3.75-23	3
QSYMIA CAP 7.5-46MG.....	3
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QUADRACEL INJ 0.5ML	182
QUALAQUIN CAP 324MG.....	63
QUARTETTE TAB.....	97
QUDEXY XR CAP 100/24HR.....	38
QUDEXY XR CAP 150/24HR.....	38
QUDEXY XR CAP 200/24HR	38
QUDEXY XR CAP 25/24HR.....	38
QUDEXY XR CAP 50/24HR	38
QUESTRAN POW 4GM.....	53
QUESTRAN POW 4GM LITE	53
<i>quetiapine fumarate tab 100 mg</i>	<i>78</i>
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<i>quetiapine fumarate tab 200 mg</i>	<i>78</i>
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<i>repaglinide tab 1 mg</i>	48	REYATAZ CAP 200MG	82
<i>repaglinide tab 2 mg</i>	49	REYATAZ CAP 300MG	83
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SAMSCA TAB 30MG	121	<i>selenium sulfide lotion 2.5%</i>	107
SANCUSO DIS 3.1MG	50	<i>selenium sulfide shampoo 2.25%</i>	107
SANDIMMUNE CAP 100MG	163	<i>selenium sulfide shampoo 2.3%</i>	107
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SANDOSTATIN INJ 500MCG	121	SELZENTRY TAB 300MG	83
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<i>sapropterin dihydrochloride tab 100 mg</i>	119	SEROQUEL TAB 25MG	78
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SAVELLA TAB 50MG	175	<i>sertraline hcl tab 25 mg</i>	42
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<i>saxagliptin-metformin hcl tab er 24hr 5-</i>		<i>sevelamer hcl tab 400 mg</i>	126
<i>1000 mg</i>	46	<i>sevelamer hcl tab 800 mg</i>	126
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SB LANCETS MIS ULTR THN	145	SIGNIFOR INJ 0.6MG/ML	121
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<i>sildenafil citrate tab 20 mg</i>	94	<i>sodium chloride soln nebu 10%</i>	100
<i>sildenafil citrate tab 25 mg</i>	92	<i>sodium chloride soln nebu 3%</i>	100
<i>sildenafil citrate tab 50 mg</i>	92	<i>sodium chloride soln nebu 7%</i>	100
<i>silodosin cap 4 mg</i>	127	<i>sodium citrate & citric acid soln 500-334</i>	
<i>silodosin cap 8 mg</i>	127	<i>mg/5ml</i>	127
SILVADENE CRE 1%	107	<i>sodium fluoride chew tab 0.25 mg f (from</i>	
SILVER NITRA SOL 0.5%.....	107	<i>0.55 mg naf)</i>	160
<i>silver sulfadiazine cream 1%</i>	107	<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>	
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<i>simvastatin tab 10 mg</i>	55	<i>sodium fluoride paste 1.1%</i>	164
<i>simvastatin tab 20 mg</i>	55	<i>sodium fluoride-potassium nitrate gel 1.1-</i>	
<i>simvastatin tab 40 mg</i>	55	<i>5%</i>	164
<i>simvastatin tab 5 mg</i>	55	<i>sodium fluoride rinse 0.2%</i>	164
<i>simvastatin tab 80 mg</i>	55	<i>sodium fluoride soln 0.125 mg/drop f (0.275</i>	
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<i>sirolimus tab 0.5 mg</i>	163	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sirolimus tab 1 mg</i>	163	<i>gm/teaspoonful</i>	119
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SOLODYN TAB 115MG	180	<i>spironolactone tab 100 mg</i>	116
SOLODYN TAB 55MG	180	<i>spironolactone tab 25 mg</i>	116
SOLODYN TAB 65MG	180	<i>spironolactone tab 50 mg</i>	116
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SOLU-CORTEF INJ 100MG	99	SPRAVATO SOL 84MG DOS	41
SOLU-CORTEF INJ 250MG	99	SPRYCEL TAB 100MG	70
SOLU-CORTEF INJ 500MG	100	SPRYCEL TAB 140MG	70
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<i>sorafenib tosylate tab 200 mg (base</i>		STALEVO 50 TAB	74
<i>equivalent)</i>	70	STALEVO 75 TAB	74
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<i>sotalol hcl (afib/afl) tab 160 mg</i>	87	<i>stavudine cap 20 mg</i>	83
<i>sotalol hcl (afib/afl) tab 80 mg</i>	87	<i>stavudine cap 30 mg</i>	83
<i>sotalol hcl tab 120 mg</i>	88	<i>stavudine cap 40 mg</i>	83
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<i>sotalol hcl tab 240 mg</i>	88	STELARA INJ 90MG/ML	106
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SOVALDI PAK 200MG	84	STIOLTO AER 2.5-2.5	32
SOVALDI TAB 200MG	84	STIVARGA TAB 40MG	70
SOVALDI TAB 400MG	84	STRATTERA CAP 100MG	5
SPACE CHAMBR MIS ANTI-STA	158	STRATTERA CAP 10MG	5
SPACE CHAMBR MIS LARGE	158	STRATTERA CAP 18MG	5
SPACE CHAMBR MIS MEDIUM	158	STRATTERA CAP 25MG	5
SPACE CHAMBR MIS SMALL	158	STRATTERA CAP 40MG	5
SPEVIGO INJ 150/1ML	105	STRATTERA CAP 60MG	5
<i>spinosad susp 0.9%</i>	113	STRATTERA CAP 80MG	5
SPIRIVA AER 1.25MCG	29	STRENSIQ INJ 18/0.45	119
SPIRIVA CAP HANDHLR	29	STRENSIQ INJ 28/0.7ML	119
SPIRIVA SPR 2.5MCG	29	STRENSIQ INJ 40MG/ML	119
		STRENSIQ INJ 80/0.8ML	119

STRIVERDI AER 2.5MCG	32	sulfacetamide sodium w/ sulfur lotion 10-5%	103
STROMECTOL TAB 3MG	23	sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	103
SUCRAID SOL 8500/ML	114	sulfacetamide sodium w/ sulfur susp 10-5%	103
sucralfate tab 1 gm	183	sulfacetamide sodium w/ sulfur susp 8-4%	103
SULAR TAB 17MG ER.....	89	sulfadiazine tab 500 mg	180
SULAR TAB 34MG ER.....	89	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	24
SULAR TAB 8.5MG ER.....	89	sulfamethoxazole-trimethoprim tab 400-80 mg	24
sulconazole nitrate cream 1%.....	104	sulfamethoxazole-trimethoprim tab 800-160 mg	24
sulconazole nitrate solution 1%	104	SULFAMYLON CRE 85MG/GM	107
sulfacetamide sodium cleansing gel 10%	107	sulfasalazine tab 500 mg.....	125
sulfacetamide sodium liquid 10%	107	sulfasalazine tab delayed release 500 mg	125
sulfacetamide sodium lotion 10% (acne).....	102	SULF LIME SOL.....	113
sulfacetamide sodium ophth oint 10%	169	sulindac tab 150 mg.....	13
sulfacetamide sodium ophth soln 10% ...	169	sulindac tab 200 mg	13
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	170	SUMADAN WASH LIQ 9-4.5%	103
sulfacetamide sodium shampoo 10%	107	sumatriptan nasal spray 20 mg/act	159
sulfacetamide sodium shampoo 9.8%....	107	sumatriptan nasal spray 5 mg/act	159
sulfacetamide sodium-sulfur in urea emulsion 10-4%	103	sumatriptan succinate inj 6 mg/0.5ml.....	159
sulfacetamide sodium w/ sulfur cleanser 10-2%	102	sumatriptan succinate solution auto-injector 4 mg/0.5ml.....	159
sulfacetamide sodium w/ sulfur cleanser 10-5%	102	sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	159
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	102	sumatriptan succinate solution cartridge 4 mg/0.5ml	160
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	102	sumatriptan succinate solution cartridge 6 mg/0.5ml	160
sulfacetamide sodium w/ sulfur cleanser 9-4%	102	sumatriptan succinate tab 100 mg.....	160
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	103	sumatriptan succinate tab 25 mg	160
sulfacetamide sodium w/ sulfur cream 10-2%.....	103	sumatriptan succinate tab 50 mg	160
sulfacetamide sodium w/ sulfur cream 10-5%	103	SUMAXIN PAD 10-4%.....	103
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	103	sunitinib malate cap 12.5 mg (base equivalent)	70
sulfacetamide sodium w/ sulfur emulsion 10-1%	103	sunitinib malate cap 25 mg (base equivalent)	70
sulfacetamide sodium w/ sulfur foam 10-5%	103	sunitinib malate cap 37.5 mg (base equivalent)	70

<i>sunitinib malate cap 50 mg (base equivalent)</i>	70
SUNOSI TAB 150MG	5
SUNOSI TAB 75MG	5
SUPER THIN MIS LANC 28G	146
SUPER THIN MIS LANCETS	146
SUPREME II LIQ HIGH/LOW	146
SURE COMFORT MIS LANC 18G	146
SURE COMFORT MIS LANC 21G	146
SURE COMFORT MIS LANC 23G	146
SURE COMFORT MIS LANC 30G	146
SURE COMFORT MIS LANCETS.....	146
SURE COMFORT MIS LANC PEN	146
SUREFLEX MIS LANCETS.....	146
SURELITE MIS LANCETS.....	146
SUSTIVA CAP 200MG	83
SUSTIVA CAP 50MG.....	83
SUTENT CAP 12.5MG	70
SUTENT CAP 25MG.....	70
SUTENT CAP 37.5MG.....	70
SUTENT CAP 50MG.....	70
SYMBYAX CAP 3-25MG	175
SYMBYAX CAP 6-25MG	175
SYMDEKO TAB 100-150	179
SYMDEKO TAB 50-75MG	179
SYMFI LO TAB	83
SYMFI TAB	83
SYMJEPI INJ 0.15MG.....	186
SYMJEPI INJ 0.3MG	186
SYMLINPEN 60 INJ 1000MCG	45
SYMLNPEN 120 INJ 1000MCG	45
SYMPROIC TAB 0.2MG	126
SYMTUZA TAB.....	83
SYNALAR CRE 0.025%	110
SYNALAR OIN 0.025%	110
SYNALAR SOL 0.01%	110
SYNAREL SOL 2MG/ML.....	118
SYNERA DIS 70-70MG	112
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SYNJARDY TAB 12.5-500.....	46
SYNJARDY TAB 5-1000MG	46
SYNJARDY TAB 5-500MG	46
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SYNJARDY XR TAB 10-1000	46

SYNJARDY XR TAB 25-1000.....	46
SYNJARDY XR TAB 5-1000MG	46
SYNTHROID TAB 100MCG	181
SYNTHROID TAB 112MCG.....	181
SYNTHROID TAB 125MCG.....	181
SYNTHROID TAB 137MCG.....	181
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SYNTHROID TAB 88MCG	181
SYRG/NDL 3ML MIS 22G X 1	155
SYRG/NDL 3ML MIS 25GX5/8	155
SYRINGE LUER MIS -LOK 1ML.....	155
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TABLOID TAB 40MG	65
TACHOSIL PAD 4.8X4.8.....	131
TACHOSIL PAD 9.5X4.8.....	131
TACLONEX OIN	110
TACLONEX SUS	110
<i>tacrolimus cap 0.5 mg</i>	163
<i>tacrolimus cap 1 mg</i>	163
<i>tacrolimus cap 5 mg</i>	163
<i>tacrolimus oint 0.03%</i>	111
<i>tacrolimus oint 0.1%</i>	111
<i>tadalafil tab 10 mg</i>	92
<i>tadalafil tab 2.5 mg</i>	92
<i>tadalafil tab 20 mg</i>	93
<i>tadalafil tab 20 mg (pah)</i>	94
<i>tadalafil tab 5 mg</i>	92
TAFINLAR CAP 50MG.....	70
TAFINLAR CAP 75MG	70
TAFINLAR TAB 10MG	70
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	171
TAGRISSO TAB 40MG.....	66
TAGRISSO TAB 80MG.....	66
TAI DOC SOL NORM CON.....	146
TAKHZYRO INJ 150MG/ML	128
TAKHZYRO INJ 300/2ML.....	128, 129
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TALTZ INJ 20/0.25	106	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
TALTZ INJ 40/0.5ML	106	<i>12.5 mg</i>	61
TALTZ INJ 80MG/ML	106	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
TAMIFLU CAP 30MG	85	<i>mg</i>	61
TAMIFLU CAP 45MG	85	<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
TAMIFLU CAP 75MG	85	<i>mg</i>	62
TAMIFLU SUS 6MG/ML	85	<i>telmisartan tab 20 mg</i>	58
<i>tamoxifen citrate tab 10 mg (base</i>		<i>telmisartan tab 40 mg</i>	58
<i>equivalent)</i>	66	<i>telmisartan tab 80 mg</i>	58
<i>tamoxifen citrate tab 20 mg (base</i>		<i>temazepam cap 15 mg</i>	132
<i>equivalent)</i>	66	<i>temazepam cap 22.5 mg</i>	132
<i>tamsulosin hcl cap 0.4 mg</i>	127	<i>temazepam cap 30 mg</i>	132
TARCEVA TAB 100MG	66	<i>temazepam cap 7.5 mg</i>	132
TARCEVA TAB 150MG	66	TEMBEXA SUS 10MG/ML	86
TARGRETIN CAP 75MG	71	TEMBEXA TAB 100MG	86
TARGRETIN GEL 1%	105	<i>temozolomide cap 100 mg</i>	64
<i>tasimelteon capsule 20 mg</i>	132	<i>temozolomide cap 140 mg</i>	64
TASMAR TAB 100MG	72	<i>temozolomide cap 180 mg</i>	64
TAVALISSE TAB 100MG	128	<i>temozolomide cap 20 mg</i>	64
TAVALISSE TAB 150MG	128	<i>temozolomide cap 250 mg</i>	64
<i>tazarotene cream 0.05%</i>	106	<i>temozolomide cap 5 mg</i>	64
<i>tazarotene cream 0.1%</i>	106	TENIVAC INJ 5-2LF	182
<i>tazarotene gel 0.05%</i>	106	<i>tenofovir disoproxil fumarate tab 300 mg</i>	83
<i>tazarotene gel 0.1%</i>	106	TENORETIC TAB 100	62
TB SYRINGE MIS 0.5/28G	156	TENORETIC TAB 50	62
TDVAX INJ 2-2 LF	182	TENORMIN TAB 100MG	87
TECHLITE AST MIS LANCETS	146	TENORMIN TAB 25MG	87
TECHLITE MIS LANC 26G	146	TENORMIN TAB 50MG	87
TECHLITE MIS LANCETS	146	<i>terazosin hcl cap 10 mg (base equivalent)</i>	59
TEGRETOL SUS 100/5ML	38	<i>terazosin hcl cap 1 mg (base equivalent) ..</i>	59
TEGRETOL TAB 200MG	38	<i>terazosin hcl cap 2 mg (base equivalent) .</i>	59
TEGRETOL-XR TAB 100MG	38	<i>terazosin hcl cap 5 mg (base equivalent) .</i>	59
TEGRETOL-XR TAB 200MG	38	<i>terbinafine hcl tab 250 mg</i>	51
TEGRETOL-XR TAB 400MG	38	<i>terbutaline sulfate tab 2.5 mg</i>	32
TEGSEDI INJ 284/1.5	179	<i>terbutaline sulfate tab 5 mg</i>	32
TEKTURN HCT TAB 150-12.5	61	<i>terconazole vaginal cream 0.4%</i>	186
TEKTURN HCT TAB 300-12.5	61	<i>terconazole vaginal cream 0.8%</i>	186
TEKTURN HCT TAB 300-25MG	61	<i>terconazole vaginal suppos 80 mg</i>	186
TEKTURN TAB 150MG	62	<i>teriflunomide tab 14 mg</i>	178
TEKTURN TAB 300MG	62	<i>teriflunomide tab 7 mg</i>	178
<i>telmisartan-amlodipine tab 40-10 mg</i>	61	<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	117
<i>telmisartan-amlodipine tab 40-5 mg</i>	61	<i>testosterone cypionate im inj in oil 100</i>	
<i>telmisartan-amlodipine tab 80-10 mg</i>	61	<i>mg/ml</i>	22
<i>telmisartan-amlodipine tab 80-5 mg</i>	61		

<i>testosterone cypionate im inj in oil 200 mg/ml</i>	22	<i>thiothixene cap 2 mg</i>	80
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	22	<i>thiothixene cap 5 mg</i>	80
<i>testosterone td gel 10mg/act (2%)</i>	22	<i>tiagabine hcl tab 12 mg</i>	40
<i>testosterone td gel 12.5 mg/act (1%)</i>	22	<i>tiagabine hcl tab 16 mg</i>	40
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	22	<i>tiagabine hcl tab 2 mg</i>	40
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	22	<i>tiagabine hcl tab 4 mg</i>	40
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	22	<i>TIAZAC CAP 120MG/24</i>	89
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	22	<i>TIAZAC CAP 180MG/24</i>	89
<i>testosterone td gel 50 mg/5gm (1%)</i>	22	<i>TIAZAC CAP 240MG/24</i>	89
<i>testosterone td soln 30 mg/act</i>	22	<i>TIAZAC CAP 300MG/24</i>	89
<i>TET/DIP TOX INJ 2-2 LF</i>	182	<i>TIAZAC CAP 360MG/24</i>	89
<i>tetrabenazine tab 12.5 mg</i>	176	<i>TIAZAC CAP 420MG/24</i>	89
<i>tetrabenazine tab 25 mg</i>	176	<i>TIBSOVO TAB 250MG</i>	70
<i>tetracaine hcl ophth soln 0.5%</i>	170	<i>TIKOSYN CAP 125MCG</i>	28
<i>tetracycline hcl cap 250 mg</i>	180	<i>TIKOSYN CAP 250MCG</i>	28
<i>tetracycline hcl cap 500 mg</i>	180	<i>TIKOSYN CAP 500MCG</i>	28
<i>TEXACORT SOL 2.5%</i>	110	<i>timolol maleate ophth gel forming soln 0.25%</i>	168
<i>TGT LANCET MIS 26G</i>	146	<i>timolol maleate ophth gel forming soln 0.5%</i>	168
<i>TGT LANCET MIS 30G</i>	146	<i>timolol maleate ophth soln 0.25%</i>	168
<i>TGT LANCET MIS 33G</i>	146	<i>timolol maleate ophth soln 0.5%</i>	168
<i>TGT LANCING MIS DEVICE</i>	146	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	168
<i>THALOMID CAP 100MG</i>	162	<i>timolol maleate preservative free ophth soln 0.25%</i>	168
<i>THALOMID CAP 150MG</i>	162	<i>timolol maleate preservative free ophth soln 0.5%</i>	168
<i>THALOMID CAP 200MG</i>	162	<i>timolol maleate tab 10 mg</i>	88
<i>THALOMID CAP 50MG</i>	162	<i>timolol maleate tab 20 mg</i>	88
<i>theophylline elixir 80 mg/15ml</i>	32	<i>timolol maleate tab 5 mg</i>	88
<i>theophylline soln 80 mg/15ml</i>	32	<i>TIMOPTIC SOL 0.25% OP</i>	168
<i>theophylline tab er 12hr 300 mg</i>	32	<i>TIMOPTIC SOL 0.5% OP</i>	168
<i>theophylline tab er 12hr 450 mg</i>	32	<i>TIMOPTIC-XE SOL 0.25% OP</i>	168
<i>theophylline tab er 24hr 400 mg</i>	32	<i>TIMOPTIC-XE SOL 0.5% OP</i>	168
<i>theophylline tab er 24hr 600 mg</i>	32	<i>tinidazole tab 250 mg</i>	23
<i>THIN LANCETS MIS 26G</i>	146	<i>tinidazole tab 500 mg</i>	23
<i>THIN LANCETS MIS 30G</i>	146	<i>tiopronin tab 100 mg</i>	127
<i>THINLETS GP MIS 26G</i>	147	<i>tiopronin tab delayed release 100 mg</i>	127
<i>thioridazine hcl tab 100 mg</i>	79	<i>tiopronin tab delayed release 300 mg</i>	127
<i>thioridazine hcl tab 10 mg</i>	79	<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	29
<i>thioridazine hcl tab 25 mg</i>	79	<i>TISSEEL KIT 10ML</i>	131
<i>thioridazine hcl tab 50 mg</i>	79	<i>TISSEEL KIT 2ML</i>	131
<i>thiothixene cap 10 mg</i>	80		
<i>thiothixene cap 1 mg</i>	80		

TISSEEL KIT 4ML.....	131	TOPICORT GEL 0.05%.....	110
TISSEEL SOL 10ML.....	131	TOPICORT OIN 0.05%.....	110
TISSEEL SOL 2ML.....	131	TOPICORT OIN 0.25%.....	110
TISSEEL SOL 4ML.....	131	TOPICORT SPR 0.25%.....	110
TIVICAY PD TAB 5MG.....	83	<i>topiramate cap er 24hr 100 mg</i>	39
TIVICAY TAB 10MG.....	83	<i>topiramate cap er 24hr 200 mg</i>	39
TIVICAY TAB 25MG.....	83	<i>topiramate cap er 24hr 25 mg</i>	39
TIVICAY TAB 50MG.....	83	<i>topiramate cap er 24hr 50 mg</i>	39
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	166	<i>topiramate sprinkle cap 15 mg</i>	39
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	166	<i>topiramate sprinkle cap 25 mg</i>	39
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	166	<i>topiramate tab 100 mg</i>	39
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	166	<i>topiramate tab 200 mg</i>	39
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	166	<i>topiramate tab 25 mg</i>	39
TOBRADEX OIN 0.3-0.1%.....	170	<i>topiramate tab 50 mg</i>	39
TOBRADEX SUS 0.3-0.1%.....	170	<i>toremifene citrate tab 60 mg (base equivalent)</i>	67
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	170	<i>torsemide tab 100 mg</i>	115
<i>tobramycin nebu soln 300 mg/4ml</i>	7	<i>torsemide tab 10 mg</i>	115
<i>tobramycin nebu soln 300 mg/5ml</i>	7	<i>torsemide tab 20 mg</i>	115
<i>tobramycin ophth soln 0.3%</i>	169	<i>torsemide tab 5 mg</i>	115
TOBREX OIN 0.3% OP.....	169	TPOXX CAP 200MG.....	86
TODAY SPONGE MIS.....	185	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	21
<i>tolcapone tab 100 mg</i>	72	<i>tramadol hcl oral soln 5 mg/ml</i>	19
<i>tolmetin sodium cap 400 mg</i>	13	<i>tramadol hcl tab 50 mg</i>	19
<i>tolmetin sodium tab 600 mg</i>	14	<i>tramadol hcl tab er 24hr 100 mg</i>	20
<i>tolterodine tartrate cap er 24hr 2 mg</i>	185	<i>tramadol hcl tab er 24hr 200 mg</i>	20
<i>tolterodine tartrate cap er 24hr 4 mg</i>	185	<i>tramadol hcl tab er 24hr 300 mg</i>	20
<i>tolterodine tartrate tab 1 mg</i>	185	<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	20
<i>tolterodine tartrate tab 2 mg</i>	185	<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	20
<i>tolvaptan tab 15 mg</i>	121	<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	20
<i>tolvaptan tab 30 mg</i>	121	<i>trandolapril tab 1 mg</i>	57
TOOMEY SYRIN MIS 70ML.....	156	<i>trandolapril tab 2 mg</i>	57
TOPAMAX SPR CAP 15MG.....	38	<i>trandolapril tab 4 mg</i>	57
TOPAMAX SPR CAP 25MG.....	38	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	62
TOPAMAX TAB 100MG.....	38	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	62
TOPAMAX TAB 200MG.....	38	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	62
TOPAMAX TAB 25MG.....	38		
TOPAMAX TAB 50MG.....	38		
TOPCARE MIS LANC 33G.....	147		
TOPICORT CRE 0.05%.....	110		
TOPICORT CRE 0.25%.....	110		

<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	62	<i>triamcinolone acetone oint 0.1%</i>	110
<i>tranexamic acid tab 650 mg</i>	131	<i>triamcinolone acetone oint 0.5%</i>	110
TRANXENE T TAB 7.5MG.....	28	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	115
<i>tranylcypromine sulfate tab 10 mg</i>	41	<i>triamterene & hydrochlorothiazide tab 37.5-</i> 25 mg	115
TRAVEL LANCE MIS 30G	147	<i>triamterene & hydrochlorothiazide tab 75-</i> 50 mg	115
TRAVEL LANCE MIS ADV 28G.....	147	<i>triamterene cap 100 mg</i>	116
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free)	171	<i>triamterene cap 50 mg</i>	116
<i>trazodone hcl tab 100 mg</i>	43	<i>triazolam tab 0.125 mg</i>	132
<i>trazodone hcl tab 150 mg</i>	43	<i>triazolam tab 0.25 mg</i>	132
<i>trazodone hcl tab 300 mg</i>	43	TRIBENZOR20- TAB 5-12.5MG	62
<i>trazodone hcl tab 50 mg</i>	43	TRIBENZOR40- TAB 10-12.5.....	62
TRECTOR TAB 250MG	64	TRIBENZOR40- TAB 10-25MG	62
TRELEGY AER 100MCG.....	32	TRIBENZOR40- TAB 5-12.5MG	62
TRELEGY AER 200MCG	32	TRIBENZOR40- TAB 5-25MG.....	62
TREMFYA INJ 100MG/ML	106, 107	TRIDESILON CRE 0.05%.....	110
TREMFYA INJ 200/20ML.....	107	<i>trientine hcl cap 250 mg</i>	161
TREMFYA INJ 200/2ML	107	<i>trifluoperazine hcl tab 10 mg (base</i> equivalent).....	79
TRESIBA FLEX INJ 100UNIT	48	<i>trifluoperazine hcl tab 1 mg (base</i> equivalent).....	79
TRESIBA FLEX INJ 200UNIT	48	<i>trifluoperazine hcl tab 2 mg (base</i> equivalent).....	79
TRESIBA INJ 100UNIT	48	<i>trifluoperazine hcl tab 5 mg (base</i> equivalent).....	79
<i>tretinoin cap 10 mg</i>	71	<i>trifluridine ophth soln 1%</i>	169
<i>tretinoin cream 0.025%</i>	103	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	72
<i>tretinoin cream 0.05%</i>	103	<i>trihexyphenidyl hcl tab 2 mg</i>	72
<i>tretinoin cream 0.1%</i>	103	<i>trihexyphenidyl hcl tab 5 mg</i>	72
<i>tretinoin gel 0.01%</i>	103	TRIJARDY XR TAB	46
<i>tretinoin gel 0.025%</i>	103	TRIKAFTA PAK 59.5MG.....	179
<i>tretinoin gel 0.05%</i>	103	TRIKAFTA PAK 75MG	179
<i>tretinoin microsphere gel 0.04%</i>	103	TRIKAFTA TAB	179
<i>tretinoin microsphere gel 0.08%</i>	103	TRILEPTAL SUS 300MG/5M	39
<i>tretinoin microsphere gel 0.1%</i>	103	TRILEPTAL TAB 150MG	39
TREXALL TAB 10MG.....	65	TRILEPTAL TAB 300MG	39
TREXALL TAB 15MG	65	TRILEPTAL TAB 600MG	39
TREXALL TAB 5MG.....	65	TRILIPIX CAP 135MG.....	54
TREXALL TAB 7.5MG	65	TRILIPIX CAP 45MG	54
<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>	24
<i>triamcinolone acetone cream 0.5%</i>	110	<i>trimipramine maleate cap 100 mg</i>	45
<i>triamcinolone acetone dental paste 0.1%</i>	164		
<i>triamcinolone acetone lotion 0.025%</i> ...110			
<i>triamcinolone acetone lotion 0.1%</i>	110		
<i>triamcinolone acetone oint 0.025%</i>	110		

<i>trimipramine maleate cap 25 mg</i>	45
<i>trimipramine maleate cap 50 mg</i>	45
TRIUMEQ PD TAB	83
TRIUMEQ TAB.....	83
TRIZIVIR TAB	83
TROKENDI XR CAP 100MG	39
TROKENDI XR CAP 200MG.....	39
TROKENDI XR CAP 25MG	39
TROKENDI XR CAP 50MG	39
<i>trospium chloride cap er 24hr 60 mg</i>	185
<i>trospium chloride tab 20 mg</i>	185
TRUE COMFORT MIS LANC 30G	147
TRUE COMFORT PAD PRO	150
TRUECONTROL LIQ LEVEL 0.....	147
TRUECONTROL LIQ LEVEL 1.....	147
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UNILET SUPER MIS 23G	148	<i>urea cream 41%</i>	111
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UNISTIK 2 MIS COMFORT	148	<i>ursodiol cap 300 mg</i>	124
UNISTIK 2 MIS EXTRA.....	148	<i>ursodiol tab 250 mg</i>	124
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UNISTIK 3 MIS COMFORT	148	<i>valacyclovir hcl tab 1 gm</i>	85
UNISTIK 3 MIS EXTRA.....	148	<i>valacyclovir hcl tab 500 mg</i>	85
UNISTIK 3 MIS GENT 30G	148	VALCHLOR GEL 0.016%	105
UNISTIK 3 MIS NEONATAL	148	<i>valganciclovir hcl for soln 50 mg/ml (base</i>	
UNISTIK 3 MIS NORMAL	148	<i>equiv)</i>	84
UNISTIK 3 MIS XTR 21G	148	<i>valganciclovir hcl tab 450 mg (base</i>	
UNISTIK CZT MIS COMFORT	148	<i>equivalent)</i>	84
UNISTIK CZT MIS NORMAL	148	VALIUM TAB 10MG	28
UNISTIK PRO MIS LANC 21G	148	VALIUM TAB 2MG.....	28
UNISTIK PRO MIS LANC 28G	148	VALIUM TAB 5MG.....	28
UNISTIK SAFE MIS LANC 28G	148	<i>valproate sodium oral soln 250 mg/5ml</i>	
UNISTIK SAFE MIS LANC 30G.....	148	<i>(base equiv)</i>	41
UNISTIK TOUC MIS LANC 21G.....	148	<i>valproic acid cap 250 mg</i>	41
UNISTIK TOUC MIS LANC 23G.....	148	<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
UNISTIK TOUC MIS LANC 28G.....	148	<i>mg</i>	62
UNISTIK TOUC MIS LANC 30G.....	148	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
UNITSTIK PRO MIS LANC 25G	148	<i>mg</i>	62
UNIVERSAL 1 MIS 33G	148	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
UNIVERSAL 1 MIS LANC 26G.....	148	<i>mg</i>	62
UNIVERSAL 1 MIS LANC 30G	148	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
UPTRAVI PACK TAB 200/800	94	<i>mg</i>	62
UPTRAVI TAB 1000MCG.....	94	<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
UPTRAVI TAB 1200MCG.....	94	<i>mg</i>	62
UPTRAVI TAB 1400MCG.....	94	<i>valsartan oral soln 4 mg/ml</i>	58
UPTRAVI TAB 1600MCG.....	94	<i>valsartan tab 160 mg</i>	58
UPTRAVI TAB 200MCG	94	<i>valsartan tab 320 mg</i>	58
UPTRAVI TAB 400MCG	94	<i>valsartan tab 40 mg</i>	58
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VALTOCO SPR 15MG.....	35	VENCLEXTA TAB 10MG	65
VALTOCO SPR 20MG.....	35	VENCLEXTA TAB 50MG	65
VALTOCO SPR 5MG	35	VENCLEXTA TAB START PK	65
VANOCOCIN CAP 125MG.....	24	<i>venlafaxine hcl cap er 24hr 150 mg (base</i>	
VANOCOCIN CAP 250MG.....	24	<i>equivalent)</i>	43
<i>vancomycin hcl cap 125 mg (base</i>		<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i>	
<i>equivalent)</i>	24	<i>equivalent)</i>	43
<i>vancomycin hcl cap 250 mg (base</i>		<i>venlafaxine hcl cap er 24hr 75 mg (base</i>	
<i>equivalent)</i>	24	<i>equivalent)</i>	43
<i>vancomycin hcl for oral soln 25 mg/ml</i>		<i>venlafaxine hcl tab 100 mg (base</i>	
<i>(base equivalent)</i>	24	<i>equivalent)</i>	44
<i>vancomycin hcl for oral soln 50 mg/ml</i>		<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	
<i>(base equivalent)</i>	24		43
VANOS CRE 0.1%	110	<i>venlafaxine hcl tab 37.5 mg (base</i>	
VANTAGE LANC MIS DEVICE.....	149	<i>equivalent)</i>	43
<i>varденаfil hcl orally disintegrating tab 10</i>		<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	
<i>mg</i>	93		44
<i>varденаfil hcl tab 10 mg</i>	93	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	
<i>varденаfil hcl tab 2.5 mg</i>	93		44
<i>varденаfil hcl tab 20 mg</i>	93	<i>venlafaxine hcl tab er 24hr 225 mg (base</i>	
<i>varденаfil hcl tab 5 mg</i>	93	<i>equivalent)</i>	44
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>		VENTAVIS SOL 10MCG/ML.....	93
.....	179	VENTAVIS SOL 20MCG/ML	93
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i>		VENT NEEDLE MIS 18GX1.....	156
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VARUBI TAB 90MG.....	51	<i>verapamil hcl cap er 24hr 180 mg</i>	89
VASERETIC TAB 10-25MG.....	62	<i>verapamil hcl cap er 24hr 200 mg</i>	90
VASOTEC TAB 10MG.....	57	<i>verapamil hcl cap er 24hr 240 mg</i>	90
VASOTEC TAB 2.5MG	57	<i>verapamil hcl cap er 24hr 300 mg</i>	90
VASOTEC TAB 20MG	57	<i>verapamil hcl cap er 24hr 360 mg</i>	90
VASOTEC TAB 5MG	57	<i>verapamil hcl tab 120 mg</i>	90
VAXELIS INJ	182	<i>verapamil hcl tab 40 mg</i>	90
VCF VAGINAL GEL CONTRACE	185	<i>verapamil hcl tab 80 mg</i>	90
VCF VAGINAL MIS CONTRACP	185	<i>verapamil hcl tab er 120 mg</i>	90
VECAMEYL TAB 2.5MG.....	62	<i>verapamil hcl tab er 180 mg</i>	90
VELPHORO CHW 500MG	126	<i>verapamil hcl tab er 240 mg</i>	90
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VELTASSA POW 25.2GM	163	VERELAN CAP 120MG SR.....	90
VELTASSA POW 8.4GM	163	VERELAN CAP 180MG SR.....	90
VEMLIDY TAB 25MG	85	VERELAN CAP 240MG SR.....	90

VERELAN CAP 360MG SR.....	90	VIMPAT TAB 200MG.....	39
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V-GO 30 KIT.....	149	<i>voriconazole for susp 40 mg/ml</i>	52
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VIBERZI TAB 100MG.....	125	<i>voriconazole tab 50 mg</i>	52
VIBERZI TAB 75MG.....	125	VORTEX/MASK MIS CHILDS.....	158
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VICTOZA INJ 18MG/3ML.....	48	VOSEVI TAB.....	85
<i>vigabatrin powd pack 500 mg</i>	40	VOTRIENT TAB 200MG.....	71
<i>vigabatrin tab 500 mg</i>	40	VOWST CAP.....	126
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<i>vilazodone hcl tab 10 mg</i>	43	VOXZOGO INJ 0.56MG.....	120
<i>vilazodone hcl tab 20 mg</i>	43	VOXZOGO INJ 1.2MG.....	120
<i>vilazodone hcl tab 40 mg</i>	43	VRAYLAR CAP 1.5-3MG.....	75
VIMOVO TAB 375-20MG.....	14	VRAYLAR CAP 1.5MG.....	75
VIMOVO TAB 500-20MG.....	14	VRAYLAR CAP 3MG.....	75
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VIMPAT TAB 100MG.....	39	VRAYLAR CAP 6MG.....	75
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VYNDAMAX CAP 61MG	94
VYTONE CRE 1-1.9%	104
VYTORIN TAB 10-10MG	53
VYTORIN TAB 10-20MG	53
VYTORIN TAB 10-40MG	53
VYTORIN TAB 10-80MG	53
VYVANSE CAP 10MG	2
VYVANSE CAP 20MG	2
VYVANSE CAP 30MG	2
VYVANSE CAP 40MG	2
VYVANSE CAP 50MG	2
VYVANSE CAP 60MG	2
VYVANSE CAP 70MG	2
VYVANSE CHW 10MG	2
VYVANSE CHW 20MG	2
VYVANSE CHW 30MG	2
VYVANSE CHW 40MG	2
VYVANSE CHW 50MG	2
VYVANSE CHW 60MG	2
VYZULTA SOL 0.024%	171

W

<i>warfarin sodium tab 10 mg</i>	32
<i>warfarin sodium tab 1 mg</i>	32
<i>warfarin sodium tab 2.5 mg</i>	32
<i>warfarin sodium tab 2 mg</i>	32
<i>warfarin sodium tab 3 mg</i>	32
<i>warfarin sodium tab 4 mg</i>	32
<i>warfarin sodium tab 5 mg</i>	32
<i>warfarin sodium tab 6 mg</i>	32
<i>warfarin sodium tab 7.5 mg</i>	32
WEBCOL PREP PAD LARGE	150
WEBCOL PREP PAD MEDIUM	150
WEGOVY INJ 0.25MG	4
WEGOVY INJ 0.5MG	3
WEGOVY INJ 1.7MG	4
WEGOVY INJ 1MG	4
WEGOVY INJ 2.4MG	4
WELCHOL PAK 3.75GM	53
WELCHOL TAB 625MG	53
WELLBUTRIN TAB 100MG SR	41
WELLBUTRIN TAB 150MG SR	41
WELLBUTRIN TAB 200MG SR	41
WIDE-SEAL DPR KIT 60	134

WIDE-SEAL DPR KIT 65	134
WIDE-SEAL DPR KIT 70	134
WIDE-SEAL DPR KIT 75	134
WIDE-SEAL DPR KIT 80	134
WIDE-SEAL DPR KIT 85	134
WIDE-SEAL DPR KIT 90	134
WIDE-SEAL DPR KIT 95	134
X	
XACIATO GEL 2%	186
XALATAN SOL 0.005%	171
XALKORI CAP 150MG	71
XALKORI CAP 200MG	71
XALKORI CAP 20MG	71
XALKORI CAP 250MG	71
XALKORI CAP 50MG	71
XARELTO STAR TAB 15/20MG	32
XARELTO SUS 1MG/ML	32
XARELTO TAB 10MG	33
XARELTO TAB 15MG	33
XARELTO TAB 2.5MG	32
XARELTO TAB 20MG	33
XATMEP SOL 2.5MG/ML	65
XCOPRI PAK 100-150	39
XCOPRI PAK 12.5-25	39
XCOPRI PAK 150-200	39
XCOPRI PAK 50-100MG	39
XCOPRI TAB 100MG	39
XCOPRI TAB 150MG	39
XCOPRI TAB 200MG	39
XCOPRI TAB 25MG	39
XCOPRI TAB 50MG	39
XELJANZ SOL 1MG/ML	10
XELJANZ TAB 10MG	11
XELJANZ TAB 5MG	11
XELJANZ XR TAB 11MG	11
XELJANZ XR TAB 22MG	11
XELODA TAB 150MG	65
XELODA TAB 500MG	65
XENICAL CAP 120MG	4
XENLETA TAB 600MG	25
XEPI CRE 1%	103
XERAC-AC SOL 6.25%	112
XERESE CRE 5-1%	107
XERMELO TAB 250MG	126

XHANCE MIS 93MCG	167
XIFAXAN TAB 200MG	24
XIGDUO XR TAB 10-1000	46
XIGDUO XR TAB 10-500MG	46
XIGDUO XR TAB 2.5-1000	46
XIGDUO XR TAB 5-1000MG	46
XIGDUO XR TAB 5-500MG.....	46
XIIDRA DRO 5%	170
XOLAIR INJ 150MG/ML	29
XOLAIR INJ 300/2ML.....	29
XOLAIR INJ 75/0.5	29
XOPENEX CONC NEB 1.25/0.5	32
XOPENEX NEB 0.31MG	32
XOPENEX NEB 0.63MG.....	32
XOPENEX NEB 1.25/3ML	32
XOSPATA TAB 40MG.....	71
XTAMPZA ER CAP 13.5MG.....	20
XTAMPZA ER CAP 18MG	20
XTAMPZA ER CAP 27MG.....	20
XTAMPZA ER CAP 36MG	20
XTAMPZA ER CAP 9MG.....	20
XTANDI CAP 40MG	67
XTANDI TAB 40MG.....	67
XTANDI TAB 80MG.....	67
XULTOPHY INJ 100/3.6	46
XURIDEN POW 2GM	120
XYOSTED INJ 100/0.5.....	22
XYOSTED INJ 50/0.5.....	22
XYOSTED INJ 75/0.5.....	22
Y	
YONSA TAB 125MG	67
YUPELRI SOL	29
Z	
ZACLIR LOT 8%	103
<i>zafirlukast tab 10 mg</i>	30
<i>zafirlukast tab 20 mg</i>	30
<i>zaleplon cap 10 mg</i>	132
<i>zaleplon cap 5 mg</i>	132
ZANAFLEX CAP 2MG.....	166
ZANAFLEX CAP 4MG.....	166
ZANAFLEX CAP 6MG.....	166
ZANAFLEX TAB 4MG	166
ZARONTIN CAP 250MG	40
ZARONTIN SOL 250/5ML	40

ZAVESCA CAP 100MG.....	129
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ZEJULA TAB 100MG.....	71
ZEJULA TAB 200MG	71
ZEJULA TAB 300MG	71
ZELAPAR TAB 1.25MG.....	74
ZELBORAF TAB 240MG.....	71
ZEMBRACE SYM INJ 3/0.5ML	160
ZEMPLAR CAP 1MCG	120
ZEMPLAR CAP 2MCG.....	120
ZENPEP CAP 10000UNT	114
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ZENPEP CAP 20000UNT	114
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ZENPEP CAP 3000UNIT.....	114
ZENPEP CAP 40000UNT	114
ZENPEP CAP 5000UNIT	114
ZENPEP CAP 60000UNT	114
ZEPBOUND INJ 10/0.5ML.....	4
ZEPBOUND INJ 12.5MG	4
ZEPBOUND INJ 15/0.5ML.....	4
ZEPBOUND INJ 2.5MG	4
ZEPBOUND INJ 5/0.5ML	4
ZEPBOUND INJ 7.5MG	4
ZEPOSIA 7DAY CAP STR PACK.....	178
ZEPOSIA CAP 0.92MG.....	178
ZEPOSIA CAP STR KIT	178
ZESTRIL TAB 10MG.....	57
ZESTRIL TAB 2.5MG	57
ZESTRIL TAB 20MG	57
ZESTRIL TAB 30MG	57
ZESTRIL TAB 40MG.....	57
ZESTRIL TAB 5MG	57
ZEVALIN KIT Y-90.....	65
ZEVRX STERIL PAD ALCHOL.....	150
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ZIAC TAB 10/6.25.....	62
ZIAC TAB 2.5/6.25	62
ZIAC TAB 5-6.25MG	62
ZIAGEN SOL 20MG/ML.....	83
ZIAGEN TAB 300MG	83
<i>zidovudine cap 100 mg</i>	83
<i>zidovudine syrup 10 mg/ml</i>	83
<i>zidovudine tab 300 mg</i>	83

ZIOPTAN DRO 0.0015%	171	zonisamide cap 25 mg	39
ziprasidone hcl cap 20 mg	75	zonisamide cap 50 mg	39
ziprasidone hcl cap 40 mg	75	ZORBTIVE INJ 8.8MG	118
ziprasidone hcl cap 60 mg	75	ZORTRESS TAB 0.25MG.....	163
ziprasidone hcl cap 80 mg	75	ZORTRESS TAB 0.5MG.....	163
ziprasidone mesylate for inj 20 mg (base equivalent).....	75	ZORTRESS TAB 0.75MG.....	163
ZIPSOR CAP 25MG.....	14	ZORTRESS TAB 1MG	163
ZITHRANOL SHA 1%	107	ZOVIRAX CRE 5%.....	107
ZITHROMAX POW 1GM PAK.....	133	ZOVIRAX OIN 5%	107
ZITHROMAX SUS 100/5ML	133	ZOVIRAX SUS 200/5ML.....	85
ZITHROMAX SUS 200/5ML	133	ZUBSOLV SUB 0.7-0.18	22
ZITHROMAX TAB 250MG.....	133	ZUBSOLV SUB 1.4-0.36	22
ZITHROMAX TAB 500MG	133	ZUBSOLV SUB 11.4-2.9	22
ZITHROMAX TAB TRI-PAK.....	133	ZUBSOLV SUB 2.9-0.71	22
ZITHROMAX TAB Z-PAK	133	ZUBSOLV SUB 5.7-1.4.....	22
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ZOCOR TAB 20MG	55	ZYCLARA CRE 3.75%	111
ZOCOR TAB 40MG	55	ZYCLARA PUMP CRE 2.5%	111
ZOKINVY CAP 50MG	163	ZYCLARA PUMP CRE 3.75%	111
ZOKINVY CAP 75MG	163	ZYFLO TAB 600MG	30
ZOLINZA CAP 100MG	71	ZYKADIA TAB 150MG.....	71
zolmitriptan nasal spray 2.5 mg/spray unit	160	ZYLOPRIM TAB 100MG	128
zolmitriptan nasal spray 5 mg/spray unit	160	ZYLOPRIM TAB 300MG.....	128
zolmitriptan orally disintegrating tab 2.5 mg	160	ZYMAXID SOL 0.5%.....	169
zolmitriptan orally disintegrating tab 5 mg	160	ZYPREXA INJ 10MG.....	78
zolmitriptan tab 2.5 mg.....	160	ZYPREXA RELP INJ 210MG	78
zolmitriptan tab 5 mg.....	160	ZYPREXA RELP INJ 300MG	78
zolpidem tartrate tab 10 mg	132	ZYPREXA RELP INJ 405MG	78
zolpidem tartrate tab 5 mg	132	ZYPREXA TAB 10MG	78
zolpidem tartrate tab er 12.5 mg.....	132	ZYPREXA TAB 15MG.....	78
zolpidem tartrate tab er 6.25 mg.....	132	ZYPREXA TAB 2.5MG.....	78
ZOMIG SPR 2.5MG.....	160	ZYPREXA TAB 20MG.....	78
ZOMIG SPR 5MG	160	ZYPREXA TAB 5MG	78
ZOMIG TAB 2.5MG.....	160	ZYPREXA TAB 7.5MG.....	78
ZOMIG TAB 5MG.....	160	ZYPREXA ZYDI TAB 10MG	78
ZONALON CRE 5%	105	ZYPREXA ZYDI TAB 15MG	78
zonisamide cap 100 mg.....	39	ZYPREXA ZYDI TAB 20MG	78
		ZYPREXA ZYDI TAB 5MG.....	78
		ZYVOX SOL 2MG/ML	25
		ZYVOX SUS 100MG/5M	25
		ZYVOX TAB 600MG.....	25

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

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

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

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Foreign Language Assistance

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

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

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

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

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

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

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

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

Bàsɔ̀ò-wùdù (Bassa) Tò Dùù Cáò! Bǝ nìà kɛ bá nyo bǝ kɛ m̩ gbo kpá bó nì fùà-fúá-tiĩn nyɛɛ jè dyí. Bǝ nìà kɛ bédé wé jéé bǝ bǝ m̩ kɛ dɛ wa mó m̩ kɛ nyuɛɛ nyu hwè bǝ wé bǝa kɛ zi. ɔ̀ mò nì kpé bǝ m̩ kɛ bǝ nìà kɛ kɛ gbo-kpá-kpá m̩ móɛ dyé dɛ nì bídí-wùdù mú bǝ m̩ kɛ se wídí dò péè. Kpooò nyo bǝ m̩ dǎ fúùn-nòbà nìà dɛ waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̩ dǎ nòbà nìà kɛ: 855-258-6518, kɛ m̩ m̩ fò tee bǝ wa kɛ m̩ gbo cǝ bǝ m̩ kɛ nòbà mòò 0 kɛ dyi pàdàin hwè. ɔ̀ jǔ kɛ nyo dò dyi m̩ gǝ jǔĩn, po wuɖu m̩ mó poɛ dyie, kɛ nyo dò mu bó nìin bǝ ɔ̀ kɛ nì wuɖuò mú zà.

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

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

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

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

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

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

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

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

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

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