

CareFirst Formulary 2

Federal Employees Health Benefits Program

List of Covered Drugs

2026

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.

CareFirst Formulary 2 (non-ACA) - Chart, 5T Effective 01/01/2026

Drug Name **Drug Tier** **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

amphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
amphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
amphetamine tab extended release disintegrating 3.1 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 6.3 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 9.4 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 12.5 mg	1	QL (1 ea every 1 day)
amphetamine tab extended release disintegrating 15.7 mg	1	QL (1 ea every 1 day)
amphetamine tab extended release disintegrating 18.8 mg	1	QL (1 ea every 1 day)
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	QL (1 cap every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine tab 5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 10 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 15 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 20 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 30 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA, QL (30 tabs every 30 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 8 mg</i>	1	PA; 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
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	1	PA; 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; Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)</i>	1	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
<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 per 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
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; 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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (4 caps every 1 day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	3	QL (3 caps every 1 day)
QELBREE CAP 200MG ER	3	QL (3 caps every 1 day)
STRATTERA CAP 10MG	3	QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ 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.
ADALIMU-ADAZ 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.
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.

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ 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.
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.

Drug Name	Drug Tier	Requirements/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

OLUMIANT TAB 1MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 2MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 4MG	4	PA, QL (1 tab every 1 day)
RINVOQ LQ SOL 1MG/ML	4	PA, QL (12 mL every 1 day)
RINVOQ TAB 15MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
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.

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

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 10MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 12.5MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 15MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 17.5MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 20MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 22.5MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 25MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 30MG	5	PA, QL (4 pens every 28 days)
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)
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days)

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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

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

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin susp 25 mg/5ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
LURBIPR TAB 100MG	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>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 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
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)

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); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
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.

Drug Name	Drug Tier	Requirements/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	

SALICYLATES

<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and sex restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	OTC
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and sex 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

CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 30 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 30 days)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 30 days)
CONZIP CAP 100MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 200MG	3	PA, QL (1 cap every 1 day)
CONZIP CAP 300MG	3	PA, QL (1 cap every 1 day)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every 1 day)
DILAUDID TAB 2MG	3	PA, QL (6 tabs every 1 day)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every 1 day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs every 1 day)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
<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 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)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl oral soln 5 mg/ml</i>	1	
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
XTAMPZA ER CAP 9MG	2	PA, 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 10-300 mg/15ml</i>	1	PA, QL (67.5 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs every 1 day)

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

OPIOID PARTIAL AGONISTS

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

ANDROGENS

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

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

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

RECTAL COMBINATIONS

ANALPRAM HC CRE 1-1%	3	
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM HC LOT 2.5%	3	
ANALPRAM-HC CRE 1-1%	3	

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

RECTAL STEROIDS

ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
PROCTOCORT SUP 30MG	3	

VASODILATING AGENTS

<i>nitroglycerin oint 0.4%</i>	1	
RECTIV OIN 0.4%	3	

ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	PA, QL (9 tabs every 90 days)

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	QL (9 tabs every 25 days)

ANTI-INFECTIVE MISC. - COMBINATIONS

BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
UROGESIC- TAB BLUE	3	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MONOBACTAMS		
CAYSTON INH 75MG	5	PA, QL (3 vials every 1 day)
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PENEMS		
ORLYNVAH TAB 500-500	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
ISOSORB MONO TAB 10MG	3	
ISOSORB MONO TAB 20MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<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	

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

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

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

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	5	
TIKOSYN CAP 250MCG	5	
TIKOSYN CAP 500MCG	5	
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/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 injections every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages every 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL	2	QL (3 mL every 1 day)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<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)
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (4 mL every 1 day)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (6 mL every 1 day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (2 mL every 1 day)
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	1	QL (1 blister every 1 day)
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	1	QL (1 blister every 1 day)
PULMICORT SUS 0.5MG/2	3	QL (4 mL every 1 day)
PULMICORT SUS 0.25MG/2	3	QL (6 mL every 1 day)
PULMICORT SUS 1MG/2ML	3	QL (2 mL every 1 day)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (4 ea every 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (4 mL every 1 day)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day); Brand preferred over generic

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
BROVANA NEB 15MCG	3	QL (4 mL every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
DULERA AER 50-5MCG	2	QL (1 package every 25 days)
DULERA AER 100-5MCG	2	PA, QL (1 package every 25 days)
DULERA AER 200-5MCG	2	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (2 inhalations every 1 day)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (4 mL every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (10 mL every 1 day)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (3 ea every 1 day)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
SEREVENT DIS AER 50MCG	2	QL (2 inhalations every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>rivaroxaban for susp 1 mg/ml</i>	1	
<i>rivaroxaban tab 2.5 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>perampanel tab 2 mg</i>	1	
<i>perampanel tab 4 mg</i>	1	
<i>perampanel tab 6 mg</i>	1	
<i>perampanel tab 8 mg</i>	1	
<i>perampanel tab 10 mg</i>	1	
<i>perampanel tab 12 mg</i>	1	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 30 days)
VALTOCO SPR 5MG	2	PA, QL (5 cartons every 25 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 10MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 cartons every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 cartons every 25 days)

ANTICONVULSANTS - MISC.

APTiom TAB 200MG	3	
APTiom TAB 400MG	3	
APTiom TAB 600MG	3	
APTiom TAB 800MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	5	PA, QL (12 caps every 1 day)
DIACOMIT CAP 500MG	5	PA, QL (6 caps every 1 day)
DIACOMIT PAK 250MG	5	PA, QL (12 packets every 1 day)
DIACOMIT PAK 500MG	5	PA, QL (6 packets every 1 day)
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 mL every 30 days)
<i>eslicarbazepine acetate tab 200 mg</i>	1	
<i>eslicarbazepine acetate tab 400 mg</i>	1	
<i>eslicarbazepine acetate tab 600 mg</i>	1	
<i>eslicarbazepine acetate tab 800 mg</i>	1	
FINTEPLA SOL 2.2MG/ML	5	PA, QL (12 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR TAB 150MG	3	
OXTELLAR XR TAB 300MG	3	
OXTELLAR XR TAB 600MG	3	
<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	
<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 oral soln 25 mg/ml</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate sprinkle cap 50 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300/5ML	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 TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
<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	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	

SUCCINIMIDES

CELONTIN CAP 300MG	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	

VALPROIC ACID

DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

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

Drug Name	Drug Tier	Requirements/Limits
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	4	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	4	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG	4	PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
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	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl cap 150 mg</i>	1	
<i>sertraline hcl cap 200 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	ST
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	ST
SOLQUA INJ 100/33	2	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
XULTOPHY INJ 100/3.6	2	QL (5 pens every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 25 days)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (1 tab every 1 day)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)

INSULIN

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	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
<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	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
<i>deferiprone tab 1000 mg</i>	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	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 nasal spray 4 mg/0.1ml</i>	1	QL (2 cartons every 30 days)
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	
NARCAN SPR 4MG	3	QL (2 cartons every 30 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	

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

ANTIEMETICS - ANTICHOLINERGIC

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

ANTIEMETICS - MISCELLANEOUS

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

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

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

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

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

ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 165 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VIVJOA CAP 150MG	3	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	
ANTI HISTAMINES		
ANTI HISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>carbinoxamine maleate tab 6 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	
CLEMASZ TAB 2.68MG	1	
KARBINAL ER SUS 4MG/5ML	3	
ANTI HISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
CLARINEX TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST, 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.		
LOVAZA CAP 1GM	3	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	1	PA; Brand preferred over generic
VASCEPA CAP 1GM	1	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	

FIBRIC ACID DERIVATIVES

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75

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

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TAB 40MG	0	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 10MG	5	PA, QL (1 cap every 1 day)
JUXTAPID CAP 20MG	5	PA, QL (2 caps every 1 day)
JUXTAPID CAP 30MG	5	PA, QL (2 caps every 1 day)
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
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 2.5MG	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	

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

AGENTS FOR PHEOCHROMOCYTOMA

DEMSER CAP 250MG	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	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine tab er 24hr 0.17 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
TRIBENZOR TAB	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	
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	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	3	
INSPIRA TAB 50MG	3	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE TAB 10MG	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	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melfalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
<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 susp 2000 mg/100ml (20 mg/ml)</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (4 tabs every 1 day)
XELODA TAB 500MG	0	PA, QL (10 tabs every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 tabs every 21 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)

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

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DIS TAB 2MG	0	PA, QL (2 tabs every 1 day)
AFINITOR DIS TAB 3MG	0	PA, QL (3 tabs every 1 day)
AFINITOR DIS TAB 5MG	0	PA, QL (2 tabs every 1 day)
AFINITOR TAB 2.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 7.5MG	0	PA, QL (1 tab every 1 day)
AFINITOR TAB 10MG	0	PA, QL (1 tab every 1 day)
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
BRUKINSA TAB 160MG	0	PA, QL (4 tabs every 1 day)
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
COTELLIC TAB 20MG	0	PA, QL (63 tabs every 28 days)
<i>dasatinib tab 20 mg</i>	0	PA, QL (3 tabs every 1 day)
<i>dasatinib tab 50 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 70 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 80 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 100 mg</i>	0	PA, QL (1 tab every 1 day)
<i>dasatinib tab 140 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 ea every 1 day)
<i>everolimus tab 10 mg</i>	0	PA, QL (1 tab every 1 day)
<i>everolimus tab for oral susp 2 mg</i>	0	PA, QL (2 ea every 1 day)
<i>everolimus tab for oral susp 3 mg</i>	0	PA, QL (3 ea every 1 day)
<i>everolimus tab for oral susp 5 mg</i>	0	PA, QL (2 ea every 1 day)
IBRANCE CAP 75MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps every 21 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs every 21 days)
IBTROZI CAP 200MG	0	PA, QL (3 tabs every 1 day)
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)
ITOVEBI TAB 3MG	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TAB 9MG	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 (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 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 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
NEXAVAR TAB 200MG	0	PA, QL (4 tabs every 1 day)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	0	PA, QL (4 caps every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 4MG	0	PA, QL (3 caps every 21 days)
OJJAARA TAB 100MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 150MG	0	PA, QL (1 tab every 1 day)
OJJAARA TAB 200MG	0	PA, QL (1 tab every 1 day)
<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)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCSEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCSEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCSEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (1 cap every 1 day)
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)
TRUQAP PAK 160MG	0	PA, QL (2.29 tabs every 1 day)
TRUQAP PAK 200MG	0	PA, QL (2.29 tabs every 1 day)
TRUQAP TAB 160MG	0	PA, QL (2.286 tabs every 1 day)
TRUQAP TAB 200MG	0	PA, QL (2.286 tabs every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
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)

Drug Name	Drug Tier	Requirements/Limits
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 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	
<i>mesna tab 400 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
ONGENTYS CAP 25MG	2	
ONGENTYS CAP 50MG	2	
<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	
<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)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
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 ODT TAB 1.25MG	3	

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID TAB 300MG CR	3	

ANTIPSYCHOTICS - MISC.

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	

Drug Name	Drug Tier	Requirements/Limits
<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 1.5MG	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

ERZOFRI INJ 39/0.25	3	
ERZOFRI INJ 78/0.5ML	3	
ERZOFRI INJ 117/0.75	3	
ERZOFRI INJ 156MG/ML	3	
ERZOFRI INJ 234/1.5	3	
ERZOFRI INJ 351/2.25	3	
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 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
RYKINDO INJ 25MG	3	
RYKINDO INJ 37.5MG	3	
RYKINDO INJ 50MG	3	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	

DIHYDROINDOLONES

<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	

PHENOTHIAZINES

<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	QL (23.077 injections every year)
ARISTADA INJ INITIO	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	

Drug Name	Drug Tier	Requirements/Limits
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	3	QL (2 tabs every 1 day)
<i>darunavir tab 600 mg</i>	1	QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	1	QL (1 tab every 1 day)
DELSTRIGO TAB	2	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	2	\$0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
EDURANT PED TAB 2.5MG	3	QL (6 ea every 1 day)
EDURANT TAB 25MG	3	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-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (1 tab every 1 day); \$0 copay for pre exposure prophylaxis

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (680 mL every 28 days)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
<i>etravirine tab 100 mg</i>	1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	2	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
INTELENCE TAB 25MG	3	QL (4 tabs every 1 day)
INTELENCE TAB 100MG	3	QL (4 tabs every 1 day)
INTELENCE TAB 200MG	3	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 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 TAB 100MG	2	QL (12 tabs every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 675/150	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)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 75MG	2	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	2	QL (6 tabs every 1 day)
PREZISTA TAB 600MG	2	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	2	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
REYATAZ CAP 200MG	3	QL (2 caps every 1 day)
REYATAZ CAP 300MG	3	QL (1 cap every 1 day)
REYATAZ POW 50MG	3	QL (6 packets every 1 day)
<i>ritonavir tab 100 mg</i>	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	QL (2 tabs every 1 day)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	3	QL (8 tabs every 1 day)
SELZENTRY TAB 75MG	3	QL (2 tabs every 1 day)
SELZENTRY TAB 150MG	3	QL (2 tabs every 1 day)
SELZENTRY TAB 300MG	3	QL (4 tabs every 1 day)
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 PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CMV AGENTS		
LIVTENCITY TAB 200MG	5	QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); 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	3	QL (21 mL every 1 day)
<i>entecavir tab 0.5 mg</i>	1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	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	
<i>ribavirin tab 200 mg</i>	1	
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	

INFLUENZA AGENTS

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

MISC. ANTIVIRALS

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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>labetalol hcl tab 400 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 SOL 10MG/ML	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg</i> (tartrate equiv)	1	
<i>metoprolol succinate tab er 24hr 50 mg</i> (tartrate equiv)	1	
<i>metoprolol succinate tab er 24hr 100 mg</i> (tartrate equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
<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

HEMANGEOL SOL 4.28/ML	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1
<i>diltiazem hcl cap er 12hr 60 mg</i>	1
<i>diltiazem hcl cap er 12hr 90 mg</i>	1
<i>diltiazem hcl cap er 12hr 120 mg</i>	1
<i>diltiazem hcl cap er 24hr 120 mg</i>	1
<i>diltiazem hcl cap er 24hr 180 mg</i>	1
<i>diltiazem hcl cap er 24hr 240 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1
<i>diltiazem hcl tab 30 mg</i>	1
<i>diltiazem hcl tab 60 mg</i>	1
<i>diltiazem hcl tab 90 mg</i>	1
<i>diltiazem hcl tab 120 mg</i>	1
<i>felodipine tab er 24hr 2.5 mg</i>	1
<i>felodipine tab er 24hr 5 mg</i>	1
<i>felodipine tab er 24hr 10 mg</i>	1
<i>isradipine cap 2.5 mg</i>	1
<i>isradipine cap 5 mg</i>	1
<i>levamlodipine maleate tab 2.5 mg</i>	1
<i>levamlodipine maleate tab 5 mg</i>	1
<i>nicardipine hcl cap 20 mg</i>	1
<i>nicardipine hcl cap 30 mg</i>	1
<i>nifedipine cap 10 mg</i>	1

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

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<i>sacubitril-valsartan tab 24-26 mg</i>	1	
<i>sacubitril-valsartan tab 49-51 mg</i>	1	
<i>sacubitril-valsartan tab 97-103 mg</i>	1	

IMPOTENCE AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<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

Drug Name	Drug Tier	Requirements/Limits
<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

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

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	1	PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>bosentan tab for oral susp 32 mg</i>	1	PA, QL (4 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)

Drug Name	Drug Tier	Requirements/Limits
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	3	PA
CORLANOR TAB 7.5MG	3	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	PA
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	4	PA, QL (1 ea every 1 day)
VYNDAQEL CAP 20MG	4	PA, QL (4 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21)	0	
LO LOESTRIN TAB 1-10-10	0	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ace-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg- 20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75- 35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1- 35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
SAFYRAL TAB	0	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 rings every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
PREDNISONE CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
UCERIS TAB 9MG	3	Brand preferred over generic

MINERALOCORTICIDS

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

ANTITUSSIVES

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

MISC. RESPIRATORY INHALANTS

HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA, OTC
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
ARAZLO LOT 0.045%	3	PA
ATRALIN GEL 0.05%	3	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 30 days)
BENZEPRO LIQ CREAMY	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 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% (twice-daily)</i>	1	QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate soln 1%</i>	1	QL (2 mL every 1 day)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA, OTC
DIFFERIN GEL 0.3% PMP	3	PA
EPIDUO FORTE GEL 0.3-2.5%	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)
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	3	QL (50 gm every 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	
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
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%PMP	3	PA
RETIN-A MICR GEL 0.08%PMP	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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	QL (70 gm every 25 days)
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
ECOZA AER 1%	3	QL (70 gm every 25 days)
ERTACZO CRE 2%	3	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
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)
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%	3	QL (120 gm every 25 days)
NAFTIN GEL 2%	3	QL (60 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (2 gm every 1 day)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
OXISTAT CRE 1%	3	QL (60 gm every 25 days)
OXISTAT LOT 1%	3	QL (60 mL every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
VUSION OIN	3	QL (100 gm every 25 days)
VYTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 pen every 84 days)
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days)
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days)
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 pen every 56 days)
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days)
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
SPEVIGO INJ 300/2ML	5	PA, QL (1 syringe every 28 days)
STELARA INJ 45/0.5ML	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 45/0.5ML	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 (1 syringe per 28 days)
TALTZ INJ 40/0.5ML	4	PA, QL (1 syringe per 28 days)
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 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VTAMA CRE 1%	2	PA, QL (60 gm every 25 days)
YESINTEK INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days)
YESINTEK INJ 45/0.5ML	4	PA, QL (4 vials every 56 days)
YESINTEK INJ 90MG/ML	4	PA, QL (1 syringe every 56 days)
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
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%	3	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (4 mL every 1 day)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (4 gm every 1 day)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (4 gm every 1 day)
VANOS CRE 0.1%	3	QL (4 gm every 1 day)
ECZEMA AGENTS		
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
EBGLYSS INJ 250/2ML	4	PA, QL (2 syringes every 21 days)
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
<i>urea cream 39%</i>	1	
<i>urea cream 41%</i>	1	
<i>urea cream 45%</i>	1	
<i>urea cream 47%</i>	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (90 grams every 30 days)
HAIR GROWTH AGENTS		
<i>finasteride tab 1 mg</i>	1	PA
LITFULO CAP 50MG	4	PA, QL (1 cap every 1 day)
PROPECIA TAB 1MG	3	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	PA
<i>imiquimod cream 5%</i>	1	QL (21 ea every 25 days)
ZYCLARA CRE 3.75%	2	PA
ZYCLARA PUMP CRE 2.5%	2	PA
ZYCLARA PUMP CRE 3.75%	2	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
<i>salicylic acid er film-forming soln 28.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	

Drug Name	Drug Tier	Requirements/Limits
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (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% PATCH	3	QL (3 ea every 1 day)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (60 gm every 25 days)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA
FINACEA AER 15%	2	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (60 grams every 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES GUIDE	0	PA, QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	PA, QL (5 strips every 1 day), OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
<i>hemoglobin a1c (hba1c) test kit</i>	0	
NOVA MAX PLS TES KETONE	0	OTC
PRECISN XTRA TES KETONE	0	OTC
RELION PLATN TES GLUCOSE	0	PA, QL (5 strips every 1 day), OTC
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
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

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

DIURETIC COMBINATIONS

<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	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	
<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 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 30 days)

CORTICOTROPIN

ACTHAR INJ 80UNIT	5	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	5	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	5	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	5	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1.67 mL every 1 day)

CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS

CRENESSITY CAP 25MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	5	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	5	PA, QL (4 mL every 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
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 300/0.48	5	PA, QL (15 pens every 28 days)
GONAL-F RFF INJ 450/0.72	5	PA, QL (10 pens every 28 days)
GONAL-F RFF INJ 900/1.44	5	PA, QL (7 pens every 28 days)
MENOPUR INJ 75UNIT	5	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	5	PA; Coverage is subject to your plan/benefits

GNRH/LHRH ANTAGONISTS

<i>cetrorelix acetate for inj kit 0.25 mg</i>	1	PA
CETROTIDE KIT 0.25MG	5	PA
GANIRELIX AC INJ 250/0.5	1	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)
EGRIFTA WR KIT 11.6MG	5	PA, QL (4 vials every 28 days)

GROWTH HORMONES

HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZORBTIVE INJ 8.8MG	5	
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
<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	
MYALEPT INJ 11.3MG	5	PA, QL (1 vial every 1 day)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PHEBURANE MIS 483/GM	4	PA, QL (672 gm every 30 days)
REVCovi INJ 1.6MG/ML	5	
ROCALtrol CAP 0.5MCG	3	
ROCALtrol CAP 0.25MCG	3	
ROCALtrol SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	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)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (798 gm every 30 days)
sodium phenylbutyrate tab 500 mg	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	PA
KERENDIA TAB 40MG	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	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	

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

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

ESTROGENS

ESTROGEN COMBINATIONS

ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	3	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
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	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
EVAMIST SPR 1.53MG	2	
MENOSTAR DIS 14MCG	3	
PREMARIN INJ 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT₄ RECEPTOR AGONISTS		
<i>prucalopride succinate tab 1 mg (base equivalent)</i>	1	
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	1	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
GALLSTONE SOLUBILIZING AGENTS		
<i>chenodiol tab 250 mg</i>	1	PA, QL (7 tabs every 1 day)
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	5	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	5	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
CIMZIA PREFL KIT 200MG/ML	4	PA, QL (2 kits every 28 days); Preferred for non-radiographic axial spondyloarthritis
CIMZIA START KIT 200MG/ML	4	PA, QL (1 kits every 28 days); Preferred for non-radiographic axial spondyloarthritis
DIPENTUM CAP 250MG	3	
ENTYVIO PEN INJ 108/0.68	5	PA, QL (2 pens every 28 days)
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180/1.2	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 200/2ML	4	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	4	PA, QL (1 tab every 1 day); Preferred agent for Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	5	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
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
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	4	PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	1	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (1 kit every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	4	PA, QL (2 tabs every 1 day)
FILSPARI TAB 400MG	4	PA, QL (1 tab every 1 day)
VANRAFIA TAB 0.75MG	4	PA, QL (1 tab every 1 day)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
PYRIDIDIUM TAB 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
PYRIDIDIUM 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 cap 0.6 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	
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 (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
CINRYZE SOL 500 UNIT	5	PA, QL (20 vials every 28 days)
FABHALTA CAP 200MG	4	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	5	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE TAB 150MG	5	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<i>ticagrelor tab 60 mg</i>	1	
<i>ticagrelor tab 90 mg</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	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)

Drug Name	Drug Tier	Requirements/Limits
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	OTC; \$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; \$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	OTC; \$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	4	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	4	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTelet TAB 20MG	4	PA
DOPTelet TAB 20MG	4	PA, QL (2 tabs every 1 day)
DOPTelet TAB 20MG	4	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	1	PA, QL (4 packets every 1 day)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	1	PA, QL (6 packets every 1 day)
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	1	PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	1	PA, QL (2 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syringes every 28 days)
LEUKINE INJ 250MCG	5	PA
MULPLETA TAB 3MG	5	PA, QL (7 tabs every 14 days)

Drug Name	Drug Tier	Requirements/Limits
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

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

HEMOSTATICS - TOPICAL

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

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
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Drug Name	Drug Tier	Requirements/Limits
<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	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5 mL every 1 day)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	\$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	0	\$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
lactulose oral crystal packet 10 gm	1	
lactulose oral crystal packet 20 gm	1	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>fidaxomicin tab 200 mg</i>	1	

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CAYA DPR	0	QL (1 each every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
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
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVOCATE LIQ HIGH	0	OTC
ADVOCATE LIQ LOW	0	OTC
ADVOCATE+ SOL REDI-COD	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
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	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 PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARESENS SOL CONTROL	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
CONTOUR PLUS LIQ LEVEL 1	0	OTC
CONTOUR PLUS LIQ LEVEL 2	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
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS 15 DAY	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DIATHRIVE LIQ CONTROL	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DUO-CARE LIQ LEVEL1/2	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

Drug Name	Drug Tier	Requirements/Limits
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 SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASYPHASE HGH SOL CONTROL	0	OTC
EASYPHASE LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EVOLUTION SOL NORMAL	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	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
GE100 CONTRL SOL NORMAL	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

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS TST PLUG	0	
IN TOUCH SOL GLUCOSE	0	OTC
INFINITY SOL NORM CON	0	OTC
INFNTY VOICE LIQ LEVEL 2	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA, QL (10 pods every month)
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD 5 L2 KIT INTRO G6	0	PA
OMNIPOD 5 L2 MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA, QL (10 pods every month)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods every month)
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
PIP CONTROL LIQ	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SAFE-T-PRO MIS PLUS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 SOL HIGH	0	OTC
SOLUS V2 SOL LOW	0	OTC
SUPREME II LIQ HIGH/LOW	0	OTC
TAI DOC SOL NORM CON	0	OTC
TRUE METRIX SOL LEVEL 1	0	OTC
TRUE METRIX SOL LEVEL 2	0	OTC
TRUE METRIX SOL LEVEL 3	0	OTC
TWIIIST KIT REFILL	0	PA
TWIIIST KIT STARTER	0	PA
TWIIIST REFI KIT INFUSION	0	PA
VERASENS LIQ LEVEL 1	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC

MISC. DEVICES

ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVX STERIL PAD ALCHOL	0	OTC

PARENTERAL THERAPY SUPPLIES

ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
CAREPOINT SA MIS 23GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
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	
CEQUR SIMPL MIS INSERTER	0	
COMFORT EZ MIS 29GX12MM	0	OTC
DROPSAFE MIS SICURA	3	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASY TOUCH MIS 29GX1/2"	0	OTC
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
EMBECTA AUTO MIS DUO	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA UF MIS 29GX12.7	0	OTC
EMBECTA UF MIS 31GX5MM	0	OTC
EMBECTA UF MIS 31GX8MM	0	OTC
EMBECTA UF MIS 32GX6MM	0	OTC
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 20GX1.5"	3	
HYPONEDLE MIS 14GX1"	3	
HYPONEDLE MIS 14GX1.5"	3	
HYPONEDLE MIS 14GX2"	3	
HYPONEDLE MIS 16GX1"	3	
HYPONEDLE MIS 16GX1.5"	3	
HYPONEDLE MIS 16GX3/4"	3	
HYPONEDLE MIS 16GX5/8"	3	
HYPONEDLE MIS 18GX1"	3	
HYPONEDLE MIS 18GX1"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
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	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
INSUPEN MIS 29GX12MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
J-TIP KIT KIT ADAPTERS	0	
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1.5"	3	
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
MAGELLAN SYR MIS 23GX1"	3	
MM PENTIPS MIS 29GX12MM	0	
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOPEN ECHO MIS	0	
PEN NEEDLES MIS 29GX1/2"	0	OTC
PEN NEEDLES MIS 29GX12MM	0	OTC
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	

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
SHARPS CONT MIS 14QT	0	
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRINGE MIS CATH TIP	3	
140ML SYRINGE MIS LUER-LOC	3	
140ML SYRINGE MIS REG TIP	3	
SYRINGE BARR MIS LUER 1ML	3	OTC
SYRINGE BARR MIS LUER 3ML	3	OTC
SYRINGE BARR MIS UNI 3ML	3	OTC
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 21GX1"	3	
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
3ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1.5"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
3ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.5"	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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 PNTF MIS 29GX12MM	0	OTC
VENT NEEDLE MIS 18GX1"	3	OTC
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	

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

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens every 25 days)
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Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen every 25 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	PA; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 ea every 25 days)

MIGRAINE PRODUCTS

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

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 tabs every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (24 inhalers every 25 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces every 25 days)
RELPAx TAB 20MG	3	QL (12 tabs every 30 days)
RELPAx TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections every 25 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 28 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 28 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 28 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 28 days)

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

MINERALS & ELECTROLYTES

FLUORIDE

sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0

POTASSIUM

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

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

DEPEN TITRA TAB 250MG	5
penicillamine cap 250 mg	1
penicillamine tab 250 mg	1
trientine hcl cap 250 mg	1

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS

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

Drug Name	Drug Tier	Requirements/Limits
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
REGIOCIT SOL	3	
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	0	PA, QL (21 caps every 21 days)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (21 caps every 21 days)
<i>lenalidomide caps 2.5 mg</i>	0	PA, QL (1 cap every 1 day)
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	3	

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

Drug Name	Drug Tier	Requirements/Limits
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	5	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 injections every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	QL (3 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NA FL/K NITR GEL 1.1-5%	3	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	

Drug Name	Drug Tier	Requirements/Limits
CL PRENATAL TAB 28-0.8MG	3	OTC
EQL PRENATAL TAB FORMULA	3	OTC
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
PRENATAL TAB	3	OTC
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB IRON	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
PX PRENATAL TAB MULTIVIT	3	OTC
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 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	

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol tab 1000 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SOMA TAB 250MG	3	QL (84 tabs every 30 days)
SOMA TAB 350MG	3	QL (84 tabs every 30 days)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
<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)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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)
EVRYSDI TAB 5MG	5	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth oint 1%</i>	1	
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>homatropine hbr ophth soln 5%</i>	1	
<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% OP	3	
ALPHAGAN P SOL 0.15% OP	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<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	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ALOCIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2% OP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PROLENSA DRO 0.07% OP	3	
TRYPTYR SOL 0.003%	2	PA, QL (60 vials every 25 days)
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01% OP	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetone (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
CORN SYP	3	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	
ANTI-CATAPLECTIC AGENTS		
SOD OXYBATE SOL 500MG/ML	5	PA, QL (18 mL every 1 day)
XYWAV SOL 0.5GM/ML	4	PA, QL (540 mL every 28 days)
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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	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)
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	4	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN KIT 30MCG	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 syringes every 28 days)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (2 ea every 1 day)
<i>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)

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 injections every 28 days)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 pen every 28 days)
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 tabs every 270 days)
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

NUDEXTA CAP 20-10MG	2	
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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
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
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)
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RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO GRA 5.8MG	5	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	5	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	5	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	5	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	5	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	5	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	5	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	5	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	5	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	5	PA, QL (3 tabs every 1 day)

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	4	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	4	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	1	PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	1	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	QL (4 caps every 1 day)
<i>tetracycline hcl cap 500 mg</i>	1	QL (4 caps every 1 day)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl tab 20 mg</i>	1	
DONNATAL ELX GRAPE	3	
DONNATAL ELX MINT	3	
DONNATAL TAB 16.2MG	3	
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
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)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
PANTOPRAZOLE INJ SOD 40MG	3	QL (90 vials 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	3	
CYTOTEC TAB 200MCG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
GELNIQUE GEL 10%	3	ST
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.01%</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	
<i>progesterone vaginal insert 100 mg</i>	1	
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	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	QL (6 injections every 300 days)

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

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

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

VASOPRESSORS

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

VITAMINS

OIL SOLUBLE VITAMINS

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

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<i>acebutolol hcl cap 400 mg</i>	85	<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
<i>acetaminophen-caffeine-dihydrocodeine</i>			99
<i>cap 320.5-30-16 mg</i>	21	<i>adapalene cream 0.1%</i>	99
<i>acetaminophen w/ codeine soln 120-12</i>		<i>adapalene gel 0.1%</i>	99
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<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	152
<i>azelastine hcl ophth soln 0.05%</i>	156
AZILECT TAB 0.5MG	74
AZILECT TAB 1MG.....	74
<i>azithromycin for susp 100 mg/5ml</i>	131
<i>azithromycin for susp 200 mg/5ml</i>	131
<i>azithromycin powd pack for susp 1 gm</i>	131
<i>azithromycin tab 250 mg</i>	131
<i>azithromycin tab 500 mg</i>	131
<i>azithromycin tab 600 mg</i>	131
AZOPT SUS 1% OP	156
AZSTARYS CAP 26.1-5.2	5
AZSTARYS CAP 39.2-7.8	5
AZSTARYS CAP 52.3-10.....	5
AZULFIDINE TAB 500MG	122
AZULFIDINE TAB 500MG EN	122

B

<i>bacitracin ophth oint 500 unit/gm</i>	154
<i>bacitracin-polymyxin b ophth oint</i>	154
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	155
<i>baclofen oral soln 10 mg/5ml</i>	151
<i>baclofen oral soln 5 mg/5ml</i>	151
<i>baclofen tab 10 mg</i>	151
<i>baclofen tab 15 mg</i>	151
<i>baclofen tab 20 mg</i>	151
<i>baclofen tab 5 mg</i>	151
BACTRIM DS TAB 800-160	24
BACTRIM TAB 400-80MG.....	24
<i>balsalazide disodium cap 750 mg</i>	122
BALVERSA TAB 3MG.....	67

BALVERSA TAB 4MG.....	67	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	60
BALVERSA TAB 5MG.....	67	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	60
BANZEL TAB 400MG.....	36	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg.....</i>	60
BAQSIMI ONE POW 3MG/DOSE	47	<i>benazepril hcl tab 10 mg</i>	56
BAQSIMI TWO POW 3MG/DOSE	47	<i>benazepril hcl tab 20 mg.....</i>	56
BARACLUDE SOL.....	83	<i>benazepril hcl tab 40 mg</i>	56
BASAGLAR INJ 100UNIT	48	<i>benazepril hcl tab 5 mg</i>	56
BASAGLAR INJ TEMPO PN	48	BENLYSTA INJ 200MG/ML	150
BAXDELA TAB 450MG	121	BENZALKONIUM SOL NF.....	79
BD 5ML SYRG MIS LUER-LOK	137	BENZAMYCIN GEL 5-3%	99
BD BLNT FILL MIS 18GX1.5.....	137	BENZEPRO LIQ CREAMY	99
BD ECLIPSE MIS 18GX1.5.....	137	BENZNIDAZOLE TAB 100MG	24
BD ECLIPSE MIS 23GX1	137	BENZNIDAZOLE TAB 12.5MG.....	24
BD HYPO NEED MIS 18GX1	137	<i>benzonatate cap 100 mg.....</i>	98
BD HYPO NEED MIS 18GX1.5	137	<i>benzonatate cap 150 mg.....</i>	98
BD HYPO NEED MIS 22GX1.5.....	137	<i>benzonatate cap 200 mg</i>	98
BD INTEGRA MIS 25GX1	137	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	99
BD NEEDLES MIS 18GX1.5	137	<i>benzoyl peroxide foam 9.8%</i>	99
BD NEEDLES MIS 22GX1.5	137	<i>benzoyl peroxide gel 8%</i>	99
BD PEN MINI MIS.....	137	<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%.....</i>	99
BD PEN MIS	137	<i>benzphetamine hcl tab 50 mg</i>	2
BD PLASTIPAK MIS 3ML	137	<i>benztropine mesylate tab 0.5 mg</i>	71
BD PRECISION MIS 23GX1.5	137	<i>benztropine mesylate tab 1 mg</i>	71
BD SAFETY MIS 23GX1.5	137	<i>benztropine mesylate tab 2 mg</i>	71
BD SWAB REG PAD SNGL USE.....	136	<i>bepotastine besilate ophth soln 1.5%</i>	156
BD ULTRAFINE INSULIN		BESIVANCE SUS 0.6%.....	154
SYRINGES/NEEDLES	137	BETADINE SOL 5% OP	154
BD ULTRAFINE PEN NEEDLES.....	137	<i>betaine powder for oral solution</i>	116
BELBUCA MIS 150MCG.....	22	<i>betamethasone dipropionate augmented cream 0.05%</i>	106
BELBUCA MIS 300MCG.....	22	<i>betamethasone dipropionate augmented gel 0.05%</i>	106
BELBUCA MIS 450MCG.....	22	<i>betamethasone dipropionate augmented lotion 0.05%.....</i>	106
BELBUCA MIS 600MCG.....	22	<i>betamethasone dipropionate augmented oint 0.05%</i>	106
BELBUCA MIS 750MCG.....	22	<i>betamethasone dipropionate cream 0.05%</i>	106
BELBUCA MIS 75MCG.....	22	<i>betamethasone dipropionate lotion 0.05%</i>	106
BELBUCA MIS 900MCG.....	22		
BELLA/OPIUM SUP 16.2-30	166		
BELLA/OPIUM SUP 16.2-60	166		
BELSOMRA TAB 10MG	130		
BELSOMRA TAB 15MG	130		
BELSOMRA TAB 20MG	130		
BELSOMRA TAB 5MG.....	130		
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	60		

<i>betamethasone valerate aerosol foam</i>		<i>bosentan tab 62.5 mg</i>	92
0.12%.....	106	<i>bosentan tab for oral susp 32 mg</i>	92
<i>betamethasone valerate cream 0.1% (base</i>		BOSULIF CAP 100MG.....	67
<i>equivalent)</i>	106	BOSULIF CAP 50MG.....	67
<i>betamethasone valerate lotion 0.1% (base</i>		BOSULIF TAB 100MG	67
<i>equivalent)</i>	106	BOSULIF TAB 400MG.....	67
<i>betamethasone valerate oint 0.1% (base</i>		BOSULIF TAB 500MG.....	67
<i>equivalent)</i>	106	BRAFTOVI CAP 75MG.....	67
BETASERON INJ 0.3MG.....	161	BREATHE EASE MIS LG MASK.....	144
<i>betaxolol hcl ophth soln 0.5%</i>	153	BREATHE EASE MIS MED MASK	144
<i>betaxolol hcl tab 10 mg</i>	85	BREATHE EASE MIS SM MASK	144
<i>betaxolol hcl tab 20 mg</i>	85	BREATHERITE MIS MDI CHMB	144
<i>bethanechol chloride tab 10 mg</i>	169	BREO ELLIPTA INH 100-25.....	31
<i>bethanechol chloride tab 25 mg</i>	169	BREO ELLIPTA INH 200-25.....	31
<i>bethanechol chloride tab 50 mg</i>	169	BREO ELLIPTA INH 50-25MCG	31
<i>bethanechol chloride tab 5 mg</i>	169	BREXAFEMME TAB 150MG.....	51
BETHKIS NEB 300/4ML	7	BREZTRI AERO AER SPHERE.....	32
BETOPTIC-S SUS 0.25% OP	153	BRILINTA TAB 60MG	127
BEVESPI AER 9-4.8MCG.....	31	BRILINTA TAB 90MG	127
<i>bexarotene cap 75 mg</i>	71	<i>brimonidine tartrate gel 0.33% (base</i>	
<i>bexarotene gel 1%</i>	102	<i>equivalent)</i>	110
<i>bicalutamide tab 50 mg</i>	66	<i>brimonidine tartrate ophth soln 0.1%</i>	154
BIDIL TAB	89	<i>brimonidine tartrate ophth soln 0.15%</i> ...	154
BIJUVA CAP 0.5-100	119	<i>brimonidine tartrate ophth soln 0.2%</i>	154
BIJUVA CAP 1-100MG	119	<i>brimonidine tartrate-timolol maleate ophth</i>	
BIKTARVY TAB.....	80	<i>soln 0.2-0.5%</i>	153
BILTRICIDE TAB 600MG.....	24	<i>brinzolamide ophth susp 1%</i>	156
<i>bimatoprost ophth soln 0.03%</i>	157	BRIVIACT SOL 10MG/ML.....	36
BINOSTO TAB 70MG	114	BRIVIACT TAB 100MG.....	36
<i>bismuth subcit-metronidazole-tetracycline</i>		BRIVIACT TAB 10MG	36
<i>cap 140-125-125 mg</i>	168	BRIVIACT TAB 25MG.....	36
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		BRIVIACT TAB 50MG	36
<i>6.25 mg</i>	60	BRIVIACT TAB 75MG.....	36
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>bromfenac sodium ophth soln 0.07% (base</i>	
<i>6.25 mg</i>	60	<i>equivalent)</i>	156
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>bromfenac sodium ophth soln 0.075%</i>	
<i>mg</i>	60	<i>(base equivalent)</i>	156
<i>bisoprolol fumarate tab 10 mg</i>	85	<i>bromfenac sodium ophth soln 0.09% (base</i>	
<i>bisoprolol fumarate tab 5 mg</i>	85	<i>equiv) (once-daily)</i>	156
BLULINK LIQ HIGH/LOW	133	<i>bromocriptine mesylate cap 5 mg (base</i>	
BLUNT CANNUL MIS 20GX1.5.....	137	<i>equivalent)</i>	72
BLUNT CANNUL MIS 21GX1	137	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
BONJESTA TAB 20-20MG	51	<i>equivalent)</i>	72
<i>bosentan tab 125 mg</i>	92	BROVANA NEB 15MCG	32

BRUKINSA CAP 80MG	67
BRUKINSA TAB 160MG	67
BRYHALI LOT 0.01%	106
budesonide delayed release particles cap 3 mg	96
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	32
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	32
budesonide inhalation susp 0.25 mg/2ml	31
budesonide inhalation susp 0.5 mg/2ml ...	31
budesonide inhalation susp 1 mg/2ml	31
budesonide rectal foam 2 mg/act	23
bumetanide tab 0.5 mg	112
bumetanide tab 1 mg	112
bumetanide tab 2 mg.....	112
BUMEX TAB 0.5MG.....	112
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	22
buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)	22
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	22
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	22
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	22
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	22
buprenorphine hcl sl tab 2 mg (base equiv)	22
buprenorphine hcl sl tab 8 mg (base equiv)	22
buprenorphine td patch weekly 10 mcg/hr	22
buprenorphine td patch weekly 15 mcg/hr	22
buprenorphine td patch weekly 20 mcg/hr	22
buprenorphine td patch weekly 5 mcg/hr	22
buprenorphine td patch weekly 7.5 mcg/hr	22
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	163

bupropion hcl tab 100 mg	42
bupropion hcl tab 75 mg	42
bupropion hcl tab er 12hr 100 mg.....	42
bupropion hcl tab er 12hr 150 mg.....	42
bupropion hcl tab er 12hr 200 mg.....	42
bupropion hcl tab er 24hr 150 mg.....	42
bupropion hcl tab er 24hr 300 mg	42
buspirone hcl tab 10 mg	27
buspirone hcl tab 15 mg	27
buspirone hcl tab 30 mg.....	27
buspirone hcl tab 5 mg	27
buspirone hcl tab 7.5 mg.....	27
butalbital-acetaminophen-cafeine tab 50- 325-40 mg	17
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg.....	21
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	21
butalbital-acetaminophen tab 50-325 mg	17
butalbital-aspirin-cafeine cap 50-325-40 mg	17
butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg	21
butorphanol tartrate nasal soln 10 mg/ml	23
BYSTOLIC TAB 10MG	85
BYSTOLIC TAB 2.5MG	85
BYSTOLIC TAB 20MG	85
BYSTOLIC TAB 5MG.....	85
C	
cabergoline tab 0.5 mg.....	118
CABOMETYX TAB 20MG	67
CABOMETYX TAB 40MG.....	67
CABOMETYX TAB 60MG.....	67
CADUET TAB 10-10MG	90
CADUET TAB 10-20MG.....	90
CADUET TAB 10-40MG.....	90
CADUET TAB 10-80MG.....	90
CADUET TAB 5-10MG	89
CADUET TAB 5-20MG.....	89
CADUET TAB 5-40MG	90
CADUET TAB 5-80MG	90
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2
calcipotriene oint 0.005%.....	103

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>.....103	<i>carbamazepine cap er 12hr 200 mg</i> .....36
<i>calcitonin (salmon) inj 200 unit/ml</i> .....114	<i>carbamazepine cap er 12hr 300 mg</i> .....36
<i>calcitonin (salmon) nasal soln 200 unit/act</i>.....114	<i>carbamazepine chew tab 100 mg</i> .....36
<i>calcitriol cap 0.25 mcg</i> .....116	<i>carbamazepine susp 100 mg/5ml</i> .....36
<i>calcitriol cap 0.5 mcg</i> .....116	<i>carbamazepine tab 200 mg</i> .....36
<i>calcitriol oral soln 1 mcg/ml</i> .....116	<i>carbamazepine tab er 12hr 100 mg</i> .....36
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i> .....124	<i>carbamazepine tab er 12hr 200 mg</i> .....36
<i>CALQUENCE TAB 100MG</i> .....67	<i>carbamazepine tab er 12hr 400 mg</i> .....36
<i>CAMZYOS CAP 10MG</i> .....89	<i>CARBATROL CAP 100MG</i> .....36
<i>CAMZYOS CAP 15MG</i> .....89	<i>CARBATROL CAP 200MG</i> .....36
<i>CAMZYOS CAP 2.5MG</i> .....89	<i>CARBATROL CAP 300MG</i> .....36
<i>CAMZYOS CAP 5MG</i> .....89	<i>carbidopa & levodopa orally disintegrating</i> <i>tab 10-100 mg</i> .....72
<i>CANASA SUP 1000MG</i> .....122	<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-100 mg</i> .....72
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i> .....60	<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-250 mg</i> .....72
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i> .....60	<i>carbidopa & levodopa tab 10-100 mg</i> .....72
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i> .....60	<i>carbidopa & levodopa tab 25-100 mg</i> .....72
<i>candesartan cilexetil tab 16 mg</i> .....58	<i>carbidopa & levodopa tab 25-250 mg</i> .....72
<i>candesartan cilexetil tab 32 mg</i> .....58	<i>carbidopa & levodopa tab er 25-100 mg</i> ..72
<i>candesartan cilexetil tab 4 mg</i> .....58	<i>carbidopa & levodopa tab er 50-200 mg</i> ..72
<i>candesartan cilexetil tab 8 mg</i> .....58	<i>carbidopa-levodopa-entacapone tabs 12.5-</i> <i>50-200 mg</i> .....72
<i>capecitabine tab 150 mg</i> .....64	<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i> .....72
<i>capecitabine tab 500 mg</i> .....64	<i>carbidopa-levodopa-entacapone tabs 25-</i> <i>100-200 mg</i> .....72
<i>CAPEX SHA 0.01%</i> .....106	<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i> .....72
<i>CAPRELSA TAB 100MG</i> .....67	<i>carbidopa-levodopa-entacapone tabs 37.5-</i> <i>150-200 mg</i> .....72
<i>CAPRELSA TAB 300MG</i> .....67	<i>carbidopa-levodopa-entacapone tabs 50-</i> <i>200-200 mg</i> .....72
<i>captopril & hydrochlorothiazide tab 25-15</i> <i>mg</i> .....60	<i>carbidopa tab 25 mg</i> .....71
<i>captopril & hydrochlorothiazide tab 25-25</i> <i>mg</i> .....60	<i>carbinoxamine maleate extended release</i> <i>susp 4 mg/5ml</i> .....52
<i>captopril & hydrochlorothiazide tab 50-15</i> <i>mg</i> .....60	<i>carbinoxamine maleate soln 4 mg/5ml</i> ....52
<i>captopril & hydrochlorothiazide tab 50-25</i> <i>mg</i> .....60	<i>carbinoxamine maleate tab 4 mg</i> .....52
<i>captopril tab 100 mg</i> .....56	<i>carbinoxamine maleate tab 6 mg</i> .....52
<i>captopril tab 12.5 mg</i> .....56	<i>CARDURA TAB 1MG</i> .....58
<i>captopril tab 25 mg</i> .....56	<i>CARDURA TAB 2MG</i> .....58
<i>captopril tab 50 mg</i> .....56	<i>CARDURA TAB 4MG</i> .....58
<i>CARBAGLU TAB 200MG</i> .....116	<i>CARDURA TAB 8MG</i> .....58
<i>carbamazepine cap er 12hr 100 mg</i> .....36	

CARDURA XL TAB 4MG.....	125	cefadroxil for susp 500 mg/5ml	93
CARDURA XL TAB 8MG.....	125	cefadroxil tab 1 gm	93
CAREPOINT SA MIS 23GX1	137	cefdinir cap 300 mg	94
CAREPOINT SA MIS 23GX11/2	138	cefdinir for susp 125 mg/5ml.....	94
CAREPOINT SA MIS 25GX1	138	cefdinir for susp 250 mg/5ml.....	94
CAREPOINT SA MIS 25GX11/2	138	cefixime cap 400 mg.....	94
CAREPOINT SA MIS 25GX5/8	138	cefixime for susp 100 mg/5ml.....	94
CAREPOINT SY MIS 20GX1	138	cefixime for susp 200 mg/5ml	94
CAREPOINT SY MIS 20GX1.5.....	138	cefpodoxime proxetil for susp 100 mg/5ml	
CAREPOINT SY MIS 22G X 1	138	.....	94
CAREPOINT SY MIS 22GX1.5	138	cefpodoxime proxetil for susp 50 mg/5ml	
CAREPOINT SY MIS 23GX1	138	.....	94
CAREPOINT SY MIS 23GX1.5	138	cefpodoxime proxetil tab 100 mg	94
CAREPOINT SY MIS 25GX1	138	cefpodoxime proxetil tab 200 mg	94
CAREPOINT SY MIS 60ML	138	cefprozil for susp 125 mg/5ml	93
CARESENS SOL CONTROL	133	cefprozil for susp 250 mg/5ml	93
CARETOUCH PAD ALCOHOL.....	136	cefprozil tab 250 mg	93
carglumic acid soluble tab 200 mg	116	cefprozil tab 500 mg.....	93
carisoprodol tab 350 mg	151	cefuroxime axetil tab 250 mg.....	93
carteolol hcl ophth soln 1%	153	cefuroxime axetil tab 500 mg	94
carvedilol phosphate cap er 24hr 10 mg...85		celecoxib cap 100 mg.....	13
carvedilol phosphate cap er 24hr 20 mg ..85		celecoxib cap 200 mg	13
carvedilol phosphate cap er 24hr 40 mg ..85		celecoxib cap 400 mg.....	13
carvedilol phosphate cap er 24hr 80 mg ..85		celecoxib cap 50 mg	13
carvedilol tab 12.5 mg	85	CELEXA TAB 10MG	42
carvedilol tab 25 mg	85	CELEXA TAB 20MG	42
carvedilol tab 3.125 mg	85	CELEXA TAB 40MG	42
carvedilol tab 6.25 mg	85	CELLCEPT CAP 250MG	148
CASODEX TAB 50MG	66	CELLCEPT SUS 200MG/ML	148
CATAPRES-TTS DIS 0.1/24HR.....	58	CELLCEPT TAB 500MG.....	148
CATAPRES-TTS DIS 0.2/24HR	58	CELONTIN CAP 300MG	41
CATAPRES-TTS DIS 0.3/24HR	58	CEM-UREA SOL 45%.....	109
CAVERJECT IM KIT 10MCG	90	cephalexin cap 250 mg	93
CAVERJECT IM KIT 20MCG.....	90	cephalexin cap 500 mg.....	93
CAVERJECT INJ 20MCG	90	cephalexin cap 750 mg	93
CAVERJECT INJ 40MCG	90	cephalexin for susp 125 mg/5ml	93
CAYA DPR.....	132	cephalexin for susp 250 mg/5ml	93
CAYSTON INH 75MG	26	cephalexin tab 250 mg	93
cefaclor cap 250 mg	93	cephalexin tab 500 mg.....	93
cefaclor cap 500 mg.....	93	CEQUR SIMPL KIT PATCH 2U.....	138
CEFACLOR ER TAB 500MG	93	CEQUR SIMPL MIS INSERTER	138
cefaclor for susp 250 mg/5ml	93	CERDELGA CAP 84MG	127
cefadroxil cap 500 mg	93	CERVIDIL VAG MIS 10MG INS	157
cefadroxil for susp 250 mg/5ml.....	93	CETACAINE AER	110

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	
.....	52
CETRAXAL SOL 0.2%	157
<i>cetorelix acetate for inj kit 0.25 mg</i>	115
CETROTIDE KIT 0.25MG	115
<i>cevimeline hcl cap 30 mg</i>	150
CHEMET CAP 100MG.....	50
<i>chenodiol tab 250 mg</i>	121
<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>mg</i>	160
<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>mg</i>	160
<i>chlordiazepoxide hcl cap 10 mg</i>	28
<i>chlordiazepoxide hcl cap 25 mg</i>	28
<i>chlordiazepoxide hcl cap 5 mg</i>	28
<i>chlordiazepoxide hcl-clidinium bromide</i>	
<i>cap 5-2.5 mg</i>	166
CHLORHEX GLU SOL 20%	80
<i>chlorhexidine gluconate soln 0.12%</i>	150
<i>chloroquine phosphate tab 250 mg</i>	62
<i>chloroquine phosphate tab 500 mg</i>	62
<i>chlorpromazine hcl inj 25 mg/ml</i>	78
<i>chlorpromazine hcl inj 50 mg/2ml</i>	78
<i>chlorpromazine hcl tab 100 mg</i>	78
<i>chlorpromazine hcl tab 10 mg</i>	78
<i>chlorpromazine hcl tab 200 mg</i>	78
<i>chlorpromazine hcl tab 25 mg</i>	78
<i>chlorpromazine hcl tab 50 mg</i>	78
<i>chlorthalidone tab 25 mg</i>	113
<i>chlorthalidone tab 50 mg</i>	113
<i>chlorzoxazone tab 500 mg</i>	151
CHOLBAM CAP 250MG	121
CHOLBAM CAP 50MG	121
<i>cholestyramine light powder 4 gm/dose</i> ..	53
<i>cholestyramine light powder packets 4 gm</i>	
.....	53
<i>cholestyramine powder 4 gm/dose</i>	53
<i>cholestyramine powder packets 4 gm</i>	53
<i>choline fenofibrate cap dr 135 mg</i>	
<i>(fenofibric acid equiv)</i>	54
<i>choline fenofibrate cap dr 45 mg (fenofibric</i>	
<i>acid equiv)</i>	54
<i>ciclopirox gel 0.77%</i>	101
<i>ciclopirox olamine cream 0.77% (base</i>	
<i>equiv)</i>	101
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	
.....	101
<i>ciclopirox shampoo 1%</i>	101
<i>ciclopirox solution 8%</i>	101
<i>cilostazol tab 100 mg</i>	127
<i>cilostazol tab 50 mg</i>	127
CIMDUO TAB 300-300	80
<i>cimetidine hcl soln 300 mg/5ml</i>	167
<i>cimetidine tab 300 mg</i>	167
<i>cimetidine tab 400 mg</i>	167
<i>cimetidine tab 800 mg</i>	167
CIMZIA PREFL KIT 200MG/ML	122
CIMZIA START KIT 200MG/ML	122
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	116
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	116
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	116
CINRYZE SOL 500 UNIT	126
CIPRO (10%) SUS 500MG/5	121
CIPRO (5%) SUS 250MG/5.....	121
<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>0.3-0.1%</i>	157
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>equivalent)</i>	154
<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>equivalent)</i>	157
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	121
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	
.....	121
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	
.....	121
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
.....	121
CIPRO TAB 250MG	121
CIPRO TAB 500MG	121
<i>citalopram hydrobromide oral soln 10</i>	
<i>mg/5ml</i>	42
<i>citalopram hydrobromide tab 10 mg (base</i>	
<i>equiv)</i>	42
<i>citalopram hydrobromide tab 20 mg (base</i>	
<i>equiv)</i>	42
<i>citalopram hydrobromide tab 40 mg (base</i>	
<i>equiv)</i>	42

CITRANATAL CAP HARMONY	150	<i>clindamycin phosphate-benzoyl peroxide</i>	
CITRANATAL CAP MEDLEY	150	gel 1-5%	99
CITRANATAL MIS 90 DHA	150	<i>clindamycin phosphate foam 1%</i>	99
CITRANATAL MIS B-CALM	150	<i>clindamycin phosphate gel 1% (twice-daily)</i>	
CITRANATAL PAK ASSURE	150	.....	99
CLARINEX-D TAB 2.5-120	98	<i>clindamycin phosphate lotion 1%</i>	99
CLARINEX TAB 5MG	52	<i>clindamycin phosphate soln 1%</i>	99
<i>clarithromycin for susp 125 mg/5ml</i>	131	<i>clindamycin phosphate swab 1%</i>	99
<i>clarithromycin for susp 250 mg/5ml</i>	131	<i>clindamycin phosphate-tretinoin gel 1.2-</i>	
<i>clarithromycin tab 250 mg</i>	131	0.025%	100
<i>clarithromycin tab 500 mg</i>	131	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>clarithromycin tab er 24hr 500 mg</i>	131	.....	170
<i>clemastine fumarate syrup 0.67 mg/5ml</i>		<i>clindamycin phosph-benzoyl peroxide</i>	
(0.5 mg/5ml base eq)	52	(refrig) gel 1.2 (1)-5%	99
<i>clemastine fumarate tab 2.68 mg</i>	52	CLINDESSE CRE 2%	170
CLEMASZ TAB 2.68MG	52	<i>clobazam suspension 2.5 mg/ml</i>	35
CLENPIQ SOL	131	<i>clobazam tab 10 mg</i>	35
CLEOCIN CAP 150MG	25	<i>clobazam tab 20 mg</i>	35
CLEOCIN CAP 300MG	25	<i>clobetasol propionate cream 0.025%</i>	106
CLEOCIN CAP 75MG	25	<i>clobetasol propionate cream 0.05%</i>	106
CLEOCIN CRE 2% VAG	170	<i>clobetasol propionate emollient base cream</i>	
CLEOCIN PED SOL 75MG/5ML	25	0.05%	106
CLEOCIN SUP 100MG	170	<i>clobetasol propionate foam 0.05%</i>	106
CLEOCIN-T LOT 1%	99	<i>clobetasol propionate gel 0.05%</i>	106
CLEVR CHOICE LIQ HIGH	133	<i>clobetasol propionate lotion 0.05%</i>	106
CLEVR CHOICE LIQ LOW	133	<i>clobetasol propionate oint 0.05%</i>	106
CLIMARA DIS 0.025MG	119	<i>clobetasol propionate shampoo 0.05%</i>	106
CLIMARA DIS 0.0375MG	120	<i>clobetasol propionate soln 0.05%</i>	106
CLIMARA DIS 0.05MG	119	CLOBEX LOT 0.05%	106
CLIMARA DIS 0.06MG	119	CLOBEX SHA 0.05%	106
CLIMARA DIS 0.075MG	120	CLODERM CRE 0.1%	106
CLIMARA DIS 0.1MG	119	<i>clomiphene citrate tab 50 mg</i>	114
CLIMARA PRO DIS WEEKLY	119	<i>clomipramine hcl cap 25 mg</i>	45
CLINDAGEL GEL 1%	99	<i>clomipramine hcl cap 50 mg</i>	45
<i>clindamycin hcl cap 150 mg</i>	25	<i>clomipramine hcl cap 75 mg</i>	45
<i>clindamycin hcl cap 300 mg</i>	25	<i>clonazepam orally disintegrating tab 0.125</i>	
<i>clindamycin hcl cap 75 mg</i>	25	mg	35
<i>clindamycin palmitate hcl for soln 75</i>		<i>clonazepam orally disintegrating tab 0.25</i>	
mg/5ml (base equiv)	25	mg	35
<i>clindamycin phosphate-benzoyl peroxide</i>		<i>clonazepam orally disintegrating tab 0.5 mg</i>	
gel 1.2-2.5%	100	.....	35
<i>clindamycin phosphate-benzoyl peroxide</i>		<i>clonazepam orally disintegrating tab 1 mg</i>	
gel 1.2-3.75%	100	.....	35

<i>clonazepam orally disintegrating tab 2 mg</i>	35	COARTEM TAB 20-120MG	62
<i>clonazepam tab 0.5 mg</i>	35	<i>codeine sulfate tab 30 mg</i>	17
<i>clonazepam tab 1 mg</i>	35	CODEINE SULF TAB 15MG	17
<i>clonazepam tab 2 mg</i>	35	CODEINE SULF TAB 60MG.....	17
<i>clonidine hcl tab 0.1 mg</i>	58	<i>colchicine cap 0.6 mg</i>	126
<i>clonidine hcl tab 0.2 mg</i>	58	<i>colchicine tab 0.6 mg</i>	126
<i>clonidine hcl tab 0.3 mg</i>	58	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	126
<i>clonidine hcl tab er 12hr 0.1 mg</i>	4	<i>colesevelam hcl packet for susp 3.75 gm</i> 53	
<i>clonidine tab er 24hr 0.17 mg</i>	58	<i>colesevelam hcl tab 625 mg</i>	54
<i>clonidine td patch weekly 0.1 mg/24hr</i>	58	COLESTID FLA GRA 5/7.5GM	54
<i>clonidine td patch weekly 0.2 mg/24hr</i>	58	COLESTID FLA GRA 5GM	54
<i>clonidine td patch weekly 0.3 mg/24hr</i>	58	COLESTID GRA 5GM	54
<i>clopidogrel bisulfate tab 300 mg (base</i> <i>equiv)</i>	127	COLESTID POW 5GM.....	54
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	127	COLESTID TAB 1GM	54
<i>clorazepate dipotassium tab 15 mg</i>	28	<i>colestipol hcl granule packets 5 gm</i>	54
<i>clorazepate dipotassium tab 3.75 mg</i>	28	<i>colestipol hcl granules 5 gm</i>	54
<i>clorazepate dipotassium tab 7.5 mg</i>	28	<i>colestipol hcl tab 1 gm</i>	54
<i>clotrimazole troche 10 mg</i>	150	COMBIGAN SOL 0.2/0.5%.....	153
<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	101	COMBIPATCH DIS	119
<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i>	102	COMBIVENT AER 20-100.....	32
<i>clozapine orally disintegrating tab 100 mg</i>	77	COMBIVIR TAB 150-300	80
<i>clozapine orally disintegrating tab 12.5 mg</i>	76	COMETRIQ KIT 100MG	67
<i>clozapine orally disintegrating tab 150 mg</i>	77	COMETRIQ KIT 140MG	68
<i>clozapine orally disintegrating tab 200 mg</i>	77	COMETRIQ KIT 60MG	67
<i>clozapine orally disintegrating tab 25 mg</i>	76	COMFORT EZ MIS 29GX12MM	138
<i>clozapine tab 100 mg</i>	77	COMFRT TOUCH PAD ALC PREP	136
<i>clozapine tab 200 mg</i>	77	COMPACT SPAC MIS CHAMBER	144
<i>clozapine tab 25 mg</i>	77	COMPACT SPAC MIS LG MASK	144
<i>clozapine tab 50 mg</i>	77	COMPACT SPAC MIS MD MASK	144
CLOZARIL TAB 100MG.....	77	COMPACT SPAC MIS SM MASK	144
CLOZARIL TAB 200MG	77	COMTAN TAB 200MG.....	72
CLOZARIL TAB 25MG.....	77	CONDYLOX GEL 0.5%.....	109
CLOZARIL TAB 50MG	77	CONTOUR PLUS LIQ LEVEL 1	133
CL PRENATAL TAB 28-0.8MG	151	CONTOUR PLUS LIQ LEVEL 2	133
<i>coal tar soln 20%</i>	111	CONTRAVE TAB 8-90MG	3
		CONTROL HIGH SOL UNISTRIP	133
		CONTROL LOW SOL UNISTRIP	133
		CONTROL NORM SOL EASY STP	133
		CONTROL SOL LIQ HIGH/LOW.....	133
		CONTROL SOL LIQ LEVEL 2	133
		CONTROL SOL NORMAL	133
		CONZIP CAP 100MG	17
		CONZIP CAP 200MG.....	17

CONZIP CAP 300MG	17
COOL CONTROL SOL A.....	133
COOL CONTROL SOL B.....	133
COPIKTRA CAP 15MG.....	68
COPIKTRA CAP 25MG	68
COREG TAB 12.5MG	85
COREG TAB 25MG.....	85
COREG TAB 3.125MG	85
COREG TAB 6.25MG	85
CORLANOR SOL 5MG/5ML	93
CORLANOR TAB 5MG.....	93
CORLANOR TAB 7.5MG.....	93
CORN SYP	159
CORTANE-B LOT.....	106
CORTEF TAB 10MG.....	96
CORTEF TAB 20MG.....	96
CORTEF TAB 5MG	96
CORTENEMA ENE 100MG	23
CORTIFOAM AER 90MG	23
CORTISPORIN SUS -TC OTIC	157
CORTROPHIN INJ 40/0.5ML	114
CORTROPHIN INJ 80UNT/ML	114
COSOPT PF SOL 2%-0.5%	153
COSOPT SOL 2-0.5%OP	153
COTELIC TAB 20MG	68
CRENESSITY CAP 100MG.....	114
CRENESSITY CAP 25MG.....	114
CRENESSITY CAP 50MG	114
CRENESSITY SOL 50MG/ML	114
CREON CAP 12000UNT.....	112
CREON CAP 24000UNT.....	112
CREON CAP 3000UNIT.....	111
CREON CAP 36000UNT.....	112
CREON CAP 6000UNIT	112
CRINONE GEL 4% VAG	170
CRINONE GEL 8% VAG	170
cromolyn sodium ophth soln 4%	156
cromolyn sodium oral conc 100 mg/5ml ..	121
cromolyn sodium soln nebu 20 mg/2ml ...	29
crotamiton lotion 10%	111
CURITY PREP PAD ALCOHOL	136
CUVPOSA SOL 1MG/5ML	166
cyanocobalamin inj 1000 mcg/ml.....	128

<i>cyanocobalamin nasal spray 500</i> <i>mcg/0.1ml.....</i>	<i>128</i>
<i>cyclobenzaprine hcl tab 10 mg.....</i>	<i>151</i>
<i>cyclobenzaprine hcl tab 5 mg.....</i>	<i>151</i>
CYCLOGYL SOL 0.5% OP	154
CYCLOGYL SOL 1% OP	154
CYCLOGYL SOL 2% OP.....	154
CYCLOMYDRIL SOL OP	154
<i>cyclopentolate hcl ophth soln 1%.....</i>	<i>154</i>
<i>cyclophosphamide cap 25 mg</i>	<i>63</i>
<i>cyclophosphamide cap 50 mg.....</i>	<i>63</i>
CYCLOPHOSPH TAB 25MG	63
CYCLOPHOSPH TAB 50MG.....	63
<i>cycloserine cap 250 mg</i>	<i>63</i>
CYCLOSET TAB 0.8MG.....	47
<i>cyclosporine cap 100 mg.....</i>	<i>148</i>
<i>cyclosporine cap 25 mg</i>	<i>148</i>
<i>cyclosporine modified cap 100 mg</i>	<i>148</i>
<i>cyclosporine modified cap 25 mg.....</i>	<i>148</i>
<i>cyclosporine modified cap 50 mg.....</i>	<i>148</i>
<i>cyclosporine modified oral soln 100 mg/ml</i> <i>.....</i>	<i>148</i>
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	<i>53</i>
<i>cyproheptadine hcl tab 4 mg.....</i>	<i>53</i>
CYSTADANE POW	116
CYSTAGON CAP 150MG	125
CYSTAGON CAP 50MG.....	125
CYSTARAN SOL 0.44%	156
CYTOTEC TAB 100MCG	168
CYTOTEC TAB 200MCG	168

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<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq).....</i>	<i>34</i>
<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq).....</i>	<i>35</i>
<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq).....</i>	<i>34</i>
<i>dalfampridine tab er 12hr 10 mg</i>	<i>161</i>
DALIRESP TAB 250MCG	30
DALIRESP TAB 500MCG	30
<i>danazol cap 100 mg</i>	<i>23</i>
<i>danazol cap 200 mg</i>	<i>23</i>
<i>danazol cap 50 mg.....</i>	<i>23</i>
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<i>dantrolene sodium cap 100 mg</i>	152	<i>demeclocycline hcl tab 150 mg</i>	165
<i>dantrolene sodium cap 25 mg</i>	152	<i>demeclocycline hcl tab 300 mg</i>	165
<i>dantrolene sodium cap 50 mg</i>	152	DEMSER CAP 250MG	57
<i>dapsone gel 5%</i>	100	DENAVIR CRE 1%	105
<i>dapsone gel 7.5%</i>	100	DEPAKOTE ER TAB 250MG	41
<i>dapsone tab 100 mg</i>	25	DEPAKOTE ER TAB 500MG	41
<i>dapsone tab 25 mg</i>	25	DEPAKOTE SPR CAP 125MG	41
<i>darifenacin hydrobromide tab er 24hr 15</i>		DEPAKOTE TAB 125MG DR	41
<i>mg (base equiv)</i>	169	DEPAKOTE TAB 250MG DR	41
<i>darifenacin hydrobromide tab er 24hr 7.5</i>		DEPAKOTE TAB 500MG DR	41
<i>mg (base equiv)</i>	169	DEPEN TITRA TAB 250MG	147
<i>darunavir tab 600 mg</i>	80	DEPO-ESTRADI INJ 5MG/ML	120
<i>darunavir tab 800 mg</i>	80	DEPO-PROVERA INJ 150MG/ML	96
<i>dasatinib tab 100 mg</i>	68	DEPO-SQ PROV INJ 104	96
<i>dasatinib tab 140 mg</i>	68	DERMA-SMOOTH OIL /FS BODY	106
<i>dasatinib tab 20 mg</i>	68	DERMA-SMOOTH OIL /FS SCLP	106
<i>dasatinib tab 50 mg</i>	68	DERMOTIC OIL 0.01%	157
<i>dasatinib tab 70 mg</i>	68	DESCOVY TAB 120-15MG	80
<i>dasatinib tab 80 mg</i>	68	DESCOVY TAB 200/25MG	80
DAYBUE SOL 200MG/ML	153	<i>desipramine hcl tab 100 mg</i>	45
DAYPRO TAB 600MG	13	<i>desipramine hcl tab 10 mg</i>	45
DDAVP TAB 0.1MG	117	<i>desipramine hcl tab 150 mg</i>	45
DDAVP TAB 0.2MG	117	<i>desipramine hcl tab 25 mg</i>	45
DEBACTEROL SOL 30-50%	150	<i>desipramine hcl tab 50 mg</i>	45
<i>deferasirox granules packet 180 mg</i>	50	<i>desipramine hcl tab 75 mg</i>	45
<i>deferasirox granules packet 360 mg</i>	50	<i>desloratadine tab 5 mg</i>	53
<i>deferasirox granules packet 90 mg</i>	50	<i>desloratadine tab orally disintegrating 2.5</i>	
<i>deferasirox tab 180 mg</i>	50	<i>mg</i>	53
<i>deferasirox tab 360 mg</i>	50	<i>desloratadine tab orally disintegrating 5 mg</i>	
<i>deferasirox tab 90 mg</i>	50	.....	53
<i>deferasirox tab for oral susp 125 mg</i>	50	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox tab for oral susp 250 mg</i>	50	0.01%	117
<i>deferasirox tab for oral susp 500 mg</i>	50	<i>desmopressin acetate nasal spray soln</i>	
<i>deferiprone tab 1000 mg</i>	50	0.01% (refrigerated)	117
<i>deferiprone tab 500 mg</i>	50	<i>desmopressin acetate tab 0.1 mg</i>	118
<i>deflazacort susp 22.75 mg/ml</i>	96	<i>desmopressin acetate tab 0.2 mg</i>	118
<i>deflazacort tab 18 mg</i>	96	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
<i>deflazacort tab 30 mg</i>	96	0.02/0.01 mg(21/5)	94
<i>deflazacort tab 36 mg</i>	96	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<i>deflazacort tab 6 mg</i>	96	0.025/0.15-0.025mg-mg	94
DELESTROGEN INJ 10MG/ML	120	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>	
DELESTROGEN INJ 20MG/ML	120	30 mcg	94
DELESTROGEN INJ 40MG/ML	120	<i>desonide cream 0.05%</i>	106
DELSTRIGO TAB	80	<i>desonide lotion 0.05%</i>	107

<i>desonide oint 0.05%</i>	107
<i>DESOWEN CRE 0.05%</i>	107
<i>desoximetasone cream 0.05%</i>	107
<i>desoximetasone cream 0.25%</i>	107
<i>desoximetasone gel 0.05%</i>	107
<i>desoximetasone oint 0.25%</i>	107
<i>desoximetasone spray 0.25%</i>	107
<i>DESOXYN TAB 5MG</i>	2
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	44
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	44
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	44
<i>DESVENLAFAX TAB 100MG ER</i>	44
<i>DESVENLAFAX TAB 50MG ER</i>	44
<i>DETROL TAB 1MG</i>	169
<i>DETROL TAB 2MG</i>	169
<i>DEXAMETHASON CON 1MG/ML</i>	96
<i>dexamethasone elixir 0.5 mg/5ml</i>	96
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	155
<i>dexamethasone soln 0.5 mg/5ml</i>	96
<i>dexamethasone tab 0.5 mg</i>	96
<i>dexamethasone tab 0.75 mg</i>	96
<i>dexamethasone tab 1.5 mg</i>	96
<i>dexamethasone tab 1 mg</i>	96
<i>dexamethasone tab 2 mg</i>	96
<i>dexamethasone tab 4 mg</i>	96
<i>dexamethasone tab 6 mg</i>	97
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	97
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	97
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	97
<i>DEXCOM G6 MIS RECEIVER</i>	133
<i>DEXCOM G6 MIS SENSOR</i>	133
<i>DEXCOM G6 MIS TRANSMIT</i>	133
<i>DEXCOM G7 MIS 15 DAY</i>	133
<i>DEXCOM G7 MIS RECEIVER</i>	133
<i>DEXCOM G7 MIS SENSOR</i>	133
<i>DEXEDRINE CAP 10MG CR</i>	2
<i>DEXEDRINE CAP 15MG CR</i>	2

<i>DEXILANT CAP 30MG DR</i>	167
<i>DEXILANT CAP 60MG DR</i>	167
<i>dexlansoprazole cap delayed release 30 mg</i>	167
<i>dexlansoprazole cap delayed release 60 mg</i>	167
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	5
<i>dexmethylphenidate hcl tab 10 mg</i>	5
<i>dexmethylphenidate hcl tab 2.5 mg</i>	5
<i>dexmethylphenidate hcl tab 5 mg</i>	5
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2
<i>dextroamphetamine sulfate tab 10 mg</i>	2
<i>dextroamphetamine sulfate tab 15 mg</i>	2
<i>dextroamphetamine sulfate tab 2.5 mg</i>	2
<i>dextroamphetamine sulfate tab 20 mg</i>	2
<i>dextroamphetamine sulfate tab 30 mg</i>	2
<i>dextroamphetamine sulfate tab 5 mg</i>	2
<i>dextroamphetamine sulfate tab 7.5 mg</i>	2
<i>DIACOMIT CAP 250MG</i>	36
<i>DIACOMIT CAP 500MG</i>	36
<i>DIACOMIT PAK 250MG</i>	36
<i>DIACOMIT PAK 500MG</i>	36
<i>DIASTAT ACDL GEL 12.5-20</i>	35

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DIATRUE CONT SOL LEVEL 2	133
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<i>diazepam conc 5 mg/ml</i>	<i>28</i>
<i>diazepam oral soln 1 mg/ml</i>	<i>28</i>
<i>diazepam rectal gel delivery system 10 mg</i>	<i>35</i>
<i>diazepam rectal gel delivery system 2.5 mg</i>	<i>35</i>
<i>diazepam rectal gel delivery system 20 mg</i>	<i>35</i>
<i>diazepam tab 10 mg</i>	<i>28</i>
<i>diazepam tab 2 mg</i>	<i>28</i>
<i>diazepam tab 5 mg</i>	<i>28</i>
<i>diazoxide susp 50 mg/ml.....</i>	<i>47</i>
DIBENZYLINE CAP 10MG.....	57
<i>dichlorphenamide tab 50 mg</i>	<i>112</i>
DICLEGIS TAB 10-10MG.....	51
<i>diclofenac epolamine patch 1.3%</i>	<i>101</i>
<i>diclofenac potassium tab 50 mg</i>	<i>13</i>
<i>diclofenac sodium (actinic keratoses) gel</i> <i>3%.....</i>	<i>102</i>
<i>diclofenac sodium ophth soln 0.1%</i>	<i>156</i>
<i>diclofenac sodium soln 1.5%</i>	<i>101</i>
<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>	<i>13</i>
<i>diclofenac sodium tab delayed release 50</i> <i>mg</i>	<i>13</i>
<i>diclofenac sodium tab delayed release 75</i> <i>mg</i>	<i>13</i>
<i>diclofenac sodium tab er 24hr 100 mg</i>	<i>13</i>
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	<i>13</i>
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	<i>13</i>
<i>dicloxacillin sodium cap 250 mg</i>	<i>158</i>
<i>dicloxacillin sodium cap 500 mg.....</i>	<i>158</i>
<i>dicyclomine hcl cap 10 mg</i>	<i>166</i>
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	<i>166</i>
<i>dicyclomine hcl tab 20 mg</i>	<i>167</i>
<i>diethylpropion hcl tab 25 mg</i>	<i>2</i>

<i>diethylpropion hcl tab er 24hr 75 mg.....</i>	<i>3</i>
DIFFERIN CRE 0.1%	100
DIFFERIN GEL 0.1%.....	100
DIFFERIN GEL 0.3% PMP	100
DIFICID SUS	132
DIFICID TAB 200MG	132
DIFLUCAN SUS 40MG/ML	52
DIFLUCAN TAB 100MG	52
DIFLUCAN TAB 150MG	52
DIFLUCAN TAB 200MG	52
<i>diflunisal tab 500 mg</i>	<i>17</i>
<i>difluprednate ophth emulsion 0.05%</i>	<i>156</i>
<i>digoxin oral soln 0.05 mg/ml.....</i>	<i>89</i>
<i>digoxin tab 125 mcg (0.125 mg)</i>	<i>89</i>
<i>digoxin tab 250 mcg (0.25 mg)</i>	<i>89</i>
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	<i>89</i>
DILANTIN-125 SUS 125/5ML.....	41
DILANTIN CAP 100MG.....	40
DILANTIN CAP 30MG	40
DILANTIN CHW 50MG.....	41
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DILAUDID TAB 2MG	17
DILAUDID TAB 4MG	17
DILAUDID TAB 8MG	17
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<i>diltiazem hcl cap er 12hr 60 mg</i>	<i>87</i>
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<i>econazole nitrate cream 1%</i>	102	<i>eltrombopag olamine tab 50 mg (base equiv)</i>	128
ECOZA AER 1%	102	<i>eltrombopag olamine tab 75 mg (base equiv)</i>	128
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<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	80	ENTEREG CAP 12MG	124
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EMTRIVA SOL 10MG/ML	81	ENTRESTO CAP 6-6MG	90
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<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	60	ENTRESTO TAB 97-103MG	90
<i>enalapril maleate oral soln 1 mg/ml</i>	56	ENTYVIO PEN INJ 108/0.68	122
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<i>enoxaparin sodium inj soln pref syr 100</i> <i>mg/ml</i>	34	<i>epinephrine hcl nasal soln 0.1%</i>	153
<i>enoxaparin sodium inj soln pref syr 120</i> <i>mg/0.8ml</i>	34	<i>epinephrine inj 1 mg/ml (1:1000)</i>	170
<i>enoxaparin sodium inj soln pref syr 150</i> <i>mg/ml</i>	34	<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i> <i>(1:1000)</i>	170
<i>enoxaparin sodium inj soln pref syr 30</i> <i>mg/0.3ml</i>	33	<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	171
<i>enoxaparin sodium inj soln pref syr 40</i> <i>mg/0.4ml</i>	33	<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	171
<i>enoxaparin sodium inj soln pref syr 60</i> <i>mg/0.6ml</i>	34	<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	171
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<i>erythromycin gel 2%</i>100	
<i>erythromycin ophth oint 5 mg/gm</i>155	
<i>erythromycin pads 2%</i>100	
<i>erythromycin soln 2%</i>100	
<i>erythromycin stearate tab 250 mg</i>132	
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estradiol td patch twice weekly 0.0375 mg/24hr	120
estradiol td patch twice weekly 0.05 mg/24hr	120
estradiol td patch twice weekly 0.075 mg/24hr	120
estradiol td patch twice weekly 0.1 mg/24hr	120
estradiol td patch weekly 0.025 mg/24hr	120
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<i>famotidine for susp 40 mg/5ml</i>	167	<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	18
<i>famotidine tab 40 mg</i>	167	<i>fentanyl citrate lozenge on a handle 200 mcg</i>	18
FARESTON TAB 60MG	66	<i>fentanyl citrate lozenge on a handle 400 mcg</i>	18
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<i>felbamate tab 400 mg</i>	40	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	18
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<i>2%</i>	157	<i>HYPO NEEDLE MIS 22GX1.5</i>	139
<i>hydrogen peroxide soln 30%</i>	79	<i>HYPO NEEDLE MIS 23GX1</i>	139
<i>hydromorphone hcl liqd 1 mg/ml</i>	19	<i>HYPO NEEDLE MIS 23GX1.5</i>	139
<i>hydromorphone hcl tab 2 mg</i>	19	<i>HYPO NEEDLE MIS 23GX3/4</i>	139
<i>hydromorphone hcl tab 4 mg</i>	19	<i>HYPO NEEDLE MIS 25GX1</i>	139
<i>hydromorphone hcl tab 8 mg</i>	19	<i>HYPO NEEDLE MIS 25GX1.25</i>	139
<i>hydromorphone hcl tab er 24hr 12 mg</i>	19	<i>HYPO NEEDLE MIS 25GX1.5</i>	139
<i>hydromorphone hcl tab er 24hr 16 mg</i>	19	<i>HYPO NEEDLE MIS 25GX2</i>	139
<i>hydromorphone hcl tab er 24hr 32 mg</i>	19	<i>HYPO NEEDLE MIS 25GX5/8</i>	139
<i>hydromorphone hcl tab er 24hr 8 mg</i>	19	<i>HYPO NEEDLE MIS 26GX1/2</i>	139
<i>HYDROMORPHON SUP 3MG</i>	19	<i>HYPO NEEDLE MIS 26GX1.5</i>	139
<i>hydroxychloroquine sulfate tab 200 mg</i> ...62		<i>HYPO NEEDLE MIS 27GX1/2</i>	139
<i>hydroxyurea cap 500 mg</i>	71	<i>HYPO NEEDLE MIS 27GX1.25</i>	139
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	27	<i>HYPO NEEDLE MIS 27GX1.5</i>	139
<i>hydroxyzine hcl tab 10 mg</i>	27	<i>HYPO NEEDLE MIS 30GX3/4</i>	139
<i>hydroxyzine hcl tab 25 mg</i>	27	<i>HYRIMOZ CD/ INJ UC/HS SP</i>	8
<i>hydroxyzine hcl tab 50 mg</i>	27	<i>HYRIMOZ INJ 20/0.2ML</i>	9
<i>hydroxyzine pamoate cap 100 mg</i>	27	<i>HYRIMOZ INJ 40/0.4ML</i>	9
<i>hydroxyzine pamoate cap 25 mg</i>	27	<i>HYRIMOZ INJ 40/0.8ML</i>	9
<i>hydroxyzine pamoate cap 50 mg</i>	27	<i>HYRIMOZ-PLAQ INJ PSORIASI</i>	10
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> 167		<i>HYRIMOZ SENS INJ 80/0.8ML</i>	9
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	167	<i>HYSINGLA ER TAB 100 MG</i>	19
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ...167		<i>HYSINGLA ER TAB 120 MG</i>	19
<i>hyoscyamine sulfate tab 0.125 mg</i>	167	<i>HYSINGLA ER TAB 20 MG</i>	19
<i>hyoscyamine sulfate tab disint 0.125 mg</i> 167		<i>HYSINGLA ER TAB 30 MG</i>	19
<i>HYPERSAL NEB 3.5%</i>	98	<i>HYSINGLA ER TAB 40 MG</i>	19
<i>HYPERSAL NEB 7%</i>	98	<i>HYSINGLA ER TAB 60 MG</i>	19
<i>HYPO NEEDLE MIS 14GX1</i>	138	<i>HYSINGLA ER TAB 80 MG</i>	19
<i>HYPO NEEDLE MIS 14GX1.5</i>	138		

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<i>ibandronate sodium tab 150 mg (base equivalent)</i>	114
IBRANCE CAP 100MG	68
IBRANCE CAP 125MG	68
IBRANCE CAP 75MG	68
IBRANCE TAB 100MG	68
IBRANCE TAB 125MG	68
IBRANCE TAB 75MG	68
IBTROZI CAP 200MG	68
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	13
<i>ibuprofen tab 400 mg</i>	13
<i>ibuprofen tab 600 mg</i>	13
<i>ibuprofen tab 800 mg</i>	13
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	126
IDHIFA TAB 100MG	68
IDHIFA TAB 50MG	68
ILEVRO DRO 0.3% OP	157
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	68
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	68
IMBRUVICA CAP 140MG	68
IMBRUVICA CAP 70MG	68
IMBRUVICA SUS 70MG/ML	68
IMBRUVICA TAB 140MG	68
IMBRUVICA TAB 280MG	68
IMBRUVICA TAB 420MG	68
<i>imipramine hcl tab 10 mg</i>	45
<i>imipramine hcl tab 25 mg</i>	45
<i>imipramine hcl tab 50 mg</i>	45
<i>imipramine pamoate cap 100 mg</i>	45
<i>imipramine pamoate cap 125 mg</i>	45
<i>imipramine pamoate cap 150 mg</i>	45
<i>imipramine pamoate cap 75 mg</i>	45
<i>imiquimod cream 3.75%</i>	109
<i>imiquimod cream 5%</i>	109
IMITREX INJ 4MG/0.5	145
IMITREX INJ 6MG/0.5	145
IMITREX SPR 20MG/ACT	145
IMITREX SPR 5MG/ACT	145
IMITREX TAB 100MG	145
IMITREX TAB 25MG	145
IMITREX TAB 50MG	145
IMPAVIDO CAP 50MG	24
IMURAN TAB 50MG	148
IMVEXXY MAIN SUP 10MCG	170
IMVEXXY MAIN SUP 4MCG	170
IMVEXXY STRT SUP 10MCG	170
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INBRIJA CAP 42MG	72
INCONTROL MIS 29GX12MM	139
INCONTROL PAD ALCOHOL	136
INCRELEX INJ 40MG/4ML	116
<i>indapamide tab 1.25 mg</i>	113
<i>indapamide tab 2.5 mg</i>	113
<i>indomethacin cap 25 mg</i>	13
<i>indomethacin cap 50 mg</i>	13
<i>indomethacin cap er 75 mg</i>	13
<i>indomethacin suppos 50 mg</i>	13
<i>indomethacin susp 25 mg/5ml</i>	14
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INFNTY VOICE LIQ LEVEL 2	135
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INGREZZA CAP 40MG	161
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INSUPEN MIS 29GX12MM	139
INTELENCE TAB 100MG	81
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IN TOUCH SOL GLUCOSE	135
INVEGA SUST INJ 117/0.75.....	75
INVEGA SUST INJ 156MG/ML.....	75
INVEGA SUST INJ 234/1.5	75
INVEGA SUST INJ 39/0.25	75
INVEGA SUST INJ 78/0.5ML	75
INVEGA TAB 3MG	75
INVEGA TAB 6MG	75
INVEGA TAB 9MG	75
iodoquinol-hc cream 1-1%.....	102
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%.....	102
IOPIDINE SOL 1% OP	154
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	32
ipratropium bromide inhal soln 0.02%	30
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	152
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	152
IQIRVO TAB 80MG	124
irbesartan-hydrochlorothiazide tab 150-12.5 mg	60
irbesartan-hydrochlorothiazide tab 300- 12.5 mg	60
irbesartan tab 150 mg	58
irbesartan tab 300 mg	58
irbesartan tab 75 mg	58
IRESSA TAB 250MG	65
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ISENTRESS TAB 400MG.....	81
isoniazid syrup 50 mg/5ml	63
isoniazid tab 100 mg	63
isoniazid tab 300 mg	63
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isosorbide dinitrate tab 20 mg	26
isosorbide dinitrate tab 30 mg	26
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isosorbide mononitrate tab 10 mg	26
isosorbide mononitrate tab 20 mg.....	26
isosorbide mononitrate tab er 24hr 120 mg	26
isosorbide mononitrate tab er 24hr 30 mg	26
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isotretinoin cap 10 mg.....	100
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isotretinoin cap 30 mg.....	100
isotretinoin cap 40 mg.....	100
isradipine cap 2.5 mg	87
isradipine cap 5 mg.....	87
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itraconazole oral soln 10 mg/ml	52
ivabradine hcl tab 5 mg (base equiv)	93
ivabradine hcl tab 7.5 mg (base equiv)	93
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KALETRA TAB 100-25MG.....	81
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KALYDECO GRA 5.8MG.....	164
KALYDECO PAK 25MG.....	164
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KALYDECO PAK 75MG.....	164
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KEPPRA TAB 1000MG.....	37
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<i>ketoconazole cream 2%.....</i>	<i>102</i>
<i>ketoconazole shampoo 2%.....</i>	<i>102</i>
<i>ketoconazole tab 200 mg.....</i>	<i>52</i>
<i>ketorolac tromethamine ophth soln 0.4%.....</i>	<i>157</i>
<i>ketorolac tromethamine ophth soln 0.5%.....</i>	<i>157</i>
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KLONOPIN TAB 0.5MG.....	35
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<i>labetalol hcl tab 200 mg.....</i>	<i>85</i>
<i>labetalol hcl tab 300 mg.....</i>	<i>85</i>
<i>labetalol hcl tab 400 mg.....</i>	<i>85</i>
<i>lacosamide oral solution 10 mg/ml.....</i>	<i>37</i>
<i>lacosamide tab 100 mg.....</i>	<i>37</i>
<i>lacosamide tab 150 mg.....</i>	<i>37</i>
<i>lacosamide tab 200 mg.....</i>	<i>37</i>
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<i>lactulose (encephalopathy) solution 10 gm/15ml.....</i>	<i>124</i>
<i>lactulose oral crystal packet 10 gm.....</i>	<i>131</i>
<i>lactulose oral crystal packet 20 gm.....</i>	<i>131</i>
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LAMICTAL ODT TAB 25MG	37	<i>100mg titration kit</i>	38
LAMICTAL ODT TAB 50MG	37	<i>lamotrigine tab er 24hr 100 mg</i>	38
LAMICTAL TAB 100MG	37	<i>lamotrigine tab er 24hr 200 mg</i>	38
LAMICTAL TAB 150MG	37	<i>lamotrigine tab er 24hr 250 mg</i>	38
LAMICTAL TAB 200MG	37	<i>lamotrigine tab er 24hr 25 mg</i>	38
LAMICTAL TAB 25MG	37	<i>lamotrigine tab er 24hr 300 mg</i>	38
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LAMICTAL XR TAB 100MG	37	LAMPIT TAB 120MG	25
LAMICTAL XR TAB 200MG	37	LAMPIT TAB 30MG	25
LAMICTAL XR TAB 250MG	37	LANOXIN TAB 0.0625MG	89
LAMICTAL XR TAB 25MG	37	<i>lansoprazole cap delayed release 15 mg</i>	168
LAMICTAL XR TAB 300MG	37	<i>lansoprazole cap delayed release 30 mg</i>	168
LAMICTAL XR TAB 50MG	37	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	
<i>lamivudine oral soln 10 mg/ml</i>	81	<i>.....</i>	69
<i>lamivudine tab 100 mg (hbv)</i>	83	LASIX TAB 20MG	113
<i>lamivudine tab 150 mg</i>	81	LASIX TAB 40MG	113
<i>lamivudine tab 300 mg</i>	81	LASIX TAB 80MG	113
<i>lamivudine-zidovudine tab 150-300 mg</i>	81	<i>latanoprost ophth soln 0.005%</i>	157
<i>lamotrigine orally disintegrating tab 100 mg</i>		<i>leflunomide tab 10 mg</i>	15
<i>.....</i>	37	<i>leflunomide tab 20 mg</i>	15
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<i>.....</i>	37	<i>lenalidomide cap 15 mg</i>	148
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<i>lamotrigine tab 150 mg</i>	38	LENVIMA CAP 12MG	65
<i>lamotrigine tab 200 mg</i>	38	LENVIMA CAP 14 MG	65
<i>lamotrigine tab 25 mg</i>	37	LENVIMA CAP 18 MG	65
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		LENVIMA CAP 20 MG	65
<i>starter kit</i>	38	LENVIMA CAP 24 MG	65
<i>lamotrigine tab 35 x 25 mg starter kit</i>	38	LENVIMA CAP 4MG	65
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		LENVIMA CAP 8 MG	65
<i>starter kit</i>	38	<i>letrozole tab 2.5 mg</i>	66
<i>lamotrigine tab chewable dispersible 25 mg</i>		<i>leucovorin calcium tab 10 mg</i>	71
<i>.....</i>	38	<i>leucovorin calcium tab 15 mg</i>	71
<i>lamotrigine tab chewable dispersible 5 mg</i>		<i>leucovorin calcium tab 25 mg</i>	71
<i>.....</i>	38	<i>leucovorin calcium tab 5 mg</i>	71
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50</i>		LEUKERAN TAB 2MG	64
<i>mg titration kit</i>	38	LEUKINE INJ 250MCG	128
<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i>		<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>	
<i>100 mg (7) kit</i>	38	<i>mg/ml)</i>	66

levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	32	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	95
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	32	levonorgestrel tab 1.5 mg.....	96
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	32	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	94
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	32	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	94
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....	32	levothyroxine sodium tab 100 mcg	166
levamlodipine maleate tab 2.5 mg.....	87	levothyroxine sodium tab 112 mcg	166
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levetiracetam oral soln 100 mg/ml	38	levothyroxine sodium tab 150 mcg	166
levetiracetam tab 1000 mg.....	38	levothyroxine sodium tab 175 mcg	166
levetiracetam tab 250 mg.....	38	levothyroxine sodium tab 200 mcg	166
levetiracetam tab 500 mg.....	38	levothyroxine sodium tab 25 mcg.....	166
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levetiracetam tab er 24hr 750 mg	38	levothyroxine sodium tab 75 mcg.....	166
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levofloxacin oral soln 25 mg/ml	121	lidocaine hcl urethral/mucosal gel 2% ...	110
levofloxacin tab 250 mg	121	lidocaine hcl urethral/mucosal gel prefilled syringe 2%	110
levofloxacin tab 500 mg	121	lidocaine hcl viscous soln 2%	150
levofloxacin tab 750 mg	121	lidocaine oint 5%.....	110
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....	94	lidocaine patch 5%	110
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	94	lidocaine-prilocaine cream 2.5-2.5%	110
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	94	LIDODERM DIS 5% PATCH	110
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	94	linezolid for susp 100 mg/5ml	26
levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg.....	94	linezolid tab 600 mg	26
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		liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml).....	4

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<i>lisdexamfetamine dimesylate cap 20 mg</i> ...	2	LOCOID LOT 0.1%	107
<i>lisdexamfetamine dimesylate cap 30 mg</i> ...	2	LODOSYN TAB 25MG	71
<i>lisdexamfetamine dimesylate cap 40 mg</i> ...	2	<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	159
<i>lisdexamfetamine dimesylate cap 50 mg</i> ...	2	LOKELMA PAK 10GM	149
<i>lisdexamfetamine dimesylate cap 60 mg</i> ...	2	LOKELMA PAK 5GM	149
<i>lisdexamfetamine dimesylate cap 70 mg</i> ...	2	LO LOESTRIN TAB 1-10-10.....	95
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	LOMOTIL TAB 2.5MG.....	50
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<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	<i>lopinavir-ritonavir tab 100-25 mg</i>	81
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	60	<i>lopinavir-ritonavir tab 200-50 mg</i>	81
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	60	LOPRESSOR SOL 10MG/ML.....	85
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	60	LOPRESSOR TAB 100MG.....	85
<i>lisinopril tab 10 mg</i>	57	LOPRESSOR TAB 50MG	85
<i>lisinopril tab 2.5 mg</i>	57	<i>lorazepam conc 2 mg/ml</i>	28
<i>lisinopril tab 20 mg</i>	57	<i>lorazepam tab 0.5 mg</i>	28
<i>lisinopril tab 30 mg</i>	57	<i>lorazepam tab 1 mg</i>	28
<i>lisinopril tab 40 mg</i>	57	<i>lorazepam tab 2 mg</i>	28
<i>lisinopril tab 5 mg</i>	57	LORBRENA TAB 100MG.....	69
LITFULO CAP 50MG	109	LORBRENA TAB 25MG	69
<i>lithium carbonate cap 150 mg</i>	74	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	61
<i>lithium carbonate cap 300 mg</i>	74	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	61
<i>lithium carbonate cap 600 mg</i>	74	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	61
<i>lithium carbonate tab 300 mg</i>	74	<i>losartan potassium tab 100 mg</i>	58
<i>lithium carbonate tab er 300 mg</i>	74	<i>losartan potassium tab 25 mg</i>	58
<i>lithium carbonate tab er 450 mg</i>	74	<i>losartan potassium tab 50 mg</i>	58
<i>lithium oral solution 8 meq/5ml</i>	74	LOTENSIN HCT TAB 10-12.5	61
LITHOBID TAB 300MG CR.....	74	LOTENSIN HCT TAB 20-12.5.....	61
LIVMARLI SOL 19MG/ML	122	LOTENSIN HCT TAB 20-25MG.....	61
LIVMARLI SOL 9.5MG/ML.....	122	LOTENSIN TAB 10MG.....	57
		LOTENSIN TAB 20MG	57
		LOTENSIN TAB 40MG.....	57
		<i>loteprednol etabonate ophth gel 0.5%</i> ..	156
		<i>loteprednol etabonate ophth susp 0.2%</i>	156
		<i>loteprednol etabonate ophth susp 0.5%</i>	156

LOTREL CAP 10-20MG	61
LOTREL CAP 10-40MG	61
LOTREL CAP 5-10MG.....	61
LOTREL CAP 5-20MG.....	61
LOTRONEX TAB 0.5MG.....	124
LOTRONEX TAB 1MG.....	124
<i>lovastatin tab 10 mg</i>	55
<i>lovastatin tab 20 mg</i>	55
<i>lovastatin tab 40 mg</i>	55
LOVAZA CAP 1GM	53
LOVENOX INJ 100MG/ML.....	34
LOVENOX INJ 120/0.8	34
LOVENOX INJ 150MG/ML.....	34
LOVENOX INJ 30/0.3ML	34
LOVENOX INJ 300/3ML	34
LOVENOX INJ 40/0.4ML.....	34
LOVENOX INJ 60/0.6ML.....	34
LOVENOX INJ 80/0.8ML.....	34
<i>loxapine succinate cap 10 mg</i>	77
<i>loxapine succinate cap 25 mg</i>	77
<i>loxapine succinate cap 50 mg</i>	77
<i>loxapine succinate cap 5 mg</i>	77
<i>lubiprostone cap 24 mcg</i>	121
<i>lubiprostone cap 8 mcg</i>	121
LUER-LOCK MIS SYRG 3ML	140
LUGOLS SOL IODINE.....	80
LUMAKRAS TAB 120MG	69
LUMAKRAS TAB 240MG	69
LUMAKRAS TAB 320MG.....	69
LUMIGAN SOL 0.01% OP	157
<i>lurasidone hcl tab 120 mg</i>	75
<i>lurasidone hcl tab 20 mg</i>	74
<i>lurasidone hcl tab 40 mg</i>	74
<i>lurasidone hcl tab 60 mg</i>	74
<i>lurasidone hcl tab 80 mg</i>	74
LURBIPR TAB 100MG.....	14
LUZU CRE 1%	102
LYNPARZA TAB 100MG.....	69
LYNPARZA TAB 150MG	69
LYSODREN TAB 500MG.....	66
LYVISPAH GRA 10MG.....	151
LYVISPAH GRA 20MG	151
LYVISPAH GRA 5MG	151

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MACROBID CAP 100MG.....	26
<i>mafenide acetate packet for topical soln</i> 5% (50 gm)	105
MAGELLAN SYR MIS 23GX1	140
MALARONE TAB 250-100	62
MALARONE TAB 62.5-25	62
<i>malathion lotion 0.5%</i>	111
<i>maraviroc tab 150 mg</i>	81
<i>maraviroc tab 300 mg</i>	81
MAR-COF CG LIQ 225-7.5.....	98
MARINOL CAP 10MG	51
MARINOL CAP 2.5MG.....	51
MARINOL CAP 5MG.....	51
MARPLAN TAB 10MG.....	42
MASONATAL TAB.....	151
MATULANE CAP 50MG	71
MAVENCLAD PAK 10MG(10)	162
MAVENCLAD PAK 10MG(4).....	162
MAVENCLAD PAK 10MG(5).....	162
MAVENCLAD PAK 10MG(6).....	162
MAVENCLAD PAK 10MG(7)	162
MAVENCLAD PAK 10MG(8).....	162
MAVENCLAD PAK 10MG(9).....	162
MAXITROL OIN 0.1% OP	156
MAXITROL SUS 0.1% OP	156
MAXZIDE-25 TAB	112
MAXZIDE TAB 75-50	112
MAYZENT PAK STARTER.....	162
MAYZENT TAB 0.25MG.....	162
MAYZENT TAB 1MG	162
MAYZENT TAB 2MG.....	162
<i>meclizine hcl tab 50 mg</i>	51
<i>meclofenamate sodium cap 100 mg</i>	14
<i>meclofenamate sodium cap 50 mg</i>	14
MEDROL TAB 16MG.....	97
MEDROL TAB 2MG	97
MEDROL TAB 4MG	97
MEDROL TAB 8MG	97
<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i>	96
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	96

<i>medroxyprogesterone acetate tab 10 mg</i>	
.....	159
<i>medroxyprogesterone acetate tab 2.5 mg</i>	
.....	159
<i>medroxyprogesterone acetate tab 5 mg</i>	159
<i>mefenamic acid cap 250 mg</i>	14
<i>mefloquine hcl tab 250 mg</i>	63
<i>megestrol acetate susp 40 mg/ml</i>	66
<i>megestrol acetate susp 625 mg/5ml</i>	159
<i>megestrol acetate tab 20 mg</i>	66
<i>megestrol acetate tab 40 mg</i>	66
<i>MEKINIST SOL 0.05/ML</i>	69
<i>MEKINIST TAB 0.5MG</i>	69
<i>MEKINIST TAB 2MG</i>	69
<i>MEKTOVI TAB 15MG</i>	69
<i>meloxicam susp 7.5 mg/5ml</i>	14
<i>meloxicam tab 15 mg</i>	14
<i>meloxicam tab 7.5 mg</i>	14
<i>melphalan tab 2 mg</i>	64
<i>memantine hcl cap er 24hr 14 mg</i>	160
<i>memantine hcl cap er 24hr 21 mg</i>	160
<i>memantine hcl cap er 24hr 28 mg</i>	160
<i>memantine hcl cap er 24hr 7 mg</i>	160
<i>memantine hcl-donepezil hcl cap er 24hr</i>	
14-10 mg	160
<i>memantine hcl-donepezil hcl cap er 24hr</i>	
21-10 mg	160
<i>memantine hcl-donepezil hcl cap er 24hr</i>	
28-10 mg	160
<i>memantine hcl oral solution 2 mg/ml</i>	160
<i>memantine hcl tab 10 mg</i>	160
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
<i>titration pack</i>	160
<i>memantine hcl tab 5 mg</i>	160
<i>MENOPUR INJ 75UNIT</i>	115
<i>MENOSTAR DIS 14MCG</i>	120
<i>meperidine hcl oral soln 50 mg/5ml</i>	19
<i>meperidine hcl tab 50 mg</i>	19
<i>meprobamate tab 200 mg</i>	27
<i>meprobamate tab 400 mg</i>	27
<i>MEPRON SUS</i>	25
<i>mercaptopurine susp 2000 mg/100ml (20</i>	
<i>mg/ml)</i>	64
<i>mercaptopurine tab 50 mg</i>	64
<i>mesalamine cap dr 400 mg</i>	122
<i>mesalamine cap er 24hr 0.375 gm</i>	122
<i>mesalamine cap er 500 mg</i>	122
<i>mesalamine enema 4 gm</i>	122
<i>mesalamine rectal enema 4 gm & cleanser</i>	
<i>wipe kit</i>	122
<i>mesalamine suppos 1000 mg</i>	122
<i>mesalamine tab delayed release 1.2 gm</i>	122
<i>mesalamine tab delayed release 800 mg</i>	
.....	122
<i>mesna tab 400 mg</i>	71
<i>MESNEX TAB 400MG</i>	71
<i>MESTINON SOL 60MG/5ML</i>	63
<i>MESTINON TAB 60MG</i>	63
<i>MESTINON TAB TIMESPAN</i>	63
<i>metaxalone tab 800 mg</i>	151
<i>metformin hcl oral soln 500 mg/5ml</i>	47
<i>metformin hcl tab 1000 mg</i>	47
<i>metformin hcl tab 500 mg</i>	47
<i>metformin hcl tab 850 mg</i>	47
<i>metformin hcl tab er 24hr 500 mg</i>	47
<i>metformin hcl tab er 24hr 750 mg</i>	47
<i>methadone hcl conc 10 mg/ml</i>	19
<i>methadone hcl soln 10 mg/5ml</i>	19
<i>methadone hcl soln 5 mg/5ml</i>	19
<i>methadone hcl tab 10 mg</i>	19
<i>methadone hcl tab 5 mg</i>	19
<i>methadone hcl tab for oral susp 40 mg</i>	19
<i>METHADOSE CON 10MG/ML</i>	19
<i>METHADOSE SF CON 10MG/ML</i>	19
<i>methamphetamine hcl tab 5 mg</i>	2
<i>methazolamide tab 25 mg</i>	112
<i>methazolamide tab 50 mg</i>	112
<i>methenamine hippurate tab 1 gm</i>	26
<i>methenamine-hyoscamine-meth blue-sod</i>	
<i>phos tab 81.6 mg</i>	25
<i>methenamine-hyosc-meth blue-sod phos-</i>	
<i>phen sal cap 118 mg</i>	25
<i>methenamine-hyosc-meth blue-sod phos-</i>	
<i>phen sal tab 81 mg</i>	25
<i>methenamine mandelate tab 0.5 gm</i>	26
<i>methenamine mandelate tab 1 gm</i>	26
<i>methimazole tab 10 mg</i>	165
<i>methimazole tab 5 mg</i>	165

<i>methocarbamol tab 1000 mg</i>	152
<i>methocarbamol tab 500 mg</i>	151
<i>methocarbamol tab 750 mg</i>	151
<i>methotrexate sodium for inj 1 gm</i>	64
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	64
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	64
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	64
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	64
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	64
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	64
<i>methoxsalen rapid cap 10 mg</i>	103
<i>methscopolamine bromide tab 2.5 mg</i> ...	167
<i>methscopolamine bromide tab 5 mg</i>	167
<i>methsuximide cap 300 mg</i>	41
<i>methylergonovine maleate tab 0.2 mg</i>	158
<i>METHYLIN SOL 10MG/5ML</i>	5
<i>METHYLIN SOL 5MG/5ML</i>	5
<i>methylphenidate hcl cap er 10 mg (cd)</i>	5
<i>methylphenidate hcl cap er 20 mg (cd)</i>	5
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	5
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	5
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	5
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	5
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	5
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	5
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	5
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	5
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	6
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	6
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	6
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	6
<i>methylphenidate hcl cap er 30 mg (cd)</i>	6
<i>methylphenidate hcl cap er 40 mg (cd)</i>	6
<i>methylphenidate hcl cap er 50 mg (cd)</i>	6
<i>methylphenidate hcl cap er 60 mg (cd)</i>	6
<i>methylphenidate hcl chew tab 10 mg</i>	6
<i>methylphenidate hcl chew tab 2.5 mg</i>	6
<i>methylphenidate hcl chew tab 5 mg</i>	6
<i>methylphenidate hcl soln 10 mg/5ml</i>	6
<i>methylphenidate hcl soln 5 mg/5ml</i>	6
<i>methylphenidate hcl tab 10 mg</i>	6
<i>methylphenidate hcl tab 20 mg</i>	6
<i>methylphenidate hcl tab 5 mg</i>	6
<i>methylphenidate hcl tab er 10 mg</i>	6
<i>methylphenidate hcl tab er 20 mg</i>	6
<i>methylphenidate hcl tab er 24hr 18 mg</i>	6
<i>methylphenidate hcl tab er 24hr 27 mg</i>	6
<i>methylphenidate hcl tab er 24hr 36 mg</i>	6
<i>methylphenidate hcl tab er 24hr 54 mg</i>	6
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	6
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	6
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	6
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	6
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	6
<i>methylphenidate td patch 10 mg/9hr</i>	6
<i>methylphenidate td patch 15 mg/9hr</i>	6
<i>methylphenidate td patch 20 mg/9hr</i>	6
<i>methylphenidate td patch 30 mg/9hr</i>	6
<i>methylprednisolone tab 16 mg</i>	97
<i>methylprednisolone tab 32 mg</i>	97
<i>methylprednisolone tab 4 mg</i>	97
<i>methylprednisolone tab 8 mg</i>	97
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	97

<i>methyltestosterone cap 10 mg</i>	23	<i>mexiletine hcl cap 150 mg</i>	28
<i>methyltestosterone oral tab 10 mg</i>	23	<i>mexiletine hcl cap 200 mg</i>	28
<i>metoclopramide hcl orally disintegrating</i>		<i>mexiletine hcl cap 250 mg</i>	28
<i>tab 5 mg (base eq)</i>	121	<i>miconazole nitrate vaginal suppos 200 mg</i>	
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		.....	170
<i>mg/10ml) (base equiv)</i>	122	<i>miconazole-zinc oxide-white petrolatum</i>	
<i>metoclopramide hcl tab 10 mg (base</i>		<i>oint 0.25-15-81.35%</i>	102
<i>equivalent)</i>	122	<i>MICROCHAMBER MIS</i>	144
<i>metoclopramide hcl tab 5 mg (base</i>		<i>MICRODOT CON SOL HIGH/LOW</i>	135
<i>equivalent)</i>	122	<i>MICROSPACER MIS</i>	144
<i>metolazone tab 10 mg</i>	113	<i>midodrine hcl tab 10 mg</i>	171
<i>metolazone tab 2.5 mg</i>	113	<i>midodrine hcl tab 2.5 mg</i>	171
<i>metolazone tab 5 mg</i>	113	<i>midodrine hcl tab 5 mg</i>	171
<i>metoprolol & hydrochlorothiazide tab 100-</i>		<i>MIFEPREX TAB 200MG</i>	118
<i>25 mg</i>	61	<i>mifepristone tab 200 mg</i>	118
<i>metoprolol & hydrochlorothiazide tab 100-</i>		<i>mifepristone tab 300 mg</i>	47
<i>50 mg</i>	61	<i>miglitol tab 100 mg</i>	46
<i>metoprolol & hydrochlorothiazide tab 50-25</i>		<i>miglitol tab 25 mg</i>	46
<i>mg</i>	61	<i>miglitol tab 50 mg</i>	46
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>miglustat cap 100 mg</i>	127
<i>(tartrate equiv)</i>	85	<i>MIGRANAL SPR 4MG/ML</i>	145
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>MINIPRESS CAP 1MG</i>	59
<i>(tartrate equiv)</i>	86	<i>MINIPRESS CAP 2MG</i>	59
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>MINIPRESS CAP 5MG</i>	59
<i>(tartrate equiv)</i>	85	<i>minocycline hcl cap 100 mg</i>	165
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>minocycline hcl cap 50 mg</i>	165
<i>(tartrate equiv)</i>	85	<i>minocycline hcl cap 75 mg</i>	165
<i>metoprolol tartrate tab 100 mg</i>	86	<i>minocycline hcl tab 100 mg</i>	165
<i>metoprolol tartrate tab 25 mg</i>	86	<i>minocycline hcl tab 50 mg</i>	165
<i>metoprolol tartrate tab 37.5 mg</i>	86	<i>minocycline hcl tab 75 mg</i>	165
<i>metoprolol tartrate tab 50 mg</i>	86	<i>minoxidil tab 10 mg</i>	62
<i>metoprolol tartrate tab 75 mg</i>	86	<i>minoxidil tab 2.5 mg</i>	62
<i>METROCREAM CRE 0.75%</i>	110	<i>mirabegron tab er 24 hr 25 mg</i>	169
<i>METROGEL GEL 1%</i>	110	<i>mirabegron tab er 24 hr 50 mg</i>	169
<i>METROLOTION LOT 0.75%</i>	110	<i>MIRAPEX ER TAB 0.375MG</i>	72
<i>metronidazole cap 375 mg</i>	24	<i>MIRAPEX ER TAB 0.75MG</i>	72
<i>metronidazole cream 0.75%</i>	110	<i>MIRAPEX ER TAB 1.5MG</i>	73
<i>metronidazole gel 0.75%</i>	111	<i>MIRAPEX ER TAB 2.25MG</i>	73
<i>metronidazole gel 1%</i>	111	<i>MIRAPEX ER TAB 3.75MG</i>	73
<i>metronidazole lotion 0.75%</i>	111	<i>MIRAPEX ER TAB 3MG</i>	73
<i>metronidazole tab 250 mg</i>	24	<i>MIRAPEX ER TAB 4.5MG</i>	73
<i>metronidazole tab 500 mg</i>	24	<i>mirtazapine orally disintegrating tab 15 mg</i>	
<i>metronidazole vaginal gel 0.75%</i>	170	.....	41
<i>metirosine cap 250 mg</i>	57		

<i>mirtazapine orally disintegrating tab 30 mg</i>		<i>morphine sulfate cap er 24hr 10 mg</i>	19
.....	41	<i>morphine sulfate cap er 24hr 20 mg</i>	19
<i>mirtazapine orally disintegrating tab 45 mg</i>		<i>morphine sulfate cap er 24hr 30 mg</i>	19
.....	41	<i>morphine sulfate cap er 24hr 50 mg</i>	19
<i>mirtazapine tab 15 mg</i>	41	<i>morphine sulfate cap er 24hr 60 mg</i>	19
<i>mirtazapine tab 30 mg</i>	41	<i>morphine sulfate cap er 24hr 80 mg</i>	19
<i>mirtazapine tab 45 mg</i>	41	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>mirtazapine tab 7.5 mg</i>	41	<i>mg/ml)</i>	20
<i>misoprostol tab 100 mcg</i>	168	<i>morphine sulfate oral soln 10 mg/5ml</i>	19
<i>misoprostol tab 200 mcg</i>	168	<i>morphine sulfate oral soln 20 mg/5ml</i>	20
MITOSOL KIT 0.2MG.....	155	<i>morphine sulfate suppos 10 mg</i>	20
MM PENTIPS MIS 29GX12MM	140	<i>morphine sulfate suppos 20 mg</i>	20
<i>modafinil tab 100 mg</i>	6	<i>morphine sulfate suppos 30 mg</i>	20
<i>modafinil tab 200 mg</i>	6	<i>morphine sulfate suppos 5 mg</i>	20
<i>moexipril hcl tab 15 mg</i>	57	<i>morphine sulfate tab 15 mg</i>	20
<i>moexipril hcl tab 7.5 mg</i>	57	<i>morphine sulfate tab 30 mg</i>	20
<i>molindone hcl tab 10 mg</i>	78	<i>morphine sulfate tab er 100 mg</i>	20
<i>molindone hcl tab 25 mg</i>	78	<i>morphine sulfate tab er 15 mg</i>	20
<i>molindone hcl tab 5 mg</i>	78	<i>morphine sulfate tab er 200 mg</i>	20
<i>mometasone furoate cream 0.1%</i>	107	<i>morphine sulfate tab er 30 mg</i>	20
<i>mometasone furoate oint 0.1%</i>	107	<i>morphine sulfate tab er 60 mg</i>	20
<i>mometasone furoate solution 0.1% (lotion)</i>		MOUNJARO INJ 10MG/0.5	48
.....	108	MOUNJARO INJ 12.5/0.5	48
<i>montelukast sodium chew tab 4 mg (base</i>		MOUNJARO INJ 15MG/0.5	48
<i>equiv)</i>	30	MOUNJARO INJ 2.5/0.5	47
<i>montelukast sodium chew tab 5 mg (base</i>		MOUNJARO INJ 5MG/0.5	47
<i>equiv)</i>	30	MOUNJARO INJ 7.5/0.5	48
<i>montelukast sodium oral granules packet 4</i>		MOVANTIK TAB 12.5MG.....	124
<i>mg (base equiv)</i>	30	MOVANTIK TAB 25MG	124
<i>montelukast sodium tab 10 mg (base equiv)</i>		<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i>	
.....	30	<i>(2 times daily)</i>	155
<i>morphine sulfate beads cap er 24hr 120 mg</i>		<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
.....	19	<i>equiv)</i>	155
<i>morphine sulfate beads cap er 24hr 30 mg</i>		<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	
.....	19	.....	121
<i>morphine sulfate beads cap er 24hr 45 mg</i>		MS CONTIN TAB 100MG ER.....	20
.....	19	MS CONTIN TAB 15MG ER	20
<i>morphine sulfate beads cap er 24hr 60 mg</i>		MS CONTIN TAB 200MG ER	20
.....	19	MS CONTIN TAB 30MG ER	20
<i>morphine sulfate beads cap er 24hr 75 mg</i>		MS CONTIN TAB 60MG ER	20
.....	19	MULPLETA TAB 3MG.....	128
<i>morphine sulfate beads cap er 24hr 90 mg</i>		MULTAQ TAB 400MG	29
.....	19	<i>mupirocin oint 2%</i>	101
<i>morphine sulfate cap er 24hr 100 mg</i>	19	MUSE SUP 1000MCG	91

MUSE SUP 250MCG.....	91
MUSE SUP 500MCG.....	91
MYALEPT INJ 11.3MG	116
MYAMBUTOL TAB 400MG.....	63
MYCOBUTIN CAP 150MG.....	63
<i>mycophenolate mofetil cap 250 mg</i>	149
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	149
<i>mycophenolate mofetil tab 500 mg</i>	149
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	149
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	149
MYFEMBREE TAB.....	119
MYFORTIC TAB 180MG.....	149
MYFORTIC TAB 360MG	149
MYGLUCOHEALT SOL LO/NL/HI	135
MYLERAN TAB 2MG.....	64
MYRBETRIQ SUS 8MG/ML	169
MYRBETRIQ TAB 25MG	169
MYRBETRIQ TAB 50MG	169
MYSOLINE TAB 250MG	38
MYSOLINE TAB 50MG	38

N

<i>nabumetone tab 500 mg</i>	14
<i>nabumetone tab 750 mg</i>	14
<i>nadolol tab 20 mg</i>	86
<i>nadolol tab 40 mg</i>	86
<i>nadolol tab 80 mg</i>	86
NA FL/K NITR GEL 1.1-5%	150
<i>naftifine hcl cream 1%</i>	102
<i>naftifine hcl cream 2%</i>	102
<i>naftifine hcl gel 2%</i>	102
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<i>naloxone hcl inj 4 mg/10ml</i>	50
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	50
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	50
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	50

<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	50
<i>naltrexone hcl tab 50 mg</i>	50
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NAMENDA XR CAP 21MG	160
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<i>naproxen sodium tab 550 mg</i>	14
<i>naproxen tab 250 mg</i>	14
<i>naproxen tab 375 mg</i>	14
<i>naproxen tab 500 mg</i>	14
<i>naproxen tab ec 375 mg</i>	14
<i>naproxen tab ec 500 mg</i>	14
<i>naratriptan hcl tab 1 mg (base equiv)</i>	145
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ..	146
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<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	86
<i>nebivolol hcl tab 20 mg (base equivalent)</i> ..	86
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neomycin-polymyxin-dexamethasone ophth susp 0.1%	156
neomycin-polymyxin-hc ophth susp	156
neomycin-polymyxin-hc otic soln 1%	157
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NITRO-DUR DIS 0.2MG/HR.....	27	NORDITROPIN INJ 30/3ML.....	115
NITRO-DUR DIS 0.3MG/HR.....	27	NORDITROPIN INJ 5/1.5ML.....	115
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NITRO-DUR DIS 0.6MG/HR.....	27	150-35 mcg/24hr	96
NITRO-DUR DIS 0.8MG/HR.....	27	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>		tab 0.4 mg-35 mcg	95
.....	26	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>		tab 0.8 mg-25 mcg	95
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<i>nitrofurantoin monohydrate</i>		mg-35 mcg.....	95
<i>macrocrystalline cap 100 mg</i>	26	<i>norethindrone & ethinyl estradiol tab 1 mg-</i>	
<i>nitrofurantoin susp 25 mg/5ml</i>	26	35 mcg.....	95
<i>nitroglycerin cap er 2.5 mg</i>	27	<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>nitroglycerin cap er 6.5 mg</i>	27	1.5 mg-30 mcg.....	95
<i>nitroglycerin cap er 9 mg</i>	27	<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>nitroglycerin oint 0.4%</i>	24	1 mg-20 mcg	95
<i>nitroglycerin sl tab 0.3 mg</i>	27	<i>norethindrone ace & ethinyl estradiol tab 1.5</i>	
<i>nitroglycerin sl tab 0.4 mg</i>	27	mg-30 mcg	95
<i>nitroglycerin sl tab 0.6 mg</i>	27	<i>norethindrone ace & ethinyl estradiol tab 1</i>	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	27	mg-20 mcg	95
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	27	<i>norethindrone ace-eth estradiol-fe chew</i>	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	27	tab 1 mg-20 mcg (24)	95
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	27	<i>norethindrone ace-ethinyl estradiol-fe cap 1</i>	
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		mg-20 mcg (24)	95
<i>mcg/spray)</i>	27	<i>norethindrone ace-ethinyl estradiol-fe tab 1</i>	
NITROLINGUAL SPR 400MCG.....	27	mg-20 mcg (24)	95
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NITROSTAT SUB 0.4MG.....	27	0.5 mg-2.5 mcg	119
NITROSTAT SUB 0.6MG.....	27	<i>norethindrone acetate-ethinyl estradiol tab</i>	
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NIVESTYM INJ 300MCG	129	<i>norethindrone-eth estradiol tab 0.5-</i>	
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<i>nizatidine cap 150 mg</i>	167	35/0.5-35 mg-mcg	95
<i>nizatidine cap 300 mg</i>	167	<i>norethindrone tab 0.35 mg</i>	96

<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	95
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	95
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	95
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	95
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NORPRAMIN TAB 10MG	45
NORPRAMIN TAB 25MG	45
<i>nortriptyline hcl cap 10 mg</i>	45
<i>nortriptyline hcl cap 25 mg</i>	45
<i>nortriptyline hcl cap 50 mg</i>	45
<i>nortriptyline hcl cap 75 mg</i>	45
<i>nortriptyline hcl soln 10 mg/5ml</i>	45
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NUCYNTA ER TAB 250MG	20
NUCYNTA ER TAB 50MG	20
NUCYNTA TAB 100MG	20
NUCYNTA TAB 50MG	20
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<i>nystatin oint 100000 unit/gm</i>	102
<i>nystatin susp 100000 unit/ml</i>	150
<i>nystatin tab 500000 unit</i>	52
<i>nystatin topical powder 100000 unit/gm</i>	102
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	102
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<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	118
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	118
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	118
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	118
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	118
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ORAPRED ODT TAB 10MG.....	97	<i>oxaprozin cap 300 mg</i>	14
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ORAPRED ODT TAB 30MG.....	97	<i>oxazepam cap 10 mg</i>	28
ORAVIG TAB 50MG.....	150	<i>oxazepam cap 15 mg</i>	28
ORENCIA CLCK INJ 125MG/ML	15	<i>oxazepam cap 30 mg</i>	28
ORENCIA INJ 125MG/ML	16	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
ORENCIA INJ 50/0.4ML	16	<i>mg/ml)</i>	38
ORENCIA INJ 87.5/0.7	16	<i>oxcarbazepine tab 150 mg</i>	38
ORFADIN CAP 10MG	116	<i>oxcarbazepine tab 300 mg</i>	38
ORFADIN CAP 20MG.....	116	<i>oxcarbazepine tab 600 mg</i>	38
ORFADIN CAP 2MG	116	<i>oxcarbazepine tab er 24hr 150 mg</i>	38
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ORLYNVAH TAB 500-500	26	<i>oxybutynin chloride tab er 24hr 10 mg</i>169	
<i>orphenadrine citrate tab er 12hr 100 mg</i> .152		<i>oxybutynin chloride tab er 24hr 15 mg</i>169	
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>oxybutynin chloride tab er 24hr 5 mg</i>169	
<i>equiv)</i>	84	<i>oxycodone hcl cap 5 mg</i>	20
<i>oseltamivir phosphate cap 45 mg (base</i>		<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>equiv)</i>	84	<i>mg/ml)</i>	20
<i>oseltamivir phosphate cap 75 mg (base</i>		<i>oxycodone hcl soln 5 mg/5ml</i>	20
<i>equiv)</i>	84	<i>oxycodone hcl tab 10 mg</i>	20
<i>oseltamivir phosphate for susp 6 mg/ml</i>		<i>oxycodone hcl tab 15 mg</i>	20
<i>(base equiv)</i>	84	<i>oxycodone hcl tab 20 mg</i>	20
OTEZLA TAB 10/20.....	15	<i>oxycodone hcl tab 30 mg</i>	20
OTEZLA TAB 10/20/30	15	<i>oxycodone hcl tab 5 mg</i>	20
OTEZLA TAB 20MG	15	<i>oxycodone hcl tab er 12hr deter 10 mg</i>20	
OTEZLA TAB 30MG	15	<i>oxycodone hcl tab er 12hr deter 20 mg</i>20	
OVACE PLUS CRE 10%.....	105	<i>oxycodone hcl tab er 12hr deter 40 mg</i>20	
OVACE PLUS GEL 10% WASH.....	105	<i>oxycodone hcl tab er 12hr deter 80 mg</i>20	
OVACE PLUS LIQ 10% WASH.....	105	<i>oxycodone w/ acetaminophen tab 10-325</i>	
OVACE PLUS LOT 9.8%	105	<i>mg</i>	22

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oxycodone w/ acetaminophen tab 5-325 mg.....	22
oxycodone w/ acetaminophen tab 7.5-325 mg.....	22
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paliperidone tab er 24hr 3 mg	75
paliperidone tab er 24hr 6 mg	75
paliperidone tab er 24hr 9 mg	75
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paroxetine hcl tab 30 mg	43
paroxetine hcl tab 40 mg	43
paroxetine hcl tab er 24hr 12.5 mg	43

paroxetine hcl tab er 24hr 25 mg.....	43
paroxetine hcl tab er 24hr 37.5 mg.....	43
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perampanel tab 12 mg	35
perampanel tab 2 mg	35
perampanel tab 4 mg	35
perampanel tab 6 mg	35
perampanel tab 8 mg	35
PERFECT POIN MIS 25GX1	140

PERFOROMIST NEB 20MCG	32	<i>phentermine hcl tab 8 mg</i>	3
PERIDEX SOL 0.12%.....	150	<i>phentermine hcl-topiramate cap er 24hr</i>	
<i>perindopril erbumine tab 2 mg.....</i>	57	<i>11.25-69 mg</i>	3
<i>perindopril erbumine tab 4 mg.....</i>	57	<i>phentermine hcl-topiramate cap er 24hr 15-</i>	
<i>perindopril erbumine tab 8 mg.....</i>	57	<i>92 mg</i>	3
<i>permethrin cream 5%</i>	111	<i>phentermine hcl-topiramate cap er 24hr</i>	
<i>perphenazine-amitriptyline tab 2-10 mg ..</i>	161	<i>3.75-23 mg</i>	3
<i>perphenazine-amitriptyline tab 2-25 mg ..</i>	161	<i>phentermine hcl-topiramate cap er 24hr</i>	
<i>perphenazine-amitriptyline tab 4-10 mg ..</i>	161	<i>7.5-46 mg</i>	3
<i>perphenazine-amitriptyline tab 4-25 mg ..</i>	161	<i>phenylephrine hcl ophth soln 10%</i>	154
<i>perphenazine-amitriptyline tab 4-50 mg ..</i>	161	<i>phenylephrine hcl ophth soln 2.5%</i>	154
<i>perphenazine tab 16 mg</i>	78	<i>phenytoin chew tab 50 mg.....</i>	41
<i>perphenazine tab 2 mg.....</i>	78	<i>phenytoin sodium extended cap 100 mg ..</i>	41
<i>perphenazine tab 4 mg.....</i>	78	<i>phenytoin sodium extended cap 200 mg ..</i>	41
<i>perphenazine tab 8 mg.....</i>	78	<i>phenytoin sodium extended cap 300 mg ..</i>	41
PERSERIS INJ 120MG	75	<i>phenytoin susp 125 mg/5ml</i>	41
PERSERIS INJ 90MG	75	PHEXXI GEL.....	170
PHARM SYRNG MIS TRAY 1ML.....	140	PHOSPHOLINE SOL 0.125%OP.....	154
PHARM TRAY MIS 12ML/LL	141	<i>phytonadione tab 5 mg.....</i>	171
PHARM TRAY MIS 1ML/REG	140	<i>pilocarpine hcl ophth soln 1%</i>	154
PHARM TRAY MIS 20ML/LL	141	<i>pilocarpine hcl ophth soln 2%</i>	154
PHARM TRAY MIS 35ML/LL	141	<i>pilocarpine hcl ophth soln 4%</i>	154
PHARM TRAY MIS 3ML/LL.....	140	<i>pilocarpine hcl tab 5 mg</i>	150
PHARM TRAY MIS 60ML/LL	141	<i>pilocarpine hcl tab 7.5 mg</i>	150
PHARM TRAY MIS 6ML.....	140	<i>pimecrolimus cream 1%</i>	109
PHEBURANE MIS 483/GM.....	117	<i>pimozide tab 1 mg.....</i>	163
<i>phenazopyridine hcl tab 100 mg</i>	125	<i>pimozide tab 2 mg</i>	163
<i>phenazopyridine hcl tab 200 mg.....</i>	125	<i>pindolol tab 10 mg.....</i>	86
<i>phendimetrazine tartrate tab 35 mg.....</i>	3	<i>pindolol tab 5 mg</i>	86
<i>phenelzine sulfate tab 15 mg</i>	42	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	46
<i>phenobarbital elixir 20 mg/5ml</i>	129	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	46
<i>phenobarbital tab 100 mg.....</i>	129	<i>pioglitazone hcl-metformin hcl tab 15-500</i>	
<i>phenobarbital tab 15 mg</i>	129	<i>mg</i>	46
<i>phenobarbital tab 16.2 mg</i>	129	<i>pioglitazone hcl-metformin hcl tab 15-850</i>	
<i>phenobarbital tab 30 mg</i>	129	<i>mg</i>	46
<i>phenobarbital tab 32.4 mg</i>	129	<i>pioglitazone hcl tab 15 mg (base equiv)....</i>	49
<i>phenobarbital tab 60 mg</i>	129	<i>pioglitazone hcl tab 30 mg (base equiv) ...</i>	49
<i>phenobarbital tab 64.8 mg</i>	129	<i>pioglitazone hcl tab 45 mg (base equiv) ...</i>	49
<i>phenobarbital tab 97.2 mg</i>	129	PIP CONTROL LIQ	135
<i>phenoxybenzamine hcl cap 10 mg</i>	57	PIQRAY 200MG TAB DOSE	69
<i>phentermine hcl cap 15 mg.....</i>	3	PIQRAY 250MG TAB DOSE	69
<i>phentermine hcl cap 30 mg</i>	3	PIQRAY 300MG TAB DOSE	70
<i>phentermine hcl cap 37.5 mg</i>	3	<i>pirfenidone cap 267 mg.....</i>	164
<i>phentermine hcl tab 37.5 mg.....</i>	3	<i>pirfenidone tab 267 mg</i>	164

<i>pirfenidone tab 801 mg</i>	164	<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	125
<i>piroxicam cap 10 mg</i>	14	<i>potassium chloride cap er 10 meq</i>	147
<i>piroxicam cap 20 mg</i>	14	<i>potassium chloride cap er 8 meq</i>	147
<i>pitavastatin calcium tab 1 mg</i>	55	<i>potassium chloride microencapsulated crys er tab 10 meq</i>	147
<i>pitavastatin calcium tab 2 mg</i>	55	<i>potassium chloride microencapsulated crys er tab 15 meq</i>	147
<i>pitavastatin calcium tab 4 mg</i>	55	<i>potassium chloride microencapsulated crys er tab 20 meq</i>	147
PLAQUENIL TAB 200MG	63	<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	147
PLEGRIDY INJ	162	<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	147
PLEGRIDY INJ PEN.....	162	<i>potassium chloride powder packet 20 meq</i>	147
PLEGRIDY INJ STARTER	162	<i>potassium chloride tab er 10 meq</i>	147
PLEGRIDY PEN INJ STARTER.....	162	<i>potassium chloride tab er 20 meq (1500 mg)</i>	147
PLEXION CLTH PAD 9.8-4.8%.....	100	<i>potassium chloride tab er 8 meq (600 mg)</i>	147
PLEXION CRE 9.8-4.8%	100	<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	125
PLEXION LIQ 9.8-4.8%.....	100	<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	125
PLEXION LOT 9.8-4.8%	100	<i>potassium citrate tab er 10 meq (1080 mg)</i>	125
POCKET CHAMB MIS	144	<i>potassium citrate tab er 15 meq (1620 mg)</i>	125
POCKETCHEM SOL EZ	135	<i>potassium citrate tab er 5 meq (540 mg)</i>	125
POCKET SPACE MIS	144	POVIDONE IOD SOL 5%	155
PODOCON-25 SOL	109	<i>pramipexole dihydrochloride tab 0.125 mg</i>	73
<i>podofilox gel 0.5%</i>	109	<i>pramipexole dihydrochloride tab 0.25 mg</i>	73
<i>podofilox soln 0.5%</i>	109	<i>pramipexole dihydrochloride tab 0.5 mg</i> ..	73
POLY HUB MIS 18GX1	141	<i>pramipexole dihydrochloride tab 0.75 mg</i>	73
POLY HUB MIS 18GX1.5.....	141	<i>pramipexole dihydrochloride tab 1.5 mg</i> ..	73
POLY HUB MIS 20GX1	141	<i>pramipexole dihydrochloride tab 1 mg</i>	73
POLY HUB MIS 21GX1	141	<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	73
POLY HUB MIS 21GX1.5.....	141	<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	73
POLY HUB MIS 22GX1	141		
POLY HUB MIS 22GX1.5	141		
POLY HUB MIS 23GX1	141		
POLY HUB MIS 23GX1.5	141		
POLY HUB MIS 25GX1	141		
POLY HUB MIS 25GX1.5	141		
POLY HUB MIS 25GX5/8	141		
POLY HUB MIS 27GX1/2	141		
POLY HUB MIS 27GX1.25	141		
POLY HUB MIS 30GX1/2	141		
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	155		
POMALYST CAP 1MG.....	66		
POMALYST CAP 2MG	66		
POMALYST CAP 3MG	66		
POMALYST CAP 4MG.....	66		
<i>posaconazole susp 40 mg/ml</i>	52		

<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	73	PREDNISOLONE SUS 1%.....	156
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	73	<i>prednisolone tab 5 mg</i>	97
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	73	PREDNISONE CON 5MG/ML	97
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	73	<i>prednisone oral soln 5 mg/5ml</i>	97
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	73	<i>prednisone tab 10 mg</i>	97
PRAMOSONE CRE 1-1%	108	<i>prednisone tab 1 mg</i>	97
PRAMOSONE CRE 1-2.5%	108	<i>prednisone tab 2.5 mg</i>	97
PRAMOSONE LOT 1%.....	108	<i>prednisone tab 20 mg</i>	97
PRAMOSONE LOT 1-1%	108	<i>prednisone tab 50 mg</i>	97
PRAMOSONE LOT 2.5%.....	108	<i>prednisone tab 5 mg</i>	97
PRAMOSONE OIN 1%	108	<i>prednisone tab therapy pack 10 mg (21)</i> ..	98
PRAMOSONE OIN 2.5%	108	<i>prednisone tab therapy pack 10 mg (48)</i> ..	98
<i>pramoxine-hc cream 1-2.5%</i>	108	<i>prednisone tab therapy pack 5 mg (21)</i>	98
<i>prasugrel hcl tab 10 mg (base equiv)</i>	127	<i>prednisone tab therapy pack 5 mg (48)</i>	98
<i>prasugrel hcl tab 5 mg (base equiv)</i>	127	PRED SOD PHO SOL 1% OP	156
<i>pravastatin sodium tab 10 mg</i>	55	<i>pregabalin cap 100 mg</i>	39
<i>pravastatin sodium tab 20 mg</i>	55	<i>pregabalin cap 150 mg</i>	39
<i>pravastatin sodium tab 40 mg</i>	55	<i>pregabalin cap 200 mg</i>	39
<i>pravastatin sodium tab 80 mg</i>	55	<i>pregabalin cap 225 mg</i>	39
<i>praziquantel tab 600 mg</i>	24	<i>pregabalin cap 25 mg</i>	39
<i>prazosin hcl cap 1 mg</i>	59	<i>pregabalin cap 300 mg</i>	39
<i>prazosin hcl cap 2 mg</i>	59	<i>pregabalin cap 50 mg</i>	39
<i>prazosin hcl cap 5 mg</i>	59	<i>pregabalin cap 75 mg</i>	39
PR BENZOYL LIQ 7% WASH.....	100	<i>pregabalin soln 20 mg/ml</i>	39
PRECISN XTRA TES KETONE.....	111	<i>pregabalin tab er 24hr 165 mg</i>	163
<i>prednisolone acetate ophth susp 1%</i>	156	<i>pregabalin tab er 24hr 330 mg</i>	163
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	97	<i>pregabalin tab er 24hr 82.5 mg</i>	163
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	97	PREMARIN INJ 25MG	120
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	97	PREMPHASE TAB.....	119
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	97	PREMPRO TAB	119
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	97	PREMPRO TAB 0.3-1.5	119
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	97	PREMPRO TAB 0.45-1.5	119
<i>prednisolone soln 15 mg/5ml</i>	97	PREMPRO TAB 0.625-5	119
		PRENATAL TAB	151
		PRENATAL TAB 28-0.8MG	151
		PRENATAL TAB IRON.....	151
		PRENATAL TAB MULTIVIT.....	151
		PRENATAL VIT TAB 28-0.8MG	151
		PRENATAL VIT TAB MINERALS	151
		<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	151
		<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	151

<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	151	<i>prochlorperazine suppos 25 mg</i>	79
<i>prenatal vit w/ fe fum-methylfolate-fa tab</i> <i>27-0.6-0.4 mg</i>	151	PRO COMFORT PAD ALCOHOL.....	136
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i> <i>mg</i>	151	PROCORT CRE	24
<i>prenat w/o a w/feum-methfol-fa-dha cap</i> <i>27-0.6-0.4-300 mg</i>	151	PROCTOCORT SUP 30MG	24
PREPIDIL GEL 0.5MG/3G	157	PROCTOFOAM AER HC 1%	24
PREP PADS PAD	136	PRODIGY SOL HIGH.....	135
PRETOMANID TAB 200MG	63	PRODIGY SOL LOW	135
PREVYMIS PAK 120MG	83	<i>progesterone cap 100 mg</i>	159
PREVYMIS PAK 20MG	83	<i>progesterone cap 200 mg</i>	159
PREVYMIS TAB 240MG	83	<i>progesterone im in oil 50 mg/ml</i>	159
PREVYMIS TAB 480MG	83	<i>progesterone vaginal insert 100 mg</i>	170
PREZCOBIX TAB 675/150	81	PROGLYCEM SUS 50MG/ML.....	47
PREZCOBIX TAB 800-150	81	PROGRAF CAP 0.5MG.....	149
PREZISTA SUS 100MG/ML.....	81	PROGRAF CAP 1MG.....	149
PREZISTA TAB 150MG	82	PROGRAF CAP 5MG	149
PREZISTA TAB 600MG	82	PROGRAF GRA 0.2MG.....	149
PREZISTA TAB 75MG	82	PROGRAF GRA 1MG.....	149
PREZISTA TAB 800MG	82	PROLENSA DRO 0.07% OP	157
PRIFTIN TAB 150MG.....	63	<i>promethazine & phenylephrine syrup 6.25-</i> <i>5 mg/5ml</i>	98
<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i>	63	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	98
PRIMAQUINE TAB 26.3MG.....	63	<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	53
<i>primidone tab 250 mg</i>	39	<i>promethazine hcl suppos 12.5 mg</i>	53
<i>primidone tab 50 mg</i>	39	<i>promethazine hcl suppos 25 mg</i>	53
PRISMASOL SOL 0/0/1.2	147	<i>promethazine hcl suppos 50 mg</i>	53
PRISMASOL SOL 0/2.5.....	147	<i>promethazine hcl tab 12.5 mg</i>	53
PRISMASOL SOL 2/0	147	<i>promethazine hcl tab 25 mg</i>	53
PRISMASOL SOL 2/3.5	147	<i>promethazine hcl tab 50 mg</i>	53
PRISMASOL SOL 4/0/1.2	148	<i>promethazine-phenylephrine-codeine</i> <i>syrup 6.25-5-10 mg/5ml</i>	98
PRISMASOL SOL 4/2.5.....	148	<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	98
PRISMASOL SOL B22GK4/0	148	<i>propafenone hcl cap er 12hr 225 mg</i>	29
<i>probenecid tab 500 mg</i>	126	<i>propafenone hcl cap er 12hr 325 mg</i>	29
PROCARDIA XL TAB 30MG CR.....	88	<i>propafenone hcl cap er 12hr 425 mg</i>	29
PROCARDIA XL TAB 60MG CR.....	88	<i>propafenone hcl tab 150 mg</i>	29
PROCARDIA XL TAB 90MG CR.....	88	<i>propafenone hcl tab 225 mg</i>	29
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	78	<i>propafenone hcl tab 300 mg</i>	29
<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i>	79	<i>proparacaine hcl ophth soln 0.5%</i>	155
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	79	PROPECIA TAB 1MG	109
		<i>propranolol hcl cap er 24hr 120 mg</i>	86
		<i>propranolol hcl cap er 24hr 160 mg</i>	86
		<i>propranolol hcl cap er 24hr 60 mg</i>	86
		<i>propranolol hcl cap er 24hr 80 mg</i>	86

<i>propranolol hcl oral soln 20 mg/5ml</i>	86	QC ALCOHOL PAD SWABS	136
<i>propranolol hcl oral soln 40 mg/5ml</i>	86	QC PRENATAL TAB 28-0.8MG	151
<i>propranolol hcl tab 10 mg</i>	86	QELBREE CAP 100MG ER	4
<i>propranolol hcl tab 20 mg</i>	86	QELBREE CAP 150MG ER	4
<i>propranolol hcl tab 40 mg</i>	86	QELBREE CAP 200MG ER.....	4
<i>propranolol hcl tab 60 mg</i>	86	QSYMIA CAP 11.25-69	3
<i>propranolol hcl tab 80 mg</i>	86	QSYMIA CAP 15-92MG.....	3
<i>propylthiouracil tab 50 mg</i>	165	QSYMIA CAP 3.75-23	3
PROSCAR TAB 5MG.....	125	QSYMIA CAP 7.5-46MG.....	3
PROTONIX INJ 40MG.....	168	QUALAQUIN CAP 324MG.....	63
<i>protriptyline hcl tab 10 mg</i>	45	QUDEXY XR CAP 100/24HR.....	39
<i>protriptyline hcl tab 5 mg</i>	45	QUDEXY XR CAP 150/24HR	39
PROVERA TAB 10MG	159	QUDEXY XR CAP 200/24HR	39
PROVERA TAB 2.5MG.....	159	QUDEXY XR CAP 25/24HR.....	39
PROVERA TAB 5MG.....	159	QUDEXY XR CAP 50/24HR	39
<i>prucalopride succinate tab 1 mg (base</i> <i>equivalent)</i>	121	QUESTRAN POW 4GM.....	54
<i>prucalopride succinate tab 2 mg (base</i> <i>equivalent)</i>	121	QUESTRAN POW 4GM LITE	54
PRUDOXIN CRE 5%	103	<i>quetiapine fumarate tab 100 mg</i>	77
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	98	<i>quetiapine fumarate tab 150 mg</i>	77
PULMICORT SUS 0.25MG/2	31	<i>quetiapine fumarate tab 200 mg</i>	77
PULMICORT SUS 0.5MG/2	31	<i>quetiapine fumarate tab 25 mg</i>	77
PULMICORT SUS 1MG/2ML	31	<i>quetiapine fumarate tab 300 mg</i>	77
PULMOZYME SOL 1MG/ML.....	164	<i>quetiapine fumarate tab 400 mg</i>	77
PURE COMFORT PAD	136	<i>quetiapine fumarate tab 50 mg</i>	77
PURIXAN SUS 20MG/ML.....	64	<i>quetiapine fumarate tab er 24hr 150 mg</i> ...77	
PX PRENATAL TAB MULTIVIT.....	151	<i>quetiapine fumarate tab er 24hr 200 mg</i> ..77	
PYLERA CAP	168	<i>quetiapine fumarate tab er 24hr 300 mg</i> ..77	
<i>pyrazinamide tab 500 mg</i>	63	<i>quetiapine fumarate tab er 24hr 400 mg</i> ..77	
PYRIDIUM TAB 100MG	125	<i>quetiapine fumarate tab er 24hr 50 mg</i> ....77	
PYRIDIUM TAB 200MG	126	QUICKTEK LIQ SOLUTION	135
<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i>	63	<i>quinapril hcl tab 10 mg</i>	57
<i>pyridostigmine bromide tab 60 mg</i>	63	<i>quinapril hcl tab 20 mg</i>	57
<i>pyridostigmine bromide tab er 180 mg</i>	63	<i>quinapril hcl tab 40 mg</i>	57
<i>pyrimethamine tab 25 mg</i>	63	<i>quinapril hcl tab 5 mg</i>	57
PYROGALL ACD OIN	109	<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	61
PYZCHIVA INJ 45/0.5ML.....	103	<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	61
PYZCHIVA INJ 90MG/ML	103	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	61
Q		<i>quinidine gluconate tab er 324 mg</i>	28
QBRELIS SOL 1MG/ML	57	<i>quinine sulfate cap 324 mg</i>	63
QBREXZA PAD 2.4%.....	110	QUINTET CONT SOL HGH/NORM	135
		QULIPTA TAB 10MG.....	145

QULIPTA TAB 30MG	145
QULIPTA TAB 60MG	145
R	
RA ALCOHOL PAD SWABS	137
RABEPRAZOLE CAP 10MG DR	168
<i>rabeprazole sodium ec tab 20 mg</i>	168
RADICAVA ORS SUS 105/5ML	153
RADICAVA ORS SUS STARTER	153
RADIOGARDASE CAP 0.5GM	50
RAGWITEK SUB	7
<i>raloxifene hcl tab 60 mg</i>	116
<i>ramelteon tab 8 mg</i>	130
<i>ramipril cap 1.25 mg</i>	57
<i>ramipril cap 10 mg</i>	57
<i>ramipril cap 2.5 mg</i>	57
<i>ramipril cap 5 mg</i>	57
<i>ranolazine tab er 12hr 1000 mg</i>	26
<i>ranolazine tab er 12hr 500 mg</i>	26
RAPAMUNE SOL 1MG/ML	149
RAPAMUNE TAB 0.5MG	149
RAPAMUNE TAB 1MG	149
RAPAMUNE TAB 2MG	149
RA PRENATAL TAB 28-0.8MG	151
RA PRENATAL TAB FORMULA	151
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	74
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	74
RASUVO INJ 10MG	12
RASUVO INJ 12.5MG	12
RASUVO INJ 15MG	12
RASUVO INJ 17.5MG	12
RASUVO INJ 20MG	12
RASUVO INJ 22.5MG	12
RASUVO INJ 25MG	12
RASUVO INJ 30MG	12
RASUVO INJ 7.5MG	12
REALITY SWAB PAD	137
REBIF INJ 22/0.5	162
REBIF INJ 44/0.5	162
REBIF REBIDO INJ 22/0.5	162
REBIF REBIDO INJ 44/0.5	162
REBIF REBIDO INJ TITRATN	162
REBIF TITRTN INJ PACK	163
RECTIV OIN 0.4%	24

REFUAH PLUS SOL CONTROL	135
REGIOCIT SOL	148
REGLAN TAB 10MG	122
REGLAN TAB 5MG	122
REGRANEX GEL 0.01%	111
RELENZA MIS DISKHALE	84
RELION PEN MIS 29GX12MM	141
RELION PLATN TES GLUCOSE	111
RELION TRUE TES METRIX	111
RELISTOR INJ 12/0.6ML	124
RELISTOR INJ 8/0.4ML	124
RELISTOR TAB 150MG	124
RELPAK TAB 20MG	146
RELPAK TAB 40MG	146
REMERON SLTB TAB 15MG	41
REMERON SLTB TAB 30MG	41
REMERON SLTB TAB 45MG	41
REMERON TAB 15MG	42
REMERON TAB 30MG	42
REVELA POW 0.8GM	124
REVELA POW 2.4GM	124
REVELA TAB 800MG	124
<i>repaglinide tab 0.5 mg</i>	49
<i>repaglinide tab 1 mg</i>	49
<i>repaglinide tab 2 mg</i>	49
REPATHA INJ 140MG/ML	56
REPATHA PUSH INJ 420/3.5	56
REPATHA SURE INJ 140MG/ML	56
RESTASIS EMU 0.05% OP	155
RESTASIS MUL EMU 0.05% OP	155
RESTORA RX CAP 60-1.25	50
RESTORIL CAP 15MG	130
RESTORIL CAP 22.5MG	130
RESTORIL CAP 30MG	130
RESTORIL CAP 7.5MG	130
RETACRIT INJ 10000UNT	129
RETACRIT INJ 20000UNI	129
RETACRIT INJ 2000UNIT	129
RETACRIT INJ 3000UNIT	129
RETACRIT INJ 40000UNT	129
RETACRIT INJ 4000UNIT	129
RETIN-A CRE 0.025%	100
RETIN-A CRE 0.05%	100
RETIN-A CRE 0.1%	100

RETIN-A GEL 0.01%	100	RISPERDAL TAB 0.5MG	75
RETIN-A GEL 0.025%	100	RISPERDAL TAB 1MG	75
RETIN-A MICR GEL 0.04%	100	RISPERDAL TAB 2MG.....	75
RETIN-A MICR GEL 0.04%PMP	100	RISPERDAL TAB 3MG.....	75
RETIN-A MICR GEL 0.06%PMP	100	RISPERDAL TAB 4MG	75
RETIN-A MICR GEL 0.08%PMP	100	<i>risperidone microspheres for im extended</i>	
RETIN-A MICR GEL 0.1%.....	100	<i>rel susp 12.5 mg</i>	76
RETIN-A MICR GEL 0.1%PUMP	100	<i>risperidone microspheres for im extended</i>	
RETROVIR CAP 100MG	82	<i>rel susp 25 mg.....</i>	76
RETROVIR SYP 50MG/5ML.....	82	<i>risperidone microspheres for im extended</i>	
REVCovi INJ 1.6MG/ML	117	<i>rel susp 37.5 mg</i>	76
REYATAZ CAP 200MG	82	<i>risperidone microspheres for im extended</i>	
REYATAZ CAP 300MG	82	<i>rel susp 50 mg</i>	76
REYATAZ POW 50MG	82	<i>risperidone orally disintegrating tab 0.25</i>	
REYVOW TAB 100MG	146	<i>mg</i>	76
REYVOW TAB 50MG.....	146	<i>risperidone orally disintegrating tab 0.5 mg</i>	
RHOFADE CRE 1%	111	<i>.....</i>	76
RHOPRESSA SOL 0.02%.....	155	<i>risperidone orally disintegrating tab 1 mg.</i>	76
<i>ribavirin cap 200 mg</i>	83	<i>risperidone orally disintegrating tab 2 mg</i>	76
<i>ribavirin tab 200 mg.....</i>	83	<i>risperidone orally disintegrating tab 3 mg</i>	76
RIDAURA CAP 3MG.....	12	<i>risperidone orally disintegrating tab 4 mg</i>	76
<i>rifabutin cap 150 mg</i>	63	<i>risperidone soln 1 mg/ml.....</i>	76
<i>rifampin cap 150 mg</i>	63	<i>risperidone tab 0.25 mg</i>	76
<i>rifampin cap 300 mg</i>	63	<i>risperidone tab 0.5 mg</i>	76
RIGHTEST LIQ HIGH CON	135	<i>risperidone tab 1 mg</i>	76
RIGHTEST LIQ NORM CON	135	<i>risperidone tab 2 mg.....</i>	76
RILUTEK TAB 50MG.....	153	<i>risperidone tab 3 mg.....</i>	76
<i>riluzole tab 50 mg</i>	153	<i>risperidone tab 4 mg.....</i>	76
<i>rimantadine hydrochloride tab 100 mg.....</i>	84	RITALIN LA CAP 10MG	6
RINVOQ LQ SOL 1MG/ML	10	RITALIN LA CAP 20MG	6
RINVOQ TAB 15MG ER.....	10	RITALIN LA CAP 30MG	6
RINVOQ TAB 30MG ER.....	10	RITALIN LA CAP 40MG	6
RINVOQ TAB 45MG ER.....	10	RITALIN TAB 10MG	6
<i>risedronate sodium tab 150 mg.....</i>	114	RITALIN TAB 20MG.....	7
<i>risedronate sodium tab 30 mg</i>	114	RITALIN TAB 5MG.....	6
<i>risedronate sodium tab 35 mg</i>	114	RITEFLO MIS	144
<i>risedronate sodium tab 5 mg.....</i>	114	<i>ritonavir tab 100 mg</i>	82
<i>risedronate sodium tab delayed release 35</i>		<i>rivaroxaban for susp 1 mg/ml</i>	33
<i>mg.....</i>	114	<i>rivaroxaban tab 2.5 mg.....</i>	33
RISPERDAL INJ 12.5MG	75	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
RISPERDAL INJ 25MG.....	75	<i>equivalent)</i>	160
RISPERDAL INJ 37.5MG	75	<i>rivastigmine tartrate cap 3 mg (base</i>	
RISPERDAL INJ 50MG	75	<i>equivalent)</i>	160
RISPERDAL SOL 1MG/ML.....	75		

<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	160
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	160
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	160
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	160
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	160
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	146
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	146
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	146
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	146
ROCALTROL CAP 0.25MCG.....	117
ROCALTROL CAP 0.5MCG	117
ROCALTROL SOL 1MCG/ML	117
ROCKLATAN DRO	155
<i>roflumilast tab 250 mcg</i>	30
<i>roflumilast tab 500 mcg</i>	30
<i>ropinirole hydrochloride tab 0.25 mg</i>	73
<i>ropinirole hydrochloride tab 0.5 mg</i>	73
<i>ropinirole hydrochloride tab 1 mg</i>	73
<i>ropinirole hydrochloride tab 2 mg</i>	73
<i>ropinirole hydrochloride tab 3 mg</i>	73
<i>ropinirole hydrochloride tab 4 mg</i>	73
<i>ropinirole hydrochloride tab 5 mg</i>	73
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	74
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	73
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	73
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	73
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	74
<i>rosuvastatin calcium tab 10 mg</i>	55
<i>rosuvastatin calcium tab 20 mg</i>	55
<i>rosuvastatin calcium tab 40 mg</i>	55
<i>rosuvastatin calcium tab 5 mg</i>	55
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ROXICODONE TAB 30MG	20
ROZLYTREK CAP 100MG.....	70
ROZLYTREK CAP 200MG.....	70
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RYKINDO INJ 37.5MG	76
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<i>sacubitril-valsartan tab 24-26 mg</i>	90
<i>sacubitril-valsartan tab 49-51 mg</i>	90
<i>sacubitril-valsartan tab 97-103 mg</i>	90
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salicylic acid film forming liquid 27.5% ...	109	SCEMBLIX TAB 20MG.....	70
salicylic acid foam 6%	109	SCEMBLIX TAB 40MG	70
salicylic acid gel 6%.....	109	scopolamine td patch 72hr 1 mg/3days	51
salicylic acid shampoo 6%.....	109	selegiline hcl cap 5 mg	74
salicylic acid soln 26%.....	109	selegiline hcl tab 5 mg.....	74
SALIMEZ FORT CRE 10%	109	selenium sulfide lotion 2.5%	105
salsalate tab 500 mg	17	selenium sulfide shampoo 2.25%	105
salsalate tab 750 mg	17	selenium sulfide shampoo 2.3%	105
SALVAX AER 6%	109	SELZENTRY SOL 20MG/ML	82
SAMSCA TAB 15MG.....	118	SELZENTRY TAB 150MG.....	82
SAMSCA TAB 30MG.....	119	SELZENTRY TAB 25MG.....	82
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SANDOSTATIN INJ 50MCG/ML	118	SERNIVO SPR 0.05%.....	108
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SAPHRIS SUB 10MG	77	SEROQUEL TAB 200MG	78
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<i>sevelamer hcl tab 800 mg</i>	124	<i>sodium chloride soln nebu 0.9%</i>	98
SFROWASA ENE 4GM	122	<i>sodium chloride soln nebu 10%</i>	99
SHARP CONTAI MIS	141	<i>sodium chloride soln nebu 3%</i>	98
SHARPS CONT MIS 14QT	142	<i>sodium chloride soln nebu 7%</i>	99
SIGNIFOR INJ 0.3MG/ML	118	<i>sodium citrate & citric acid soln 500-334</i>	
SIGNIFOR INJ 0.6MG/ML	118	<i>mg/5ml</i>	125
SIGNIFOR INJ 0.9MG/ML	118	<i>sodium fluoride chew tab 0.25 mg f (from</i>	
SIKLOS TAB 1000MG.....	128	<i>0.55 mg naf)</i>	147
SIKLOS TAB 100MG	128	<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>	
<i>sildenafil citrate for suspension 10 mg/ml</i> 92		<i>mg naf)</i>	147
<i>sildenafil citrate tab 100 mg</i>	91	<i>sodium fluoride cream 1.1%</i>	150
<i>sildenafil citrate tab 20 mg</i>	92	<i>sodium fluoride gel 1.1% (0.5% f)</i>	150
<i>sildenafil citrate tab 25 mg</i>	91	<i>sodium fluoride paste 1.1%</i>	150
<i>sildenafil citrate tab 50 mg</i>	91	<i>sodium fluoride rinse 0.2%</i>	150
<i>silodosin cap 4 mg</i>	125	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>	
<i>silodosin cap 8 mg</i>	125	<i>naf)</i>	147
SILVADENE CRE 1%.....	105	<i>sodium phenylbutyrate oral powder 3</i>	
SILVER NITRA SOL 0.5%.....	106	<i>gm/teaspoonful</i>	117
<i>silver nitrate soln 0.5%</i>	106	<i>sodium phenylbutyrate tab 500 mg</i>	117
<i>silver sulfadiazine cream 1%</i>	105	<i>sodium polystyrene sulfonate powder</i>	149
SIMBRINZA SUS 1-0.2%	154	<i>sodium polystyrene sulfonate rectal susp</i>	
<i>simvastatin tab 10 mg</i>	55	<i>30 gm/120ml</i>	149
<i>simvastatin tab 20 mg</i>	55	<i>sodium polystyrene sulfonate susp 15</i>	
<i>simvastatin tab 40 mg</i>	55	<i>gm/60ml</i>	149
<i>simvastatin tab 5 mg</i>	55	SOD OXYBATE SOL 500MG/ML.....	159
<i>simvastatin tab 80 mg</i>	55	SOD SUL/SULF EMU 10-5%	100
SINEMET TAB 10-100MG	74	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
SINEMET TAB 25-100MG	74	<i>3.13-1.6 gm/177ml</i>	131
<i>sirolimus oral soln 1 mg/ml</i>	149	SOFTCLIX MIS LANCETS	136
<i>sirolimus tab 0.5 mg</i>	149	SOGROYA INJ 10MG/1.5	115
<i>sirolimus tab 1 mg</i>	149	SOGROYA INJ 15MG/1.5	115
<i>sirolimus tab 2 mg</i>	149	SOGROYA INJ 5MG/1.5.....	115
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SOMA TAB 350MG.....	152	STIVARGA TAB 40MG.....	70
SOOLANTRA CRE 1%	111	STRATTERA CAP 100MG	5
<i>sorafenib tosylate tab 200 mg (base</i>		STRATTERA CAP 10MG	4
<i>equivalent)</i>	70	STRATTERA CAP 18MG.....	5
<i>sotalol hcl (afib/afl) tab 120 mg</i>	86	STRATTERA CAP 25MG	5
<i>sotalol hcl (afib/afl) tab 160 mg</i>	86	STRATTERA CAP 40MG.....	5
<i>sotalol hcl (afib/afl) tab 80 mg</i>	86	STRATTERA CAP 60MG.....	5
<i>sotalol hcl tab 120 mg</i>	86	STRATTERA CAP 80MG.....	5
<i>sotalol hcl tab 160 mg</i>	86	STRENSIQ INJ 18/0.45	117
<i>sotalol hcl tab 240 mg</i>	86	STRENSIQ INJ 28/0.7ML	117
<i>sotalol hcl tab 80 mg</i>	86	STRENSIQ INJ 40MG/ML	117
SOTYLIZE SOL 5MG/ML	86	STRENSIQ INJ 80/0.8ML	117
SOVALDI PAK 150MG.....	83	STRIVERDI AER 2.5MCG	32
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SPEVIGO INJ 300/2ML	104	<i>sulfacetamide sodium cleansing gel 10%</i>	
<i>spinosad susp 0.9%</i>	111		105
SPIRIVA RESP AER 1.25MCG.....	30	<i>sulfacetamide sodium liquid 10%</i>	105
SPIRIVA RESP AER 2.5MCG	30	<i>sulfacetamide sodium lotion 10% (acne)</i> 100	
<i>spironolactone & hydrochlorothiazide tab</i>		<i>sulfacetamide sodium ophth oint 10%</i>	155
<i>25-25 mg</i>	112	<i>sulfacetamide sodium ophth soln 10%</i> ...	155
<i>spironolactone susp 25 mg/5ml</i>	113	<i>sulfacetamide sodium-prednisolone ophth</i>	
<i>spironolactone tab 100 mg</i>	113	<i>soln 10-0.23(0.25)%</i>	156
<i>spironolactone tab 25 mg</i>	113	<i>sulfacetamide sodium shampoo 10%</i>	105
<i>spironolactone tab 50 mg</i>	113	<i>sulfacetamide sodium shampoo 9.8%</i>	105
SPORANOX CAP 100MG	52	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
SPORANOX SOL 10MG/ML	52	<i>10-2%</i>	101
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<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	101
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	101
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	100
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	100
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	101
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	101
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	101
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	101
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	101
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	101
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	101
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	101
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	101
<i>sulfadiazine tab 500 mg</i>	165
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	25
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	25
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	25
<i>SULFAMYLON CRE 85MG/GM</i>	105
<i>sulfasalazine tab 500 mg</i>	123
<i>sulfasalazine tab delayed release 500 mg</i>	123
<i>SULF LIME SOL</i>	111
<i>sulindac tab 150 mg</i>	14
<i>sulindac tab 200 mg</i>	14
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<i>sumatriptan nasal spray 5 mg/act</i>	146
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	146

<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	146
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	146
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	146
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	146
<i>sumatriptan succinate tab 100 mg</i>	146
<i>sumatriptan succinate tab 25 mg</i>	146
<i>sumatriptan succinate tab 50 mg</i>	146
<i>SUMAXIN PAD 10-4%</i>	101
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	70
<i>sunitinib malate cap 25 mg (base equivalent)</i>	70
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	70
<i>sunitinib malate cap 50 mg (base equivalent)</i>	70
<i>SUNOSI TAB 150MG</i>	5
<i>SUNOSI TAB 75MG</i>	5
<i>SUPREME II LIQ HIGH/LOW</i>	136
<i>SUTENT CAP 12.5MG</i>	70
<i>SUTENT CAP 25MG</i>	70
<i>SUTENT CAP 37.5MG</i>	70
<i>SUTENT CAP 50MG</i>	70
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<i>SYMJEPI INJ 0.3MG</i>	171
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<i>tacrolimus cap 1 mg</i>	<i>149</i>
<i>tacrolimus cap 5 mg.....</i>	<i>149</i>
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<i>tacrolimus oint 0.1%</i>	<i>109</i>
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<i>tadalafil tab 2.5 mg</i>	<i>91</i>
<i>tadalafil tab 20 mg</i>	<i>91</i>
<i>tadalafil tab 20 mg (pah)</i>	<i>92</i>
<i>tadalafil tab 5 mg</i>	<i>91</i>
TAFINLAR CAP 50MG.....	70
TAFINLAR CAP 75MG	70
TAFINLAR TAB 10MG	70

<i>tafluprost preservative free (pf) ophth soln</i>	
<i>0.0015%</i>	<i>157</i>
TAGRISSO TAB 40MG.....	65
TAGRISSO TAB 80MG.....	65
TAI DOC SOL NORM CON.....	136
TAKHZYRO INJ 150MG/ML	127
TAKHZYRO INJ 300/2ML.....	127
TALICIA CAP	168
TALTZ INJ 20/0.25	104
TALTZ INJ 40/0.5ML.....	104
TALTZ INJ 80MG/ML	104
TAMIFLU CAP 30MG.....	84
TAMIFLU CAP 45MG.....	84
TAMIFLU CAP 75MG	84
TAMIFLU SUS 6MG/ML	84
<i>tamoxifen citrate tab 10 mg (base</i>	
<i>equivalent)</i>	<i>66</i>
<i>tamoxifen citrate tab 20 mg (base</i>	
<i>equivalent)</i>	<i>66</i>
<i>tamsulosin hcl cap 0.4 mg.....</i>	<i>125</i>
TARCEVA TAB 100MG	65
TARGRETIN CAP 75MG	71
TARGRETIN GEL 1%.....	103
<i>tasimelteon capsule 20 mg</i>	<i>130</i>
TAVALISSE TAB 100MG	126
TAVALISSE TAB 150MG.....	127
<i>tazarotene cream 0.05%</i>	<i>104</i>
<i>tazarotene cream 0.1%.....</i>	<i>104</i>
<i>tazarotene gel 0.05%</i>	<i>104</i>
<i>tazarotene gel 0.1%</i>	<i>104</i>
TB SYRINGE MIS 0.5/28G	143
TEGRETOL SUS 100/5ML	39
TEGRETOL TAB 200MG.....	39
TEGRETOL-XR TAB 100MG	39
TEGRETOL-XR TAB 200MG	39
TEGRETOL-XR TAB 400MG	39
TEGSEDI INJ 284/1.5	164
TEKTURNA TAB 150MG	62
TEKTURNA TAB 300MG	62
<i>telmisartan-amlodipine tab 40-10 mg</i>	<i>61</i>
<i>telmisartan-amlodipine tab 40-5 mg</i>	<i>61</i>
<i>telmisartan-amlodipine tab 80-10 mg</i>	<i>61</i>
<i>telmisartan-amlodipine tab 80-5 mg</i>	<i>61</i>

<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	61	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	23
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	61	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	23
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	61	<i>testosterone td gel 10mg/act (2%)</i>	23
<i>telmisartan tab 20 mg</i>	58	<i>testosterone td gel 12.5 mg/act (1%)</i>	23
<i>telmisartan tab 40 mg</i>	58	<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	23
<i>telmisartan tab 80 mg</i>	58	<i>testosterone td gel 20.25 mg/act (1.62%)</i> 23	
<i>temazepam cap 15 mg</i>	130	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	23
<i>temazepam cap 22.5 mg</i>	130	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	23
<i>temazepam cap 30 mg</i>	130	<i>testosterone td gel 50 mg/5gm (1%)</i>	23
<i>temazepam cap 7.5 mg</i>	130	<i>testosterone td soln 30 mg/act</i>	23
<i>TEMBEXA SUS 10MG/ML</i>	84	<i>tetrabenazine tab 12.5 mg</i>	161
<i>TEMBEXA TAB 100MG</i>	85	<i>tetrabenazine tab 25 mg</i>	161
<i>temozolomide cap 100 mg</i>	64	<i>tetracaine hcl ophth soln 0.5%</i>	155
<i>temozolomide cap 140 mg</i>	64	<i>tetracycline hcl cap 250 mg</i>	165
<i>temozolomide cap 180 mg</i>	64	<i>tetracycline hcl cap 500 mg</i>	165
<i>temozolomide cap 20 mg</i>	64	<i>THALOMID CAP 100MG</i>	148
<i>temozolomide cap 250 mg</i>	64	<i>THALOMID CAP 150MG</i>	148
<i>temozolomide cap 5 mg</i>	64	<i>THALOMID CAP 200MG</i>	148
<i>tenofovir disoproxil fumarate tab 300 mg</i> 82		<i>THALOMID CAP 50MG</i>	148
<i>TENORETIC TAB 100</i>	62	<i>theophylline elixir 80 mg/15ml</i>	33
<i>TENORETIC TAB 50</i>	62	<i>theophylline soln 80 mg/15ml</i>	33
<i>TENORMIN TAB 100MG</i>	86	<i>theophylline tab er 12hr 300 mg</i>	33
<i>TENORMIN TAB 25MG</i>	86	<i>theophylline tab er 12hr 450 mg</i>	33
<i>TENORMIN TAB 50MG</i>	86	<i>theophylline tab er 24hr 400 mg</i>	33
<i>terazosin hcl cap 10 mg (base equivalent)</i> 59		<i>theophylline tab er 24hr 600 mg</i>	33
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..59		<i>thioridazine hcl tab 100 mg</i>	79
<i>terazosin hcl cap 2 mg (base equivalent)</i> .59		<i>thioridazine hcl tab 10 mg</i>	79
<i>terazosin hcl cap 5 mg (base equivalent)</i> .59		<i>thioridazine hcl tab 25 mg</i>	79
<i>terbinafine hcl tab 250 mg</i>	52	<i>thioridazine hcl tab 50 mg</i>	79
<i>terbutaline sulfate tab 2.5 mg</i>	32	<i>thiothixene cap 10 mg</i>	79
<i>terbutaline sulfate tab 5 mg</i>	32	<i>thiothixene cap 1 mg</i>	79
<i>terconazole vaginal cream 0.4%</i>	170	<i>thiothixene cap 2 mg</i>	79
<i>terconazole vaginal cream 0.8%</i>	170	<i>thiothixene cap 5 mg</i>	79
<i>terconazole vaginal suppos 80 mg</i>	170	<i>tiagabine hcl tab 12 mg</i>	40
<i>teriflunomide tab 14 mg</i>	163	<i>tiagabine hcl tab 16 mg</i>	40
<i>teriflunomide tab 7 mg</i>	163	<i>tiagabine hcl tab 2 mg</i>	40
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	114	<i>tiagabine hcl tab 4 mg</i>	40
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	23	<i>TIAZAC CAP 120MG/24</i>	88
		<i>TIAZAC CAP 180MG/24</i>	88
		<i>TIAZAC CAP 240MG/24</i>	88

TIAZAC CAP 300MG/24	88
TIAZAC CAP 360MG/24	88
TIAZAC CAP 420MG/24	88
TIBSOVO TAB 250MG	70
ticagrelor tab 60 mg	127
ticagrelor tab 90 mg	127
TIKOSYN CAP 125MCG	29
TIKOSYN CAP 250MCG	29
TIKOSYN CAP 500MCG	29
timolol maleate ophth gel forming soln 0.25%	154
timolol maleate ophth gel forming soln 0.5%	154
timolol maleate ophth soln 0.25%	154
timolol maleate ophth soln 0.5%	154
timolol maleate ophth soln 0.5% (once- daily)	154
timolol maleate preservative free ophth soln 0.25%	154
timolol maleate preservative free ophth soln 0.5%	154
timolol maleate tab 10 mg	86
timolol maleate tab 20 mg	86
timolol maleate tab 5 mg	86
tinidazole tab 250 mg	24
tinidazole tab 500 mg	24
tiopronin tab 100 mg	126
tiopronin tab delayed release 100 mg	126
tiopronin tab delayed release 300 mg	126
TISSEEL KIT 10ML	129
TISSEEL KIT 2ML	129
TISSEEL KIT 4ML	129
TISSEEL SOL 10ML	129
TISSEEL SOL 2ML	129
TISSEEL SOL 4ML	129
TIVICAY PD TAB 5MG	82
TIVICAY TAB 10MG	82
TIVICAY TAB 25MG	82
TIVICAY TAB 50MG	82
tizanidine hcl cap 2 mg (base equivalent)	152
tizanidine hcl cap 4 mg (base equivalent)	152

tizanidine hcl cap 6 mg (base equivalent)	152
tizanidine hcl tab 2 mg (base equivalent)	152
tizanidine hcl tab 4 mg (base equivalent)	152
TOBRADEX OIN 0.3-0.1%	156
tobramycin-dexamethasone ophth susp 0.3-0.1%	156
tobramycin nebu soln 300 mg/4ml	7
tobramycin nebu soln 300 mg/5ml	7
tobramycin ophth soln 0.3%	155
TOBREX OIN 0.3% OP	155
TODAY SPONGE MIS	170
tolcapone tab 100 mg	72
tolmetin sodium cap 400 mg	14
tolmetin sodium tab 600 mg	14
tolterodine tartrate cap er 24hr 2 mg	169
tolterodine tartrate cap er 24hr 4 mg	169
tolterodine tartrate tab 1 mg	169
tolterodine tartrate tab 2 mg	169
tolvaptan tab 15 mg	119
tolvaptan tab 30 mg	119
tolvaptan tab therapy pack 15 mg	119
tolvaptan tab therapy pack 30 & 15 mg	119
tolvaptan tab therapy pack 45 & 15 mg	119
tolvaptan tab therapy pack 60 & 30 mg	119
tolvaptan tab therapy pack 90 & 30 mg	119
TOOMEY SYRIN MIS 70ML	143
TOPAMAX SPR CAP 15MG	39
TOPAMAX SPR CAP 25MG	39
TOPAMAX TAB 100MG	39
TOPAMAX TAB 200MG	39
TOPAMAX TAB 25MG	39
TOPAMAX TAB 50MG	39
TOPICORT CRE 0.05%	108
TOPICORT CRE 0.25%	108
TOPICORT GEL 0.05%	108
TOPICORT OIN 0.05%	108
TOPICORT OIN 0.25%	108
TOPICORT SPR 0.25%	108
topiramate cap er 24hr 100 mg	39
topiramate cap er 24hr 200 mg	39
topiramate cap er 24hr 25 mg	39
topiramate cap er 24hr 50 mg	39
topiramate oral soln 25 mg/ml	39

<i>topiramate sprinkle cap 15 mg</i>	39	<i>trazodone hcl tab 300 mg</i>	43
<i>topiramate sprinkle cap 25 mg</i>	39	<i>trazodone hcl tab 50 mg</i>	43
<i>topiramate sprinkle cap 50 mg</i>	39	TRECTOR TAB 250MG	63
<i>topiramate tab 100 mg</i>	39	TRELEGY AER 100MCG.....	32
<i>topiramate tab 200 mg</i>	40	TRELEGY AER 200MCG	33
<i>topiramate tab 25 mg</i>	39	TREMFYA INJ 100MG/ML	104, 105
<i>topiramate tab 50 mg</i>	39	TREMFYA INJ 200/2ML	123
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	66	TRESIBA FLEX INJ 100UNIT	49
<i>torsemide tab 100 mg</i>	113	TRESIBA FLEX INJ 200UNIT	49
<i>torsemide tab 10 mg</i>	113	TRESIBA INJ 100UNIT	49
<i>torsemide tab 20 mg</i>	113	<i>tretinoin cap 10 mg</i>	71
<i>torsemide tab 5 mg</i>	113	<i>tretinoin cream 0.025%</i>	101
TPOXX CAP 200MG	85	<i>tretinoin cream 0.05%</i>	101
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	22	<i>tretinoin cream 0.1%</i>	101
<i>tramadol hcl oral soln 5 mg/ml</i>	21	<i>tretinoin gel 0.01%</i>	101
<i>tramadol hcl tab 50 mg</i>	21	<i>tretinoin gel 0.025%</i>	101
<i>tramadol hcl tab er 24hr 100 mg</i>	21	<i>tretinoin gel 0.05%</i>	101
<i>tramadol hcl tab er 24hr 200 mg</i>	21	<i>tretinoin microsphere gel 0.04%</i>	101
<i>tramadol hcl tab er 24hr 300 mg</i>	21	<i>tretinoin microsphere gel 0.08%</i>	101
<i>tramadol hcl tab er 24hr biphasic release</i> <i>100 mg</i>	21	<i>tretinoin microsphere gel 0.1%</i>	101
<i>tramadol hcl tab er 24hr biphasic release</i> <i>200 mg</i>	21	TREXALL TAB 10MG.....	64
<i>tramadol hcl tab er 24hr biphasic release</i> <i>300 mg</i>	21	TREXALL TAB 15MG	64
<i>trandolapril tab 1 mg</i>	57	TREXALL TAB 5MG	64
<i>trandolapril tab 2 mg</i>	57	TREXALL TAB 7.5MG	64
<i>trandolapril tab 4 mg</i>	57	<i>triamcinolone acetone cream 0.025%</i> 108	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	62	<i>triamcinolone acetone cream 0.1%</i>.....108	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	62	<i>triamcinolone acetone cream 0.5%</i> ....108	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	62	<i>triamcinolone acetone dental paste 0.1%</i>	150
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	62	<i>triamcinolone acetone lotion 0.025%</i> ..108	
<i>tranexamic acid tab 650 mg</i>	129	<i>triamcinolone acetone lotion 0.1%</i>	108
<i>tranylcypromine sulfate tab 10 mg</i>	42	<i>triamcinolone acetone oint 0.025%</i> ....108	
<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i>	157	<i>triamcinolone acetone oint 0.1%</i>	108
<i>trazodone hcl tab 100 mg</i>	43	<i>triamcinolone acetone oint 0.5%</i>	108
<i>trazodone hcl tab 150 mg</i>	43	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	112
		<i>triamterene & hydrochlorothiazide tab 37.5-</i> <i>25 mg</i>	112
		<i>triamterene & hydrochlorothiazide tab 75-</i> <i>50 mg</i>	112
		<i>triamterene cap 100 mg</i>	113
		<i>triamterene cap 50 mg</i>	113
		<i>triazolam tab 0.125 mg</i>	130
		<i>triazolam tab 0.25 mg</i>	130

TRIBENZOR TAB	62
<i>trientine hcl cap 250 mg</i>	147
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	79
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	79
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	79
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	79
<i>trifluridine ophth soln 1%</i>	155
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	71
<i>trihexyphenidyl hcl tab 2 mg</i>	71
<i>trihexyphenidyl hcl tab 5 mg</i>	72
TRIJARDY XR TAB	46
TRIKAFTA PAK 59.5MG.....	164
TRIKAFTA PAK 75MG	164
TRIKAFTA TAB	164
TRILEPTAL SUS 300/5ML	40
TRILEPTAL TAB 150MG	40
TRILEPTAL TAB 300MG	40
TRILEPTAL TAB 600MG	40
TRILIPIX CAP 135MG	54
TRILIPIX CAP 45MG	54
<i>trimethobenzamide hcl cap 300 mg</i>	51
<i>trimethoprim tab 100 mg</i>	24
<i>trimipramine maleate cap 100 mg</i>	45
<i>trimipramine maleate cap 25 mg</i>	45
<i>trimipramine maleate cap 50 mg</i>	45
TRIUMEQ PD TAB	82
TRIUMEQ TAB.....	82
TRIZIVIR TAB	82
TROKENDI XR CAP 100MG	40
TROKENDI XR CAP 200MG	40
TROKENDI XR CAP 25MG	40
TROKENDI XR CAP 50MG	40
<i>trospium chloride cap er 24hr 60 mg</i>	169
<i>trospium chloride tab 20 mg</i>	169
TRUE COMFORT PAD PRO	137
TRUE METRIX SOL LEVEL 1.....	136
TRUE METRIX SOL LEVEL 2	136
TRUE METRIX SOL LEVEL 3	136
TRUE METRIX TES GLUCOSE.....	111
TRULICITY INJ 0.75/0.5	48

TRULICITY INJ 1.5/0.5.....	48
TRULICITY INJ 3/0.5	48
TRULICITY INJ 4.5/0.5.....	48
TRUQAP PAK 160MG	70
TRUQAP PAK 200MG.....	70
TRUQAP TAB 160MG.....	70
TRUQAP TAB 200MG.....	70
TRUZONE PEAK MIS FLOW MTR.....	144
TRYPTYR SOL 0.003%	157
TUKYSA TAB 150MG	65
TUKYSA TAB 50MG.....	65
TURPENTINE SOL SPIRITS	110
TWIIST KIT REFILL.....	136
TWIIST KIT STARTER	136
TWIIST REFIL KIT INFUSION	136
TYBOST TAB 150MG	82
TYKERB TAB 250MG.....	70
TYMLOS INJ.....	114
TYVASO DPI POW 16-32-48.....	92
TYVASO DPI POW 16-32MCG.....	92
TYVASO DPI POW 16MCG.....	92
TYVASO DPI POW 32MCG	92
TYVASO DPI POW 48MCG	92
TYVASO DPI POW 64MCG	92
TYVASO RF KT SOL 0.6MG/ML.....	92
TYVASO SOL 0.6MG/ML	92
TYVASO ST KT SOL 0.6MG/ML.....	92

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UBRELVY TAB 100MG	145
UBRELVY TAB 50MG	145
UCERIS AER 2MG/ACT	23
UCERIS TAB 9MG.....	98
ULTICARE PAD ALCOHOL	137
ULTILET PAD ALCOHOL.....	137
ULTRASAL-ER SOL 28.5%.....	110
UNIFINE PNTP MIS 29GX12MM	143
UPTRAVI PACK TAB 200/800	92
UPTRAVI TAB 1000MCG.....	92
UPTRAVI TAB 1200MCG	92
UPTRAVI TAB 1400MCG.....	92
UPTRAVI TAB 1600MCG.....	93
UPTRAVI TAB 200MCG	92
UPTRAVI TAB 400MCG	92
UPTRAVI TAB 600MCG	92

UPTRAVI TAB 800MCG	92
urea cream 39%	109
urea cream 41%	109
urea cream 45%	109
urea cream 47%	109
UROCIT-K 10 TAB	125
UROCIT-K 15 TAB	125
UROCIT-K 5 TAB	125
UROGESIC- TAB BLUE	25
URSO 250 TAB 250MG	121
ursodiol cap 300 mg	121
ursodiol tab 250 mg	121
ursodiol tab 500 mg	121
URSO FORTE TAB 500MG	121
V	
VAGIFEM TAB 10MCG	170
valacyclovir hcl tab 1 gm	84
valacyclovir hcl tab 500 mg	84
VALCHLOR GEL 0.016%	103
valganciclovir hcl for soln 50 mg/ml (base equiv)	83
valganciclovir hcl tab 450 mg (base equivalent)	83
VALIUM TAB 10MG	28
VALIUM TAB 2MG	28
VALIUM TAB 5MG	28
valproate sodium oral soln 250 mg/5ml (base equiv)	41
valproic acid cap 250 mg	41
valsartan-hydrochlorothiazide tab 160-12.5 mg	62
valsartan-hydrochlorothiazide tab 160-25 mg	62
valsartan-hydrochlorothiazide tab 320-12.5 mg	62
valsartan-hydrochlorothiazide tab 320-25 mg	62
valsartan-hydrochlorothiazide tab 80-12.5 mg	62
valsartan oral soln 4 mg/ml	58
valsartan tab 160 mg	58
valsartan tab 320 mg	58
valsartan tab 40 mg	58
valsartan tab 80 mg	58

VALTOCO SPR 10MG	36
VALTOCO SPR 15MG	36
VALTOCO SPR 20MG	36
VALTOCO SPR 5MG	35
VANCOCIN CAP 125MG	25
VANCOCIN CAP 250MG	25
vancomycin hcl cap 125 mg (base equivalent)	25
vancomycin hcl cap 250 mg (base equivalent)	25
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	25
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	25
VANOS CRE 0.1%	108
VANRAFIA TAB 0.75MG	125
vardenafil hcl orally disintegrating tab 10 mg	91
vardenafil hcl tab 10 mg	92
vardenafil hcl tab 2.5 mg	91
vardenafil hcl tab 20 mg	92
vardenafil hcl tab 5 mg	91
varenicline tartrate tab 0.5 mg (base equiv)	164
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	164
varenicline tartrate tab 1 mg (base equiv)	164
VARUBI TAB 90MG	51
VASCEPA CAP 0.5GM	53
VASCEPA CAP 1GM	53
VASERETIC TAB 10-25MG	62
VASOTEC TAB 10MG	57
VASOTEC TAB 2.5MG	57
VASOTEC TAB 20MG	57
VASOTEC TAB 5MG	57
VCF VAGINAL GEL CONTRACE	170
VCF VAGINAL MIS CONTRACP	170
VECAMEYL TAB 2.5MG	62
VELSIPITY TAB 2MG	123
VELTASSA POW 16.8GM	150
VELTASSA POW 1GM	149
VELTASSA POW 25.2GM	150
VELTASSA POW 8.4GM	149

VEMLIDY TAB 25MG	84	VERELAN CAP 360MG SR	89
VENCLEXTA TAB 100MG	65	VERELAN PM CAP 100MG ER	89
VENCLEXTA TAB 10MG	65	VERELAN PM CAP 200MG ER	89
VENCLEXTA TAB 50MG	65	VERELAN PM CAP 300MG ER	89
VENCLEXTA TAB START PK	65	VERISAFE MIS 23GX1.5	143
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	<i>44</i>	VERISAFE MIS 25GX1	143
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	<i>44</i>	VERQUVO TAB 10MG	93
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	<i>44</i>	VERQUVO TAB 2.5MG	93
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	<i>44</i>	VERQUVO TAB 5MG	93
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	<i>44</i>	VERSACLOZ SUS 50MG/ML	78
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	<i>44</i>	VERZENIO TAB 100MG	70
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	<i>44</i>	VERZENIO TAB 150MG	70
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	<i>44</i>	VERZENIO TAB 200MG	70
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	<i>44</i>	VERZENIO TAB 50MG	70
VENTAVIS SOL 10MCG/ML	92	VESICARE LS SUS 5MG/5ML	169
VENTAVIS SOL 20MCG/ML	92	VESICARE TAB 10MG	169
VENT NEEDLE MIS 18GX1	143	VESICARE TAB 5MG	169
VEOZAH TAB 45MG	116	VFEND SUS 40MG/ML	52
<i>verapamil hcl cap er 24hr 100 mg</i>	<i>88</i>	VFEND TAB 50MG	52
<i>verapamil hcl cap er 24hr 120 mg</i>	<i>88</i>	VIBERZI TAB 100MG	124
<i>verapamil hcl cap er 24hr 180 mg</i>	<i>88</i>	VIBERZI TAB 75MG	124
<i>verapamil hcl cap er 24hr 200 mg</i>	<i>88</i>	VIBRAMYCIN CAP 100MG	165
<i>verapamil hcl cap er 24hr 240 mg</i>	<i>88</i>	VIBRAMYCIN SUS 25MG/5ML	165
<i>verapamil hcl cap er 24hr 300 mg</i>	<i>88</i>	<i>vigabatrin powd pack 500 mg</i>	<i>40</i>
<i>verapamil hcl cap er 24hr 360 mg</i>	<i>88</i>	<i>vigabatrin tab 500 mg</i>	<i>40</i>
<i>verapamil hcl tab 120 mg</i>	<i>88</i>	VIGAMOX DRO 0.5%	155
<i>verapamil hcl tab 40 mg</i>	<i>88</i>	<i>vilazodone hcl tab 10 mg</i>	<i>43</i>
<i>verapamil hcl tab 80 mg</i>	<i>88</i>	<i>vilazodone hcl tab 20 mg</i>	<i>43</i>
<i>verapamil hcl tab er 120 mg</i>	<i>88</i>	<i>vilazodone hcl tab 40 mg</i>	<i>43</i>
<i>verapamil hcl tab er 180 mg</i>	<i>88</i>	VIMOVO TAB 375-20MG	14
<i>verapamil hcl tab er 240 mg</i>	<i>88</i>	VIMOVO TAB 500-20MG	14
VERASENS LIQ LEVEL 1	136	VIMPAT SOL 10MG/ML	40
VERELAN CAP 120MG SR	88	VIMPAT TAB 100MG	40
VERELAN CAP 180MG SR	88	VIMPAT TAB 150MG	40
VERELAN CAP 240MG SR	89	VIMPAT TAB 200MG	40
		VIMPAT TAB 50MG	40
		VIOKACE TAB 10440	112
		VIOKACE TAB 20880	112
		VIRASAL LIQ 27.5%	110
		VIREAD POW 40MG/GM	82
		VIREAD TAB 150MG	82
		VIREAD TAB 200MG	82
		VIREAD TAB 250MG	82
		VIREAD TAB 300MG	82

VISTARIL CAP 25MG	27
VISTOGARD PAK 10GM	50
VITRAKVI CAP 100MG	70
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VYTORIN TAB 10-20MG.....	53
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VYTORIN TAB 10-80MG.....	53
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<i>warfarin sodium tab 1 mg</i>	33

<i>warfarin sodium tab 2.5 mg</i>	33
<i>warfarin sodium tab 2 mg</i>	33
<i>warfarin sodium tab 3 mg</i>	33
<i>warfarin sodium tab 4 mg</i>	33
<i>warfarin sodium tab 5 mg</i>	33
<i>warfarin sodium tab 6 mg</i>	33
<i>warfarin sodium tab 7.5 mg</i>	33
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WEBCOL PREP PAD MEDIUM	137
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WEGOVY INJ 0.5MG	4
WEGOVY INJ 1.7MG.....	4
WEGOVY INJ 1MG.....	4
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XCOPRI PAK 150-200	40
XCOPRI PAK 50-100MG	40
XCOPRI TAB 100MG	40
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XCOPRI TAB 200MG	40
XCOPRI TAB 25MG	40
XCOPRI TAB 50MG	40
XELJANZ SOL 1MG/ML	11
XELJANZ TAB 10MG	11
XELJANZ TAB 5MG	11
XELJANZ XR TAB 11MG	11
XELJANZ XR TAB 22MG	11
XELODA TAB 150MG	64
XELODA TAB 500MG	64
XENICAL CAP 120MG	4
XEPI CRE 1%	101
XERAC-AC SOL 6.25%	110
XERESE CRE 5-1%	105
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<i>zaleplon cap 10 mg</i>	130
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ZANAFLEX CAP 4MG	152
ZANAFLEX CAP 6MG	152
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<i>ziprasidone hcl cap 60 mg</i>	75	<i>zonisamide cap 25 mg</i>	40
<i>ziprasidone hcl cap 80 mg</i>	75	<i>zonisamide cap 50 mg</i>	40
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SUM7280-1S (1/26)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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