



Prescribing Guide – Basic Control with Advanced Control Specialty Formulary® for Gravie

Effective October 1, 2025

The 2025 Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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Table of Contents

INTRODUCTION	14
PREFACE	14
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	15
GENERIC SUBSTITUTION	15
LEGEND	15
NOTICE	16
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	17
AMPHETAMINES	17
ANALEPTICS	18
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	18
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	18
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS	18
STIMULANTS - MISC.	18
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	19
ALLERGENIC EXTRACTS	19
AMINOGLYCOSIDES	19
AMINOGLYCOSIDES	19
ANALGESICS - ANTI-INFLAMMATORY	20
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	20
ANTIRHEUMATIC - ENZYME INHIBITORS	23
ANTIRHEUMATIC ANTIMETABOLITES	24
INTERLEUKIN-6 RECEPTOR INHIBITORS	24
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	24
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	25
PYRIMIDINE SYNTHESIS INHIBITORS	25
SELECTIVE COSTIMULATION MODULATORS	25
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	26
ANALGESICS - NONNARCOTIC	26
ANALGESIC COMBINATIONS	26
ANALGESICS OTHER	26
SALICYLATES	27
ANALGESICS - OPIOID	27
OPIOID AGONISTS	27
OPIOID COMBINATIONS	27
OPIOID PARTIAL AGONISTS	29
ANDROGENS-ANABOLIC	29
ANDROGENS	29
ANORECTAL AND RELATED PRODUCTS	30
INTRARECTAL STEROIDS	30
RECTAL COMBINATIONS	30
RECTAL STEROIDS	30
VASODILATING AGENTS	30
ANTHELMINTICS	30

ANTHELMINTICS	30
ANTI-INFECTIVE AGENTS - MISC.	30
ANTI-INFECTIVE AGENTS - MISC.	30
ANTI-INFECTIVE MISC. - COMBINATIONS	30
ANTIPROTOZOAL AGENTS	31
CARBAPENEMS.....	31
CHLORAMPHENICOLS	31
CYCLIC LIPOPEPTIDES	31
GLYCOPEPTIDES	31
LEPROSTATICS	31
LINCOSAMIDES.....	31
MONOBACTAMS.....	32
OXAZOLIDINONES	32
POLYMYXINS.....	32
URINARY ANTI-INFECTIVES	32
ANTIANGINAL AGENTS.....	32
ANTIANGINALS-OTHER.....	32
NITRATES	32
ANTIANXIETY AGENTS.....	32
ANTIANXIETY AGENTS - MISC.	32
BENZODIAZEPINES.....	33
ANTIARRHYTHMICS	33
ANTIARRHYTHMICS - MISC.....	33
ANTIARRHYTHMICS TYPE I-A	33
ANTIARRHYTHMICS TYPE I-B	33
ANTIARRHYTHMICS TYPE I-C	33
ANTIARRHYTHMICS TYPE III	33
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	34
ANTI-INFLAMMATORY AGENTS	34
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	34
BRONCHODILATORS - ANTICHOLINERGICS.....	35
LEUKOTRIENE MODULATORS	36
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	36
STEROID INHALANTS.....	36
SYMPATHOMIMETICS	37
XANTHINES.....	39
ANTICOAGULANTS.....	39
COUMARIN ANTICOAGULANTS.....	39
DIRECT FACTOR XA INHIBITORS	39
HEPARINS AND HEPARINOID-LIKE AGENTS.....	40
THROMBIN INHIBITORS	40
ANTICONSULSANTS	40
AMPA GLUTAMATE RECEPTOR ANTAGONISTS.....	40
ANTICONSULSANTS - BENZODIAZEPINES.....	40

ANTICONVULSANTS - MISC.....	40
CARBAMATES	42
GABA MODULATORS	42
HYDANTOINS	43
SUCCINIMIDES	43
VALPROIC ACID	43
ANTIDEPRESSANTS.....	43
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	43
ANTIDEPRESSANTS - MISC.	43
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID	44
MONOAMINE OXIDASE INHIBITORS (MAOIS)	44
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	44
SEROTONIN MODULATORS.....	44
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS).....	44
TRICYCLIC AGENTS	45
ANTIDIABETICS.....	45
ALPHA-GLUCOSIDASE INHIBITORS	45
ANTIDIABETIC COMBINATIONS	45
BIGUANIDES	46
DIABETIC OTHER	46
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	47
INCRETIN MIMETIC AGENTS	47
INSULIN.....	47
INSULIN SENSITIZING AGENTS	48
MEGLITINIDE ANALOGUES	48
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	49
SULFONYLUREAS	49
ANTIDIARRHEAL/PROBIOTIC AGENTS.....	49
ANTIPERISTALTIC AGENTS	49
ANTIDOTES AND SPECIFIC ANTAGONISTS.....	49
ANTIDOTES - CHELATING AGENTS.....	49
ANTIDOTES AND SPECIFIC ANTAGONISTS	49
BENZODIAZEPINE ANTAGONISTS	49
OPIOID ANTAGONISTS	49
ANTIEMETICS	50
5-HT3 RECEPTOR ANTAGONISTS	50
ANTIEMETICS - ANTICHOLINERGIC.....	50
ANTIEMETICS - MISCELLANEOUS.....	50
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	50
ANTIFUNGALS	50
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS.....	50
ANTIFUNGALS.....	50
IMIDAZOLE-RELATED ANTIFUNGALS.....	51
ANTIHIISTAMINES	51

ANTIHISTAMINES - ALKYLAMINES	51
ANTIHISTAMINES - ETHANOLAMINES	51
ANTIHISTAMINES - NON-SEDATING	51
ANTIHISTAMINES - PHENOTHIAZINES.....	51
ANTIHISTAMINES - PIPERIDINES.....	51
ANTIHYPERLIPIDEMICS.....	52
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	52
ANTIHYPERLIPIDEMICS - COMBINATIONS.....	52
ANTIHYPERLIPIDEMICS - MISC.....	52
BILE ACID SEQUESTRANTS.....	52
FIBRIC ACID DERIVATIVES	52
HMG COA REDUCTASE INHIBITORS	52
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	53
NICOTINIC ACID DERIVATIVES.....	53
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	53
ANTIHYPERTENSIVES	53
ACE INHIBITORS	53
AGENTS FOR PHEOCHROMOCYTOMA	53
ANGIOTENSIN II RECEPTOR ANTAGONISTS	54
ANTIADRENERGIC ANTIHYPERTENSIVES.....	54
ANTIHYPERTENSIVE COMBINATIONS.....	54
DIRECT RENIN INHIBITORS.....	57
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	57
VASODILATORS	58
ANTIMALARIALS	58
ANTIMALARIAL COMBINATIONS.....	58
ANTIMALARIALS	58
ANTIMYASTHENIC/CHOLINERGIC AGENTS	58
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	58
ANTIMYCOBACTERIAL AGENTS.....	58
ANTIMYCOBACTERIAL AGENTS.....	58
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	58
ALKYLATING AGENTS.....	58
ANTIMETABOLITES	59
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	59
ANTINEOPLASTIC - ANTI-HER2 AGENTS.....	60
ANTINEOPLASTIC - ANTIBODIES	60
ANTINEOPLASTIC - EGFR INHIBITORS	60
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	60
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	60
ANTINEOPLASTIC ANTIBIOTICS.....	61
ANTINEOPLASTIC COMBINATIONS.....	61
ANTINEOPLASTIC ENZYME INHIBITORS.....	61
ANTINEOPLASTICS MISC.....	65

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	65
MITOTIC INHIBITORS	65
ANTIPARKINSON AND RELATED THERAPY AGENTS.....	65
ANTIPARKINSON ADJUNCTIVE THERAPY	65
ANTIPARKINSON ANTICHOLINERGICS	65
ANTIPARKINSON COMT INHIBITORS	65
ANTIPARKINSON DOPAMINERGICS	65
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	66
ANTIPSYCHOTICS/ANTIMANIC AGENTS	66
ANTIMANIC AGENTS.....	66
ANTIPSYCHOTICS - MISC.	67
BENZISOXAZOLES	67
BUTYROPHENONES	67
DIBENZAPINES	67
DIHYDROINDOLONES	67
PHENOTHIAZINES	68
QUINOLINONE DERIVATIVES.....	68
THIOXANTHENES	68
ANTISEPTICS & DISINFECTANTS	68
ANTISEPTICS & DISINFECTANTS.....	68
ANTIVIRALS	68
ANTIRETROVIRALS.....	68
ANTIVIRAL COMBINATIONS.....	70
CMV AGENTS.....	70
HEPATITIS AGENTS.....	70
HERPES AGENTS.....	71
INFLUENZA AGENTS	71
BETA BLOCKERS	71
ALPHA-BETA BLOCKERS	71
BETA BLOCKERS CARDIO-SELECTIVE	72
BETA BLOCKERS NON-SELECTIVE	72
CALCIUM CHANNEL BLOCKERS.....	72
CALCIUM CHANNEL BLOCKERS.....	72
CARDIOTONICS	73
CARDIAC GLYCOSIDES.....	73
INOTROPES	73
CARDIOVASCULAR AGENTS - MISC.	74
CARDIOPLEGIC SOLUTIONS.....	74
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS.....	74
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS.....	75
IMPOTENCE AGENTS	75
PERIPHERAL VASODILATORS	75
PROSTAGLANDIN VASODILATORS	75
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	76

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	76
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	76
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	76
SEPTAL AGENTS	76
SINUS NODE INHIBITORS	76
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)	76
CEPHALOSPORINS	76
CEPHALOSPORINS - 1ST GENERATION	76
CEPHALOSPORINS - 2ND GENERATION	77
CEPHALOSPORINS - 3RD GENERATION	77
CEPHALOSPORINS - 4TH GENERATION	77
CONTRACEPTIVES	77
COMBINATION CONTRACEPTIVES - ORAL.....	77
COMBINATION CONTRACEPTIVES - TRANSDERMAL	79
COMBINATION CONTRACEPTIVES - VAGINAL	79
PROGESTIN CONTRACEPTIVES - INJECTABLE	80
PROGESTIN CONTRACEPTIVES - IUD	80
PROGESTIN CONTRACEPTIVES - ORAL	80
CORTICOSTEROIDS	80
GLUCOCORTICOSTEROIDS	80
MINERALOCORTICIDS	81
COUGH/COLD/ALLERGY	81
ANTITUSSIVES.....	81
COUGH/COLD/ALLERGY COMBINATIONS	81
EXPECTORANTS	81
MISC. RESPIRATORY INHALANTS	81
MUCOLYTICS	81
DERMATOLOGICALS	81
ACNE PRODUCTS	81
ANTI-INFLAMMATORY AGENTS - TOPICAL	83
ANTIBIOTICS - TOPICAL	83
ANTIFUNGALS - TOPICAL	83
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	84
ANTIPRURITICS - TOPICAL	84
ANTIPSORIATICS	84
ANTISEBORRHEIC PRODUCTS	87
ANTIVIRALS - TOPICAL.....	87
BURN PRODUCTS	87
CORTICOSTEROIDS - TOPICAL	87
ECZEMA AGENTS.....	88
EMOLLIENT/KERATOLYTIC AGENTS	90
EMOLLIENTS	90
GLABELLAR LINES (FROWN LINES) AGENTS	90
HAIR GROWTH AGENTS	90

IMMUNOMODULATING AGENTS - SYSTEMIC.....	90
IMMUNOMODULATING AGENTS - TOPICAL	90
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	90
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	90
LOCAL ANESTHETICS - TOPICAL	90
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	90
ROSACEA AGENTS	91
SCABICIDES & PEDICULICIDES	91
SCAR TREATMENT PRODUCTS	91
TAR PRODUCTS	91
DIAGNOSTIC PRODUCTS.....	91
DIAGNOSTIC TESTS	91
DIGESTIVE AIDS	91
DIGESTIVE ENZYMES	91
DIURETICS	92
CARBONIC ANHYDRASE INHIBITORS.....	92
DIURETIC COMBINATIONS.....	92
LOOP DIURETICS.....	92
OSMOTIC DIURETICS	92
POTASSIUM SPARING DIURETICS	92
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	93
ENDOCRINE AND METABOLIC AGENTS - MISC.....	93
BONE DENSITY REGULATORS	93
FERTILITY REGULATORS	93
GNRH/LHRH ANTAGONISTS	93
GROWTH HORMONES	94
HORMONE RECEPTOR MODULATORS	94
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	94
METABOLIC MODIFIERS.....	94
MINERALOCORTICOID RECEPTOR ANTAGONISTS	95
POSTERIOR PITUITARY HORMONES.....	95
PROLACTIN INHIBITORS	95
SOMATOSTATIC AGENTS	95
VASOPRESSIN RECEPTOR ANTAGONISTS	96
ESTROGENS	96
ESTROGEN COMBINATIONS	96
ESTROGENS.....	96
FLUOROQUINOLONES	97
FLUOROQUINOLONES	97
GASTROINTESTINAL AGENTS - MISC.....	97
5-HT4 RECEPTOR AGONISTS	97
GALLSTONE SOLUBILIZING AGENTS	97
GASTROINTESTINAL ANTIALLERGY AGENTS	97
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS.....	97

GASTROINTESTINAL STIMULANTS	98
INFLAMMATORY BOWEL AGENTS	98
INTESTINAL ACIDIFIERS	99
IRRITABLE BOWEL SYNDROME (IBS) AGENTS.....	99
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	100
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS.....	100
PHOSPHATE BINDER AGENTS	100
GENITOURINARY AGENTS - MISCELLANEOUS	100
ALKALINIZERS	100
CYSTINOSIS AGENTS	100
GENITOURINARY IRRIGANTS.....	100
PROSTATIC HYPERTROPHY AGENTS	100
URINARY ANALGESICS	101
URINARY STONE AGENTS	101
GOUT AGENTS	101
GOUT AGENT COMBINATIONS	101
GOUT AGENTS.....	101
URICOSURICS	101
HEMATOLOGICAL AGENTS - MISC.	101
ANTIHEMOPHILIC PRODUCTS	101
BRADYKININ B2 RECEPTOR ANTAGONISTS.....	102
COMPLEMENT INHIBITORS	102
HEMATORHEOLOGIC AGENTS	102
PLASMA EXPANDERS.....	102
PLASMA KALLIKREIN INHIBITORS.....	102
PLATELET AGGREGATION INHIBITORS	103
PROTAMINE	103
HEMATOPOIETIC AGENTS	103
AGENTS FOR GAUCHER DISEASE	103
AGENTS FOR SICKLE CELL DISEASE	103
COBALAMINS	104
FOLIC ACID/FOLATES	104
HEMATOPOIETIC GROWTH FACTORS.....	104
IRON	105
STEM CELL MOBILIZERS.....	105
HEMOSTATICS	105
HEMOSTATICS - SYSTEMIC	105
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	105
BARBITURATE HYPNOTICS.....	105
HYPNOTICS - TRICYCLIC AGENTS	105
NON-BARBITURATE HYPNOTICS.....	105
OREXIN RECEPTOR ANTAGONISTS.....	106
SELECTIVE MELATONIN RECEPTOR AGONISTS	106
LAXATIVES	106

LAXATIVE COMBINATIONS	106
LAXATIVES - MISCELLANEOUS	106
LUBRICANT LAXATIVES	106
LOCAL ANESTHETICS-PARENTERAL	106
LOCAL ANESTHETIC COMBINATIONS	106
LOCAL ANESTHETICS - AMIDES	107
LOCAL ANESTHETICS - ESTERS	107
MACROLIDES	107
AZITHROMYCIN	107
CLARITHROMYCIN	107
ERYTHROMYCINS	107
FIDAXOMICIN	107
MEDICAL DEVICES AND SUPPLIES	107
DIABETIC SUPPLIES	107
PARENTERAL THERAPY SUPPLIES	134
MIGRAINE PRODUCTS	135
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	135
MIGRAINE COMBINATIONS	135
MIGRAINE PRODUCTS	135
MIGRAINE PRODUCTS - NSAIDS	135
SEROTONIN AGONISTS	136
MINERALS & ELECTROLYTES	137
BICARBONATES	137
CALCIUM	137
ELECTROLYTE MIXTURES	137
FLUORIDE	138
IODINE PRODUCTS	138
MAGNESIUM	138
MANGANESE	138
PHOSPHATE	138
POTASSIUM	138
SODIUM	139
TRACE MINERALS	139
ZINC	139
MISCELLANEOUS THERAPEUTIC CLASSES	139
CHELATING AGENTS	139
IMMUNOMODULATORS	139
IMMUNOSUPPRESSIVE AGENTS	139
POTASSIUM REMOVING AGENTS	140
MOUTH/THROAT/DENTAL AGENTS	140
ANESTHETICS TOPICAL ORAL	140
ANTI-INFECTIVES - THROAT	140
ANTISEPTICS - MOUTH/THROAT	140
STEROIDS - MOUTH/THROAT/DENTAL	140

THROAT PRODUCTS - MISC.....	140
MUSCULOSKELETAL THERAPY AGENTS.....	140
CENTRAL MUSCLE RELAXANTS	140
DIRECT MUSCLE RELAXANTS	141
MUSCLE RELAXANT COMBINATIONS.....	141
VISCOSUPPLEMENTS	141
NASAL AGENTS - SYSTEMIC AND TOPICAL	141
NASAL AGENT COMBINATIONS.....	141
NASAL ANTIALLERGY	141
NASAL ANTICHOLINERGICS	141
NASAL STEROIDS.....	141
SYMPATHOMIMETIC DECONGESTANTS	141
NEUROMUSCULAR AGENTS	142
ALS AGENTS.....	142
DEPOLARIZING MUSCLE RELAXANTS.....	142
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS.....	142
NONDEPOLARIZING MUSCLE RELAXANTS.....	142
NUTRIENTS	142
CARBOHYDRATES.....	142
PROTEINS	142
OPHTHALMIC AGENTS	142
BETA-BLOCKERS - OPHTHALMIC.....	142
CYCLOPLEGIC MYDRIATICS	143
MIOTICS	143
OPHTHALMIC - ANGIOGENESIS INHIBITORS	143
OPHTHALMIC ADRENERGIC AGENTS.....	143
OPHTHALMIC ANTI-INFECTIVES.....	143
OPHTHALMIC IMMUNOMODULATORS	144
OPHTHALMIC INTEGRIN ANTAGONISTS.....	144
OPHTHALMIC KINASE INHIBITORS	144
OPHTHALMIC LOCAL ANESTHETICS.....	144
OPHTHALMIC STEROIDS.....	144
OPHTHALMICS - MISC.....	144
PROSTAGLANDINS - OPHTHALMIC	145
OTIC AGENTS	145
OTIC AGENTS - MISCELLANEOUS	145
OTIC ANTI-INFECTIVES	145
OTIC COMBINATIONS	145
OTIC STEROIDS	145
OXYTOCICS	146
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING.....	146
OXYTOCICS.....	146
PASSIVE IMMUNIZING AND TREATMENT AGENTS.....	146
IMMUNE SERUMS.....	146

PENICILLINS	146
AMINOPENICILLINS.....	146
NATURAL PENICILLINS.....	146
PENICILLIN COMBINATIONS.....	146
PENICILLINASE-RESISTANT PENICILLINS.....	147
PHARMACEUTICAL ADJUVANTS	147
LIQUID VEHICLES.....	147
PROGESTINS	147
PROGESTINS.....	147
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	147
AGENTS FOR CHEMICAL DEPENDENCY.....	147
ANTI-CATAPLECTIC AGENTS.....	148
ANTIDEMENTIA AGENTS.....	148
COMBINATION PSYCHOTHERAPEUTICS.....	148
FIBROMYALGIA AGENTS.....	149
MOVEMENT DISORDER DRUG THERAPY.....	149
MULTIPLE SCLEROSIS AGENTS.....	149
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS.....	151
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS.....	151
PSEUDOBULBAR AFFECT (PBA) AGENTS.....	151
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	151
SMOKING DETERRENTS.....	151
VASOMOTOR SYMPTOM AGENTS.....	151
RESPIRATORY AGENTS - MISC	151
ALPHA-PROTEINASE INHIBITOR (HUMAN).....	151
PULMONARY FIBROSIS AGENTS.....	151
SULFONAMIDES	152
SULFONAMIDES.....	152
TETRACYCLINES	152
GLYCYLCYCLINES.....	152
TETRACYCLINES.....	152
THYROID AGENTS	152
ANTITHYROID AGENTS.....	152
THYROID HORMONES.....	152
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	152
ANTISPASMODICS.....	152
H-2 ANTAGONISTS.....	153
MISC. ANTI-ULCER.....	153
PROTON PUMP INHIBITORS.....	153
ULCER DRUGS - PROSTAGLANDINS.....	153
ULCER THERAPY COMBINATIONS.....	153
URINARY ANTISPASMODICS	154
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC).....	154
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS.....	154

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	154
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	154
VAGINAL AND RELATED PRODUCTS	154
VAGINAL ANTI-INFECTIVES	154
VAGINAL ESTROGENS.....	154
VAGINAL PROGESTINS	155
VASOPRESSORS	155
ANAPHYLAXIS THERAPY AGENTS.....	155
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS	155
VASOPRESSORS.....	155
VITAMINS.....	155
OIL SOLUBLE VITAMINS.....	155
WATER SOLUBLE VITAMINS	155
Index	156

INTRODUCTION

We are pleased to provide the 2025 ***Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie*** as a useful reference and informational tool. The ***Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie*** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The ***Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie*** is reflective of current medical practice as of the date of review.

The information contained in this ***Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie*** is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This ***Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie*** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the ***Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie*** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>.

PREFACE

The ***Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie*** is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. Pharmacy law requires a valid prescription for purchase of needles and syringes in certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.

Drugs represented in the **Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie** may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications on the **Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie** will generally cost more than generics, and brand-name medications not on the list will generally cost the most.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically appropriate drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark® employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

LEGEND

Abbreviation	Description
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ACA	Drug may be covered as a preventive service for \$0 member cost
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	share
MSB	A brand with a generic available; drug is produced by more than one manufacturer
PA	Prior Authorization
PV	Drug may be covered as a preventive service for \$0 member cost share
QL	Quantity Limits
ST	Step Therapy
SP	Specialty

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When viewing the *Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie* via the Internet, please be advised that the *Prescribing Guide - Basic Control with Advanced Control Specialty Formulary® for Gravie* is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine tbed 3.1mg, 6.3mg, 9.4mg</i>	1	QL (60 ea every 25 days)
<i>amphetamine tbed 12.5mg, 15.7mg, 18.8mg</i>	1	QL (30 ea every 25 days)
<i>amphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	QL (60 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	QL (60 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 25 days)
DEXEDRINE CP24 10MG	3	QL (120 caps every 25 days); MSB
DEXEDRINE CP24 15MG	3	QL (60 caps every 25 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	1	QL (120 caps every 25 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	1	QL (60 caps every 25 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (1200 mL every 25 days)
<i>dextroamphetamine sulfate tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	1	QL (120 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tabs 15mg, 20mg</i>	1	QL (60 tabs every 25 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	1	QL (30 tabs every 25 days)
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg</i>	1	QL (60 caps every 25 days)
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg</i>	1	QL (30 caps every 25 days)
<i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg</i>	1	QL (60 tabs every 25 days)
<i>lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg</i>	1	QL (30 tabs every 25 days)
<i>methamphetamine hcl tabs 5mg</i>	1	QL (150 tabs every 25 days)
ANALEPTICS		
<i>caffeine & sodium benzoate inj 125-125 mg/ml (500 mg/2ml)</i>	1	
<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg</i>	1	QL (120 caps every 25 days)
<i>atomoxetine hcl caps 40mg</i>	1	QL (60 caps every 25 days)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	1	QL (30 caps every 25 days)
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	ST, PA
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	ST, PA
<i>QELBREE CP24 100MG, 150MG, 200MG</i>	2	QL (90 caps every 25 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
<i>SUNOSI TABS 75MG, 150MG</i>	2	PA
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
<i>WAKIX TABS 4.45MG, 17.8MG</i>	2	SP, PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA
<i>AZSTARYS CAP 26.1-5.2</i>	2	QL (30 caps every 25 days)
<i>AZSTARYS CAP 39.2-7.8</i>	2	QL (30 caps every 25 days)
<i>AZSTARYS CAP 52.3-10.</i>	2	QL (30 caps every 25 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1	QL (60 caps every 25 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 caps every 25 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	QL (120 tabs every 25 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
FOCALIN TABS 2.5MG, 5MG	3	QL (120 tabs every 25 days); MSB
FOCALIN TABS 10MG	3	QL (60 tabs every 25 days); MSB
FOCALIN XR CP24 5MG, 10MG, 15MG, 20MG	3	QL (60 caps every 25 days); MSB
FOCALIN XR CP24 25MG, 30MG, 35MG, 40MG	3	QL (30 caps every 25 days); MSB
METHYLIN SOLN 5MG/5ML	3	QL (1800 mL every 25 days); MSB
METHYLIN SOLN 10MG/5ML	3	QL (900 mL every 25 days); MSB
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	QL (30 patches every 25 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl cp24 10mg, 15mg, 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cp24 40mg, 50mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1	QL (1800 mL every 25 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1	QL (900 mL every 25 days)
<i>methylphenidate hcl tabs 20mg; tbcrl 10mg, 20mg</i>	1	QL (90 tabs every 25 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcrl 18mg, 27mg, 36mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tb24 54mg; tbcrl 45mg, 54mg, 63mg, 72mg</i>	1	QL (30 tabs every 25 days)
<i>modafinil tabs 100mg, 200mg</i>	1	PA
RITALIN TABS 5MG, 10MG	3	QL (180 tabs every 25 days); MSB
RITALIN TABS 20MG	3	QL (90 tabs every 25 days); MSB

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800BAU	2	PA; PV
ORALAIR SUB 300 IR	2	PA; PV
RAGWITEK SUBL 12AMBA1-U	2	PA; PV

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>streptomycin sulfate solr 1gm</i>	1	
<i>tobramycin nebu 300mg/4ml</i>	1	SP, PA, QL (8 mL every 1 day)
<i>tobramycin nebu 300mg/5ml</i>	1	SP, PA, QL (10 mL every 1 day)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; solr 1.2gm</i>	1	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	2	SP, PA, QL (0.058 pens every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	2	SP, PA, QL (0.073 pens every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	2	SP, PA, QL (0.08 syringes every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML	2	SP, PA, QL (0.145 syringes every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMUMAB-ADAZ SOSY 40MG/0.4ML	2	SP, PA, QL (0.058 syringes every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	2	SP, PA, QL (0.143 injections every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SOAJ 40MG/0.4ML	2	SP, PA, QL (0.058 pens every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SOSY 20MG/0.2ML	2	SP, PA, QL (0.029 syringes every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SOSY 40MG/0.4ML	2	SP, PA, QL (0.058 syringes every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	2	SP, PA, QL (0.006 pens every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	2	SP, PA, QL (0.058 pens every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PLAQ INJ PSORIASI	2	SP, PA, QL (0.006 pens every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA SOLN 50MG/4ML	2	SP, PA, QL (0.072 vials every 1 day)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15MG, 30MG	2	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TB24 45MG	2	SP, PA, QL (0.006 tabs every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ LQ SOLN 1MG/ML	2	SP, PA, QL (12 mL every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ SOLN 1MG/ML	2	SP, PA, QL (10 mL every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TABS 5MG, 10MG	2	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TB24 11MG, 22MG	2	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO SOAJ 7.5MG/0.15ML	2	PA, QL (0.147 pens every 1 day)
RASUVO SOAJ 10MG/0.2ML, 20MG/0.4ML	2	PA, QL (0.145 pens every 1 day)
RASUVO SOAJ 12.5MG/0.25ML, 22.5MG/0.45ML, 25MG/0.5ML	2	PA, QL (0.144 pens every 1 day)
RASUVO SOAJ 15MG/0.3ML, 17.5MG/0.35ML, 30MG/0.6ML	2	PA, QL (0.143 pens every 1 day)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	2	SP, PA, QL (0.09 pens every 1 day); Preferred for Rheumatoid Arthritis
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	2	SP, PA, QL (0.09 syringes every 1 day); Preferred for Rheumatoid Arthritis
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib caps 50mg, 100mg, 200mg, 400mg	1	
diclofenac potassium caps 25mg; tabs 25mg, 50mg	1	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1	
fenoprofen calcium caps 400mg	1	
flurbiprofen tabs 50mg, 100mg	1	
ibuprofen susp 100mg/5ml, 200mg/10ml; tabs 300mg, 400mg, 600mg, 800mg	1	
ibuprofen lysine soln 10mg/ml	1	
ibuprofen-famotidine tab 800-26.6 mg	1	
indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg; susp 25mg/5ml	1	
ketoprofen caps 25mg, 50mg; cp24 200mg	1	
ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg	1	
meclofenamate sodium caps 50mg, 100mg	1	
mefenamic acid caps 250mg	1	
meloxicam caps 5mg, 10mg; susp 7.5mg/5ml; tabs 7.5mg, 15mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg; tb24 375mg, 500mg, 750mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	1	
<i>oxaprozin caps 300mg; tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 20MG, 30MG	2	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20	2	SP, PA, QL (1.97 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	2	SP, PA, QL (1.97 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tabs 10mg, 20mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SOSY 50MG/0.4ML	2	SP, PA, QL (0.145 syringes every 1 day); Preferred for Rheumatoid Arthritis
ORENCIA SOSY 87.5MG/0.7ML	2	SP, PA, QL (0.143 syringes every 1 day); Preferred for Rheumatoid Arthritis
ORENCIA SOSY 125MG/ML	2	SP, PA, QL (0.143 syringe every 1 day); Preferred for Rheumatoid Arthritis
ORENCIA CLICKJECT SOAJ 125MG/ML	2	SP, PA, QL (0.143 pen every 1 day); Preferred for Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25MG/0.5ML	2	SP, PA, QL (0.143 vials every 1 day); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL SOSY 25MG/0.5ML, 50MG/ML	2	SP, PA, QL (0.143 syringes every 1 day); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL MINI SOCT 50MG/ML	2	SP, PA, QL (0.143 injections every 1 day); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL SURECLICK SOAJ 50MG/ML	2	SP, PA, QL (0.143 pens every 1 day); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen cap 50-300 mg</i>	1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	1	QL (48 tabs every 25 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs every 25 days)
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i>	1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	1	QL (48 tabs every 25 days)
<i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)

ANALGESICS OTHER

<i>acetaminophen soln 10mg/ml, 1000mg/100ml</i>	1	
<i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>diflunisal tabs 500mg</i>	1	
<i>salsalate tabs 500mg, 750mg</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>codeine sulfate tabs 30mg</i>	1	PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	PA
<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	1	PA
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg, 32mg</i>	1	PA
<i>hydromorphone hcl soln .2mg/ml, 1mg/ml, 2mg/ml</i>	1	
<i>levorphanol tartrate tabs 2mg, 3mg</i>	1	PA
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	1	PA
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg</i>	1	PA
<i>methadone hcl conc 10mg/ml; tbso 40mg</i>	1	
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	PA
<i>morphine sulfate soln 2mg/ml, 4mg/ml</i>	1	
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1	PA
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA
<i>oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	1	PA
<i>tramadol hcl cp24 100mg, 200mg, 300mg; soln 5mg/ml; tabs 25mg, 50mg, 75mg, 100mg; tb24 100mg, 200mg, 300mg</i>	1	PA
<i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG</i>	2	PA
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL every 25 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs every 25 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs every 25 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs every 25 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL (300 caps every 25 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (48 caps every 25 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (48 caps every 25 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL every 25 days)
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	1	PA, QL (2025 mL every 25 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (2700 mL every 25 days)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	PA, QL (240 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (240 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (50 tabs every 25 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (50 tabs every 25 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (50 tabs every 25 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	PA, QL (1800 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (240 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (40 tabs every 25 days)

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	2	PA
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA
<i>buprenorphine hcl soln .3mg/ml</i>	1	
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	PA; PV
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	PV, QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	PV, QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	PV, QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	PV, QL (2 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	PV, QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	PV, QL (3 tabs every 1 day)
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (2 bottles every 25 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
<i>ZUBSOLV SUB 0.7-0.18</i>	2	PV, QL (3 tabs every 1 day)
<i>ZUBSOLV SUB 1.4-0.36</i>	2	PV, QL (3 tabs every 1 day)
<i>ZUBSOLV SUB 2.9-0.71</i>	2	PV, QL (3 tabs every 1 day)
<i>ZUBSOLV SUB 5.7-1.4</i>	2	PV, QL (3 tabs every 1 day)
<i>ZUBSOLV SUB 8.6-2.1</i>	2	PV, QL (2 tabs every 1 day)
<i>ZUBSOLV SUB 11.4-2.9</i>	2	PV, QL (1 tab every 1 day)

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol caps 50mg, 100mg, 200mg</i>	1	
<i>methyltestosterone caps 10mg; tabs 10mg</i>	1	PA
<i>NATESTO GEL 5.5MG/ACT</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	
testosterone enanthate soln 200mg/ml	1	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide (intrarectal) foam 2mg	1	
CORTIFOAM FOAM 10%	2	
hydrocortisone (intrarectal) enem 100mg/60ml	1	
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
hydrocortisone (rectal) crea 1%, 2.5%	1	
hydrocortisone acetate (rectal) supp 25mg, 30mg	1	
VASODILATING AGENTS		
nitroglycerin oint .4%	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tabs 200mg	1	QL (336 tabs every year)
EMVERM CHEW 100MG	2	QL (12 ea every year)
ivermectin tabs 3mg, 6mg	1	
praziquantel tabs 600mg	1	QL (24 tabs every year)
STROMECTOL TABS 3MG	3	MSB
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole caps 375mg; soln 500mg/100ml; tabs 125mg, 250mg, 500mg	1	
pentamidine isethionate solr 300mg	1	
tinidazole tabs 250mg, 500mg	1	
trimethoprim tabs 100mg	1	
XIFAXAN TABS 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	1	
methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i>	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</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	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750mg/5ml</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	
CARBAPENEMS		
<i>ertapenem sodium solr 1gm</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>meropenem solr 1gm, 2gm, 500mg</i>	1	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate solr 1gm</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin solr 350mg, 500mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl caps 125mg, 250mg; solr 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 25mg/ml, 50mg/ml, 100gm, 250mg/5ml, 500mg, 750mg</i>	1	
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
<i>clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
lincomycin hcl soln 300mg/ml	1	
MONOBACTAMS		
aztreonam solr 1gm, 2gm	1	
OXAZOLIDINONES		
linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg	1	
POLYMYXINS		
colistimethate sodium solr 150mg	1	
polymyxin b sulfate solr 500000unit	1	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3gm	1	
methenamine hippurate tabs 1gm	1	
methenamine mandelate tabs .5gm, 1gm	1	
nitrofurantoin susp 25mg/5ml, 50mg/10ml	1	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	
nitrofurantoin monohyd macro caps 100mg	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tb12 500mg, 1000mg	1	
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg	1	PV
isosorbide mononitrate tb24 30mg, 60mg, 120mg	1	PV
nitroglycerin cpcr 2.5mg, 6.5mg, 9mg; soln .4mg/spray; subl .3mg, .4mg, .6mg	1	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	PV
NITROLINGUAL SOLN .4MG/SPRAY	3	MSB
NITROSTAT SUBL .3MG, .4MG, .6MG	3	MSB
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
droperidol soln 2.5mg/ml	1	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	
meprobamate tabs 200mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
BENZODIAZEPINES		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg	1	QL (150 tabs every 25 days)
alprazolam tb24 3mg	1	QL (90 tabs every 25 days)
alprazolam tbdp .25mg, .5mg, 1mg, 2mg	1	QL (150 ea every 25 days)
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	QL (360 caps every 25 days)
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	QL (180 tabs every 25 days)
diazepam conc 5mg/ml	1	QL (240 mL every 25 days)
diazepam soln 5mg/5ml	1	QL (1200 mL every 25 days)
diazepam soln 5mg/ml, 10mg/2ml	1	
diazepam tabs 2mg, 5mg, 10mg	1	QL (120 tabs every 25 days)
lorazepam conc 2mg/ml	1	QL (150 mL every 25 days)
lorazepam soln 2mg/ml, 4mg/ml	1	
lorazepam tabs .5mg, 1mg, 2mg	1	QL (150 tabs every 25 days)
oxazepam caps 10mg, 15mg, 30mg	1	QL (120 caps every 25 days)

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

adenosine soln 6mg/2ml, 12mg/4ml	1	
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ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate caps 100mg, 150mg	1	PV
procainamide hcl soln 100mg/ml, 500mg/ml	1	
quinidine gluconate tbc 324mg	1	
quinidine sulfate tabs 200mg, 300mg	1	

ANTIARRHYTHMICS TYPE I-B

lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml	1	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl caps 150mg, 200mg, 250mg	1	

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tabs 50mg, 100mg, 150mg	1	PV
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	PV

ANTIARRHYTHMICS TYPE III

amiodarone hcl soln 50mg/ml, 450mg/9ml, 900mg/18ml; tabs 100mg, 200mg	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	PV
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1	SP, PA; PV
<i>ibutilide fumarate soln 1mg/10ml</i>	1	
MULTAQ TABS 400MG	2	PV

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium nebu 20mg/2ml</i>	1	PV, QL (240 mL every 25 days)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA SOSY 10MG/0.5ML	2	SP, PA, QL (0.018 syringes every 1 day)
FASENRA SOSY 30MG/ML	2	SP, PA, QL (0.04 syringes every 1 day)
FASENRA PEN SOAJ 30MG/ML	2	SP, PA, QL (0.04 pens every 1 day); PV
NUCALA SOAJ 100MG/ML	2	SP, PA; QL (0.108 pens every 1 day), Preferred for Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
NUCALA SOSY 40MG/0.4ML	2	SP, PA; QL (0.038 syringes every 1 day), Preferred for Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
NUCALA SOSY 100MG/ML	2	SP, PA; QL (0.108 syringes every 1 day), Preferred for Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
TEZSPIRE SOAJ 210MG/1.91ML	2	SP, PA; QL (0.036 pens every 1 day)
TEZSPIRE SOSY 210MG/1.91ML	2	SP, PA; QL (0.036 syringes every 1 day)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOAJ 75MG/0.5ML	2	SP, PA, QL (0.072 pens every 1 day); Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR SOAJ 150MG/ML	2	SP, PA, QL (0.286 pens every 1 day); Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR SOAJ 300MG/2ML	2	SP, PA, QL (0.143 pens every 1 day); Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR SOLR 150MG	2	SP, PA; QL (0.286 vials every 1 day), Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR SOSY 75MG/0.5ML	2	SP, PA; QL (0.08 syringes every 1 day), Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR SOSY 150MG/ML	2	SP, PA; QL (0.286 syringes every 1 day), Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR SOSY 300MG/2ML	2	SP, PA, QL (0.143 syringes every 1 day); Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17MCG/ACT	2	QL (2.016 inhalers every 25 days)
<i>ipratropium bromide soln .02%</i>	1	QL (313 mL every 25 days)
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (30 caps every 25 days); MSB
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	2	PV, QL (1 inhaler every 25 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	2	QL (1 inhaler every 25 days)
YUPELRI SOLN 175MCG/3ML	2	QL (90 mL every 25 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	1	PV
SINGULAIR CHEW 4MG, 5MG; PACK 4MG; TABS 10MG	3	MSB
zafirlukast tabs 10mg, 20mg	1	PV
zileuton tb12 600mg	1	PV
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tabs 250mcg, 500mcg	1	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50MCG/ACT	2	PV, QL (1 inhaler every 25 days)
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT	2	PV, QL (30 blisters every 25 days)
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL (1 inhaler every 25 days)
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	2	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH	2	QL (2 inhalers every 25 days)
ASMANEX TWISTHALER 30 MET AEPB 220MCG/INH	2	QL (4 inhalers every 25 days)
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	2	QL (2 inhalers every 25 days)
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	2	QL (1 inhaler every 25 days)
budesonide (inhalation) susp 1mg/2ml	1	PV, QL (60 mL every 25 days)
budesonide (inhalation) susp .5mg/2ml	1	PV, QL (120 mL every 25 days)
budesonide (inhalation) susp .25mg/2ml	1	PV, QL (180 mL every 25 days)
fluticasone furoate (inhalation) aepb 50mcg/act	1	QL (1 inhaler every 25 days)
fluticasone furoate (inhalation) aepb 100mcg/act, 200mcg/act	1	QL (30 blisters every 25 days)
fluticasone propionate (inhalation) aepb 50mcg/act	1	PV, QL (180 inhalations every 25 days)
fluticasone propionate (inhalation) aepb 100mcg/act, 250mcg/act	1	PV, QL (240 inhalations every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1	PV, QL (2 inhalers every 25 days)
PULMICORT SUSP 1MG/2ML	3	QL (60 mL every 25 days); PV, MSB
PULMICORT SUSP .5MG/2ML	3	QL (120 mL every 25 days); PV, MSB
PULMICORT SUSP .25MG/2ML	3	QL (180 mL every 25 days); PV, MSB
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	2	PV, QL (21.2 gm every 25 days)

SYMPATHOMIMETICS

AIRSUPRA AER 90-80MCG	2	QL (3 inhalers every 25 days)
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 25 days)
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2.09 inhalers every 25 days)
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2.537 inhalers every 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (120 ea every 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (60 ea every 25 days)
ALBUTEROL SULFATE NEBU .5%	3	QL (60 mL every 25 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (375 mL every 25 days)
<i>albuterol sulfate syrp 2mg/5ml, 8mg/20ml; tabs 2mg, 4mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters every 25 days)
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	QL (120 mL every 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1.028 inhalers every 25 days)
BREO ELLIPTA INH 50-25MCG	2	PV, QL (1 inhaler every 25 days)
BREO ELLIPTA INH 100-25	2	PV, QL (60 blisters every 25 days), MSB
BREO ELLIPTA INH 200-25	2	PV, QL (60 blisters every 25 days), MSB
BREZTRI AERO AER SPHERE	2	QL (1.028 inhalers every 25 days)
BREZTRI AERO AER SPHERE	2	QL (1.864 inhalers every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	PV, QL (3.039 inhalers every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3.01 inhalers every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	PV, QL (3.039 inhalers every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3.01 inhalers every 25 days)
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	1	PV, QL (60 blisters every 25 days)
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	1	PV, QL (60 blisters every 25 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	PV, QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	PV, QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	PV, QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	PV, QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	PV, QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	PV, QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1	PV, QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1	PV, QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1	PV, QL (1 inhaler every 25 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	QL (120 mL every 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 mL every 25 days)
<i>isoproterenol hcl soln .2mg/ml</i>	1	
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (90 ea every 25 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL every 25 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (2 inhalers every 25 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (60 inhalations every 25 days)
STIOLTO AER 2.5-2.5	2	QL (1 inhaler every 25 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 inhaler every 25 days)
SYMBICORT AER 80-4.5	2	PV, QL (3.039 inhalers every 25 days), MSB
SYMBICORT AER 80-4.5	2	PV, QL (4.493 inhalers every 25 days), MSB
SYMBICORT AER 160-4.5	2	PV, QL (3.039 inhalers every 25 days), MSB
SYMBICORT AER 160-4.5	2	PV, QL (5.167 inhalers every 25 days), MSB
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1	
TRELEGY AER 100MCG	2	PV, QL (1 inhaler every 25 days)
TRELEGY AER 100MCG	2	PV, QL (2.143 inhalers every 25 days)
TRELEGY AER 200MCG	2	PV, QL (1 inhaler every 25 days)
TRELEGY AER 200MCG	2	PV, QL (2.143 inhalers every 25 days)
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	1	QL (60 blisters every 25 days)

XANTHINES

<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1	
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ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	PV
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG, 5MG	2	PV
ELIQUIS STARTER PACK TBPK 5MG	2	PV
<i>rivaroxaban susr 1mg/ml; tabs 2.5mg</i>	1	PV
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	PV
XARELTO STAR TAB 15/20MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml	1	PV
enoxaparin sodium sosy 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	PV
heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%	1	
heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%	1	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
THROMBIN INHIBITORS		
argatroban soln 50mg/50ml, 250mg/2.5ml	1	
bivalirudin trifluoroacetate soln 250mg/50ml; solr 250mg	1	
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	1	PV
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	PV
perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	PV
clonazepam tabs .5mg, 1mg, 2mg	1	PV, QL (300 tabs every 25 days)
clonazepam tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	PV, QL (300 ea every 25 days)
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
ANTICONVULSANTS - MISC.		
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	2	PV
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	PV
carbamazepine chew 200mg	1	
CARBATROL CP12 100MG, 200MG, 300MG	3	PV, MSB

Drug Name	Drug Tier	Requirements/Limits
ELEPSIA XR TB24 1000MG, 1500MG	3	PV
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	1	
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg</i>	1	
GABAPENTIN TINYTABS TABS 25MG, 50MG	3	
GABARONE TABS 100MG, 400MG	3	
KEPPRA SOLN 100MG/ML; TABS 250MG, 500MG, 750MG, 1000MG	3	PV, MSB
KEPPRA XR TB24 500MG, 750MG	3	PV, MSB
<i>lacosamide soln 10mg/ml, 50mg/5ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	PV
LAMICTAL TABS 25MG, 100MG, 150MG, 200MG	3	PV, MSB
LAMICTAL CHEWABLE DISPERS CHEW 5MG, 25MG	3	PV, MSB
LAMICTAL KIT START 49	3	PV, MSB
LAMICTAL KIT START 98	3	PV, MSB
LAMICTAL ODT TBDP 25MG, 50MG, 100MG, 200MG	3	PV, MSB
LAMICTAL ODT KIT	3	PV, MSB
LAMICTAL STARTER/TAKING V KIT 25MG	3	PV, MSB
LAMICTAL XR TB24 25MG, 50MG, 100MG, 200MG, 250MG, 300MG	3	PV, MSB
LAMICTAL XR KIT	3	PV
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	PV
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	PV
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	PV
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	PV
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	PV
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	PV
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	PV
<i>levetiracetam soln 500mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
MYSOLINE TABS 50MG, 250MG	3	PV, MSB
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	3	MSB
<i>oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg; tb24 150mg, 300mg, 600mg</i>	1	PV
OXTELLAR XR TB24 150MG, 300MG, 600MG	2	PV, MSB
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	QL (120 caps every 25 days)
<i>pregabalin caps 200mg</i>	1	QL (90 caps every 25 days)
<i>pregabalin caps 225mg, 300mg</i>	1	QL (60 caps every 25 days)
<i>pregabalin soln 20mg/ml</i>	1	QL (900 mL every 25 days)
<i>primidone tabs 50mg, 125mg, 250mg</i>	1	PV
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	PV
TEGRETOL SUSP 100MG/5ML; TABS 200MG	3	PV, MSB
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	PV, MSB
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	PV, MSB
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg, 50mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; soln 25mg/ml; tabs 25mg, 50mg, 100mg, 200mg</i>	1	PV
TRILEPTAL SUSP 300MG/5ML; TABS 150MG, 300MG, 600MG	3	PV, MSB
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	PV
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	PV
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	PV
XCOPRI PAK 12.5-25	2	PV
XCOPRI PAK 50-100MG	2	PV
XCOPRI PAK 100-150	2	PV
XCOPRI PAK 150-200	2	PV
GABA MODULATORS		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin pack 500mg</i>	1	PA; PV, QL (6 packets every 1 day)
<i>vigabatrin pack 500mg</i>	1	SP, PA; PV, QL (6 packets every 1 day)
<i>vigabatrin tabs 500mg</i>	1	PA; PV, QL (6 tabs every 1 day)
<i>vigabatrin tabs 500mg</i>	1	PA, QL (6 tabs every 1 day)

HYDANTOINS

DILANTIN CAPS 30MG	3	PV
DILANTIN CAPS 100MG	3	PV, MSB
DILANTIN INFATABS CHEW 50MG	3	PV, MSB
DILANTIN-125 SUSP 125MG/5ML	3	PV, MSB
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1	PV
<i>phenytoin sodium soln 50mg/ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	PV

SUCCINIMIDES

<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	PV
<i>methsuximide caps 300mg</i>	1	PV
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	3	PV, MSB

VALPROIC ACID

DEPAKOTE TBEC 125MG, 250MG, 500MG	3	PV, MSB
DEPAKOTE ER TB24 250MG, 500MG	3	PV, MSB
DEPAKOTE SPRINKLES CSDR 125MG	3	PV, MSB
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	PV
<i>valproate sodium soln 100mg/ml, 500mg/5ml</i>	1	
<i>valproate sodium soln 250mg/5ml, 500mg/10ml</i>	1	PV
<i>valproic acid caps 250mg</i>	1	PV

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	PV
REMERON TABS 15MG, 30MG	3	PV, MSB
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	3	PV, MSB

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg</i>	1	PV
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	3	PV, MSB

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL TB24 150MG, 300MG	3	PV, MSB
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAPS 20MG, 25MG	2	PA, QL (2 caps every 1 day)
ZURZUVAE CAPS 30MG	2	PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tabs 15mg	1	PV
tranylcypromine sulfate tabs 10mg	1	PV
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TABS 10MG, 20MG, 40MG	3	PV, MSB
citalopram hydrobromide soln 10mg/5ml, 20mg/10ml; tabs 10mg, 20mg, 40mg	1	PV
escitalopram oxalate soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg, 20mg	1	PV
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg	1	PV
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	1	PV
LEXAPRO TABS 5MG, 10MG, 20MG	3	PV, MSB
paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	1	PV
PROZAC CAPS 20MG	3	PV, MSB
sertraline hcl caps 150mg, 200mg; conc 20mg/ml; tabs 25mg, 50mg, 100mg	1	PV
ZOLOFT CONC 20MG/ML; TABS 25MG, 50MG, 100MG	3	PV, MSB
SEROTONIN MODULATORS		
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	1	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	1	PV
TRINTELLIX TABS 5MG, 10MG, 20MG	2	ST, PA; PV
VIIBRYD TABS 10MG, 20MG, 40MG	2	PV, MSB
vilazodone hcl tabs 10mg, 20mg, 40mg	1	PV
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tb24 25mg, 50mg, 100mg	1	PV
duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg	1	PV
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	2	PV
FETZIMA CAP TITRATIO	2	PV
PRISTIQ TB24 25MG, 50MG, 100MG	3	PV, MSB

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg	1	PV

TRICYCLIC AGENTS

amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PV
amoxapine tabs 25mg, 50mg, 100mg, 150mg	1	PV
clomipramine hcl caps 25mg, 50mg, 75mg	1	PV
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PV
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	1	PV
imipramine hcl tabs 10mg, 25mg, 50mg	1	PV
imipramine pamoate caps 75mg, 100mg, 125mg, 150mg	1	PV
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	1	PV
PAMELOR CAPS 10MG, 25MG, 50MG	3	PV, MSB
protriptyline hcl tabs 5mg, 10mg	1	PV
trimipramine maleate caps 25mg, 50mg, 100mg	1	PV

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tabs 25mg, 50mg, 100mg	1	PV
miglitol tabs 25mg, 50mg, 100mg	1	PV

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	PV, MSB
alogliptin-metformin hcl tab 12.5-500 mg	1	PV
alogliptin-metformin hcl tab 12.5-1000 mg	1	PV
alogliptin-pioglitazone tab 12.5-30 mg	1	PV
alogliptin-pioglitazone tab 25-15 mg	1	PV
alogliptin-pioglitazone tab 25-30 mg	1	PV
alogliptin-pioglitazone tab 25-45 mg	1	PV
dapagliflozin prop-metformin hcl tab er 24hr 5- 1000 mg	1	PV
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	1	PV
DUETACT TAB 30-2MG	3	MSB
DUETACT TAB 30-4MG	3	MSB
glipizide-metformin hcl tab 2.5-250 mg	1	PV
glipizide-metformin hcl tab 2.5-500 mg	1	PV
glipizide-metformin hcl tab 5-500 mg	1	PV
glyburide-metformin tab 1.25-250 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PV
<i>glyburide-metformin tab 5-500 mg</i>	1	PV
GLYXAMBI TAB 10-5 MG	2	PV
GLYXAMBI TAB 25-5 MG	2	PV
JANUMET TAB 50-500MG	2	PV
JANUMET TAB 50-1000	2	PV
JANUMET XR TAB 50-500MG	2	PV
JANUMET XR TAB 50-1000	2	PV
JANUMET XR TAB 100-1000	2	PV
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	PV
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	PV
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	PV
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	PV
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	PV
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	PV
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	PV
SOLIQUA INJ 100/33	2	PA; PV
SYNJARDY TAB	2	PV
SYNJARDY TAB 5-500MG	2	PV
SYNJARDY TAB 5-1000MG	2	PV
SYNJARDY TAB 12.5-500	2	PV
SYNJARDY XR TAB	2	PV
SYNJARDY XR TAB 5-1000MG	2	PV
SYNJARDY XR TAB 10-1000	2	PV
SYNJARDY XR TAB 25-1000	2	PV
TRIJARDY XR TAB	2	PV
XIGDUO XR TAB 2.5-1000	2	PV
XIGDUO XR TAB 5-500MG	2	PV
XIGDUO XR TAB 5-1000MG	2	PV, MSB
XIGDUO XR TAB 10-500MG	2	PV
XIGDUO XR TAB 10-1000	2	PV, MSB
XULTOPHY INJ 100/3.6	2	PA; PV
BIGUANIDES		
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 625mg, 1000mg; tb24 500mg, 750mg, 1000mg</i>	1	PV
<i>metformin hcl tabs 750mg</i>	1	
<i>metformin hcl tabs 850mg</i>	1	ACA, PV
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	2	
BAQSIMI TWO PACK POWD 3MG/DOSE	2	
<i>diazoxide susp 50mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glucagon (rdna) solr 1mg</i>	1	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY 1MG/0.2ML	2	
<i>mifepristone (hyperglycemia) tabs 300mg</i>	1	SP, PA, QL (4 tabs every 1 day)
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	2	

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1	PV
JANUVIA TABS 25MG, 50MG, 100MG	2	PV
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	1	PV

INCRETIN MIMETIC AGENTS

<i>exenatide sopn 5mcg/0.02ml, 10mcg/0.04ml</i>	1	PA
<i>liraglutide sopn 6mg/ml</i>	1	PA
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	PA
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA

INSULIN

BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	PV
FIASP SOLN 100UNIT/ML	2	PV
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	PV
FIASP PENFILL SOCT 100UNIT/ML	2	PV
HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML	2	PV
HUMALOG KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	2	PV
HUMALOG MIX INJ 50/50KWP	2	PV
HUMALOG MIX INJ 75/25KWP	2	PV
HUMALOG MIX SUS 75/25	2	PV
HUMULIN INJ 70/30	2	PV
HUMULIN INJ 70/30KWP	2	PV
HUMULIN N SUSP 100UNIT/ML	2	PV
HUMULIN N KWIKPEN SUPN 100UNIT/ML	2	PV

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R SOLN 100UNIT/ML	2	PV
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	PV
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	PV
INS ASP PROT INJ FLEXPEN	2	PV
INSULIN ASPA INJ 70/30	2	PV
INSULIN ASPART SOLN 100UNIT/ML	2	PV
INSULIN ASPART FLEXPEN SOPN 100UNIT/ML	2	PV
INSULIN ASPART PENFILL SOCT 100UNIT/ML	2	PV
INSULIN LISP INJ PROTAMIN	2	PV
INSULIN LISPRO SOLN 100UNIT/ML	2	PV
INSULIN LISPRO JUNIOR KWI SOPN 100UNIT/ML	2	PV
INSULIN LISPRO KWIKPEN SOPN 100UNIT/ML	2	PV
LANTUS SOLN 100UNIT/ML	2	PV
LANTUS SOLOSTAR SOPN 100UNIT/ML	2	PV
LYUMJEV SOLN 100UNIT/ML	2	PV
LYUMJEV KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	2	PV
NOVOLIN INJ 70/30	2	PV
NOVOLIN INJ 70/30 FP	2	PV
NOVOLIN N SUSP 100UNIT/ML	2	PV
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	PV
NOVOLIN R SOLN 100UNIT/ML	2	PV
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	PV
NOVOLOG SOLN 100UNIT/ML	2	PV
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	PV
NOVOLOG MIX INJ 70/30	2	PV
NOVOLOG MIX INJ FLEXPEN	2	PV
NOVOLOG PENFILL SOCT 100UNIT/ML	2	PV
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	2	PV
TOUJEO SOLOSTAR SOPN 300UNIT/ML	2	PV
TRESIBA SOLN 100UNIT/ML	2	PV
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	PV
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	PV
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	1	PV
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin propanediol tabs 5mg, 10mg	1	PV
FARXIGA TABS 5MG, 10MG	2	PV, MSB
JARDIANCE TABS 10MG, 25MG	2	PV
SULFONYLUREAS		
glimepiride tabs 1mg, 2mg, 3mg, 4mg	1	PV
glipizide tabs 2.5mg, 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	1	PV
glyburide tabs 1.25mg, 2.5mg, 5mg	1	PV
glyburide micronized tabs 1.5mg, 3mg, 6mg	1	PV
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
opium tincture tinc 1%	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	1	SP, PA
deferiprone tabs 500mg, 1000mg	1	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
acetylcysteine (antidote) soln 200mg/ml	1	
deferoxamine mesylate solr 2gm, 500mg	1	SP, PA
fomepizole soln 1.5gm/1.5ml	1	
methylene blue (antidote) soln 50mg/10ml	1	
sodium thiosulfate soln 25%	1	
VISTOGARD PACK 10GM	2	QL (20 packets every 5 days)
BENZODIAZEPINE ANTAGONISTS		
flumazenil soln .5mg/5ml, 1mg/10ml	1	
OPIOID ANTAGONISTS		
KLOXXADO LIQD 8MG/0.1ML	2	QL (4 sprays every 25 days)
naloxone hcl liqd 4mg/0.1ml	1	QL (4 ea every 25 days)
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml	1	
naltrexone hcl tabs 50mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl soln 1mg/ml</i>	1	QL (0.5 vials every 21 days)
<i>granisetron hcl soln 1mg/ml</i>	1	QL (2 vials every 21 days)
<i>granisetron hcl tabs 1mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron tbdp 4mg, 8mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron tbdp 16mg</i>	1	QL (9 tabs every 21 days)
<i>ondansetron hcl soln 4mg/2ml</i>	1	
<i>ondansetron hcl soln 4mg/2ml</i>	1	QL (10 vials every 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl soln 40mg/20ml</i>	1	QL (1 vial every 21 days)
<i>ondansetron hcl sosy 4mg/2ml</i>	1	QL (10 syringes every 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tabs 24mg</i>	1	QL (2 ea every 21 days)
<i>palonosetron hcl soln .25mg/5ml; sosy .25mg/5ml</i>	1	
SANCUSO PTCH 3.1MG/24HR	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	
<i>trimethobenzamide hcl caps 300mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	QL (60 caps every 25 days)
MARINOL CAPS 2.5MG	3	QL (60 caps every 25 days); MSB
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs every 21 days)
<i>fosaprepitant dimeglumine solr 150mg</i>	1	QL (6 vials every 21 days)
VARUBI TBPk 90MG	2	QL (4 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate solr 50mg, 70mg</i>	1	
<i>micalfungin sodium solr 50mg, 100mg</i>	1	
ANTIFUNGALS		
<i>amphotericin b solr 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b liposome susr 50mg</i>	1	
<i>flucytosine caps 250mg, 500mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 165mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>DIFLUCAN SUSR 40MG/ML</i>	3	MSB
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1	PA
<i>ketoconazole tabs 200mg</i>	1	
<i>posaconazole soln 300mg/16.7ml; susp 40mg/ml; tbec 100mg</i>	1	
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
<i>dexchlorpheniramine maleate soln 2mg/5ml</i>	1	
ANTIHISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate soln 4mg/5ml; suer 4mg/5ml; tabs 4mg, 6mg</i>	1	
<i>clemastine fumarate syrp .67mg/5ml; tabs 2.68mg</i>	1	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl soln 1mg/ml</i>	1	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180MG	2	ST, PA; PV
ANTHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	PV
ezetimibe-simvastatin tab 10-20 mg	1	PV
ezetimibe-simvastatin tab 10-40 mg	1	PV
ezetimibe-simvastatin tab 10-80 mg	1	PV
NEXLIZET TAB 180/10MG	2	ST, PA; PV
VYTORIN TAB 10-10MG	3	MSB
VYTORIN TAB 10-20MG	3	MSB
VYTORIN TAB 10-40MG	3	MSB
VYTORIN TAB 10-80MG	3	MSB
ANTHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAPS .5GM, 1GM	1	
BILE ACID SEQUESTRANTS		
cholestyramine pack 4gm; powd 4gm/dose	1	PV
cholestyramine light pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	PV
colesevelam hcl pack 3.75gm; tabs 625mg	1	PV
COLESTID GRAN 5GM; TABS 1GM	3	MSB
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	PV
QUESTRAN PACK 4GM; POWD 4GM/DOSE	3	PV, MSB
QUESTRAN LIGHT POWD 4GM/DOSE	3	PV, MSB
FIBRIC ACID DERIVATIVES		
choline fenofibrate cpdr 45mg, 135mg	1	PV
fenofibrate caps 50mg, 150mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg	1	PV
fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg	1	PV
fenofibric acid tabs 35mg, 105mg	1	PV
gemfibrozil tabs 600mg	1	PV
LOPID TABS 600MG	3	MSB
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	ACA, PV
atorvastatin calcium tabs 40mg, 80mg	1	PV
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	1	ACA, PV
lovastatin tabs 10mg, 20mg, 40mg	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	ACA, PV
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	ACA, PV
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	ACA, PV
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	PV
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	ACA, PV
<i>simvastatin tabs 80mg</i>	1	PV
ZOCOR TABS 10MG, 20MG, 40MG	3	ACA, MSB

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tabs 10mg</i>	1	PV
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NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tabs 500mg</i>	1	
<i>niacin (antihyperlipidemic) tabs 500mg; tbc</i> <i>500mg, 750mg, 1000mg</i>	1	PV

PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA SOSY 140MG/ML	2	PV, QL (0.108 syringes every 1 day)
REPATHA SURECLICK SOAJ 140MG/ML	2	PV, QL (0.108 pens every 1 day)

ANTIHYPERTENSIVES

ACE INHIBITORS

ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	3	MSB
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	PV
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	PV
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	PV
<i>enalaprilat soln 1.25mg/ml</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	PV
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	PV
LOTENSIN TABS 10MG, 20MG, 40MG	3	MSB
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	PV
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	PV
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	PV
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	PV
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	PV
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	3	MSB

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine caps 250mg</i>	1	SP, PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl caps 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phentolamine mesylate solr 5mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	PV
COZAAR TABS 25MG, 50MG, 100MG	3	MSB
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	PV
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	PV
MICARDIS TABS 40MG, 80MG	3	MSB
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	PV
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	PV
<i>valsartan soln 4mg/ml; tabs 40mg, 80mg, 160mg, 320mg</i>	1	PV
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	MSB
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	PV
<i>clonidine tb24 .17mg</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	PV
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	PV
<i>methyldopa tabs 250mg, 500mg</i>	1	PV
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	MSB
ACCURETIC TAB 20-12.5	3	MSB
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	PV
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	PV
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	PV

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

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	PV
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	PV
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	PV
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PV
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PV
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
HYZAAR TAB 50-12.5	3	MSB
HYZAAR TAB 100-12.5	3	MSB
HYZAAR TAB 100-25	3	MSB
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PV
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PV
LOTENSIN HCT TAB 10-12.5	3	MSB
LOTENSIN HCT TAB 20-12.5	3	MSB
LOTENSIN HCT TAB 20-25MG	3	MSB
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	PV
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	PV
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	PV
MICARDIS HCT TAB 40/12.5	3	MSB
MICARDIS HCT TAB 80-25MG	3	MSB
MICARDIS HCT TAB 80/12.5	3	MSB
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	PV
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	PV
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	PV
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	PV
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	PV
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	PV
TRIBENZOR TAB	3	MSB
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	PV
VASERETIC TAB 10-25MG	3	MSB
ZESTORETIC TAB 10-12.5	3	MSB
ZESTORETIC TAB 20-12.5	3	MSB
ZESTORETIC TAB 20-25MG	3	MSB
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	PV
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
hydralazine hcl soln 20mg/ml	1	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	PV
minoxidil tabs 2.5mg, 10mg	1	PV
nitroprusside sodium soln 25mg/ml, 50mg/2ml	1	
nitroprusside sodium in nacl 0.9% iv soln 20 mg/100ml	1	
nitroprusside sodium in nacl 0.9% iv soln 50 mg/100ml	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	PV
atovaquone-proguanil hcl tab 250-100 mg	1	PV
ANTIMALARIALS		
chloroquine phosphate tabs 250mg, 500mg	1	PV
hydroxychloroquine sulfate tabs 100mg, 200mg, 300mg, 400mg	1	
mefloquine hcl tabs 250mg	1	PV
primaquine phosphate tabs 26.3mg	1	PV
pyrimethamine tabs 25mg	1	
quinine sulfate caps 324mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
neostigmine methylsulfate soln 5mg/10ml, 10mg/10ml; sosy 3mg/3ml	1	
pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbcr 180mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine caps 250mg	1	
ethambutol hcl tabs 100mg, 400mg	1	
isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg	1	
pyrazinamide tabs 500mg	1	
rifabutin caps 150mg	1	
rifampin caps 150mg, 300mg; solr 600mg	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine hcl solr 25mg, 100mg	1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	SP
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
<i>melfalan hcl solr 50mg</i>	1	
<i>oxaliplatin soln 50mg/10ml</i>	1	
<i>oxaliplatin soln 100mg/20ml</i>	1	SP
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	1	SP, PA
<i>thiotepa solr 15mg</i>	1	
ANTIMETABOLITES		
<i>azacitidine susr 100mg</i>	1	SP, PA
<i>capecitabine tabs 150mg, 500mg</i>	1	SP, PA
<i>cladribine soln 10mg/10ml</i>	1	SP
<i>clofarabine soln 1mg/ml</i>	1	SP
<i>decitabine solr 50mg</i>	1	SP, PA
<i>gemcitabine hcl solr 200mg</i>	1	
<i>mercaptopurine susp 2000mg/100ml</i>	1	PA
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm</i>	1	SP
<i>methotrexate sodium tabs 2.5mg</i>	1	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TABS 1MG	2	SP, PA, QL (8 tabs every 1 day)
INLYTA TABS 5MG	2	SP, PA, QL (4 tabs every 1 day)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	2	SP, PA, QL (1 ea every 1 day)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	2	SP, PA, QL (2 ea every 1 day)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	2	SP, PA, QL (1 ea every 1 day)
LENVIMA 12MG DAILY DOSE CPPK 4MG	2	SP, PA, QL (3 ea every 1 day)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	2	SP, PA, QL (2 ea every 1 day)
LENVIMA CAP 14 MG	2	SP, PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	2	SP, PA, QL (3 ea every 1 day)
LENVIMA CAP 24 MG	2	SP, PA, QL (3 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	2	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
KANJINTI SOLR 150MG, 420MG	2	SP, PA
PERJETA SOLN 420MG/14ML	2	SP, PA
TRAZIMERA SOLR 150MG, 420MG	2	SP, PA
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	2	SP, PA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tabs 25mg	1	SP, PA, QL (2 tabs every 1 day)
erlotinib hcl tabs 100mg, 150mg	1	SP, PA, QL (1 tab every 1 day)
gefitinib tabs 250mg	1	SP, PA, QL (1 tab every 1 day)
TAGRISSO TABS 40MG, 80MG	2	SP, PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150MG	2	SP, PA, QL (1 cap every 1 day)
ODOMZO CAPS 200MG	2	SP, PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tabs 250mg	1	SP, PA, QL (4 tabs every 1 day)
abiraterone acetate tabs 500mg	1	SP, PA, QL (2 tabs every 1 day)
anastrozole tabs 1mg	1	ACA, PV
bicalutamide tabs 50mg	1	
CASODEX TABS 50MG	3	MSB
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	2	SP, PA
ERLEADA TABS 60MG	2	SP, PA, QL (4 tabs every 1 day)
ERLEADA TABS 240MG	2	SP, PA, QL (1 tab every 1 day)
exemestane tabs 25mg	1	ACA, PV
letrozole tabs 2.5mg	1	PV
leuprolide acetate kit 1mg/0.2ml	1	SP, PA
megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg	1	
nilutamide tabs 150mg	1	
NUBEQA TABS 300MG	2	SP, PA, QL (4 tabs every 1 day)
tamoxifen citrate tabs 10mg, 20mg	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>toremifene citrate tabs 60mg</i>	1	
XTANDI CAPS 40MG	2	SP, PA, QL (4 caps every 1 day)
XTANDI TABS 40MG	2	SP, PA, QL (4 tabs every 1 day)
XTANDI TABS 80MG	2	SP, PA, QL (2 tabs every 1 day)
YONSA TABS 125MG	2	SP, PA, QL (4 tabs every 1 day)

ANTINEOPLASTIC ANTIBIOTICS

<i>mitomycin solr 5mg, 20mg, 40mg</i>	1	
<i>mitoxantrone hcl conc 2mg/ml</i>	1	SP
<i>valrubicin soln 40mg/ml</i>	1	SP

ANTINEOPLASTIC COMBINATIONS

LONSURF TAB 15-6.14	2	SP, PA, QL (3.572 tabs every 1 day)
LONSURF TAB 20-8.19	2	SP, PA, QL (2.858 tabs every 1 day)
PHESGO SOL	2	SP, PA

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAPS 150MG	2	SP, PA, QL (8 caps every 1 day)
ALUNBRIG TABS 30MG	2	SP, PA, QL (4 tabs every 1 day)
ALUNBRIG TABS 90MG, 180MG	2	SP, PA, QL (1 tab every 1 day)
ALUNBRIG PAK	2	SP, PA, QL (1 tab every 1 day)
AUGTYRO CAPS 40MG	2	SP, PA, QL (8 caps every 1 day)
AUGTYRO CAPS 160MG	2	SP, PA, QL (2 caps every 1 day)
<i>bortezomib solr 3.5mg</i>	1	SP, PA
BOSULIF CAPS 50MG	2	SP, PA, QL (1 cap every 1 day)
BOSULIF CAPS 100MG	2	SP, PA, QL (10 caps every 1 day)
BOSULIF TABS 100MG	2	SP, PA, QL (3 tabs every 1 day)
BOSULIF TABS 400MG, 500MG	2	SP, PA, QL (1 tab every 1 day)
BRAFTOVI CAPS 75MG	2	SP, PA, QL (6 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAPS 80MG	2	SP, PA, QL (4 caps every 1 day)
BRUKINSA TABS 160MG	2	PA
CABOMETYX TABS 20MG, 40MG, 60MG	2	SP, PA, QL (1 tab every 1 day)
CALQUENCE TABS 100MG	2	SP, PA, QL (2 tabs every 1 day)
COPIKTRA CAPS 15MG, 25MG	2	SP, PA, QL (2 caps every 1 day)
<i>dasatinib tabs 20mg</i>	1	SP, PA, QL (3 tabs every 1 day)
<i>dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>everolimus tbso 2mg, 5mg</i>	1	SP, PA, QL (2 ea every 1 day)
<i>everolimus tbso 3mg</i>	1	SP, PA, QL (3 ea every 1 day)
GAVRETO CAPS 100MG	2	SP, PA, QL (4 caps every 1 day)
GOMEKLI CAPS 1MG	2	SP, PA, QL (42 caps every 21 days)
GOMEKLI CAPS 2MG	2	SP, PA, QL (84 caps every 21 days)
GOMEKLI TBSO 1MG	2	SP, PA, QL (168 tabs every 21 days)
IBRANCE CAPS 75MG, 100MG, 125MG	2	SP, PA, QL (21 caps every 21 days)
IBRANCE TABS 75MG, 100MG, 125MG	2	SP, PA, QL (21 tabs every 21 days)
<i>imatinib mesylate tabs 100mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tabs 400mg</i>	1	SP, PA, QL (2 tabs every 1 day)
KISQALI TBPk 200MG	2	SP, PA, QL (21 tabs every 21 days)
KISQALI TBPk 200MG	2	SP, PA, QL (42 tabs every 21 days)
KISQALI TBPk 200MG	2	SP, PA, QL (63 tabs every 21 days)
KOSELUGO CAPS 10MG	2	SP, PA, QL (8 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 25MG	2	SP, PA, QL (4 caps every 1 day)
KRAZATI TABS 200MG	2	SP, PA, QL (6 tabs every 1 day)
<i>lapatinib ditosylate tabs 250mg</i>	1	SP, PA, QL (6 tabs every 1 day)
LUMAKRAS TABS 120MG	2	SP, PA, QL (8 tabs every 1 day)
LUMAKRAS TABS 240MG	2	SP, PA, QL (4 tabs every 1 day)
LUMAKRAS TABS 320MG	2	SP, PA, QL (3 tabs every 1 day)
LYNPARZA TABS 100MG, 150MG	2	SP, PA, QL (4 tabs every 1 day)
MEKINIST SOLR .05MG/ML	2	SP, PA, QL (38.572 mL every 1 day)
MEKINIST TABS 2MG	2	SP, PA, QL (1 tab every 1 day)
MEKINIST TABS .5MG	2	SP, PA, QL (3 tabs every 1 day)
MEKTOVI TABS 15MG	2	SP, PA, QL (6 tabs every 1 day)
<i>nilotinib hcl caps 50mg, 150mg, 200mg</i>	1	SP, PA, QL (4 caps every 1 day)
NINLARO CAPS 2.3MG, 3MG	2	SP, PA, QL (3 caps every 21 days)
NINLARO CAPS 4MG	2	SP, PA, QL (3 ea every 21 days)
<i>pazopanib hcl tabs 200mg</i>	1	SP, PA, QL (4 tabs every 1 day)
PIQRAY 200MG DAILY DOSE TBPk 200MG	2	SP, PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	2	SP, PA, QL (2 tabs every 1 day)
PIQRAY 300MG DAILY DOSE TBPk 150MG	2	SP, PA, QL (2 tabs every 1 day)
RETEVMO TABS 40MG	2	SP, PA, QL (3 tabs every 1 day)
RETEVMO TABS 80MG	2	SP, PA, QL (4 tabs every 1 day)
RETEVMO TABS 120MG, 160MG	2	SP, PA, QL (2 tabs every 1 day)
<i>romidepsin solr 10mg</i>	1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100MG	2	SP, PA, QL (1 cap every 1 day)
ROZLYTREK CAPS 200MG	2	SP, PA, QL (3 caps every 1 day)
ROZLYTREK PACK 50MG	2	SP, PA, QL (12 packets every 1 day)
RYDAPT CAPS 25MG	2	SP, PA, QL (8 caps every 1 day)
SCSEMBLIX TABS 20MG	2	SP, PA, QL (2 tabs every 1 day)
SCSEMBLIX TABS 40MG	2	SP, PA, QL (8 tabs every 1 day)
SCSEMBLIX TABS 100MG	2	SP, PA, QL (4 tabs every 1 day)
<i>sorafenib tosylate tabs 200mg</i>	1	SP, PA, QL (4 tabs every 1 day)
STIVARGA TABS 40MG	2	SP, PA, QL (3 tabs every 1 day)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	1	SP, PA, QL (1 cap every 1 day)
TAFINLAR CAPS 50MG, 75MG	2	SP, PA, QL (4 caps every 1 day)
TAFINLAR TBSO 10MG	2	SP, PA, QL (30 tabs every 1 day)
<i>temsirolimus soln 25mg/ml</i>	1	SP, PA
TRUQAP TABS 200MG	2	SP, PA, QL (2.286 tabs every 1 day)
TRUQAP TBPk 160MG, 200MG	2	SP, PA, QL (2.29 tabs every 1 day)
VITRAKVI CAPS 25MG	2	SP, PA, QL (6 caps every 1 day)
VITRAKVI CAPS 100MG	2	SP, PA, QL (2 caps every 1 day)
VITRAKVI SOLN 20MG/ML	2	SP, PA, QL (10 mL every 1 day)
XOSPATA TABS 40MG	2	SP, PA, QL (3 tabs every 1 day)
ZEJULA TABS 100MG, 200MG, 300MG	2	SP, PA, QL (1 tab every 1 day)
ZYDELIG TABS 100MG, 150MG	2	SP, PA, QL (2 tabs every 1 day)
ZYKADIA TABS 150MG	2	SP, PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS MISC.		
BESREMI SOSY 500MCG/ML	2	SP, PA, QL (0.072 syringes every 1 day)
bexarotene caps 75mg	1	SP, PA
hydroxyurea caps 500mg	1	
tretinoin (chemotherapy) caps 10mg	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
dexrazoxane hcl solr 500mg	1	
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium soln 175mg/17.5ml	1	SP, PA
levoleucovorin calcium soln 250mg/25ml; solr 50mg	1	SP, PA
mesna tabs 400mg	1	
MITOTIC INHIBITORS		
eribulin mesylate soln 1mg/2ml	1	SP, PA
etoposide caps 50mg	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	1	
tolcapone tabs 100mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
apomorphine hydrochloride soct 30mg/3ml	1	SP, PA, QL (0.667 injections every 1 day)
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
INBRIJA CAPS 42MG	2	SP, PA, QL (10 caps every 1 day)
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
PARLODEL CAPS 5MG; TABS 2.5MG	3	MSB
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	MSB
SINEMET TAB 25-100MG	3	MSB
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tabs .5mg, 1mg</i>	1	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium soln 8meq/5ml</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	PV
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	PV
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	2	PV
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	PV
<i>ziprasidone mesylate solr 20mg</i>	1	
BENZISOXAZOLES		
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	PV
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	3	PV, MSB
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	PV
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	1	PV
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	PV
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	PV
<i>haloperidol lactate conc 2mg/ml</i>	1	PV
<i>haloperidol lactate soln 5mg/ml</i>	1	
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	1	PV
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	PV
CLOZARIL TABS 25MG, 100MG	3	PV, MSB
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	PV
<i>olanzapine solr 10mg</i>	1	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	PV
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	PV
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	3	PV, MSB
ZYPREXA TABS 2.5MG, 5MG, 20MG	3	PV, MSB
DIHYDROINDOLONES		
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
PHENOTHIAZINES		
chlorpromazine hcl conc 30mg/ml, 100mg/ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	PV
chlorpromazine hcl soln 25mg/ml, 50mg/2ml	1	
fluphenazine decanoate soln 25mg/ml	1	PV
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	PV
fluphenazine hcl soln 2.5mg/ml	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	PV
prochlorperazine supp 25mg	1	
prochlorperazine edisylate soln 10mg/2ml	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	PV
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	PV
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	PV
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	PV
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	1	PV
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	2	PV
ARISTADA INITIO PRSY 675MG/2.4ML	2	PV
THIOXANTHENES		
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	PV
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde soln 10%	1	
hydrogen peroxide soln 30%	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20mg/ml	1	SP, QL (30 mL every 1 day)
abacavir sulfate tabs 300mg	1	SP, QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	1	SP, QL (1 tab every 1 day)
APRETUDE SUER 600MG/3ML	2	SP, PA, QL (6 mL every 75 days); PV
atazanavir sulfate caps 150mg, 300mg	1	SP, QL (1 cap every 1 day)
atazanavir sulfate caps 200mg	1	SP, QL (2 caps every 1 day)
BIKTARVY TAB	2	SP, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CABENUVA SUS 400-600	2	SP, PA, QL (4 mL every 22 days)
CABENUVA SUS 600-900	2	SP, PA
CIMDUO TAB 300-300	2	SP, QL (1 tab every 1 day)
<i>darunavir tabs 600mg</i>	1	SP, QL (2 tabs every 1 day)
<i>darunavir tabs 800mg</i>	1	SP, QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	SP, QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	2	SP; QL (1 tab every 1 day)
DOVATO TAB 50-300MG	2	SP, QL (1 tab every 1 day)
<i>efavirenz tabs 600mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine caps 200mg</i>	1	SP, QL (1 cap every 1 day)
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	SP; ACA, PV, QL (1 tab every 1 day)
<i>etravirine tabs 100mg</i>	1	SP, QL (4 tabs every 1 day)
<i>etravirine tabs 200mg</i>	1	SP, QL (2 tabs every 1 day)
<i>fosamprenavir calcium tabs 700mg</i>	1	SP, QL (4 tabs every 1 day)
GENVOYA TAB	2	SP, QL (1 tab every 1 day)
ISENTRESS CHEW 25MG, 100MG	2	SP, QL (6 tabs every 1 day)
ISENTRESS PACK 100MG	2	SP, QL (2 packets every 1 day)
ISENTRESS TABS 400MG	2	SP, QL (4 tabs every 1 day)
ISENTRESS HD TABS 600MG	2	SP, QL (2 tabs every 1 day)
<i>lamivudine soln 10mg/ml</i>	1	SP, QL (32 mL every 1 day)
<i>lamivudine soln 300mg/30ml</i>	1	QL (32 bottles every 1 day)
<i>lamivudine tabs 150mg</i>	1	SP, QL (2 tabs every 1 day)
<i>lamivudine tabs 300mg</i>	1	SP, QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL (10 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>maraviroc tabs 150mg</i>	1	SP, QL (2 tabs every 1 day)
<i>maraviroc tabs 300mg</i>	1	SP, QL (4 tabs every 1 day)
<i>nevirapine susp 50mg/5ml</i>	1	SP, QL (40 mL every 1 day)
<i>nevirapine tabs 200mg</i>	1	SP, QL (2 tabs every 1 day)
<i>nevirapine tb24 400mg</i>	1	SP, QL (1 tab every 1 day)
ODEFSEY TAB	2	SP, QL (1 tab every 1 day)
PREZCOBIX TAB 675/150	2	QL (1 tab every 1 day)
<i>ritonavir tabs 100mg</i>	1	SP, QL (12 tabs every 1 day)
SYMITUZA TAB	2	SP, QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	SP, QL (1 tab every 1 day)
TIVICAY TABS 50MG	2	SP, QL (2 tabs every 1 day)
TIVICAY PD TBSO 5MG	2	SP, QL (12 tabs every 1 day)
TRIUMEQ PD TAB	2	SP, QL (6 tabs every 1 day)
TRIUMEQ TAB	2	SP, QL (1 tab every 1 day)
<i>zidovudine caps 100mg</i>	1	SP, QL (6 caps every 1 day)
<i>zidovudine syrp 50mg/5ml</i>	1	SP, QL (64 mL every 1 day)
<i>zidovudine tabs 300mg</i>	1	SP, QL (2 tabs every 1 day)

ANTIVIRAL COMBINATIONS

PAXLOVID PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 ea every 30 days)
PAXLOVID TAB 300-100	2	QL (60 ea every 30 days)

CMV AGENTS

<i>cidofovir soln 75mg/ml</i>	1	
<i>foscarnet sodium soln 6000mg/250ml</i>	1	
<i>ganciclovir sodium solr 500mg</i>	1	
<i>valganciclovir hcl solr 50mg/ml</i>	1	QL (33.334 mL every 1 day)
<i>valganciclovir hcl tabs 450mg</i>	1	QL (4 tabs every 1 day)

HEPATITIS AGENTS

<i>adefovir dipivoxil tabs 10mg</i>	1	SP
<i>entecavir tabs .5mg, 1mg</i>	1	SP, QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	2	SP, PA, QL (2 packets every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	SP, PA, QL (1 tab every 1 day); MSB, For genotypes 1, 2, 3, 4, 5, 6

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	2	SP, PA, QL (2 packets every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	2	SP, PA, QL (1 tab every 1 day); MSB, For genotypes 1, 4, 5, 6
<i>lamivudine (hbv) tabs 100mg</i>	1	SP
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	1	SP, PA
VEMLIDY TABS 25MG	2	SP, QL (1 tab every 1 day)
VOSEVI TAB	2	SP, 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 caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	1	
<i>acyclovir sodium soln 50mg/ml</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	1	

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tabs 100mg</i>	1	

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	PV
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Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	1	PV
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	3	MSB
labetalol hcl soln 5mg/ml; tabs 400mg	1	
labetalol hcl tabs 100mg, 200mg, 300mg	1	PV
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl caps 200mg, 400mg	1	PV
atenolol tabs 25mg, 50mg, 100mg	1	PV
betaxolol hcl tabs 10mg, 20mg	1	PV
bisoprolol fumarate tabs 2.5mg, 5mg, 10mg	1	PV
esmolol hcl soln 100mg/10ml	1	
esmolol hcl-sodium chloride iv soln 2000 mg/100ml	1	
esmolol hcl-sodium chloride iv soln 2500 mg/250ml	1	
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	PV
metoprolol tartrate soln 5mg/5ml	1	
metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	1	PV
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	PV
TOPROL XL TB24 25MG, 50MG, 100MG, 200MG	3	PV, MSB
BETA BLOCKERS NON-SELECTIVE		
INDERAL LA CP24 60MG, 80MG, 120MG, 160MG	3	MSB
nadolol tabs 20mg, 40mg, 80mg	1	PV
pindolol tabs 5mg, 10mg	1	PV
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	PV
propranolol hcl soln 1mg/ml, 20mg/5ml	1	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	PV
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	PV
timolol maleate tabs 5mg, 10mg, 20mg	1	PV
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg	1	PV
diltiazem hcl cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml; tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg	1	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	PV
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	PV
felodipine tb24 2.5mg, 5mg, 10mg	1	PV
isradipine caps 2.5mg, 5mg	1	PV
levamlodipine maleate tabs 2.5mg, 5mg	1	PV
nicardipine hcl caps 20mg, 30mg	1	PV
nicardipine hcl soln 2.5mg/ml	1	
nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%	1	
nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%	1	
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	1	PV
nimodipine caps 30mg; soln 60mg/20ml	1	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	PV
PROCARDIA XL TB24 30MG, 60MG, 90MG	3	MSB
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	MSB
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg	1	PV
verapamil hcl soln 2.5mg/ml	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin soln .05mg/ml, .25mg/ml; tabs .062mg, 125mcg, 250mcg	1	
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INOTROPES

dobutamine hcl soln 12.5mg/ml, 250mg/20ml	1	
dopamine hcl soln 40mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>milrinone lactate soln 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIOPLEGIC SOLUTIONS

<i>cardioplegic soln</i>	1	
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	PV
CADUET TAB 5-10MG	3	MSB
CADUET TAB 5-20MG	3	MSB
CADUET TAB 5-40MG	3	MSB
CADUET TAB 5-80MG	3	MSB
CADUET TAB 10-10MG	3	MSB
CADUET TAB 10-20MG	3	MSB
CADUET TAB 10-40MG	3	MSB
CADUET TAB 10-80MG	3	MSB
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	2	SP, PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	2	SP, PA, QL (1 tab every 1 day)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	
<i>sacubitril-valsartan tab 49-51 mg</i>	1	
<i>sacubitril-valsartan tab 97-103 mg</i>	1	
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TABS 200MG, 400MG	2	
IMPOTENCE AGENTS		
<i>avanafil tabs 50mg, 100mg, 200mg</i>	1	QL (6 tabs every 25 days)
<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	1	QL (6 tabs every 25 days)
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL (30 tabs every 25 days)
<i>tadalafil tabs 10mg, 20mg</i>	1	QL (6 tabs every 25 days)
<i>vardefafil hcl tabs 2.5mg, 5mg, 10mg, 20mg; tbdp 10mg</i>	1	QL (6 tabs every 25 days)
PERIPHERAL VASODILATORS		
<i>papaverine hcl soln 30mg/ml</i>	1	
PROSTAGLANDIN VASODILATORS		
<i>alprostadil soln 500mcg/ml</i>	1	
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	1	SP, PA
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	2	SP, PA
ORENITRAM TAB MONTH 1	2	SP, PA
ORENITRAM TAB MONTH 2	2	SP, PA
ORENITRAM TAB MONTH 3	2	SP, PA
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	1	SP, PA
TYVASO SOLN .6MG/ML	2	SP, PA, QL (2.9 mL every 1 day)
TYVASO DPI INSTITUTIONAL POWD 16MCG, 32MCG, 48MCG, 64MCG	2	SP, PA, QL (4 ea every 1 day)
TYVASO DPI POW 16-32-48	2	SP, PA, QL (9 ea every 1 day)
TYVASO REFILL KIT SOLN .6MG/ML	2	SP, PA, QL (2.9 mL every 1 day)
TYVASO STARTER KIT SOLN .6MG/ML	2	SP, PA, QL (2.9 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>bosentan tabs 62.5mg, 125mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tbso 32mg</i>	1	PA, QL (4 tabs every 1 day)
OPSUMIT TABS 10MG	2	SP, PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	1	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	1	SP, PA, QL (26.134 mL every 1 day)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	1	SP, PA, QL (12 tabs every 1 day)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	1	SP, PA, QL (2 tabs every 1 day)
TADLIQ SUSP 20MG/5ML	2	SP, PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI SOLR 1800MCG	2	PA
UPTRAVI TABS 200MCG	2	SP, PA, QL (5 tabs every 1 day)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI PACK TAB 200/800	2	SP, PA, QL (7.143 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	2	SP, PA, QL (3 tabs every 1 day)
SEPTAL AGENTS		
<i>dehydrated alcohol intra-arterial soln</i>	1	
SINUS NODE INHIBITORS		
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	1	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefazolin sodium solr 1gm, 2gm, 3gm, 10gm, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 250mg/5ml	1	
cefotetan disodium solr 1gm, 2gm	1	
cefoxitin sodium solr 1gm, 2gm, 10gm	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
cefuroxime sodium solr 1.5gm, 750mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
ceftazidime solr 1gm, 2gm, 6gm	1	
ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg	1	
ceftriaxone sodium in dextrose inj 20 mg/ml	1	
ceftriaxone sodium in dextrose inj 40 mg/ml	1	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl solr 1gm, 2gm	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	ACA, PV
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	1	ACA, PV
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	ACA, PV
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	ACA
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	ACA, PV
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	ACA
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	ACA
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	ACA

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	ACA, PV
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	ACA
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	ACA
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	ACA, PV
LO LOESTRIN TAB 1-10-10	2	ACA, PV
NATAZIA TAB	2	ACA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	ACA
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	ACA
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA, PV
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA, PV
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA, PV
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA, PV
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA, PV
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA, PV
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA, PV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	ACA, PV
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	ACA, PV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	ACA
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA, PV
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	ACA, PV
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA, PV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA, PV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA, PV
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA
YASMIN 28 TAB 3-0.03MG	3	ACA, MSB
YAZ TAB 3-0.02MG	3	ACA, MSB
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	ACA
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	ACA, PV, QL (1 ring every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	ACA, PV
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 ea every 300 days); ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 rings every 300 days); ACA, PV
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml</i>	1	ACA, PV, QL (4 injections every 300 days)
<i>medroxyprogesterone acetate (contraceptive) susy 150mg/ml</i>	1	ACA, QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	2	ACA, PV
MIRENA IUD 20MCG/DAY	2	ACA, PV
SKYLA IUD 13.5MG	2	ACA, PV
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone (contraceptive) tabs .35mg</i>	1	
<i>norethindrone (contraceptive) tabs .35mg</i>	1	ACA, PV
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	1	
<i>budesonide cpep 3mg</i>	1	
CORTEF TABS 5MG, 10MG, 20MG	3	MSB
<i>deflazacort susp 22.75mg/ml</i>	1	PA, QL (1.8 mL every 1 day)
<i>deflazacort tabs 6mg</i>	1	PA, QL (2 tabs every 1 day)
<i>deflazacort tabs 6mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>deflazacort tabs 18mg, 30mg, 36mg</i>	1	PA, QL (1 tab every 1 day)
<i>deflazacort tabs 18mg, 30mg, 36mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml, 10mg/ml</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
<i>hydrocortisone sod succinate solr 100mg</i>	1	
MEDROL TABS 2MG	3	
MEDROL TABS 4MG, 8MG, 16MG	3	MSB
MEDROL DOSEPAK TBPk 4MG	3	MSB
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg</i>	1	
PEDIAPRED SOLN 5MG/5ML	3	MSB
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
<i>triamcinolone acetonide susp 10mg/ml, 40mg/ml, 400mg/10ml</i>	1	
UCERIS TB24 9MG	2	MSB
MINERALOCORTICIDS		
<i>fludrocortisone acetate tabs .1mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate caps 100mg, 200mg</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		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL every 1 day)
<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>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
EXPECTORANTS		
<i>potassium iodide (expectorant) soln 1gm/ml</i>	1	
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine soln 10%, 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene crea .1%; gel .1%, .3%; pads .1%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CREA .005%	2	
ARAZLO LOTN .045%	2	
BENZAC AC WASH LIQD 5%	3	MSB
BENZAMYCIN GEL 5-3%	3	MSB
<i>benzoyl peroxide foam 9.8%; misc 6%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	ST, PA
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%; swab 1%</i>	1	
<i>clindamycin phosphate (topical) swab 1%</i>	1	ST, PA
<i>clindamycin phosphate-benzoyl peroxide gel 1- 5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2- 0.025%</i>	1	
<i>dapsone (topical) gel 5%, 7.5%</i>	1	
EPIDUO FORTE GEL 0.3-2.5%	2	MSB
EPIDUO GEL 0.1-2.5%	2	MSB
<i>erythromycin (acne aid) gel 2%; pads 2%; soln 2%</i>	1	
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	PA
KLARON LOTN 10%	3	ST, PA; MSB
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	MSB
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9- 4.5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10- 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%	1	
tretinoin microsphere gel .04%, .08%, .1%	1	
TWYNEO CRE 0.1-3%	2	
WINLEVI CREA 1%	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine ptch 1.3%	1	
diclofenac sodium soln 1.5%, 2%	1	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (topical) crea .1%; oint .1%	1	
mupirocin oint 2%	1	
mupirocin calcium (topical) crea 2%	1	
ANTIFUNGALS - TOPICAL		
ciclopirox gel .77%; sham 1%	1	
ciclopirox soln 8%	1	PA
ciclopirox olamine crea .77%; susp .77%	1	
clotrimazole (topical) crea 1%; soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate crea 1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
ketoconazole crea 2%; foam 2%; sham 2%	1	
luliconazole crea 1%	1	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	
naftifine hcl crea 1%, 2%; gel 2%	1	
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate crea 1%</i>	1	
<i>sulconazole nitrate crea 1%; soln 1%</i>	1	
<i>tavaborole soln 5%</i>	1	PA
<i>tolnaftate soln 1%</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene (topical) gel 1%</i>	1	SP, PA
<i>diclofenac sodium gel 3%</i>	1	
<i>fluorouracil crea .5%, 5%; soln 2%, 5%</i>	1	
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl (antipruritic) crea 5%</i>	1	
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	1	
<i>calcitriol (topical) oint 3mcg/gm</i>	1	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	2	SP, PA, QL (0.036 syringes every 1 day); Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SOSY 150MG/ML	2	SP, PA, QL (0.072 syringes every 1 day); Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	2	SP, PA, QL (0.036 pens every 1 day); Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	2	SP, PA, QL (0.072 pens every 1 day); Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX UNOREADY SOAJ 300MG/2ML	2	SP, PA, QL (0.036 pens every 1 day); Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
ILUMYA SOSY 100MG/ML	2	SP, PA, QL (0.012 syringes every 1 day)
<i>methoxsalen rapid caps 10mg</i>	1	
PYZCHIVA SOAJ 45MG/0.5ML	2	SP, PA, QL (0.012 pens every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
PYZCHIVA SOAJ 90MG/ML	2	SP, PA, QL (0.018 pens every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
PYZCHIVA SOLN 45MG/0.5ML	2	SP, PA, QL (0.012 vials every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
PYZCHIVA SOSY 45MG/0.5ML	2	SP, PA, QL (0.012 syringes every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
PYZCHIVA SOSY 90MG/ML	2	SP, PA, QL (0.018 syringes every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOSY 150MG/ML	2	SP, PA, QL (1 syringe every 63 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SKYRIZI PEN SOAJ 150MG/ML	2	SP, PA, QL (1 pen every 63 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SOTYKTU TABS 6MG	2	SP, PA, QL (1 tab every 1 day)
STELARA SOLN 45MG/0.5ML	2	SP, PA, QL (0.012 vials every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	2	SP, PA, QL (0.012 syringes every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA SOSY 90MG/ML	2	SP, PA, QL (0.018 syringes every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	1	PA
TREMFYA SOPN 100MG/ML	2	SP, PA, QL (1 pen every 42 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
TREMFYA SOSY 100MG/ML	2	SP, PA, QL (1 syringe every 42 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
VTAMA CREA 1%	2	
YESINTEK SOLN 45MG/0.5ML	2	SP, PA, QL (0.012 vials every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 45MG/0.5ML	2	SP, PA, QL (0.012 syringes every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
YESINTEK SOSY 90MG/ML	2	SP, PA, QL (0.018 syringes every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis

ANTISEBORRHEIC PRODUCTS

selenium sulfide lotn 2.5%; sham 2.25%	1	
selenium sulfide shampoo 2.3%	1	
sulfacetamide sodium gel 10%; liqd 10%; sham 9.8%, 10%	1	

ANTIVIRALS - TOPICAL

acyclovir topical crea 5%; oint 5%	1	PA
penciclovir crea 1%	1	PA

BURN PRODUCTS

silver sulfadiazine crea 1%	1	
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CORTICOSTEROIDS - TOPICAL

alclometasone dipropionate crea .05%; oint .05%	1	
amcinonide crea .1%; oint .1%	1	
betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%	1	
betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%	1	
betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%	1	
BRYHALI LOTN .01%	2	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	1	
clobetasol propionate crea .025%, .05%; foam .05%; gel .05%; liqd .05%; lotn .05%; oint .05%; sham .05%; soln .05%	1	
clobetasol propionate emollient base crea .05%	1	
clobetasol propionate emulsion foam .05%	1	
clocortolone pivalate crea .1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desonide</i> crea .05%; gel .05%; lotn .05%; oint .05%	1	
<i>desoximetasone</i> crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%	1	
<i>diflorasone diacetate</i> crea .05%; oint .05%	1	
DUOBRII LOT	2	
ENSTILAR AER	2	
<i>fluocinolone acetonide</i> crea .01%, .025%; oil .01%; oint .025%; soln .01%	1	
<i>fluocinonide</i> crea .05%, .1%; gel .05%; oint .05%; soln .05%	1	
<i>fluocinonide emulsified base</i> crea .05%	1	
<i>flurandrenolide</i> lotn .05%	1	
<i>fluticasone propionate</i> crea .05%; lotn .05%; oint .005%	1	
<i>halcinonide</i> crea .1%; soln .1%	1	
<i>halobetasol</i> crea .05%; foam .05%; oint .05%	1	
<i>hydrocortisone (topical)</i> crea 1%, 2.5%; lotn 2%, 2.5%; oint 1%, 2.5%; soln 2.5%	1	
<i>hydrocortisone acetate (topical)</i> crea 2.5%	1	
<i>hydrocortisone butyrate</i> crea .1%; lotn .1%; oint .1%; soln .1%	1	
<i>hydrocortisone valerate</i> crea .2%; oint .2%	1	
<i>mometasone furoate</i> crea .1%; oint .1%; soln .1%	1	
<i>triamcinolone acetonide (topical)</i> aers .147mg/gm; crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .05%, .1%, .5%	1	
ECZEMA AGENTS		
ADBRY SOAJ 300MG/2ML	2	SP, PA, QL (0.072 pens every 1 day)
ADBRY SOSY 150MG/ML	2	SP, PA, QL (0.143 syringes every 1 day)
CIBINQO TABS 50MG, 100MG, 200MG	2	SP, PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOAJ 200MG/1.14ML	2	SP, PA, QL (0.072 pens every 1 day); Preferred for Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, Chronic Obstructive Pulmonary Disease, Eosinophilic Esophagitis, Prurigo Nodularis, Severe Asthma Agents
DUPIXENT SOAJ 300MG/2ML	2	SP, PA, QL (0.143 pens every 1 day); Preferred for Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, Chronic Obstructive Pulmonary Disease, Eosinophilic Esophagitis, Prurigo Nodularis, Severe Asthma Agents
DUPIXENT SOSY 200MG/1.14ML	2	SP, PA, QL (0.072 syringes every 1 day); Preferred for Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, Chronic Obstructive Pulmonary Disease, Eosinophilic Esophagitis, Prurigo Nodularis, Severe Asthma Agents
DUPIXENT SOSY 300MG/2ML	2	SP, PA, QL (0.143 syringes every 1 day); Preferred for Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, Chronic Obstructive Pulmonary Disease, Eosinophilic Esophagitis, Prurigo Nodularis, Severe Asthma Agents
EBGLYSS SOAJ 250MG/2ML	2	SP, PA, QL (2 pens every 21 days)
EBGLYSS SOSY 250MG/2ML	2	SP, PA, QL (2 syringes every 21 days)
OPZELURA CREA 1.5%	2	PA

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENT/KERATOLYTIC AGENTS		
urea crea 20%, 39%, 41%, 45%	1	
EMOLLIENTS		
lactic acid (ammonium lactate) crea 12%; lotn 12%	1	
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY SOLR 100UNIT	2	PA
HAIR GROWTH AGENTS		
LITFULO CAPS 50MG	2	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO AUIJ 30MG	2	PA, QL (0.072 ea every 1 day); Preferred for Atopic Dermatitis, Prurigo Nodularis
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod crea 3.75%, 5%	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus crea 1%	1	PA
tacrolimus (topical) oint .03%, .1%	1	PA
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
podofilox gel .5%; soln .5%	1	
salicylic acid gel 6%; liqd 27.5%; sham 6%; soln 26%, 28.5%	1	
LOCAL ANESTHETICS - TOPICAL		
ethyl chloride aerosol spray	1	
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine ptch 5%	1	PA
lidocaine hcl gel 2%	1	QL (30 gm every 25 days)
lidocaine hcl gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl gel 2.8%	1	
lidocaine hcl prsy 2%	1	QL (10 injections every 25 days)
lidocaine hcl prsy 2%	1	QL (12 injections every 25 days)
lidocaine hcl prsy 2%	1	QL (3 injections every 25 days)
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine-menthol patch 4-1%	1	
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	2	PA

Drug Name	Drug Tier	Requirements/Limits
ZORYVE CREA .15%, .3%; FOAM .3%	2	ST, PA, QL (60 gm every 25 days)
ROSACEA AGENTS		
azelaic acid gel 15%	1	
brimonidine gel .33%	1	
FINACEA FOAM 15%	2	
ivermectin (rosacea) crea 1%	1	
METROCREAM CREA .75%	3	ST, PA; MSB
METROGEL GEL 1%	3	ST, PA; MSB
metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%	1	
ORACEA CPDR 40MG	2	ST, QL (30 caps every 25 days); MSB
SCABICIDES & PEDICULICIDES		
crotamiton lotn 10%	1	
malathion lotn .5%	1	
permethrin crea 5%	1	
spinosad susp .9%	1	
SCAR TREATMENT PRODUCTS		
scar treatment products - gel	1	
TAR PRODUCTS		
coal tar extract soln 20%	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
ACCU-CHEK TES GUIDE	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
ACCU-CHEK TES SMART	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNIT	2	PA
ZENPEP CAP 15000UNIT	2	PA
ZENPEP CAP 20000UNIT	2	PA
ZENPEP CAP 25000UNIT	2	PA
ZENPEP CAP 40000UNIT	2	PA
ZENPEP CAP 60000UNIT	2	PA

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>acetazolamide sodium solr 500mg</i>	1	
<i>dichlorphenamide tabs 50mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>methazolamide tabs 25mg, 50mg</i>	1	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	PV
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PV

LOOP DIURETICS

<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>ethacrynate sodium solr 50mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	3	MSB
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	

OSMOTIC DIURETICS

<i>mannitol soln 10%, 20%, 25%</i>	1	
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POTASSIUM SPARING DIURETICS

<i>amiloride hcl tabs 5mg</i>	1	
<i>spironolactone susp 25mg/5ml; tabs 25mg, 50mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium solr 500mg</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	PV
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	PV
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	PV
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TABS 35MG, 150MG	3	MSB
<i>alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg</i>	1	PV
ATELVIA TBEC 35MG	3	MSB
<i>calcitonin (salmon) soln 200unit/act</i>	1	PV
<i>calcitonin (salmon) soln 200unit/ml</i>	1	
FOSAMAX TABS 70MG	3	MSB
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1	PV
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml</i>	1	
PROLIA SOSY 60MG/ML	2	PA, QL (0.006 syringes every 1 day)
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1	PV
<i>teriparatide sopn 560mcg/2.24ml</i>	1	SP, PA; QL (0.038 pens every 1 day)
TYMLOS SOPN 3120MCG/1.56ML	2	SP, PA; QL (0.038 pens every 1 day)
<i>zoledronic acid conc 4mg/5ml</i>	1	SP, PA
<i>zoledronic acid soln 5mg/100ml</i>	1	SP, PA; PV
FERTILITY REGULATORS		
<i>clomiphene citrate tabs 50mg</i>	1	
FOLLISTIM AQ SOLN 300UNT/0.36ML	2	SP, PA, QL (5.4 mL every 21 days)
FOLLISTIM AQ SOLN 600UNT/0.72ML	2	SP, PA, QL (7.2 mL every 21 days)
FOLLISTIM AQ SOLN 900UNT/1.08ML	2	SP, PA, QL (7.56 mL every 21 days)
MENOPUR SOLR 75UNIT	2	SP, PA
PREGNYL SOLR 10000UNIT	2	PA
GNRH/LHRH ANTAGONISTS		
<i>cetrorelix acetate kit .25mg</i>	1	SP, PA
GANIRELIX ACETATE SOSY 250MCG/0.5ML	2	SP, PA; MSB

Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABS 150MG, 200MG	2	PA
GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	2	SP, PA
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	2	SP, PA
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	2	SP, PA, QL (0.143 pens every 1 day)
HORMONE RECEPTOR MODULATORS		
EVISTA TABS 60MG	3	ACA, PV, MSB
OSPHENA TABS 60MG	2	
<i>raloxifene hcl tabs 60mg</i>	1	ACA, PV
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI KIT 45MG	2	SP, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	2	SP, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	2	SP, PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	2	SP, PA
SUPPRELIN LA KIT 50MG	2	SP, PA
TRIPTODUR SRER 22.5MG	2	PA
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>carglumic acid tbso 200mg</i>	1	SP, PA
<i>cinacalcet hcl tabs 30mg, 60mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tabs 90mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	1	
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	2	SP, PA
FABRAZYME SOLR 5MG, 35MG	2	SP, PA
GALAFOLD CAPS 123MG	2	PA
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml, 200mg/ml; tabs 330mg</i>	1	
NEXVIAZYME SOLR 100MG	2	SP, PA
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	1	SP, PA
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG	2	SP, PA; MSB
ORFADIN SUSP 4MG/ML	2	SP, PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1	
PHEBURANE PLLT 483MG/GM	2	SP, PA, QL (46.4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride pack 100mg, 500mg	1	PA
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	1	SP, PA
sodium benzoate & sodium phenylacetate iv soln 10-10%	1	
sodium phenylbutyrate powd 3gm/tsp	1	SP, PA, QL (26.6 gm every 1 day)
sodium phenylbutyrate tabs 500mg	1	SP, PA, QL (40 tabs every 1 day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG, 40MG	2	PA
POSTERIOR PITUITARY HORMONES		
desmopressin acetate soln 4mcg/ml	1	
desmopressin acetate tabs .1mg, .2mg	1	PA
desmopressin acetate spray soln .01%	1	PA
desmopressin acetate spray refrigerated soln .1mg/ml	1	PA
vasopressin soln 20unit/ml	1	
PROLACTIN INHIBITORS		
cabergoline tabs .5mg	1	
SOMATOSTATIC AGENTS		
lanreotide acetate soln 120mg/0.5ml	1	SP, PA, QL (0.04 syringes every 1 day)
octreotide acetate kit 10mg, 30mg	1	SP, PA, QL (0.04 kits every 1 day)
octreotide acetate kit 20mg	1	SP, PA, QL (0.08 kits every 1 day)
octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml	1	SP, PA, QL (3 vials every 1 day)
octreotide acetate soln 200mcg/ml, 1000mcg/5ml	1	SP, PA, QL (1.5 vials every 1 day)
octreotide acetate soln 1000mcg/ml	1	SP, PA, QL (0.3 vials every 1 day)
octreotide acetate sosy 50mcg/ml, 100mcg/ml, 500mcg/ml	1	SP, PA, QL (3 syringes every 1 day)
SOMATULINE DEPOT SOLN 60MG/0.2ML	2	SP, PA, QL (0.05 syringes every 1 day)
SOMATULINE DEPOT SOLN 90MG/0.3ML	2	SP, PA, QL (0.037 syringes every 1 day)
SOMATULINE DEPOT SOLN 120MG/0.5ML	2	SP, PA, QL (0.04 syringes every 1 day)

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

ESTROGENS

ESTROGEN COMBINATIONS

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	2	
<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

CLIMARA PTWK .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR	3	MSB
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Drug Name	Drug Tier	Requirements/Limits
estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	
estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml	1	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	2	
VIVELLE-DOT PTTW .025MG/24HR, .037MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	3	MSB

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML	3	
CIPRO TABS 250MG, 500MG	3	MSB
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl tabs 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl tabs 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
ofloxacin tabs 300mg, 400mg	1	

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

prucalopride succinate tabs 1mg, 2mg	1	
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GALLSTONE SOLUBILIZING AGENTS

chenodiol tabs 250mg	1	SP, PA, QL (7 tabs every 1 day)
ursodiol caps 300mg; tabs 250mg, 500mg	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

lubiprostone caps 8mcg, 24mcg	1	PA
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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5mg/5ml, 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1	
REGLAN TABS 5MG, 10MG	3	MSB
INFLAMMATORY BOWEL AGENTS		
AVSOLA SOLR 100MG	2	SP, PA, QL (0.12 vials every 1 day)
AZULFIDINE TABS 500MG	3	MSB
AZULFIDINE EN-TABS TBEC 500MG	3	MSB
<i>balsalazide disodium caps 750mg</i>	1	
CIMZIA PSKT 200MG/ML	2	SP, PA, QL (0.08 kit every 1 day); Preferred for Non-Radiographic Axial Spondyloarthritis
CIMZIA STARTER KIT PSKT 200MG/ML	2	SP, PA, QL (0.11 kit every 1 day); Preferred for Non-Radiographic Axial Spondyloarthritis
<i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
PENTASA CPCR 250MG	2	
PENTASA CPCR 500MG	2	MSB
PYZCHIVA SOLN 130MG/26ML	2	SP, PA, QL (0.071 vials every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
REMICADE SOLR 100MG	2	SP, PA, QL (0.12 vials every 1 day)
ROWASA KIT 4GM	3	MSB
SKYRIZI SOCT 180MG/1.2ML	2	SP, PA, QL (0.022 mL every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SKYRIZI SOCT 360MG/2.4ML	2	SP, PA, QL (0.043 mL every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOLN 600MG/10ML	2	SP, PA, QL (6 vials every 42 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA SOLN 130MG/26ML	2	SP, PA, QL (0.071 injections every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
TREMFYA SOAJ 200MG/2ML	2	SP, PA, QL (1 pen every 21 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
TREMFYA SOLN 200MG/20ML	2	SP, PA, QL (0.006 vials every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
TREMFYA SOSY 200MG/2ML	2	SP, PA, QL (1 syringe every 21 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	2	SP, PA, QL (0.003 pens every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
VELSIPITY TABS 2MG	2	SP, PA, QL (1 tab every 1 day)
YESINTEK SOLN 130MG/26ML	2	SP, PA, QL (0.071 vials every 1 day); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tabs .5mg, 1mg</i>	1	PA
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	PA

Drug Name	Drug Tier	Requirements/Limits
VIBERZI TABS 75MG, 100MG	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan caps 12mg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	PA
SYMPROIC TABS .2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TABS 80MG	2	SP, PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	2	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
<i>ferric citrate tabs 210mg</i>	1	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	2	SP, PA
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	1	
<i>glycine (gu irrigant) soln 1.5%</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	
AVODART CAPS .5MG	3	MSB
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tabs 5mg</i>	1	
PROSCAR TABS 5MG	3	MSB
<i>silodosin caps 4mg, 8mg</i>	1	
<i>tamsulosin hcl caps .4mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tabs 100mg; tbec 100mg, 300mg</i>	1	SP, PA
<i>tiopronin tbec 100mg, 300mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tabs 100mg, 200mg, 300mg</i>	1	
<i>allopurinol sodium solr 500mg</i>	1	
<i>colchicine tabs .6mg</i>	1	QL (120 tabs every 25 days)
<i>febuxostat tabs 40mg, 80mg</i>	1	
MITIGARE CAPS .6MG	2	QL (60 caps every 25 days); MSB
URICOSURICS		
<i>probenecid tabs 500mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	2	PA
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	2	PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	2	PA
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	2	PA
ALTUVIIIO SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	2	PA
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	2	PA
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	2	PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	2	PA

Drug Name	Drug Tier	Requirements/Limits
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	2	PA
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	2	PA
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	2	PA
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	2	PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	2	PA
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	2	PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	2	PA
SEVENFACT SOLR 1MG, 2MG, 5MG	2	PA
WILATE INJ	2	PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	2	PA
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	2	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate sosy 30mg/3ml</i>	1	SP, PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
EMPAVELI SOLN 1080MG/20ML	2	PA, QL (0.334 vials every 1 day)
RUCONEST SOLR 2100UNIT	2	PA, QL (60 vials every 90 days)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbcr 400mg</i>	1	
PLASMA EXPANDERS		
<i>dextran 40 inj 10% in d5w</i>	1	
<i>dextran 40 inj 10% in saline</i>	1	
<i>hetastarch (hes /0.7 or /0.75) 6% in nacl 0.9% iv soln</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAPS 110MG, 150MG	2	PA; PV, QL (1 cap every 1 day)
TAKHZYRO SOLN 300MG/2ML	2	SP, PA; PV, QL (2 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	2	SP, PA; PV, QL (0.072 syringes every 1 day)

PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	PV, QL (60 caps every 25 days)
BRILINTA TABS 60MG, 90MG	2	PV, QL (60 tabs every 25 days)
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg</i>	1	PV
<i>clopidogrel bisulfate tabs 300mg</i>	1	PV, QL (2 tabs every 180 days)
<i>dipyridamole tabs 25mg, 75mg</i>	1	PV, QL (120 tabs every 25 days)
<i>dipyridamole tabs 50mg</i>	1	PV, QL (240 tabs every 25 days)
<i>eptifibatide soln 20mg/10ml, 75mg/100ml, 200mg/100ml</i>	1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	PV
<i>ticagrelor tabs 60mg, 90mg</i>	1	
<i>tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)</i>	1	
<i>tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)</i>	1	

PROTAMINE

<i>protamine sulfate soln 10mg/ml</i>	1	
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HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAPS 84MG	2	SP, PA, QL (2 caps every 1 day)
CEREZYME SOLR 400UNIT	2	SP, PA, QL (1.072 vials every 1 day)
<i>miglustat caps 100mg</i>	1	PA, QL (3 caps every 1 day)
<i>miglustat caps 100mg</i>	1	SP, PA, QL (3 caps every 1 day)

AGENTS FOR SICKLE CELL DISEASE

ENDARI PACK 5GM	2	SP, PA, QL (6 packets every 1 day); MSB
<i>glutamine (sickle cell) pack 5gm</i>	1	SP, PA, QL (6 packets every 1 day)
SIKLOS TABS 100MG, 1000MG	2	

Drug Name	Drug Tier	Requirements/Limits
COBALAMINS		
<i>cyanocobalamin soln 500mcg/0.1ml, 1000mcg/ml</i>	1	
<i>hydroxocobalamin acetate soln 1000mcg/ml</i>	1	
FOLIC ACID/FOLATES		
<i>folic acid soln 5mg/ml; tabs 1mg</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TABS 9MG, 54MG	2	SP, PA, QL (2 tabs every 1 day)
ALVAIZ TABS 18MG, 36MG	2	SP, PA, QL (3 tabs every 1 day)
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	2	SP, PA
DOPTelet TABS 20MG	2	SP, PA, QL (2 tabs every 1 day)
DOPTelet TABS 20MG	2	SP, PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine pack 12.5mg</i>	1	SP, PA, QL (4 packets every 1 day)
<i>eltrombopag olamine pack 25mg</i>	1	SP, PA, QL (6 packets every 1 day)
<i>eltrombopag olamine tabs 12.5mg, 75mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine tabs 25mg, 50mg</i>	1	SP, PA, QL (3 tabs every 1 day)
FYLNETRA SOSY 6MG/0.6ML	2	SP, PA, QL (3.333 syringes every 28 days)
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	2	SP, PA
NYVEPRIA SOSY 6MG/0.6ML	2	SP, PA, QL (3.333 syringes every 28 days)
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML	2	SP, PA; MSB
PROCRIT SOLN 40000UNIT/ML	2	SP, PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML	2	SP, PA; MSB

Drug Name	Drug Tier	Requirements/Limits
RETACRIT SOLN 40000UNIT/ML	2	SP, PA
IRON		
ferumoxytol soln 510mg/17ml	1	
iron sucrose soln 20mg/ml	1	
sodium ferric gluconate complex in sucrose soln 12.5mg/ml	1	
STEM CELL MOBILIZERS		
plerixafor soln 24mg/1.2ml	1	SP, PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg	1	
tranexamic acid soln 1000mg/10ml; tabs 650mg	1	
tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
pentobarbital sodium soln 50mg/ml	1	
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	PV
phenobarbital elix 30mg/7.5ml, 60mg/15ml	1	
phenobarbital sodium soln 65mg/ml, 130mg/ml	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tabs 3mg, 6mg	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN TABS 5MG, 10MG	3	QL (15 tabs every 25 days); MSB
AMBIEN CR TBCR 6.25MG, 12.5MG	3	QL (15 tabs every 25 days); MSB
dexmedetomidine hcl soln 200mcg/2ml, 400mcg/4ml, 1000mcg/10ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml	1	
estazolam tabs 1mg, 2mg	1	QL (15 tabs every 25 days)
eszopiclone tabs 1mg, 2mg, 3mg	1	QL (15 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl caps 15mg, 30mg</i>	1	QL (15 caps every 25 days)
<i>quazepam tabs 15mg</i>	1	QL (15 tabs every 25 days)
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	3	QL (15 caps every 25 days); MSB
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL (15 caps every 25 days)
<i>triazolam tabs .125mg, .25mg</i>	1	QL (10 tabs every 25 days)
<i>zaleplon caps 5mg, 10mg</i>	1	QL (15 caps every 25 days)
<i>zolpidem tartrate subl 1.75mg, 3.5mg</i>	1	PA
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	QL (15 tabs every 25 days)

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA
DAYVIGO TABS 5MG, 10MG	2	PA
QUVIVIQ TABS 25MG, 50MG	2	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

<i>ramelteon tabs 8mg</i>	1	QL (15 tabs every 25 days)
<i>tasimelteon caps 20mg</i>	1	SP, PA, QL (1 cap every 1 day)

LAXATIVES

LAXATIVE COMBINATIONS

GOLYTELY SOL	3	PV, MSB
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	PV
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	ACA, PV
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	PV
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13- 1.6 gm/177ml</i>	1	ACA, PV

LAXATIVES - MISCELLANEOUS

<i>lactulose pack 10gm, 20gm; soln 10gm/15ml</i>	1	
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LUBRICANT LAXATIVES

<i>mineral oil</i>	1	
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LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

<i>articaine-epinephrine solution cartridge 4%- 1:100000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
bupivacaine inj 0.25% w/ epinephrine 1:200000	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	1	
lidocaine inj 0.5% w/ epinephrine-1:200000	1	
lidocaine inj 1% w/ epinephrine-1:100000	1	
lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)	1	
lidocaine inj 2% w/ epinephrine-1:100000	1	
lidocaine inj 2% w/ epinephrine-1:200000 (pf)	1	
LOCAL ANESTHETICS - AMIDES		
bupivacaine 0.75% in dextrose inj 8.25%	1	
bupivacaine hcl soln .25%, .5%, .75%	1	
lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%; sosy 100mg/5ml	1	
mepivacaine hcl soln 1%, 1.5%, 2%	1	
ropivacaine hcl soln 2mg/ml, 5mg/ml, 7.5mg/ml, 10mg/ml	1	
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl soln 2%, 3%	1	
tetracaine hcl soln 1%	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
ERYTHROMYCINS		
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	1	
erythromycin lactobionate solr 500mg	1	
FIDAXOMICIN		
DIFICID SUSR 40MG/ML; TABS 200MG	2	
fidaxomicin tabs 200mg	1	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	2	PV
ACCU-CHEK KIT SOFTCLIX	2	PV
ACCU-CHEK LIQ GUIDE	3	PV
ACCU-CHEK LIQ SMART	3	PV

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SOL	3	PV
ACCUTREND SOL GLUCOSE	3	PV
ACTI-LANCE MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ACTI-LANCE MIS LITE 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ACTI-LANCE MIS SPEC 17G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ACTI-LANCE MIS UNIV 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ADV TRAVEL MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ADVANCE LIQ CONTROL	3	PV
ADVANCE NORM LIQ CONTROL	3	PV
ADVCATE SAFE MIS LANC 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ADVCATE SAFE MIS LANC 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ADVCATE SAFE MIS LANC 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ADVCATE SAFE MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ADVOCATE MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ADVOCATE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
AGAMATRIX MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
AGAMATRIX SOL LEVEL 2	3	PV
AGAMATRIX SOL LEVEL 4	3	PV
AGAMATRIX SOL NORM/HGH	3	PV

Drug Name	Drug Tier	Requirements/Limits
AIMSCO TWIST MIS 32G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
AIMSCO TWIST MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
AQUALANCE MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE 3 LIQ CONTROL	3	PV
ASSURE 4 LIQ LEVEL1/2	3	PV
ASSURE CMFRT MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE DOSE SOL NORM/HGH	3	PV
ASSURE II LIQ LEVEL1/2	3	PV
ASSURE II LIQ LEVEL 1	3	PV
ASSURE LANCE MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE LANCE MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE LANCE MIS LOW FLOW	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE LANCE MIS MICRO	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE LANCE MIS SAFE 25G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE LANCE MIS SAFE 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE PLUS MIS HIGH 18G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE PLUS MIS LOW 25G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE PLUS MIS MCRO 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
ASSURE PLUS MIS NORM 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE PLUS MIS PEDIATRI	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ASSURE PRISM SOL LEVEL1/2	3	PV
ASSURE PRO LIQ LEVEL1/2	3	PV
AURORA LANCE MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
AURORA LANCE MIS THIN 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
AUTO LANCET MIS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
BD MICROTAIN MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
BD MICROTAIN MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
BLULINK LIQ HIGH/LOW	3	PV
CAREONE LANC MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CAREONE LANC MIS THIN 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CARESENS 30G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CARESENS S LIQ CON A/B	3	
CARESENS SOL CONTROL	3	PV
CARETOUCH MIS LANC 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CARETOUCH MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CARETOUCH MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS TWIST 28	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CARETOUCH MIS TWIST 30	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CARETOUCH MIS TWIST 33	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CHOSEN MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CHOSEN MIS SAFE 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CLEANLET 28G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CLEVER CHECK MIS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CLEVER CHECK MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COAGUCHEK MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT ASSU MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT ASSU MIS LANC 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT EZ MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT EZ MIS 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT EZ MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
COMFORT MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT TCH MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT TCH MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORT TCH MIS LANC 31G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
COMFORTOUCH MIS LANCET	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CONTROL SOL LIQ HI/MID/L	3	PV
CONTROL SOL LIQ HIGH/LOW	3	PV
CONTROL SOL LIQ LEVEL 2	3	PV
COOL CONTROL SOL A	3	PV
COOL CONTROL SOL B	3	PV
CVS LANCETS MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CVS LANCETS MIS ORIGINAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CVS LANCETS MIS THIN 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CVS LANCETS MIS THIN 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
CVS LANCETS MIS THIN 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
DEXCOM G5 MIS RECEIVER	2	PA; PV
DEXCOM G5 MIS TRANSMIT	2	PA; PV
DEXCOM G6 MIS RECEIVER	2	PA; PV, QL (1 each every year)
DEXCOM G6 MIS SENSOR	2	PA, QL (9 boxes every 75 days); PV
DEXCOM G6 MIS TRANSMIT	2	PA; PV
DEXCOM G7 MIS 15 DAY	2	

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 MIS RECEIVER	2	PA; PV, QL (1 each every year)
DEXCOM G7 MIS SENSOR	2	PA, QL (9 boxes every 75 days); PV
DIATHRIVE LIQ CONTROL	3	PV
DIATHRIVE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
DIATHRIVE MIS UT 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
DROPLET LANC MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
DROPLET PERS MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
DROPSAFE MIS LANC 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
DUO-CARE LIQ LEVEL1/2	3	PV
E-Z JECT MIS 21G COLR	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
E-Z JECT MIS THIN 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
E-ZJECT LANC MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY COMFORT MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY COMFORT MIS LANC/30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY COMFORT MIS TWIST	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH LIQ HEALTHPR	3	PV
EASY TOUCH LIQ HIGH/LOW	3	PV
EASY TOUCH MIS LANC/21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS LANC/23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS LANC/26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS LANC/28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS LANC/30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS LANC/32G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS P-AC/21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS P-AC/23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS P-AC/26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS P-AC/28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS P-AC/30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS TWST/28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS TWST/30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS TWST/32G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH MIS TWST/33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EASY TOUCH SOL CONTROL	3	PV
EASY TOUCH SOL HIGH/LOW	3	PV

Drug Name	Drug Tier	Requirements/Limits
EASYMAX 15 LIQ LEVEL2-3	3	PV
EASYMAX 15 SOL LEVEL 2	3	PV
EASYMAX LIQ NORM/HIG	3	PV
ELEMNT COMPA SOL LEVEL 2	3	PV
ELEMNT COMPA SOL LEVEL 3	3	PV
EMBRACE LANC MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EMBRACE LANC MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EMBRACE LANC MIS THIN 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EMBRACE PRO LIQ GLUCOSE	3	PV
EZ-LETS 21G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EZ-LETS 26G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EZ-LETS 28G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
EZ-LETS 30G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
FASTCLIX MIS LANCETS	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
FIFTY50 SAFE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
FINE 30 MIS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
FINGERSTIX MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
FORA LANCETS MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
FORA MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
FREESTYLE LIQ CONTROL	3	PV
FREESTYLE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
G4 PLAT PED MIS RVC/SHAR	2	PA; PV
G4 PLATINUM MIS PEDIATRC	2	PA; PV
G4 PLATINUM MIS RCV/SHAR	2	PA; PV
G4 PLATINUM MIS RECEIVER	2	PA; PV
G4 PLATINUM MIS TRANSMIT	2	PA; PV
G5/G4 MIS SENSOR	2	QL (3 boxes every 25 days); PV
GENTEEL MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GENTLE-LET MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GENTLE-LET MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GENTLE-LET MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GLOBAL 28G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GLOBAL 30G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GLUCOCARD 01 LIQ NORM/HGH	3	PV
GLUCOCARD LIQ LEVEL 1	3	PV
GLUCOCARD SOL SHINE	3	PV
GLUCOCOM MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GLUCOCOM MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GLUCOCOM MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
GNP LANCETS MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GNP LANCETS MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GNP LANCETS MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GNP LANCETS MIS THIN 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GOJJI LANCET MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GOODSENSE MIS LANC 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GOODSENSE MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
GOODSENSE MIS LANC 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
HAEMOLANCE MIS HIGH FLO	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
HAEMOLANCE MIS LOW FLOW	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
HAEMOLANCE MIS PLUS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
HAEMOLANCE MIS PLUS LOW	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
HAEMOLANCE MIS PLUS MAX	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
HAEMOLANCE MIS PLUS PED	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS RETRACT	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
HLTHY ACCNTS MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
IHEALTH LIQ CONTROL	3	PV
IN TOUCH LAN MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
IN TOUCH SOL GLUCOSE	3	PV
INCONTROL MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
INCONTROL MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
INCONTROL MIS LANC 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
KINNEY MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
KINNEY THIN MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
KROGER LANCE MIS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
KROGER LANCE MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
KROGER LANCE MIS THIN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
KROGER LANCE MIS THIN 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCET DEVIC MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCET STAND MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
LANCET SUPER MIS THIN 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCET SUPER MIS THIN 30G	3	PA; PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCET ULTRA MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCET ULTRA MIS THIN 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MICR MIS THIN 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS 21G	3	PA; PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS 28G THIN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS ORANGE	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS ORIGINAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS MIS THIN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS SUPR MIS THIN 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS THIN MIS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS THIN MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS ULTR MIS THIN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCETS ULTR MIS THIN 31G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCING DEVI MIS 25G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LANCING DEVI MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LB LANCET MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LITE TOUCH MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
LITETOUCH MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDICHOICE MIS LANCET	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDISENSE LIQ GLUC-KET	3	PV
MEDLANCE MIS 30G PLUS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE MIS EXTR 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDLANCE MIS LITE 25G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDLANCE MIS PLUS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDLANCE MIS UNV 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDLANCE PLS MIS 0.8MM	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDLANCE PLS MIS EXTR 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDLANCE PLS MIS LITE 25G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEDLANCE PLS MIS UNIV 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEIJER LANCE MIS COLOR	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEIJER LANCE MIS UNIV 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEIJER LANCE MIS UNIV 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEIJER MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MEIJER MIS LANCETS	3	PA; PV, QL (5 every day for insulin users, otherwise 3 every day)
MICRODOT CON SOL HIGH/LOW	3	PV
MICROLET MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
MM TWIST MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MOBILE LANCE MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MONOLET MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MONOLET OPD MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MONOLETTOR MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MYGLUCOHEALT MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
MYGLUCOHEALT SOL LO/NL/HI	3	PV
NEUTEK 2TEK SOL CONTROL	3	PV
NOVA MAX GLU LIQ /KET CON	3	PV
NOVA SAFETY MIS LANC 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
NOVA SAFETY MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
NOVA SURE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
OMNIPOD 5 DX KIT INT G7G6	2	PV
OMNIPOD 5 DX MIS POD G7G6	2	PV
OMNIPOD 5 L2 KIT INTRO G6	2	PV
OMNIPOD 5 L2 MIS PODS G6	2	PV
OMNIPOD DASH KIT INTRO	2	PV
OMNIPOD DASH KIT PDM	2	PV
OMNIPOD DASH MIS PODS	2	PV
OMNIPOD PDM KIT CLASSIC	2	PV
ON-THE-GO MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ONETOUCH DEL MIS LANC DEV	3	PV

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DEL MIS LANC DEV	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ONETOUCH DEL MIS PLUS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ONETOUCH DEL MIS PLUS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ONETOUCH LIQ ULT CONT	3	PV
ONETOUCH LIQ ULTRA	3	PV
ONETOUCH LIQ VERIO	3	PV
ONETOUCH MIS LANC DEV	2	PV
ONETOUCH MIS LANC DEV	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ONETOUCH SOL KIT COMPLETE	2	PV
ONETOUCH SOL KIT REFILL	2	PV
ONETOUCH US MIS 2 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ONETOUCH US MIS LANCETS	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
PC LANCETS MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PERFECT 28G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PERFECT 30G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PERFECT POIN MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PERFECT POIN MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PIP CONTROL LIQ	3	PV
PIP LANCETS MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
PIP LANCETS MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
POCKETCHEM SOL EZ	3	PV
PRECISION LIQ GLUC/KET	3	PV
PRO COMFORT MIS 31G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PRO COMFORT MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PRO COMFORT MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PRODIGY MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PRODIGY MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PURE COMFORT MIS 30G LAN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PX LANCETS MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PX LANCETS MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
PX LANCETS MIS ULT THIN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
QC LANCETS MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
QC LANCETS MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
QUICKTEK LIQ SOLUTION	3	PV
QUINTET CONT SOL HGH/NORM	3	PV
READYLANC MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
READYLANCE MIS 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
READYLANCE MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
READYLANCE MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
READYLANCE MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
REALITY MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
REALITY TRIG MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
REFUAH PLUS SOL CONTROL	3	PV
RELION LANCE MIS THIN 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
RELION LANCE MIS THIN 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
RELION MICRO MIS THIN 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
RELION ULTRA MIS THIN 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
RELION ULTRA MIS THIN PLS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
RIGHTTEST MIS GL300	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFE-T-LANCE MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFE-T-LANCE MIS 25G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
SAFE-T-PRO MIS LANCETS	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFE-T-PRO MIS PLUS	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFETY 21G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFETY 23G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFETY 28G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFETY 30G MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAFETY MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAPS HEALTH MIS TWIST	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAPS TWIST MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SAPSCARE MIS TWIST	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SB LANCETS MIS THIN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SB LANCETS MIS ULTR THN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SINGLE-LET MIS 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SMARTTEST MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SMARTTEST SOL CONTROL	3	PV

Drug Name	Drug Tier	Requirements/Limits
SOFTCLIX MIS LANCETS	2	PV, QL (5 every day for insulin users, otherwise 3 every day)
SOLUS V2 MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SOLUS V2 MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
STERILANCE MIS TL 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
STERILANCE MIS TL 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
STERILANCE MIS TL 32G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SUPER THIN MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SUPER THIN MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SUPER THIN MIS LANCETS	3	PA; PV, QL (5 every day for insulin users, otherwise 3 every day)
SUPREME II LIQ HIGH/LOW	3	PV
SURE COMFORT MIS LANC 18G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SURE COMFORT MIS LANC 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SURE COMFORT MIS LANC 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SURE COMFORT MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SURE COMFORT MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
SURE-LANCE MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SURE-LANCE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SURE-TOUCH MIS UNV LANC	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SUREFLEX MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
SURELITE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TECHLITE AST MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TECHLITE MIS LANC 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TECHLITE MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TECHLITE MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TRAVEL LANCE MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TRAVEL LANCE MIS ADV 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TRUE COMFORT MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TRUEPLUS LANCETS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TRUPLUS LANC MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
TRUPLUS LANC MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TRUPLUS LANC MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TRUPLUS LANC MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TWIIST KIT REFILL	2	PV
TWIIST KIT STARTER	2	PV
TWIIST REFIL KIT INFUSION	2	PV
TWIST LANCET MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
TWIST LANCET MIS 30G MULT	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTILET MIS 26G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTILET MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTILET MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTILET MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTILET MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTILET MIS SAFETY	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTILET SAFE MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTRA THIN MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
ULTRA THIN MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTRA THIN MIS 31G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTRA THIN MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTRA THIN MIS LAN 31G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTRA THIN MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTRA THIN MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ULTRA THIN MIS LANCETS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET CMFR MIS TCH 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET CMFR MIS TCH 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET EX II MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET EXCEL MIS 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET G.P MIS SUPR 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET G.P. MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET GP 28 MIS ULT THIN	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
UNILET LANC MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET LANCE MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET LANCE MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET LANCE MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET LANCT MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET LANCT MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET LANCT MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET MICRO MIS 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET MIS 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET SUPER MIS 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNILET SUPER MIS G.P. 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 1 MIS 2.4MM	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 1 MIS 3.0MM	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 2 MIS	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS 1.8MM	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 2 MIS 2.4MM	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 2 MIS COMFORT	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 2 MIS EXTRA	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 2 MIS NEONATAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 2 MIS NORMAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 2 MIS SUPER	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 3 MIS 1.8MM	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 3 MIS COMFORT	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 3 MIS EXTRA	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 3 MIS GENT 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 3 MIS NEONATAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 3 MIS NORMAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK 23G MIS NORMAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
UNISTIK CZT MIS COMFORT	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK CZT MIS NORMAL	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK PRO MIS LANC 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK PRO MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK SAFE MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK SAFE MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK TOUC MIS LANC 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK TOUC MIS LANC 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK TOUC MIS LANC 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNISTIK TOUC MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
UNITSTIK PRO MIS LANC 25G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VERASENS LIQ LEVEL 1	3	PV
VERIFINE LAN MIS MINI 21G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VERIFINE LAN MIS MINI 23G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VERIFINE LAN MIS MINI 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

Drug Name	Drug Tier	Requirements/Limits
VERIFINE LAN MIS MINI 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VERIFINE MIS UNIV 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VERIFINE MIS UNIV 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VERIFINE MIS UNIV 33G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VIVAGUARD LIQ CONTROL	3	PV
VIVAGUARD MIS 28G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
VIVAGUARD MIS 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)
ZEVRX TWIST MIS LANC 30G	3	PV, QL (5 every day for insulin users, otherwise 3 every day)

PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 30GX5MM	2	
BD PEN NEEDL MIS 29GX12.7	2	PV
BD PEN NEEDL MIS 31GX5MM	2	PV
BD PEN NEEDL MIS 31GX8MM	2	PV
BD PEN NEEDL MIS 32GX4MM	2	PV
BD PEN NEEDL MIS 32GX6MM	2	PV
EMBECTA AUTO MIS DUO	2	
EMBECTA NANO MIS 32GX4MM	2	
EMBECTA UF MIS 29GX12.7	2	
EMBECTA UF MIS 31GX5MM	2	
EMBECTA UF MIS 31GX8MM	2	
EMBECTA UF MIS 32GX6MM	2	
INS SYR U500 MIS 0.5/31G	2	
INS SYR U500 MIS 31GX6MM	2	
INSULIN SYRG MIS 0.3/29G	2	PV
INSULIN SYRG MIS 0.3/30G	2	PV
INSULIN SYRG MIS 0.3/31G	2	PV
INSULIN SYRG MIS 0.3/31G	2	PV
INSULIN SYRG MIS 0.5/28G	2	PV
INSULIN SYRG MIS 0.5/29G	2	PV

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/30G	2	PV
INSULIN SYRG MIS 0.5/31G	2	PV
INSULIN SYRG MIS 1ML	2	PV
INSULIN SYRG MIS 1ML/25G	2	
INSULIN SYRG MIS 1ML/26G	2	
INSULIN SYRG MIS 1ML/27G	2	
INSULIN SYRG MIS 1ML/27G	2	PV
INSULIN SYRG MIS 1ML/28G	2	PV
INSULIN SYRG MIS 1ML/29G	2	PV
INSULIN SYRG MIS 1ML/30G	2	PV
INSULIN SYRG MIS 1ML/31G	2	PV
INSULIN SYRG MIS 2/27.5G	2	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225MG/1.5ML	2	ST, PA, QL (3 pens every 75 days)
AJOVY SOSY 225MG/1.5ML	2	ST, PA, QL (3 syringes every 75 days)
EMGALITY SOAJ 120MG/ML	2	PA, QL (2 pens every 25 days)
EMGALITY SOSY 100MG/ML	2	ST, PA, QL (3 syringes every 25 days)
EMGALITY SOSY 120MG/ML	2	PA, QL (2 syringes every 25 days)
NURTEC TBDP 75MG	2	ST, PA, QL (16 tabs every 25 days)
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, PA, QL (30 tabs every 25 days)
UBRELVY TABS 50MG	2	ST, PA, QL (16 ea every 25 days)
UBRELVY TABS 100MG	2	ST, PA, QL (16 tabs every 25 days)

MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine suppos 2-100 mg</i>	1	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	QL (9 tabs every 25 days)

MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	1	ST, PA, QL (8 mL every 25 days)

MIGRAINE PRODUCTS - NSAIDS

<i>diclofenac potassium (migraine) pack 50mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
SEROTONIN AGONISTS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (12 ea every 25 days)
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL (12 ea every 25 days)
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL (18 tabs every 25 days)
IMITREX TABS 25MG, 50MG, 100MG	3	QL (12 tabs every 25 days); MSB
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML	3	QL (18 injections every 25 days); MSB
IMITREX STATDOSE REFILL SOCT 6MG/0.5ML	3	QL (12 injections every 25 days); MSB
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML	3	QL (18 injections every 25 days); MSB
IMITREX STATDOSE SYSTEM SOAJ 6MG/0.5ML	3	QL (12 injections every 25 days); MSB
MAXALT TABS 10MG	3	QL (18 tabs every 25 days); MSB
MAXALT-MLT TBDP 10MG	3	QL (18 tabs every 25 days); MSB
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL (12 tabs every 25 days)
ONZETRA XSAIL EXHP 11MG/NOSEPC	2	ST, PA, QL (16 nosepieces every 25 days)
RELPAK TABS 20MG, 40MG	3	QL (12 ea every 25 days); MSB
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (24 inhalers every 25 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (12 inhalers every 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	1	QL (18 injections every 25 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; soln 6mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL (12 ea every 25 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (12 tabs every 25 days)
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	2	ST, PA, QL (24 injections every 25 days)
<i>zolmitriptan soln 2.5mg</i>	1	QL (12 inhalers every 25 days)
<i>zolmitriptan soln 5mg</i>	1	QL (12 ea every 25 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL (12 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
BICARBONATES		
sodium acetate soln 2meq/ml, 4meq/ml	1	
sodium bicarbonate soln 4.2%, 7.5%, 8.4%	1	
tromethamine soln 30meq/100ml	1	
CALCIUM		
calcium chloride (dihydrate) soln 10%	1	
calcium gluconate soln 10%, 100mg/ml	1	
calcium gluconate-nacl iv soln 1 gm/50ml-0.675% (20 mg/ml)	1	
calcium gluconate-nacl iv soln 2 gm/100ml-0.675% (20 mg/ml)	1	
ELECTROLYTE MIXTURES		
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.33%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
electrolyte-148 solution	1	
electrolyte-a solution	1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
<i>lactated ringer's solution</i>	1	
<i>potassium chloride 10 meq/l (0.075%) in dextrose 5% inj</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>ringer's solution</i>	1	
FLUORIDE		
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	PV
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	ACA, PV
IODINE PRODUCTS		
<i>iodine solution strong 5% (lugol's)</i>	1	
MAGNESIUM		
<i>magnesium chloride soln 200mg/ml</i>	1	
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MANGANESE		
<i>manganese chloride soln .1mg/ml</i>	1	
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>potassium phosphate monobasic tabs 500mg</i>	1	
<i>potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)</i>	1	
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	1	
<i>potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)</i>	1	
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	1	
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	1	
<i>sodium phosphates inj 150 mm/50ml (phos) 200 meq/50ml (na)</i>	1	
POTASSIUM		
<i>potassium acetate soln 2meq/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium bicarbonate tbef 25meq</i>	1	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 2meq/ml, 10%, 10meq/100ml, 10meq/50ml, 20%, 20meq/100ml, 20meq/50ml, 40meq/100ml; tbc 8meq, 10meq, 15meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq</i>	1	
SODIUM		
<i>sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
TRACE MINERALS		
<i>chromic chloride soln 40mcg/10ml</i>	1	
<i>cupric chloride soln .4mg/ml</i>	1	
ZINC		
<i>zinc chloride soln 1mg/ml</i>	1	
<i>zinc sulfate soln 1mg/ml, 3mg/ml, 5mg/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine caps 250mg; tabs 250mg</i>	1	SP
<i>trientine hcl caps 250mg</i>	1	SP
IMMUNOMODULATORS		
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	1	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide caps 20mg, 25mg</i>	1	PA, QL (21 caps every 21 days)
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG	2	SP, PA, QL (1 cap every 1 day)
REVLIMID CAPS 20MG, 25MG	2	SP, PA, QL (21 caps every 21 days)
THALOMID CAPS 50MG	2	SP, PA, QL (1 cap every 1 day)
THALOMID CAPS 100MG	2	SP, PA, QL (4 caps every 1 day)
VYVGART SOLN 400MG/20ML	2	SP, PA, QL (0.429 vials every 1 day)
VYVGART INJ HYTRULO	2	SP, PA, QL (0.143 vials every 1 day)
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
<i>cyclosporine caps 25mg, 100mg</i>	1	SP
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
ENSPRYNG SOSY 120MG/ML	2	SP, PA, QL (0.036 syringes every 1 day)
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	1	SP
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	SP
mycophenolate mofetil hcl solr 500mg	1	SP
mycophenolate sodium tbec 180mg, 360mg	1	SP
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	SP
tacrolimus caps .5mg, 1mg, 5mg	1	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PACK 5GM, 10GM	2	
sodium polystyrene sulfonate susp 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	2	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%, 4%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide (mouth) pste .1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl caps 30mg	1	
MUGARD LIQ	2	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen soln 5mg/5ml, 10mg/5ml, 40mg/20ml, 500mcg/ml, 20000mcg/20ml; susp 25mg/5ml; tabs 5mg, 10mg, 15mg, 20mg	1	
carisoprodol tabs 250mg, 350mg	1	
chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg	1	
cyclobenzaprine hcl cp24 15mg, 30mg; tabs 5mg, 7.5mg, 10mg	1	
metaxalone tabs 400mg, 800mg	1	

Drug Name	Drug Tier	Requirements/Limits
methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg, 1000mg	1	
orphenadrine citrate soln 30mg/ml; tb12 100mg	1	
tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg	1	
ZANAFLEX TABS 4MG	3	MSB
DIRECT MUSCLE RELAXANTS		
dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg	1	
MUSCLE RELAXANT COMBINATIONS		
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1	
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	1	
VISCOSUPPLEMENTS		
DUROLANE PRSY 60MG/3ML	2	PA
EUFLEXXA SOSY 20MG/2ML	2	PA
GELSYN-3 SOSY 16.8MG/2ML	2	PA
SUPARTZ FX SOSY 25MG/2.5ML	2	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 bottle every 25 days)
NASAL ANTIALLERGY		
azelastine hcl soln 137mcg/spray	1	QL (2 bottles every 25 days)
olopatadine hcl (nasal) soln .6%	1	QL (1.016 bottles every 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal) soln .03%, .06%	1	
NASAL STEROIDS		
flunisolide (nasal) soln .025%	1	QL (3 bottles every 25 days)
fluticasone propionate (nasal) susp 50mcg/act	1	QL (1 bottle every 25 days)
mometasone furoate (nasal) susp 50mcg/act	1	QL (34 gm every 25 days)
XHANCE EXHU 93MCG/ACT	2	QL (32 mL every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
epinephrine hcl (nasal) soln .1%	1	

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone soln 30mg/100ml	1	SP, PA, QL (72 mL every 1 day)
edaravone soln 60mg/100ml	1	SP, PA, QL (35.715 mL every 1 day)
RADICAVA ORS SUSP 105MG/5ML	2	SP, PA, QL (2.5 mL every 1 day)
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	2	SP, PA, QL (2.5 mL every 1 day)
riluzole tabs 50mg	1	
DEPOLARIZING MUSCLE RELAXANTS		
succinylcholine chloride soln 20mg/ml, 200mg/10ml	1	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	2	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate soln 50mg/5ml, 100mg/10ml	1	
cisatracurium besylate soln 10mg/5ml, 20mg/10ml, 200mg/20ml	1	
rocuronium bromide soln 50mg/5ml, 100mg/10ml	1	
vecuronium bromide solr 10mg, 20mg	1	
NUTRIENTS		
CARBOHYDRATES		
dextrose soln 5%, 10%, 50%, 70%, 250mg/ml	1	
PROTEINS		
amino acid infusion 15%	1	
amino acids cap	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl (ophth) soln .5%	1	
BETIMOL SOLN .5%	2	MSB
BETOPTIC-S SUSP .25%	2	
brimonidine	1	
carteolol hcl (ophth) soln 1%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
levobunolol hcl soln .5%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
<i>cyclopentolate hcl soln 1%</i>	1	
<i>homatropine hbr soln 5%</i>	1	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
MIOTICS		
<i>pilocarpine hcl soln 1%, 1.25%, 2%, 4%</i>	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BYOOVIZ SOLN .5MG/0.05ML	2	SP, PA
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	2	SP, PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	2	MSB
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine soln .1%, .15%, .2%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	
<i>levofloxacin (ophth) soln .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
<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 SOLN .3%	3	MSB
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine soln 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX SOLN .5%	3	MSB
XDEMVI SOLN .25%	2	SP, PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	2	MSB
RESTASIS MULTIDOSE EMUL .05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	ST, PA
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl soln .5%</i>	1	
<i>tetracaine hcl (ophth) soln .5%</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
FML FORTE SUSP .25%	2	
<i>loteprednol etabonate gel .5%; susp .2%, .5%</i>	1	
MAXIDEX SUSP .1%	2	
MAXITROL OIN 0.1% OP	3	MSB
MAXITROL SUS 0.1% OP	3	MSB
<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 MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
ACULAR SOLN .5%	3	MSB
ACULAR LS SOLN .4%	3	MSB

Drug Name	Drug Tier	Requirements/Limits
ACUVAIL SOLN .45%	2	
azelastine hcl (ophth) soln .05%	1	
bepotastine besilate soln 1.5%	1	
brinzolamide susp 1%	1	
bromfenac sodium (ophth) soln .07%, .075%, .09%	1	
cromolyn sodium (ophth) soln 4%	1	
diclofenac sodium soln .1%	1	
dorzolamide hcl soln 2%	1	
epinastine hcl (ophth) soln .05%	1	
flurbiprofen sodium soln .03%	1	
ILEVRO SUSP .3%	2	
ketorolac tromethamine (ophth) soln .4%, .5%	1	
NEVANAC SUSP .1%	2	
olopatadine hcl soln .2%	1	
ZERVIAE SOLN .24%	2	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost soln .03%	1	
IYUZEH SOLN .005%	3	ST, PA
latanoprost soln .005%	1	
LUMIGAN SOLN .01%	2	ST, PA
tafluprost soln .015mg/ml	1	
travoprost soln .004%	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic) soln 2%	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic) soln .2%	1	
ofloxacin (otic) soln .3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
fluocinolone acetonide (otic) oil .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
carboprost tromethamine soln 250mcg/ml	1	
OXYTOCICS		
methylergonovine maleate soln .2mg/ml; tabs .2mg	1	
oxytocin soln 10unit/ml	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	2	SP, PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
ampicillin caps 500mg	1	
ampicillin sodium solr 1gm, 2gm, 10gm, 250mg, 500mg	1	
NATURAL PENICILLINS		
penicillin g potassium solr 5000000unit, 20000000unit	1	
penicillin g sodium solr 5000000unit	1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
PENICILLIN COMBINATIONS		
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	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	MSB
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	1	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
<i>bacteriostatic sodium chloride soln .9%</i>	1	
<i>glycine diluent for injection</i>	1	
<i>water for injection</i>	1	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	ACA
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	1	
PROMETRIUM CAPS 100MG, 200MG	3	MSB
PROVERA TABS 2.5MG, 5MG, 10MG	3	MSB
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tbec 333mg</i>	1	PV
<i>disulfiram tabs 250mg, 500mg</i>	1	PV
<i>lofexidine hcl tabs .18mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	2	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	2	SP, PA, QL (1 ea every 1 day)
XYWAV SOL 0.5GM/ML	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ARICEPT TABS 5MG, 10MG, 23MG	3	MSB
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	3	MSB
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</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	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	MSB
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	MSB
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	2	
SAVELLA MIS TITR PAK	2	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG	2	SP, PA, QL (2 tabs every 1 day)
AUSTEDO TABS 9MG, 12MG	2	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TB24 6MG	2	SP, PA, QL (3 tabs every 1 day)
AUSTEDO XR TB24 12MG	2	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	2	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TB24 24MG	2	SP, PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB TITR KIT	2	SP, PA, QL (1 ea every 1 day)
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	2	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 40-80MG	2	SP, PA, QL (1 cap every 1 day)
<i>tetrabenazine tabs 12.5mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tabs 25mg</i>	1	SP, PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30MCG/0.5ML	2	SP, PA; QL (0.04 injections every 1 day)
AVONEX PEN AJKT 30MCG/0.5ML	2	SP, PA; PV, QL (0.04 injections every 1 day)
BAFIERTAM CPDR 95MG	2	SP, PA, QL (4 caps every 1 day)
BETASERON KIT .3MG	2	SP, PA; QL (0.5 injections every 1 day)
COPAXONE SOSY 40MG/ML	2	SP, PA; QL (0.43 injections every 1 day), MSB
<i>dalfampridine tb12 10mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate cpdr 120mg</i>	1	SP, PA; QL (14 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate cpdr 240mg</i>	1	SP, PA; QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	SP, PA; QL (2 ea every 1 day)
<i> fingolimod hcl caps .5mg</i>	1	SP, PA; QL (1 cap every 1 day)
<i>glatiramer acetate sosy 20mg/ml</i>	1	SP, PA; QL (1 injection every 1 day)
<i>glatiramer acetate sosy 40mg/ml</i>	1	SP, PA; QL (0.43 injections every 1 day)
KESIMPTA SOAJ 20MG/0.4ML	2	SP, PA; QL (0.038 pens every 1 day)
MAYZENT TABS 1MG, 2MG	2	SP, PA; QL (1 tab every 1 day)
MAYZENT TABS .25MG	2	SP, PA; QL (12 tabs every 5 days)
MAYZENT STARTER PACK TBPk .25MG	2	SP, PA; PV, QL (12 tabs every 5 days)
MAYZENT STARTER PACK TBPk .25MG	2	SP, PA; PV, QL (7 tabs every 4 days)
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	2	SP, PA; QL (0.43 injections every 1 day)
REBIF REBIDO INJ TITRATN	2	SP, PA; PV, QL (0.15 mL every 1 day)
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	2	SP, PA; PV, QL (0.43 injections every 1 day)
REBIF TITRTN INJ PACK	2	SP, PA; PV, QL (0.15 mL every 1 day)
<i>teriflunomide tabs 7mg, 14mg</i>	1	SP, PA; QL (1 tab every 1 day)
ZEPOSIA CAPS .92MG	2	SP, PA; PV, QL (1 cap every 1 day), Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
ZEPOSIA 7DAY CAP STR PACK	2	SP, PA; PV, QL (1 ea every 1 day), Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
ZEPOSIA CAP STR KIT	2	SP, PA; PV, QL (1 ea every 1 day), Preferred for Multiple Sclerosis Agents, Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tabs 300mg</i>	1	QL (150 tabs every 25 days)
<i>gabapentin (once-daily) tabs 600mg</i>	1	QL (90 tabs every 25 days)
GRALISE TABS 300MG	2	QL (150 tabs every 25 days); MSB
GRALISE TABS 450MG	2	QL (90 tabs every 25 days)
GRALISE TABS 600MG	2	QL (90 tabs every 25 days); MSB
GRALISE TABS 750MG, 900MG	2	QL (60 tabs every 25 days)
<i>pregabalin (once-daily) tb24 82.5mg, 165mg</i>	1	QL (90 tabs every 25 days)
<i>pregabalin (once-daily) tb24 330mg</i>	1	QL (60 tabs every 25 days)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	1	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>pimozide tabs 1mg, 2mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	ACA, PV
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	ACA, PV
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	ACA, PV
VASOMOTOR SYMPTOM AGENTS		
<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	1	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP SOLR 500MG, 1000MG	2	SP, PA
GLASSIA SOLN 4GM/200ML, 5GM/250ML, 1000MG/50ML	2	PA
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	2	SP, PA
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	2	SP, PA, QL (2 caps every 1 day)
<i>pirfenidone caps 267mg</i>	1	SP, PA, QL (9 caps every 1 day)
<i>pirfenidone tabs 267mg</i>	1	SP, PA, QL (9 tabs every 1 day)
<i>pirfenidone tabs 801mg</i>	1	SP, PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tabs 500mg	1	
TETRACYCLINES		
GLYCYLCYCLINES		
tigecycline solr 50mg	1	
TETRACYCLINES		
demeclocycline hcl tabs 150mg, 300mg	1	
doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg; tbec 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	1	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg; tb24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1	
tetracycline hcl caps 250mg, 500mg	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	1	
propylthiouracil tabs 50mg	1	
THYROID HORMONES		
CYTOMEL TABS 5MCG, 25MCG, 50MCG	3	MSB
levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; solr 100mcg, 200mcg, 500mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	MSB
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
atropine sulfate soln .4mg/ml, 1mg/ml, 8mg/20ml; sosy .5mg/5ml, 1mg/10ml	1	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg, 40mg	1	
glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; sosy .2mg/ml, .4mg/2ml; tabs 1mg, 2mg	1	
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml, .5mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg	1	
methscopolamine bromide tabs 2.5mg, 5mg	1	
H-2 ANTAGONISTS		
cimetidine tabs 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl soln 300mg/5ml	1	
famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine caps 150mg, 300mg	1	
PEPCID TABS 20MG, 40MG	3	MSB
MISC. ANTI-ULCER		
sucralfate susp 1gm/10ml; tabs 1gm	1	
PROTON PUMP INHIBITORS		
dexlansoprazole cpdr 30mg, 60mg	1	
esomeprazole magnesium cpdr 20mg, 40mg; pack 2.5mg, 5mg, 10mg, 20mg, 40mg	1	
esomeprazole sodium solr 40mg	1	
lansoprazole cpdr 15mg, 30mg; tbdd 15mg, 30mg	1	
omeprazole cpdr 10mg, 20mg, 40mg	1	
pantoprazole sodium pack 40mg; solr 40mg; tbec 20mg, 40mg	1	
PRILOSEC PACK 2.5MG, 10MG	3	
rabeprazole sodium tbec 20mg	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tabs 100mcg, 200mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
omeprazole-sodium bicarbonate cap 20-1100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate cap 40-1100 mg	1	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	1	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	1	
TALICIA CAP	2	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

darifenacin hydrobromide tb24 7.5mg, 15mg	1	
DETROL TABS 2MG	3	MSB
fesoterodine fumarate tb24 4mg, 8mg	1	
oxybutynin chloride soln 5mg/5ml; tabs 2.5mg, 5mg; tb24 5mg, 10mg, 15mg	1	
solifenacin succinate tabs 5mg, 10mg	1	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	1	
tropium chloride cp24 60mg; tabs 20mg	1	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

mirabegron tb24 25mg, 50mg	1	
MYRBETRIQ SRER 8MG/ML	2	ST, PA
MYRBETRIQ TB24 25MG, 50MG	2	MSB

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1	
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

flavoxate hcl tabs 100mg	1	
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VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

clindamycin phosphate vaginal crea 2%	1	
metronidazole vaginal gel .75%	1	
miconazole nitrate vaginal supp 200mg	1	
terconazole vaginal crea .4%, .8%; supp 80mg	1	

VAGINAL ESTROGENS

estradiol vaginal crea .1mg/gm	1	
ESTRING RING 7.5MCG/24HR	2	
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	2	
IMVEXXY STARTER PACK INST 4MCG, 10MCG	2	
PREMARIN CREA .625MG/GM	2	
VAGIFEM TABS 10MCG	2	MSB

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PROGESTINS		
CRINONE GEL 4%, 8%	2	
ENDOMETRIN INST 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	2	
epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa caps 100mg, 200mg, 300mg	1	SP, PA, QL (6 caps every 1 day)
VASOPRESSORS		
ephedrine sulfate (pressors) soln 50mg/ml; sosy 25mg/5ml, 50mg/10ml	1	
epinephrine soln 1mg/ml	1	
midodrine hcl tabs 2.5mg, 5mg, 10mg	1	
norepinephrine bitartrate soln 1mg/ml	1	
phenylephrine hcl (pressors) soln 10mg/ml	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	1	
phytonadione soln 1mg/0.5ml, 10mg/ml; tabs 5mg	1	
WATER SOLUBLE VITAMINS		
pyridoxine hcl soln 100mg/ml	1	
thiamine hcl soln 100mg/ml, 200mg/2ml	1	

Index

A	
<i>abacavir sulfate</i>	68
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	68
ABILIFY ASIMTUFII	68
ABILIFY MAINTENA	68
<i>abiraterone acetate</i>	60
<i>acamprosate calcium</i>	147
<i>acarbose</i>	45
ACCU-CHEK KIT FASTCLIX	107
ACCU-CHEK KIT SOFTCLIX	107
ACCU-CHEK LIQ GUIDE	107
ACCU-CHEK LIQ SMART	107
ACCU-CHEK SOL	108
ACCU-CHEK TES AVIVA PL	91
ACCU-CHEK TES GUIDE	91
ACCU-CHEK TES SMART	91
ACCUPRIL	53
ACCURETIC TAB 10-12.5	54
ACCURETIC TAB 20-12.5	54
ACCUTREND SOL GLUCOSE	108
<i>acebutolol hcl</i>	72
<i>acetaminophen</i>	26
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	27, 28
<i>acetaminophen w/ codeine tab 300-15 mg</i>	28
<i>acetaminophen w/ codeine tab 300-30 mg</i>	28
<i>acetaminophen w/ codeine tab 300-60 mg</i>	28
<i>acetazolamide</i>	92
<i>acetazolamide sodium</i>	92
<i>acetic acid</i>	100
<i>acetic acid (otic)</i>	145
<i>acetylcysteine</i>	81
<i>acetylcysteine (antidote)</i>	49
<i>acitretin</i>	84
ACTI-LANCE MIS 28G	108
ACTI-LANCE MIS LITE 28G	108
ACTI-LANCE MIS SPEC 17G	108
ACTI-LANCE MIS UNIV 23G	108
ACTONEL	93
ACTOPLUS MET TAB 15-850MG	45
ACULAR	144
ACULAR LS	144
ACUVAIL	145
<i>acyclovir</i>	71
<i>acyclovir sodium</i>	71
<i>acyclovir topical</i>	87
ADALIMUMAB-ADAZ	20, 21
ADALIMUMAB-FKJP	21
<i>adapalene</i>	81
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	81
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	82
ADBRY	88
<i>adefovir dipivoxil</i>	70
ADEMPAS	76
<i>adenosine</i>	33
ADVANCE LIQ CONTROL	108
ADVANCE NORM LIQ CONTROL	108
ADVATE	101
ADVCATE SAFE MIS LANC 21G	108
ADVCATE SAFE MIS LANC 23G	108
ADVCATE SAFE MIS LANC 26G	108
ADVCATE SAFE MIS LANC 28G	108
ADVOCATE MIS LANC 30G	108
ADVOCATE MIS LANCETS	108
ADV TRAVEL MIS LANC 28G	108
ADYNOVATE	101
AFSTYLA	101
AGAMATRIX MIS 33G	108
AGAMATRIX SOL LEVEL 2	108
AGAMATRIX SOL LEVEL 4	108
AGAMATRIX SOL NORM/HGH	108
AIMSCO TWIST MIS 32G	109
AIMSCO TWIST MIS 33G	109
AIRSUPRA AER 90-80MCG	37
AJOVY	135
AKLIEF	82
<i>albendazole</i>	30
<i>albuterol sulfate</i>	37
ALBUTEROL SULFATE	37

<i>alclometasone dipropionate</i>	87	<i>amlodipine besylate-atorvastatin calcium</i>	
ALECENSA.....	61	<i>tab 10-20 mg</i>	74
<i>alendronate sodium</i>	93	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>alfuzosin hcl</i>	100	<i>tab 10-40 mg</i>	74
<i>aliskiren fumarate</i>	57	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>allopurinol</i>	101	<i>tab 10-80 mg</i>	74
<i>allopurinol sodium</i>	101	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>almotriptan malate</i>	136	<i>tab 2.5-10 mg</i>	74
<i>alogliptin benzoate</i>	47	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>		<i>tab 2.5-20 mg</i>	74
.....	45	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	45	<i>tab 2.5-40 mg</i>	74
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	45	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	45	<i>tab 5-10 mg</i>	74
<i>alogliptin-pioglitazone tab 25-30 mg</i>	45	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	45	<i>tab 5-20 mg</i>	74
<i>alose tron hcl</i>	99	<i>amlodipine besylate-atorvastatin calcium</i>	
ALPHAGAN P.....	143	<i>tab 5-40 mg</i>	74
<i>alprazolam</i>	33	<i>amlodipine besylate-atorvastatin calcium</i>	
ALPROLIX.....	101	<i>tab 5-80 mg</i>	74
<i>alprostadil</i>	75	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
ALTUVIIIIO.....	101	<i>20 mg</i>	54
ALUNBRIG.....	61	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
ALUNBRIG PAK.....	61	<i>40 mg</i>	54
ALVAIZ.....	104	<i>amlodipine besylate-benazepril hcl cap 2.5-</i>	
<i>alvimopan</i>	100	<i>10 mg</i>	54
<i>amantadine hcl</i>	65	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
AMBIEN.....	105	<i>10 mg</i>	54
AMBIEN CR.....	105	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>ambrisentan</i>	76	<i>20 mg</i>	54
<i>amcinonide</i>	87	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>amikacin sulfate</i>	19	<i>40 mg</i>	54
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>amlodipine besylate-olmesartan</i>	
<i>mg</i>	92	<i>medoxomil tab 10-20 mg</i>	55
<i>amiloride hcl</i>	92	<i>amlodipine besylate-olmesartan</i>	
<i>amino acid infusion 15%</i>	142	<i>medoxomil tab 10-40 mg</i>	55
<i>amino acids cap</i>	142	<i>amlodipine besylate-olmesartan</i>	
<i>aminocaproic acid</i>	105	<i>medoxomil tab 5-20 mg</i>	54
<i>amiodarone hcl</i>	33, 34	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl</i>	45	<i>medoxomil tab 5-40 mg</i>	54
<i>amlodipine besylate</i>	72	<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	55
<i>tab 10-10 mg</i>	74	<i>amlodipine besylate-valsartan tab 10-320</i>	
		<i>mg</i>	55

amlodipine besylate-valsartan tab 5-160
mg55
amlodipine besylate-valsartan tab 5-320
mg55
amlodipine-valsartan-hydrochlorothiazide
tab 10-160-12.5 mg55
amlodipine-valsartan-hydrochlorothiazide
tab 10-160-25 mg55
amlodipine-valsartan-hydrochlorothiazide
tab 10-320-25 mg55
amlodipine-valsartan-hydrochlorothiazide
tab 5-160-12.5 mg55
amlodipine-valsartan-hydrochlorothiazide
tab 5-160-25 mg55
amoxapine45
amoxicil cap & clarithro tab & lansopraz cap
dr 500 & 500 & 30mg153
amoxicillin146
amoxicillin & k clavulanate for susp 200-
28.5 mg/5ml146
amoxicillin & k clavulanate for susp 250-
62.5 mg/5ml146
amoxicillin & k clavulanate for susp 400-57
mg/5ml146
amoxicillin & k clavulanate for susp 600-
42.9 mg/5ml146
amoxicillin & k clavulanate tab 250-125 mg
.....146
amoxicillin & k clavulanate tab 500-125 mg
.....146
amoxicillin & k clavulanate tab 875-125 mg
.....146
amoxicillin & k clavulanate tab er 12hr 1000-
62.5 mg146
amphetamine17
amphetamine-dextroamphetamine 3-bead
cap er 24hr 12.5 mg17
amphetamine-dextroamphetamine 3-bead
cap er 24hr 25 mg17
amphetamine-dextroamphetamine 3-bead
cap er 24hr 37.5 mg17
amphetamine-dextroamphetamine 3-bead
cap er 24hr 50 mg17

amphetamine-dextroamphetamine cap er
24hr 10 mg17
amphetamine-dextroamphetamine cap er
24hr 15 mg17
amphetamine-dextroamphetamine cap er
24hr 20 mg17
amphetamine-dextroamphetamine cap er
24hr 25 mg17
amphetamine-dextroamphetamine cap er
24hr 30 mg17
amphetamine-dextroamphetamine cap er
24hr 5 mg17
amphetamine-dextroamphetamine tab 10
mg17
amphetamine-dextroamphetamine tab 12.5
mg17
amphetamine-dextroamphetamine tab 15
mg17
amphetamine-dextroamphetamine tab 20
mg17
amphetamine-dextroamphetamine tab 30
mg17
amphetamine-dextroamphetamine tab 5
mg17
amphetamine-dextroamphetamine tab 7.5
mg17
amphetamine sulfate17
amphotericin b50
amphotericin b liposome51
ampicillin146
ampicillin & sulbactam sodium for inj 1.5 (1-
0.5) gm146
ampicillin & sulbactam sodium for inj 3 (2-1)
gm146
ampicillin & sulbactam sodium for iv soln
1.5 (1-0.5) gm147
ampicillin & sulbactam sodium for iv soln 15
(10-5) gm147
ampicillin & sulbactam sodium for iv soln 3
(2-1) gm147
ampicillin sodium146
anagrelide hcl103
anastrozole60
ANNOVERA MIS79

ANORO ELLIPT AER 62.5-25	37	ASSURE PLUS MIS NORM 21G	110
<i>apomorphine hydrochloride</i>	65	ASSURE PLUS MIS PEDIATRI	110
<i>apraclonidine hcl</i>	143	ASSURE PRISM SOL LEVEL1/2.....	110
<i>aprepitant</i>	50	ASSURE PRO LIQ LEVEL1/2.....	110
<i>aprepitant capsule therapy pack 80 & 125</i> <i>mg</i>	50	<i>atazanavir sulfate</i>	68
APRETUDE	68	ATELVIA	93
AQUALANCE MIS 30G.....	109	<i>atenolol</i>	72
ARALAST NP.....	151	<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	55
ARANESP ALBUMIN FREE	104	<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	55
ARAZLO	82	<i>atomoxetine hcl</i>	18
<i>arformoterol tartrate</i>	37	<i>atorvastatin calcium</i>	52
<i>argatroban</i>	40	<i>atovaquone</i>	31
ARICEPT	148	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	58
<i>aripiprazole</i>	68	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	58
ARISTADA	68	<i>atracurium besylate</i>	142
ARISTADA INITIO	68	<i>atropine sulfate</i>	152
<i>armodafinil</i>	18	<i>atropine sulfate (ophthalmic)</i>	143
ARNUITY ELLIPTA.....	36	ATROVENT HFA	35
<i>articaine-epinephrine solution cartridge</i> <i>4%-1:100000</i>	106	AUGMENTIN SUS 125/5ML.....	147
<i>asenapine maleate</i>	67	AUGMENTIN SUS ES-600	147
ASMANEX HFA.....	36	AUGTYRO	61
ASMANEX TWISTHALER 120 ME	36	AURORA LANCE MIS 30G	110
ASMANEX TWISTHALER 14 MET	36	AURORA LANCE MIS THIN 23G.....	110
ASMANEX TWISTHALER 30 MET.....	36	AURYXIA.....	100
ASMANEX TWISTHALER 60 MET	36	AUSTEDO.....	149
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	103	AUSTEDO XR.....	149
ASSURE 3 LIQ CONTROL	109	AUSTEDO XR TAB TITR KIT	149
ASSURE 4 LIQ LEVEL1/2.....	109	AUTO LANCET MIS.....	110
ASSURE CMFRT MIS 28G	109	AUTOSHIELD MIS 30GX5MM.....	134
ASSURE DOSE SOL NORM/HGH	109	AUVI-Q	155
ASSURE II LIQ LEVEL 1.....	109	<i>avanafil</i>	75
ASSURE II LIQ LEVEL1/2.....	109	AVODART	100
ASSURE LANCE MIS 21G.....	109	AVONEX.....	149
ASSURE LANCE MIS 28G	109	AVONEX PEN	149
ASSURE LANCE MIS LOW FLOW	109	AVSOLA.....	98
ASSURE LANCE MIS MICRO.....	109	<i>azacitidine</i>	59
ASSURE LANCE MIS SAFE 25G.....	109	<i>azathioprine</i>	139
ASSURE LANCE MIS SAFE 30G.....	109	<i>azelaic acid</i>	91
ASSURE PLUS MIS HIGH 18G	109	<i>azelastine hcl</i>	141
ASSURE PLUS MIS LOW 25G	109	<i>azelastine hcl (ophth)</i>	145
ASSURE PLUS MIS MCRO 28G	109	<i>azelastine hcl-fluticasone prop nasal spray</i> <i>137-50 mcg/act</i>	141

<i>azithromycin</i>	107
AZOR TAB 10-20MG	55
AZOR TAB 10-40MG	55
AZOR TAB 5-20MG.....	55
AZOR TAB 5-40MG	55
AZSTARYS CAP 26.1-5.2.....	18
AZSTARYS CAP 39.2-7.8.....	18
AZSTARYS CAP 52.3-10.	18
<i>aztreonam</i>	32
AZULFIDINE	98
AZULFIDINE EN-TABS.....	98
B	
<i>bacitracin (ophthalmic)</i>	143
<i>bacitracin-polymyxin b ophth oint</i>	143
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	144
<i>baclofen</i>	140
<i>bacteriostatic sodium chloride</i>	147
BAFIERTAM	149
<i>balsalazide disodium</i>	98
BAQSIMI ONE PACK.....	46
BAQSIMI TWO PACK.....	46
BASAGLAR KWIKPEN	47
BD MICROTAIN MIS LANCETS	110
BD PEN NEEDL MIS 29GX12.7	134
BD PEN NEEDL MIS 31GX5MM	134
BD PEN NEEDL MIS 31GX8MM	134
BD PEN NEEDL MIS 32GX4MM.....	134
BD PEN NEEDL MIS 32GX6MM.....	134
BELBUCA.....	29
BELSOMRA	106
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	55
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	55
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	55
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	55
<i>benazepril hcl</i>	53
<i>bendamustine hcl</i>	58
BENEFIX.....	101
BENZAC AC WASH	82
BENZAMYCIN GEL 5-3%	82

<i>benzonatate</i>	81
<i>benzoyl peroxide</i>	82
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	82
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	82
<i>benztropine mesylate</i>	65
<i>bepotastine besilate</i>	145
BESIVANCE	143
BESREMI.....	65
<i>betaine powder for oral solution</i>	94
<i>betamethasone dipropionate (topical)</i>	87
<i>betamethasone dipropionate augmented</i>	87
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	80
<i>betamethasone valerate</i>	87
BETASERON.....	149
<i>betaxolol hcl</i>	72
<i>betaxolol hcl (ophth)</i>	142
<i>bethanechol chloride</i>	154
BETIMOL.....	142
BETOPTIC-S	142
BEVESPI AER 9-4.8MCG	37
<i>bexarotene</i>	65
<i>bexarotene (topical)</i>	84
<i>bicalutamide</i>	60
BIKTARVY TAB	68
<i>bimatoprost</i>	145
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	153
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	55
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	55
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	55
<i>bisoprolol fumarate</i>	72
<i>bivalirudin trifluoroacetate</i>	40
BLULINK LIQ HIGH/LOW	110
<i>bortezomib</i>	61
<i>bosentan</i>	76
BOSULIF	61
BRAFTOVI	61
BREO ELLIPTA INH 100-25	37
BREO ELLIPTA INH 200-25	37

BREO ELLIPTA INH 50-25MCG.....	37
BREZTRI AERO AER SPHERE.....	37
BRILINTA	103
brimonidine	91, 142, 143
brinzolamide.....	145
BRIVIACT	40
bromfenac sodium (ophth)	145
bromocriptine mesylate	65
BRUKINSA.....	62
BRYHALI	87
budesonide	80
budesonide (inhalation).....	36
budesonide (intrarectal).....	30
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	38
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	37, 38
bumetanide	92
bupivacaine 0.75% in dextrose inj 8.25%	107
bupivacaine hcl.....	107
bupivacaine inj 0.25% w/ epinephrine 1:200000	107
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	107
bupivacaine inj 0.5% w/ epinephrine 1:200000	106
bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)	106
buprenorphine	29
buprenorphine hcl.....	29
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	29
bupropion hcl.....	43

bupropion hcl (smoking deterrent)	151
buspirone hcl	32
butalbital-acetaminophen-cafeine cap 50- 300-40 mg	26
butalbital-acetaminophen-cafeine cap 50- 325-40 mg	26
butalbital-acetaminophen-cafeine tab 50- 325-40 mg	26
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	28
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	28
butalbital-acetaminophen cap 50-300 mg	26
butalbital-acetaminophen tab 50-300 mg	26
butalbital-acetaminophen tab 50-325 mg	26
butalbital-aspirin-cafeine cap 50-325-40 mg	26
butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg.....	28
butorphanol tartrate.....	29
BYOOVIZ	143
C	
CABENUVA SUS 400-600	69
CABENUVA SUS 600-900	69
cabergoline	95
CABOMETYX	62
CADUET TAB 10-10MG.....	74
CADUET TAB 10-20MG	74
CADUET TAB 10-40MG.....	74
CADUET TAB 10-80MG.....	74
CADUET TAB 5-10MG	74
CADUET TAB 5-20MG.....	74
CADUET TAB 5-40MG	74
CADUET TAB 5-80MG.....	74
caffeine & sodium benzoate inj 125-125 mg/ml (500 mg/2ml)	18
caffeine citrate	18
calcipotriene	84
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	87
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	87

<i>calcitonin (salmon)</i>	93	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>calcitriol</i>	94	18.75-75-200 mg.....	66
<i>calcitriol (topical)</i>	84	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>calcium acetate (phosphate binder)</i>	100	100-200 mg.....	66
<i>calcium chloride (dihydrate)</i>	137	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>calcium gluconate</i>	137	31.25-125-200 mg	66
<i>calcium gluconate-nacl iv soln 1 gm/50ml-</i>		<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
0.675% (20 mg/ml)	137	150-200 mg.....	66
<i>calcium gluconate-nacl iv soln 2 gm/100ml-</i>		<i>carbidopa-levodopa-entacapone tabs 50-</i>	
0.675% (20 mg/ml)	137	200-200 mg.....	66
CALQUENCE	62	<i>carbinoxamine maleate</i>	51
<i>candesartan cilexetil</i>	54	<i>carboprost tromethamine</i>	146
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>cardioplegic soln</i>	74
<i>tab 16-12.5 mg</i>	55	CARDURA	54
<i>candesartan cilexetil-hydrochlorothiazide</i>		CAREONE LANC MIS 30G	110
<i>tab 32-12.5 mg</i>	55	CAREONE LANC MIS THIN 23G	110
<i>candesartan cilexetil-hydrochlorothiazide</i>		CARESENS 30G MIS LANCETS	110
<i>tab 32-25 mg</i>	55	CARESENS S LIQ CON A/B	110
<i>capecitabine</i>	59	CARESENS SOL CONTROL	110
<i>captopril</i>	53	CARETOUCH MIS LANC 26G	110
<i>captopril & hydrochlorothiazide tab 25-15</i>		CARETOUCH MIS LANC 28G	110
<i>mg</i>	55	CARETOUCH MIS LANC 30G	110
<i>captopril & hydrochlorothiazide tab 25-25</i>		CARETOUCH MIS TWIST 28	111
<i>mg</i>	56	CARETOUCH MIS TWIST 30	111
<i>captopril & hydrochlorothiazide tab 50-15</i>		CARETOUCH MIS TWIST 33	111
<i>mg</i>	56	<i>carglumic acid</i>	94
<i>captopril & hydrochlorothiazide tab 50-25</i>		<i>carisoprodol</i>	140
<i>mg</i>	56	<i>carteolol hcl (ophth)</i>	142
<i>carbamazepine</i>	40	<i>carvedilol</i>	71
CARBATROL	40	<i>carvedilol phosphate</i>	72
<i>carbidopa</i>	65	CASODEX	60
<i>carbidopa & levodopa orally disintegrating</i>		<i>caspofungin acetate</i>	50
<i>tab 10-100 mg</i>	65	<i>cefaclor</i>	77
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefadroxil</i>	76
<i>tab 25-100 mg</i>	65	<i>cefazolin sodium</i>	76
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefdinir</i>	77
<i>tab 25-250 mg</i>	65	<i>cefepime hcl</i>	77
<i>carbidopa & levodopa tab 10-100 mg</i>	65	<i>cefixime</i>	77
<i>carbidopa & levodopa tab 25-100 mg</i>	65	<i>cefotetan disodium</i>	77
<i>carbidopa & levodopa tab 25-250 mg</i>	66	<i>cefoxitin sodium</i>	77
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	66	<i>cefpodoxime proxetil</i>	77
<i>carbidopa & levodopa tab er 50-200 mg</i> ..	66	<i>cefprozil</i>	77
<i>carbidopa-levodopa-entacapone tabs 12.5-</i>		<i>ceftazidime</i>	77
<i>50-200 mg</i>	66	<i>ceftriaxone sodium</i>	77

<i>ceftriaxone sodium in dextrose inj 20</i>		<i>cimetidine</i>	153
<i>mg/ml</i>	77	<i>cimetidine hcl</i>	153
<i>ceftriaxone sodium in dextrose inj 40</i>		CIMZIA.....	98
<i>mg/ml</i>	77	CIMZIA STARTER KIT	98
<i>cefuroxime axetil</i>	77	<i>cinacalcet hcl</i>	94
<i>cefuroxime sodium</i>	77	CIPRO	97
<i>celecoxib</i>	24	<i>ciprofloxacin 200 mg/100ml in d5w</i>	97
CELEXA	44	<i>ciprofloxacin 400 mg/200ml in d5w</i>	97
<i>cephalexin</i>	77	<i>ciprofloxacin-dexamethasone otic susp</i>	
CERDELGA	103	0.3-0.1%.....	145
CEREZYME	103	<i>ciprofloxacin-fluocinolone aceton (pf) otic</i>	
<i>cetirizine hcl</i>	51	<i>soln 0.3-0.025%</i>	145
<i>cetrorelix acetate</i>	93	<i>ciprofloxacin hcl</i>	97
<i>cevimeline hcl</i>	140	<i>ciprofloxacin hcl (ophth)</i>	143
<i>chenodiol</i>	97	<i>ciprofloxacin hcl (otic)</i>	145
<i>chloramphenicol sodium succinate</i>	31	<i>cisatracurium besylate</i>	142
<i>chlordiazepoxide-amitriptyline tab 10-25</i>		<i>cisplatin</i>	59
<i>mg</i>	148	<i>citalopram hydrobromide</i>	44
<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>		<i>cladribine</i>	59
<i>mg</i>	148	<i>clarithromycin</i>	107
<i>chlordiazepoxide hcl</i>	33	CLEANLET 28G MIS LANCETS	111
<i>chlordiazepoxide hcl-clidinium bromide</i>		<i>clemastine fumarate</i>	51
<i>cap 5-2.5 mg</i>	152	CLEVER CHECK MIS.....	111
<i>chlorhexidine gluconate (mouth-throat)</i>	140	CLEVER CHECK MIS 30G	111
<i>chlorprocaine hcl</i>	107	CLIMARA.....	96
<i>chloroquine phosphate</i>	58	CLIMARA PRO DIS WEEKLY	96
<i>chlorothiazide sodium</i>	93	<i>clindamycin hcl</i>	31
<i>chlorpromazine hcl</i>	68	<i>clindamycin palmitate hydrochloride</i>	31
<i>chlorthalidone</i>	93	<i>clindamycin phosphate</i>	31
<i>chlorzoxazone</i>	140	<i>clindamycin phosphate (topical)</i>	82
<i>cholestyramine</i>	52	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>cholestyramine light</i>	52	<i>gel 1.2-2.5%</i>	82
<i>choline fenofibrate</i>	52	<i>clindamycin phosphate-benzoyl peroxide</i>	
CHOSEN MIS 30G	111	<i>gel 1.2-3.75%</i>	82
CHOSEN MIS SAFE 28G.....	111	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>chromic chloride</i>	139	<i>gel 1-5%</i>	82
CIBINQO	88	<i>clindamycin phosphate in d5w iv soln 300</i>	
<i>ciclopirox</i>	83	<i>mg/50ml</i>	31
<i>ciclopirox olamine</i>	83	<i>clindamycin phosphate in d5w iv soln 600</i>	
<i>cidofovir</i>	70	<i>mg/50ml</i>	31
<i>cilostazol</i>	103	<i>clindamycin phosphate in d5w iv soln 900</i>	
CILOXAN.....	143	<i>mg/50ml</i>	31
CIMDUO TAB 300-300	69	<i>clindamycin phosphate-tretinoin gel 1.2-</i>	
CIMERLI	143	0.025%	82

<i>clindamycin phosphate vaginal</i>	154	COMFORT TCH MIS LANC 28G	112
<i>clindamycin phosph-benzoyl peroxide</i>		COMFORT TCH MIS LANC 30G	112
(<i>refrig</i>) gel 1.2 (1)-5%	82	COMFORT TCH MIS LANC 31G	112
<i>clobazam</i>	40	CONTROL SOL LIQ HI/MID/L	112
<i>clobetasol propionate</i>	87	CONTROL SOL LIQ HIGH/LOW	112
<i>clobetasol propionate emollient base</i>	87	CONTROL SOL LIQ LEVEL 2	112
<i>clobetasol propionate emulsion</i>	87	COOL CONTROL SOL A	112
<i>clocortolone pivalate</i>	87	COOL CONTROL SOL B	112
<i>clofarabine</i>	59	COPAXONE	149
<i>clomiphene citrate</i>	93	COPIKTRA	62
<i>clomipramine hcl</i>	45	COREG	72
<i>clonazepam</i>	40	CORTEF	80
<i>clonidine</i>	54	CORTIFOAM	30
<i>clonidine hcl</i>	54	COSENTYX	84
<i>clonidine hcl (adhd)</i>	18	COSENTYX SENSOREADY PEN	84, 85
<i>clonidine hcl (analgesia)</i>	26	COSENTYX UNOREADY	85
<i>clopidogrel bisulfate</i>	103	COZAAR	54
<i>clorazepate dipotassium</i>	33	CREON CAP 12000UNT	91
<i>clotrimazole</i>	140	CREON CAP 24000UNT	91
<i>clotrimazole (topical)</i>	83	CREON CAP 3000UNIT	91
<i>clotrimazole w/ betamethasone cream 1-</i>		CREON CAP 36000UNT	91
0.05%	83	CREON CAP 6000UNIT	91
<i>clotrimazole w/ betamethasone lotion 1-</i>		CREXONT CAP 35-140MG	66
0.05%	83	CREXONT CAP 52.5-210	66
<i>clozapine</i>	67	CREXONT CAP 70-280MG	66
CLOZARIL	67	CREXONT CAP 87.5-350	66
COAGUCHEK MIS LANCETS	111	CRINONE	155
<i>coal tar extract</i>	91	<i>cromolyn sodium</i>	34
<i>codeine sulfate</i>	27	<i>cromolyn sodium (mastocytosis)</i>	97
<i>colchicine</i>	101	<i>cromolyn sodium (ophth)</i>	145
<i>colchicine w/ probenecid tab 0.5-500 mg</i>		<i>crotamiton</i>	91
.....	101	<i>cupric chloride</i>	139
<i>colesevelam hcl</i>	52	CUTAQUIG	146
COLESTID	52	CVS LANCETS MIS 30G	112
<i>colestipol hcl</i>	52	CVS LANCETS MIS ORIGINAL	112
<i>colistimethate sodium</i>	32	CVS LANCETS MIS THIN 26G	112
COMBIPATCH DIS	96	CVS LANCETS MIS THIN 30G	112
COMFORT ASSU MIS LANC 28G	111	CVS LANCETS MIS THIN 33G	112
COMFORT ASSU MIS LANC 33G	111	<i>cyanocobalamin</i>	104
COMFORT EZ MIS 21G	111	<i>cyclobenzaprine hcl</i>	140
COMFORT EZ MIS 23G	111	<i>cyclopentolate hcl</i>	143
COMFORT EZ MIS 28G	111	<i>cyclophosphamide</i>	59
COMFORT MIS LANCETS	112	<i>cycloserine</i>	58
COMFORTOUCH MIS LANCET	112	<i>cyclosporine</i>	139

<i>cyclosporine modified (for microemulsion)</i>	139
<i>cypheptadine hcl</i>	51
CYSTAGON	100
CYTOMEL	152
D	
<i>dabigatran etexilate mesylate</i>	40
<i>dalfampridine</i>	149
<i>danazol</i>	29
<i>dantrolene sodium</i>	141
<i>dapagliflozin propanediol</i>	49
<i>dapagliflozin prop-metformin hcl tab er</i> 24hr 10-1000 mg	45
<i>dapagliflozin prop-metformin hcl tab er</i> 24hr 5-1000 mg	45
<i>dapsone</i>	31
<i>dapsone (topical)</i>	82
<i>daptomycin</i>	31
<i>darifenacin hydrobromide</i>	154
<i>darunavir</i>	69
<i>dasatinib</i>	62
DAXXIFY	90
DAYVIGO	106
<i>decitabine</i>	59
<i>deferasirox</i>	49
<i>deferiprone</i>	49
<i>deferroxamine mesylate</i>	49
<i>deflazacort</i>	80
<i>dehydrated alcohol intra-arterial soln</i>	76
<i>demeclocycline hcl</i>	152
DEPAKOTE	43
DEPAKOTE ER	43
DEPAKOTE SPRINKLES	43
DESCOVY TAB 120-15MG	69
DESCOVY TAB 200/25MG	69
<i>desipramine hcl</i>	45
<i>desloratadine</i>	51
<i>desmopressin acetate</i>	95
<i>desmopressin acetate spray</i>	95
<i>desmopressin acetate spray refrigerated</i>	95
<i>desogest-eth estrad & eth estrad tab 0.15-</i> 0.02/0.01 mg(21/5)	77
<i>desogest-ethin est tab 0.1-0.025/0.125-</i> 0.025/0.15-0.025mg-mg	77

<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i> 30 mcg	77
<i>desonide</i>	88
<i>desoximetasone</i>	88
<i>desvenlafaxine succinate</i>	44
DETROL	154
<i>dexamethasone</i>	80
<i>dexamethasone sodium phosphate</i>	80
<i>dexamethasone sodium phosphate (ophth)</i>	144
<i>dexchlorpheniramine maleate</i>	51
DEXCOM G5 MIS RECEIVER	112
DEXCOM G5 MIS TRANSMIT	112
DEXCOM G6 MIS RECEIVER	112
DEXCOM G6 MIS SENSOR	112
DEXCOM G6 MIS TRANSMIT	112
DEXCOM G7 MIS 15 DAY	112
DEXCOM G7 MIS RECEIVER	113
DEXCOM G7 MIS SENSOR	113
DEXEDRINE	17
<i>dexlansoprazole</i>	153
<i>dexmedetomidine hcl</i>	105
<i>dexmedetomidine hcl in nacl 0.9% iv soln</i> 200 mcg/50ml	105
<i>dexmedetomidine hcl in nacl 0.9% iv soln</i> 400 mcg/100ml	105
<i>dexmedetomidine hcl in nacl 0.9% iv soln</i> 80 mcg/20ml	105
<i>dexmethylphenidate hcl</i>	18
<i>dexrazoxane hcl</i>	65
<i>dextran 40 inj 10% in d5w</i>	102
<i>dextran 40 inj 10% in saline</i>	102
<i>dextroamphetamine sulfate</i>	17, 18
<i>dextrose</i>	142
<i>dextrose 10% w/ sodium chloride 0.45%</i>	137
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	137
<i>dextrose 5% in lactated ringers</i>	137
<i>dextrose 5% w/ sodium chloride 0.2%...</i>	137
<i>dextrose 5% w/ sodium chloride 0.225%</i>	137
<i>dextrose 5% w/ sodium chloride 0.3%...</i>	137
<i>dextrose 5% w/ sodium chloride 0.33%.</i>	137

<i>dextrose 5% w/ sodium chloride 0.45%</i>	137	<i>dobutamine hcl</i>	73
<i>dextrose 5% w/ sodium chloride 0.9%</i> ...	137	<i>dofetilide</i>	34
DIATHRIVE LIQ CONTROL	113	<i>donepezil hydrochloride</i>	148
DIATHRIVE MIS LANCETS	113	<i>dopamine hcl</i>	73
DIATHRIVE MIS UT 30G	113	DOPTELET	104
<i>diazepam</i>	33	<i>dorzolamide hcl</i>	145
<i>diazepam (anticonvulsant)</i>	40	<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%.....	142
<i>diazoxide</i>	46	<i>dorzolamide hcl-timolol maleate pf ophth</i> soln 2-0.5%	142
<i>dichlorphenamide</i>	92	DOVATO TAB 50-300MG.....	69
<i>diclofenac epolamine</i>	83	<i>doxazosin mesylate</i>	54
<i>diclofenac potassium</i>	24	<i>doxepin hcl</i>	45
<i>diclofenac potassium (migraine)</i>	135	<i>doxepin hcl (antipruritic)</i>	84
<i>diclofenac sodium</i>	24, 83, 84, 145	<i>doxepin hcl (sleep)</i>	105
<i>diclofenac w/ misoprostol tab delayed</i> release 50-0.2 mg	24	<i>doxercalciferol</i>	94
<i>diclofenac w/ misoprostol tab delayed</i> release 75-0.2 mg	24	<i>doxycycline (monohydrate)</i>	152
<i>dicloxacillin sodium</i>	147	<i>doxycycline hyclate</i>	152
<i>dicyclomine hcl</i>	153	<i>doxylamine-pyridoxine tab delayed release</i> 10-10 mg	50
DIFICID	107	<i>dronabinol</i>	50
<i>diflorasone diacetate</i>	88	<i>droperidol</i>	32
DIFLUCAN	51	DROPLET LANC MIS 30G	113
<i>diflunisal</i>	27	DROPLET PERS MIS LANC 30G	113
<i>difluprednate</i>	144	DROPSAFE MIS LANC 23G	113
<i>digoxin</i>	73	<i>drospirenone-ethinyl estradiol tab 3-0.02</i> mg.....	77
<i>dihydroergotamine mesylate</i>	135	<i>drospirenone-ethinyl estradiol tab 3-0.03</i> mg.....	77
DILANTIN	43	<i>drospirenone-ethinyl estrad-levomefolate</i> tab 3-0.02-0.451 mg	77
DILANTIN-125.....	43	<i>drospirenone-ethinyl estrad-levomefolate</i> tab 3-0.03-0.451 mg	77
DILANTIN INFATABS.....	43	<i>droxidopa</i>	155
<i>diltiazem hcl</i>	73	DUAVEE TAB 0.45-20	96
<i>diltiazem hcl coated beads</i>	73	DUETACT TAB 30-2MG	45
<i>diltiazem hcl extended release beads</i>	73	DUETACT TAB 30-4MG	45
<i>dimethyl fumarate</i>	149, 150	<i>duloxetine hcl</i>	44
<i>dimethyl fumarate capsule dr starter pack</i> 120 mg & 240 mg	150	DUOBRII LOT	88
<i>diphenhydramine hcl</i>	51	DUO-CARE LIQ LEVEL1/2.....	113
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> mg/5ml	49	DUPIXENT	89
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> mg	49	DUROLANE	141
<i>dipyridamole</i>	103	<i>dutasteride</i>	100
<i>disopyramide phosphate</i>	33		
<i>disulfiram</i>	147		
<i>divalproex sodium</i>	43		

dutasteride-tamsulosin hcl cap 0.5-0.4 mg
.....100

E

EASY COMFORT MIS 30G.....113
EASY COMFORT MIS LANC/30G113
EASY COMFORT MIS TWIST113
EASYMAX 15 LIQ LEVEL2-3115
EASYMAX 15 SOL LEVEL 2.....115
EASYMAX LIQ NORM/HIG.....115
EASY TOUCH LIQ HEALTHPR113
EASY TOUCH LIQ HIGH/LOW113
EASY TOUCH MIS LANC/21G113
EASY TOUCH MIS LANC/23G114
EASY TOUCH MIS LANC/26G114
EASY TOUCH MIS LANC/28G114
EASY TOUCH MIS LANC/30G.....114
EASY TOUCH MIS LANC/32G114
EASY TOUCH MIS P-AC/21G.....114
EASY TOUCH MIS P-AC/23G114
EASY TOUCH MIS P-AC/26G114
EASY TOUCH MIS P-AC/28G114
EASY TOUCH MIS P-AC/30G.....114
EASY TOUCH MIS TWST/28G.....114
EASY TOUCH MIS TWST/30G114
EASY TOUCH MIS TWST/32G.....114
EASY TOUCH MIS TWST/33G.....114
EASY TOUCH SOL CONTROL114
EASY TOUCH SOL HIGH/LOW114
EBGLYSS89
econazole nitrate.....83
edaravone.....142
efavirenz.....69
efavirenz-emtricitabine-tenofovir df tab
 600-200-300 mg69
efavirenz-lamivudine-tenofovir df tab 400-
 300-300 mg.....69
efavirenz-lamivudine-tenofovir df tab 600-
 300-300 mg.....69
electrolyte-148 solution137
electrolyte-a solution137
ELEMNT COMPA SOL LEVEL 2115
ELEMNT COMPA SOL LEVEL 3115
ELEPSIA XR.....41
eletriptan hydrobromide.....136

ELFABRIO.....94
ELIGARD.....60
ELIQUIS.....39
ELIQUIS STARTER PACK39
ELOCTATE.....101
eltrombopag olamine.....104
EMBECTA AUTO MIS DUO134
EMBECTA NANO MIS 32GX4MM134
EMBECTA UF MIS 29GX12.7134
EMBECTA UF MIS 31GX5MM.....134
EMBECTA UF MIS 31GX8MM.....134
EMBECTA UF MIS 32GX6MM134
EMBRACE LANC MIS 21G115
EMBRACE LANC MIS 28G.....115
EMBRACE LANC MIS THIN 30G115
EMBRACE PRO LIQ GLUCOSE115
EMGALITY135
EMPAVELI.....102
emtricitabine.....69
emtricitabine-rilpivirine-tenofovir df tab
 200-25-300 mg69
emtricitabine-tenofovir disoproxil fumarate
 tab 100-150 mg69
emtricitabine-tenofovir disoproxil fumarate
 tab 133-200 mg69
emtricitabine-tenofovir disoproxil fumarate
 tab 167-250 mg69
emtricitabine-tenofovir disoproxil fumarate
 tab 200-300 mg69
EMVERM30
enalaprilat.....53
enalapril maleate53
enalapril maleate & hydrochlorothiazide tab
 10-25 mg.....56
enalapril maleate & hydrochlorothiazide tab
 5-12.5 mg56
ENBREL26
ENBREL MINI26
ENBREL SURECLICK.....26
ENDARI103
ENDOMETRIN155
enoxaparin sodium40
ENSPRYNG.....140
ENSTILAR AER88

<i>entacapone</i>	65	ESPEROCT	101
<i>entecavir</i>	70	<i>estazolam</i>	105
ENTRESTO CAP 15-16MG	74	<i>esterified estrogens & methyltestosterone</i> <i>tab 0.625-1.25 mg</i>	96
ENTRESTO CAP 6-6MG	74	<i>esterified estrogens & methyltestosterone</i> <i>tab 1.25-2.5 mg</i>	96
ENTRESTO TAB 24-26MG	74	<i>estradiol</i>	97
ENTRESTO TAB 49-51MG	75	<i>estradiol & norethindrone acetate tab 0.5-</i> <i>0.1 mg</i>	96
ENTRESTO TAB 97-103MG	75	<i>estradiol & norethindrone acetate tab 1-0.5</i> <i>mg</i>	96
EPCLUSA PAK 150-37.5	70	<i>estradiol vaginal</i>	154
EPCLUSA PAK 200-50MG	70	<i>estradiol valerate</i>	97
EPCLUSA TAB 200-50MG	70	ESTRING	154
EPCLUSA TAB 400-100	70	<i>eszopiclone</i>	105
<i>ephedrine sulfate (pressors)</i>	155	<i>ethacrynate sodium</i>	92
EPIDUO FORTE GEL 0.3-2.5%	82	<i>ethacrynic acid</i>	92
EPIDUO GEL 0.1-2.5%	82	<i>ethambutol hcl</i>	58
<i>epinastine hcl (ophth)</i>	145	<i>ethosuximide</i>	43
<i>epinephrine</i>	155	<i>ethyl chloride aerosol spray</i>	90
<i>epinephrine (anaphylaxis)</i>	155	<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	77
<i>epinephrine hcl (nasal)</i>	141	<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	78
<i>eplerenone</i>	57	<i>etodolac</i>	24
<i>epoprostenol sodium</i>	75	<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	79, 80
<i>eptifibatide</i>	103	<i>etoposide</i>	65
<i>ergocalciferol</i>	155	<i>etravirine</i>	69
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	135	EUCRISA	90
<i>ergotamine w/ caffeine tab 1-100 mg</i>	135	EUFLEXXA	141
<i>eribulin mesylate</i>	65	<i>everolimus</i>	62
ERIVEDGE	60	<i>everolimus (immunosuppressant)</i>	140
ERLEADA	60	EVISTA	94
<i>erlotinib hcl</i>	60	EXELON	148
<i>ertapenem sodium</i>	31	<i>exemestane</i>	60
<i>erythromycin (acne aid)</i>	82	<i>exenatide</i>	47
<i>erythromycin (ophth)</i>	143	<i>ezetimibe</i>	53
<i>erythromycin base</i>	107	<i>ezetimibe-simvastatin tab 10-10 mg</i>	52
<i>erythromycin ethylsuccinate</i>	107	<i>ezetimibe-simvastatin tab 10-20 mg</i>	52
<i>erythromycin lactobionate</i>	107	<i>ezetimibe-simvastatin tab 10-40 mg</i>	52
<i>escitalopram oxalate</i>	44	<i>ezetimibe-simvastatin tab 10-80 mg</i>	52
<i>eslicarbazepine acetate</i>	41	E-ZJECT LANC MIS 33G	113
<i>esmolol hcl</i>	72	E-Z JECT MIS 21G COLR	113
<i>esmolol hcl-sodium chloride iv soln 2000</i> <i>mg/100ml</i>	72		
<i>esmolol hcl-sodium chloride iv soln 2500</i> <i>mg/250ml</i>	72		
<i>esomeprazole magnesium</i>	153		
<i>esomeprazole sodium</i>	153		

E-Z JECT MIS THIN 26G	113
EZ-LETS 21G MIS LANCETS	115
EZ-LETS 26G MIS LANCETS	115
EZ-LETS 28G MIS LANCETS	115
EZ-LETS 30G MIS LANCETS	115
F	
FABRAZYME	94
<i>famciclovir</i>	71
<i>famotidine</i>	153
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	153
FARXIGA	49
FASENRA	34
FASENRA PEN	34
FASTCLIX MIS LANCETS	115
<i>febuxostat</i>	101
<i>felbamate</i>	42
<i>felodipine</i>	73
<i>fenofibrate</i>	52
<i>fenofibrate micronized</i>	52
<i>fenofibric acid</i>	52
<i>fenoprofen calcium</i>	24
FENSOLVI	94
<i>fentanyl</i>	27
<i>ferric citrate</i>	100
<i>ferumoxylol</i>	105
<i>fesoterodine fumarate</i>	154
FETZIMA	44
FETZIMA CAP TITRATIO	44
FIASP	47
FIASP FLEXTOUCH	47
FIASP PENFILL	47
<i>fidaxomicin</i>	107
FIFTY50 SAFE MIS LANCETS	115
FINACEA	91
<i>finasteride</i>	101
FINE 30 MIS	115
FINGERSTIX MIS LANCETS	115
<i>ingolimod hcl</i>	150
<i>flavoxate hcl</i>	154
<i>flecainide acetate</i>	33
<i>fluconazole</i>	51
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	51

<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	51
<i>flucytosine</i>	51
<i>fludrocortisone acetate</i>	81
<i>flumazenil</i>	49
<i>flunisolide (nasal)</i>	141
<i>fluocinolone acetonide</i>	88
<i>fluocinolone acetonide (otic)</i>	145
<i>fluocinonide</i>	88
<i>fluocinonide emulsified base</i>	88
<i>fluorometholone (ophth)</i>	144
<i>fluorouracil</i>	84
<i>fluoxetine hcl</i>	44
<i>fluoxetine hcl (pmdd)</i>	151
<i>fluphenazine decanoate</i>	68
<i>fluphenazine hcl</i>	68
<i>flurandrenolide</i>	88
<i>flurazepam hcl</i>	106
<i>flurbiprofen</i>	24
<i>flurbiprofen sodium</i>	145
<i>fluticasone furoate (inhalation)</i>	36
<i>fluticasone furoate-vilanterol aero powd ba</i> 100-25 mcg/act	38
<i>fluticasone furoate-vilanterol aero powd ba</i> 200-25 mcg/act	38
<i>fluticasone propionate</i>	88
<i>fluticasone propionate (inhalation)</i>	36
<i>fluticasone propionate (nasal)</i>	141
<i>fluticasone propionate hfa</i>	37
<i>fluticasone-salmeterol aer powder ba 100-</i> 50 mcg/act	38
<i>fluticasone-salmeterol aer powder ba 113-</i> 14 mcg/act	38
<i>fluticasone-salmeterol aer powder ba 232-</i> 14 mcg/act	38
<i>fluticasone-salmeterol aer powder ba 250-</i> 50 mcg/act	38
<i>fluticasone-salmeterol aer powder ba 500-</i> 50 mcg/act	38
<i>fluticasone-salmeterol aer powder ba 55-14</i> mcg/act	38
<i>fluticasone-salmeterol inhal aerosol 115-21</i> mcg/act	38

<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	38
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	38
<i>fluvastatin sodium</i>	52
<i>fluvoxamine maleate</i>	44
FML FORTE.....	144
FOCALIN	19
FOCALIN XR	19
<i>folic acid</i>	104
FOLLISTIM AQ	93
<i>fomepizole</i>	49
<i>fondaparinux sodium</i>	40
FORA LANCETS MIS 30G.....	115
FORA MIS LANCETS	116
<i>formaldehyde</i>	68
<i>formoterol fumarate</i>	38
FOSAMAX	93
<i>fosamprenavir calcium</i>	69
<i>fosaprepitant dimeglumine</i>	50
<i>foscarnet sodium</i>	70
<i>fosfomycin tromethamine</i>	32
<i>fosinopril sodium</i>	53
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	56
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	56
<i>fosphenytoin sodium</i>	43
FREESTYLE LIQ CONTROL	116
FREESTYLE MIS LANCETS.....	116
<i>frovatriptan succinate</i>	136
<i>furosemide</i>	92
FYCOMPA.....	40
FYLNETRA.....	104
G	
G4 PLATINUM MIS PEDIATRC	116
G4 PLATINUM MIS RCV/SHAR.....	116
G4 PLATINUM MIS RECEIVER.....	116
G4 PLATINUM MIS TRANSMIT	116
G4 PLAT PED MIS RVC/SHAR.....	116
G5/G4 MIS SENSOR	116
<i>gabapentin</i>	41
<i>gabapentin (once-daily)</i>	151
GABAPENTIN TINYTABS.....	41

GABARONE.....	41
GALAFOLD.....	94
<i>galantamine hydrobromide</i>	148
<i>ganciclovir sodium</i>	70
GANIRELIX ACETATE	93
<i>gatifloxacin (ophth)</i>	143
GAVRETO	62
<i>gefitinib</i>	60
GELSYN-3.....	141
<i>gemcitabine hcl</i>	59
<i>gemfibrozil</i>	52
<i>gentamicin in saline inj 0.8 mg/ml</i>	19
<i>gentamicin in saline inj 1.2 mg/ml</i>	20
<i>gentamicin in saline inj 1.6 mg/ml</i>	20
<i>gentamicin in saline inj 1 mg/ml</i>	20
<i>gentamicin in saline inj 2 mg/ml</i>	20
<i>gentamicin sulfate</i>	20
<i>gentamicin sulfate (ophth)</i>	143
<i>gentamicin sulfate (topical)</i>	83
GENTEEL MIS LANCETS	116
GENTLE-LET MIS 26G	116
GENTLE-LET MIS 28G	116
GENTLE-LET MIS LANCETS	116
GENVOYA TAB	69
GLASSIA	151
<i>glatiramer acetate</i>	150
<i>glimepiride</i>	49
<i>glipizide</i>	49
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	45
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	45
<i>glipizide-metformin hcl tab 5-500 mg</i>	45
GLOBAL 28G MIS LANCETS.....	116
GLOBAL 30G MIS LANCETS.....	116
<i>glucagon (rdna)</i>	47
GLUCOCARD 01 LIQ NORM/HGH	116
GLUCOCARD LIQ LEVEL 1.....	116
GLUCOCARD SOL SHINE.....	116
GLUCOCOM MIS 28G.....	116
GLUCOCOM MIS 30G.....	116
GLUCOCOM MIS 33G.....	116
<i>glutamine (sickle cell)</i>	103
<i>glyburide</i>	49
<i>glyburide-metformin tab 1.25-250 mg</i>	45
<i>glyburide-metformin tab 2.5-500 mg</i>	46

<i>glyburide-metformin tab 5-500 mg</i>	46	HARVONI TAB 90-400MG	71
<i>glyburide micronized</i>	49	<i>heparin sod (porcine)-nacl iv soln 1000</i>	
<i>glycine (gu irrigant)</i>	100	<i>unit/500ml-0.9%</i>	40
<i>glycine diluent for injection</i>	147	<i>heparin sod (porcine)-nacl iv soln 2000</i>	
<i>glycopyrrolate</i>	153	<i>unit/l-0.9%</i>	40
GLYXAMBI TAB 10-5 MG	46	<i>heparin sodium (porcine)</i>	40
GLYXAMBI TAB 25-5 MG	46	<i>hetastarch (hes /0.7 or /0.75) 6% in nacl</i>	
GNP LANCETS MIS 28G	117	<i>0.9% iv soln</i>	102
GNP LANCETS MIS 30G	117	HLTHY ACCNTS MIS LANC 30G	118
GNP LANCETS MIS 33G	117	<i>homatropine hbr</i>	143
GNP LANCETS MIS THIN 26G	117	HUMALOG	47
GOJJI LANCET MIS 30G	117	HUMALOG KWIKPEN	47
GOLYTELY SOL	106	HUMALOG MIX INJ 50/50KWP	47
GOMEKLI	62	HUMALOG MIX INJ 75/25KWP	47
GOODSENSE MIS LANC 26G	117	HUMALOG MIX SUS 75/25	47
GOODSENSE MIS LANC 30G	117	HUMATROPE	94
GOODSENSE MIS LANC 33G	117	HUMULIN INJ 70/30	47
GRALISE	151	HUMULIN INJ 70/30KWP	47
<i>granisetron hcl</i>	50	HUMULIN N	47
GRASTEK	19	HUMULIN N KWIKPEN	47
<i>griseofulvin microsize</i>	51	HUMULIN R	48
<i>griseofulvin ultramicrosize</i>	51	HUMULIN R U-500 (CONCENTR	48
<i>guanfacine hcl</i>	54	HUMULIN R U-500 KWIKPEN	48
<i>guanfacine hcl (adhd)</i>	18	<i>hydralazine hcl</i>	58
GVOKE HYPOPEN 1-PACK	47	<i>hydrochlorothiazide</i>	93
GVOKE HYPOPEN 2-PACK	47	<i>hydrocodone-acetaminophen soln 10-300</i>	
GVOKE KIT	47	<i>mg/15ml</i>	28
GVOKE PFS	47	<i>hydrocodone-acetaminophen soln 10-325</i>	
H		<i>mg/15ml</i>	28
HAEMOLANCE MIS HIGH FLO	117	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
HAEMOLANCE MIS LOW FLOW	117	<i>mg/15ml</i>	28
HAEMOLANCE MIS PLUS	117	<i>hydrocodone-acetaminophen tab 10-300</i>	
HAEMOLANCE MIS PLUS LOW	117	<i>mg</i>	28
HAEMOLANCE MIS PLUS MAX	117	<i>hydrocodone-acetaminophen tab 10-325</i>	
HAEMOLANCE MIS PLUS PED	117	<i>mg</i>	28
HAEMOLANCE MIS RETRACT	118	<i>hydrocodone-acetaminophen tab 2.5-325</i>	
<i>halcinonide</i>	88	<i>mg</i>	28
<i>halobetasol</i>	88	<i>hydrocodone-acetaminophen tab 5-300</i>	
<i>haloperidol</i>	67	<i>mg</i>	28
<i>haloperidol decanoate</i>	67	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>haloperidol lactate</i>	67	<i>mg</i>	28
HARVONI PAK	71	<i>hydrocodone-acetaminophen tab 7.5-300</i>	
HARVONI PAK 45-200MG	71	<i>mg</i>	28
HARVONI TAB 45-200MG	71		

<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	28
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	81
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	81
<i>hydrocodone bitartrate</i>	27
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	28
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	28
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	28
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	81
<i>hydrocortisone</i>	80
<i>hydrocortisone (intrarectal)</i>	30
<i>hydrocortisone (rectal)</i>	30
<i>hydrocortisone (topical)</i>	88
<i>hydrocortisone acetate (rectal)</i>	30
<i>hydrocortisone acetate (topical)</i>	88
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	30
<i>hydrocortisone butyrate</i>	88
<i>hydrocortisone sod succinate</i>	80
<i>hydrocortisone valerate</i>	88
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	145
<i>hydrogen peroxide</i>	68
<i>hydromorphone hcl</i>	27
<i>hydroxocobalamin acetate</i>	104
<i>hydroxychloroquine sulfate</i>	58
<i>hydroxyurea</i>	65
<i>hydroxyzine hcl</i>	32
<i>hydroxyzine pamoate</i>	32
<i>hyoscyamine sulfate</i>	153
<i>HYRIMOZ</i>	21, 22
<i>HYRIMOZ-PLAQ INJ PSORIASI</i>	22
<i>HYRIMOZ SENSOREADY CD/UC/</i>	22
<i>HYRIMOZ SENSOREADY PENS</i>	22
<i>HYZAAR TAB 100-12.5</i>	56
<i>HYZAAR TAB 100-25</i>	56
<i>HYZAAR TAB 50-12.5</i>	56
I	
<i>ibandronate sodium</i>	93
<i>IBRANCE</i>	62
<i>ibuprofen</i>	24

<i>ibuprofen-famotidine tab 800-26.6 mg</i>	24
<i>ibuprofen lysine</i>	24
<i>ibutilide fumarate</i>	34
<i>icatibant acetate</i>	102
<i>IHEALTH LIQ CONTROL</i>	118
<i>ILEVRO</i>	145
<i>ILUMYA</i>	85
<i>imatinib mesylate</i>	62
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	31
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	31
<i>imipramine hcl</i>	45
<i>imipramine pamoate</i>	45
<i>imiquimod</i>	90
<i>IMITREX</i>	136
<i>IMITREX STATDOSE REFILL</i>	136
<i>IMITREX STATDOSE SYSTEM</i>	136
<i>IMVEXXY MAINTENANCE PACK</i>	154
<i>IMVEXXY STARTER PACK</i>	154
<i>INBRIJA</i>	66
<i>INCONTROL MIS LANC 28G</i>	118
<i>INCONTROL MIS LANC 30G</i>	118
<i>INCONTROL MIS LANC 33G</i>	118
<i>indapamide</i>	93
<i>INDERAL LA</i>	72
<i>indomethacin</i>	24
<i>INGREZZA</i>	149
<i>INGREZZA CAP 40-80MG</i>	149
<i>INLYTA</i>	59
<i>INPEFA</i>	75
<i>INS ASP PROT INJ FLEXPEN</i>	48
<i>INS SYR U500 MIS 0.5/31G</i>	134
<i>INS SYR U500 MIS 31GX6MM</i>	134
<i>INSULIN ASPA INJ 70/30</i>	48
<i>INSULIN ASPART</i>	48
<i>INSULIN ASPART FLEXPEN</i>	48
<i>INSULIN ASPART PENFILL</i>	48
<i>INSULIN LISP INJ PROTAMIN</i>	48
<i>INSULIN LISPRO</i>	48
<i>INSULIN LISPRO JUNIOR KWI</i>	48
<i>INSULIN LISPRO KWIKPEN</i>	48
<i>INSULIN SYRG MIS 0.3/29G</i>	134
<i>INSULIN SYRG MIS 0.3/30G</i>	134

INSULIN SYRG MIS 0.3/31G.....	134
INSULIN SYRG MIS 0.5/28G.....	134
INSULIN SYRG MIS 0.5/29G.....	134
INSULIN SYRG MIS 0.5/30G.....	135
INSULIN SYRG MIS 0.5/31G.....	135
INSULIN SYRG MIS 1ML.....	135
INSULIN SYRG MIS 1ML/25G.....	135
INSULIN SYRG MIS 1ML/26G.....	135
INSULIN SYRG MIS 1ML/27G.....	135
INSULIN SYRG MIS 1ML/28G.....	135
INSULIN SYRG MIS 1ML/29G.....	135
INSULIN SYRG MIS 1ML/30G	135
INSULIN SYRG MIS 1ML/31G	135
INSULIN SYRG MIS 2/27.5G	135
IN TOUCH LAN MIS 30G	118
IN TOUCH SOL GLUCOSE.....	118
<i>iodine solution strong 5% (lugol's)</i>	<i>138</i>
<i>iodoquinol-hydrocortisone in aloe vehicle</i> <i>cream 1-1.9%</i>	<i>83</i>
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	<i>38</i>
<i>ipratropium bromide.....</i>	<i>35</i>
<i>ipratropium bromide (nasal)</i>	<i>141</i>
IQIRVO	100
irbesartan	54
irbesartan-hydrochlorothiazide tab 150-12.5 mg	56
irbesartan-hydrochlorothiazide tab 300- 12.5 mg.....	56
iron sucrose.....	105
ISENTRESS.....	69
ISENTRESS HD	69
isoniazid.....	58
isoproterenol hcl	38
isosorbide dinitrate	32
isosorbide dinitrate-hydralazine hcl tab 20- 37.5 mg	75
isosorbide mononitrate	32
isotretinoin	82
isradipine	73
itraconazole	51
ivabradine hcl	76
ivermectin	30
ivermectin (rosacea)	91

IYUZEH	145
J	
JANUMET TAB 50-1000	46
JANUMET TAB 50-500MG.....	46
JANUMET XR TAB 100-1000.....	46
JANUMET XR TAB 50-1000	46
JANUMET XR TAB 50-500MG.....	46
JANUVIA.....	47
JARDIANCE	49
JIVI.....	102
K	
KANJINTI	60
<i>kcl 10 meq/l (0.075%) in dextrose 5% &</i> <i>nacl 0.45% inj.....</i>	<i>137</i>
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj..</i>	<i>137</i>
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj....</i>	<i>137</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.2% inj</i>	<i>137</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.225% inj</i>	<i>137</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	<i>137</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.9% inj</i>	<i>137</i>
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj....</i>	<i>137</i>
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	<i>137</i>
<i>kcl 30 meq/l (0.224%) in dextrose 5% &</i> <i>nacl 0.45% inj.....</i>	<i>137</i>
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj...138</i>	<i>138</i>
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	<i>138</i>
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl</i> <i>0.9% inj</i>	<i>137</i>
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj.....</i>	<i>138</i>
KEPPRA.....	41
KEPPRA XR.....	41
KERENDIA	95
KESIMPTA	150
ketoconazole.....	51, 83
ketoprofen.....	24
ketorolac tromethamine.....	24
ketorolac tromethamine (ophth)	145
KEVZARA.....	24
KINNEY MIS LANCETS	118

KINNEY THIN MIS LANCETS	118	LANCETS MICR MIS THIN 33G	119
KISQALI	62	LANCETS MIS	119
KLARON	82	LANCETS MIS 21G.....	119
KLOXXADO	49	LANCETS MIS 26G.....	119
KOGENATE FS	102	LANCETS MIS 28G.....	119
KOSELUGO	62, 63	LANCETS MIS 28G THIN	119
KOVALTRY	102	LANCETS MIS 30G.....	119
KRAZATI	63	LANCETS MIS 33G.....	119
KROGER LANCE MIS	118	LANCETS MIS ORANGE	119
KROGER LANCE MIS 26G.....	118	LANCETS MIS ORIGINAL	120
KROGER LANCE MIS THIN	118	LANCETS MIS THIN	120
KROGER LANCE MIS THIN 30G.....	118	LANCETS SUPR MIS THIN 28G	120
KYLEENA.....	80	LANCET STAND MIS 21G	118
L		LANCETS THIN MIS	120
<i>labetalol hcl</i>	72	LANCETS THIN MIS 26G	120
<i>lacosamide</i>	41	LANCETS ULTR MIS THIN.....	120
<i>lactated ringer's solution</i>	138	LANCETS ULTR MIS THIN 31G	120
<i>lactic acid (ammonium lactate)</i>	90	LANCET SUPER MIS THIN 30G.....	119
<i>lactulose</i>	106	LANCET ULTRA MIS 28G	119
<i>lactulose (encephalopathy)</i>	99	LANCET ULTRA MIS THIN 30G.....	119
LAMICTAL.....	41	LANCING DEVI MIS 25G.....	120
LAMICTAL CHEWABLE DISPERS.....	41	LANCING DEVI MIS 30G.....	120
LAMICTAL KIT START 49	41	<i>lanreotide acetate</i>	95
LAMICTAL KIT START 98	41	<i>lansoprazole</i>	153
LAMICTAL ODT.....	41	<i>lanthanum carbonate</i>	100
LAMICTAL ODT KIT	41	LANTUS.....	48
LAMICTAL STARTER/TAKING V	41	LANTUS SOLOSTAR.....	48
LAMICTAL XR.....	41	<i>lapatinib ditosylate</i>	63
LAMICTAL XR KIT	41	LASIX	92
<i>lamivudine</i>	69	<i>latanoprost</i>	145
<i>lamivudine (hbv)</i>	71	LB LANCET MIS 28G.....	120
<i>lamivudine-zidovudine tab 150-300 mg</i> ...	69	<i>leflunomide</i>	25
<i>lamotrigine</i>	41	<i>lenalidomide</i>	139
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		LENVIMA 10 MG DAILY DOSE.....	59
<i>starter kit</i>	41	LENVIMA 12MG DAILY DOSE	59
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		LENVIMA 20 MG DAILY DOSE	59
<i>starter kit</i>	41	LENVIMA 4 MG DAILY DOSE	59
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50</i>		LENVIMA 8 MG DAILY DOSE	59
<i>mg titration kit</i>	41	LENVIMA CAP 14 MG	59
<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i>		LENVIMA CAP 18 MG	59
<i>100 mg (7) kit</i>	41	LENVIMA CAP 24 MG.....	59
<i>lamotrigine tab disint 42 x 50mg & 14 x</i>		<i>letrozole</i>	60
<i>100mg titration kit</i>	41	<i>leucovorin calcium</i>	65
LANCET DEVIC MIS 30G.....	118	<i>leuprolide acetate</i>	60

<i>levalbuterol hcl</i>	38	<i>lidocaine hcl (local anesth.)</i>	107
<i>levalbuterol tartrate</i>	38	<i>lidocaine hcl (mouth-throat)</i>	140
<i>levamlodipine maleate</i>	73	<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	107
<i>levetiracetam</i>	41	<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i> (pf)	107
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	42	<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	107
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml.....	42	<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	107
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	42	<i>lidocaine inj 2% w/ epinephrine-1:200000</i> (pf)	107
<i>levobunolol hcl</i>	142	<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	33
<i>levocarnitine (metabolic modifiers)</i>	94	<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	33
<i>levocetirizine dihydrochloride</i>	51	<i>lidocaine-menthol patch 4-1%</i>	90
<i>levofloxacin</i>	97	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	90
<i>levofloxacin (ophth)</i>	143	<i>lincomycin hcl</i>	32
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .97		<i>linezolid</i>	32
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	97	<i>LINZESS</i>	99
<i>levofloxacin in d5w iv soln 750 mg/150ml</i> 97		<i>liothyronine sodium</i>	152
<i>levoleucovorin calcium</i>	65	<i>liraglutide</i>	47
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i> mg ð est 0.01 mg	78	<i>lisdexamfetamine dimesylate</i>	18
<i>levonorgestrel & ethinyl estradiol (91-day)</i> tab 0.15-0.03 mg	78	<i>lisinopril</i>	53
<i>levonorgestrel & ethinyl estradiol tab 0.15</i> mg-30 mcg.....	78	<i>lisinopril & hydrochlorothiazide tab 10-12.5</i> mg	56
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> mg-20 mcg.....	78	<i>lisinopril & hydrochlorothiazide tab 20-12.5</i> mg	56
<i>levonorgestrel-eth estra tab 0.05-</i> 30/0.075-40/0.125-30mg-mcg	78	<i>lisinopril & hydrochlorothiazide tab 20-25</i> mg	56
<i>levonorgestrel-ethinyl estradiol</i> (continuous) tab 90-20 mcg.....	78	<i>LITETOUCH MIS LANCETS</i>	120
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i> mg-20 mcg (21)	78	<i>LITE TOUCH MIS LANCETS</i>	120
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i> est tab 0.01mg(7)	78	<i>LITFULO</i>	90
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth</i> est tab 0.01mg(7)	78	<i>lithium</i>	66
<i>levorphanol tartrate</i>	27	<i>lithium carbonate</i>	67
<i>levothyroxine sodium</i>	152	<i>lofexidine hcl</i>	147
<i>LEXAPRO</i>	44	<i>LOKELMA</i>	140
<i>lidocaine</i>	90	<i>LO LOESTRIN TAB 1-10-10</i>	78
<i>lidocaine hcl</i>	90	<i>LONSURF TAB 15-6.14</i>	61
<i>lidocaine hcl (cardiac)</i>	33	<i>LONSURF TAB 20-8.19</i>	61
		<i>loperamide hcl</i>	49
		<i>LOPID</i>	52
		<i>lopinavir-ritonavir tab 100-25 mg</i>	69
		<i>lopinavir-ritonavir tab 200-50 mg</i>	70
		<i>lorazepam</i>	33

<i>losartan potassium</i>	54
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	56
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	56
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	56
LOTENSIN	53
LOTENSIN HCT TAB 10-12.5.....	56
LOTENSIN HCT TAB 20-12.5.....	56
LOTENSIN HCT TAB 20-25MG	56
<i>loteprednol etabonate</i>	144
<i>lovastatin</i>	52
<i>loxapine succinate</i>	67
<i>lubiprostone</i>	97
<i>luliconazole</i>	83
LUMAKRAS	63
LUMIGAN	145
LUMRYZ	148
LUMRYZ PAK STARTER.....	148
LUPRON DEPOT-PED (1-MONTH.....	94
LUPRON DEPOT-PED (3-MONTH	94
LUPRON DEPOT-PED (6-MONTH	94
<i>lurasidone hcl</i>	67
LYNPARZA	63
LYUMJEV	48
LYUMJEV KWIKPEN.....	48
M	
<i>magnesium chloride</i>	138
<i>magnesium sulfate</i>	138
<i>magnesium sulfate in dextrose 5% iv soln 1</i> <i>gm/100ml</i>	138
<i>malathion</i>	91
<i>manganese chloride</i>	138
<i>mannitol</i>	92
<i>maraviroc</i>	70
MARINOL	50
MAXALT	136
MAXALT-MLT	136
MAXIDEX	144
MAXITROL OIN 0.1% OP	144
MAXITROL SUS 0.1% OP.....	144
MAYZENT	150
MAYZENT STARTER PACK.....	150

<i>meclizine hcl</i>	50
<i>meclofenamate sodium</i>	24
MEDICHOICE MIS LANCET	120
MEDISENSE LIQ GLUC-KET	120
MEDLANCE MIS 30G PLUS.....	120
MEDLANCE MIS EXTR 21G	121
MEDLANCE MIS LITE 25G.....	121
MEDLANCE MIS PLUS 30G.....	121
MEDLANCE MIS UNV 21G	121
MEDLANCE PLS MIS 0.8MM	121
MEDLANCE PLS MIS EXTR 21G.....	121
MEDLANCE PLS MIS LITE 25G.....	121
MEDLANCE PLS MIS UNIV 21G	121
MEDROL.....	80
MEDROL DOSEPAK.....	80
<i>medroxyprogesterone acetate</i>	147
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	80
<i>mefenamic acid</i>	24
<i>mefloquine hcl</i>	58
<i>megestrol acetate</i>	60
<i>megestrol acetate (appetite)</i>	147
MEIJER LANCE MIS COLOR	121
MEIJER LANCE MIS UNIV 21G.....	121
MEIJER LANCE MIS UNIV 30G.....	121
MEIJER MIS LANCETS.....	121
MEKINIST	63
MEKTOVI.....	63
<i>meloxicam</i>	24
<i>melphalan hcl</i>	59
<i>memantine hcl</i>	148
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>14-10 mg</i>	148
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>21-10 mg</i>	148
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>28-10 mg</i>	148
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i> <i>titration pack</i>	148
MENOPUR.....	93
<i>meperidine hcl</i>	27
<i>mepivacaine hcl</i>	107
<i>meprobamate</i>	32
<i>mercaptopurine</i>	59

<i>meropenem</i>	31	<i>metoprolol tartrate</i>	72
<i>mesalamine</i>	98	METROCREAM.....	91
<i>mesalamine w/ cleanser</i>	98	METROGEL	91
<i>mesna</i>	65	<i>metronidazole</i>	30
<i>metaxalone</i>	140	<i>metronidazole (topical)</i>	91
<i>metformin hcl</i>	46	<i>metronidazole vaginal</i>	154
<i>methadone hcl</i>	27	<i>metyrosine</i>	53
<i>methamphetamine hcl</i>	18	<i>mexiletine hcl</i>	33
<i>methazolamide</i>	92	<i>micafungin sodium</i>	50
<i>methenamine hippurate</i>	32	MICARDIS	54
<i>methenamine-hyoscamine-meth blue-sod</i>		MICARDIS HCT TAB 40/12.5.....	56
<i>phos tab 81.6 mg</i>	31	MICARDIS HCT TAB 80/12.5.....	56
<i>methenamine-hyosc-meth blue-sod phos-</i>		MICARDIS HCT TAB 80-25MG	56
<i>phen sal cap 118 mg</i>	30	<i>miconazole nitrate vaginal</i>	154
<i>methenamine-hyosc-meth blue-sod phos-</i>		<i>miconazole-zinc oxide-white petrolatum</i>	
<i>phen sal cap 120 mg</i>	30	<i>oint 0.25-15-81.35%</i>	83
<i>methenamine-hyosc-meth blue-sod phos-</i>		MICRODOT CON SOL HIGH/LOW.....	121
<i>phen sal tab 81 mg</i>	31	MICROLET MIS LANCETS.....	121
<i>methenamine mandelate</i>	32	<i>midodrine hcl</i>	155
<i>methimazole</i>	152	<i>mifepristone (hyperglycemia)</i>	47
<i>methocarbamol</i>	141	<i>miglitol</i>	45
<i>methotrexate sodium</i>	59	<i>miglustat</i>	103
<i>methoxsalen rapid</i>	85	<i>milrinone lactate</i>	74
<i>methscopolamine bromide</i>	153	<i>milrinone lactate in dextrose 5% iv soln 20</i>	
<i>methsuximide</i>	43	<i>mg/100ml</i>	74
<i>methyl dopa</i>	54	<i>milrinone lactate in dextrose 5% iv soln 40</i>	
<i>methylene blue (antidote)</i>	49	<i>mg/200ml</i>	74
<i>methylergonovine maleate</i>	146	<i>mineral oil</i>	106
METHYLIN	19	<i>minocycline hcl</i>	152
<i>methylphenidate</i>	19	<i>minoxidil</i>	58
<i>methylphenidate hcl</i>	19	<i>mirabegron</i>	154
<i>methylprednisolone</i>	80	MIRENA	80
<i>methylprednisolone acetate</i>	80	<i>mirtazapine</i>	43
<i>methylprednisolone sod succ</i>	81	<i>misoprostol</i>	153
<i>methyltestosterone</i>	29	MITIGARE	101
<i>metoclopramide hcl</i>	98	<i>mitomycin</i>	61
<i>metolazone</i>	93	<i>mitoxantrone hcl</i>	61
<i>metoprolol & hydrochlorothiazide tab 100-</i>		MM TWIST MIS LANCETS.....	122
<i>25 mg</i>	56	MOBILE LANCE MIS 30G.....	122
<i>metoprolol & hydrochlorothiazide tab 100-</i>		<i>modafinil</i>	19
<i>50 mg</i>	56	<i>moexipril hcl</i>	53
<i>metoprolol & hydrochlorothiazide tab 50-25</i>		<i>molindone hcl</i>	67
<i>mg</i>	56	<i>mometasone furoate</i>	88
<i>metoprolol succinate</i>	72	<i>mometasone furoate (nasal)</i>	141

MONOLET MIS LANCETS.....	122
MONOLET OPD MIS LANCETS.....	122
MONOLETTOR MIS LANCETS.....	122
<i>montelukast sodium</i>	36
<i>morphine sulfate</i>	27
<i>morphine sulfate beads</i>	27
MOUNJARO	47
MOVANTIK.....	100
<i>moxifloxacin hcl</i>	97
<i>moxifloxacin hcl (ophth)</i>	143
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	97
MUGARD LIQ	140
MULTAQ	34
<i>mupirocin</i>	83
<i>mupirocin calcium (topical)</i>	83
<i>mycophenolate mofetil</i>	140
<i>mycophenolate mofetil hcl</i>	140
<i>mycophenolate sodium</i>	140
MYFEMBREE TAB	96
MYGLUCOHEALT MIS LANC 30G.....	122
MYGLUCOHEALT SOL LO/NL/HI	122
MYRBETRIQ	154
MYSOLINE	42
N	
<i>nabumetone</i>	25
<i>nadolol</i>	72
<i>nafticillin sodium</i>	147
<i>naftifine hcl</i>	83
<i>naloxone hcl</i>	49
<i>naltrexone hcl</i>	49
NAMZARIC CAP 14-10MG	148
NAMZARIC CAP 21-10MG	148
NAMZARIC CAP 28-10MG	148
NAMZARIC CAP 7-10MG.....	148
<i>naproxen</i>	25
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	25
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	25
<i>naproxen sodium</i>	25
<i>naratriptan hcl</i>	136
NATAZIA TAB	78
<i>nateglinide</i>	48

NATESTO	29
<i>nebivolol hcl</i>	72
<i>nefazodone hcl</i>	44
NEMLUVIO	90
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	143
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	143
<i>neomycin-polymyxin b gu irrigation soln</i>	100
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	144
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	144
<i>neomycin-polymyxin-hc ophth susp</i>	144
<i>neomycin-polymyxin-hc otic soln 1%</i>	145
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	145
<i>neomycin sulfate</i>	20
<i>neostigmine methylsulfate</i>	58
NEUPRO	66
NEURONTIN.....	42
NEUTEK 2TEK SOL CONTROL	122
NEVANAC	145
<i>nevirapine</i>	70
NEXLETOL.....	52
NEXLIZET TAB 180/10MG	52
NEXVIAZYME.....	94
<i>niacin (antihyperlipidemic)</i>	53
<i>nicardipine hcl</i>	73
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i>	73
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i>	73
<i>nifedipine</i>	73
<i>nilotinib hcl</i>	63
<i>nilutamide</i>	60
<i>nimodipine</i>	73
NINLARO	63
<i>nisoldipine</i>	73
<i>nitazoxanide</i>	31
<i>nitisinone</i>	94
<i>nitrofurantoin</i>	32
<i>nitrofurantoin macrocrystal</i>	32
<i>nitrofurantoin monohyd macro</i>	32

<i>nitroglycerin</i>	30, 32	<i>norethindrone ac-ethinyl estrad-fe tab 1-</i>	
<i>NITROLINGUAL</i>	32	<i>20/1-30/1-35 mg-mcg</i>	78
<i>nitroprusside sodium</i>	58	<i>norethindrone-eth estradiol tab 0.5-</i>	
<i>nitroprusside sodium in nacl 0.9% iv soln</i>		<i>35/0.75-35/1-35 mg-mcg</i>	79
<i>20 mg/100ml</i>	58	<i>norethindrone-eth estradiol tab 0.5-35/1-</i>	
<i>nitroprusside sodium in nacl 0.9% iv soln</i>		<i>35/0.5-35 mg-mcg</i>	79
<i>50 mg/100ml</i>	58	<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>NITROSTAT</i>	32	<i>mg-35 mcg</i>	79
<i>NIVESTYM</i>	104	<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	
<i>nizatidine</i>	153	<i>25/0.25-25 mg-mcg</i>	79
<i>NORDITROPIN FLEXPOR</i>	94	<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	
<i>norelgestromin-ethinyl estradiol td ptwk</i>		<i>35/0.25-35 mg-mcg</i>	79
<i>150-35 mcg/24hr</i>	79	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30</i>	
<i>norepinephrine bitartrate</i>	155	<i>mcg</i>	79
<i>norethindrone (contraceptive)</i>	80	<i>nortriptyline hcl</i>	45
<i>norethindrone & ethinyl estradiol-fe chew</i>		<i>NOVA MAX GLU LIQ /KET CON</i>	122
<i>tab 0.4 mg-35 mcg</i>	78	<i>NOVA SAFETY MIS LANC 23G</i>	122
<i>norethindrone & ethinyl estradiol-fe chew</i>		<i>NOVA SAFETY MIS LANC 28G</i>	122
<i>tab 0.8 mg-25 mcg</i>	78	<i>NOVA SURE MIS LANCETS</i>	122
<i>norethindrone & ethinyl estradiol tab 0.4</i>		<i>NOVOEIGHT</i>	102
<i>mg-35 mcg</i>	78	<i>NOVOLIN INJ 70/30</i>	48
<i>norethindrone & ethinyl estradiol tab 0.5</i>		<i>NOVOLIN INJ 70/30 FP</i>	48
<i>mg-35 mcg</i>	78	<i>NOVOLIN N</i>	48
<i>norethindrone & ethinyl estradiol tab 1 mg-</i>		<i>NOVOLIN N FLEXPEN</i>	48
<i>35 mcg</i>	78	<i>NOVOLIN R</i>	48
<i>norethindrone ace & ethinyl estradiol-fe tab</i>		<i>NOVOLIN R FLEXPEN</i>	48
<i>1.5 mg-30 mcg</i>	79	<i>NOVOLOG</i>	48
<i>norethindrone ace & ethinyl estradiol-fe tab</i>		<i>NOVOLOG FLEXPEN</i>	48
<i>1 mg-20 mcg</i>	79	<i>NOVOLOG MIX INJ 70/30</i>	48
<i>norethindrone ace & ethinyl estradiol tab 1.5</i>		<i>NOVOLOG MIX INJ FLEXPEN</i>	48
<i>mg-30 mcg</i>	79	<i>NOVOLOG PENFILL</i>	48
<i>norethindrone ace & ethinyl estradiol tab 1</i>		<i>NOVOSEVEN RT</i>	102
<i>mg-20 mcg</i>	79	<i>NUBEQA</i>	60
<i>norethindrone ace-eth estradiol-fe chew</i>		<i>NUCALA</i>	34
<i>tab 1 mg-20 mcg (24)</i>	79	<i>NUDEXTA CAP 20-10MG</i>	151
<i>norethindrone ace-ethinyl estradiol-fe cap 1</i>		<i>NURTEC</i>	135
<i>mg-20 mcg (24)</i>	79	<i>NUWIQ</i>	102
<i>norethindrone ace-ethinyl estradiol-fe tab 1</i>		<i>nystatin</i>	51
<i>mg-20 mcg (24)</i>	79	<i>nystatin (mouth-throat)</i>	140
<i>norethindrone acetate</i>	147	<i>nystatin (topical)</i>	83
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nystatin-triamcinolone cream 100000-0.1</i>	
<i>0.5 mg-2.5 mcg</i>	96	<i>unit/gm-%</i>	84
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nystatin-triamcinolone oint 100000-0.1</i>	
<i>1 mg-5 mcg</i>	96	<i>unit/gm-%</i>	84

NYVEPRIA	104
○	
octreotide acetate.....	95
OCUFLOX	143
ODEFSEY TAB	70
ODOMZO.....	60
OFEV	151
ofloxacin	97
ofloxacin (ophth).....	143
ofloxacin (otic)	145
olanzapine	67
olanzapine-fluoxetine hcl cap 12-25 mg..	148
olanzapine-fluoxetine hcl cap 12-50 mg .	148
olanzapine-fluoxetine hcl cap 3-25 mg ...	148
olanzapine-fluoxetine hcl cap 6-25 mg ...	148
olanzapine-fluoxetine hcl cap 6-50 mg...	148
olmesartan-amlodipine-	
hydrochlorothiazide tab 20-5-12.5 mg ..	57
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-10-12.5 mg	57
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-10-25 mg...	57
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-5-12.5 mg ..	57
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-5-25 mg	57
olmesartan medoxomil	54
olmesartan medoxomil-	
hydrochlorothiazide tab 20-12.5 mg.....	56
olmesartan medoxomil-	
hydrochlorothiazide tab 40-12.5 mg.....	56
olmesartan medoxomil-	
hydrochlorothiazide tab 40-25 mg	57
olopatadine hcl	145
olopatadine hcl (nasal)	141
omega-3-acid ethyl esters cap 1 gm	52
omeprazole.....	153
omeprazole-sodium bicarbonate cap 20-	
1100 mg	153
omeprazole-sodium bicarbonate cap 40-	
1100 mg	154
omeprazole-sodium bicarbonate powd	
pack for susp 20-1680 mg	154

omeprazole-sodium bicarbonate powd	
pack for susp 40-1680 mg.....	154
OMNIPOD 5 DX KIT INT G7G6.....	122
OMNIPOD 5 DX MIS POD G7G6	122
OMNIPOD 5 L2 KIT INTRO G6	122
OMNIPOD 5 L2 MIS PODS G6.....	122
OMNIPOD DASH KIT INTRO	122
OMNIPOD DASH KIT PDM	122
OMNIPOD DASH MIS PODS	122
OMNIPOD PDM KIT CLASSIC	122
ondansetron.....	50
ondansetron hcl	50
ONETOUCH DEL MIS LANC DEV	122, 123
ONETOUCH DEL MIS PLUS 30G	123
ONETOUCH DEL MIS PLUS 33G.....	123
ONETOUCH LIQ ULT CONT	123
ONETOUCH LIQ ULTRA	123
ONETOUCH LIQ VERIO	123
ONETOUCH MIS LANC DEV.....	123
ONETOUCH SOL KIT COMPLETE	123
ONETOUCH SOL KIT REFILL.....	123
ONETOUCH US MIS 2 30G	123
ONETOUCH US MIS LANCETS	123
ON-THE-GO MIS LANC 30G	122
ONZETRA XSAIL	136
opium tincture	49
OPSUMIT	76
OPSYNVI TAB 10-20MG.....	75
OPSYNVI TAB 10-40MG.....	75
OPZELURA	89
ORACEA	91
ORALAIR SUB 300 IR	19
ORENCIA	25
ORENCIA CLICKJECT	25
ORENITRAM	75
ORENITRAM TAB MONTH 1	75
ORENITRAM TAB MONTH 2.....	75
ORENITRAM TAB MONTH 3.....	75
ORFADIN	94
ORIAHNN CAP	96
ORILISSA	94
ORLADEYO	102
orphenadrine citrate	141

<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	141
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	141
<i>oseltamivir phosphate</i>	71
<i>OSPHEA</i>	94
<i>OTEZLA</i>	25
<i>OTEZLA TAB 10/20</i>	25
<i>OTEZLA TAB 10/20/30</i>	25
<i>oxacillin sodium</i>	147
<i>oxaliplatin</i>	59
<i>oxaprozin</i>	25
<i>oxazepam</i>	33
<i>oxcarbazepine</i>	42
<i>oxiconazole nitrate</i>	84
<i>OXTELLAR XR</i>	42
<i>oxybutynin chloride</i>	154
<i>oxycodone hcl</i>	27
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	28
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	29
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	29
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	29
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	29
<i>oxymorphone hcl</i>	27
<i>oxytocin</i>	146
<i>OZEMPIC</i>	47
P	
<i>paliperidone</i>	67
<i>palonosetron hcl</i>	50
<i>PAMELOR</i>	45
<i>pamidronate disodium</i>	93
<i>pantoprazole sodium</i>	153
<i>papaverine hcl</i>	75
<i>paricalcitol</i>	94
<i>PARLODEL</i>	66
<i>paroxetine hcl</i>	44
<i>paroxetine mesylate (vasomotor)</i>	151
<i>PAXLOVID PAK</i>	70
<i>PAXLOVID TAB 150-100</i>	70

<i>PAXLOVID TAB 300-100</i>	70
<i>pazopanib hcl</i>	63
<i>PC LANCETS MIS 30G</i>	123
<i>PEDIAPRED</i>	81
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	106
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	106
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	106
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	106
<i>penciclovir</i>	87
<i>penicillamine</i>	139
<i>penicillin g potassium</i>	146
<i>penicillin g sodium</i>	146
<i>penicillin v potassium</i>	146
<i>pentamidine isethionate</i>	30
<i>PENTASA</i>	98
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	29
<i>pentobarbital sodium</i>	105
<i>pentoxifylline</i>	102
<i>PEPCID</i>	153
<i>perampanel</i>	40
<i>PERFECT 28G MIS LANCETS</i>	123
<i>PERFECT 30G MIS LANCETS</i>	123
<i>PERFECT POIN MIS LANC 28G</i>	123
<i>PERFECT POIN MIS LANC 30G</i>	123
<i>perindopril erbumine</i>	53
<i>PERJETA</i>	60
<i>permethrin</i>	91
<i>perphenazine</i>	68
<i>perphenazine-amitriptyline tab 2-10 mg</i> .	148
<i>perphenazine-amitriptyline tab 2-25 mg</i> .	148
<i>perphenazine-amitriptyline tab 4-10 mg</i> .	148
<i>perphenazine-amitriptyline tab 4-25 mg</i> .	149
<i>perphenazine-amitriptyline tab 4-50 mg</i> .	149
<i>PHEBURANE</i>	94
<i>phenazopyridine hcl</i>	101
<i>phenelzine sulfate</i>	44
<i>phenobarbital</i>	105
<i>phenobarbital sodium</i>	105
<i>phenoxybenzamine hcl</i>	53

<i>phentolamine mesylate</i>	54	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>phenylephrine hcl (mydriatic)</i>	143	10000 unit/ml-0.1%.....	143
<i>phenylephrine hcl (pressors)</i>	155	<i>posaconazole</i>	51
<i>phenytoin</i>	43	<i>pot & sod citrates w/ cit ac soln 550-500-</i>	
<i>phenytoin sodium</i>	43	334 mg/5ml.....	100
<i>phenytoin sodium extended</i>	43	<i>potassium acetate</i>	138
<i>PHEGO SOL</i>	61	<i>potassium bicarbonate</i>	139
<i>phytonadione</i>	155	<i>potassium chloride</i>	139
<i>pilocarpine hcl</i>	143	<i>potassium chloride 10 meq/l (0.075%) in</i>	
<i>pilocarpine hcl (oral)</i>	140	dextrose 5% inj.....	138
<i>pimecrolimus</i>	90	<i>potassium chloride 20 meq/l (0.15%) in</i>	
<i>pimozide</i>	151	dextrose 5% inj.....	138
<i>pindolol</i>	72	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl</i>	48	crystals er.....	139
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	46	<i>potassium citrate (alkalinizer)</i>	100
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	46	<i>potassium citrate & citric acid powder pack</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		3300-1002 mg.....	100
mg.....	46	<i>potassium citrate & citric acid soln 1100-</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		334 mg/5ml.....	100
mg.....	46	<i>potassium iodide (expectorant)</i>	81
<i>PIP CONTROL LIQ</i>	123	<i>potassium phosphate monobasic</i>	138
<i>piperacillin sod-tazobactam na for inj 3.375</i>		<i>potassium phosphates inj 150 mm/50ml</i>	
gm (3-0.375 gm).....	147	(phos) 220 meq/50ml (k).....	138
<i>piperacillin sod-tazobactam sod for inj 13.5</i>		<i>potassium phosphates inj 15 mm/5ml</i>	
gm (12-1.5 gm).....	147	(phos) 22 meq/5ml (k).....	138
<i>piperacillin sod-tazobactam sod for inj 2.25</i>		<i>potassium phosphates inj 45 mm/15ml</i>	
gm (2-0.25 gm).....	147	(phos) 66 meq/15ml (k).....	138
<i>piperacillin sod-tazobactam sod for inj 4.5</i>		<i>pot phos monobasic w/sod phos di &</i>	
gm (4-0.5 gm).....	147	monobas tab 155-852-130mg.....	138
<i>piperacillin sod-tazobactam sod for inj 40.5</i>		<i>pramipexole dihydrochloride</i>	66
gm (36-4.5 gm).....	147	<i>prasugrel hcl</i>	103
<i>PIP LANCETS MIS 28G</i>	123	<i>pravastatin sodium</i>	53
<i>PIP LANCETS MIS 30G</i>	124	<i>praziquantel</i>	30
<i>PIQRAY 200MG DAILY DOSE</i>	63	<i>prazosin hcl</i>	54
<i>PIQRAY 250MG TAB DOSE</i>	63	<i>PRECISION LIQ GLUC/KET</i>	124
<i>PIQRAY 300MG DAILY DOSE</i>	63	<i>PRED MILD</i>	144
<i>pirfenidone</i>	151	<i>prednisolone</i>	81
<i>piroxicam</i>	25	<i>prednisolone acetate (ophth)</i>	144
<i>pitavastatin calcium</i>	53	<i>PREDNISOLONE SODIUM PHOSP</i>	144
<i>plerixafor</i>	105	<i>prednisolone sodium phosphate</i>	81
<i>POCKETCHEM SOL EZ</i>	124	<i>prednisone</i>	81
<i>podofilox</i>	90	<i>pregabalin</i>	42
<i>polymyxin b sulfate</i>	32	<i>pregabalin (once-daily)</i>	151
		<i>PREGNYL</i>	93

PREMARIN	97, 154
PREMPHASE TAB	96
PREMPRO TAB	96
PREMPRO TAB 0.3-1.5	96
PREMPRO TAB 0.45-1.5	96
PREMPRO TAB 0.625-5	96
PREZCOBIX TAB 675/150	70
PRILOSEC	153
<i>primaquine phosphate</i>	58
<i>primidone</i>	42
PRISTIQ	44
<i>probenecid</i>	101
<i>procainamide hcl</i>	33
PROCARDIA XL	73
<i>prochlorperazine</i>	68
<i>prochlorperazine edisylate</i>	68
<i>prochlorperazine maleate</i>	68
PRO COMFORT MIS 31G	124
PRO COMFORT MIS LANC 30G	124
PRO COMFORT MIS LANCETS	124
PROCRIPT	104
PROCTOFOAM AER HC 1%	30
PRODIGY MIS 26G	124
PRODIGY MIS 28G	124
<i>progesterone</i>	147
PROLIA	93
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	81
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	81
<i>promethazine hcl</i>	51
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	81
PROMETRIUM	147
<i>propafenone hcl</i>	33
<i>proparacaine hcl</i>	144
<i>propranolol hcl</i>	72
<i>propylthiouracil</i>	152
PROSCAR	101
<i>protamine sulfate</i>	103
<i>protriptyline hcl</i>	45
PROVERA	147
PROZAC	44
<i>prucalopride succinate</i>	97

<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	81
PULMICORT	37
PURE COMFORT MIS 30G LAN	124
PX LANCETS MIS 28G	124
PX LANCETS MIS 33G	124
PX LANCETS MIS ULT THIN	124
<i>pyrazinamide</i>	58
<i>pyridostigmine bromide</i>	58
<i>pyridoxine hcl</i>	155
<i>pyrimethamine</i>	58
PYZCHIVA	85, 98
Q	
QC LANCETS MIS 28G	124
QC LANCETS MIS 30G	124
QELBREE	18
<i>quazepam</i>	106
QUESTRAN	52
QUESTRAN LIGHT	52
<i>quetiapine fumarate</i>	67
QUICKTEK LIQ SOLUTION	124
<i>quinapril hcl</i>	53
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	57
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	57
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	57
<i>quinidine gluconate</i>	33
<i>quinidine sulfate</i>	33
<i>quinine sulfate</i>	58
QUINTET CONT SOL HGH/NORM	124
QULIPTA	135
QUVIVIQ	106
QVAR REDHALER	37
R	
<i>rabeprazole sodium</i>	153
RADICAVA ORS	142
RADICAVA ORS STARTER KIT	142
RAGWITEK	19
<i>raloxifene hcl</i>	94
<i>ramelteon</i>	106
<i>ramipril</i>	53
<i>ranolazine</i>	32

<i>rasagiline mesylate</i>	66	<i>ringer's solution</i>	138
RASUVO	24	RINVOQ	23
READYLANCE MIS 21G	124	RINVOQ LQ	23
READYLANCE MIS 23G	125	<i>risedronate sodium</i>	93
READYLANCE MIS 26G	125	RISPERDAL	67
READYLANCE MIS 28G	125	<i>risperidone</i>	67
READYLANCE MIS 30G	125	<i>risperidone microspheres</i>	67
REALITY MIS LANCETS	125	RITALIN	19
REALITY TRIG MIS LANCETS	125	<i>ritonavir</i>	70
REBIF	150	<i>rivaroxaban</i>	39
REBIF REBIDO INJ TITRATN	150	<i>rivastigmine</i>	148
REBIF REBIDOSE	150	<i>rivastigmine tartrate</i>	148
REBIF TITRTN INJ PACK	150	<i>rizatriptan benzoate</i>	136
REBINYN	102	ROCKLATAN DRO	144
REFUAH PLUS SOL CONTROL	125	<i>rocuronium bromide</i>	142
REGLAN	98	<i>roflumilast</i>	36
RELENZA DISKHALER	71	<i>romidepsin</i>	63
RELION LANCE MIS THIN 26G	125	<i>ropinirole hydrochloride</i>	66
RELION LANCE MIS THIN 30G	125	<i>ropivacaine hcl</i>	107
RELION MICRO MIS THIN 33G	125	<i>rosuvastatin calcium</i>	53
RELION ULTRA MIS THIN 30G	125	ROWASA	98
RELION ULTRA MIS THIN PLS	125	ROZLYTREK	64
RELPAK	136	RUCONEST	102
REMERON	43	<i>rufinamide</i>	42
REMERON SOLTAB	43	RUXIENCE	60
REMICADE	98	RYBELSUS	47
<i>repaglinide</i>	48	RYDAPT	64
REPATHA	53	RYTARY CAP 145MG	66
REPATHA SURECLICK	53	RYTARY CAP 195MG	66
<i>resorcinol-sulfur lotion 2-5%</i>	82	RYTARY CAP 245MG	66
RESTASIS	144	RYTARY CAP 95MG	66
RESTASIS MULTIDOSE	144	S	
RESTORIL	106	<i>sacubitril-valsartan tab 24-26 mg</i>	75
RETACRIT	104, 105	<i>sacubitril-valsartan tab 49-51 mg</i>	75
RETEVMO	63	<i>sacubitril-valsartan tab 97-103 mg</i>	75
RETIN-A	82	SAFE-T-LANCE MIS 21G	125
REVLIMID	139	SAFE-T-LANCE MIS 25G	125
RHOPRESSA	144	SAFE-T-PRO MIS LANCETS	126
<i>ribavirin (hepatitis c)</i>	71	SAFE-T-PRO MIS PLUS	126
<i>rifabutin</i>	58	SAFETY 21G MIS LANCETS	126
<i>rifampin</i>	58	SAFETY 23G MIS LANCETS	126
RIGHTEST MIS GL300	125	SAFETY 28G MIS LANCETS	126
<i>riluzole</i>	142	SAFETY 30G MIS LANCETS	126
<i>rimantadine hydrochloride</i>	71	SAFETY MIS LANCETS	126

<i>salicylic acid</i>	90
<i>salsalate</i>	27
SANCUSO	50
<i>sapropterin dihydrochloride</i>	95
SAPSCARE MIS TWIST	126
SAPS HEALTH MIS TWIST	126
SAPS TWIST MIS 30G	126
SAVELLA	149
SAVELLA MIS TITR PAK	149
<i>saxagliptin hcl</i>	47
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	46
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	46
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	46
SB LANCETS MIS THIN	126
SB LANCETS MIS ULTR THN	126
<i>scar treatment products - gel</i>	91
SCSEMBLIX	64
<i>scopolamine</i>	50
<i>selegiline hcl</i>	66
<i>selenium sulfide</i>	87
<i>selenium sulfide shampoo 2.3%</i>	87
SEREVENT DISKUS	39
SEROQUEL	67
<i>sertraline hcl</i>	44
<i>sevelamer carbonate</i>	100
<i>sevelamer hcl</i>	100
SEVENFACT	102
SIKLOS	103
<i>sildenafil citrate</i>	75
<i>sildenafil citrate (pulmonary hypertension)</i>	76
<i>silodosin</i>	101
<i>silver sulfadiazine</i>	87
SIMBRINZA SUS 1-0.2%	143
SIMPONI ARIA	23
<i>simvastatin</i>	53
SINEMET TAB 10-100MG	66
SINEMET TAB 25-100MG	66
SINGLE-LET MIS 23G	126
SINGULAIR	36
<i>sirolimus</i>	140

SKYLA	80
SKYRIZI	86, 98, 99
SKYRIZI PEN	86
SMARTEST MIS LANCETS	126
SMARTEST SOL CONTROL	126
<i>sodium acetate</i>	137
<i>sodium benzoate & sodium phenylacetate iv soln 10-10%</i>	95
<i>sodium bicarbonate</i>	137
<i>sodium chloride</i>	139
<i>sodium chloride (gu irrigant)</i>	100
<i>sodium chloride (inhalant)</i>	81
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	100
<i>sodium ferric gluconate complex in sucrose</i>	105
<i>sodium fluoride</i>	138
<i>sodium phenylbutyrate</i>	95
<i>sodium phosphates inj 150 mm/50ml (phos) 200 meq/50ml (na)</i>	138
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	138
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	138
<i>sodium polystyrene sulfonate</i>	140
<i>sodium polystyrene sulfonate powder</i>	140
<i>sodium thiosulfate</i>	49
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	106
SOFTCLIX MIS LANCETS	127
SOGROYA	94
<i>solifenacin succinate</i>	154
SOLQUA INJ 100/33	46
SOLUS V2 MIS LANC 28G	127
SOLUS V2 MIS LANC 30G	127
SOMATULINE DEPOT	95
<i>sorafenib tosylate</i>	64
<i>sotalol hcl</i>	72
<i>sotalol hcl (afib/afl)</i>	72
SOTYKTU	86
<i>spinosad</i>	91
SPIRIVA HANDIHALER	35
SPIRIVA RESPIMAT	35, 36
<i>spironolactone</i>	92

<i>spironolactone & hydrochlorothiazide tab</i>		<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	
25-25 mg	92		83
STELARA.....	86, 99	<i>sulfadiazine</i>	152
STERILANCE MIS TL 28G	127	<i>sulfamethoxazole-trimethoprim iv soln</i>	
STERILANCE MIS TL 30G	127	400-80 mg/5ml.....	31
STERILANCE MIS TL 32G	127	<i>sulfamethoxazole-trimethoprim susp 200-</i>	
STIOLTO AER 2.5-2.5	39	40 mg/5ml	31
STIVARGA	64	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>streptomycin sulfate</i>	20	mg	31
STRIVERDI RESPIMAT	39	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
STROMEKTOL	30	160 mg	31
<i>succinylcholine chloride</i>	142	<i>sulfasalazine</i>	99
<i>sucralfate</i>	153	<i>sulindac</i>	25
<i>sulconazole nitrate</i>	84	<i>sumatriptan</i>	136
<i>sulfacetamide sodium</i>	87	<i>sumatriptan-naproxen sodium tab 85-500</i>	
<i>sulfacetamide sodium (acne)</i>	82	mg	135
<i>sulfacetamide sodium (ophth)</i>	143	<i>sumatriptan succinate</i>	136
<i>sulfacetamide sodium-prednisolone ophth</i>		<i>sunitinib malate</i>	64
<i>soln 10-0.23(0.25)%</i>	144	SUNOSI.....	18
<i>sulfacetamide sodium w/ sulfur cleanser</i>		SUPARTZ FX.....	141
10-2%	82	SUPER THIN MIS LANC 28G	127
<i>sulfacetamide sodium w/ sulfur cleanser</i>		SUPER THIN MIS LANCETS	127
10-5%	83	SUPPRELIN LA	94
<i>sulfacetamide sodium w/ sulfur cleanser</i>		SUPREME II LIQ HIGH/LOW.....	127
9.8-4.8%.....	82	SURE COMFORT MIS LANC 18G	127
<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>		SURE COMFORT MIS LANC 21G	127
<i>4.5%</i>	82	SURE COMFORT MIS LANC 23G.....	127
<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>		SURE COMFORT MIS LANC 30G	127
<i>4%</i>	82	SURE COMFORT MIS LANCETS	127
<i>sulfacetamide sodium w/ sulfur cream 10-</i>		SUREFLEX MIS LANCETS.....	128
<i>2%</i>	83	SURE-LANCE MIS 26G.....	128
<i>sulfacetamide sodium w/ sulfur cream 10-</i>		SURE-LANCE MIS LANCETS.....	128
<i>5%</i>	83	SURELITE MIS LANCETS	128
<i>sulfacetamide sodium w/ sulfur cream 9.8-</i>		SURE-TOUCH MIS UNV LANC.....	128
<i>4.8%</i>	83	SYMBICORT AER 160-4.5	39
<i>sulfacetamide sodium w/ sulfur emulsion</i>		SYMBICORT AER 80-4.5.....	39
10-1%	83	SYMPROIC	100
<i>sulfacetamide sodium w/ sulfur lotion 10-</i>		SYMTUZA TAB	70
<i>5%</i>	83	SYNJARDY TAB	46
<i>sulfacetamide sodium w/ sulfur lotion 9.8-</i>		SYNJARDY TAB 12.5-500.....	46
<i>4.8%</i>	83	SYNJARDY TAB 5-1000MG	46
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>		SYNJARDY TAB 5-500MG	46
.....	83	SYNJARDY XR TAB	46
		SYNJARDY XR TAB 10-1000	46

SYNJARDY XR TAB 25-1000.....	46
SYNJARDY XR TAB 5-1000MG	46
SYNTHROID	152
T	
<i>tacrolimus</i>	140
<i>tacrolimus (topical)</i>	90
<i>tadalafil</i>	75
<i>tadalafil (pulmonary hypertension)</i>	76
TADLIQ	76
TAFINLAR.....	64
<i>tafluprost</i>	145
TAGRISSO	60
TAKHZYRO.....	102, 103
TALICIA CAP	154
<i>tamoxifen citrate</i>	60
<i>tamsulosin hcl</i>	101
<i>tasimelteon</i>	106
<i>tavaborole</i>	84
<i>tazarotene</i>	86
TECHLITE AST MIS LANCETS	128
TECHLITE MIS LANC 26G	128
TECHLITE MIS LANC 30G	128
TECHLITE MIS LANCETS.....	128
TEGRETOL	42
<i>telmisartan</i>	54
<i>telmisartan-amlodipine tab 40-10 mg</i>	57
<i>telmisartan-amlodipine tab 40-5 mg</i>	57
<i>telmisartan-amlodipine tab 80-10 mg</i>	57
<i>telmisartan-amlodipine tab 80-5 mg</i>	57
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	57
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	57
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	57
<i>temazepam</i>	106
<i>temozolomide</i>	59
<i>temsirolimus</i>	64
<i>tenofovir disoproxil fumarate</i>	70
<i>terazosin hcl</i>	54
<i>terbinafine hcl</i>	51
<i>terbutaline sulfate</i>	39
<i>terconazole vaginal</i>	154
<i>teriflunomide</i>	150

<i>teriparatide</i>	93
<i>testosterone</i>	30
<i>testosterone cypionate</i>	30
<i>testosterone enanthate</i>	30
<i>tetrabenazine</i>	149
<i>tetracaine hcl</i>	107
<i>tetracaine hcl (ophth)</i>	144
<i>tetracycline hcl</i>	152
TEZSPIRE.....	34
THALOMID	139
<i>theophylline</i>	39
<i>thiamine hcl</i>	155
<i>thioridazine hcl</i>	68
<i>thiotepa</i>	59
<i>thiothixene</i>	68
<i>tiagabine hcl</i>	42
TIAZAC.....	73
<i>ticagrelor</i>	103
<i>tigecycline</i>	152
<i>timolol</i>	143
<i>timolol maleate</i>	72
<i>timolol maleate (ophth)</i>	143
<i>tinidazole</i>	30
<i>tiopronin</i>	101
<i>tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)</i>	103
<i>tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)</i>	103
TIVICAY	70
TIVICAY PD	70
<i>tizanidine hcl</i>	141
TOBRADEX OIN 0.3-0.1%	144
TOBRADEX ST SUS 0.3-0.05.....	144
<i>tobramycin</i>	20
<i>tobramycin (ophth)</i>	143
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	144
<i>tobramycin sulfate</i>	20
TOBREX	143
<i>tolcapone</i>	65
<i>tolmetin sodium</i>	25
<i>tolnaftate</i>	84
<i>tolterodine tartrate</i>	154
<i>tolvaptan</i>	96

<i>tolvaptan tab therapy pack 30 & 15 mg</i>	96	<i>triamcinolone acetoneide (mouth)</i>	140
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	96	<i>triamcinolone acetoneide (topical)</i>	88
<i>tolvaptan tab therapy pack 60 & 30 mg</i> ...	96	<i>triamterene</i>	92
<i>tolvaptan tab therapy pack 90 & 30 mg</i> ...	96	<i>triamterene & hydrochlorothiazide cap</i>	
TOPAMAX	42	37.5-25 mg	92
TOPAMAX SPRINKLE	42	<i>triamterene & hydrochlorothiazide tab 37.5-</i>	
<i>topiramate</i>	42	25 mg	92
TOPROL XL	72	<i>triamterene & hydrochlorothiazide tab 75-</i>	
<i>toremifene citrate</i>	61	50 mg	92
<i>torseimide</i>	92	<i>triazolam</i>	106
TOUJEO MAX SOLOSTAR	48	TRIBENZOR TAB	57
TOUJEO SOLOSTAR.....	48	<i>trientine hcl</i>	139
<i>tramadol-acetaminophen tab 37.5-325 mg</i>		<i>trifluoperazine hcl</i>	68
.....	29	<i>trifluridine</i>	143
<i>tramadol hcl</i>	27	<i>trihexyphenidyl hcl</i>	65
<i>trandolapril</i>	53	TRIJARDY XR TAB	46
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>		TRILEPTAL	42
.....	57	<i>trimethobenzamide hcl</i>	50
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>		<i>trimethoprim</i>	30
.....	57	<i>trimipramine maleate</i>	45
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>		TRINTELLIX.....	44
.....	57	TRIPTODUR	94
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>		TRIUMEQ PD TAB	70
.....	57	TRIUMEQ TAB	70
<i>tranexamic acid</i>	105	<i>tromethamine</i>	137
<i>tranexamic acid-sodium chloride iv soln</i>		<i>tropium chloride</i>	154
1000 mg/100ml-0.7%.....	105	TRUE COMFORT MIS LANC 30G	128
<i>tranylcypromine sulfate</i>	44	TRUEPLUS LANCETS 30G.....	128
TRAVEL LANCE MIS 30G	128	TRULICITY	47
TRAVEL LANCE MIS ADV 28G.....	128	TRUPLUS LANC MIS 26G	128
<i>travoprost</i>	145	TRUPLUS LANC MIS 28G	129
TRAZIMERA	60	TRUPLUS LANC MIS 30G	129
<i>trazodone hcl</i>	44	TRUPLUS LANC MIS 33G	129
TRELEGY AER 100MCG.....	39	TRUQAP	64
TRELEGY AER 200MCG	39	TWIIST KIT REFILL.....	129
TREMFYA.....	86, 99	TWIIST KIT STARTER	129
TREMFYA INDUCTION PACK FO.....	99	TWIIST REFIL KIT INFUSION	129
<i>treprostinil</i>	75	TWIST LANCET MIS 30G.....	129
TRESIBA	48	TWIST LANCET MIS 30G MULT	129
TRESIBA FLEXTOUCH	48	TWYNEO CRE 0.1-3%.....	83
<i>tretinoin</i>	83	TYMLOS	93
<i>tretinoin (chemotherapy)</i>	65	TYVASO	75
<i>tretinoin microsphere</i>	83	TYVASO DPI INSTITUTIONAL	75
<i>triamcinolone acetoneide</i>	81	TYVASO DPI POW 16-32-48.....	75

TYVASO REFILL KIT	75
TYVASO STARTER KIT	75
U	
UBRELVY	135
UCERIS	81
ULTILET MIS 26G.....	129
ULTILET MIS 28G.....	129
ULTILET MIS 30G.....	129
ULTILET MIS 33G.....	129
ULTILET MIS LANCETS.....	129
ULTILET MIS SAFETY	129
ULTILET SAFE MIS 21G	129
ULTRA THIN MIS 28G	129
ULTRA THIN MIS 30G.....	130
ULTRA THIN MIS 31G.....	130
ULTRA THIN MIS 33G	130
ULTRA THIN MIS LAN 31G	130
ULTRA THIN MIS LANC 28G.....	130
ULTRA THIN MIS LANC 30G.....	130
ULTRA THIN MIS LANCETS	130
<i>umeclidinium-vilanterol aero powd ba 62.5- 25 mcg/act.....</i>	<i>39</i>
UNILET CMFR MIS TCH 28G	130
UNILET CMFR MIS TCH 30G	130
UNILET EXCEL MIS 23G	130
UNILET EX II MIS 28G	130
UNILET G.P. MIS 21G.....	130
UNILET G.P MIS SUPR 23G	130
UNILET GP 28 MIS ULT THIN	130
UNILET LANCE MIS 21G	131
UNILET LANCE MIS 28G	131
UNILET LANCE MIS 33G.....	131
UNILET LANC MIS 33G.....	131
UNILET LANCT MIS 28G	131
UNILET LANCT MIS 30G	131
UNILET LANCT MIS 33G	131
UNILET MICRO MIS 33G	131
UNILET MIS 21G.....	131
UNILET SUPER MIS 23G.....	131
UNILET SUPER MIS G.P. 23G.....	131
UNISTIK 1 MIS 2.4MM	131
UNISTIK 1 MIS 3.0MM.....	131
UNISTIK 23G MIS NORMAL	132
UNISTIK 2 MIS.....	131

UNISTIK 2 MIS 1.8MM	132
UNISTIK 2 MIS 2.4MM.....	132
UNISTIK 2 MIS COMFORT	132
UNISTIK 2 MIS EXTRA.....	132
UNISTIK 2 MIS NEONATAL	132
UNISTIK 2 MIS NORMAL	132
UNISTIK 2 MIS SUPER.....	132
UNISTIK 3 MIS 1.8MM	132
UNISTIK 3 MIS COMFORT	132
UNISTIK 3 MIS EXTRA.....	132
UNISTIK 3 MIS GENT 30G	132
UNISTIK 3 MIS NEONATAL	132
UNISTIK 3 MIS NORMAL	132
UNISTIK CZT MIS COMFORT	133
UNISTIK CZT MIS NORMAL	133
UNISTIK PRO MIS LANC 21G	133
UNISTIK PRO MIS LANC 28G.....	133
UNISTIK SAFE MIS LANC 28G	133
UNISTIK SAFE MIS LANC 30G.....	133
UNISTIK TOUC MIS LANC 21G.....	133
UNISTIK TOUC MIS LANC 23G	133
UNISTIK TOUC MIS LANC 28G	133
UNISTIK TOUC MIS LANC 30G.....	133
UNITSTIK PRO MIS LANC 25G	133
UPTRAVI.....	76
UPTRAVI PACK TAB 200/800	76
<i>urea</i>	<i>90</i>
<i>ursodiol.....</i>	<i>97</i>
V	
VAGIFEM.....	154
<i>valacyclovir hcl.....</i>	<i>71</i>
<i>valganciclovir hcl.....</i>	<i>70</i>
<i>valproate sodium</i>	<i>43</i>
<i>valproic acid.....</i>	<i>43</i>
<i>valrubicin.....</i>	<i>61</i>
<i>valsartan</i>	<i>54</i>
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg.....</i>	<i>57</i>
<i>valsartan-hydrochlorothiazide tab 160-25 mg.....</i>	<i>57</i>
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg.....</i>	<i>57</i>
<i>valsartan-hydrochlorothiazide tab 320-25 mg.....</i>	<i>57</i>

<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	57
<i>vancomycin hcl</i>	31
<i>varденаfil hcl</i>	75
<i>varenicline tartrate</i>	151
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	151
VARUBI	50
VASCEPA	52
VASERETIC TAB 10-25MG.....	57
<i>vasopressin</i>	95
<i>vecuronium bromide</i>	142
VELSIPITY	99
VELTASSA	140
VEMLIDY	71
<i>venlafaxine hcl</i>	45
<i>verapamil hcl</i>	73
VERASENS LIQ LEVEL 1	133
VERIFINE LAN MIS MINI 21G.....	133
VERIFINE LAN MIS MINI 23G	133
VERIFINE LAN MIS MINI 28G.....	133
VERIFINE LAN MIS MINI 30G.....	134
VERIFINE MIS UNIV 28G.....	134
VERIFINE MIS UNIV 30G.....	134
VERIFINE MIS UNIV 33G.....	134
VERQUVO.....	76
VIBERZI	100
<i>vigabatrin</i>	43
VIGAMOX	144
VIIBRYD	44
<i>vilazodone hcl</i>	44
VIOKACE TAB 10440.....	91
VIOKACE TAB 20880	91
VISTOGARD	49
VITRAKVI.....	64
VIVAGUARD LIQ CONTROL.....	134
VIVAGUARD MIS 28G	134
VIVAGUARD MIS 30G	134
VIVELLE-DOT.....	97
<i>voriconazole</i>	51
VOSEVI TAB.....	71
VRAYLAR.....	67
VTAMA	86
VYTORIN TAB 10-10MG	52

VYTORIN TAB 10-20MG.....	52
VYTORIN TAB 10-40MG.....	52
VYTORIN TAB 10-80MG.....	52
VYVGART	139
VYVGART INJ HYTRULO	139
W	
WAKIX	18
<i>warfarin sodium</i>	39
<i>water for injection</i>	147
WELLBUTRIN SR	43
WELLBUTRIN XL	44
WILATE INJ	102
WINLEVI	83
X	
XARELTO.....	39
XARELTO STAR TAB 15/20MG	39
XCOPRI.....	42
XCOPRI PAK 100-150	42
XCOPRI PAK 12.5-25	42
XCOPRI PAK 150-200	42
XCOPRI PAK 50-100MG	42
XDEMVY	144
XELJANZ	23
XELJANZ XR	23
XEOMIN	142
XHANCE	141
XIFAXAN.....	30
XIGDUO XR TAB 10-1000.....	46
XIGDUO XR TAB 10-500MG	46
XIGDUO XR TAB 2.5-1000	46
XIGDUO XR TAB 5-1000MG	46
XIGDUO XR TAB 5-500MG.....	46
XIIDRA	144
XOLAIR	35
XOSPATA	64
XTAMPZA ER	27
XTANDI.....	61
XULTOPHY INJ 100/3.6	46
XYNTHA.....	102
XYNTHA SOLOFUSE	102
XYWAV SOL 0.5GM/ML.....	148
Y	
YASMIN 28 TAB 3-0.03MG	79
YAZ TAB 3-0.02MG	79

YESINTEK	86, 87, 99
YONSA.....	61
YUPELRI	36
Z	
<i>zafirlukast</i>	36
<i>zaleplon</i>	106
ZANAFLEX.....	141
ZARONTIN.....	43
ZEGALOGUE	47
ZEJULA	64
ZEMAIRA	151
ZEMBRACE SYMTOUCH	136
ZENPEP CAP 10000UNT	92
ZENPEP CAP 15000UNT	92
ZENPEP CAP 20000UNT	92
ZENPEP CAP 25000UNT	92
ZENPEP CAP 3000UNIT	92
ZENPEP CAP 40000UNT	92
ZENPEP CAP 5000UNIT	92
ZENPEP CAP 60000UNT	92
ZEPOSIA	150
ZEPOSIA 7DAY CAP STR PACK	150
ZEPOSIA CAP STR KIT.....	150
ZERVIAE.....	145
ZESTORETIC TAB 10-12.5	57
ZESTORETIC TAB 20-12.5.....	57
ZESTORETIC TAB 20-25MG.....	57

ZESTRIL	53
ZEVRX TWIST MIS LANC 30G	134
<i>zidovudine</i>	70
<i>zileuton</i>	36
<i>zinc chloride</i>	139
<i>zinc sulfate</i>	139
<i>ziprasidone hcl</i>	67
<i>ziprasidone mesylate</i>	67
ZIRABEV	60
ZOCOR.....	53
<i>zoledronic acid</i>	93
<i>zolmitriptan</i>	136
ZOLOFT	44
<i>zolpidem tartrate</i>	106
<i>zonisamide</i>	42
ZORYVE.....	91
ZUBSOLV SUB 0.7-0.18	29
ZUBSOLV SUB 1.4-0.36	29
ZUBSOLV SUB 11.4-2.9	29
ZUBSOLV SUB 2.9-0.71	29
ZUBSOLV SUB 5.7-1.4.....	29
ZUBSOLV SUB 8.6-2.1.....	29
ZURZUVAE	44
ZYDELIG	64
ZYKADIA.....	64
ZYPREXA.....	67