North Carolina State Health Plan FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

STATE TREASURER OF NORTH CAROLINA
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North Carolina State Health Plan 2021 Custom Formulary

Click to search for a **medication name** in this document

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Contents

Preface i
Member guide to covered medications on the Custom Formulary ii
Formulary tiers ii
Generic medications ii
Compounded prescriptions iii
Prior authorization, quantity limitations and step therapy medications iii
Specialty medications iii
Affordable Care Act iv
Insulin iv
Non-covered medications iv
Medical benefit specialty medications iv
Using the member guide to the Open Basic v
Abbreviation/acronym key vi

Therapeutic Class Medication List

Therapeutic Class Section 1

Please consider talking to your provider about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication.

The comprehensive formulary document is regularly updated. Please visit **www.shpnc.org** for the most up-to-date information. **This guide was current at the time of printing and is subject to change.**

To search for a medication name within this PDF document, use the **Control** and **F keys** on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Member guide to covered medications on the formulary

This guide lists the approved brand name and generic prescription medications that have been reviewed by the North Carolina State Health Plan (Plan). Please refer to this formulary guide for information about medications covered by this formulary, and present this guide to your provider if you require a prescription.

The prescription medications listed in the formulary or their tier placement may change from time to time due to a change in the cost of the medication and/or in the classification of the medication by the U.S. Food and Drug Administration (FDA) or nationally recognized medication databases (e.g., Medi-Span). For a more complete listing of medication coverage and costs, you may use our drug look up tool at www.shpnc.org. You may also call CVS Caremark® Customer Service at 1-888-321-3124 to verify prescription medication benefits.

A formulary is a list of prescription medications covered by a health plan. The Plan's Pharmacy & Therapeutics (P&T) Committee reviews medications at least quarterly. This includes ongoing reviews of clinical information about new medications and reviews of new safety and efficacy information about older medications. The majority of the Plan's P&T Committee is composed of practicing prescribers and pharmacists independent of the Plan. Tier placement of prescription medications in the formulary may be determined by: the effectiveness and safety of the medication, the cost of the medication, and/or the classification of the medications by the FDA or nationally recognized medication databases (e.g., Medi-Span).

Please refer to www.shpnc.org for detailed information regarding your pharmacy benefits, including out-of-pocket costs, prior authorization and step therapy medication requests, and applicable exclusions.

Formulary tiers

The Custom 6 Tier Formulary covers most medications approved by the FDA, within existing benefits. The plan design determines the member's payment obligation.

Definitions for the six-tiered benefit structure:

- **Tier 1:** The most cost-effective of non-specialty prescription medications; most are generic.
- **Tier 2**: Preferred brand non-specialty medications and some high cost generics.
- **Tier 3**: Non-preferred brand, including branded generics (also known as single source generics), non-specialty medications
- **Tier 4**: The most cost-effective of specialty medications; most are generic or biosimilar medications.
- **Tier 5**: Preferred brand specialty medications.
- **Tier 6**: Non-preferred brand specialty prescription medications.

Generic medications

In most cases, choosing a generic medication equivalent, when available, may mean significant savings to you. We encourage you to discuss with your provider whether a generic alternative is an available treatment option. Especially for medications that are taken daily and refilled frequently, you will experience the long-term savings of a lower medication payment month after month. **If you choose a brand name prescription medication and a generic equivalent is available, you may be subject to higher out-of-pocket expense.**

To search document, on the **Edit** menu click, **Find** (Ctrl+F). In the prompt that appears type in at least the first few letters of the medication name and click, **Next** (Enter).

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Compounded prescriptions

Compounded prescriptions contain two or more medications mixed together. Compounded prescriptions are processed according to member benefits. To be eligible for coverage, compounded medications must contain at least one ingredient that is defined as a prescription medication and must not be a copy of a commercially available product. Compounded medications may be subject to prior authorization and benefit exclusion.

Utilization Management: prior authorization, quantity limitations and step therapy medications

Certain medications may be subject to prior authorization, quantity limitations, or step therapy programs. The Plan's P&T Committee reviews and approves the clinical criteria for these programs.

- Medications that have prior authorization requirements must be reviewed by CVS Caremark for coverage determination before coverage can be authorized.
- Certain medications may also have limitations on the quantity and days' supply for coverage. Quantities in excess of the coverage limit must be reviewed and approved by CVS Caremark coverage determination before coverage can be authorized for amounts in excess of the limits.
- For coverage of step therapy medications, the Plan requires that the member has tried non-restricted formulary alternatives medications first. Coverage for step therapy medications may be provided without the use of a non-step therapy medication if the prescriber certifies in writing that the member has previously used non-restricted medications and the non-restricted medications have been detrimental to the member's health or have been ineffective in treating the same condition and, in the opinion of the prescriber, are likely to be detrimental to the member's health or ineffective in treating the condition in the future. Clinical rationale and documentation for exception requests may be required.

The FDA is responsible for approving medications for use based on clinical data proving the medication is safe and effective for that specific use. The Plan's utilization management programs follow FDA-approved uses for these medications. However, the Plan recognizes that in many cases, "off-label" (i.e., non-FDA approved) uses of prescription medications may be acceptable. In determining the acceptability of off-label uses, the Plan utilizes several sources of clinical information including but not limited to:

1. Nationally recognized clinical references including American Hospital Formulary Service Medication Information
2. The results of at least two randomized, controlled clinical studies that support a specific off-label use, and that are published in peer-reviewed professional medical journals
3. Consultations with internal and external physician experts regarding community standards. Additional searches for current supporting medical literature may be performed utilizing standard electronic databases.

Specialty medications

These medications, as classified by the Plan, have unique uses, treat complex medical conditions, require special dosing or monitoring, are typically prescribed by a specialist provider and/or require special patient education, training or coordination of care. Most specialty medications can be found on Tier 6, but some may be found on lower specialty Tiers 4 or 5.

Specialty medications will need to be filled with CVS Specialty™ pharmacy. These medications are identified in the specialty column of the formulary guide. Call the CVS Specialty customer service number at 1-800-237- 2767 to determine the steps required to fill your specialty medication prescription.

To search document, on the **Edit** menu click, **Find** (Ctrl+F). In the prompt that appears type in at least the first few letters of the medication name and click, **Next** (Enter).

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Affordable Care Act

Please note, some medications may have limited or $0 cost-sharing under the Affordable Care Act (ACA) for members enrolled in the 80/20 plan; examples of categories of medications that may be subject to limited or $0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, tobacco cessation, vaccines, vitamin D supplements, and some contraceptive medications and devices. You may find additional information about these medications at: www.shpnc.org. These medications are identified in the ACA column of the formulary guide. Some medications are not covered unless the stipulations of the ACA criteria are met and are designated with an "**A**" in the drug tier column. If you do not find the medication you are searching for, consult or contact CVS Caremark customer service at 1-888-321-3124 to find out if the medication is available over the counter or is covered under your medical and/or pharmacy benefit.

Insulin

The Plan will cover the full cost of insulin beginning with the 2021 plan year. This means that regardless of formulary tier placement, any covered insulin or insulin approved through the formulary exceptions (medical necessity) process will have a $0 copay/coinsurance for members.

Non-covered medications

The Plan has a custom closed formulary. In a “closed” formulary, certain drugs are not covered. This comprehensive formulary document notes drugs that are not covered by the Plan. This is applicable to the Traditional Pharmacy Benefit (which includes the 80/20 Plan and 70/30 Plan). Non-covered medications are designated in the formulary guide with an "**NC**." A formulary exception process is available to support Plan members who, per their prescriber, have a medical necessity to remain on a non-covered drug. The exception process is administered by CVS Caremark, the Plan’s Pharmacy Benefit Manager.

Medical benefit specialty medications

Some specialty medications are covered under the medical benefit and are subject to office charges. These medications are usually administered by intramuscular injection or intravenous injection or infusion under provider supervision in an office, outpatient setting or through home infusion. Medical benefit specialty medications are designated in the formulary guide with an "**M**." Members may obtain prior authorization, and providers may contact Blue Cross and Blue Shield of North Carolina Customer Service at 1-888-234-2416.

To search document, on the **Edit** menu click, **Find** (Ctrl+F). In the prompt that appears type in at least the first few letters of the medication name and click, **Next** (Enter).

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Using the member guide to the Basic Formulary

The Medication List is organized into broad categories (e.g., ANALGESICS AND ANESTHETICS). The graphic below shows the information that is provided in each column of the medication list and is an example only. Please use the medication search function to find current information for medications on the medication list.

1 Drug Name	2 Drug Tier	3 Requirements/Limits
ANALGESICS		
ANALGESICS, OTHER		
OFIRMEV INJ 10MG/ML	1	PA
ANESTHETICS PV		
AMIDATE INJ 2MG/ML	4	PA, ST, QL, SP, ACA, PV
BREVITAL SOD INJ 2.5GM	5	PA, ST, QL, SP, ACA, PV
BREVITAL SOD INJ 500MG	5	PA, ST, QL, SP, ACA, PV
DIPRIVAN INJ	5	
DIPRIVAN INJ 100MG/ML	5	PV
DIPRIVAN INJ 200/20ML	5	
DIPRIVAN INJ 500/50ML	5	
etomidate iv soln 2 mg/ml	2	ST

1. The first column of the chart lists the medication name. Generic medications are listed in lowercase *italicized* letters. Brand name medications are CAPITALIZED.

   Separate medication entries are required for some dosage forms such as extended-release and delayed-release.

2. The second column indicates the Tier level.

3. The third column shows how the medication is classified or whether any Utilization Management Program(s) apply. For instance SP indicates that the medication is classified as specialty, PV indicates that the medication is considered preventive, and ST notates that step therapy applies for this medication. A full list of abbreviations can be found under the LEGEND section of this document.

To search document, on the **Edit** menu click, **Find** (Ctrl+F). In the prompt that appears type in at least the first few letters of the medication name and click, **Next** (Enter).

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Abbreviation/acronym key

CAPITALIZED	Brand Name Medication
italicized	Generic Medication
cap	capsule
chew	chewable
conc	concentrate
cr	controlled-release
dr	delayed-release
ec	enteric coated
effer	effervescent
equiv	equivalent
er	extended-release
inhal	inhalation
inj	injection
liq	liquid
lot	lotion
nebu	nebulizer
odt	orally disintegrating tablet
oint	ointment
ophth	ophthalmic
osm	osmotic-release
powd	powder
sa	sustained action
sl	sublingual
sol/soln	solution
sr	sustained-release
suppos	suppository
susp	suspension
tab	tablet
td	transdermal
ACA	Affordable Care Act Copay
NC	Not Covered
PA	Prior Authorization
PV	Preventive
QL	Quantity Limit
SP	Specialty
ST	Step Therapy

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with North Carolina State Health Plan or CVS Caremark.

When viewing the formulary via the Internet, please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

To search document, on the **Edit** menu click, **Find** (Ctrl+F). In the prompt that appears type in at least the first few letters of the medication name and click, **Next** (Enter).

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NCSHP eff 10/01/2021

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL TAB 5MG	NC	
ADDERALL TAB 7.5MG	NC	
ADDERALL TAB 10MG	NC	
ADDERALL TAB 12.5MG	NC	
ADDERALL TAB 15MG	NC	
ADDERALL TAB 20MG	NC	
ADDERALL TAB 30MG	NC	
ADDERALL XR CAP 5MG	NC	
ADDERALL XR CAP 10MG	NC	
ADDERALL XR CAP 15MG	NC	
ADDERALL XR CAP 20MG	NC	
ADDERALL XR CAP 25MG	NC	
ADDERALL XR CAP 30MG	NC	
ADZENYS ER SUS 1.25MG	NC	
ADZENYS XR TAB 3.1MG	NC	
ADZENYS XR TAB 6.3MG	NC	
ADZENYS XR TAB 9.4MG	NC	
ADZENYS XR TAB 12.5MG	NC	
ADZENYS XR TAB 15.7 MG	NC	
ADZENYS XR TAB 18.8MG	NC	
amphetamine extended release susp 1.25 mg/ml	2	PA, QL
amphetamine sulfate tab 5 mg	2	PA, QL
amphetamine sulfate tab 10 mg	2	PA, QL
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	PA, QL
amphetamine-dextroamphetamine tab 5 mg	1	PA, QL
amphetamine-dextroamphetamine tab 7.5 mg	1	PA, QL
amphetamine-dextroamphetamine tab 10 mg	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 12.5 mg	1	PA, QL
amphetamine-dextroamphetamine tab 15 mg	1	PA, QL
amphetamine-dextroamphetamine tab 20 mg	1	PA, QL
amphetamine-dextroamphetamine tab 30 mg	1	PA, QL
DESOXYN TAB 5MG	3	PA, QL
DEXEDRINE CAP 5MG CR	3	PA, QL
DEXEDRINE CAP 10MG CR	3	PA, QL
DEXEDRINE CAP 15MG CR	3	PA, QL
dextroamphetamine sulfate cap er 24hr 5 mg	1	PA, QL
dextroamphetamine sulfate cap er 24hr 10 mg	1	PA, QL
dextroamphetamine sulfate cap er 24hr 15 mg	1	PA, QL
dextroamphetamine sulfate oral solution 5 mg/5ml	2	PA, QL
dextroamphetamine sulfate tab 5 mg	1	PA, QL
dextroamphetamine sulfate tab 10 mg	1	PA, QL
DYANAVEL XR SUS 2.5MG/ML	3	PA, QL
EVEKEO ODT TAB 5MG	NC	
EVEKEO ODT TAB 10MG	NC	
EVEKEO ODT TAB 15MG	NC	
EVEKEO ODT TAB 20MG	NC	
EVEKEO TAB 5MG	NC	
EVEKEO TAB 10MG	NC	
methamphetamine hcl tab 5 mg	1	PA, QL
MYDAYIS CAP 12.5MG	2	PA, QL
MYDAYIS CAP 25MG	2	PA, QL
MYDAYIS CAP 37.5MG	2	PA, QL
MYDAYIS CAP 50MG	2	PA, QL
procentra sol 5mg/5ml	2	PA, QL
VYVANSE CAP 10MG	2	PA, QL
VYVANSE CAP 20MG	2	PA, QL
VYVANSE CAP 30MG	2	PA, QL
VYVANSE CAP 40MG	2	PA, QL
VYVANSE CAP 50MG	2	PA, QL
VYVANSE CAP 60MG	2	PA, QL
VYVANSE CAP 70MG	2	PA, QL
VYVANSE CHW 10MG	2	PA, QL
VYVANSE CHW 20MG	2	PA, QL
VYVANSE CHW 30MG	2	PA, QL
VYVANSE CHW 40MG	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHW 50MG	2	PA, QL
VYVANSE CHW 60MG	2	PA, QL
zenzedi tab 2.5mg	2	PA, QL
zenzedi tab 5mg	1	PA, QL
zenzedi tab 7.5mg	1	PA, QL
zenzedi tab 10mg	1	PA, QL
zenzedi tab 15mg	2	PA, QL
zenzedi tab 20mg	2	PA, QL
zenzedi tab 30mg	2	PA, QL
ANALEPTICS		
CAFCIT INJ 60MG/3ML	3	
caffeine & sodium benzoate inj 125-125 mg/ml (500 mg/2ml)	1	
caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)	1	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
DOPRAM INJ 20MG/ML	3	
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P CAP 37.5MG	3	PA; PV
ADIPEX-P TAB 37.5MG	3	PA; PV
benzphetamine hcl tab 25 mg	1	PA; PV
benzphetamine hcl tab 50 mg	1	PA; PV
diethylpropion hcl tab 25 mg	1	PA; PV
diethylpropion hcl tab er 24hr 75 mg	1	PA; PV
LOMAIRA TAB 8MG	NC	
phendimetrazine tartrate cap er 24hr 105 mg	1	PA; PV
phendimetrazine tartrate tab 35 mg	1	PA; PV
phentermine hcl cap 15 mg	1	PA; PV
phentermine hcl cap 30 mg	1	PA; PV
phentermine hcl cap 37.5 mg	1	PA; PV
phentermine hcl tab 37.5 mg	1	PA; PV
QSYMIA CAP 3.75-23	2	PA; PV
QSYMIA CAP 7.5-46MG	2	PA; PV
QSYMIA CAP 11.25-69	2	PA; PV
QSYMIA CAP 15-92MG	2	PA; PV
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	NC	
IMCIVREE INJ 10MG/ML	NC	
SAXENDA INJ 18MG/3ML	2	PA; PV
WEGOVY INJ 0.5MG	3	PA
WEGOVY INJ 0.25MG	3	PA
WEGOVY INJ 1.7MG	3	PA
WEGOVY INJ 1MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 2.4MG	3	PA
XENICAL CAP 120MG	NC	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 18 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 25 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 40 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 60 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 80 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 100 mg (base equiv)	1	PA, QL
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
INTUNIV TAB 1MG	NC	
INTUNIV TAB 2MG	NC	
INTUNIV TAB 3MG	NC	
INTUNIV TAB 4MG	NC	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	NC	
QELBREE CAP 150MG ER	NC	
QELBREE CAP 200MG ER	NC	
STRATTERA CAP 10MG	3	PA, QL
STRATTERA CAP 18MG	3	PA, QL
STRATTERA CAP 25MG	3	PA, QL
STRATTERA CAP 40MG	3	PA, QL
STRATTERA CAP 60MG	3	PA, QL
STRATTERA CAP 80MG	3	PA, QL
STRATTERA CAP 100MG	3	PA, QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	PA, QL
SUNOSI TAB 150MG	2	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	NC	
WAKIX TAB 17.8MG	NC	
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG	NC	
ADHANSIA XR CAP 35MG	NC	
ADHANSIA XR CAP 45MG	NC	

Drug Name	Drug Tier	Requirements/Limits
ADHANSIA XR CAP 55MG	NC	
ADHANSIA XR CAP 70MG	NC	
ADHANSIA XR CAP 85MG	NC	
APTENSIO XR CAP 10MG	NC	
APTENSIO XR CAP 15MG	NC	
APTENSIO XR CAP 20MG	NC	
APTENSIO XR CAP 30MG	NC	
APTENSIO XR CAP 40MG	NC	
APTENSIO XR CAP 50MG	NC	
APTENSIO XR CAP 60MG	NC	
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
CONCERTA TAB 18MG	3	PA, QL
CONCERTA TAB 27MG	3	PA, QL
CONCERTA TAB 36MG	3	PA, QL
CONCERTA TAB 54MG	3	PA, QL
COTEMPLA TAB 8.6MG	NC	
COTEMPLA TAB 17.3MG	NC	
COTEMPLA TAB 25.9MG	NC	
DAYTRANA DIS 10MG/9HR	NC	
DAYTRANA DIS 15MG/9HR	NC	
DAYTRANA DIS 20MG/9HR	NC	
DAYTRANA DIS 30MG/9HR	NC	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 10 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 15 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 20 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 25 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 30 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 35 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 40 mg	1	PA, QL
dexmethylphenidate hcl tab 2.5 mg	1	PA, QL
dexmethylphenidate hcl tab 5 mg	1	PA, QL
dexmethylphenidate hcl tab 10 mg	1	PA, QL
FOCALIN TAB 2.5MG	3	PA, QL
FOCALIN TAB 5MG	3	PA, QL
FOCALIN TAB 10MG	3	PA, QL

Drug Name	Drug Tier	Requirements/Limits
FOCALIN XR CAP 5MG	NC	
FOCALIN XR CAP 10MG	NC	
FOCALIN XR CAP 15MG	NC	
FOCALIN XR CAP 20MG	NC	
FOCALIN XR CAP 25MG	NC	
FOCALIN XR CAP 30MG	NC	
FOCALIN XR CAP 35MG	NC	
FOCALIN XR CAP 40MG	NC	
JORNAY PM CAP 20MG ER	NC	
JORNAY PM CAP 40MG ER	NC	
JORNAY PM CAP 60MG ER	NC	
JORNAY PM CAP 80MG ER	NC	
JORNAY PM CAP 100MG ER	NC	
metadate tab 20mg er	1	PA, QL
METHYLIN SOL 5MG/5ML	3	PA, QL
METHYLIN SOL 10MG/5ML	3	PA, QL
methylphenid tab 72mg er	3	PA, QL
methylphenidate hcl cap er 10 mg (cd)	1	PA, QL
methylphenidate hcl cap er 20 mg (cd)	1	PA, QL
methylphenidate hcl cap er 24hr 10 mg (la)	2	PA, QL
methylphenidate hcl cap er 24hr 10 mg (xr)	2	PA, QL
methylphenidate hcl cap er 24hr 15 mg (xr)	2	PA, QL
methylphenidate hcl cap er 24hr 20 mg (la)	1	PA, QL
methylphenidate hcl cap er 24hr 30 mg (la)	1	PA, QL
methylphenidate hcl cap er 24hr 30 mg (xr)	2	PA, QL
methylphenidate hcl cap er 24hr 40 mg (la)	1	PA, QL
methylphenidate hcl cap er 24hr 40 mg (xr)	2	PA, QL
methylphenidate hcl cap er 24hr 50 mg (xr)	2	PA, QL
methylphenidate hcl cap er 24hr 60 mg (la)	2	PA, QL
methylphenidate hcl cap er 24hr 60 mg (xr)	2	PA, QL
methylphenidate hcl cap er 30 mg (cd)	1	PA, QL
methylphenidate hcl cap er 40 mg (cd)	1	PA, QL
methylphenidate hcl cap er 50 mg (cd)	1	PA, QL
methylphenidate hcl cap er 60 mg (cd)	1	PA, QL
methylphenidate hcl chew tab 2.5 mg	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl chew tab 5 mg	1	PA, QL
methylphenidate hcl chew tab 10 mg	1	PA, QL
methylphenidate hcl soln 5 mg/5ml	1	PA, QL
methylphenidate hcl soln 10 mg/5ml	1	PA, QL
methylphenidate hcl tab 5 mg	1	PA, QL
methylphenidate hcl tab 10 mg	1	PA, QL
methylphenidate hcl tab 20 mg	1	PA, QL
methylphenidate hcl tab er 10 mg	1	PA, QL
methylphenidate hcl tab er 20 mg	1	PA, QL
methylphenidate hcl tab er 24hr 18 mg	NC	
methylphenidate hcl tab er 24hr 27 mg	NC	
methylphenidate hcl tab er 24hr 36 mg	NC	
methylphenidate hcl tab er 24hr 54 mg	NC	
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	PA, QL
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	PA, QL
methylphenidate hcl tab er osmotic release (osm) 36 mg	2	PA, QL
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	PA, QL
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
NUVIGIL TAB 50MG	NC	
NUVIGIL TAB 150MG	NC	
NUVIGIL TAB 200MG	NC	
NUVIGIL TAB 250MG	NC	
PROVIGIL TAB 100MG	NC	
PROVIGIL TAB 200MG	NC	
QUILLICHEW CHW 20MG ER	3	PA, QL
QUILLICHEW CHW 30MG ER	3	PA, QL
QUILLICHEW CHW 40MG ER	3	PA, QL
QUILLIVANT SUS 25MG/5ML	3	PA, QL
RELEXXII TAB 72MG	NC	
RITALIN LA CAP 10MG	3	PA, QL
RITALIN LA CAP 20MG	3	PA, QL
RITALIN LA CAP 30MG	3	PA, QL
RITALIN LA CAP 40MG	3	PA, QL
RITALIN TAB 5MG	3	PA, QL
RITALIN TAB 10MG	3	PA, QL
RITALIN TAB 20MG	3	PA, QL

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	PA; PV
ODACTRA SUB	3	PA; PV

Drug Name	Drug Tier	Requirements/Limits
ORALAIR SUB 300 IR	2	PA; PV
PALFORZIA CAP ESCALAT	NC	
PALFORZIA CAP LEVEL 1	NC	
PALFORZIA CAP LEVEL 2	NC	
PALFORZIA CAP LEVEL 3	NC	
PALFORZIA CAP LEVEL 4	NC	
PALFORZIA CAP LEVEL 5	NC	
PALFORZIA CAP LEVEL 6	NC	
PALFORZIA CAP LEVEL 7	NC	
PALFORZIA CAP LEVEL 8	NC	
PALFORZIA CAP LEVEL 9	NC	
PALFORZIA CAP LEVEL 10	NC	
PALFORZIA POW LEVEL 11	NC	
RAGWITEK SUB	2	PA; PV
STANDARDIZED SOL MITE MIX	3	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	2	
ARIKAYCE SUS	6	SP, PA
BETHKIS NEB 300/4ML	5	SP, PA, QL
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate inj 10 mg/ml	1	
gentamicin sulfate inj 40 mg/ml	1	
HUMATIN CAP 250MG	NC	
KITABIS PAK NEB 300/5ML	6	SP, PA, QL
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	2	
streptomycin sulfate for inj 1 gm	1	
TOBI NEB 300/5ML	NC	
TOBI PODHALR CAP 28MG	NC	
tobramycin nebu soln 300 mg/4ml	4	SP, PA, QL
tobramycin nebu soln 300 mg/5ml	4	SP, PA, QL
tobramycin sulfate for inj 1.2 gm	2	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	
ZEMDRI INJ 500MG/10	3	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG/0.2	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA KIT 20MG/0.4	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA KIT 40MG/0.8	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEDIA INJ CROHNS	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN INJ 40MG/0.8	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ CD/UC/HS	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN INJ PS/UV	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
SIMPONI ARIA SOL 50MG/4ML	5	SP, PA, QL
SIMPONI INJ 50/0.5ML	NC	
SIMPONI INJ 100MG/ML	NC	
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 2MG	NC	
RINVOQ TAB 15MG ER	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
XELJANZ SOL 1MG/ML	5	SP, PA, QL
XELJANZ TAB 5MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis and Ulcerative Colitis (after Humira)
XELJANZ TAB 10MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis and Ulcerative Colitis (after Humira)
XELJANZ XR TAB 11MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
XELJANZ XR TAB 22MG	5	SP, PA, QL; Preferred for Ulcerative Colitis (after Humira)
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	NC	
OTREXUP INJ 12.5/0.4	NC	
OTREXUP INJ 15MG	NC	
OTREXUP INJ 17.5/0.4	NC	
OTREXUP INJ 20MG	NC	
OTREXUP INJ 22.5/0.4	NC	
OTREXUP INJ 25MG	NC	
RASUVO INJ 7.5MG	5	SP, PA, QL
RASUVO INJ 10MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 12.5MG	5	SP, PA, QL
RASUVO INJ 15MG	5	SP, PA, QL
RASUVO INJ 17.5MG	5	SP, PA, QL
RASUVO INJ 20MG	5	SP, PA, QL
RASUVO INJ 22.5MG	5	SP, PA, QL
RASUVO INJ 25MG	5	SP, PA, QL
RASUVO INJ 30MG	5	SP, PA, QL
REDITREX INJ 7.5/.3ML	NC	
REDITREX INJ 10/.4ML	NC	
REDITREX INJ 12.5/0.5	NC	
REDITREX INJ 15/.6ML	NC	
REDITREX INJ 17.5/0.7	NC	
REDITREX INJ 20/.8ML	NC	
REDITREX INJ 22.5/0.9	NC	
REDITREX INJ 25MG/ML	NC	
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	6	SP, PA, QL
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	NC	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML	NC	
ACTEMRA INJ 162/0.9	NC	
ACTEMRA INJ 200/10ML	NC	
ACTEMRA INJ 400/20ML	NC	
KEVZARA INJ 150/1.14	5	SP, PA, QL
KEVZARA INJ 200/1.14	5	SP, PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC 50 TAB	NC	
ARTHROTEC 75 TAB	NC	
CALDOLOR INJ 4MG/ML	3	
CALDOLOR INJ 800/8ML	3	
CELEBREX CAP 50MG	NC	
CELEBREX CAP 100MG	NC	
CELEBREX CAP 200MG	NC	
CELEBREX CAP 400MG	NC	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	NC	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
fenoprofen calcium cap 400 mg	NC	
fenoprofen calcium tab 600 mg	NC	
FENOPROFEN CAP 200MG	NC	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen lysine iv soln 10 mg/ml (base equivalent)	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ibuprofen-famotidine tab 800-26.6 mg	NC	
INDOCIN SUP 50MG	NC	
INDOCIN SUS 25MG/5ML	NC	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin sodium iv for soln 1 mg	1	
ketoprofen cap 25 mg	NC	
ketoprofen cap er 24hr 200 mg	NC	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine inj 15 mg/ml	1	
ketorolac tromethamine inj 30 mg/ml	1	
ketorolac tromethamine tab 10 mg	1	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	2	
meloxicam cap 5 mg	NC	
meloxicam cap 10 mg	NC	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	ST
NALFON TAB 600MG	3	ST
NAPRELAN TAB 375MG CR	NC	
NAPRELAN TAB 500MG CR	NC	
NAPRELAN TAB 750MG CR	NC	
NAPROSYN SUS 125/5ML	3	
naproxen dr tab 375mg	1	
naproxen dr tab 500mg	1	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen sodium tab er 24hr 375 mg (base equiv)	NC	
naproxen sodium tab er 24hr 500 mg (base equiv)	NC	
naproxen susp 125 mg/5ml	NC	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
naproxen-esomeprazole magnesium tab dr 375-20 mg	NC	
naproxen-esomeprazole magnesium tab dr 500-20 mg	NC	
NEOPROFEN SOL 10MG/ML	3	
NUDROXIPAK KIT DSDR-50	NC	
NUDROXIPAK KIT DSDR-75	NC	
NUDROXIPAK KIT E-400	NC	
NUDROXIPAK KIT I-800	NC	
NUDROXIPAK KIT M-15	NC	
NUDROXIPAK KIT N-500	NC	

Drug Name	Drug Tier	Requirements/Limits
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
PREVIDOLRX PAK ANALGESI	NC	
RELAFEN DS TAB 1000MG	NC	
relafen tab 500mg	NC	
relafen tab 750mg	NC	
SPRIX SPR 15.75MG	NC	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	NC	
VIMOVO TAB 500-20MG	NC	
VIVLODEX CAP 5MG	NC	
VIVLODEX CAP 10MG	NC	
ZIPSOR CAP 25MG	NC	
ZORVOLEX CAP 18MG	NC	
ZORVOLEX CAP 35MG	NC	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 50/0.4ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 87.5/0.7	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 250MG	NC	

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL INJ 25MG	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL MINI INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL SRCLK INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB 25-325MG	NC	
bac tab	1	QL
BUT/ASA/CAF TAB	NC	
BUTAL/APAP CAP 50-300MG	NC	
butalbital-acetaminophen cap 50-300 mg	NC	
butalbital-acetaminophen tab 50-325 mg	1	QL
butalbital-acetaminophen-caffeine cap 50-300-40 mg	NC	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	NC	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL

Drug Name	Drug Tier	Requirements/Limits
esgic cap	NC	
ESGIC TAB	3	QL
FIORICET CAP	NC	
FIORINAL CAP	3	QL
tencon tab 50-325mg	1	QL
VANATOL LQ SOL	NC	
zebutal cap	NC	
ANALGESICS OTHER		
clonidine hcl inj (for epidural infusion) 100 mcg/ml	1	
clonidine hcl inj (for epidural infusion) 500 mcg/ml	1	
DURACLON INJ	3	
OFIRMEV INJ 10MG/ML	3	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT INJ 100MCG	6	SP
PRIALT INJ 500/5ML	6	SP
PRIALT INJ 500/20ML	6	SP
SALICYLATES		
choline & magnesium salicylates liq 500 mg/5ml	1	
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	2	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ABSTRAL SUB 100MCG	3	PA, QL
ABSTRAL SUB 200MCG	3	PA, QL
ABSTRAL SUB 400MCG	3	PA, QL
ABSTRAL SUB 600MCG	3	PA, QL
ABSTRAL SUB 800MCG	3	PA, QL
ACTIQ LOZ 200MCG	3	PA, QL
ACTIQ LOZ 400MCG	3	PA, QL
ACTIQ LOZ 600MCG	3	PA, QL
ACTIQ LOZ 800MCG	3	PA, QL
ACTIQ LOZ 1200MCG	3	PA, QL
ACTIQ LOZ 1600MCG	3	PA, QL
alfentanil hcl iv soln 1000 mcg/2ml (500 mcg/ml) (base eq)	1	
alfentanil hcl iv soln 2500 mcg/5ml (500 mcg/ml) (base eq)	1	
ALFENTANIL INJ 1000/2ML	3	
alfentanil inj 2500/5ml	1	
ALFENTANIL INJ 2500/5ML	3	
ARYMO ER TAB 15MG	NC	

Drug Name	Drug Tier	Requirements/Limits
ARYMO ER TAB 30MG	NC	
ARYMO ER TAB 60MG	NC	
CODEINE SULF TAB 60MG	3	PA, QL
codeine sulfate tab 30 mg	1	PA, QL
CODEINE SULFATE TAB 30 MG	1	PA, QL
codeine sulfate tab 60 mg	1	PA, QL
CONZIP CAP 100MG	3	ST, PA, QL
CONZIP CAP 200MG	3	ST, PA, QL
CONZIP CAP 300MG	3	ST, PA, QL
DEMEROL INJ 25MG/0.5	3	
DEMEROL INJ 25MG/ML	3	
DEMEROL INJ 50MG/ML	3	
DEMEROL INJ 75MG/1.5	3	
DEMEROL INJ 75MG/ML	3	
DEMEROL INJ 100/2ML	3	
DEMEROL INJ 100MG/ML	3	
DILAUDID INJ 1MG/ML	NC	
DILAUDID INJ 2MG/ML	NC	
DILAUDID LIQ 1MG/ML	3	PA, QL
DILAUDID TAB 2MG	3	PA, QL
DILAUDID TAB 4MG	3	PA, QL
DILAUDID TAB 8MG	3	PA, QL
DOLOPHINE TAB 5MG	3	ST, QL
DOLOPHINE TAB 10MG	3	ST, QL
DSUVIA SUB 30MCG	NC	
DURAGESIC DIS 12MCG/HR	3	ST, PA, QL
DURAGESIC DIS 25MCG/HR	3	ST, PA, QL
DURAGESIC DIS 50MCG/HR	3	ST, PA, QL
DURAGESIC DIS 75MCG/HR	3	ST, PA, QL
DURAGESIC DIS 100MCG/H	3	ST, PA, QL
duramorph inj 0.5mg/ml	1	
duramorph inj 1mg/ml	1	
FENTANYL CIT INJ 100MCG	3	
FENTANYL CIT INJ 250MCG	3	
FENTANYL CIT SOL 10MCG/ML	NC	
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA, QL
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA, QL
fentanyl citrate buccal tab 400 mcg (base equiv)	2	PA, QL
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA, QL
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 200 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 400 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 600 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 800 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 1200 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 1600 mcg	1	PA, QL
fentanyl citrate pf soln cartridge 100 mcg/2ml	1	
fentanyl citrate preservative free (pf) inj 100 mcg/2ml	1	
fentanyl citrate preservative free (pf) inj 250 mcg/5ml	1	
fentanyl citrate preservative free (pf) inj 500 mcg/10ml	1	
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml	1	
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml	1	
FENTANYL INJ 50MCG/ML	NC	
fentanyl td patch 72hr 12 mcg/hr	1	ST, PA, QL
fentanyl td patch 72hr 25 mcg/hr	1	ST, PA, QL
FENTANYL TD PATCH 72HR 37.5 MCG/HR	1	ST, PA, QL
fentanyl td patch 72hr 50 mcg/hr	1	ST, PA, QL
FENTANYL TD PATCH 72HR 62.5 MCG/HR	2	ST, PA, QL
fentanyl td patch 72hr 75 mcg/hr	1	ST, PA, QL
fentanyl td patch 72hr 75 mcg/hr	2	ST, PA, QL
FENTANYL TD PATCH 72HR 87.5 MCG/HR	2	ST, PA, QL
fentanyl td patch 72hr 100 mcg/hr	1	ST, PA, QL
FENTORA TAB 100MCG	3	PA, QL
FENTORA TAB 200MCG	3	PA, QL
FENTORA TAB 400MCG	3	PA, QL
FENTORA TAB 600MCG	3	PA, QL
FENTORA TAB 800MCG	3	PA, QL
hydrocodone bitartrate cap er 12hr 10 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 15 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 20 mg	1	ST, PA, QL
hydrocodone bitartrate cap er 12hr 30 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 40 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 50 mg	1	ST, PA, QL
HYDROMO/NACL INJ 2MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHON SUP 3MG	3	PA, QL
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl inj 4 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	2	PA, QL
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	PA, QL
hydromorphone hcl tab 4 mg	1	PA, QL
hydromorphone hcl tab 8 mg	1	PA, QL
hydromorphone hcl tab er 24hr 8 mg	2	ST, PA, QL
hydromorphone hcl tab er 24hr 12 mg	2	ST, PA, QL
hydromorphone hcl tab er 24hr 16 mg	2	ST, PA, QL
hydromorphone hcl tab er 24hr 32 mg	2	ST, PA, QL
HYSINGLA ER TAB 20 MG	NC	
HYSINGLA ER TAB 30 MG	NC	
HYSINGLA ER TAB 40 MG	NC	
HYSINGLA ER TAB 60 MG	NC	
HYSINGLA ER TAB 80 MG	NC	
HYSINGLA ER TAB 100 MG	NC	
HYSINGLA ER TAB 120 MG	NC	
INFUMORPH INJ 10MG/ML	3	
INFUMORPH INJ 25MG/ML	3	
IONSYS PAD 40MCG/AC	NC	
KADIAN CAP 10MG ER	3	ST, PA, QL
KADIAN CAP 20MG ER	3	ST, PA, QL
KADIAN CAP 30MG ER	3	ST, PA, QL
KADIAN CAP 40MG ER	3	ST, PA, QL
KADIAN CAP 50MG ER	3	ST, PA, QL
KADIAN CAP 60MG ER	3	ST, PA, QL
KADIAN CAP 80MG ER	3	ST, PA, QL
KADIAN CAP 100MG ER	3	ST, PA, QL
KADIAN CAP 200MG ER	3	ST, PA, QL
LAZANDA SPR 100MCG	NC	
LAZANDA SPR 300MCG	NC	
LAZANDA SPR 400MCG	NC	
levorphanol tartrate tab 2 mg	NC	
meperidine hcl inj 25 mg/ml	1	
meperidine hcl inj 50 mg/ml	1	
meperidine hcl inj 100 mg/ml	1	
meperidine hcl oral soln 50 mg/5ml	1	PA, QL
meperidine hcl tab 50 mg	1	PA, QL
meperidine hcl tab 100 mg	1	PA, QL
METHADO/NACL INJ 1MG/ML	3	
methadone con 10mg/ml	1	ST, QL

Drug Name	Drug Tier	Requirements/Limits
methadone hcl inj 10 mg/ml	1	ST, QL
methadone hcl soln 5 mg/5ml	1	ST, QL
methadone hcl soln 10 mg/5ml	1	ST, QL
methadone hcl tab 5 mg	1	ST, QL
methadone hcl tab 10 mg	1	ST, QL
methadone hcl tab for oral susp 40 mg	1	
METHADONE INJ 10MG/ML	3	ST, QL
METHADOSE CON 10MG/ML	3	ST, QL
METHADOSE SF CON 10MG/ML	3	ST, QL
methadose tab 40mg	1	
mitigo inj 10mg/ml	1	
mitigo inj 25mg/ml	1	
MORPHABOND TAB 15MG ER	NC	
MORPHABOND TAB 30MG ER	NC	
MORPHABOND TAB 60MG ER	NC	
MORPHABOND TAB 100MG ER	NC	
MORPHIN/NACL INJ 2MG-0.9%	NC	
MORPHIN/NACL INJ 4MG-0.9%	NC	
MORPHINE SUL INJ 2MG2/ML	3	
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 2MG/ML	NC	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 5MG/ML	3	
MORPHINE SUL INJ 8MG/ML	3	
MORPHINE SUL INJ 10MG/ML	3	
morphine sulfate beads cap er 24hr 30 mg	1	ST, PA, QL
morphine sulfate beads cap er 24hr 45 mg	2	ST, PA, QL
morphine sulfate beads cap er 24hr 60 mg	2	ST, PA, QL
morphine sulfate beads cap er 24hr 75 mg	1	ST, PA, QL
morphine sulfate beads cap er 24hr 90 mg	2	ST, PA, QL
morphine sulfate beads cap er 24hr 120 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 10 mg	1	ST, PA, QL
morphine sulfate cap er 24hr 20 mg	1	ST, PA, QL
morphine sulfate cap er 24hr 30 mg	1	ST, PA, QL
morphine sulfate cap er 24hr 40 mg	1	ST, PA, QL
morphine sulfate cap er 24hr 50 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 60 mg	1	ST, PA, QL
morphine sulfate cap er 24hr 80 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 100 mg	2	ST, PA, QL
morphine sulfate inj pf 0.5 mg/ml	1	
morphine sulfate inj pf 1 mg/ml	1	
morphine sulfate iv soln 1 mg/ml	1	
morphine sulfate iv soln 25 mg/ml	1	
morphine sulfate iv soln 50 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate iv soln pf 4 mg/ml	1	
morphine sulfate iv soln pf 8 mg/ml	1	
morphine sulfate iv soln pf 10 mg/ml	1	
morphine sulfate oral soln 10 mg/5ml	1	PA, QL
morphine sulfate oral soln 20 mg/5ml	1	PA, QL
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL
morphine sulfate suppos 5 mg	1	PA, QL
morphine sulfate suppos 10 mg	2	PA, QL
morphine sulfate suppos 20 mg	1	PA, QL
morphine sulfate suppos 30 mg	1	PA, QL
morphine sulfate tab 15 mg	1	PA, QL
morphine sulfate tab 30 mg	1	PA, QL
morphine sulfate tab er 15 mg	1	ST, PA, QL
morphine sulfate tab er 30 mg	1	ST, PA, QL
morphine sulfate tab er 60 mg	1	ST, PA, QL
morphine sulfate tab er 100 mg	1	ST, PA, QL
morphine sulfate tab er 200 mg	2	ST, PA, QL
MS CONTIN TAB 15MG ER	3	ST, PA, QL
MS CONTIN TAB 30MG ER	3	ST, PA, QL
MS CONTIN TAB 60MG ER	3	ST, PA, QL
MS CONTIN TAB 100MG ER	3	ST, PA, QL
MS CONTIN TAB 200MG ER	3	ST, PA, QL
NUCYNTA ER TAB 50MG	2	ST, PA, QL
NUCYNTA ER TAB 100MG	2	ST, PA, QL
NUCYNTA ER TAB 150MG	2	ST, PA, QL
NUCYNTA ER TAB 200MG	2	ST, PA, QL
NUCYNTA ER TAB 250MG	2	ST, PA, QL
NUCYNTA TAB 50MG	2	PA, QL
NUCYNTA TAB 75MG	2	PA, QL
NUCYNTA TAB 100MG	2	PA, QL
OPANA TAB 5MG	3	PA, QL
OPANA TAB 10MG	3	PA, QL
OXAYDO TAB 5MG	3	PA
OXAYDO TAB 7.5MG	NC	
oxycodone hcl cap 5 mg	1	PA, QL
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2	PA
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2	PA, QL
oxycodone hcl soln 5 mg/5ml	1	PA, QL
oxycodone hcl tab 5 mg	1	PA, QL
oxycodone hcl tab 10 mg	1	PA, QL
oxycodone hcl tab 15 mg	1	PA, QL
oxycodone hcl tab 20 mg	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 30 mg	1	PA, QL
oxycodone hcl tab er 12hr deter 10 mg	1	ST, PA, QL
oxycodone hcl tab er 12hr deter 15 mg	2	ST, PA, QL
oxycodone hcl tab er 12hr deter 20 mg	2	ST, PA, QL
oxycodone hcl tab er 12hr deter 30 mg	2	ST, PA, QL
oxycodone hcl tab er 12hr deter 40 mg	2	ST, PA, QL
oxycodone hcl tab er 12hr deter 60 mg	2	ST, PA, QL
oxycodone hcl tab er 12hr deter 80 mg	2	ST, PA, QL
OXYCONTIN TAB 10MG CR	NC	
OXYCONTIN TAB 15MG CR	NC	
OXYCONTIN TAB 20MG CR	NC	
OXYCONTIN TAB 30MG CR	NC	
OXYCONTIN TAB 40MG CR	NC	
OXYCONTIN TAB 60MG CR	NC	
OXYCONTIN TAB 80MG CR	NC	
oxymorphone hcl tab 5 mg	NC	
oxymorphone hcl tab 10 mg	NC	
oxymorphone hcl tab er 12hr 5 mg	NC	
oxymorphone hcl tab er 12hr 7.5 mg	NC	
oxymorphone hcl tab er 12hr 10 mg	NC	
oxymorphone hcl tab er 12hr 15 mg	NC	
oxymorphone hcl tab er 12hr 20 mg	NC	
oxymorphone hcl tab er 12hr 30 mg	NC	
oxymorphone hcl tab er 12hr 40 mg	NC	
remifentanil hcl for iv soln 1 mg	1	
remifentanil hcl for iv soln 2 mg	1	
remifentanil hcl for iv soln 5 mg	1	
ROXICODONE TAB 5MG	3	PA, QL
ROXICODONE TAB 15MG	3	PA, QL
ROXICODONE TAB 30MG	3	PA, QL
SUBSYS SPR 100MCG	2	PA, QL
SUBSYS SPR 200MCG	2	PA, QL
SUBSYS SPR 400MCG	2	PA, QL
SUBSYS SPR 600MCG	2	PA, QL
SUBSYS SPR 800MCG	2	PA, QL
SUBSYS SPR 1200MCG	2	PA, QL
SUBSYS SPR 1600MCG	2	PA, QL
sufentanil citrate inj 50 mcg/ml	1	
sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)	1	
sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)	1	
SUFENTANIL INJ 50MCG/ML	3	
SUFENTANIL INJ 100/2ML	3	
SUFENTANIL INJ 250/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl cap er 24hr biphasic release 100 mg	NC	
tramadol hcl cap er 24hr biphasic release 150 mg	NC	
tramadol hcl cap er 24hr biphasic release 200 mg	NC	
tramadol hcl cap er 24hr biphasic release 300 mg	NC	
tramadol hcl tab 50 mg	1	PA, QL
tramadol hcl tab 100 mg	NC	
tramadol hcl tab er 24hr 100 mg	1	ST, PA, QL
tramadol hcl tab er 24hr 200 mg	1	ST, PA, QL
tramadol hcl tab er 24hr 300 mg	1	ST, PA, QL
tramadol hcl tab er 24hr biphasic release 100 mg	1	ST, PA, QL
tramadol hcl tab er 24hr biphasic release 200 mg	1	ST, PA, QL
tramadol hcl tab er 24hr biphasic release 300 mg	1	ST, PA, QL
ULTIVA INJ 1MG	3	
ULTIVA INJ 2MG	3	
ULTIVA INJ 5MG	3	
ULTRAM TAB 50MG	3	PA, QL
XTAMPZA ER CAP 9MG	2	ST, PA, QL
XTAMPZA ER CAP 13.5MG	2	ST, PA, QL
XTAMPZA ER CAP 18MG	2	ST, PA, QL
XTAMPZA ER CAP 27MG	2	ST, PA, QL
XTAMPZA ER CAP 36MG	2	ST, PA, QL
ZOHYDRO ER CAP 10MG	NC	
ZOHYDRO ER CAP 15MG	NC	
ZOHYDRO ER CAP 20MG	NC	
ZOHYDRO ER CAP 30MG	NC	
ZOHYDRO ER CAP 40MG	NC	
ZOHYDRO ER CAP 50MG	NC	
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL
acetaminophen w/ codeine tab 300-15 mg	1	QL
acetaminophen w/ codeine tab 300-30 mg	1	QL
acetaminophen w/ codeine tab 300-60 mg	1	QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL
ascomp/cod cap 30mg	1	QL
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	2	QL

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL
dvorah tab	1	
endocet tab 2.5-325	1	QL
endocet tab 5-325mg	1	QL
endocet tab 7.5-325	1	QL
endocet tab 10-325mg	1	QL
FENT/ROPIVAC INJ 0.4/200	NC	
FENT/ROPIVAC INJ NACL	NC	
FENTANYL CIT INJ BUPIVACA	NC	
FIORICET CAP CODEINE	3	QL
FIORINAL/COD CAP 30MG	3	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen tab 5-300 mg	1	QL
hydrocodone-acetaminophen tab 5-325 mg	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL
hydrocodone-acetaminophen tab 10-300 mg	1	QL
hydrocodone-acetaminophen tab 10-325 mg	1	QL
hydrocodone-ibuprofen tab 5-200 mg	2	QL
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL
hydrocodone-ibuprofen tab 10-200 mg	1	QL
lorcet hd tab 10-325mg	1	QL
lorcet plus tab 7.5-325	1	QL
lorcet tab 5-325mg	1	QL
LORTAB ELX 10-300MG	3	QL
NALOCET TAB 2.5-300	NC	
NORCO TAB 5-325MG	3	QL
NORCO TAB 7.5-325	3	QL
NORCO TAB 10-325MG	3	QL
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL
oxycodone w/ acetaminophen tab 5-325 mg	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL
oxycodone w/ acetaminophen tab 10-325 mg	1	QL
oxycodone-aspirin tab 4.8355-325 mg	1	QL

Drug Name	Drug Tier	Requirements/Limits
oxycodone-ibuprofen tab 5-400 mg	1	QL
PERCOCET TAB 2.5-325	NC	
PERCOCET TAB 5-325MG	NC	
PERCOCET TAB 7.5-325	NC	
PERCOCET TAB 10-325MG	NC	
PRIMLEV TAB 5-300MG	NC	
PRIMLEV TAB 7.5-300	NC	
PRIMLEV TAB 10-300MG	NC	
tramadol-acetaminophen tab 37.5-325 mg	1	QL
trezix cap	1	QL
TYLENOL/COD TAB #3	3	QL
TYLENOL/COD TAB #4	3	QL
ULTRACET TAB 37.5-325	3	QL
vicodin hp tab 10-300mg	1	QL
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	ST, QL
BELBUCA MIS 150MCG	2	ST, QL
BELBUCA MIS 300MCG	2	ST, QL
BELBUCA MIS 450MCG	2	ST, QL
BELBUCA MIS 600MCG	2	ST, QL
BELBUCA MIS 750MCG	2	ST, QL
BELBUCA MIS 900MCG	2	ST, QL
BUNAVAIL MIS 2.1-0.3	3	PV
BUNAVAIL MIS 4.2-0.7	3	PV
BUNAVAIL MIS 6.3-1MG	3	PV
BUPRENEX INJ 0.3MG/ML	3	
buprenorphine hcl inj 0.3 mg/ml (base equiv)	1	
buprenorphine hcl sl tab 2 mg (base equiv)	1	PA; PV
buprenorphine hcl sl tab 8 mg (base equiv)	1	PA; PV
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	PV
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	PV
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	PV
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	PV
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	PV
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	PV
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	PV
buprenorphine td patch weekly 5 mcg/hr	2	ST, QL
buprenorphine td patch weekly 7.5 mcg/hr	2	ST, QL

Drug Name	Drug Tier	Requirements/Limits
buprenorphine td patch weekly 10 mcg/hr	2	ST, QL
buprenorphine td patch weekly 15 mcg/hr	2	ST, QL
buprenorphine td patch weekly 20 mcg/hr	2	ST, QL
butorphanol tartrate inj 1 mg/ml	1	
butorphanol tartrate inj 2 mg/ml	1	
butorphanol tartrate nasal soln 10 mg/ml	1	PA, QL
BUTRANS DIS 5MCG/HR	NC	
BUTRANS DIS 7.5/HR	NC	
BUTRANS DIS 10MCG/HR	NC	
BUTRANS DIS 15MCG/HR	NC	
BUTRANS DIS 20MCG/HR	NC	
nalbuphine hcl inj 10 mg/ml	1	
nalbuphine hcl inj 20 mg/ml	2	
pentazocine w/ naloxone tab 50-0.5 mg	1	PA, QL
PROBUPHINE IMP KIT 74.2	NC	
SUBLOCADE INJ 100/0.5	3	
SUBLOCADE INJ 300/1.5	3	
SUBOXONE MIS 2-0.5MG	NC	
SUBOXONE MIS 4-1MG	NC	
SUBOXONE MIS 8-2MG	NC	
SUBOXONE MIS 12-3MG	NC	
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50 TAB 50MG	3	PA
oxandrolone tab 2.5 mg	1	PA
oxandrolone tab 10 mg	2	PA
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	PA
ANDRODERM DIS 4MG/24HR	2	PA
ANDROGEL GEL 1%(25MG)	NC	
ANDROGEL GEL 1%(50MG)	NC	
ANDROGEL GEL 1.62%	NC	
AVEED INJ 750/3ML	6	SP, PA
danazol cap 50 mg	2	
danazol cap 100 mg	2	
danazol cap 200 mg	2	
DEPO-TESTOST INJ 100MG/ML	3	PA
DEPO-TESTOST INJ 200MG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
FORTESTA GEL 10MG/ACT	NC	
JATENZO CAP 158MG	NC	
JATENZO CAP 198MG	NC	
JATENZO CAP 237MG	NC	
METHITEST TAB 10MG	3	PA
methyltestosterone cap 10 mg	1	PA
NATESTO GEL 5.5MG	2	PA
STRIANT MIS 30MG	3	PA
TESTIM GEL 1%(50MG)	NC	
TESTONE CIK KIT 200MG/ML	NC	
TESTOPEL MIS PELLETS	3	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	2	PA
testosterone td gel 12.5 mg/act (1%)	NC	
testosterone td gel 20.25 mg/1.25gm (1.62%)	2	PA
testosterone td gel 20.25 mg/act (1.62%)	2	PA
testosterone td gel 25 mg/2.5gm (1%)	2	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	2	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	2	PA
VOGELXO GEL 1%(50MG)	NC	
VOGELXO GEL PUMP 1%	NC	
XYOSTED INJ 50/0.5	3	
XYOSTED INJ 75/0.5	3	
XYOSTED INJ 100/0.5	3	

ANORECTAL AGENTS

INTRARECTAL STEROIDS

colocort ene 100mg	2	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	2	
UCERIS AER 2MG/ACT	3	

RECTAL COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	2	
lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%	2	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	2	
anusol-hc sup 25mg	2	
hydrocortisone acetate suppos 25 mg	2	
hydrocortisone acetate suppos 30 mg	2	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
procto-med cre hc 2.5%	1	
procto-pak cre 1%	1	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
proctozone cre -hc 2.5%	1	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	2	PA, QL
ALBENZA TAB 200MG	3	PA, QL
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	PA, QL
EMVERM CHW 100MG	2	PA, QL
ivermectin tab 3 mg	1	
praziquantel tab 600 mg	2	
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FIRST-METRON SUS 100MG/ML	NC	
FLAGYL CAP 375MG	3	
FLAGYL TAB 250MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
METRONIDAZOL INJ 5MG/ML	3	
metronidazole cap 375 mg	2	

Drug Name	Drug Tier	Requirements/Limits
metronidazole in nacl 0.79% iv soln 500 mg/100ml	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
NEBUPENT INH 300MG	3	
PENTAM 300 INJ 300MG	3	
PRIMSOL SOL 50MG/5ML	3	
tinidazole tab 250 mg	2	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
atovaquone susp 750 mg/5ml	2	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
nitazoxanide tab 500 mg	1	
CARBAPENEMS		
ertapenem sodium for inj 1 gm (base equivalent)	2	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	2	
INVANZ INJ 1GM	3	
meropenem iv for soln 1 gm	1	
meropenem iv for soln 500 mg	1	
MERREM INJ 1GM	3	
MERREM INJ 500MG	3	
PRIMAXIN IV INJ 500MG	3	
RECARBRIO INJ 1.25GM	3	

Drug Name	Drug Tier	Requirements/Limits
VABOMERE INJ 2GM(1-1)	3	
CHLORAMPHENICOLS		
chloramphenicol sodium succinate for iv inj 1 gm	1	
CYCLIC LIPOPEPTIDES		
CUBICIN RF SOL 500MG	3	
CUBICIN SOL 500MG	3	
daptomycin for iv soln 350 mg	2	
daptomycin for iv soln 500 mg	2	
DAPTOMYCIN SOL 350MG	3	
GLYCOPEPTIDES		
DALVANCE SOL 500MG	3	
FIRVANQ SOL 25MG/ML	NC	
FIRVANQ SOL 50MG/ML	NC	
KIMYRSA INJ 1200MG	NC	
ORBACTIV SOL 400MG	3	
VANCOCIN CAP 250MG	2	
VANCOCIN HCL CAP 125MG	2	
VANCOMY/NACL INJ 1.25/250	3	
VANCOMY/NACL INJ 2/500ML	1	
VANCOMY/NACL INJ 750/150	3	
VANCOMYC/D5W INJ 1.25/250	1	
VANCOMYC/D5W INJ 1GM	3	
VANCOMYC/D5W INJ 500MG	3	
vancomycin hcl cap 125 mg (base equivalent)	2	
vancomycin hcl cap 250 mg (base equivalent)	2	
vancomycin hcl for iv soln 1 gm (base equivalent)	2	
vancomycin hcl for iv soln 5 gm (base equivalent)	2	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 1.5/300	3	
VANCOMYCIN INJ 1.25GM	3	
VANCOMYCIN INJ 250MG	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VANCOMYCIN SOL 1.5GM	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN SOL 1.25GM	3	
VANCOMYCIN SOL 1.75GM	3	
VANCOMYCIN SOL 2G/400ML	3	
VIBATIV INJ 750MG	3	
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	3	
CLEOCIN PHOS INJ 9GM/60ML	3	
CLEOCIN PHOS INJ 300/2ML	3	
CLEOCIN PHOS INJ 600/4ML	3	
CLEOCIN PHOS INJ 900/6ML	3	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
clindamycin phosphate inj 9 gm/60ml	1	
clindamycin phosphate inj 300 mg/2ml	1	
clindamycin phosphate inj 600 mg/4ml	1	
clindamycin phosphate inj 900 mg/6ml	1	
LINCOCIN INJ 300MG/ML	3	
lincomycin hcl inj 300 mg/ml	1	
MONOBACTAMS		
AZACTAM INJ 1GM	3	
AZACTAM INJ 2GM	3	
aztreonam for inj 1 gm	1	
aztreonam for inj 2 gm	1	
CAYSTON INH 75MG	6	SP, PA, QL
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	2	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
linezolid iv soln 600 mg/300ml (2 mg/ml)	1	
linezolid tab 600 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO INJ 200MG	3	
SIVEXTRO TAB 200MG	3	PA
ZYVOX SOL 2MG/ML	3	
ZYVOX SUS 100MG/5M	3	
ZYVOX TAB 600MG	3	
PLEUROMUTILINS		
XENLETA INJ 150/15ML	3	
XENLETA TAB 600MG	3	
POLYMYXINS		
colistimethate sod for inj 150 mg (colistin base activity)	1	
COLY-MYCIN M INJ 150MG	3	
polymyxin b sulfate for inj 500000 unit	1	
STREPTOGRAMINS		
SYNERCID INJ 500MG	3	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
DILATRATE SR CAP 40MG	3	PV
GONITRO POW 400MCG	NC	
ISORDIL TAB 5MG	3	PV
ISORDIL TAB 40MG	3	PV
isosorbide dinitrate tab 5 mg	1	PV
isosorbide dinitrate tab 10 mg	1	PV
isosorbide dinitrate tab 20 mg	1	PV
isosorbide dinitrate tab 30 mg	1	PV
isosorbide dinitrate tab 40 mg	NC	
isosorbide mononitrate tab 10 mg	1	PV
isosorbide mononitrate tab 20 mg	1	PV
isosorbide mononitrate tab er 24hr 30 mg	1	PV
isosorbide mononitrate tab er 24hr 60 mg	1	PV
isosorbide mononitrate tab er 24hr 120 mg	1	PV
minitran dis 0.1mg/hr	1	PV
minitran dis 0.2mg/hr	1	PV
minitran dis 0.4mg/hr	1	PV
minitran dis 0.6mg/hr	1	PV
NITRO-BID OIN 2%	3	PV

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR DIS 0.1MG/HR	2	PV
NITRO-DUR DIS 0.2MG/HR	2	PV
NITRO-DUR DIS 0.3MG/HR	2	PV
NITRO-DUR DIS 0.4MG/HR	2	PV
NITRO-DUR DIS 0.6MG/HR	2	PV
NITRO-DUR DIS 0.8MG/HR	2	PV
nitro-time cap 2.5mg cr	1	PV
nitro-time cap 6.5mg cr	1	PV
nitro-time cap 9mg cr	1	PV
NITROGLYCER INJ 5MG/ML	3	
nitroglycerin cap er 2.5 mg	1	PV
nitroglycerin cap er 6.5 mg	1	PV
nitroglycerin cap er 9 mg	1	PV
nitroglycerin iv soln 100 mcg/ml in d5w	1	
nitroglycerin iv soln 200 mcg/ml in d5w	1	
nitroglycerin iv soln 400 mcg/ml in d5w	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	PV
nitroglycerin td patch 24hr 0.2 mg/hr	1	PV
nitroglycerin td patch 24hr 0.4 mg/hr	1	PV
nitroglycerin td patch 24hr 0.6 mg/hr	1	PV
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	2	PV
NITROLINGUAL SPR PUMPSPRA	3	PV
NITROMIST AER 400MCG	3	PV
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
droperidol inj 2.5 mg/ml	1	
hydroxyzine hcl im soln 25 mg/ml	1	
hydroxyzine hcl im soln 50 mg/ml	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	2	
meprobamate tab 400 mg	2	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.5mg xr	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 1mg xr	1	
alprazolam tab 2 mg	1	
alprazolam tab 2mg xr	1	
alprazolam tab 3mg xr	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
ATIVAN INJ 2MG/ML	NC	
ATIVAN INJ 4MG/ML	NC	
ATIVAN TAB 0.5MG	NC	
ATIVAN TAB 1MG	NC	
ATIVAN TAB 2MG	NC	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam con 5mg/ml	1	
diazepam conc 5 mg/ml	1	
diazepam inj 5 mg/ml	1	
DIAZEPAM INJ 10MG/2ML	3	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam con 2mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
lorazepam conc 2 mg/ml	1	
lorazepam inj 2 mg/ml	1	
lorazepam inj 4 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	NC	
XANAX TAB 0.25MG	NC	
XANAX TAB 1MG	NC	
XANAX TAB 2MG	NC	
XANAX XR TAB 0.5MG	NC	
XANAX XR TAB 1MG	NC	
XANAX XR TAB 2MG	NC	
XANAX XR TAB 3MG	NC	

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

ADENOCARD INJ 3MG/ML	3	
ADENOCARD INJ 6MG/2ML	3	
ADENOCARD INJ 12MG/4ML	3	
adenosine iv soln 6 mg/2ml	1	
adenosine iv soln 12 mg/4ml	1	

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1	PV
disopyramide phosphate cap 150 mg	1	PV
NORPACE CAP 100MG	NC	
NORPACE CAP 100MG CR	2	PV
NORPACE CAP 150MG	NC	
NORPACE CAP 150MG CR	2	PV
procainamide hcl inj 100 mg/ml	1	
PROCAINAMIDE INJ 500MG/ML	3	
quinidine gluconate tab er 324 mg	2	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	

ANTIARRHYTHMICS TYPE I-B

lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	1	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	3	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	3	
LIDOCAINE INJ 20MG/ML	3	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	PV
flecainide acetate tab 100 mg	1	PV
flecainide acetate tab 150 mg	1	PV
propafenone hcl cap er 12hr 225 mg	2	PV
propafenone hcl cap er 12hr 325 mg	2	PV
propafenone hcl cap er 12hr 425 mg	2	PV
propafenone hcl tab 150 mg	1	PV
propafenone hcl tab 225 mg	1	PV
propafenone hcl tab 300 mg	1	PV
RYTHMOL SR CAP 225MG	2	PV
RYTHMOL SR CAP 325MG	2	PV
RYTHMOL SR CAP 425MG	3	PV
ANTIARRHYTHMICS TYPE III		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	1	
amiodarone hcl tab 100 mg	1	PV
amiodarone hcl tab 200 mg	1	PV
amiodarone hcl tab 400 mg	1	PV
CORVERT INJ 1MG/10ML	3	
dofetilide cap 125 mcg (0.125 mg)	4	SP, PA; PV
dofetilide cap 250 mcg (0.25 mg)	4	SP, PA; PV
dofetilide cap 500 mcg (0.5 mg)	4	SP, PA; PV
ibutilide fumarate inj 1 mg/10ml	1	
MULTAQ TAB 400MG	2	PV
NEXTERONE INJ	3	
pacerone tab 100mg	1	PV
pacerone tab 200mg	1	PV
pacerone tab 400mg	1	PV
TIKOSYN CAP 125MCG	6	SP, ST, PA; PV
TIKOSYN CAP 250MCG	6	SP, ST, PA; PV

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN CAP 500MCG	6	SP, ST, PA; PV
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	2	PV
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ	NC	
FASENRA INJ 30MG/ML	5	SP, PA, QL; PV
FASENRA PEN INJ 30MG/ML	5	SP, PA, QL; PV
NUCALA INJ 100MG	5	SP, PA, QL; PV
XOLAIR INJ 75/0.5	5	SP, PA, QL; PV
XOLAIR INJ 150MG/ML	5	SP, PA, QL; PV
XOLAIR SOL 150MG	5	SP, PA, QL; PV
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS		
difil-g fort liq 100-100	1	
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	NC	
ipratropium bromide inhal soln 0.02%	1	
LONHALA MAGN SOL 25MCG	NC	
SEEBRI NEOHA CAP 15.6MCG	NC	
SPIRIVA AER 1.25MCG	2	PV
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
TUDORZA PRES AER 400/ACT	NC	
YUPELRI SOL	2	
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	PV
ACCOLATE TAB 20MG	3	PV
montelukast sodium chew tab 4 mg (base equiv)	1	PV
montelukast sodium chew tab 5 mg (base equiv)	1	PV
montelukast sodium oral granules packet 4 mg (base equiv)	1	PV
montelukast sodium tab 10 mg (base equiv)	1	PV
SINGULAIR CHW 4MG	NC	
SINGULAIR CHW 5MG	NC	
SINGULAIR GRA 4MG	NC	
SINGULAIR TAB 10MG	NC	
zafirlukast tab 10 mg	1	PV
zafirlukast tab 20 mg	1	PV
zileuton tab er 12hr 600 mg	NC	
ZYFLO TAB 600MG	NC	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	2	PV
DALIRESP TAB 500MCG	2	PV
STEROID INHALANTS		
ALVESCO AER 80MCG	NC	
ALVESCO AER 160MCG	NC	
ARNUITY ELPT INH 50MCG	2	QL; PV
ARNUITY ELPT INH 100MCG	2	QL; PV
ARNUITY ELPT INH 200MCG	2	QL; PV
ASMANEX 7 AER 110MCG	NC	
ASMANEX 14 AER 220MCG	NC	
ASMANEX 30 AER 110MCG	NC	
ASMANEX 30 AER 220MCG	NC	
ASMANEX 60 AER 220MCG	NC	
ASMANEX 120 AER 220MCG	NC	
ASMANEX HFA AER 100 MCG	NC	
ASMANEX HFA AER 200 MCG	NC	
budesonide inhalation susp 0.5 mg/2ml	2	PA, QL; PV
budesonide inhalation susp 0.25 mg/2ml	1	PA, QL; PV
budesonide inhalation susp 1 mg/2ml	2	PA, QL; PV
FLOVENT DISK AER 50MCG	2	QL; PV
FLOVENT DISK AER 100MCG	2	QL; PV
FLOVENT DISK AER 250MCG	2	QL; PV
FLOVENT HFA AER 44MCG	2	QL; PV
FLOVENT HFA AER 110MCG	2	QL; PV
FLOVENT HFA AER 220MCG	2	QL; PV
PULMICORT INH 90MCG	2	PA, QL; PV
PULMICORT INH 180MCG	2	PA, QL; PV
PULMICORT SUS 0.5MG/2	3	PA, QL; PV
PULMICORT SUS 0.25MG/2	3	PA, QL; PV
PULMICORT SUS 1MG/2ML	3	PA, QL; PV
QVAR REDIHA AER 80MCG	2	QL; PV
QVAR REDIHAL AER 40MCG	2	QL; PV
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	QL; PV
ADVAIR DISKU AER 250/50	2	QL; PV
ADVAIR DISKU AER 500/50	2	QL; PV
ADVAIR HFA AER 45/21	2	QL; PV
ADVAIR HFA AER 115/21	2	QL; PV
ADVAIR HFA AER 230/21	2	QL; PV
AIRDUO RESPI INH 55-14	NC	
AIRDUO RESPI INH 113-14	NC	
AIRDUO RESPI INH 232-14	NC	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL; Generic of PROAIR HFA

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL; Generic of PROVENTIL HFA
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL; Generic of VENTOLIN HFA
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL
ARCAPTA CAP 75MCG	3	QL; PV
BEVESPI AER 9-4.8MCG	NC	
BREO ELLIPTA INH 100-25	2	QL; PV
BREO ELLIPTA INH 200-25	2	QL; PV
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	QL; PV
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	NC	
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	NC	
COMBIVENT AER 20-100	3	
DUAKLIR AER 400/12	NC	
DULERA AER 100-5MCG	NC	
DULERA AER 200-5MCG	NC	
fluticasone-salmeterol aer powder ba 100-50 mcg/dose	2	QL; PV
fluticasone-salmeterol aer powder ba 250-50 mcg/dose	2	QL; PV
fluticasone-salmeterol aer powder ba 500-50 mcg/dose	2	QL; PV
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	
isoproterenol hcl inj 0.2 mg/ml	1	
ISUPREL INJ 0.2MG/ML	3	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	2	QL

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	2	QL
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	ST, QL
PERFOROMIST NEB 20MCG	2	QL; PV
PROAIR HFA AER	NC	
PROAIR RESPI AER	NC	
PROVENTIL AER HFA	NC	
SEREVENT DIS AER 50MCG	2	QL; PV
STIOLTO AER 2.5-2.5	2	QL
STRIVERDI AER 2.5MCG	2	PA, QL
SYMBICORT AER 80-4.5	2	QL
SYMBICORT AER 160-4.5	2	QL
terbutaline sulfate inj 1 mg/ml	1	
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	2	
TRELEGY AER ELLIPTA	2	QL; PV
UTIBRON CAP NEOHALER	NC	
VENTOLIN HFA AER	NC	
wixela inhub aer 100/50	2	QL; PV
wixela inhub aer 250/50	2	QL; PV
wixela inhub aer 500/50	2	QL; PV
XOPENEX CONC NEB 1.25/0.5	3	
XOPENEX HFA AER	NC	
XOPENEX NEB 0.31MG	3	QL
XOPENEX NEB 0.63MG	3	QL
XOPENEX NEB 1.25/3ML	3	QL
XANTHINES		
aminophylline inj 25 mg/ml	1	
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	NC	
THEO-24 CAP 200MG CR	NC	
THEO-24 CAP 300MG CR	NC	
THEO-24 CAP 400MG ER	NC	
THEOPHYL/D5W INJ 0.8MG/ML	3	
theophylline soln 80 mg/15ml	2	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
DEFITELIO INJ 200/2.5	NC	
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG	NC	
COUMADIN TAB 2.5MG	NC	
COUMADIN TAB 2MG	NC	
COUMADIN TAB 3MG	NC	
COUMADIN TAB 4MG	NC	
COUMADIN TAB 5MG	NC	
COUMADIN TAB 6MG	NC	
COUMADIN TAB 7.5MG	NC	
COUMADIN TAB 10MG	NC	
jantoven tab 1mg	1	PV
jantoven tab 2.5mg	1	PV
jantoven tab 2mg	1	PV
jantoven tab 3mg	1	PV
jantoven tab 4mg	1	PV
jantoven tab 5mg	1	PV
jantoven tab 6mg	1	PV
jantoven tab 7.5mg	1	PV
jantoven tab 10mg	1	PV
warfarin sodium tab 1 mg	1	PV
warfarin sodium tab 2 mg	1	PV
warfarin sodium tab 2.5 mg	1	PV
warfarin sodium tab 3 mg	1	PV
warfarin sodium tab 4 mg	1	PV
warfarin sodium tab 5 mg	1	PV
warfarin sodium tab 6 mg	1	PV
warfarin sodium tab 7.5 mg	1	PV
warfarin sodium tab 10 mg	1	PV
DIRECT FACTOR XA INHIBITORS		
BEVYXXA CAP 40MG	NC	
BEVYXXA CAP 80MG	NC	
ELIQUIS TAB 2.5MG	2	PV
ELIQUIS TAB 5MG	2	PV
SAVAYSA TAB 15MG	NC	
SAVAYSA TAB 30MG	NC	
SAVAYSA TAB 60MG	NC	
XARELTO STAR TAB 15/20MG	2	PV
XARELTO TAB 2.5MG	2	PV
XARELTO TAB 10MG	2	PV
XARELTO TAB 15MG	2	PV
XARELTO TAB 20MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	2	PV
ARIXTRA INJ 5/0.4ML	2	PV
ARIXTRA INJ 7.5/0.6	2	PV
ARIXTRA INJ 10/0.8ML	2	PV
enoxaparin sodium inj 30 mg/0.3ml	1	PV
enoxaparin sodium inj 40 mg/0.4ml	1	PV
enoxaparin sodium inj 60 mg/0.6ml	2	PV
enoxaparin sodium inj 80 mg/0.8ml	2	PV
enoxaparin sodium inj 100 mg/ml	2	PV
enoxaparin sodium inj 120 mg/0.8ml	2	PV
enoxaparin sodium inj 150 mg/ml	2	PV
enoxaparin sodium inj 300 mg/3ml	2	PV
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	2	PV
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	2	PV
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	2	PV
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	2	PV
FRAGMIN INJ 2500/0.2	2	PV
FRAGMIN INJ 5000/0.2	2	PV
FRAGMIN INJ 7500/0.3	2	PV
FRAGMIN INJ 10000/ML	2	PV
FRAGMIN INJ 12500UNT	2	PV
FRAGMIN INJ 15000UNT	2	PV
FRAGMIN INJ 18000UNT	2	PV
FRAGMIN INJ 95000UNT	2	PV
HEP SOD/DEXT INJ 25000UNT	NC	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
HEP SOD/NACL INJ 25000UNT	NC	
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) 100 unit/ml in d5w	NC	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) lock flush iv soln 1 unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) lock flush iv soln 10 unit/ml	1	
heparin sodium (porcine) lock flush iv soln 100 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	NC	
LOVENOX INJ 30/0.3ML	3	PV
LOVENOX INJ 40/0.4ML	3	PV
LOVENOX INJ 60/0.6ML	3	PV
LOVENOX INJ 80/0.8ML	3	PV
LOVENOX INJ 100MG/ML	3	PV
LOVENOX INJ 120/0.8	3	PV
LOVENOX INJ 150MG/ML	3	PV
LOVENOX INJ 300/3ML	3	PV
IN VITRO/LOCK ANTICOAGULANTS		
ACD FORMULA SOL A	3	
ANTICOAG CIT SOL DEX SOL	3	
ANTICOAGULNT SOL SOD CITR	3	
NOCLOT-50 SOL ACD-A	3	
TRICITRASOL CON	3	
THROMBIN INHIBITORS		
ANGIOMAX INJ 250MG	3	
ARGATROBAN INJ 50/50ML	3	
ARGATROBAN INJ 50MG/50M	3	
argatroban inj 100mg/ml	1	
ARGATROBAN INJ 100MG/ML	3	
ARGATROBAN INJ 125/125	3	
argatroban inj 250 mg/2.5ml (concentrate for iv infusion)	1	
BIVALIR/NACL INJ 250/50	NC	
BIVALIR/NACL INJ 500/100	NC	
BIVALIRUDIN SOL RTU	3	
bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)	1	
PRADAXA CAP 75MG	NC	
PRADAXA CAP 110MG	NC	
PRADAXA CAP 150MG	NC	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	PV
FYCOMPA TAB 2MG	2	PV
FYCOMPA TAB 4MG	2	PV
FYCOMPA TAB 6MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 8MG	2	PV
FYCOMPA TAB 10MG	2	PV
FYCOMPA TAB 12MG	2	PV
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	2	PA; PV
clobazam tab 10 mg	1	PA; PV
clobazam tab 20 mg	1	PA; PV
clonazepam orally disintegrating tab 0.5 mg	1	PV
clonazepam orally disintegrating tab 0.25 mg	1	PV
clonazepam orally disintegrating tab 0.125 mg	1	PV
clonazepam orally disintegrating tab 1 mg	1	PV
clonazepam orally disintegrating tab 2 mg	1	PV
clonazepam tab 0.5 mg	1	PV
clonazepam tab 1 mg	1	PV
clonazepam tab 2 mg	1	PV
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
diazepam rectal gel delivery system 2.5 mg	2	
diazepam rectal gel delivery system 10 mg	2	
diazepam rectal gel delivery system 20 mg	2	
KLONOPIN TAB 0.5MG	3	PV
KLONOPIN TAB 1MG	3	PV
KLONOPIN TAB 2MG	3	PV
NAYZILAM SPR 5MG	2	
ONFI SUS 2.5MG/ML	NC	
ONFI TAB 10MG	NC	
ONFI TAB 20MG	NC	
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	NC	
BANZEL TAB 200MG	3	PV
BANZEL TAB 400MG	3	PV
BRIVIACT INJ 50MG/5ML	3	PV

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOL 10MG/ML	3	PV
BRIVIACT TAB 10MG	3	PV
BRIVIACT TAB 25MG	3	PV
BRIVIACT TAB 50MG	3	PV
BRIVIACT TAB 75MG	3	PV
BRIVIACT TAB 100MG	3	PV
carbamazepine cap er 12hr 100 mg	1	PV
carbamazepine cap er 12hr 200 mg	1	PV
carbamazepine cap er 12hr 300 mg	1	PV
carbamazepine chew tab 100 mg	1	PV
carbamazepine susp 100 mg/5ml	1	PV
carbamazepine tab 200 mg	1	PV
carbamazepine tab er 12hr 100 mg	1	PV
carbamazepine tab er 12hr 200 mg	1	PV
carbamazepine tab er 12hr 400 mg	2	PV
CARBATROL CAP 100MG	3	PV
CARBATROL CAP 200MG	3	PV
CARBATROL CAP 300MG	3	PV
DIACOMIT CAP 250MG	6	SP, QL
DIACOMIT CAP 500MG	6	SP, QL
DIACOMIT PAK 250MG	6	SP, QL
DIACOMIT PAK 500MG	6	SP, QL
ELEPSIA XR TAB 1000MG	NC	
ELEPSIA XR TAB 1500MG	NC	
EPIDIOLEX SOL 100MG/ML	6	SP, PA, QL
epitol tab 200mg	1	PV
FANATREX SUS 25MG/ML	NC	
FINTEPLA SOL 2.2MG/ML	6	SP, PA, QL
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
KEPPRA INJ 500/5ML	3	
KEPPRA SOL 100MG/ML	3	PV
KEPPRA TAB 250MG	3	PV
KEPPRA TAB 500MG	3	PV
KEPPRA TAB 750MG	3	PV
KEPPRA TAB 1000MG	3	PV
KEPPRA XR TAB 500MG	3	PV
KEPPRA XR TAB 750MG	3	PV
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	PV
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
lamotrigine orally disintegrating tab 25 mg	2	PV
lamotrigine orally disintegrating tab 50 mg	2	PV
lamotrigine orally disintegrating tab 100 mg	2	PV
lamotrigine orally disintegrating tab 200 mg	2	PV
lamotrigine tab 25 mg	1	PV
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	2	
lamotrigine tab 35 x 25 mg starter kit	2	
lamotrigine tab 100 mg	1	PV
lamotrigine tab 150 mg	1	PV
lamotrigine tab 200 mg	1	PV
lamotrigine tab chewable dispersible 5 mg	1	PV
lamotrigine tab chewable dispersible 25 mg	1	PV
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	2	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	2	PV
lamotrigine tab er 24hr 100 mg	2	PV
lamotrigine tab er 24hr 200 mg	2	PV
lamotrigine tab er 24hr 250 mg	2	PV
lamotrigine tab er 24hr 300 mg	2	PV
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
levetiracetam inj 500 mg/5ml (100 mg/ml)	1	
levetiracetam oral soln 100 mg/ml	1	PV
levetiracetam tab 250 mg	1	PV
levetiracetam tab 500 mg	1	PV
levetiracetam tab 750 mg	1	PV
levetiracetam tab 1000 mg	1	PV
levetiracetam tab er 24hr 500 mg	1	PV
levetiracetam tab er 24hr 500 mg	2	PV
levetiracetam tab er 24hr 750 mg	2	PV
LYRICA CAP 25MG	NC	
LYRICA CAP 50MG	NC	
LYRICA CAP 75MG	NC	
LYRICA CAP 100MG	NC	
LYRICA CAP 150MG	NC	
LYRICA CAP 200MG	NC	
LYRICA CAP 225MG	NC	
LYRICA CAP 300MG	NC	
LYRICA SOL 20MG/ML	NC	
MYSOLINE TAB 50MG	3	PV
MYSOLINE TAB 250MG	3	PV
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	PV
oxcarbazepine tab 150 mg	1	PV
oxcarbazepine tab 300 mg	1	PV
oxcarbazepine tab 600 mg	1	PV
OXTELLAR XR TAB 150MG	2	PV
OXTELLAR XR TAB 300MG	2	PV
OXTELLAR XR TAB 600MG	2	PV
pregabalin cap 25 mg	1	
pregabalin cap 50 mg	1	
pregabalin cap 75 mg	1	
pregabalin cap 100 mg	1	
pregabalin cap 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 200 mg	1	
pregabalin cap 200 mg	2	
pregabalin cap 225 mg	1	
pregabalin soln 20 mg/ml	2	
primidone tab 50 mg	1	PV
primidone tab 250 mg	1	PV
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
roweepra tab 500mg	1	PV
rufinamide susp 40 mg/ml	1	
subvenite kit start 49	2	
TEGRETOL SUS 100/5ML	3	PV
TEGRETOL TAB 200MG	3	PV
TEGRETOL-XR TAB 100MG	3	PV
TEGRETOL-XR TAB 200MG	3	PV
TEGRETOL-XR TAB 400MG	3	PV
TOPAMAX SPR CAP 15MG	3	PV
TOPAMAX SPR CAP 25MG	3	PV
TOPAMAX TAB 25MG	3	PV
TOPAMAX TAB 50MG	3	PV
TOPAMAX TAB 100MG	3	PV
TOPAMAX TAB 200MG	3	PV
topiramate cap er 24hr sprinkle 25 mg	NC	
topiramate cap er 24hr sprinkle 50 mg	NC	
topiramate cap er 24hr sprinkle 100 mg	NC	
topiramate cap er 24hr sprinkle 150 mg	NC	
topiramate cap er 24hr sprinkle 200 mg	NC	
topiramate sprinkle cap 15 mg	1	PV
topiramate sprinkle cap 25 mg	1	PV
topiramate tab 25 mg	1	PV
topiramate tab 50 mg	1	PV
topiramate tab 100 mg	1	PV
topiramate tab 200 mg	1	PV
TRILEPTAL SUS 300MG/5M	3	PV
TRILEPTAL TAB 150MG	3	PV
TRILEPTAL TAB 300MG	3	PV
TRILEPTAL TAB 600MG	3	PV
TROKENDI XR CAP 25MG	2	PV
TROKENDI XR CAP 50MG	2	PV
TROKENDI XR CAP 100MG	2	PV
TROKENDI XR CAP 200MG	2	PV
VIMPAT INJ 200MG/20	2	PV

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOL 10MG/ML	2	PV
VIMPAT TAB 50MG	2	PV
VIMPAT TAB 100MG	2	PV
VIMPAT TAB 150MG	2	PV
VIMPAT TAB 200MG	2	PV
ZONEGRAN CAP 25MG	NC	
ZONEGRAN CAP 100MG	NC	
zonisamide cap 25 mg	1	PV
zonisamide cap 50 mg	1	PV
zonisamide cap 100 mg	1	PV
CARBAMATES		
felbamate susp 600 mg/5ml	2	PV
felbamate tab 400 mg	2	PV
felbamate tab 600 mg	2	PV
FELBATOL SUS 600/5ML	3	PV
FELBATOL TAB 400MG	3	PV
FELBATOL TAB 600MG	3	PV
XCOPRI PAK 12.5-25	2	PV
XCOPRI PAK 50-100MG	2	PV
XCOPRI PAK 50-200MG	2	PV
XCOPRI PAK 100-150	2	PV
XCOPRI PAK 150-200	2	PV
XCOPRI TAB 50MG	2	PV
XCOPRI TAB 100MG	2	PV
XCOPRI TAB 150MG	2	PV
XCOPRI TAB 200MG	2	PV
GABA MODULATORS		
GABITRIL TAB 2MG	3	PV
GABITRIL TAB 4MG	3	PV
GABITRIL TAB 12MG	3	PV
GABITRIL TAB 16MG	2	PV
SABRIL POW 500MG	NC	
SABRIL TAB 500MG	NC	
tiagabine hcl tab 2 mg	2	PV
tiagabine hcl tab 4 mg	2	PV
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	4	SP, PA, QL; PV
vigabatrin tab 500 mg	4	SP, PA, QL; PV
vigadrone pow 500mg	4	SP, PA, QL; PV
HYDANTOINS		
CEREBYX INJ 100/2ML	3	
CEREBYX INJ 500/10ML	3	
DILANTIN CAP 30MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAP 100MG	3	PV
DILANTIN CHW 50MG	3	PV
DILANTIN-125 SUS 125/5ML	3	PV
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	1	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	1	
PHENYTEK CAP 200MG	3	PV
PHENYTEK CAP 300MG	3	PV
phenytoin chew tab 50 mg	1	PV
phenytoin chw 50mg	1	PV
phenytoin sodium extended cap 100 mg	1	PV
phenytoin sodium extended cap 200 mg	1	PV
phenytoin sodium extended cap 300 mg	1	PV
phenytoin sodium inj 50 mg/ml	1	
phenytoin susp 125 mg/5ml	1	PV
SUCCINIMIDES		
CELONTIN CAP 300MG	3	PV
ethosuximide cap 250 mg	1	PV
ethosuximide soln 250 mg/5ml	1	PV
ZARONTIN CAP 250MG	3	PV
ZARONTIN SOL 250/5ML	3	PV
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	PV
DEPAKOTE ER TAB 500MG	3	PV
DEPAKOTE SPR CAP 125MG	3	PV
DEPAKOTE TAB 125MG DR	3	PV
DEPAKOTE TAB 250MG DR	3	PV
DEPAKOTE TAB 500MG DR	3	PV
divalproex sodium cap delayed release sprinkle 125 mg	1	PV
divalproex sodium tab delayed release 125 mg	1	PV
divalproex sodium tab delayed release 250 mg	1	PV
divalproex sodium tab delayed release 500 mg	1	PV
divalproex sodium tab er 24 hr 250 mg	1	PV
divalproex sodium tab er 24 hr 500 mg	1	PV
valproate sodium inj 100 mg/ml	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	PV
valproic acid cap 250 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	PV
mirtazapine orally disintegrating tab 30 mg	1	PV
mirtazapine orally disintegrating tab 45 mg	1	PV
mirtazapine tab 7.5 mg	1	PV
mirtazapine tab 15 mg	1	PV
mirtazapine tab 30 mg	1	PV
mirtazapine tab 45 mg	1	
mirtazapine tab 45 mg	1	PV
REMERON SLTB TAB 15MG	3	PV
REMERON SLTB TAB 30MG	3	PV
REMERON SLTB TAB 45MG	3	PV
REMERON TAB 15MG	3	PV
REMERON TAB 30MG	3	PV
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB 174MG	NC	
APLENZIN TAB 348MG	NC	
APLENZIN TAB 522MG	NC	
bupropion hcl tab 75 mg	1	PV
bupropion hcl tab 100 mg	1	PV
bupropion hcl tab er 12hr 100 mg	1	PV
bupropion hcl tab er 12hr 150 mg	1	PV
bupropion hcl tab er 12hr 200 mg	1	PV
bupropion hcl tab er 24hr 150 mg	1	PV
bupropion hcl tab er 24hr 300 mg	1	PV
bupropion hcl tab er 24hr 450 mg	NC	
FORFIVO XL TAB 450MG	3	PV
maprotiline hcl tab 25 mg	1	PV
maprotiline hcl tab 50 mg	1	PV
maprotiline hcl tab 75 mg	1	PV
WELLBUTRIN TAB 100MG SR	3	PV
WELLBUTRIN TAB 150MG SR	3	PV
WELLBUTRIN TAB 200MG SR	3	PV
WELLBUTRIN TAB XL 150MG	3	PV
WELLBUTRIN TAB XL 300MG	3	PV
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	PV
EMSAM DIS 9MG/24HR	3	PV
EMSAM DIS 12MG/24H	3	PV
MARPLAN TAB 10MG	3	PV
NARDIL TAB 15MG	2	PV
PARNATE TAB 10MG	2	PV
phenelzine sulfate tab 15 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
tranylcypromine sulfate tab 10 mg	2	PV
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	PV
CELEXA TAB 20MG	3	PV
CELEXA TAB 40MG	3	PV
citalopram hydrobromide oral soln 10 mg/5ml	1	PV
citalopram hydrobromide tab 10 mg (base equiv)	1	PV
citalopram hydrobromide tab 20 mg (base equiv)	1	PV
citalopram hydrobromide tab 40 mg (base equiv)	1	PV
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	PV
escitalopram oxalate tab 5 mg (base equiv)	1	PV
escitalopram oxalate tab 10 mg (base equiv)	1	PV
escitalopram oxalate tab 20 mg (base equiv)	1	PV
fluoxetine hcl cap 10 mg	1	PV
fluoxetine hcl cap 20 mg	1	PV
fluoxetine hcl cap 40 mg	1	PV
fluoxetine hcl cap delayed release 90 mg	1	PV
fluoxetine hcl solution 20 mg/5ml	1	PV
fluoxetine hcl tab 10 mg	NC	
fluoxetine hcl tab 20 mg	NC	
fluoxetine hcl tab 60 mg	NC	
FLUOXETINE TAB 60MG	NC	
fluvoxamine maleate cap er 24hr 100 mg	2	PV
fluvoxamine maleate cap er 24hr 150 mg	2	PV
fluvoxamine maleate tab 25 mg	1	PV
fluvoxamine maleate tab 50 mg	1	PV
fluvoxamine maleate tab 100 mg	1	PV
LEXAPRO TAB 5MG	NC	
LEXAPRO TAB 10MG	NC	
LEXAPRO TAB 20MG	NC	
paroxetine hcl tab 10 mg	1	PV
paroxetine hcl tab 20 mg	1	PV
paroxetine hcl tab 30 mg	1	PV
paroxetine hcl tab 40 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tab er 24hr 12.5 mg	1	PV
paroxetine hcl tab er 24hr 25 mg	1	PV
paroxetine hcl tab er 24hr 37.5 mg	1	PV
paroxetine hcl tab er 24hr 37.5 mg	NC	(applies to NDC 60505367503 only)
PAXIL CR TAB 12.5MG	NC	
PAXIL CR TAB 25MG	NC	
PAXIL CR TAB 37.5MG	NC	
PAXIL SUS 10MG/5ML	NC	
PAXIL TAB 10MG	NC	
PAXIL TAB 20MG	NC	
PAXIL TAB 30MG	NC	
PAXIL TAB 40MG	NC	
PEXEVA TAB 10MG	NC	
PEXEVA TAB 20MG	NC	
PEXEVA TAB 30MG	NC	
PEXEVA TAB 40MG	NC	
PROZAC CAP 10MG	NC	
PROZAC CAP 20MG	NC	
PROZAC CAP 40MG	NC	
sertraline hcl oral concentrate for solution 20 mg/ml	1	PV
sertraline hcl tab 25 mg	1	PV
sertraline hcl tab 50 mg	1	PV
sertraline hcl tab 100 mg	1	PV
ZOLOFT CON 20MG/ML	NC	
ZOLOFT TAB 25MG	NC	
ZOLOFT TAB 50MG	NC	
ZOLOFT TAB 100MG	NC	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	2	PV
nefazodone hcl tab 100 mg	2	PV
nefazodone hcl tab 150 mg	2	PV
nefazodone hcl tab 200 mg	1	PV
nefazodone hcl tab 250 mg	1	PV
trazodone hcl tab 50 mg	1	PV
trazodone hcl tab 100 mg	1	PV
trazodone hcl tab 150 mg	1	PV
trazodone hcl tab 300 mg	1	PV
TRINTELLIX TAB 5MG	2	PV
TRINTELLIX TAB 10MG	2	PV
TRINTELLIX TAB 20MG	2	PV
VIIBRYD KIT STARTER	NC	
VIIBRYD TAB 10MG	NC	
VIIBRYD TAB 20MG	NC	

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD TAB 40MG	NC	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	NC	
CYMBALTA CAP 30MG	NC	
CYMBALTA CAP 60MG	NC	
DESVENLAFAX TAB 50MG ER	3	PV
DESVENLAFAX TAB 100MG ER	3	PV
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	2	PV
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	PV
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	PV
desvenlafaxine tab er 24hr 50 mg	1	PV
desvenlafaxine tab er 24hr 100 mg	1	PV
DRIZALMA CAP 20MG DR	NC	
DRIZALMA CAP 30MG DR	NC	
DRIZALMA CAP 40MG DR	NC	
DRIZALMA CAP 60MG DR	NC	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	PV
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	PV
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	PV
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	PV
EFFEXOR XR CAP 37.5MG	NC	
EFFEXOR XR CAP 75MG	NC	
EFFEXOR XR CAP 150MG	NC	
FETZIMA CAP 20MG	3	PV
FETZIMA CAP 40MG	3	PV
FETZIMA CAP 80MG	3	PV
FETZIMA CAP 120MG	3	PV
FETZIMA CAP TITRATIO	3	PV
KHEDEZLA TAB 50MG ER	3	PV
KHEDEZLA TAB 100MG ER	3	PV
PRISTIQ TAB 25MG	NC	
PRISTIQ TAB 50MG	NC	
PRISTIQ TAB 100MG	NC	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	PV
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	PV
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	PV

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tab 25 mg (base equivalent)	1	PV
venlafaxine hcl tab 37.5 mg (base equivalent)	1	PV
venlafaxine hcl tab 50 mg (base equivalent)	1	PV
venlafaxine hcl tab 75 mg (base equivalent)	1	PV
venlafaxine hcl tab 100 mg (base equivalent)	1	PV
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)	1	
VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)	2	PV
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	PV
amitriptyline hcl tab 25 mg	1	PV
amitriptyline hcl tab 50 mg	1	PV
amitriptyline hcl tab 75 mg	1	PV
amitriptyline hcl tab 100 mg	1	PV
amitriptyline hcl tab 150 mg	1	PV
amoxapine tab 25 mg	1	PV
amoxapine tab 50 mg	1	PV
amoxapine tab 100 mg	1	PV
amoxapine tab 150 mg	2	PV
ANAFRANIL CAP 25MG	2	PV
ANAFRANIL CAP 50MG	2	PV
ANAFRANIL CAP 75MG	2	PV
clomipramine hcl cap 25 mg	1	PV
clomipramine hcl cap 50 mg	2	PV
clomipramine hcl cap 75 mg	1	PV
desipramine hcl tab 10 mg	1	PV
desipramine hcl tab 25 mg	1	PV
desipramine hcl tab 50 mg	1	PV
desipramine hcl tab 75 mg	1	PV
desipramine hcl tab 100 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tab 150 mg	1	PV
doxepin hcl cap 10 mg	1	PV
doxepin hcl cap 25 mg	1	PV
doxepin hcl cap 50 mg	1	PV
doxepin hcl cap 75 mg	1	PV
doxepin hcl cap 100 mg	1	PV
doxepin hcl cap 150 mg	1	PV
doxepin hcl conc 10 mg/ml	1	PV
imipramine hcl tab 10 mg	1	PV
imipramine hcl tab 25 mg	1	PV
imipramine hcl tab 50 mg	1	PV
imipramine pamoate cap 75 mg	2	PV
imipramine pamoate cap 100 mg	2	PV
imipramine pamoate cap 125 mg	2	PV
imipramine pamoate cap 150 mg	2	PV
NORPRAMIN TAB 10MG	2	PV
NORPRAMIN TAB 25MG	2	PV
nortriptyline hcl cap 10 mg	1	PV
nortriptyline hcl cap 25 mg	1	PV
nortriptyline hcl cap 50 mg	1	PV
nortriptyline hcl cap 75 mg	1	PV
nortriptyline hcl soln 10 mg/5ml	1	PV
PAMELOR CAP 10MG	2	PV
PAMELOR CAP 25MG	2	PV
PAMELOR CAP 50MG	2	PV
PAMELOR CAP 75MG	2	PV
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	2	PV
trimipramine maleate cap 25 mg	1	PV
trimipramine maleate cap 50 mg	1	PV
trimipramine maleate cap 100 mg	1	PV
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	PV
acarbose tab 50 mg	1	PV
acarbose tab 100 mg	1	PV
miglitol tab 25 mg	1	PV
miglitol tab 50 mg	1	PV
miglitol tab 100 mg	2	PV
PRECOSE TAB 25MG	2	PV
PRECOSE TAB 50MG	2	PV
PRECOSE TAB 100MG	2	PV
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	PV

Drug Name	Drug Tier	Requirements/Limits
SYMLNPEN 120 INJ 1000MCG	2	PV
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	PV
ACTOPLUS MET TAB 15-850MG	3	PV
alogliptin-metformin hcl tab 12.5-500 mg	NC	
alogliptin-metformin hcl tab 12.5-1000 mg	NC	
alogliptin-pioglitazone tab 12.5-15 mg	NC	
alogliptin-pioglitazone tab 12.5-30 mg	NC	
alogliptin-pioglitazone tab 12.5-45 mg	NC	
alogliptin-pioglitazone tab 25-15 mg	NC	
alogliptin-pioglitazone tab 25-30 mg	NC	
alogliptin-pioglitazone tab 25-45 mg	NC	
DUETACT TAB 30-2MG	3	PV
DUETACT TAB 30-4MG	3	PV
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
glyburide-metformin tab 2.5-500 mg	1	PV
glyburide-metformin tab 5-500 mg	1	PV
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	NC	
INVOKAMET TAB 50-1000	NC	
INVOKAMET TAB 150-500	NC	
INVOKAMET TAB 150-1000	NC	
INVOKAMET XR TAB 50-500MG	NC	
INVOKAMET XR TAB 50-1000	NC	
INVOKAMET XR TAB 150-500	NC	
INVOKAMET XR TAB 150-1000	NC	
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
JENTADUETO TAB 2.5-500	NC	
JENTADUETO TAB 2.5-850	NC	
JENTADUETO TAB 2.5-1000	NC	
JENTADUETO TAB XR	NC	
KAZANO 12.5- TAB 500MG	NC	
KAZANO 12.5- TAB 1000MG	NC	
KOMBIGLYZ XR TAB 2.5-1000	NC	
KOMBIGLYZ XR TAB 5-500MG	NC	
KOMBIGLYZ XR TAB 5-1000MG	NC	
OSENI TAB 12.5-15	NC	

Drug Name	Drug Tier	Requirements/Limits
OSENI TAB 12.5-30	NC	
OSENI TAB 12.5-45	NC	
OSENI TAB 25-15MG	NC	
OSENI TAB 25-30MG	NC	
OSENI TAB 25-45MG	NC	
pioglitazone hcl-glimepiride tab 30-2 mg	2	PV
pioglitazone hcl-glimepiride tab 30-4 mg	2	PV
pioglitazone hcl-metformin hcl tab 15-500 mg	2	PV
pioglitazone hcl-metformin hcl tab 15-850 mg	2	PV
QTERN TAB 5-5MG	NC	
QTERN TAB 10-5MG	NC	
SEGLUROMET TAB 2.5-500	NC	
SEGLUROMET TAB 2.5-1000	NC	
SEGLUROMET TAB 7.5-500	NC	
SEGLUROMET TAB 7.5-1000	NC	
SOLIQUA INJ 100/33	2	
STEGLUJAN TAB 5-100MG	NC	
STEGLUJAN TAB 15-100MG	NC	
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
XIGDUO XR TAB 10-500MG	2	PV
XIGDUO XR TAB 10-1000	2	PV
XULTOPHY INJ 100/3.6	2	
BIGUANIDES		
FORTAMET TAB 500MG	NC	
FORTAMET TAB 1000MG	NC	
GLUCOPHAGE TAB 500MG	3	PV
GLUCOPHAGE TAB 500MG XR	3	PV
GLUCOPHAGE TAB 750MG XR	3	PV
GLUCOPHAGE TAB 850MG	3	PV
GLUCOPHAGE TAB 1000MG	3	PV
GLUMETZA TAB 500MG	NC	
GLUMETZA TAB 1000MG	NC	

Drug Name	Drug Tier	Requirements/Limits
METFORMIN HCL ORAL SOLN 500 MG/5ML	2	
metformin hcl tab 500 mg	1	PV
metformin hcl tab 850 mg	1	PV
metformin hcl tab 1000 mg	1	PV
metformin hcl tab er 24hr 500 mg	1	PV
metformin hcl tab er 24hr 750 mg	1	PV
metformin hcl tab er 24hr modified release 500 mg	NC	(generic for GLUMTEZA)
metformin hcl tab er 24hr modified release 1000 mg	NC	(generic for GLUMETZA)
metformin hcl tab er 24hr osmotic 500 mg	NC	(generic for FORTAMET)
metformin hcl tab er 24hr osmotic 1000 mg	NC	(generic for FORTAMET)
RIOMET SOL	NC	
RIOMET SOL 500/5ML	NC	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	2	
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	6	SP, PA, QL
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	NC	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	NC	
alogliptin benzoate tab 12.5 mg (base equiv)	NC	
alogliptin benzoate tab 25 mg (base equiv)	NC	
JANUVIA TAB 25MG	2	PV
JANUVIA TAB 50MG	2	PV
JANUVIA TAB 100MG	2	PV
NESINA TAB 6.25MG	NC	
NESINA TAB 12.5MG	NC	
NESINA TAB 25MG	NC	
ONGLYZA TAB 2.5MG	NC	
ONGLYZA TAB 5MG	NC	
TRADJENTA TAB 5MG	NC	
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	

Drug Name	Drug Tier	Requirements/Limits
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ 10/20MCG	NC	
ADLYXIN INJ 20MCG	NC	
BYDUREON PEN INJ 2MG	NC	
BYETTA INJ 5MCG	NC	
BYETTA INJ 10MCG	NC	
OZEMPIC INJ 2/1.5ML	2	QL; PV
RYBELSUS TAB 3MG	2	QL; PV
RYBELSUS TAB 7MG	2	QL; PV
RYBELSUS TAB 14MG	2	QL; PV
TRULICITY INJ 0.75/0.5	2	QL; PV
TRULICITY INJ 1.5/0.5	2	QL; PV
TRULICITY INJ 3/0.5	2	QL; PV
TRULICITY INJ 4.5/0.5	2	QL; PV
VICTOZA INJ 18MG/3ML	2	QL; PV
INSULIN		
AFREZZA POW 4-8 UNIT	NC	
AFREZZA POW 4-8-12	NC	
AFREZZA POW 4UNIT	NC	
APIDRA INJ SOLOSTAR	NC	
APIDRA INJ U-100	NC	
BASAGLAR INJ 100UNIT	2	PV
FIASP FLEX INJ TOUCH	2	PV
FIASP INJ 100/ML	2	PV
FIASP PENFIL INJ U-100	2	PV
HUMALOG INJ 100/ML	NC	
HUMALOG KWIK INJ 100/ML	NC	
HUMALOG KWIK INJ 200/ML	NC	
HUMALOG MIX INJ 50/50	NC	
HUMALOG MIX INJ 50/50KWP	NC	
HUMALOG MIX INJ 75/25KWP	NC	
HUMALOG MIX SUS 75/25	NC	
HUMULIN BR INJ U-100	NC	OTC
HUMULIN INJ 70/30	NC	OTC
HUMULIN INJ 70/30KWP	NC	OTC
HUMULIN N INJ U-100	NC	OTC
HUMULIN N INJ U-100KWP	NC	OTC
HUMULIN N PN INJ U-100	NC	OTC
HUMULIN PEN INJ 70/30	NC	OTC
HUMULIN R INJ U-100	NC	OTC
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	NC	
LANTUS SOLOS INJ 100/ML	NC	
LEVEMIR INJ	2	PV
LEVEMIR INJ FLEXTOUC	2	PV

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	PV
NOVOLOG INJ FLEXPEN	2	PV
NOVOLOG INJ PENFILL	2	PV
NOVOLOG MIX INJ 70/30	2	PV
NOVOLOG MIX INJ FLEXPEN	2	PV
SEMGLEE INJ 100U/ML	NC	
TOUJEO MAX INJ 300IU/ML	2	PV
TOUJEO SOLO INJ 300IU/ML	2	PV
TRESIBA FLEX INJ 100UNIT	2	PV
TRESIBA FLEX INJ 200UNIT	2	PV
TRESIBA INJ 100UNIT	2	PV
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	NC	
ACTOS TAB 30MG	NC	
ACTOS TAB 45MG	NC	
AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
pioglitazone hcl tab 15 mg (base equiv)	1	PV
pioglitazone hcl tab 30 mg (base equiv)	1	PV
pioglitazone hcl tab 45 mg (base equiv)	1	PV
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	PV
nateglinide tab 120 mg	1	PV
repaglinide tab 0.5 mg	1	PV
repaglinide tab 1 mg	1	PV
repaglinide tab 2 mg	1	PV
STARLIX TAB 60MG	3	PV
STARLIX TAB 120MG	3	PV
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	PV
FARXIGA TAB 10MG	2	PV
INVOKANA TAB 100MG	NC	
INVOKANA TAB 300MG	NC	
JARDIANCE TAB 10MG	2	PV
JARDIANCE TAB 25MG	2	PV
STEGLATRO TAB 5MG	NC	
STEGLATRO TAB 15MG	NC	
SULFONYLUREAS		
AMARYL TAB 1MG	3	PV
AMARYL TAB 2MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
AMARYL TAB 4MG	3	PV
glimepiride tab 1 mg	1	PV
glimepiride tab 2 mg	1	PV
glimepiride tab 4 mg	1	PV
glipizide tab 5 mg	1	PV
glipizide tab 10 mg	1	PV
glipizide tab er 24hr 2.5 mg	1	PV
glipizide tab er 24hr 5 mg	1	PV
glipizide tab er 24hr 10 mg	1	PV
glipizide xl tab 2.5mg	1	PV
glipizide xl tab 5mg	1	PV
glipizide xl tab 10mg	1	PV
GLUCOTROL TAB 5MG	3	PV
GLUCOTROL TAB 10MG	3	PV
GLUCOTROL XL TAB 2.5MG	3	PV
GLUCOTROL XL TAB 5MG	3	PV
GLUCOTROL XL TAB 10MG	3	PV
glyburide micronized tab 1.5 mg	1	PV
glyburide micronized tab 3 mg	1	PV
glyburide micronized tab 6 mg	1	PV
glyburide tab 1.25 mg	1	PV
glyburide tab 2.5 mg	1	PV
glyburide tab 5 mg	1	PV
GLYNASE TAB 1.5MG	3	PV
GLYNASE TAB 3MG	3	PV
GLYNASE TAB 6MG	3	PV
tolbutamide tab 500 mg	1	PV

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG	NC	

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

lactobacillus cap	NC	
VSL#3 DS PAK 900BIL	3	

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

EVIVO LIQ	NC	OTC
RESTORA RX CAP 60-1.25	3	

ANTIPERISTALTIC AGENTS

diphen/atrop tab 2.5mg	1	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	2	
loperamide hcl cap 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
opium tincture 1% (10 mg/ml) (morphine equiv)	2	
paregoric tincture 2 mg/5ml (morphine equivalent)	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS		
DUODOTE INJ	3	
NITHIODOTE KIT	3	
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	4	SP, PA
deferasirox granules packet 180 mg	4	SP, PA
deferasirox granules packet 360 mg	4	SP, PA
deferasirox tab 90 mg	4	SP, PA
deferasirox tab 180 mg	4	SP, PA
deferasirox tab 360 mg	4	SP, PA
deferasirox tab for oral susp 125 mg	4	SP, PA
deferasirox tab for oral susp 250 mg	4	SP, PA
deferasirox tab for oral susp 500 mg	4	SP, PA
deferiprone tab 500 mg	4	PA
EXJADE TAB 125MG	NC	
EXJADE TAB 250MG	NC	
EXJADE TAB 500MG	NC	
FERPRX 2-DAY TAB 1000MG	NC	
FERRIPROX SOL 100MG/ML	NC	
FERRIPROX TAB 500MG	NC	
FERRIPROX TAB 1000MG	NC	
JADENU SPRKL GRA 90MG	NC	
JADENU SPRKL GRA 180MG	NC	
JADENU SPRKL GRA 360MG	NC	
JADENU TAB 90MG	NC	
JADENU TAB 180MG	NC	
JADENU TAB 360MG	NC	
PENTETATE CA SOL 200MG/ML	NC	
PENTETATE ZI SOL 200MG/ML	NC	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ACETADOTE INJ 200MG/ML	3	
acetylcysteine inj 200 mg/ml	1	
ANDEXXA SOL 200MG	3	
BAL IN OIL INJ 100MG/ML	3	
BRIDION SOL 200/2ML	NC	
BRIDION SOL 500/5ML	NC	
CALCIUM DISO INJ 1GM/5ML	3	
CYANOKIT INJ 5GM	3	
deferoxamine mesylate for inj 2 gm	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
deferoxamine mesylate for inj 500 mg	4	SP, PA
DESFERAL INJ 500MG	NC	
DIGIFAB INJ 40MG	3	
fomepizole inj 1 gm/ml (for iv infusion)	1	
methylene blue inj 1%	1	
PHYSOS SALIC INJ 1MG/ML	3	
PRAXBIND INJ 2.5/50	3	
PROTOPAM CHL INJ 1GM	3	
PROVAYBLUE INJ	NC	
RADIOGARDASE CAP 0.5GM	3	
SOD NITRITE INJ 30MG/ML	3	
SOD THIOSULF INJ 25%	3	
sodium thiosulfate inj 25%	1	
VISTOGARD PAK 10GM	5	SP, QL
BENZODIAZEPINE ANTAGONISTS		
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)	1	
flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	1	
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	PV
NALTREXONE IMP	NC	
NARCAN SPR	2	
VIVITROL INJ 380MG	3	PA, QL
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI INJ 0.25MG/5	3	PA, QL
ANZEMET TAB 50MG	3	PA, QL
ANZEMET TAB 100MG	3	PA, QL
granisetron hcl inj 1 mg/ml	1	PA, QL
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1	PA, QL
granisetron hcl tab 1 mg	1	PA, QL
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	PA, QL
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	PA, QL
ondansetron hcl oral soln 4 mg/5ml	1	PA, QL
ondansetron hcl tab 4 mg	1	PA, QL
ondansetron hcl tab 8 mg	1	PA, QL
ondansetron hcl tab 24 mg	1	PA, QL
ondansetron orally disintegrating tab 4 mg	1	PA, QL
ondansetron orally disintegrating tab 8 mg	1	PA, QL
PALONOSETRON INJ 0.25/2ML	3	

Drug Name	Drug Tier	Requirements/Limits
SANCUSO DIS 3.1MG	2	PA, QL
SUSTOL INJ 10/0.4ML	NC	
ZOFRAN TAB 4MG	3	PA, QL
ZOFRAN TAB 8MG	3	PA, QL
ZUPLENZ MIS 4MG	NC	
ZUPLENZ MIS 8MG	NC	
ANTIEMETICS - ANTICHOLINERGIC		
DIMENHYDRIN INJ 50MG/ML	3	
meclizine hcl chew tab 25 mg	1	
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
MECLIZINE TAB 50MG	3	
scopolamine td patch 72hr 1 mg/3days	1	
TIGAN CAP 300MG	3	
TIGAN INJ 100MG/ML	3	
TRANSDERM-SC DIS 1.5MG	NC	
TRANSDERM-SC DIS 1MG/3DAY	NC	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS INJ 10MG/4ML	NC	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	PA, QL
AKYNZEO INJ	3	PA, QL
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	2	
dronabinol cap 2.5 mg	1	PA, QL
dronabinol cap 5 mg	2	PA, QL
dronabinol cap 10 mg	2	PA, QL
MARINOL CAP 2.5MG	3	PA, QL
MARINOL CAP 5MG	3	PA, QL
MARINOL CAP 10MG	3	PA, QL
SYNDROS SOL 5MG/ML	NC	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	2	PA, QL
aprepitant capsule 80 mg	2	PA, QL
aprepitant capsule 125 mg	1	PA, QL
aprepitant capsule therapy pack 80 & 125 mg	2	PA, QL
EMEND CAP 40MG	3	PA, QL
EMEND CAP 80MG	3	PA, QL
EMEND CAP 125MG	3	PA, QL
EMEND SOL 150MG	3	PA, QL

Drug Name	Drug Tier	Requirements/Limits
EMEND SUS 125MG	3	PA, QL
EMEND TRIPAC PAK 80 & 125	3	PA, QL
VARUBI TAB 90MG	3	PA, QL

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

BREXAFEMME TAB 150MG	3	ST, PA, QL
CANCIDAS INJ 50MG	3	
CANCIDAS INJ 70MG	3	
caspofungin acetate for iv soln 50 mg	1	
caspofungin acetate for iv soln 70 mg	1	
ERAXIS INJ 50MG	3	
ERAXIS INJ 100MG	3	
MYCAMINE INJ 50MG	3	
MYCAMINE INJ 100MG	3	

ANTIFUNGALS

ABELCET INJ 5MG/ML	3	
AMBISOME INJ 50MG	3	
amphotericin b for iv soln 50 mg	1	
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
bio-statin pow	1	
flucytosine cap 250 mg	1	
flucytosine cap 500 mg	NC	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	2	
griseofulvin ultramicrosize tab 125 mg	2	
griseofulvin ultramicrosize tab 250 mg	2	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG	NC	
CRESEMBA INJ 372MG	3	
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	

Drug Name	Drug Tier	Requirements/Limits
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	2	
ketoconazole tab 200 mg	1	
NOXAFIL INJ 300/16.7	NC	
NOXAFIL SUS 40MG/ML	NC	
NOXAFIL TAB 100MG	NC	
posaconazole tab delayed release 100 mg	NC	
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	
SPORANOX SOL 10MG/ML	3	
VFEND IV INJ 200MG	3	PA
VFEND SUS 40MG/ML	2	PA
VFEND TAB 50MG	2	PA
VFEND TAB 200MG	2	PA
voriconazole for inj 200 mg	2	PA
voriconazole for susp 40 mg/ml	1	PA
voriconazole tab 50 mg	2	PA
voriconazole tab 200 mg	2	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
dexchlorpheniramine maleate oral soln 2 mg/5ml	NC	
ryclora sol 2mg/5ml	NC	
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamin tab 6mg	NC	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
diphenhydramine hcl elixir 12.5 mg/5ml	NC	
diphenhydramine hcl inj 50 mg/ml	1	
KARBINAL ER SUS 4MG/5ML	3	
RYVENT TAB 6MG	NC	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
phenadoz sup 12.5mg	2	
phenadoz sup 25mg	1	
PHENERGAN INJ 25MG/ML	3	
PHENERGAN INJ 50MG/ML	3	
promethazine hcl inj 25 mg/ml	1	
promethazine hcl inj 50 mg/ml	1	
promethazine hcl suppos 12.5 mg	2	
promethazine hcl suppos 25 mg	2	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
promethegan sup 12.5mg	2	
promethegan sup 25mg	2	
promethegan sup 50mg	2	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST, PA
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ 345/2.3	NC	
EVKEEZA INJ 1200/8	NC	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	ST, PA
OMEGA-3/D-3 KIT WELLNESS	NC	
ROSZET TAB 5-10MG	NC	
ROSZET TAB 10-10MG	NC	
ROSZET TAB 20-10MG	NC	
ROSZET TAB 40-10MG	NC	
SURE RESULT KIT O3D3 SYS	NC	
VYTORIN TAB 10-10MG	3	PV
VYTORIN TAB 10-20MG	3	PV
VYTORIN TAB 10-40MG	3	PV
VYTORIN TAB 10-80MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 1 gm	1	PA
LOVAZA CAP 1GM	3	PA
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	2	PA
VASCEPA CAP 1GM	2	PA
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	PV
cholestyramine light powder packets 4 gm	1	PV
cholestyramine powder 4 gm/dose	1	PV
cholestyramine powder packets 4 gm	1	PV
colesevelam hcl packet for susp 3.75 gm	2	PV
colesevelam hcl tab 625 mg	1	PV
COLESTID FLA GRA 5/7.5GM	3	PV
COLESTID FLA GRA 5GM	3	PV
COLESTID GRA 5GM	3	PV
COLESTID POW 5GM	3	PV
COLESTID TAB 1GM	3	PV
colestipol hcl granule packets 5 gm	1	PV
colestipol hcl granules 5 gm	2	PV
colestipol hcl tab 1 gm	1	PV
prevalite pow 4gm	1	PV
prevalite pow 4gm pk	1	PV
QUESTRAN POW 4GM	3	PV
QUESTRAN POW 4GM LITE	3	PV
WELCHOL PAK 3.75GM	3	PV
WELCHOL TAB 625MG	3	PV
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	ST; PV
ANTARA CAP 90MG	3	ST; PV
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	PV
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	PV
fenofibrate cap 50 mg	NC	
fenofibrate cap 150 mg	1	PV
fenofibrate micronized cap 43 mg	1	PV
fenofibrate micronized cap 67 mg	1	PV
fenofibrate micronized cap 130 mg	NC	
fenofibrate micronized cap 134 mg	1	PV
fenofibrate micronized cap 200 mg	1	PV
fenofibrate tab 40 mg	NC	
fenofibrate tab 48 mg	1	PV
fenofibrate tab 54 mg	1	PV
fenofibrate tab 120 mg	NC	

Drug Name	Drug Tier	Requirements/Limits
fenofibrate tab 145 mg	1	PV
fenofibrate tab 160 mg	1	PV
FENOFIBRATE TAB 160MG	3	PV
FENOGLIDE TAB 40MG	3	PV
FENOGLIDE TAB 120MG	NC	
gemfibrozil tab 600 mg	1	PV
LIPOFEN CAP 50MG	3	PV
LIPOFEN CAP 150MG	3	PV
LOPID TAB 600MG	3	PV
TRICOR TAB 48MG	NC	
TRICOR TAB 145MG	NC	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
ADVICOR TAB 500-20MG	NC	
ADVICOR TAB 750-20MG	NC	
ADVICOR TAB 1000-20	NC	
ADVICOR TAB 1000-40	NC	
ALTOPREV TAB 20MG ER	NC	
ALTOPREV TAB 40MG ER	NC	
ALTOPREV TAB 60MG ER	NC	
atorvastatin calcium tab 10 mg (base equivalent)	1	ACA, PV
atorvastatin calcium tab 20 mg (base equivalent)	1	ACA, PV
atorvastatin calcium tab 40 mg (base equivalent)	1	PV
atorvastatin calcium tab 80 mg (base equivalent)	1	PV
CRESTOR TAB 5MG	NC	
CRESTOR TAB 10MG	NC	
CRESTOR TAB 20MG	NC	
CRESTOR TAB 40MG	NC	
EZALLOR SPR CAP 5MG	NC	
EZALLOR SPR CAP 10MG	NC	
EZALLOR SPR CAP 20MG	NC	
EZALLOR SPR CAP 40MG	NC	
FLOLIPID SUS 20MG/5ML	NC	
FLOLIPID SUS 40MG/5ML	NC	
fluvastatin sodium cap 20 mg (base equivalent)	1	ACA, PV
fluvastatin sodium cap 40 mg (base equivalent)	1	ACA, PV
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
LESCOL XL TAB 80MG	NC	
LIPITOR TAB 10MG	NC	
LIPITOR TAB 20MG	NC	
LIPITOR TAB 40MG	NC	
LIPITOR TAB 80MG	NC	
LIVALO TAB 1MG	NC	
LIVALO TAB 2MG	NC	
LIVALO TAB 4MG	NC	
lovastatin tab 10 mg	1	ACA, PV
lovastatin tab 20 mg	1	ACA, PV
lovastatin tab 40 mg	1	ACA, PV
PRAVACHOL TAB 20MG	3	PV
PRAVACHOL TAB 40MG	3	PV
pravastatin sodium tab 10 mg	1	ACA, PV
pravastatin sodium tab 20 mg	1	ACA, PV
pravastatin sodium tab 40 mg	1	ACA, PV
pravastatin sodium tab 80 mg	1	ACA, PV
rosuvastatin calcium tab 5 mg	1	ACA, PV
rosuvastatin calcium tab 10 mg	1	ACA, PV
rosuvastatin calcium tab 20 mg	1	PV
rosuvastatin calcium tab 40 mg	1	PV
SIMVASTATIN SUS 20MG/5ML	NC	
simvastatin tab 5 mg	1	ACA, PV
simvastatin tab 10 mg	1	ACA, PV
simvastatin tab 20 mg	1	ACA, PV
simvastatin tab 40 mg	1	ACA, PV
simvastatin tab 80 mg	1	PV
ZOCOR TAB 10MG	3	PV
ZOCOR TAB 20MG	3	PV
ZOCOR TAB 40MG	3	PV
ZOCOR TAB 80MG	3	PV
ZYPITAMAG TAB 1MG	NC	
ZYPITAMAG TAB 2MG	NC	
ZYPITAMAG TAB 4MG	NC	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	PV
ZETIA TAB 10MG	NC	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	6	SP, PA, QL
JUXTAPID CAP 10MG	6	SP, PA, QL
JUXTAPID CAP 20MG	6	SP, PA, QL
JUXTAPID CAP 30MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	NC	
niacin tab er 750 mg (antihyperlipidemic)	1	PV
niacin tab er 1000 mg (antihyperlipidemic)	1	PV
niacor tab 500mg	NC	
NIASPAN TAB 500MG ER	3	PV
NIASPAN TAB 750MG ER	3	PV
NIASPAN TAB 1000 ER	3	PV
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA, QL
PRALUENT INJ 150MG/ML	2	PA, QL
REPATHA INJ 140MG/ML	NC	
REPATHA PUSH INJ 420/3.5	NC	
REPATHA SURE INJ 140MG/ML	NC	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	PV
ACCUPRIL TAB 10MG	3	PV
ACCUPRIL TAB 20MG	3	PV
ACCUPRIL TAB 40MG	3	PV
ALTACE CAP 1.25MG	3	PV
ALTACE CAP 2.5MG	3	PV
ALTACE CAP 5MG	3	PV
ALTACE CAP 10MG	3	PV
benazepril hcl tab 5 mg	1	PV
benazepril hcl tab 10 mg	1	PV
benazepril hcl tab 20 mg	1	PV
benazepril hcl tab 40 mg	1	PV
captopril tab 12.5 mg	1	PV
captopril tab 25 mg	1	PV
captopril tab 50 mg	1	PV
captopril tab 100 mg	1	PV
enalapril maleate tab 2.5 mg	1	PV
enalapril maleate tab 5 mg	1	PV
enalapril maleate tab 10 mg	1	PV
enalapril maleate tab 20 mg	1	PV
enalaprilat iv inj 1.25 mg/ml	1	
EPANED SOL 1MG/ML	3	PV
fosinopril sodium tab 10 mg	1	PV
fosinopril sodium tab 20 mg	1	PV
fosinopril sodium tab 40 mg	1	PV
lisinopril tab 2.5 mg	1	PV
lisinopril tab 5 mg	1	PV
lisinopril tab 10 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
lisinopril tab 20 mg	1	PV
lisinopril tab 30 mg	1	PV
lisinopril tab 40 mg	1	PV
LOTENSIN TAB 20MG	3	PV
LOTENSIN TAB 40MG	3	PV
moexipril hcl tab 7.5 mg	1	PV
moexipril hcl tab 15 mg	1	PV
perindopril erbumine tab 2 mg	1	PV
perindopril erbumine tab 4 mg	1	PV
perindopril erbumine tab 8 mg	1	PV
PRINIVIL TAB 5MG	3	PV
PRINIVIL TAB 10MG	3	PV
PRINIVIL TAB 20MG	3	PV
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	PV
quinapril hcl tab 10 mg	1	PV
quinapril hcl tab 20 mg	1	PV
quinapril hcl tab 40 mg	1	PV
ramipril cap 1.25 mg	1	PV
ramipril cap 2.5 mg	1	PV
ramipril cap 5 mg	1	PV
ramipril cap 10 mg	1	PV
trandolapril tab 1 mg	1	PV
trandolapril tab 2 mg	1	PV
trandolapril tab 4 mg	1	PV
VASOTEC TAB 2.5MG	3	PV
VASOTEC TAB 5MG	3	PV
VASOTEC TAB 10MG	3	PV
VASOTEC TAB 20MG	3	PV
ZESTRIL TAB 2.5MG	3	PV
ZESTRIL TAB 5MG	3	PV
ZESTRIL TAB 10MG	3	PV
ZESTRIL TAB 20MG	3	PV
ZESTRIL TAB 30MG	3	PV
ZESTRIL TAB 40MG	3	PV
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
phentolamine mesylate for inj 5 mg	1	
PHENTOLAMINE MESYLATE FOR INJ 5 MG	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	NC	
ATACAND TAB 8MG	NC	

Drug Name	Drug Tier	Requirements/Limits
ATACAND TAB 16MG	NC	
ATACAND TAB 32MG	NC	
AVAPRO TAB 75MG	3	PV
AVAPRO TAB 150MG	3	PV
AVAPRO TAB 300MG	3	PV
BENICAR TAB 5MG	NC	
BENICAR TAB 20MG	NC	
BENICAR TAB 40MG	NC	
candesartan cilexetil tab 4 mg	1	PV
candesartan cilexetil tab 8 mg	1	PV
candesartan cilexetil tab 16 mg	1	PV
candesartan cilexetil tab 32 mg	1	PV
COZAAR TAB 25MG	NC	
COZAAR TAB 50MG	NC	
COZAAR TAB 100MG	NC	
DIOVAN TAB 40MG	NC	
DIOVAN TAB 80MG	NC	
DIOVAN TAB 160MG	NC	
DIOVAN TAB 320MG	NC	
EDARBI TAB 40MG	NC	
EDARBI TAB 80MG	NC	
eprosartan mesylate tab 600 mg	1	PV
irbesartan tab 75 mg	1	PV
irbesartan tab 150 mg	1	PV
irbesartan tab 300 mg	1	PV
losartan potassium tab 25 mg	1	PV
losartan potassium tab 50 mg	1	PV
losartan potassium tab 100 mg	1	PV
MICARDIS TAB 20MG	NC	
MICARDIS TAB 40MG	NC	
MICARDIS TAB 80MG	NC	
olmesartan medoxomil tab 5 mg	1	PV
olmesartan medoxomil tab 20 mg	1	PV
olmesartan medoxomil tab 40 mg	1	PV
telmisartan tab 20 mg	1	PV
telmisartan tab 40 mg	1	PV
telmisartan tab 80 mg	1	PV
valsartan tab 40 mg	1	PV
valsartan tab 80 mg	1	PV
valsartan tab 160 mg	1	PV
valsartan tab 320 mg	1	PV
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-40 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	2	PV
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	2	PV
amlodipine besylate-valsartan tab 5-160 mg	1	PV
amlodipine besylate-valsartan tab 5-320 mg	1	PV
amlodipine besylate-valsartan tab 10-160 mg	1	PV
amlodipine besylate-valsartan tab 10-320 mg	1	PV
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	PV
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	2	PV
ATACAND HCT TAB 16-12.5	NC	
ATACAND HCT TAB 32-12.5	NC	
ATACAND HCT TAB 32-25MG	NC	
atenolol & chlorthalidone tab 50-25 mg	1	PV
atenolol & chlorthalidone tab 100-25 mg	1	PV
AVALIDE TAB 150-12.5	3	PV
AVALIDE TAB 300-12.5	3	PV
AZOR TAB 5-20MG	NC	
AZOR TAB 5-40MG	NC	
AZOR TAB 10-20MG	NC	
AZOR TAB 10-40MG	NC	
benazep/hctz tab 5-6.25	1	PV
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	PV
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	PV
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
benazepril & hydrochlorothiazide tab 20-25 mg	1	PV
BENICAR HCT TAB 20-12.5	NC	
BENICAR HCT TAB 40-12.5	NC	
BENICAR HCT TAB 40-25MG	NC	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	PV
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	PV
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	PV
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	PV
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	PV
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	PV
captopril & hydrochlorothiazide tab 25-15 mg	2	PV
captopril & hydrochlorothiazide tab 25-25 mg	1	PV
captopril & hydrochlorothiazide tab 50-15 mg	1	PV
captopril & hydrochlorothiazide tab 50-25 mg	1	PV
DIOVAN HCT TAB 80/12.5	NC	
DIOVAN HCT TAB 160-12.5	NC	
DIOVAN HCT TAB 160-25MG	NC	
DIOVAN HCT TAB 320-12.5	NC	
DIOVAN HCT TAB 320-25MG	NC	
DUTOPROL TAB 25-12.5	NC	
DUTOPROL TAB 50-12.5	NC	
DUTOPROL TAB 100-12.5	NC	
EDARBYCLOR TAB 40-12.5	NC	
EDARBYCLOR TAB 40-25MG	NC	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	PV
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	PV
EXFORGE TAB 5-160MG	NC	
EXFORGE TAB 5-320MG	NC	
EXFORGE TAB 10-160MG	NC	
EXFORGE TAB 10-320MG	NC	
EXFORGEH/5- TAB 160-12.5	NC	
EXFORGEH/5- TAB 160-25	NC	
EXFORGEH/10- TAB 160-12.5	NC	

Drug Name	Drug Tier	Requirements/Limits
EXFORGEH/10- TAB 160-25	NC	
EXFORGEH/10- TAB 320-25	NC	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	PV
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	PV
HYZAAR TAB 50-12.5	NC	
HYZAAR TAB 100-12.5	NC	
HYZAAR TAB 100-25	NC	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	PV
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	PV
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	PV
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	PV
lisinopril & hydrochlorothiazide tab 20-25 mg	1	PV
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	PV
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	PV
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	PV
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	PV
LOTREL CAP 5-20MG	2	PV
LOTREL CAP 10-20MG	2	PV
LOTREL CAP 10-40MG	2	PV
methyldopa & hydrochlorothiazide tab 250-15 mg	1	PV
methyldopa & hydrochlorothiazide tab 250-25 mg	1	PV
metoprolol & hydrochlorothiazide tab 50-25 mg	1	PV
metoprolol & hydrochlorothiazide tab 100-25 mg	1	PV
metoprolol & hydrochlorothiazide tab 100-50 mg	1	PV
MICARDIS HCT TAB 40/12.5	NC	
MICARDIS HCT TAB 80-25MG	NC	
MICARDIS HCT TAB 80/12.5	NC	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	PV
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	PV
PRESTALIA TAB 3.5-2.5	NC	
PRESTALIA TAB 7-5MG	NC	
PRESTALIA TAB 14-10MG	NC	
propranolol & hydrochlorothiazide tab 40-25 mg	1	PV
propranolol & hydrochlorothiazide tab 80-25 mg	1	PV
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	PV
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	PV
quinapril-hydrochlorothiazide tab 20-25 mg	1	PV
TARKA TAB 2-180 CR	2	PV
TARKA TAB 2-240 CR	2	PV
TARKA TAB 4-240 CR	2	PV
TEKTURNA HCT TAB 150-12.5	2	PV
TEKTURNA HCT TAB 150-25MG	2	PV
TEKTURNA HCT TAB 300-12.5	2	PV
TEKTURNA HCT TAB 300-25MG	2	PV
telmisartan-amlodipine tab 40-5 mg	1	PV
telmisartan-amlodipine tab 40-10 mg	1	PV
telmisartan-amlodipine tab 80-5 mg	1	PV
telmisartan-amlodipine tab 80-10 mg	1	PV
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	PV
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	PV
telmisartan-hydrochlorothiazide tab 80-25 mg	1	PV
TENORETIC TAB 50	NC	
TENORETIC TAB 100	NC	
trandolapril-verapamil hcl tab er 1-240 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
trandolapril-verapamil hcl tab er 2-180 mg	1	PV
trandolapril-verapamil hcl tab er 2-240 mg	1	PV
trandolapril-verapamil hcl tab er 4-240 mg	1	PV
TRIBENZOR20- TAB 5-12.5MG	3	PV
TRIBENZOR40- TAB 5-12.5MG	3	PV
TRIBENZOR40- TAB 5-25MG	3	PV
TRIBENZOR40- TAB 10-12.5	3	PV
TRIBENZOR40- TAB 10-25MG	3	PV
TWYNSTA TAB 40-5MG	3	PV
TWYNSTA TAB 40-10MG	3	PV
TWYNSTA TAB 80-5MG	3	PV
TWYNSTA TAB 80-10MG	3	PV
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	PV
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	PV
valsartan-hydrochlorothiazide tab 160-25 mg	1	PV
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	PV
valsartan-hydrochlorothiazide tab 320-25 mg	1	PV
VASERETIC TAB 10-25MG	3	PV
ZESTORETIC TAB 10-12.5	NC	
ZESTORETIC TAB 20-12.5	NC	
ZESTORETIC TAB 20-25MG	NC	
ZIAC TAB 2.5/6.25	2	PV
ZIAC TAB 5-6.25MG	2	PV
ZIAC TAB 10/6.25	2	PV
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	2	PV
aliskiren fumarate tab 300 mg (base equivalent)	2	PV
TEKTURNA TAB 150MG	3	PV
TEKTURNA TAB 300MG	3	PV
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
VASODILATORS		
hydralazine hcl inj 20 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tab 10 mg	1	PV
hydralazine hcl tab 25 mg	1	PV
hydralazine hcl tab 50 mg	1	PV
hydralazine hcl tab 100 mg	1	PV
minoxidil tab 2.5 mg	1	PV
minoxidil tab 10 mg	1	PV
NIPRIDE RTU INJ 20/100ML	NC	
NIPRIDE RTU INJ 50/100ML	NC	
NITROPRESS INJ 25MG/ML	3	
nitroprusside sodium iv soln 25 mg/ml	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	PV
atovaquone-proguanil hcl tab 250-100 mg	1	PV
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	PV
MALARONE TAB 250-100	2	PV
ANTIMALARIALS		
ARAKODA TAB 100MG	NC	
chloroquine phosphate tab 250 mg	1	PV
chloroquine phosphate tab 500 mg	1	PV
DARAPRIM TAB 25MG	NC	
hydroxychloroquine sulfate tab 200 mg	1	
KRINTAFEL TAB 150MG	NC	
mefloquine hcl tab 250 mg	1	PV
PLAQUENIL TAB 200MG	2	
PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	1	PV
PRIMAQUINE TAB 26.3MG	3	PV
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
BLOXIVERZ INJ 5MG/10ML	3	
BLOXIVERZ INJ 10/10ML	3	
FIRDAPSE TAB 10MG	6	SP, PA, QL
GUANIDINE TAB 125MG	3	
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
NEOSTIG METH INJ 10/10ML	3	
NEOSTIGMINE INJ 5MG/10ML	3	
neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)	1	
pyridostigmine bromide oral soln 60 mg/5ml	2	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	2	
REGONOL INJ 5MG/ML	3	
RUZURGI TAB 10MG	6	SP, PA, QL
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	3	
RIFATER TAB	3	
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT SUL INJ 1GM	3	
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid inj 100 mg/ml	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	2	
RIFADIN INJ 600 MG	3	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifampin for inj 600 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN INJ 50MG	3	
ALKERAN TAB 2MG	2	
BELRAPZO SOL 100/4ML	NC	
BENDEKA INJ 100/4ML	6	SP, PA
BICNU INJ 100MG	3	
busulfan inj 6 mg/ml	1	
BUSULFEX INJ 6MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
carboplatin iv soln 50 mg/5ml	1	
carboplatin iv soln 150 mg/15ml	1	
carboplatin iv soln 450 mg/45ml	1	
carboplatin iv soln 600 mg/60ml	1	
carmustine for inj 100 mg	1	
cisplatin inj 50 mg/50ml (1 mg/ml)	1	
cisplatin inj 100 mg/100ml (1 mg/ml)	1	
cisplatin inj 200 mg/200ml (1 mg/ml)	1	
cyclophosphamide cap 25 mg	2	
CYCLOPHOSPHAMIDE CAP 25 MG	2	
cyclophosphamide cap 50 mg	1	
CYCLOPHOSPHAMIDE CAP 50 MG	2	
cyclophosphamide for inj 1 gm	1	
cyclophosphamide for inj 2 gm	1	
cyclophosphamide for inj 500 mg	1	
EVOMELA INJ 50MG	NC	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
GLIADEL WAF 7.7MG	3	
IFEX INJ 1GM	3	
IFEX INJ 3GM	3	
ifosfamide for inj 1 gm	1	
IFOSFAMIDE INJ 3GM	3	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	
LEUKERAN TAB 2MG	2	
melphalan hcl for inj 50 mg (base equiv)	1	
melphalan tab 2 mg	2	
MYLERAN TAB 2MG	2	
oxaliplatin for iv inj 50 mg	1	
oxaliplatin for iv inj 100 mg	1	
oxaliplatin iv soln 50 mg/10ml	1	
oxaliplatin iv soln 100 mg/20ml	1	
oxaliplatin iv soln 200 mg/40ml	1	
paraplatin inj 1000mg	1	
PEPAXTO INJ 20MG	NC	
TEMODAR CAP 5MG	6	SP, ST, PA
TEMODAR CAP 20MG	6	SP, ST, PA
TEMODAR CAP 100MG	6	SP, ST, PA
TEMODAR CAP 140MG	6	SP, ST, PA
TEMODAR CAP 180MG	6	SP, ST, PA
TEMODAR CAP 250MG	6	SP, ST, PA
TEMODAR INJ 100MG	6	SP, ST, PA
temozolomide cap 5 mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 20 mg	4	SP, PA
temozolomide cap 100 mg	4	SP, PA
temozolomide cap 140 mg	4	SP, PA
temozolomide cap 180 mg	4	SP, PA
temozolomide cap 250 mg	4	SP, PA
TEPADINA INJ 15MG	6	SP, PA
TEPADINA INJ 100MG	6	SP, PA
thiotepa for inj 15 mg	4	SP, PA
THIOTEPA INJ 15MG	4	SP, PA
TREANDA INJ 25MG	6	SP, PA
TREANDA INJ 100MG	6	SP, PA
YONDELIS INJ 1MG	6	SP
ZANOSAR INJ 1GM	3	
ANTIMETABOLITES		
adrucil inj 2.5/50ml	1	
adrucil inj 5/100ml	1	
adrucil inj 500/10ml	1	
ALIMTA INJ 100MG	3	
ALIMTA INJ 500MG	3	
ARRANON INJ 5MG/ML	3	
azacitidine for inj 100 mg	4	SP, PA
capecitabine tab 150 mg	4	SP, PA, QL
capecitabine tab 500 mg	4	SP, PA, QL
cladribine iv soln 10 mg/10ml (1 mg/ml)	1	
CLOLAR INJ 1MG/ML	3	
cytarabine inj 20 mg/ml	1	
cytarabine inj pf 20 mg/ml	1	
cytarabine inj pf 100 mg/ml	1	
DACOGEN INJ 50MG	6	SP, PA
decitabine for inj 50 mg	4	SP, PA
floxuridine for inj 0.5 gm	1	
fludarabine phosphate for inj 50 mg	1	
fludarabine phosphate inj 25 mg/ml	1	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	1	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	1	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	1	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	1	
FOLOTYN INJ 20MG/ML	6	SP, PA
FOLOTYN INJ 40MG/2ML	6	SP, PA
gemcitabine hcl for inj 1 gm	1	
gemcitabine hcl for inj 2 gm	1	
gemcitabine hcl for inj 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl inj 2 gm/20ml (100 mg/ml) (base equiv)	1	
gemcitabine hcl inj 200 mg/2ml (100 mg/ml) (base equiv)	1	
GEMCITABINE INJ 1.5GM/15	3	
GEMCITABINE INJ 1GM/10ML	3	
GEMCITABINE INJ 2GM/20ML	3	
GEMCITABINE INJ 200MG	3	
INFUGEM SOL 1200MG	NC	
INFUGEM SOL 1300MG	NC	
INFUGEM SOL 1400MG	NC	
INFUGEM SOL 1500MG	NC	
INFUGEM SOL 1600MG	NC	
INFUGEM SOL 1700MG	NC	
INFUGEM SOL 1800MG	NC	
INFUGEM SOL 2000MG	NC	
INFUGEM SOL 2200MG	NC	
mercaptopurine tab 50 mg	1	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
ONUREG TAB 200MG	NC	
ONUREG TAB 300MG	NC	
PURIXAN SUS 20MG/ML	6	SP
TABLOID TAB 40MG	2	
TREXALL TAB 5MG	2	
TREXALL TAB 7.5MG	2	
TREXALL TAB 10MG	2	
TREXALL TAB 15MG	2	
VIDAZA INJ 100MG	6	SP, PA
XATMEP SOL 2.5MG/ML	3	
XELODA TAB 150MG	6	SP, ST, PA, QL
XELODA TAB 500MG	6	SP, ST, PA, QL
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	NC	
AVASTIN INJ 400/16ML	NC	

Drug Name	Drug Tier	Requirements/Limits
CYRAMZA INJ 100/10ML	6	SP, PA
CYRAMZA INJ 500/50ML	6	SP, PA
MVASI INJ 100MG	NC	
MVASI INJ 400MG	NC	
ZALTRAP INJ 100/4ML	6	SP, PA
ZALTRAP INJ 200/8ML	6	SP, PA
ZIRABEV INJ 100/4ML	4	SP, PA
ZIRABEV INJ 400/16ML	4	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
KANJINTI INJ 420MG	4	SP, PA
KANJINTI SOL 150MG	4	SP, PA
TRAZIMERA INJ 150MG	4	SP, PA
TRAZIMERA INJ 420MG	4	SP, PA
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS INJ 50MG	6	SP, PA
ARZERRA CON 100/5ML	6	SP, PA
BAVENCIO INJ 20MG/ML	6	SP, PA
BESPONSA INJ 0.9MG	6	SP, PA
BLINCYTO INJ 35MCG	6	SP, PA
CAMPATH INJ 30MG/ML	3	
DARZALEX SOL 100MG/5M	6	SP, PA
DARZALEX SOL 400MG/20	6	SP, PA
EMPLICITI INJ 300MG	6	SP, PA
EMPLICITI INJ 400MG	6	SP, PA
ERBITUX INJ 100MG	6	SP, PA
ERBITUX INJ 200MG	6	SP, PA
GAZYVA INJ 25MG/ML	6	SP, PA
HERCEPTIN INJ 150MG	NC	
IMFINZI INJ 120/2.4	6	SP, PA
IMFINZI INJ 500/10	6	SP, PA
JEMPERLI SOL 500/10ML	NC	
KADCYLA INJ 100MG	6	SP, PA
KADCYLA INJ 160MG	6	SP, PA
KEYTRUDA INJ 100MG/4M	6	SP, PA
LARTRUVO INJ 10MG/ML	6	SP, PA
LARTRUVO INJ 190/19ML	6	SP, PA
LIBTAYO INJ 350/7ML	6	SP, PA, QL
LUMOXITI SOL 1MG	6	SP, PA
MYLOTARG INJ 4.5MG	6	SP, PA
OGIVRI INJ 150MG	NC	
OGIVRI INJ 420MG	NC	
OPDIVO INJ 40MG/4ML	6	SP, PA
OPDIVO INJ 100MG/10	6	SP, PA
OPDIVO INJ 240/24	6	SP, PA
PADCEV INJ 20MG	NC	

Drug Name	Drug Tier	Requirements/Limits
PADCEV INJ 30MG	NC	
PERJETA INJ 420/14ML	5	SP, PA
PORTRAZZA INJ 800/50ML	6	SP, PA
POTELIGEO INJ 20MG/5ML	6	SP, PA
RITUXAN INJ 100MG	NC	
RITUXAN INJ 500MG	NC	
RUXIENCE INJ 100/10ML	4	SP, PA
RUXIENCE INJ 500/50ML	4	SP, PA
SARCLISA SOL 100/5ML	6	SP, PA
SARCLISA SOL 500/25ML	6	SP, PA
TECENTRIQ INJ 840/14	6	SP, PA
TECENTRIQ INJ 1200/20	6	SP, PA
TRAZIMERA INJ 420MG	NC	
TRODELVY SOL 180MG	6	SP, PA
TRUXIMA INJ 100/10ML	NC	
TRUXIMA INJ 500/50ML	NC	
UNITUXIN INJ	6	SP
VECTIBIX INJ 100MG	6	SP, PA
VECTIBIX INJ 400MG	6	SP, PA
YERVOY INJ 50MG	6	SP, PA
YERVOY INJ 200MG	6	SP, PA
ZEVALIN KIT Y-90	3	
ZYNLONTA SOL 10MG	NC	
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	6	SP, PA, QL
VENCLEXTA TAB 50MG	6	SP, PA, QL
VENCLEXTA TAB 100MG	6	SP, PA, QL
VENCLEXTA TAB START PK	6	SP, PA, QL
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
KYMRIAH SUS	NC	
PROVENGE INJ	3	
YESCARTA INJ	NC	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	NC	
DAURISMO TAB 100MG	NC	
ERIVEDGE CAP 150MG	5	SP, PA, QL
ODOMZO CAP 200MG	5	SP, PA, QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	4	SP, PA, QL
abiraterone acetate tab 500 mg	4	SP, PA, QL
anastrozole tab 1 mg	1	ACA, PV
ARIMIDEX TAB 1MG	2	PV
AROMASIN TAB 25MG	2	PV
bicalutamide tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CASODEX TAB 50MG	3	
ELIGARD INJ 7.5MG	5	SP, PA
ELIGARD INJ 22.5MG	5	SP, PA
ELIGARD INJ 30MG	5	SP, PA
ELIGARD INJ 45MG	5	SP, PA
EMCYT CAP 140MG	2	
ERLEADA TAB 60MG	5	SP, PA
exemestane tab 25 mg	1	ACA, PV
FARESTON TAB 60MG	3	
FASLODEX INJ 250/5ML	6	SP, PA
FEMARA TAB 2.5MG	2	PV
FIRMAGON INJ 80MG	5	SP, PA
FIRMAGON INJ 120MG	5	SP, PA
flutamide cap 125 mg	1	
fulvestrant inj 250 mg/5ml	4	SP, PA
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	1	
letrozole tab 2.5 mg	1	PV
leuprolide acetate inj kit 5 mg/ml	4	SP, PA
LUPRON DEPOT INJ 3.75MG	NC	
LUPRON DEPOT INJ 7.5MG	NC	
LUPRON DEPOT INJ 11.25MG	NC	
LUPRON DEPOT INJ 22.5MG	NC	
LUPRON DEPOT INJ 30MG	NC	
LUPRON DEPOT INJ 45MG	NC	
LYSODREN TAB 500MG	2	
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg	1	
megestrol acetate tab 40 mg	1	
NILANDRON TAB 150MG	NC	
nilutamide tab 150 mg	1	
NUBEQA TAB 300MG	5	SP, PA, QL
ORGOVYX TAB 120MG	NC	
SOLTAMOX SOL 10MG/5ML	3	PV
tamoxifen citrate tab 10 mg (base equivalent)	1	ACA, PV
tamoxifen citrate tab 20 mg (base equivalent)	1	ACA, PV
toremifene citrate tab 60 mg (base equivalent)	2	
TRELSTAR MIX INJ 3.75MG	NC	
TRELSTAR MIX INJ 11.25MG	NC	
TRELSTAR MIX INJ 22.5MG	NC	
VANTAS KIT 50MG	6	SP, PA
XTANDI CAP 40MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 40MG	5	SP, PA, QL
XTANDI TAB 80MG	5	SP, PA, QL
YONSA TAB 125MG	5	SP, PA, QL
ZOLADEX IMP 3.6MG	NC	
ZOLADEX IMP 10.8MG	NC	
ZYTIGA TAB 250MG	NC	
ZYTIGA TAB 500MG	NC	
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	6	SP, PA, QL
POMALYST CAP 2MG	6	SP, PA, QL
POMALYST CAP 3MG	6	SP, PA, QL
POMALYST CAP 4MG	6	SP, PA, QL
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 60MG	NC	
XPOVIO PAK 80MG	NC	
XPOVIO PAK 100MG	NC	
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj 10mg	1	
adriamycin inj 20mg	1	
adriamycin inj 50mg	1	
adriamycin inj 200mg	1	
bleomycin sulfate for inj 15 unit	1	
bleomycin sulfate for inj 30 unit	1	
COSMEGEN INJ 0.5MG	3	
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	1	
DAUNORUBICIN INJ 20MG/4ML	3	
DAUNORUBICIN INJ 50MG	3	
DOXIL INJ 2MG/ML	3	
doxorubicin hcl inj 2 mg/ml	1	
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	1	
ELLENCE INJ 2MG/ML	3	
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	1	
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	1	
IDAMYCIN PFS INJ 5MG/5ML	3	
IDAMYCIN PFS INJ 10/10ML	3	
IDAMYCIN PFS INJ 20/20ML	3	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	1	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	1	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	1	
mitomycin for iv soln 5 mg	1	
mitomycin for iv soln 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
mitomycin for iv soln 40 mg	1	
MITOMYCIN SOL 20MG	6	SP
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	4	SP, PA
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	4	SP, PA
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	4	SP, PA
VALSTAR SOL 40MG/ML	6	SP
ANTINEOPLASTIC COMBINATIONS		
HERCEP HYLEC SOL 60-10000	NC	
KISQALI 200 PAK FEMARA	5	SP, PA, QL
KISQALI 400 PAK FEMARA	5	SP, PA, QL
KISQALI 600 PAK FEMARA	5	SP, PA, QL
LONSURF TAB 15-6.14	5	SP, PA, QL
LONSURF TAB 20-8.19	5	SP, PA, QL
PHESGO SOL	5	SP, PA
RITUXAN INJ HYCELA	6	SP, PA
VYXEOS INJ 44-100MG	6	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	5	SP, ST, PA, QL
AFINITOR DIS TAB 3MG	5	SP, ST, PA, QL
AFINITOR DIS TAB 5MG	5	SP, ST, PA, QL
AFINITOR TAB 2.5MG	5	SP, ST, PA, QL
AFINITOR TAB 5MG	5	SP, ST, PA, QL
AFINITOR TAB 7.5MG	5	SP, ST, PA, QL
AFINITOR TAB 10MG	5	SP, ST, PA, QL
ALECENSA CAP 150MG	5	SP, PA, QL
ALIQOPA INJ 60MG	NC	
ALUNBRIG PAK	5	SP, PA, QL
ALUNBRIG TAB 90MG	5	SP, PA, QL
ALUNBRIG TAB 180MG	5	SP, PA, QL
BALVERSA TAB 3MG	6	SP, PA, QL
BALVERSA TAB 4MG	6	SP, PA, QL
BALVERSA TAB 5MG	6	SP, PA, QL
BELEODAQ INJ 500MG	6	SP, PA
BORTEZOMIB INJ 3.5MG	NC	
BOSULIF TAB 100MG	5	SP, PA, QL
BOSULIF TAB 500MG	5	SP, PA, QL
BRAFTOVI CAP 75MG	6	SP, PA, QL
BRUKINSA CAP 80MG	6	SP, PA, QL
CABOMETYX TAB 20MG	5	SP, PA, QL
CABOMETYX TAB 40MG	5	SP, PA, QL
CABOMETYX TAB 60MG	5	SP, PA, QL
CALQUENCE CAP 100MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TAB 100MG	6	SP, PA, QL
CAPRELSA TAB 300MG	6	SP, PA, QL
COMETRIQ KIT 60MG	6	SP, PA, QL
COMETRIQ KIT 100MG	6	SP, PA, QL
COMETRIQ KIT 140MG	6	SP, PA, QL
COPIKTRA CAP 15MG	5	SP, PA, QL
COPIKTRA CAP 25MG	5	SP, PA, QL
COTELLIC TAB 20MG	6	SP, PA, QL
erlotinib hcl tab 100 mg (base equivalent)	4	SP, PA, QL
erlotinib hcl tab 150 mg (base equivalent)	4	SP, PA, QL
everolimus tab 2.5 mg	4	
everolimus tab 5 mg	4	
everolimus tab 7.5 mg	4	
FARYDAK CAP 10MG	NC	
FARYDAK CAP 15MG	NC	
FARYDAK CAP 20MG	NC	
FOTIVDA CAP 0.89MG	NC	
FOTIVDA CAP 1.34MG	NC	
GAVRETO CAP 100MG	NC	
GILOTRIF TAB 20MG	6	SP, PA, QL
GILOTRIF TAB 30MG	6	SP, PA, QL
GILOTRIF TAB 40MG	6	SP, PA, QL
GLEEVEC TAB 100MG	NC	
GLEEVEC TAB 400MG	NC	
IBRANCE CAP 75MG	5	SP, PA, QL
IBRANCE CAP 100MG	5	SP, PA, QL
IBRANCE CAP 125MG	5	SP, PA, QL
IBRANCE TAB 75MG	5	SP, PA, QL
IBRANCE TAB 100MG	5	SP, PA, QL
IBRANCE TAB 125MG	5	SP, PA, QL
ICLUSIG TAB 15MG	6	SP, PA, QL
ICLUSIG TAB 45MG	6	SP, PA, QL
IDHIFA TAB 50MG	6	SP, PA, QL
IDHIFA TAB 100MG	6	SP, PA, QL
imatinib mesylate tab 100 mg (base equivalent)	4	SP, PA
imatinib mesylate tab 400 mg (base equivalent)	4	SP, PA
IMBRUVICA CAP 70MG	6	SP, PA, QL
IMBRUVICA CAP 140MG	6	SP, PA, QL
IMBRUVICA TAB 140MG	6	SP, PA, QL
IMBRUVICA TAB 280MG	6	SP, PA, QL
IMBRUVICA TAB 420MG	6	SP, PA, QL
IMBRUVICA TAB 560MG	6	SP, PA, QL
INLYTA TAB 1MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
INLYTA TAB 5MG	6	SP, PA, QL
INREBIC CAP 100MG	NC	
IRESSA TAB 250MG	5	SP, PA
ISTODAX OVR INJ 10MG	6	SP, PA
JAKAFI TAB 5MG	6	SP, PA, QL
JAKAFI TAB 10MG	6	SP, PA, QL
JAKAFI TAB 15MG	6	SP, PA, QL
JAKAFI TAB 20MG	6	SP, PA, QL
JAKAFI TAB 25MG	6	SP, PA, QL
KISQALI TAB 200DOSE	5	SP, PA, QL
KISQALI TAB 400DOSE	5	SP, PA, QL
KISQALI TAB 600DOSE	5	SP, PA, QL
KOSELUGO CAP 10MG	6	SP, PA, QL
KOSELUGO CAP 25MG	6	SP, PA, QL
KYPROLIS SOL 10MG	NC	
KYPROLIS SOL 30MG	NC	
KYPROLIS SOL 60MG	NC	
lapatinib ditosylate tab 250 mg (base equiv)	4	SP, PA
LENVIMA CAP 4MG	6	SP, PA, QL
LENVIMA CAP 8 MG	6	SP, PA, QL
LENVIMA CAP 10 MG	6	SP, PA, QL
LENVIMA CAP 12MG	6	SP, PA, QL
LENVIMA CAP 14 MG	6	SP, PA, QL
LENVIMA CAP 18 MG	6	SP, PA, QL
LENVIMA CAP 20 MG	6	SP, PA, QL
LENVIMA CAP 24 MG	6	SP, PA, QL
LORBRENA TAB 25MG	6	SP, PA, QL
LORBRENA TAB 100MG	6	SP, PA, QL
LUMAKRAS TAB 120MG	6	SP, PA
LYNPARZA TAB 100MG	5	SP, PA, QL
LYNPARZA TAB 150MG	5	SP, PA, QL
MEKINIST TAB 0.5MG	6	SP, PA, QL
MEKINIST TAB 2MG	6	SP, PA, QL
MEKTOVI TAB 15MG	6	SP, PA, QL
NERLYNX TAB 40MG	6	SP, PA, QL
NEXAVAR TAB 200MG	6	SP, PA, QL
NINLARO CAP 2.3MG	5	SP, PA, QL
NINLARO CAP 3MG	5	SP, PA, QL
NINLARO CAP 4MG	5	SP, PA, QL
PEMAZYRE TAB 4.5MG	NC	
PEMAZYRE TAB 9MG	NC	
PEMAZYRE TAB 13.5MG	NC	
PIQRAY 200MG TAB DOSE	6	SP, PA, QL
PIQRAY 250MG TAB DOSE	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG TAB DOSE	6	SP, PA, QL
QINLOCK TAB 50MG	NC	
RETEVMO CAP 40MG	NC	
RETEVMO CAP 80MG	NC	
ROMIDEPSIN INJ 10MG	6	SP, PA
ROMIDEPSIN INJ 27.5MG	6	SP, PA
ROZLYTREK CAP 100MG	6	SP, PA, QL
ROZLYTREK CAP 200MG	6	SP, PA, QL
RUBRACA TAB 200MG	5	SP, PA, QL
RUBRACA TAB 250MG	5	SP, PA, QL
RUBRACA TAB 300MG	5	SP, PA, QL
RYDAPT CAP 25MG	5	SP, PA, QL
SPRYCEL TAB 20MG	5	SP, PA, QL
SPRYCEL TAB 50MG	5	SP, PA, QL
SPRYCEL TAB 70MG	5	SP, PA, QL
SPRYCEL TAB 80MG	5	SP, PA, QL
SPRYCEL TAB 100MG	5	SP, PA, QL
SPRYCEL TAB 140MG	5	SP, PA, QL
STIVARGA TAB 40MG	5	SP, PA, QL
SUTENT CAP 12.5MG	5	SP, PA, QL
SUTENT CAP 25MG	5	SP, PA, QL
SUTENT CAP 37.5MG	5	SP, PA, QL
SUTENT CAP 50MG	5	SP, PA, QL
TABRECTA TAB 150MG	NC	
TABRECTA TAB 200MG	NC	
TAFINLAR CAP 50MG	5	SP, PA, QL
TAFINLAR CAP 75MG	5	SP, PA, QL
TAGRISSO TAB 40MG	5	SP, PA, QL
TAGRISSO TAB 80MG	5	SP, PA, QL
TALZENNA CAP 0.25MG	NC	
TALZENNA CAP 1MG	NC	
TARCEVA TAB 25MG	6	SP, ST, PA, QL
TARCEVA TAB 100MG	6	SP, ST, PA, QL
TARCEVA TAB 150MG	6	SP, ST, PA, QL
TASIGNA CAP 50MG	NC	
TASIGNA CAP 150MG	NC	
TASIGNA CAP 200MG	NC	
TAZVERIK TAB 200MG	NC	
temsirolimus soln for iv infusion 25 mg/ml	4	PA, QL
TEPMETKO TAB 225MG	NC	
TIBSOVO TAB 250MG	6	SP, PA, QL
TORISEL INJ 25MG/ML	6	SP, ST, PA
TUKYSA TAB 50MG	6	SP, PA, QL
TUKYSA TAB 150MG	6	SP, PA, QL
TURALIO CAP 200MG	NC	

Drug Name	Drug Tier	Requirements/Limits
TYKERB TAB 250MG	6	SP, PA, QL
UKONIQ TAB 200MG	NC	
VELCADE INJ 3.5MG	5	SP, PA
VERZENIO TAB 50MG	6	SP, PA, QL
VERZENIO TAB 100MG	6	SP, PA, QL
VERZENIO TAB 150MG	6	SP, PA, QL
VERZENIO TAB 200MG	6	SP, PA, QL
VITRAKVI CAP 25MG	6	SP, PA, QL
VITRAKVI CAP 100MG	6	SP, PA, QL
VITRAKVI SOL 20MG/ML	6	SP, PA, QL
VIZIMPRO TAB 15MG	NC	
VIZIMPRO TAB 30MG	NC	
VIZIMPRO TAB 45MG	NC	
VOTRIENT TAB 200MG	5	SP, PA, QL
XALKORI CAP 200MG	6	SP, PA, QL
XALKORI CAP 250MG	6	SP, PA, QL
XOSPATA TAB 40MG	5	SP, PA, QL
ZEJULA CAP 100MG	5	SP, PA, QL
ZELBORAF TAB 240MG	6	SP, PA, QL
ZOLINZA CAP 100MG	5	SP, PA, QL
ZYDELIG TAB 100MG	NC	
ZYDELIG TAB 150MG	NC	
ZYKADIA TAB 150MG	6	SP, PA, QL
ANTINEOPLASTIC ENZYMES		
ASPARLAS INJ 3750/5ML	6	SP, PA
ERWINAZE INJ 10000UNT	6	SP, PA
ONCASPAR INJ 750/ML	6	SP, PA
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIM INJ 15MCI/ML	6	SP, PA
AZEDRA THERA INJ 15MCI/ML	6	SP, PA
LUTATHERA SOL 370MBQ	NC	
QUADRAMET INJ 1850MBQ	3	
XOFIGO INJ 1100KBQ	NC	
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	6	SP, PA
ALFERON N INJ 5MU/ML	6	SP
bexarotene cap 75 mg	4	SP, PA
dacarbazine for inj 100 mg	1	
dacarbazine for inj 200 mg	1	
ELZONRIS SOL 1000MCG	NC	
HYDREA CAP 500MG	2	
hydroxyurea cap 500 mg	1	
INTRON A INJ 10MU	6	SP, PA
INTRON A INJ 18MU	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 25MU	6	SP, PA
INTRON A INJ 50MU	6	SP, PA
MATULANE CAP 50MG	2	
NIPENT INJ 10MG	3	
PHOTOFRIN INJ 75MG	3	
PROLEUKIN INJ 22MU	6	SP, PA
SYLATRON KIT 200MCG	6	SP, PA, QL
SYLATRON KIT 300MCG	6	SP, PA, QL
SYLATRON KIT 600MCG	6	SP, PA, QL
SYNRIBO INJ 3.5MG	6	SP, PA
TARGRETIN CAP 75MG	6	SP, ST, PA
TICE BCG INJ	3	
tretinoin cap 10 mg	2	
TRISENOX INJ 12MG/6ML	6	
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ 1.5MG	3	
ELITEK INJ 7.5MG	3	
KEPIVANCE INJ 6.25MG	3	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
COSELA INJ 300MG	NC	
dexrazoxane hcl for inj 250 mg (base equivalent)	1	
dexrazoxane hcl for inj 500 mg (base equivalent)	1	
ETHYOL INJ 500MG	3	
leucovorin calcium for inj 50 mg	1	
leucovorin calcium for inj 100 mg	1	
leucovorin calcium for inj 200 mg	1	
leucovorin calcium for inj 350 mg	1	
leucovorin calcium for inj 500 mg	1	
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	1	
leucovorin calcium tab 5 mg	1	
leucovorin calcium tab 10 mg	1	
leucovorin calcium tab 15 mg	1	
leucovorin calcium tab 25 mg	2	
levoleucovorin calcium for iv inj 50 mg (base equiv)	4	SP, PA
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	4	SP, PA
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	4	SP, PA
mesna inj 100 mg/ml	1	
MESNEX INJ 1GM	3	
MESNEX TAB 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
TOTECT INJ 500MG	NC	
VORAXAZE INJ 1000UNIT	6	SP
ZINECARD INJ 250MG	3	
ZINECARD INJ 500MG	3	
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	
docetaxel for inj conc 20 mg/ml	1	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	1	
DOCETAXEL INJ 20MG/2ML	3	
DOCETAXEL INJ 20MG/ML	3	
DOCETAXEL INJ 80MG/4ML	3	
DOCETAXEL INJ 80MG/8ML	3	
DOCETAXEL INJ 160/8ML	3	
DOCETAXEL INJ 160/16ML	3	
ETOPOPHOS INJ 100MG	3	
etoposide cap 50 mg	1	
etoposide inj 1 gm/50ml (20 mg/ml)	1	
etoposide inj 100 mg/5ml (20 mg/ml)	1	
etoposide inj 500 mg/25ml (20 mg/ml)	1	
HALAVEN INJ 1MG/2ML	6	SP, PA
IXEMPRA KIT INJ 15MG	6	SP, PA
IXEMPRA KIT INJ 45MG	6	SP, PA
JEVTANA INJ 60/1.5ML	6	SP, PA
MARQIBO INJ 5MG/31ML	6	SP
NAVELBINE INJ 10MG/ML	3	
NAVELBINE INJ 50MG/5ML	3	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	1	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	1	
PACLITAXEL IV CONC 100 MG/16.67ML (6 MG/ML)	1	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	1	
TAXOTERE INJ 20MG/ML	3	
TAXOTERE INJ 80MG/4ML	3	
TENIPOSIDE INJ 50MG/5ML	3	
toposar inj 1gm/50ml	1	
toposar inj 20mg/ml	1	
toposar inj 100/5ml	1	
toposar inj 500/25ml	1	
vinblastine sulfate inj 1 mg/ml	1	
vincristine sulfate iv soln 1 mg/ml	1	
vinorelbine tartrate inj 10 mg/ml (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	1	
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	6	SP, PA
TOPOISOMERASE I INHIBITORS		
CAMPTOSAR INJ 40MG/2ML	3	
CAMPTOSAR INJ 100/5ML	3	
CAMPTOSAR INJ 300/15ML	3	
HYCAMTIN CAP 0.25MG	6	SP, PA
HYCAMTIN CAP 1MG	6	SP, PA
HYCAMTIN INJ 4MG	3	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	1	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	1	
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	1	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	1	
ONIVYDE INJ 4.3MG/ML	6	SP
topotecan hcl for inj 4 mg (base equiv)	1	
TOPOTECAN INJ 4MG/4ML	3	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab 25 mg	2	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	NC	
NOURIANZ TAB 40MG	NC	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate inj 1 mg/ml	1	
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
COGENTIN INJ 1MG/ML	3	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
ONGENTYS CAP 25MG	NC	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl syrup 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carb/levo tab 10-100mg	1	
carb/levo tab 25-100mg	1	
carb/levo tab 25-250mg	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	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
DUOPA SUS 4.63-20	6	SP, PA
GOCOVRI CAP 68.5MG	NC	
GOCOVRI CAP 137MG	NC	
INBRIJA CAP 42MG	5	SP, PA
KYNMOBI MIS 10MG	5	SP, PA, QL
KYNMOBI MIS 15MG	5	SP, PA, QL
KYNMOBI MIS 20MG	5	SP, PA, QL
KYNMOBI MIS 25MG	5	SP, PA, QL
KYNMOBI MIS 30MG	5	SP, PA, QL
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.25MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1.5MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB 129MG	NC	
OSMOLEX ER TAB 193MG	NC	
OSMOLEX ER TAB 258MG	NC	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	2	
pramipexole dihydrochloride tab er 24hr 0.375 mg	2	
pramipexole dihydrochloride tab er 24hr 1.5 mg	2	
pramipexole dihydrochloride tab er 24hr 2.25 mg	2	
pramipexole dihydrochloride tab er 24hr 3 mg	2	
pramipexole dihydrochloride tab er 24hr 3.75 mg	2	
pramipexole dihydrochloride tab er 24hr 4.5 mg	2	
REQUIP XL TAB 8MG	3	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	2	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	2	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	2	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET CR TAB 25-100MG	3	
SINEMET CR TAB 50-200MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	2	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
XADAGO TAB 50MG	NC	
XADAGO TAB 100MG	NC	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
LITHOBID TAB 300MG CR	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 42MG	NC	
EQUETRO CAP 100MG	3	PV
EQUETRO CAP 200MG	3	PV
EQUETRO CAP 300MG	3	PV
GEODON CAP 20MG	3	PV
GEODON CAP 40MG	3	PV
GEODON CAP 60MG	3	PV
GEODON CAP 80MG	3	PV
GEODON INJ 20MG	3	
LATUDA TAB 20MG	2	PA; PV
LATUDA TAB 40MG	2	PA; PV
LATUDA TAB 60MG	2	PA; PV
LATUDA TAB 80MG	2	PA; PV
LATUDA TAB 120MG	2	PA; PV
NUPLAZID CAP 34MG	6	SP, PA
NUPLAZID TAB 10MG	6	SP, PA
VRAYLAR CAP 1.5-3MG	2	PA; PV
VRAYLAR CAP 1.5MG	2	PA; PV
VRAYLAR CAP 3MG	2	PA; PV
VRAYLAR CAP 4.5MG	2	PA; PV
VRAYLAR CAP 6MG	2	PA; PV
ziprasidone hcl cap 20 mg	1	PV
ziprasidone hcl cap 40 mg	1	PV
ziprasidone hcl cap 60 mg	1	PV
ziprasidone hcl cap 80 mg	1	PV
BENZISOXAZOLES		
FANAPT PAK	NC	
FANAPT TAB 1MG	NC	
FANAPT TAB 2MG	NC	
FANAPT TAB 4MG	NC	
FANAPT TAB 6MG	NC	
FANAPT TAB 8MG	NC	
FANAPT TAB 10MG	NC	
FANAPT TAB 12MG	NC	
INVEGA SUST INJ 39/0.25	3	PV
INVEGA SUST INJ 78/0.5ML	3	PV
INVEGA SUST INJ 117/0.75	3	PV
INVEGA SUST INJ 156MG/ML	3	PV
INVEGA SUST INJ 234/1.5	3	PV
INVEGA TAB 1.5MG	3	PV
INVEGA TAB 3MG	3	PV
INVEGA TAB 6MG	3	PV
INVEGA TAB 9MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZ INJ 273MG	NC	
INVEGA TRINZ INJ 410MG	NC	
INVEGA TRINZ INJ 546MG	NC	
INVEGA TRINZ INJ 819MG	NC	
paliperidone tab er 24hr 1.5 mg	2	PV
paliperidone tab er 24hr 3 mg	2	PV
paliperidone tab er 24hr 6 mg	2	PV
paliperidone tab er 24hr 9 mg	2	PV
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	PV
RISPERDAL INJ 25MG	3	PV
RISPERDAL INJ 37.5MG	3	PV
RISPERDAL INJ 50MG	3	PV
RISPERDAL SOL 1MG/ML	3	PV
RISPERDAL TAB 0.5MG	3	PV
RISPERDAL TAB 1MG	3	PV
RISPERDAL TAB 2MG	3	PV
RISPERDAL TAB 3MG	3	PV
RISPERDAL TAB 4MG	3	PV
risperidone orally disintegrating tab 0.5 mg	1	PV
risperidone orally disintegrating tab 0.25 mg	2	PV
risperidone orally disintegrating tab 1 mg	1	PV
risperidone orally disintegrating tab 2 mg	1	PV
risperidone orally disintegrating tab 3 mg	1	PV
risperidone orally disintegrating tab 4 mg	2	PV
risperidone soln 1 mg/ml	1	PV
risperidone tab 0.5 mg	1	PV
risperidone tab 0.25 mg	1	PV
risperidone tab 1 mg	1	PV
risperidone tab 2 mg	1	PV
risperidone tab 3 mg	1	PV
risperidone tab 4 mg	1	PV
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	PV
HALDOL DECAN INJ 100MG/ML	3	PV
HALDOL INJ 5MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	PV
haloperidol decanoate im soln 100 mg/ml	1	PV
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	PV
haloperidol tab 0.5 mg	1	PV
haloperidol tab 1 mg	1	PV
haloperidol tab 2 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
haloperidol tab 5 mg	1	PV
haloperidol tab 10 mg	1	PV
haloperidol tab 20 mg	1	PV
DIBENZAPINES		
ADASUVE INH 10MG	3	
asenapine maleate sl tab 2.5 mg (base equiv)	1	PA; PV
asenapine maleate sl tab 5 mg (base equiv)	1	PA; PV
asenapine maleate sl tab 10 mg (base equiv)	1	PA; PV
clozapine orally disintegrating tab 12.5 mg	1	PV
clozapine orally disintegrating tab 25 mg	1	PV
clozapine orally disintegrating tab 100 mg	1	PV
clozapine orally disintegrating tab 150 mg	2	PV
clozapine orally disintegrating tab 200 mg	1	PV
clozapine tab 25 mg	1	PV
clozapine tab 50 mg	1	PV
clozapine tab 100 mg	1	PV
clozapine tab 200 mg	1	PV
CLOZARIL TAB 25MG	3	PV
CLOZARIL TAB 100MG	3	PV
loxapine succinate cap 5 mg	1	PV
loxapine succinate cap 10 mg	1	PV
loxapine succinate cap 25 mg	1	PV
loxapine succinate cap 50 mg	1	PV
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	PV
olanzapine orally disintegrating tab 10 mg	1	PV
olanzapine orally disintegrating tab 15 mg	1	PV
olanzapine orally disintegrating tab 20 mg	1	PV
olanzapine tab 2.5 mg	1	PV
olanzapine tab 5 mg	1	PV
olanzapine tab 7.5 mg	1	PV
olanzapine tab 10 mg	1	PV
olanzapine tab 15 mg	1	PV
olanzapine tab 20 mg	1	PV
quetiapine fumarate tab 25 mg	1	PV
quetiapine fumarate tab 50 mg	1	PV
quetiapine fumarate tab 100 mg	1	PV
quetiapine fumarate tab 200 mg	1	PV
quetiapine fumarate tab 300 mg	1	PV
quetiapine fumarate tab 400 mg	1	PV
quetiapine fumarate tab er 24hr 50 mg	1	PV
quetiapine fumarate tab er 24hr 150 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 200 mg	1	PV
quetiapine fumarate tab er 24hr 300 mg	1	PV
quetiapine fumarate tab er 24hr 400 mg	1	PV
SAPHRIS SUB 2.5MG	3	PA; PV
SAPHRIS SUB 5MG	3	PA; PV
SAPHRIS SUB 10MG	3	PA; PV
SECUADO DIS 3.8MG	NC	
SECUADO DIS 5.7MG	NC	
SECUADO DIS 7.6MG	NC	
SEROQUEL TAB 25MG	3	PV
SEROQUEL TAB 50MG	3	PV
SEROQUEL TAB 100MG	3	PV
SEROQUEL TAB 200MG	3	PV
SEROQUEL TAB 300MG	3	PV
SEROQUEL TAB 400MG	3	PV
SEROQUEL XR TAB 50MG	NC	
SEROQUEL XR TAB 150MG	NC	
SEROQUEL XR TAB 200MG	NC	
SEROQUEL XR TAB 300MG	NC	
SEROQUEL XR TAB 400MG	NC	
VERSACLOZ SUS 50MG/ML	3	PV
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	PV
ZYPREXA TAB 5MG	3	PV
ZYPREXA TAB 7.5MG	3	PV
ZYPREXA TAB 10MG	3	PV
ZYPREXA TAB 15MG	3	PV
ZYPREXA TAB 20MG	3	PV
ZYPREXA ZYDI TAB 5MG	3	PV
ZYPREXA ZYDI TAB 10MG	3	PV
ZYPREXA ZYDI TAB 15MG	3	PV
ZYPREXA ZYDI TAB 20MG	3	PV
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	1	
CHLORPROMAZINE HCL INJ 25 MG/ML	3	
chlorpromazine hcl inj 50 mg/2ml	1	
CHLORPROMAZINE HCL INJ 50 MG/2ML	3	
chlorpromazine hcl tab 10 mg	1	PV
chlorpromazine hcl tab 25 mg	2	PV
chlorpromazine hcl tab 50 mg	2	PV
chlorpromazine hcl tab 100 mg	2	PV
chlorpromazine hcl tab 200 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
compro sup 25mg	2	
fluphenazine decanoate inj 25 mg/ml	1	PV
fluphenazine hcl elixir 2.5 mg/5ml	1	PV
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	PV
fluphenazine hcl tab 1 mg	1	PV
fluphenazine hcl tab 2.5 mg	2	PV
fluphenazine hcl tab 5 mg	2	PV
fluphenazine hcl tab 10 mg	2	PV
perphenazine tab 2 mg	1	PV
perphenazine tab 4 mg	1	PV
perphenazine tab 8 mg	1	PV
perphenazine tab 16 mg	1	PV
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	2	
thioridazine hcl tab 10 mg	1	PV
thioridazine hcl tab 25 mg	1	PV
thioridazine hcl tab 50 mg	1	PV
thioridazine hcl tab 100 mg	1	PV
trifluoperazine hcl tab 1 mg (base equivalent)	1	PV
trifluoperazine hcl tab 2 mg (base equivalent)	1	PV
trifluoperazine hcl tab 5 mg (base equivalent)	1	PV
trifluoperazine hcl tab 10 mg (base equivalent)	1	PV
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY MYCI TAB 2MG MANT	NC	
ABILIFY MYCI TAB 2MG STRT	NC	
ABILIFY MYCI TAB 5MG MANT	NC	
ABILIFY MYCI TAB 5MG STRT	NC	
ABILIFY MYCI TAB 10MG MNT	NC	
ABILIFY MYCI TAB 10MG STR	NC	
ABILIFY MYCI TAB 15MG MNT	NC	
ABILIFY MYCI TAB 15MG STR	NC	
ABILIFY MYCI TAB 20MG MNT	NC	
ABILIFY MYCI TAB 20MG STR	NC	
ABILIFY MYCI TAB 30MG MNT	NC	

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCI TAB 30MG STR	NC	
ABILIFY TAB 2MG	NC	
ABILIFY TAB 5MG	NC	
ABILIFY TAB 10MG	NC	
ABILIFY TAB 15MG	NC	
ABILIFY TAB 20MG	NC	
ABILIFY TAB 30MG	NC	
aripiprazole oral solution 1 mg/ml	2	PV
aripiprazole orally disintegrating tab 10 mg	2	PV
aripiprazole orally disintegrating tab 15 mg	2	PV
aripiprazole tab 2 mg	1	PV
aripiprazole tab 5 mg	1	PV
aripiprazole tab 10 mg	1	PV
aripiprazole tab 15 mg	1	PV
aripiprazole tab 20 mg	1	PV
aripiprazole tab 30 mg	1	PV
ARISTADA INJ 441MG/1.	3	PV
ARISTADA INJ 662MG/2	3	PV
ARISTADA INJ 882MG/3	3	PV
ARISTADA INJ 1064MG	3	PV
ARISTADA INJ INITIO	3	PV
REXULTI TAB 0.5MG	3	PA; PV
REXULTI TAB 0.25MG	3	PA; PV
REXULTI TAB 1MG	3	PA; PV
REXULTI TAB 2MG	3	PA; PV
REXULTI TAB 3MG	3	PA; PV
REXULTI TAB 4MG	3	PA; PV
THIOXANTHENES		
thiothixene cap 1 mg	1	PV
thiothixene cap 2 mg	1	PV
thiothixene cap 5 mg	1	PV
thiothixene cap 10 mg	1	PV
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE SOL 37%	3	
formaldehyde solution 10%	1	
GLUTARALDEHY SOL 25%	3	
hydrogen peroxide soln 30%	1	
KERR TRIPLE MIS DYE SWAB	3	OTC
CHLORINE ANTISEPTICS		
ANASEPT SPR	NC	OTC
BENZALKONIUM SOL 50%	3	
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	

Drug Name	Drug Tier	Requirements/Limits
IODINE ANTISEPTICS		
IODINE TIN 2%	3	
LUGOLS SOL STRONG	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	SP, QL
abacavir sulfate tab 300 mg (base equiv)	1	SP, QL
abacavir sulfate-lamivudine tab 600-300 mg	1	SP, QL
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	SP, QL
APTIVUS CAP 250MG	NC	
APTIVUS SOL	NC	
atazanavir sulfate cap 150 mg (base equiv)	1	SP, QL
atazanavir sulfate cap 200 mg (base equiv)	1	SP, QL
atazanavir sulfate cap 300 mg (base equiv)	1	SP, QL
ATRIPLA TAB	3	SP, QL
BIKTARVY TAB	2	SP, QL
CABENUVA SUS 400-600	NC	
CABENUVA SUS 600-900	NC	
CIMDUO TAB 300-300	2	SP, QL
COMBIVIR TAB 150-300	2	SP, QL
COMPLERA TAB	NC	
CRIXIVAN CAP 200MG	2	SP, QL
CRIXIVAN CAP 400MG	2	SP, QL
DELSTRIGO TAB	NC	
DESCOVY TAB 200/25MG	2	SP, QL
didanosine delayed release capsule 200 mg	1	SP, QL
didanosine delayed release capsule 250 mg	1	SP, QL
didanosine delayed release capsule 400 mg	1	SP, QL
DOVATO TAB 50-300MG	2	SP, QL
EDURANT TAB 25MG	2	SP, QL
efavirenz cap 50 mg	1	SP, QL
efavirenz cap 200 mg	1	SP, QL
efavirenz tab 600 mg	1	SP, QL
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	SP, QL
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	SP, QL
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	SP, QL
emtricitabine caps 200 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	SP, QL; PV

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	SP, QL; ACA, PV
EMTRIVA CAP 200MG	2	SP, QL
EMTRIVA SOL 10MG/ML	2	SP, QL
EPIVIR SOL 10MG/ML	2	SP, QL
EPIVIR TAB 150MG	2	SP, QL
EPIVIR TAB 300MG	2	SP, QL
EPZICOM TAB 600-300	3	SP, QL
EVOTAZ TAB 300-150	2	SP, QL
fosamprenavir calcium tab 700 mg (base equiv)	1	SP, QL
FUZEON INJ 90MG	5	SP, PA, QL
GENVOYA TAB	2	SP, QL
INTELENCE TAB 25MG	2	SP, QL
INTELENCE TAB 100MG	2	SP, QL
INTELENCE TAB 200MG	2	SP, QL
INVIRASE TAB 500MG	NC	
ISENTRESS CHW 25MG	2	SP, QL
ISENTRESS CHW 100MG	2	SP, QL
ISENTRESS HD TAB 600MG	2	SP, QL
ISENTRESS POW 100MG	2	SP, QL
ISENTRESS TAB 400MG	2	SP, QL
JULUCA TAB 50-25MG	3	SP, QL
KALETRA SOL	3	SP, QL
KALETRA TAB 100-25MG	3	SP, QL
KALETRA TAB 200-50MG	3	SP, QL
lamivudine oral soln 10 mg/ml	1	SP, QL
lamivudine tab 150 mg	1	SP, QL
lamivudine tab 300 mg	1	SP, QL
lamivudine-zidovudine tab 150-300 mg	1	SP, QL
LEXIVA SUS 50MG/ML	NC	
LEXIVA TAB 700MG	NC	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	SP, QL
nevirapine tab 200 mg	1	SP, QL
nevirapine tab er 24hr 100 mg	1	SP, QL
nevirapine tab er 24hr 400 mg	1	SP, QL
NORVIR POW 100MG	2	SP, QL
NORVIR SOL 80MG/ML	2	SP, QL
NORVIR TAB 100MG	2	SP, QL
ODEFSEY TAB	2	SP, QL

Drug Name	Drug Tier	Requirements/Limits
PIFELTRO TAB 100MG	NC	
PREZCOBIX TAB 800-150	2	SP, QL
PREZISTA SUS 100MG/ML	2	SP, QL
PREZISTA TAB 75MG	2	SP, QL
PREZISTA TAB 150MG	2	SP, QL
PREZISTA TAB 600MG	2	SP, QL
PREZISTA TAB 800MG	2	SP, QL
RESCRIPTOR TAB 200MG	2	SP, QL
RETROVIR CAP 100MG	2	SP, QL
RETROVIR INJ 10MG/ML	5	SP, QL
RETROVIR SYP 50MG/5ML	2	SP, QL
REYATAZ CAP 150MG	3	SP, QL
REYATAZ CAP 200MG	3	SP, QL
REYATAZ CAP 300MG	3	SP, QL
REYATAZ POW 50MG	3	SP, QL
ritonavir tab 100 mg	1	SP, QL
RUKOBIA TAB 600MG ER	NC	
SELZENTRY SOL 20MG/ML	2	SP, QL
SELZENTRY TAB 25MG	2	SP, QL
SELZENTRY TAB 75MG	2	SP, QL
SELZENTRY TAB 150MG	2	SP, QL
SELZENTRY TAB 300MG	2	SP, QL
stavudine cap 15 mg	1	SP, QL
stavudine cap 20 mg	1	SP, QL
stavudine cap 30 mg	1	SP, QL
stavudine cap 40 mg	1	SP, QL
STRIBILD TAB	NC	
SUSTIVA CAP 50MG	2	SP, QL
SUSTIVA CAP 200MG	2	SP, QL
SUSTIVA TAB 600MG	2	SP, QL
SYMFI LO TAB	3	SP, QL
SYMFI TAB	3	SP, QL
SYMTUZA TAB	2	SP, QL
TEMIXYS TAB 300-300	2	SP, PA, QL
tenofovir disoproxil fumarate tab 300 mg	1	SP, QL
TIVICAY TAB 10MG	2	SP, QL
TIVICAY TAB 25MG	2	SP, QL
TIVICAY TAB 50MG	2	SP, QL
TRIUMEQ TAB	2	SP, QL
TRIZIVIR TAB	2	SP, QL
TROGARZO INJ 150MG/ML	6	SP
TRUVADA TAB 100-150	3	SP, QL; PV
TRUVADA TAB 133-200	3	SP, QL
TRUVADA TAB 167-250	3	SP, QL
TRUVADA TAB 200-300	3	SP, QL; PV

Drug Name	Drug Tier	Requirements/Limits
TYBOST TAB 150MG	2	SP, QL
VIDEX EC CAP 125MG	2	SP, QL
VIDEX EC CAP 200MG	2	SP, QL
VIDEX EC CAP 250MG	2	SP, QL
VIDEX SOL 2GM	2	SP, QL
VIRACEPT TAB 250MG	NC	
VIRACEPT TAB 625MG	NC	
VIRAMUNE SUS 50MG/5ML	2	SP, QL
VIRAMUNE TAB 200MG	2	SP, QL
VIRAMUNE XR TAB 400MG	2	SP, QL
VIREAD POW 40MG/GM	3	SP, QL
VIREAD TAB 150MG	3	SP, QL
VIREAD TAB 200MG	3	SP, QL
VIREAD TAB 250MG	3	SP, QL
VIREAD TAB 300MG	3	SP, QL
ZIAGEN SOL 20MG/ML	2	SP, QL
ZIAGEN TAB 300MG	2	SP, QL
zidovudine cap 100 mg	1	SP, QL
zidovudine syrup 10 mg/ml	1	SP, QL
zidovudine tab 300 mg	1	SP, QL
CMV AGENTS		
cidofovir iv inj 75 mg/ml	2	
CYTOVENE INJ 500MG	3	
FOSCAVIR INJ 24MG/ML	3	
ganciclovir sodium for inj 500 mg	1	
PREVYMIS INJ 240/12	3	
PREVYMIS INJ 480/24	3	
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	NC	
VALCYTE TAB 450MG	NC	
valganciclovir hcl for soln 50 mg/ml (base equiv)	2	
valganciclovir hcl tab 450 mg (base equivalent)	2	
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	4	SP
BARACLUDE SOL	5	SP
BARACLUDE TAB 0.5MG	NC	
BARACLUDE TAB 1MG	NC	
entecavir tab 0.5 mg	4	SP
entecavir tab 1 mg	4	SP
EPCLUSA TAB 200-50MG	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TAB 400-100	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPIVIR HBV SOL 5MG/ML	NC	
EPIVIR HBV TAB 100MG	NC	
HARVONI PAK	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HEPSERA TAB 10MG	NC	
lamivudine tab 100 mg (hbv)	4	SP
LEDIP-SOFOSB TAB 90-400MG	NC	
MAVYRET TAB 100-40MG	NC	
PEGASYS INJ	NC	
PEGASYS INJ 180MCG/M	NC	
PEGASYS INJ PROCLICK	NC	
PEGASYS KIT 180MCG/M	NC	
PEGINTRON KIT 50MCG	6	SP, PA
ribavirin cap 200 mg	4	SP, PA, QL
ribavirin tab 200 mg	4	SP, PA, QL
SOFOS/VELPAT TAB 400-100	NC	
SOVALDI PAK 150MG	6	SP, PA, QL
SOVALDI PAK 200MG	6	SP, PA, QL
SOVALDI TAB 200MG	6	SP, PA, QL
SOVALDI TAB 400MG	6	SP, PA, QL
VEMLIDY TAB 25MG	5	SP, QL
VIEKIRA PAK TAB	NC	
VOSEVI TAB	5	SP, PA, QL; 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)
ZEPATIER TAB 50-100MG	NC	
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir sodium iv soln 50 mg/ml	1	
acyclovir susp 200 mg/5ml	2	
acyclovir tab 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
SITAVIG TAB 50MG	NC	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
VALTREX TAB 1GM	NC	
VALTREX TAB 500MG	NC	
ZOVIRAX SUS 200/5ML	3	
ZOVIRAX TAB 400MG	3	
ZOVIRAX TAB 800MG	3	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	2	PA, QL
oseltamivir phosphate cap 45 mg (base equiv)	2	PA, QL
oseltamivir phosphate cap 75 mg (base equiv)	2	PA, QL
oseltamivir phosphate for susp 6 mg/ml (base equiv)	2	PA, QL
RAPIVAB INJ 200MG/20	3	
RELENZA MIS DISKHALE	2	PA, QL
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	PA, QL
TAMIFLU CAP 45MG	3	PA, QL
TAMIFLU CAP 75MG	3	PA, QL
TAMIFLU SUS 6MG/ML	3	PA, QL
XOFLUZA TAB 20MG	NC	
XOFLUZA TAB 40MG	NC	
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin for inhal soln 6 gm	1	
VIRAZOLE INH 6GM	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	2	
carvedilol phosphate cap er 24hr 20 mg	2	
carvedilol phosphate cap er 24hr 40 mg	2	
carvedilol phosphate cap er 24hr 80 mg	2	
carvedilol tab 3.125 mg	1	PV
carvedilol tab 6.25 mg	1	PV
carvedilol tab 12.5 mg	1	PV
carvedilol tab 25 mg	1	PV
COREG CR CAP 10MG	NC	
COREG CR CAP 20MG	NC	

Drug Name	Drug Tier	Requirements/Limits
COREG CR CAP 40MG	NC	
COREG CR CAP 80MG	NC	
COREG TAB 3.125MG	3	PV
COREG TAB 6.25MG	3	PV
COREG TAB 12.5MG	3	PV
COREG TAB 25MG	3	PV
labetalol hcl iv soln 5 mg/ml	1	
labetalol hcl tab 100 mg	1	PV
labetalol hcl tab 200 mg	1	PV
labetalol hcl tab 300 mg	1	PV
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	PV
acebutolol hcl cap 400 mg	1	PV
atenolol tab 25 mg	1	PV
atenolol tab 50 mg	1	PV
atenolol tab 100 mg	1	PV
betaxolol hcl tab 10 mg	1	PV
betaxolol hcl tab 20 mg	1	PV
bisoprolol fumarate tab 5 mg	1	PV
bisoprolol fumarate tab 10 mg	1	PV
BREVIBLOC INJ 10MG/ML	3	
BREVIBLOC SOL	3	
BREVIBLOC SOL 10MG/ML	3	
BYSTOLIC TAB 2.5MG	2	PV
BYSTOLIC TAB 5MG	2	PV
BYSTOLIC TAB 10MG	2	PV
BYSTOLIC TAB 20MG	2	PV
esmolol hcl inj 100 mg/10ml	1	
ESMOLOL HCL SOL 2000/100	3	
ESMOLOL HCL SOL 2500/250	3	
KAPSPARGO CAP 25MG	NC	
KAPSPARGO CAP 50MG	NC	
KAPSPARGO CAP 100MG	NC	
KAPSPARGO CAP 200MG	NC	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	PV
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	PV
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	PV
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	PV
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	PV
metoprolol tartrate iv soln 5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate tab 25 mg	1	PV
metoprolol tartrate tab 37.5 mg	1	PV
metoprolol tartrate tab 50 mg	1	PV
metoprolol tartrate tab 75 mg	1	PV
metoprolol tartrate tab 100 mg	1	PV
TENORMIN TAB 25MG	3	PV
TENORMIN TAB 50MG	3	PV
TENORMIN TAB 100MG	3	PV
TOPROL XL TAB 25MG	NC	
TOPROL XL TAB 50MG	NC	
TOPROL XL TAB 100MG	NC	
TOPROL XL TAB 200MG	NC	
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	NC	
BETAPACE AF TAB 120MG	NC	
BETAPACE AF TAB 160MG	NC	
BETAPACE TAB 80MG	NC	
BETAPACE TAB 120MG	NC	
BETAPACE TAB 160MG	NC	
CORGARD TAB 20MG	3	PV
CORGARD TAB 40MG	3	PV
CORGARD TAB 80MG	3	PV
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	NC	
INDERAL LA CAP 80MG	NC	
INDERAL LA CAP 120MG	NC	
INDERAL LA CAP 160MG	NC	
INDERAL XL CAP 80MG	NC	
INDERAL XL CAP 120MG	NC	
INNOPRAN XL CAP 80MG	NC	
INNOPRAN XL CAP 120MG	NC	
nadolol tab 20 mg	1	PV
nadolol tab 40 mg	1	PV
nadolol tab 80 mg	1	PV
pindolol tab 5 mg	1	PV
pindolol tab 10 mg	1	PV
propranolol hcl cap er 24hr 60 mg	1	PV
propranolol hcl cap er 24hr 80 mg	1	PV
propranolol hcl cap er 24hr 120 mg	1	PV
propranolol hcl cap er 24hr 160 mg	1	PV
propranolol hcl inj 1 mg/ml	1	
propranolol hcl oral soln 20 mg/5ml	1	PV
propranolol hcl oral soln 40 mg/5ml	1	PV
propranolol hcl tab 10 mg	1	PV
propranolol hcl tab 20 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl tab 40 mg	1	PV
propranolol hcl tab 60 mg	1	PV
propranolol hcl tab 80 mg	1	PV
sorine tab 80mg	1	PV
sorine tab 120mg	1	PV
sorine tab 160mg	1	PV
sorine tab 240mg	1	PV
sotalol hcl (afib/afl) tab 80 mg	1	PV
sotalol hcl (afib/afl) tab 120 mg	1	PV
sotalol hcl (afib/afl) tab 160 mg	1	PV
SOTALOL HCL INJ 150/10ML	3	
sotalol hcl tab 80 mg	1	PV
sotalol hcl tab 120 mg	1	PV
sotalol hcl tab 160 mg	1	PV
sotalol hcl tab 240 mg	1	PV
SOTYLIZE SOL 5MG/ML	3	PV
timolol maleate tab 5 mg	1	PV
timolol maleate tab 10 mg	1	PV
timolol maleate tab 20 mg	1	PV
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB 2.5-200	NC	
CONSENSI TAB 5-200MG	NC	
CONSENSI TAB 10-200MG	NC	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC TAB 30MG ER	3	PV
ADALAT CC TAB 60MG ER	3	PV
ADALAT CC TAB 90MG ER	3	
amlodipine besylate tab 2.5 mg (base equivalent)	1	PV
amlodipine besylate tab 5 mg (base equivalent)	1	PV
amlodipine besylate tab 10 mg (base equivalent)	1	PV
CALAN SR TAB 120MG	3	PV
CALAN SR TAB 180MG	3	PV
CALAN SR TAB 240MG	3	PV
CARDENE IV INJ 40/200ML	3	
CARDENE IV SOL 20/200ML	3	
CARDIZEM CD CAP 120MG/24	NC	
CARDIZEM CD CAP 180MG/24	NC	
CARDIZEM CD CAP 240MG/24	NC	
CARDIZEM CD CAP 360MG/24	NC	
CARDIZEM LA TAB 120MG	NC	
CARDIZEM LA TAB 180MG	NC	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TAB 240MG	NC	
CARDIZEM LA TAB 300MG/24	NC	
CARDIZEM LA TAB 360MG	NC	
CARDIZEM LA TAB 420MG/24	NC	
CARDIZEM TAB 30MG	NC	
CARDIZEM TAB 60MG	NC	
CARDIZEM TAB 120MG	NC	
cartia xt cap 120/24hr	1	PV
cartia xt cap 180/24hr	1	PV
cartia xt cap 240/24hr	1	PV
cartia xt cap 300/24hr	1	PV
CLEVIPREX EMU 25/50ML	3	
CLEVIPREX EMU 50/100ML	3	
dilt-xr cap 120mg	1	PV
dilt-xr cap 180mg	1	PV
dilt-xr cap 240mg	1	PV
diltiazem hcl cap er 12hr 60 mg	1	PV
diltiazem hcl cap er 12hr 90 mg	1	PV
diltiazem hcl cap er 12hr 120 mg	1	PV
diltiazem hcl cap er 24hr 180 mg	1	PV
diltiazem hcl cap er 24hr 240 mg	1	PV
diltiazem hcl coated beads cap er 24hr 120 mg	1	PV
diltiazem hcl coated beads cap er 24hr 180 mg	1	PV
diltiazem hcl coated beads cap er 24hr 240 mg	1	PV
diltiazem hcl coated beads cap er 24hr 300 mg	1	PV
diltiazem hcl coated beads cap er 24hr 360 mg	1	PV
diltiazem hcl coated beads tab er 24hr 180 mg	NC	
diltiazem hcl coated beads tab er 24hr 240 mg	NC	
diltiazem hcl coated beads tab er 24hr 300 mg	NC	
diltiazem hcl coated beads tab er 24hr 360 mg	NC	
diltiazem hcl coated beads tab er 24hr 420 mg	NC	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 180 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 240 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 300 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 360 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 420 mg	1	PV
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	PV
diltiazem hcl tab 60 mg	1	PV
diltiazem hcl tab 90 mg	1	PV
diltiazem hcl tab 120 mg	1	PV
DILTIAZEM INJ 100MG	3	
felodipine tab er 24hr 2.5 mg	1	PV
felodipine tab er 24hr 5 mg	1	PV
felodipine tab er 24hr 10 mg	1	PV
isradipine cap 2.5 mg	1	PV
isradipine cap 5 mg	1	PV
KATERZIA SUS 1MG/ML	NC	
matzim la tab 180mg/24	NC	
matzim la tab 240mg/24	NC	
matzim la tab 300mg/24	NC	
matzim la tab 360mg/24	NC	
matzim la tab 420mg/24	NC	
nicardipine hcl cap 20 mg	1	PV
nicardipine hcl cap 30 mg	2	PV
nicardipine hcl iv soln 2.5 mg/ml	1	
nifedipine cap 10 mg	1	PV
nifedipine cap 20 mg	1	PV
nifedipine tab er 24hr 30 mg	1	PV
nifedipine tab er 24hr 60 mg	1	PV
nifedipine tab er 24hr 90 mg	1	PV
nifedipine tab er 24hr osmotic release 30 mg	1	PV
nifedipine tab er 24hr osmotic release 60 mg	1	PV
nifedipine tab er 24hr osmotic release 90 mg	1	PV
nimodipine cap 30 mg	2	
nisoldipine tab er 24hr 8.5 mg	1	PV
nisoldipine tab er 24hr 17 mg	2	PV

Drug Name	Drug Tier	Requirements/Limits
nisoldipine tab er 24hr 20 mg	2	PV
nisoldipine tab er 24hr 25.5 mg	1	PV
nisoldipine tab er 24hr 30 mg	1	PV
nisoldipine tab er 24hr 34 mg	2	PV
nisoldipine tab er 24hr 40 mg	1	PV
NORVASC TAB 2.5MG	NC	
NORVASC TAB 5MG	NC	
NORVASC TAB 10MG	NC	
NYMALIZE SOL	3	
NYMALIZE SOL 60/20ML	3	
PROCARDIA CAP 10MG	3	PV
PROCARDIA XL TAB 30MG CR	3	PV
PROCARDIA XL TAB 60MG CR	3	PV
PROCARDIA XL TAB 90MG CR	3	PV
SULAR TAB 8.5MG	3	PV
SULAR TAB 17MG	3	PV
SULAR TAB 34MG	3	PV
taztia xt cap 120mg/24	1	PV
taztia xt cap 180mg/24	1	PV
taztia xt cap 240mg/24	1	PV
taztia xt cap 300mg er	1	PV
taztia xt cap 360mg/24	1	PV
TIAZAC CAP 120MG/24	3	PV
TIAZAC CAP 180MG/24	3	PV
TIAZAC CAP 240MG/24	3	PV
TIAZAC CAP 300MG/24	3	PV
TIAZAC CAP 360MG/24	3	PV
TIAZAC CAP 420MG/24	3	PV
verapamil hcl cap er 24hr 100 mg	1	PV
verapamil hcl cap er 24hr 120 mg	1	PV
verapamil hcl cap er 24hr 180 mg	1	PV
verapamil hcl cap er 24hr 200 mg	2	PV
verapamil hcl cap er 24hr 240 mg	1	PV
verapamil hcl cap er 24hr 300 mg	2	PV
verapamil hcl cap er 24hr 360 mg	1	PV
verapamil hcl iv soln 2.5 mg/ml	1	
verapamil hcl tab 40 mg	1	PV
verapamil hcl tab 80 mg	1	PV
verapamil hcl tab 120 mg	1	PV
verapamil hcl tab er 120 mg	1	PV
verapamil hcl tab er 180 mg	1	PV
verapamil hcl tab er 240 mg	1	PV
VERELAN CAP 120MG SR	3	PV
VERELAN CAP 180MG SR	3	PV
VERELAN CAP 240MG SR	3	PV

Drug Name	Drug Tier	Requirements/Limits
VERELAN CAP 360MG SR	3	PV
VERELAN PM CAP 100MG ER	3	PV
VERELAN PM CAP 200MG ER	3	PV
VERELAN PM CAP 300MG ER	3	PV
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek tab 0.25mg	1	
digitek tab 0.125mg	1	
digox tab 0.25mg	1	
digox tab 0.125mg	1	
digoxin inj 0.25 mg/ml	1	
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN INJ 0.25MG/1	3	
LANOXIN PED INJ 0.1MG/ML	3	
LANOXIN TAB 0.25MG	NC	
LANOXIN TAB 0.125MG	NC	
LANOXIN TAB 0.0625MG	NC	
PHOSPHODIESTERASE INHIBITORS		
milrinone lactate in dextrose 5% iv soln 20 mg/100ml	1	
milrinone lactate in dextrose 5% iv soln 40 mg/200ml	1	
milrinone lactate iv soln 10 mg/10ml (base equivalent)	1	
milrinone lactate iv soln 20 mg/20ml (base equivalent)	1	
milrinone lactate iv soln 50 mg/50ml (base equivalent)	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOPLEGIC SOLUTIONS		
cardioplegic soln	1	
PLEGISOL SOL	3	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	2	PV
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-40 mg	2	PV
amlodipine besylate-atorvastatin calcium tab 5-80 mg	2	PV
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 10-20 mg	2	PV
amlodipine besylate-atorvastatin calcium tab 10-40 mg	2	PV
amlodipine besylate-atorvastatin calcium tab 10-80 mg	2	PV
BIDIL TAB	2	
CADUET TAB 5-10MG	3	PV
CADUET TAB 5-20MG	3	PV
CADUET TAB 5-40MG	3	PV
CADUET TAB 5-80MG	3	PV
CADUET TAB 10-10MG	3	PV
CADUET TAB 10-20MG	3	PV
CADUET TAB 10-40MG	3	PV
CADUET TAB 10-80MG	3	PV
ENTRESTO TAB 24-26MG	2	PA
ENTRESTO TAB 49-51MG	2	PA
ENTRESTO TAB 97-103MG	2	PA
IMPOTENCE AGENTS		
CIALIS TAB 2.5MG	NC	
CIALIS TAB 5MG	NC	
CIALIS TAB 10MG	NC	
CIALIS TAB 20MG	NC	
tadalafil tab 2.5 mg	1	ST
tadalafil tab 5 mg	1	ST
PERIPHERAL VASODILATORS		
isoxsuprine hcl tab 10 mg	1	
isoxsuprine hcl tab 20 mg	1	
papaverine hcl inj 30 mg/ml	1	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium for inj 0.5 mg	4	SP, PA
epoprostenol sodium for inj 1.5 mg	4	SP, PA
FLOLAN INJ 0.5MG	5	SP, PA
FLOLAN INJ 1.5MG	5	SP, PA
ORENITRAM TAB 0.25MG	5	SP, PA
ORENITRAM TAB 0.125MG	5	SP, PA
ORENITRAM TAB 1MG	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TAB 2.5MG	5	SP, PA
ORENITRAM TAB 5MG	5	SP, PA
REMODULIN INJ 1MG/ML	NC	
REMODULIN INJ 2.5MG/ML	NC	
REMODULIN INJ 5MG/ML	NC	
REMODULIN INJ 10MG/ML	NC	
treprostinil inj soln 20 mg/20ml (1 mg/ml)	4	SP, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	4	SP, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	4	SP, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	4	SP, PA
TYVASO REFIL SOL 0.6MG/ML	6	SP, PA, QL
TYVASO SOL 0.6MG/ML	6	SP, PA, QL
TYVASO START SOL 0.6MG/ML	6	SP, PA, QL
VELETRI INJ 0.5MG	6	SP, PA
VELETRI INJ 1.5MG	6	SP, PA
VENTAVIS SOL 10MCG/ML	6	SP, PA, QL
VENTAVIS SOL 20MCG/ML	6	SP, PA, QL
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	4	SP, PA, QL
ambrisentan tab 10 mg	4	SP, PA, QL
LETAIRIS TAB 5MG	NC	
LETAIRIS TAB 10MG	NC	
OPSUMIT TAB 10MG	5	SP, PA, QL
TRACLEER TAB 32MG	NC	
TRACLEER TAB 62.5MG	NC	
TRACLEER TAB 125MG	NC	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	NC	
alyq tab 20mg	4	SP, PA, QL
REVATIO INJ	NC	
REVATIO SUS 10MG/ML	NC	
REVATIO TAB 20MG	NC	
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	4	SP, PA
sildenafil citrate tab 20 mg	4	SP, PA, QL
tadalafil tab 20 mg (pah)	4	SP, PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800	5	SP, PA, QL
UPTRAVI TAB 200MCG	5	SP, PA, QL
UPTRAVI TAB 400MCG	5	SP, PA, QL
UPTRAVI TAB 600MCG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 800MCG	5	SP, PA, QL
UPTRAVI TAB 1000MCG	5	SP, PA, QL
UPTRAVI TAB 1200MCG	5	SP, PA, QL
UPTRAVI TAB 1400MCG	5	SP, PA, QL
UPTRAVI TAB 1600MCG	5	SP, PA, QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	5	SP, PA, QL
ADEMPAS TAB 1.5MG	5	SP, PA, QL
ADEMPAS TAB 1MG	5	SP, PA, QL
ADEMPAS TAB 2.5MG	5	SP, PA, QL
ADEMPAS TAB 2MG	5	SP, PA, QL
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	6	SP, PA, QL
VYNDAQEL CAP 20MG	NC	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	NC	
VERQUVO TAB 5MG	NC	
VERQUVO TAB 10MG	NC	
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ 2-0.5GM	3	
ZERBAXA INJ 1.5GM	3	
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	2	
CEFAZOL/DEX SOL 1GM	3	
CEFAZOL/DEX SOL 2GM	3	
CEFAZOLIN INJ 1GM/50ML	3	
CEFAZOLIN INJ 100GM	3	
CEFAZOLIN INJ 300GM	3	
cefazolin sodium for inj 1 gm	1	
cefazolin sodium for inj 10 gm	1	
cefazolin sodium for inj 500 mg	1	
cefazolin sodium for iv soln 1 gm	1	
CEFAZOLIN SOL	NC	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cephalexin cap 750 mg	2	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	2	
KEFLEX CAP 250MG	3	
KEFLEX CAP 500MG	3	
KEFLEX CAP 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
CEFOTAN INJ 1GM/10ML	3	
CEFOTAN INJ 2GM	3	
CEFOTET/DEX INJ 1-3.58%	3	
CEFOTET/DEX INJ 2-2.08%	3	
cefotetan disodium for inj 1 gm	1	
cefotetan disodium for inj 2 gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium for inj 10 gm	1	
cefoxitin sodium for iv soln 1 gm	1	
cefoxitin sodium for iv soln 2 gm	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 7.5 gm	1	
cefuroxime sodium for inj 750 mg	1	
cefuroxime sodium for iv soln 1.5 gm	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	2	
cefixime for susp 100 mg/5ml	2	
cefixime for susp 200 mg/5ml	2	
cefotaxime sodium for inj 1 gm	1	
cefotaxime sodium for inj 500 mg	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil for susp 100 mg/5ml	2	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	2	
ceftazidime for inj 1 gm	1	
ceftazidime for inj 2 gm	2	
ceftazidime for inj 6 gm	2	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
CEFTRIAX/DEX INJ 1GM	3	
CEFTRIAX/DEX INJ 2GM	3	
CEFTRIAXONE INJ 100GM	3	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 2 gm	2	
ceftriaxone sodium for inj 10 gm	2	
ceftriaxone sodium for inj 250 mg	2	
ceftriaxone sodium for inj 500 mg	1	
ceftriaxone sodium for iv soln 1 gm	1	
ceftriaxone sodium for iv soln 2 gm	1	
ceftriaxone sodium in dextrose inj 20 mg/ml	1	
ceftriaxone sodium in dextrose inj 40 mg/ml	1	
FORTAZ INJ 1GM	3	
FORTAZ INJ 2GM	3	
FORTAZ INJ 500MG	3	
SPECTRACEF TAB 400MG	3	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	
tazicef inj 1gm	1	
tazicef inj 1gm	2	
TAZICEF INJ 1GM/50ML	3	
tazicef inj 2gm	1	
tazicef inj 6gm	2	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl for inj 1 gm	2	
cefepime hcl for inj 2 gm	1	
CEFEPIME INJ 1GM	3	
CEFEPIME INJ 2G/100ML	3	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
MAXIPIME INJ 2GM	3	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ 400MG	3	
TEFLARO INJ 600MG	3	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA INJ 1GM	3	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
alyacen tab 1/35	1	ACA, PV
alyacen tab 7/7/7	1	ACA, PV
amethia lo tab	1	ACA, PV
amethia tab	1	ACA, PV
apri tab	1	ACA, PV
aranelle tab	1	ACA, PV
ashlyna tab	1	ACA, PV
aubra tab 0.1-0.02	1	ACA, PV
aviane tab	1	ACA, PV
azurette tab 28 day	1	ACA, PV
balziva tab	1	ACA, PV
bekyree tab	1	ACA, PV
BEYAZ TAB	NC	
blisovi 24 tab fe 1/20	1	ACA, PV
blisovi fe tab 1.5/30	1	ACA, PV
briellyn tab	1	ACA, PV
camrese lo tab	1	ACA, PV
camrese tab	1	ACA, PV
caziant pak	1	ACA, PV
charlotte 24 chw fe 1/20	1	ACA, PV
chateal tab 0.15/30	1	ACA, PV
cryselle-28 tab 28 tabs	1	ACA, PV
cyclafem tab 1/35	1	ACA, PV
cyclafem tab 7/7/7	1	ACA, PV
cyred tab	1	ACA, PV
dasetta tab 1/35	1	ACA, PV
dasetta tab 7/7/7	1	ACA, PV
daysee tab	1	ACA, PV
delyla tab 0.1-0.02	1	ACA, PV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	ACA, PV
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	ACA, PV
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	ACA, PV
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	ACA, PV
elinest tab	1	ACA, PV
emoquette tab	1	ACA, PV
enpresse-28 tab	1	ACA, PV
enskyce tab	1	ACA, PV
ESTROSTEP FE TAB	3	ACA, PV
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	ACA, PV
FALESSA KIT	3	ACA, PV
falmina tab	1	ACA, PV
femynor tab 0.25-35	1	ACA, PV
gemmily cap 1/20	1	ACA, PV
GENERESS FE CHW	3	ACA, PV
gianvi tab 3-0.02mg	1	ACA, PV
jolessa tab	1	ACA, PV
juleber tab	1	ACA, PV
junel 1.5/30 tab	1	ACA, PV
junel 1/20 tab	1	ACA, PV
junel fe 24 tab 1/20	1	ACA, PV
junel fe tab 1.5/30	1	ACA, PV
junel fe tab 1/20	1	ACA, PV
kaitlib fe chw	1	ACA, PV
kariva tab 28 day	1	ACA, PV
kelnor tab 1/35	1	ACA, PV
kurvelo tab 0.15/30	1	ACA, PV
larin 24 tab fe 1/20	1	ACA, PV
larin fe tab 1.5/30	1	ACA, PV
larin fe tab 1/20	1	ACA, PV
larin tab 1.5/30	1	ACA, PV
larin tab 1/20	1	ACA, PV
larissia tab	1	ACA, PV
layolis fe chw	1	ACA, PV
leena tab	1	ACA, PV
lessina tab	1	ACA, PV
levonest tab	1	ACA, PV
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	ACA, PV
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	ACA, PV
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	ACA, PV
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	ACA, PV
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	ACA, PV
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	ACA, PV
levora-28 tab 0.15/30	1	ACA, PV
LO LOESTRIN TAB 1-10-10	2	ACA, PV
LOESTRIN 21 TAB 1.5/30	3	ACA, PV
LOESTRIN FE TAB 1.5/30	3	ACA, PV
LOESTRIN FE TAB 1/20	3	ACA, PV
LOESTRIN TAB 1/20-21	3	ACA, PV
loryna tab 3-0.02mg	1	ACA, PV
LOSEASONIQUE TAB	3	ACA, PV
low-ogestrel tab	1	ACA, PV
lutera tab	1	ACA, PV
marlissa tab 0.15/30	1	ACA, PV
mibelas 24 chw fe	1	ACA, PV
micrgstin 24 tab fe 1/20	1	ACA, PV
microgestin tab 1.5/30	1	ACA, PV
microgestin tab 1/20	1	ACA, PV
microgestin tab fe1.5/30	1	ACA, PV
microgestin tab fe 1/20	1	ACA, PV
MINASTRIN 24 CHW FE	NC	
MIRCETTE TAB 28 DAY	3	ACA, PV
mono-linyah tab 0.25-35	1	ACA, PV
NATAZIA TAB	NC	
necon tab 0.5/35	1	ACA, PV
nikki tab 3-0.02mg	1	ACA, PV
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	ACA, PV
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	ACA, PV
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	ACA, PV
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	ACA, PV
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	ACA, PV
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	ACA, PV
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	ACA, PV
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	ACA, PV
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	ACA, PV
nortrel tab 0.5/35	1	ACA, PV
nortrel tab 1/35	1	ACA, PV
nortrel tab 7/7/7	1	ACA, PV
ocella tab 3-0.03mg	1	ACA, PV
ogestrel tab	1	ACA, PV
orsythia tab	1	ACA, PV
ORTHO TRI- TAB CYCLN LO	NC	
ORTHO-NOVUM TAB 1/35	3	ACA, PV
ORTHO-NOVUM TAB 7/7/7	3	ACA, PV
philith tab 0.4-35	1	ACA, PV
pimtrea tab	1	ACA, PV
pirmella tab 1/35	1	ACA, PV
pirmella tab 7/7/7	1	ACA, PV
portia-28 tab	1	ACA, PV
previfem tab	1	ACA, PV
reclipsen tab	1	ACA, PV
SAFYRAL TAB	3	ACA, PV
SEASONIQUE TAB	NC	
setlakin tab	1	ACA, PV
sprintec 28 tab 28 day	1	ACA, PV
sronyx tab	1	ACA, PV
tarina fe tab 1/20	1	ACA, PV
TAYTULLA CAP 1MG/20MC	NC	
tilia fe tab	1	ACA, PV
tri-estaryll tab	1	ACA, PV
tri-legest tab fe	1	ACA, PV
tri-linyah tab	1	ACA, PV
tri-lo- tab marzia	1	ACA, PV
tri-lo- tab sprintec	1	ACA, PV
tri-sprintec tab	1	ACA, PV
trivora-28 tab	1	ACA, PV
tyblume chw 0.1-0.02	1	ACA, PV
tydemy tab	2	ACA, PV
velivet pak	1	ACA, PV
vienva tab 0.1-20	1	ACA, PV
viorele tab	1	ACA, PV
vyfemla tab 0.4-35	1	ACA, PV
wera tab 0.5/35	1	ACA, PV
wymzya fe chw 0.4mg-35	1	ACA, PV
YASMIN 28 TAB 3-0.03MG	NC	
YAZ TAB 3-0.02MG	NC	
zarah tab 3-0.03mg	1	ACA, PV
zovia 1/35e tab	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane dis 150-35	1	ACA, PV
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	ACA
eluryng mis	1	ACA, PV
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1	ACA, PV
NUVARING MIS	NC	
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	3	ACA, PV
EMERGENCY CONTRACEPTIVES		
aftera tab 1.5mg	2	OTC; ACA, PV
econtra ez tab 1.5mg	2	OTC; ACA, PV
fallback tab 1.5mg	2	OTC; ACA, PV
levonorgestrel tab 1.5 mg	2	OTC; ACA, PV
my way tab 1.5mg	2	OTC; ACA, PV
next choice tab 1.5mg	2	OTC; ACA, PV
opcicon tab 1.5mg	2	OTC; ACA, PV
option 2 tab 1.5mg	2	OTC; ACA, PV
react tab 1.5mg	2	OTC; ACA, PV
take action tab 1.5mg	2	OTC; ACA, PV
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	3	ACA, PV
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	2	ACA, PV
DEPO-SQ PROV INJ 104	2	ACA, PV
medroxyprogesterone acetate im susp 150 mg/ml	1	ACA, PV
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	ACA, PV
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	2	ACA, PV
LILETTA IUD 52MG	3	ACA, PV
MIRENA IUD SYSTEM	2	ACA, PV
SKYLA IUD 13.5MG	2	ACA, PV
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	1	ACA, PV
deblitane tab 0.35mg	1	ACA, PV
errin tab 0.35mg	1	ACA, PV
heather tab 0.35mg	1	ACA, PV
jencycla tab 0.35mg	1	ACA, PV
lyza tab 0.35mg	1	ACA, PV
nora-be tab 0.35mg	1	ACA, PV
norethindrone tab 0.35 mg	1	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
norlyroc tab 0.35mg	1	ACA, PV
ORTHO MICRON TAB 0.35MG	2	ACA, PV
sharobel tab 0.35mg	1	ACA, PV
SLYND TAB 4MG	NC	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
BETAMETH COM INJ 7MG/ML	NC	
BETAMETH SOD INJ 6MG/ML	3	
BETAMETH SOD INJ 12MG/2ML	3	
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	1	
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	NC	(applies to NDC 71283062002 only)
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	2	
CELESTONE INJ SOLUSPAN	NC	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
cortisone acetate tab 25 mg	1	
DEPO-MEDROL INJ 20MG/ML	3	
DEPO-MEDROL INJ 40MG/ML	3	
DEPO-MEDROL INJ 80MG/ML	3	
DEXAM/BUPIV SOL EPINEPHR	3	
DEXAMETH PHO INJ 4MG/ML	3	
DEXAMETH PHO INJ 10MG/ML	3	
DEXAMETHASON CON 1MG/ML	3	
DEXAMETHASON SUS 8MG/ML	NC	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 4 mg/ml	1	
dexamethasone sodium phosphate inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 20 mg/5ml	1	
dexamethasone sodium phosphate inj 100 mg/10ml	1	
dexamethasone sodium phosphate inj 120 mg/30ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
DEXONTO 0.4% SOL 20MG/5ML	NC	
DEXPAK PAK 6 DAY	NC	
DEXPAK PAK 10 DAY	NC	
DEXPAK PAK 13 DAY	NC	
EMFLAZA SUS 22.75/ML	NC	
EMFLAZA TAB 6MG	NC	
EMFLAZA TAB 18MG	NC	
EMFLAZA TAB 30MG	NC	
EMFLAZA TAB 36MG	NC	
ENTOCORT EC CAP 3MG DR	3	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
KENALOG-10 INJ 10MG/ML	3	
KENALOG-40 INJ 40MG/ML	3	
KENALOG-80 INJ	3	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
METHY-BUPIVA SUS 8-5MG/ML	NC	
METHYL-BUPIV SUS 40-5MG	NC	
METHYLPR ACE INJ 80MG/ML	3	
METHYLPREDNI SUS 50MG/ML	NC	
methylprednisolone acetate inj susp 40 mg/ml	1	
methylprednisolone acetate inj susp 80 mg/ml	1	
methylprednisolone sod succ for inj 40 mg (base equiv)	1	
methylprednisolone sod succ for inj 125 mg (base equiv)	1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	1	
methylprednisolone tab 4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
MILLIPRED DP PAK 5MG	NC	
MILLIPRED TAB 5MG	NC	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	2	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	2	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	2	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	2	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	2	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
RAYOS TAB 1MG	NC	
RAYOS TAB 2MG	NC	
RAYOS TAB 5MG	NC	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 1GM	3	
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 40MG	3	
SOLU-MEDROL INJ 125MG	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 1000MG	3	
TRIAM-BUPIVA SUS 40-5MG	NC	
TRIAMCIN ACE INJ 40MG/ML	3	
TRIAMCINOLON INJ 40MG/ML	3	
TRIAMCINOLON INJ 80MG/2ML	3	
TRIAMCINOLON INJ 80MG/ML	NC	
triamcinolone acetonide inj susp 40 mg/ml	1	
UCERIS TAB 9MG	3	
ZILRETTA INJ 32MG	NC	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	NC	
benzonatate cap 200 mg	1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	
hydrocodone w/ homatropine tab 5-1.5 mg	1	
hydromet syp 5-1.5/5	1	
TESSALON PER CAP 100MG	2	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm syp	1	
CLARINEX-D TAB 2.5-120	3	
GILPHEX TR TAB 10-388MG	3	
GILTUSS TR TAB	3	
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	
NEOTUSS PLUS LIQ	3	
phenylephrine-guaifenesin liqd 7.5-100 mg/5ml (1.5-20 mg/ml)	1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
SEMPREX-D CAP 8-60MG	3	
TUSSICAPS CAP 10-8MG	3	
TUZISTRA XR SUS	3	
EXPECTORANTS		
SSKI SOL 1GM/ML	3	
MISC. RESPIRATORY INHALANTS		
HYPER-SAL NEB 7%	3	
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	2	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	NC	
ABSORICA CAP 20MG	NC	
ABSORICA CAP 25MG	NC	
ABSORICA CAP 30MG	NC	
ABSORICA CAP 35MG	NC	
ABSORICA CAP 40MG	NC	
ABSORICA LD CAP 8MG	NC	
ABSORICA LD CAP 16MG	NC	
ABSORICA LD CAP 24MG	NC	
ABSORICA LD CAP 32MG	NC	
ACANYA GEL 1.2-2.5%	NC	
ACZONE GEL 5%	3	ST, PA
ACZONE GEL 7.5%	3	ST, PA
adapalene cream 0.1%	2	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
AKLIEF CRE 0.005%	NC	
ALTRENO LOT 0.05%	NC	
amnesteem cap 10mg	1	PA
amnesteem cap 20mg	1	PA
AMZEEQ AER 4%	NC	
ARAZLO LOT 0.045%	NC	
ATRALIN GEL 0.05%	3	PA

Drug Name	Drug Tier	Requirements/Limits
avar cleanse emu 10-5%	2	ST, PA
AVAR LS LIQ 10-2%	3	ST, PA
avar-e emoll cre 10-5%	2	ST, PA
avar-e green cre 10-5%	2	ST, PA
AVAR-E LS CRE 10-2%	3	ST, PA
avita cre 0.025%	1	PA
avita gel 0.025%	1	PA
AZELEX CRE 20%	NC	
BENZAC AC LIQ 5% WASH	3	ST, PA
BENZACLIN GEL 1-5%	NC	
BENZACLIN GEL 1-5%PUMP	NC	
BENZAMYCIN GEL 5-3%	3	
benzepro aer 5.3%	1	
benzepro liq creamy	1	
benzepro mis 6%	NC	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
bp 10-1 emu	1	
bp cleansing emu 10-4%	1	
bp foam aer 5.3%	1	
bp wash liq 2.5%	2	
bp wash liq 7%	1	
claravis cap 10mg	1	PA
claravis cap 20mg	1	PA
claravis cap 30mg	2	PA
claravis cap 40mg	2	PA
CLEOCIN-T GEL 1%	3	ST, PA
CLEOCIN-T LOT 1%	3	ST, PA
clindacin mis etz 1%	2	
clindacin-p pad 1%	2	
CLINDAGEL GEL 1%	3	ST, PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	2	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	2	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	2	
clindamycin phosphate-tretinoin gel 1.2-0.025%	2	PA
dapsone gel 5%	2	

Drug Name	Drug Tier	Requirements/Limits
dapsone gel 7.5%	2	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
DIFFERIN LOT 0.1%	NC	
EPIDUO FORTE GEL 0.3-2.5%	2	ST, PA
EPIDUO GEL 0.1-2.5%	2	ST, PA
ery pad 2%	1	
ERYGEL GEL 2%	3	ST, PA
erythromycin gel 2%	1	
erythromycin soln 2%	1	
EVOCLIN AER 1%	3	ST, PA
FABIOR AER 0.1%	NC	
KLARON LOT 10%	3	ST, PA
myorisan cap 10mg	1	PA
myorisan cap 20mg	1	PA
myorisan cap 30mg	2	PA
myorisan cap 40mg	2	PA
neuac gel 1.2-5%	1	
ONEXTON GEL 1.2-3.75	2	ST, PA
PLEXION CLTH PAD 9.8-4.8%	3	ST, PA
PLEXION CRE 9.8-4.8%	3	ST, PA
PLEXION LIQ 9.8-4.8%	3	ST, PA
PLEXION LOT 9.8-4.8%	3	ST, PA
pr benzoyl liq 7% wash	1	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
RIAX AER 5.5%	3	ST, PA, OTC
RIAX AER 9.5%	3	ST, PA, OTC
SOD SUL/SULF EMU 10-5%	2	
SOD SUL/SULF SUS 10-5%	2	
sss 10-5 aer 10-5%	1	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	2	
sulfacetamide sodium w/ sulfur cleanser 10-2%	2	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	2	
sulfacetamide sodium w/ sulfur cream 10-2%	2	
sulfacetamide sodium w/ sulfur cream 10-5%	2	
sulfacetamide sodium w/ sulfur emulsion 10-5%	2	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	2	
sulfacetamide sodium w/ sulfur lotion 10-5%	2	
sulfacetamide sodium w/ sulfur susp 8-4%	2	
sulfacetamide sodium w/ sulfur wash 9-4%	2	
sulfacetamide sodium w/ sulfur wash 9-4.5%	1	
sulfacleanse sus 8-4%	2	
SUMADAN KIT	3	ST, PA
SUMADAN WASH LIQ 9-4.5%	3	ST, PA
SUMADAN XLT KIT 9-4.5%	3	ST, PA
SUMAXIN CP KIT	3	ST, PA
SUMAXIN PAD 10-4%	3	ST, PA
SUMAXIN WASH LIQ 9-4%	3	ST, PA
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	2	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	2	PA
tretinoin microsphere gel 0.04%	2	PA
vanoxide-hc lot 5-0.5%	2	
VELTIN GEL	NC	
ZACLIR LOT 8%	3	ST, PA
zenatane cap 10mg	1	PA
zenatane cap 20mg	1	PA
zenatane cap 30mg	2	PA
zenatane cap 40mg	2	PA
ZIANA GEL	NC	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	NC	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium gel 1%	1	PA, QL
diclofenac sodium gel 1%	NC	(applies to NDC 69499031866)
diclofenac sodium soln 1.5%	1	PA, QL
DICLOFONO GEL 1.6%	NC	
FLECTOR DIS 1.3%	3	PA, QL
PENNSAID SOL 2%	NC	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	NC	
CENTANY OIN 2%	3	
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin calcium cream 2%	NC	
mupirocin oint 2%	1	
NEO-SYNALAR CRE	NC	
ANTIFUNGALS - TOPICAL		
ALA-QUIN CRE 3-0.5%	3	
ALCORTIN A GEL 1-2-1%	NC	
ciclodan sol 8%	1	PA
CICLODAN SOL KIT 8%	3	PA
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	PA
clotrimazole cream 1%	1	
clotrimazole soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
dermazene cre 1-1%	2	
econazole nitrate cream 1%	1	
ECOZA AER 1%	3	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	
iodoquinol-hc cream 1-1%	2	

Drug Name	Drug Tier	Requirements/Limits
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	2	
JUBLIA SOL 10%	NC	
KERYDIN SOL 5%	NC	
ketoconazole cream 2%	1	
ketoconazole foam 2%	NC	
ketoconazole shampoo 2%	1	
ketodan aer 2%	NC	
LOPROX SHA 1%	3	
LOPROX SUS 0.77%	NC	
LOTRISONE CRE	3	
luliconazole cream 1%	NC	
LUZU CRE 1%	3	
MENTAX CRE 1%	3	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	2	
naftifine hcl cream 1%	2	
naftifine hcl cream 2%	2	
naftifine hcl gel 1%	2	
NAFTIN CRE 2%	2	
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
NIZORAL SHA 2%	3	
nyamyc pow 100000	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop pow 100000	1	
oxiconazole nitrate cream 1%	NC	
OXISTAT CRE 1%	3	PA, QL
OXISTAT LOT 1%	3	PA, QL
PENLAC SOL 8%	3	PA
sulconazole nitrate cream 1%	2	
sulconazole nitrate solution 1%	2	
VUSION OIN	3	
VYTONE CRE 1-1.9%	3	
XOLEGEL GEL 2%	NC	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ GEL 10%	NC	
CARAC CRE 0.5%	NC	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
fluorouracil cream 0.5%	NC	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
KLISYRI OIN 1%	NC	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
TARGRETIN GEL 1%	6	SP, ST, PA
TOLAK CRE 4%	2	
VALCHLOR GEL 0.016%	6	SP, PA, QL
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	NC	
PRUDOXIN CRE 5%	3	ST, PA, QL
ZONALON CRE 5%	3	ST, PA, QL
ANTIPSORIATICS		
acitretin cap 10 mg	2	PA
acitretin cap 17.5 mg	2	PA
acitretin cap 25 mg	2	PA
calcipotriene cream 0.005%	NC	
calcipotriene foam 0.005%	NC	
calcipotriene oint 0.005%	2	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitrene oin 0.005%	2	
calcitriol oint 3 mcg/gm	NC	
COSENTYX INJ 75MG/0.5	5	SP, PA, QL; for pediatric patients less than 50 kg
COSENTYX INJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis
COSENTYX INJ 300DOSE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis
DOVONEX CRE 0.005%	3	
DRITHO-CREME CRE HP 1%	3	

Drug Name	Drug Tier	Requirements/Limits
ILUMYA SOL 100MG/ML	NC	
methoxsalen rapid cap 10 mg	2	
OXSORALEN-UL CAP 10MG	3	
SILIQ INJ 210/1.5	NC	
SKYRIZI INJ 150DOSE	5	SP, PA, QL; Preferred for Psoriasis
SKYRIZI PEN INJ 150MG/ML	5	SP, PA, QL; Preferred for Psoriasis
SORIATANE CAP 10MG	3	PA
SORIATANE CAP 25MG	3	PA
SORILUX AER 0.005%	NC	
STELARA INJ 45MG/0.5	5	SP, PA, QL; Preferred for Psoriasis, Crohn's Disease (after failure of HUMIRA)
STELARA INJ 90MG/ML	5	SP, PA, QL; Preferred for Psoriasis, Crohn's Disease (after failure of HUMIRA)
TALTZ INJ 80MG/ML	5	SP, PA, QL; Preferred for Psoriasis
tazarotene cream 0.1%	2	PA
TAZORAC CRE 0.1%	NC	
TAZORAC CRE 0.05%	NC	
TAZORAC GEL 0.1%	NC	
TAZORAC GEL 0.05%	NC	
TREMFYA INJ 100MG/ML	5	SP, PA, QL; Preferred for Psoriasis
VECTICAL OIN 3MCG/GM	NC	
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
ESKATA SOL 40%	NC	
GLYCOLIC ACD SOL 70%	3	
LOUTREX CRE	3	PA
OVACE PLUS AER 9.8%	NC	
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	
OVACE WASH LIQ 10%	3	
PROMISEB CRE	3	PA
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.3%	2	
selenium sulfide shampoo 2.25%	1	
SELRX SHA 2.3%	3	

Drug Name	Drug Tier	Requirements/Limits
SODIUM SULFA LIQ 10% WASH	3	
sulfacetamide sodium cleansing gel 10%	2	
sulfacetamide sodium liquid 10%	1	
sulfacetamide sodium shampoo 10%	2	
ANTIVIRALS - TOPICAL		
acyclovir cream 5%	NC	
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
XERESE CRE 5-1%	NC	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
SILVADENE CRE 1%	2	
silver sulfadiazine cream 1%	1	
ssd cre 1%	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
CAUTERIZING AGENTS		
arzol silver mis nitr app	1	
SILVER NITRA SOL 0.5%	3	
SILVER NITRA SOL 10%	3	
SILVER NITRA SOL 25%	3	
SILVER NITRA SOL 50%	3	
TRI-CHLOR LIQ 80%	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP LOT 2%	3	
ala-cort cre 1%	1	
ala-cort cre 2.5%	1	
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
amcinonide cream 0.1%	2	
amcinonide lotion 0.1%	1	
AMCINONIDE OIN 0.1%	3	
APEXICON E CRE 0.05%	NC	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate oint 0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone valerate aerosol foam 0.12%	2	
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
BRYHALI LOT 0.01%	2	PA
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	NC	
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	NC	
CAPEX SHA 0.01%	2	
clobetasol propionate cream 0.05%	1	
clobetasol propionate emulsion foam 0.05%	2	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate lotion 0.05%	1	
clobetasol propionate oint 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate soln 0.05%	1	
clobetasol propionate spray 0.05%	NC	
CLOBEX LOT 0.05%	2	PA
CLOBEX SHA 0.05%	2	PA
CLOBEX SPR 0.05%	NC	
clocortolone pivalate cream 0.1%	NC	
clodan sha 0.05%	1	
CLODERM CRE 0.1%	3	PA
CORDRAN 80X3 TAP 4MCG/CM	NC	
CORDRAN CRE 0.05%	NC	
CORDRAN CRE 0.025%	NC	
CORDRAN LOT 0.05%	NC	
CORDRAN OIN 0.05%	NC	
CORTANE-B LOT	3	
CUTIVATE LOT 0.05%	3	PA
DERMA-SMOOTH OIL /FS BODY	2	
DERMA-SMOOTH OIL /FS SCLP	2	
DESONATE GEL 0.05%	3	PA
DESONDIE POW	3	PA
desonide cream 0.05%	1	
desonide lotion 0.05%	1	
desonide oint 0.05%	1	
DESONIDE POW MICRONIZ	3	PA
DESOWEN CRE 0.05%	2	PA

Drug Name	Drug Tier	Requirements/Limits
desoximetasone cream 0.05%	2	
desoximetasone cream 0.25%	1	
desoximetasone gel 0.05%	2	
desoximetasone oint 0.05%	NC	
desoximetasone oint 0.25%	1	
desoximetasone spray 0.25%	2	
diflorasone diacetate cream 0.05%	NC	
diflorasone diacetate oint 0.05%	NC	
DIPROLENE AF CRE 0.05%	3	PA
DIPROLENE OIN 0.05%	2	PA
ELOCON CRE 0.1%	3	PA
ENSTILAR AER	3	
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide cream 0.025%	1	
fluocinolone acetonide oil 0.01% (body oil)	1	
fluocinolone acetonide oil 0.01% (scalp oil)	1	
fluocinolone acetonide oint 0.025%	1	
fluocinolone acetonide soln 0.01%	1	
fluocinonide cream 0.1%	NC	
fluocinonide cream 0.05%	1	
fluocinonide emulsified base cream 0.05%	1	
fluocinonide gel 0.05%	1	
fluocinonide oint 0.05%	1	
fluocinonide soln 0.05%	1	
flurandrenolide cream 0.05%	NC	
flurandrenolide lotion 0.05%	NC	
flurandrenolide oint 0.05%	NC	
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	2	
fluticasone propionate oint 0.005%	1	
halcinonide cream 0.1%	NC	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
HALOG CRE 0.1%	NC	
HALOG OIN 0.1%	NC	
HALOG SOL 0.1%	NC	
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	NC	
hydrocortisone butyrate lotion 0.1%	NC	
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	2	
IMPEKLO LOT 0.05%	3	PA
IMPOYZ CRE 0.025%	NC	
KENALOG AER SPRAY	3	PA
LOCOID CRE 0.1%	3	PA
LOCOID LIPO CRE 0.1%	3	PA
LOCOID LOT 0.1%	3	PA
LOCOID SOL 0.1%	3	PA
LUXIQ AER 0.12%	3	PA
MICORT-HC CRE 2.5%	NC	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
NOVACORT GEL	NC	
NUCORT LOT 2%	3	
OLUX AER 0.05%	3	PA
OLUX-E AER 0.05%	NC	
PANDEL CRE 0.1%	3	PA
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
pramoxine-hc cream 1-2.5%	2	
prednicarbate cream 0.1%	1	
prednicarbate oint 0.1%	1	
PSORCON CRE 0.05%	NC	
SERNIVO SPR	3	
SYNALAR CRE 0.025%	3	PA
SYNALAR OIN 0.025%	3	PA
SYNALAR SOL 0.01%	3	PA
TACLONEX OIN	3	
TACLONEX SUS	3	
TEMOVATE CRE 0.05%	3	PA
TEMOVATE OIN 0.05%	2	PA
TEXACORT SOL 2.5%	2	PA
TOPICORT CRE 0.05%	3	PA
TOPICORT CRE 0.25%	3	PA
TOPICORT GEL 0.05%	3	PA
TOPICORT OIN 0.05%	3	PA

Drug Name	Drug Tier	Requirements/Limits
TOPICORT OIN 0.25%	3	PA
TOPICORT SPR 0.25%	3	PA
triamcinolone acetonide aerosol soln 0.147 mg/gm	NC	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.5%	2	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triamcinolone acetonide oint 0.05%	NC	
triamcinolone acetonide oint 0.025%	1	
TRIANEX OIN 0.05%	NC	
triderm cre 0.1%	1	
TRIDESILON CRE 0.05%	2	PA
ULTRAVATE LOT 0.05%	NC	
VANOS CRE 0.1%	3	PA
VERDESO AER 0.05%	3	PA
ECZEMA AGENTS		
DUPIXENT INJ 200/1.14	5	SP, PA, QL
DUPIXENT INJ 300/2ML	5	SP, PA, QL
EMOLLIENT/KERATOLYTIC AGENTS		
KERALAC CRE 47%	3	
LATRIX XM EMU 45%	3	
umecta mouss aer 40%	1	
URAMAXIN GEL 45%	3	
urea cream 39%	2	
urea cream 40%	1	
urea cream 41%	2	
urea cream 45%	1	
urea cream 47%	2	
urea hydrati aer 35%	1	
urea in zinc undecylenate-lactic acid vehicle emulsion 50%	1	
urea lotion 40%	1	
urea nail gel 45%	1	
urea suspension 40%	1	
urea-c40 lot 40%	2	
UTOPIC CRE 41%	3	
EMOLLIENTS		
hyaluronate sodium (emollient) gel 0.2%	1	
LAC-HYDRIN CRE 12%	2	
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 10%	1	

Drug Name	Drug Tier	Requirements/Limits
lactic acid (ammonium lactate) lotion 12%	1	
lactic acid cre e	1	
lactic acid lot 10%	1	
lactic acid w/ vitamin e cream 10%-3500 unit/30gm	1	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA CRE 5%	3	
imiquimod cream 3.75%	2	
imiquimod cream 5%	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	NC	
pimecrolimus cream 1%	2	PA
PROTOPIC OIN 0.1%	3	PA
PROTOPIC OIN 0.03%	3	PA
tacrolimus oint 0.1%	2	PA
tacrolimus oint 0.03%	2	PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
BENSAL HP OIN	NC	
CONDYLOX GEL 0.5%	2	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON SOL 25%	3	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
SALEX SHA 6%	3	
salicylic ac liq 27.5%	1	
salicylic acid cream 6%	1	
salicylic acid er film-forming soln 28.5%	2	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	2	
salicylic acid gel 6%	2	
salicylic acid lotion 6%	1	
salicylic acid shampoo 6%	1	
salicylic acid soln 26%	2	
SALVAX AER 6%	3	
VIRASAL LIQ 27.5%	3	
XALIX SOL 28%	NC	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
c-topical sol 4%	2	
CETACAINE AER	3	
GEBAUERS SPR AER /STRETCH	3	
glydo gel 2%	1	PA, QL
lidocaine cre tetracai	NC	
LIDOCAINE HC CRE 4.12%	NC	
lidocaine hcl soln 4%	1	PA, QL
lidocaine hcl urethral/mucosal gel 2%	1	PA, QL
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	PA, QL
lidocaine oin 5%	1	PA, QL
lidocaine oint 5%	1	PA, QL
lidocaine patch 5%	1	PA, QL
lidocaine-prilocaine cream 2.5-2.5%	1	PA, QL
LIDODERM DIS 5%	2	PA, QL
PAIN EASE AER MD STRM	3	
PAIN EASE AER MIST	3	
PLIAGLIS CRE 7-7%	NC	
pramox gel 1%	NC	
QUTENZA KIT 8% 1-PCH	6	SP
QUTENZA KIT 8% 2-PCH	6	SP
SYNERA DIS 70-70MG	3	PA, QL
MISC. DERMATOLOGICAL PRODUCTS		
ALEVICYN SG GEL ANTIPRUR	NC	
ATOPICLAIR CRE	3	PA
CERACADE EMU	NC	
CERAMAX CRE	NC	
DEXERYL CRE	3	PA
ELETONE CRE	3	PA
ELETONE CRE TWINPACK	3	PA
EMULSION SB EMU	NC	
ENTTY EMU SPRAY	NC	
EPICERAM EMU	NC	
GENADUR LIQ	3	
HPR PLUS AER	NC	
HPR PLUS CRE	NC	
HPR PLUS KIT	NC	
HYLATOPIC AER PLUS	3	
HYLATOPIC CRE PLUS	3	
HYLATOPIC LOT PLUS	3	PA
KAMDOY EMU	NC	
MB HYDROGEL KIT	NC	
NEOSALUS AER	3	

Drug Name	Drug Tier	Requirements/Limits
NEOSALUS AER	3	PA
NEOSALUS CP CRE	3	PA
NEOSALUS CRE	3	PA
NEOSALUS LOT	3	PA
NIVATOPIC CRE PLUS	3	
NIVATOPIC CRE PLUS	3	PA
NUVAIL SOL 16%	3	PA
PHLAG SPR	NC	
PR CREAM KIT	NC	
PRESERA AER	3	PA
PRUCLAIR CRE	3	PA
PRUMYX CRE	3	PA
STRATA MARK GEL	NC	
SUVICORT EMU	NC	
SYNERDERM EMU	NC	
TETRIX CRE	3	PA
XERALUX CRE	3	PA
MISC. TOPICAL		
ACUICYN SOL	NC	
ARNICA TIN FLOWER	3	
AVENOVA SOL 0.01%	NC	
BENZOIN TIN NF	3	
DERMACINRX KIT COMBOPAK	NC	
DRYSOL SOL 20%	3	
HYCLODEX SOL 0.012%	NC	
QBREXZA PAD 2.4%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	ST
ROSACEA AGENTS		
azelaic acid gel 15%	2	
doxycycline (rosacea) cap delayed release 40 mg	2	
FINACEA AER 15%	2	PA
FINACEA GEL 15%	NC	
ivermectin cream 1%	1	
ivermectin cream 1%	2	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	NC	
NORITATE CRE 1%	NC	

Drug Name	Drug Tier	Requirements/Limits
ORACEA CAP 40MG	3	
RHOFADE CRE 1%	3	PA
rosadan cre 0.75%	1	
rosadan gel 0.75%	1	
SOOLANTRA CRE 1%	2	PA
SCABICIDES & PEDICULICIDES		
crotan lot 10%	1	
ELIMITE CRE 5%	2	
EURAX CRE 10%	3	
EURAX LOT 10%	3	
ivermectin lotion 0.5%	1	
lindane shampoo 1%	1	
malathion lotion 0.5%	2	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
permethrin cream 5%	1	
SKLICE LOT 0.5%	3	
spinosad susp 0.9%	2	
SULF LIME SOL	3	
ULESFIA LOT 5%	3	
SCAR TREATMENT PRODUCTS		
BEAU RX GEL	NC	
celacyn gel	2	PA
KELARX GEL	NC	
RECEDO GEL	NC	
SILIPAC KIT	NC	
WOUND CARE PRODUCTS		
alevicyn sol dermal	NC	
levicyn sol dermal	NC	
LIDOTREX GEL 2%	NC	
REGRANEX GEL 0.01%	3	
STRATA GRT GEL	NC	
vashe cleans sol	NC	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICOPHYTON SOL MENTAGRO	3	
DIAGNOSTIC DRUGS		
cosyntropin for inj 0.25 mg	2	
GLUCAGEN INJ 1MG	3	
THYROGEN INJ 1.1MG	6	SP
DIAGNOSTIC RADIOPHARMACEUTICALS		
DETECTNET INJ 1MCL/ML	3	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES COMPACT	2	OTC; PV
ACCU-CHEK TES SMART	2	OTC; PV
ACCUTREND TES GLUCOSE	NC	OTC
ACURA TES BLD GLUC	NC	OTC
ADVANCE TES INTUITIO	NC	OTC
ADVANCE TES MICRO-DW	NC	OTC
ADVOCATE TES	NC	OTC
ADVOCATE TES REDI-COD	NC	OTC
ADVOCATE TES REDICODE	NC	OTC
AGAMATRIX TES AMP	NC	OTC
AGAMATRIX TES JAZZ	NC	OTC
AGAMATRIX TES KEYNOTE	NC	OTC
AGAMATRIX TES PRESTO	NC	OTC
ASSURE 3 TES	NC	OTC
ASSURE 4 TES	NC	OTC
ASSURE II TES	NC	OTC
ASSURE II TES CHECK	NC	OTC
ASSURE PRISM TES MULTI	NC	OTC
ASSURE PRO TES	NC	OTC
ASSURE TES PLATINUM	NC	OTC
AT LAST TES	NC	OTC
AUTOCODE TES BLD GLUC	NC	OTC
BAYER BREEZE MIS 2 TEST	NC	OTC
BG STAR TES BLD GLUC	NC	OTC
BIOSCANNER TES GLUCOSE	NC	OTC
BLOOD GLUCOS TES	NC	OTC
BLOOD GLUCOS TES PREMIUM	NC	OTC
BLOOD GLUCOS TES STRIPS	NC	OTC
BREEZE 2 MIS TEST	NC	OTC
CARESENS N TES	NC	OTC
CLEVER CHEK TES	NC	OTC
CLEVER CHEK TES AUTO CD	NC	OTC
CLEVER CHEK TES VOICE	NC	OTC
CLEVER CHOIC TES MICRO	NC	OTC
CLEVR CHOICE TES AUTO-CD	NC	OTC
CONFIRM/MICR TES GLUCOSE	NC	OTC
CONTOUR TES BLD GLUC	NC	OTC
CONTOUR TES NEXT	NC	OTC
CONTROL AST TES	NC	OTC
CONTROL TES	NC	OTC
COOL BLOOD TES GLUCOSE	NC	OTC
CVS ADVANCED TES GLUCOSE	NC	OTC
D-CARE BLOOD TES GLUCOSE	NC	
DIATRUE PLUS TES STRIPS	NC	OTC
DUO-CARE TES	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY PLUS II TES BLD GLUC	NC	OTC
EASY PLUS TES BLD GLUC	NC	OTC
EASY STEP TES	NC	OTC
EASY TALK TES BLD GLUC	NC	OTC
EASY TOUCH TES GLUCOSE	NC	OTC
EASY TOUCH TES STRIPS	NC	OTC
EASY TRAK TES BLD GLUC	NC	OTC
EASYGLUCO TES	NC	OTC
EASYGLUCO TES PLUS	NC	OTC
EASYMAX 15 TES	NC	OTC
EASYMAX TES	NC	OTC
EASYPLUS TES BLD GLUC	NC	OTC
EASYPRO PLUS TES	NC	OTC
EASYPRO TES BLD GLUC	NC	OTC
ELEMENT TES	NC	OTC
ELEMNT COMPA TES STRIPS	NC	OTC
EMBRACE EVO TES	NC	OTC
EMBRACE PRO TES	NC	OTC
EMBRACE TES BLD GLUC	NC	OTC
EQL TRUETEST TES BLD GLUC	NC	OTC
EVENCARE + TES BLD GLUC	NC	OTC
EVENCARE G2 TES	NC	OTC
EVENCARE G3 TES	NC	OTC
EVENCARE TES BLD GLUC	NC	OTC
EVENCARE TES MINI	NC	OTC
EVOLUTION TES AUTOCODE	NC	OTC
EXACTECH TES	NC	OTC
EXACTECH TES R-S-G	NC	OTC
EZ SMART PLS TES BLD GLUC	NC	OTC
EZ SMART TES BLD GLUC	NC	OTC
FIFTY50 GLUC TES 2.0	NC	OTC
FORA BLOOD TES GLUCOSE	NC	OTC
FORA D15G TES BLD GLUC	NC	OTC
FORA D20 TES BLD GLUC	NC	OTC
FORA D40/G31 TES GLUCOSE	NC	OTC
FORA G20 TES BLD GLUC	NC	OTC
FORA G30/V10 TES BLD GLUC	NC	OTC
FORA GD20 TES BLD GLUC	NC	OTC
FORA GD50 TES	NC	OTC
FORA TN'G TES TN'G VOI	NC	OTC
FORA V10 TES BLD GLUC	NC	OTC
FORA V12 TES BLD GLUC	NC	OTC
FORA V20 TES BLD GLUC	NC	OTC
FORA V30A TES BLD GLUC	NC	OTC
FORACARE TES GD40	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
FORACARE TES PREM V10	NC	OTC
FORACARE TES TST N GO	NC	OTC
FORTISCARE TES BLD GLUC	NC	OTC
FREESTYLE TES	NC	OTC
FREESTYLE TES INSULINX	NC	OTC
FREESTYLE TES LITE	NC	OTC
FREESTYLE TES PREC NEO	NC	OTC
GE100 BLOOD TES GLUCOSE	NC	OTC
GENSTRIP 50 TES	NC	OTC
GENULTIMATE TES	NC	OTC
GHT TEST TES STRIPS	NC	OTC
GLUCO PERFEC TES 3	NC	OTC
GLUCOCARD 01 TES PLUS	NC	OTC
GLUCOCARD 01 TES SENSOR	NC	OTC
GLUCOCARD TES EXPRESSI	NC	OTC
GLUCOCARD TES SHINE	NC	OTC
GLUCOCARD TES VITAL	NC	OTC
GLUCOCARD TES X-SENSOR	NC	OTC
GLUCOCOM TES	NC	OTC
GLUCONAVII TES STRIPS	NC	OTC
GLUCOSE TES STRIPS	NC	OTC
GMATE BLOOD TES GLUCOSE	NC	OTC
IN TOUCH TES BLOOD	NC	OTC
INFINITY TES BLD GLUC	NC	OTC
KROGER BLOOD TES GLUCOSE	NC	OTC
KROGER TES	NC	OTC
LIBERTY NEXT TES GEN	NC	OTC
LIBERTY TES	NC	OTC
MAXIMA BLOOD TES GLUCOSE	NC	OTC
MEIJER BLOOD TES GLUCOSE	NC	OTC
MEIJER TES TRUETEST	NC	OTC
MEIJER TES TRUETRAC	NC	OTC
MICRODOT TES	NC	OTC
MYGLUCOHEALT TES BLD GLUC	NC	OTC
NEUTEK 2TEK TES STRIPS	NC	OTC
NEXGEN TES	NC	OTC
NO CODING TES BLD GLUC	NC	OTC
NOVA MAX TES GLUCOSE	NC	OTC
ON CALL PLUS TES BLD GLUC	NC	OTC
ON CALL TES EXPRESS	NC	OTC
ON CALL VIVD TES BLD GLUC	NC	OTC
ONETOUCH TES ULTRA	2	OTC; PV
ONETOUCH TES ULTRA BL	2	OTC; PV
ONETOUCH TES VERIO	2	OTC; PV
OPTIUM TES	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
OPTIUMEZ TES	NC	OTC
OPTUMRX TES BLD GLUC	NC	OTC
POCKETCHEM TES EZ	NC	OTC
PRECISION PT TES OF CARE	NC	OTC
PRECISION TES PCX	NC	OTC
PRECISION TES PCX PLUS	NC	OTC
PRECISION TES QID	NC	OTC
PRECISION TES SOF-TACT	NC	OTC
PRECISION TES XTRA	NC	OTC
PRODIGY NO TES CODING	NC	OTC
PTS PANELS TES GLUCOSE	NC	OTC
QUICKTEK TES	NC	OTC
QUINTET AC TES BLD GLUC	NC	OTC
QUINTET TES BLD GLUC	NC	OTC
RA TRUETEST TES	NC	OTC
REFUAH PLUS TES BLD GLUC	NC	OTC
RELION BLOOD TES GLUCOSE	NC	OTC
RELION PRIME TES	NC	OTC
RELION PRIME TES GLUCOSE	NC	OTC
RELION TES ULTIMA	NC	OTC
REVEAL TES BLD GLUC	NC	OTC
RIGHTEST TES GS100	NC	OTC
RIGHTEST TES GS300	NC	OTC
RIGHTEST TES GS550	NC	OTC
SMART SENSE TES TEST	NC	OTC
SMARTEST TES BLD GLUC	NC	OTC
SOLUS V2 TES AUDIBLE	NC	OTC
SUPREME TES	NC	OTC
SURE EDGE TES	NC	OTC
SURE-TEST TES EASYPLUS	NC	OTC
SURECHEK TES BLD GLUC	NC	OTC
TELCARE TES BLD GLUC	NC	OTC
TRUE METRIX TES GLUCOSE	NC	OTC
TRUETEST TES	NC	OTC
TRUETEST TES BLD GLUC	NC	OTC
TRUETRACK TES	NC	OTC
TRUETRACK TES BLD GLUC	NC	OTC
ULTIMA TES	NC	OTC
ULTRATRAK TES ULTIMATE	NC	OTC
ULTRATRK PRO TES	NC	OTC
UNISTRIP1 TES GENERIC	NC	OTC
VICTORY TES AGM-4000	NC	OTC
VOCAL POINT TES BLD GLUC	NC	OTC
WAVESENSE TES PRESTO	NC	OTC
XPRESS TES BLD GLUC	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
RADIOGRAPHIC CONTRAST MEDIA		
LIPIODOL INJ	3	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS		
GLYTACTIN POW BD 20/20	3	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PERTZYE CAP 4000UNIT	3	SP, PA
PERTZYE CAP 8000UNIT	3	SP, PA
PERTZYE CAP 16000U	3	SP, PA
SUCRAID SOL 8500/ML	6	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 25000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
KEVEYIS TAB 50MG	6	SP, PA, QL
methazolamide tab 25 mg	2	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	PV
ALDACTAZIDE TAB 50/50	3	PV
amiloride & hydrochlorothiazide tab 5-50 mg	1	PV
MAXZIDE TAB 75-50	3	PV
MAXZIDE-25 TAB	3	PV

Drug Name	Drug Tier	Requirements/Limits
spironolactone & hydrochlorothiazide tab 25-25 mg	1	PV
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	PV
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	PV
triamterene & hydrochlorothiazide tab 75-50 mg	1	PV
LOOP DIURETICS		
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
BUMEX TAB 1MG	3	
BUMEX TAB 2MG	3	
EDECRIN TAB 25MG	3	
ethacrynate sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	2	
furosemide inj 10 mg/ml	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
SOD EDECRIN INJ 50MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
OSMOTIC DIURETICS		
mannitol iv soln 20%	1	
mannitol iv soln 25%	1	
osmitrol inj 5%	1	
osmitrol inj 10%	1	
osmitrol inj 15%	1	
osmitrol vfx inj 20%	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
amiloride hcl tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CAROSPIR SUS 25MG/5ML	NC	
DYRENIUM CAP 50MG	NC	
DYRENIUM CAP 100MG	NC	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	2	
triamterene cap 100 mg	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide sodium for inj 500 mg	1	
chlorothiazide tab 500 mg	1	PV
chlorthalidone tab 25 mg	1	PV
chlorthalidone tab 50 mg	1	PV
DIURIL SUS 250/5ML	3	PV
hydrochlorothiazide cap 12.5 mg	1	PV
hydrochlorothiazide tab 12.5 mg	1	PV
hydrochlorothiazide tab 25 mg	1	PV
hydrochlorothiazide tab 50 mg	1	PV
indapamide tab 1.25 mg	1	PV
indapamide tab 2.5 mg	1	PV
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
SOD DIURIL INJ 500MG	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	NC	
ISTURISA TAB 5MG	NC	
ISTURISA TAB 10MG	NC	
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	PV
ACTONEL TAB 150MG	3	PV
alendronate sodium oral soln 70 mg/75ml	1	PV
alendronate sodium tab 5 mg	1	PV
alendronate sodium tab 10 mg	1	PV
alendronate sodium tab 35 mg	1	PV
alendronate sodium tab 70 mg	1	PV
ATELVIA TAB	3	PV
BINOSTO TAB 70MG	3	ST; PV
BONIVA INJ 3MG/3ML	3	PV
BONIVA TAB 150MG	3	PV
calcitonin (salmon) nasal soln 200 unit/act	1	PV
EVENITY INJ 105MG	NC	
FORTEO INJ 620/2.48	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-2800	3	ST; PV
FOSAMAX + D TAB 70-5600	3	ST; PV
FOSAMAX TAB 70MG	3	PV
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	1	PV
ibandronate sodium tab 150 mg (base equivalent)	1	PV
MIACALCIN INJ 200/ML	NC	
NATPARA INJ 25MCG	6	SP, PA, QL
NATPARA INJ 50MCG	6	SP, PA, QL
NATPARA INJ 75MCG	6	SP, PA, QL
NATPARA INJ 100MCG	6	SP, PA, QL
pamidronate disodium for inj 30 mg	1	
pamidronate disodium for inj 90 mg	1	
pamidronate disodium iv soln 3 mg/ml	1	
pamidronate disodium iv soln 9 mg/ml	1	
PAMIDRONATE INJ 6MG/ML	3	
PROLIA SOL 60MG/ML	5	SP, PA, QL
RECLAST INJ 5/100ML	6	SP, PA; PV
risedronate sodium tab 5 mg	1	PV
risedronate sodium tab 30 mg	2	PV
risedronate sodium tab 35 mg	1	PV
risedronate sodium tab 150 mg	1	PV
risedronate sodium tab delayed release 35 mg	1	PV
TERIPARATIDE INJ	NC	
TYMLOS INJ	5	SP, PA, QL
XGEVA INJ	6	SP, PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	SP, PA
zoledronic acid iv soln 5 mg/100ml	4	SP, PA; PV
ZOLEDRONIC INJ 4/100ML	6	SP, PA
CORTICOTROPIN		
ACTHAR INJ 80UNIT	6	SP, PA, QL
FERTILITY REGULATORS		
chor gonadot inj 10000unt	NC	
clomiphene citrate tab 50 mg	1	PA
FOLLISTIM AQ INJ 300UNIT	NC	
FOLLISTIM AQ INJ 600UNIT	NC	
FOLLISTIM AQ INJ 900UNIT	NC	
GONAL-F INJ 450UNIT	5	SP, PA, QL
GONAL-F INJ 1050UNIT	5	SP, PA, QL
GONAL-F RFF INJ 75UNIT	5	SP, PA, QL
GONAL-F RFF INJ 300/0.5	5	SP, PA, QL
GONAL-F RFF INJ 450/0.75	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF INJ 900/1.5	5	SP, PA, QL
MENOPUR INJ 75UNIT	6	SP, PA
NOVAREL INJ 5000UNIT	NC	
OVIDREL INJ	5	SP, PA
pregnyl inj 10000unt	NC	
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	5	SP, PA
GANIRELIX AC INJ 250/0.5	6	SP, PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	4	SP, PA
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	NC	
SOMAVERT INJ 15MG	NC	
SOMAVERT INJ 20MG	NC	
SOMAVERT INJ 25MG	NC	
SOMAVERT INJ 30MG	NC	
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	6	SP, PA
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	NC	
GENOTROPIN INJ 0.4MG	NC	
GENOTROPIN INJ 0.6MG	NC	
GENOTROPIN INJ 0.8MG	NC	
GENOTROPIN INJ 1.2MG	NC	
GENOTROPIN INJ 1.4MG	NC	
GENOTROPIN INJ 1.6MG	NC	
GENOTROPIN INJ 1.8MG	NC	
GENOTROPIN INJ 1MG	NC	
GENOTROPIN INJ 2MG	NC	
GENOTROPIN INJ 5MG	NC	
GENOTROPIN INJ 12MG	NC	
HUMATROPE INJ 5MG	NC	
HUMATROPE INJ 6MG	NC	
HUMATROPE INJ 12MG	NC	
HUMATROPE INJ 24MG	NC	
NORDITROPIN INJ 5/1.5ML	5	SP, PA
NORDITROPIN INJ 10/1.5ML	5	SP, PA
NORDITROPIN INJ 15/1.5ML	5	SP, PA
NORDITROPIN INJ 30/3ML	5	SP, PA
NUTROPIN AQ INJ 10MG/2ML	NC	
NUTROPIN AQ INJ 20MG/2ML	NC	
NUTROPIN AQ INJ NUSPIN 5	NC	

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 5.8MG	NC	
OMNITROPE INJ 5/1.5ML	NC	
OMNITROPE INJ 10/1.5ML	NC	
SAIZEN INJ 5MG	NC	
SAIZEN INJ 8.8MG	NC	
SEROSTIM INJ 4MG	6	SP, PA
SEROSTIM INJ 5MG	6	SP, PA
SEROSTIM INJ 6MG	6	SP, PA
ZOMACTON INJ 5MG	NC	
ZOMACTON INJ 10MG	NC	
ZORBTIVE INJ 8.8MG	6	SP, PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	PV
OSPHENA TAB 60MG	NC	
raloxifene hcl tab 60 mg	1	ACA, PV
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ 500MG	6	SP, PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	6	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ 45MG	6	SP, PA
LUPANETA KIT 3.75-5	6	SP, PA
LUPANETA KIT 11.25-5	6	SP, PA
LUPR DEP-PED INJ 3M 30MG	NC	
LUPR DEP-PED INJ 7.5MG	NC	
LUPR DEP-PED INJ 11.25MG	NC	
LUPR DEP-PED INJ 15MG	NC	
SUPPRELIN LA KIT 50MG	5	SP, PA
SYNAREL SOL 2MG/ML	3	PA
TRIPTODUR SUS 22.5MG	5	SP, PA
METABOLIC MODIFIERS		
ALDURAZYME INJ 2.9MG/5M	6	SP, PA
AMMONUL INJ 10%	3	
BRINEURA KIT 150/5ML	NC	
BUPHENYL POW	NC	
BUPHENYL TAB 500MG	NC	
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol inj 1 mcg/ml	1	
calcitriol oral soln 1 mcg/ml	2	
CARBAGLU TAB 200MG	6	SP, PA
CARNITOR INJ 1GM/5ML	3	
CARNITOR SF SOL 1GM/10ML	NC	
CARNITOR SOL 1GM/10ML	NC	

Drug Name	Drug Tier	Requirements/Limits
CARNITOR TAB 330MG	NC	
cinacalcet hcl tab 30 mg (base equiv)	4	SP, PA, QL
cinacalcet hcl tab 60 mg (base equiv)	4	SP, PA, QL
cinacalcet hcl tab 90 mg (base equiv)	4	SP, PA, QL
CRYSVITA INJ 10MG/ML	6	PA, QL
CRYSVITA INJ 20MG/ML	6	PA, QL
CRYSVITA INJ 30MG/ML	6	PA, QL
CYSTADANE POW	6	SP, PA
doxercalciferol cap 0.5 mcg	2	
doxercalciferol cap 1 mcg	2	
doxercalciferol cap 2.5 mcg	1	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	1	
ELAPRASE INJ 6MG/3ML	6	SP, PA
FABRAZYME INJ 5MG	6	SP, PA
FABRAZYME INJ 35MG	6	SP, PA
GALAFOLD CAP 123MG	6	SP, PA, QL
HECTOROL INJ 2MCG/ML	3	
HECTOROL INJ 4MCG/2ML	3	
KANUMA INJ 20/10ML	6	SP, PA
KUVAN POW 100MG	NC	
KUVAN POW 500MG	NC	
KUVAN TAB 100MG	NC	
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
LUMIZYME INJ 50MG	6	SP, PA
MEPSEVII INJ 10MG/5ML	6	SP, PA
MYALEPT INJ 11.3MG	6	SP, PA, QL
NAGLAZYME INJ 1MG/ML	6	SP, PA
NEXVIAZYME INJ 100MG	NC	
NITYR TAB 2MG	6	SP, PA
NITYR TAB 5MG	6	SP, PA
NITYR TAB 10MG	6	SP, PA
ORFADIN CAP 2MG	5	SP, PA
ORFADIN CAP 5MG	5	SP, PA
ORFADIN CAP 10MG	5	SP, PA
ORFADIN CAP 20MG	5	SP, PA
ORFADIN SUS 4MG/ML	5	SP, PA
PALYNZIQ INJ 2.5/0.5	NC	
PALYNZIQ INJ 10/0.5ML	NC	
PALYNZIQ INJ 20MG/ML	NC	
paricalcitol cap 1 mcg	2	
paricalcitol cap 2 mcg	2	
paricalcitol cap 4 mcg	1	
paricalcitol iv soln 2 mcg/ml	1	
paricalcitol iv soln 5 mcg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
PARSABIV INJ 2.5-0.5	NC	
PARSABIV INJ 5MG/ML	NC	
PARSABIV INJ 10MG/2ML	NC	
RAVICTI LIQ 1.1GM/ML	NC	
RAYALDEE CAP 30MCG	3	
REVCOVI INJ 1.6MG/ML	6	SP
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	4	SP, PA
sapropterin dihydrochloride powder packet 500 mg	4	SP, PA
sapropterin dihydrochloride tab 100 mg	4	SP, PA
SENSIPAR TAB 30MG	6	SP, PA, QL
SENSIPAR TAB 60MG	6	SP, PA, QL
SENSIPAR TAB 90MG	6	SP, PA, QL
sodium benzoate & sodium phenylacetate iv soln 10-10%	1	
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	SP, PA
sodium phenylbutyrate tab 500 mg	4	SP, PA
STRENSIQ INJ 18/0.45	6	SP, PA
STRENSIQ INJ 28/0.7ML	6	SP, PA
STRENSIQ INJ 40MG/ML	6	SP, PA
STRENSIQ INJ 80/0.8ML	6	SP, PA
VIMIZIM INJ 5MG/5ML	6	SP, PA
XURIDEN POW 2GM	6	SP, QL
ZEMPLAR CAP 2MCG	2	
ZEMPLAR INJ 2MCG/ML	3	
ZEMPLAR INJ 5MCG/ML	3	
POSTERIOR PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	
DDAVP SOL 0.01%	2	
DDAVP SPR 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
desmopressin acetate inj 4 mcg/ml	2	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	2	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	2	
desmopressin acetate tab 0.1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
STIMATE SOL 1.5MG/ML	6	SP, PA; PV
VASOPRE/NACL INJ 100/100	NC	
VASOPRE/NACL INJ 100/250	NC	
VASOSTRICT INJ 20UNT/ML	3	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
MYCAPSSA CAP 20MG	NC	
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	SP, PA, QL
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	SP, PA, QL
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	SP, PA, QL
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	SP, PA, QL
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	SP, PA, QL
SANDOSTATIN INJ 50MCG/ML	6	SP, PA, QL
SANDOSTATIN INJ 100MCG	6	SP, PA, QL
SANDOSTATIN INJ 500MCG	6	SP, PA, QL
SANDOSTATIN KIT LAR 10MG	NC	
SANDOSTATIN KIT LAR 20MG	NC	
SANDOSTATIN KIT LAR 30MG	NC	
SIGNIFOR INJ 0.3MG/ML	6	SP, PA, QL
SIGNIFOR INJ 0.6MG/ML	6	SP, PA, QL
SIGNIFOR INJ 0.9MG/ML	6	SP, PA, QL
SIGNIFOR LAR INJ 20MG	NC	
SIGNIFOR LAR INJ 40MG	NC	
SIGNIFOR LAR INJ 60MG	NC	
SOMATULINE INJ 60/0.2ML	5	SP, PA, QL
SOMATULINE INJ 90/0.3ML	5	SP, PA, QL
SOMATULINE INJ 120/.5ML	5	SP, PA, QL
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 30-15MG	6	SP, PA, QL
JYNARQUE PAK 45-15MG	6	SP, PA, QL
JYNARQUE PAK 60-30MG	6	SP, PA, QL
JYNARQUE PAK 90-30MG	6	SP, PA, QL
JYNARQUE TAB 15MG	6	SP, PA, QL
SAMSCA TAB 15MG	5	SP, PA
SAMSCA TAB 30MG	5	SP, PA
tolvaptan tab 15 mg	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
VAPRISOL INJ 20/100ML	3	
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
amabelz tab 0.5-0.1	1	
amabelz tab 1-0.5mg	1	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
est estrogen tab mtest hs	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
FEMHRT TAB 0.5-2.5	3	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	PA
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	
MENEST TAB 0.3MG	NC	
MENEST TAB 0.625MG	NC	
MENEST TAB 1.25MG	NC	

Drug Name	Drug Tier	Requirements/Limits
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	NC	
MINIVELLE DIS 0.05MG	NC	
MINIVELLE DIS 0.025MG	NC	
MINIVELLE DIS 0.075MG	NC	
MINIVELLE DIS 0.0375MG	NC	
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	NC	
PREMARIN TAB 0.9MG	NC	
PREMARIN TAB 0.45MG	NC	
PREMARIN TAB 0.625MG	NC	
PREMARIN TAB 1.25MG	NC	
VIVELLE-DOT DIS 0.1MG	NC	
VIVELLE-DOT DIS 0.05MG	NC	
VIVELLE-DOT DIS 0.025MG	NC	
VIVELLE-DOT DIS 0.075MG	NC	
VIVELLE-DOT DIS 0.0375MG	NC	

FLUOROQUINOLONES

FLUOROQUINOLONES

AVELOX INJ	3	
BAXDELA INJ 300MG	3	
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl tab 100 mg (base equiv)	2	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
LEVAQUIN TAB 500MG	3	
LEVAQUIN TAB 750MG	3	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 250 mg/50ml	2	
levofloxacin in d5w iv soln 500 mg/100ml	2	
levofloxacin in d5w iv soln 750 mg/150ml	1	
levofloxacin iv soln 25 mg/ml	2	
levofloxacin oral soln 25 mg/ml	2	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl tab 400 mg (base equiv)	1	
MOXIFLOXACIN INJ 400/250	NC	
ofloxacin tab 300 mg	2	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	PA
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	6	SP, PA
CHOLBAM CAP 250MG	6	SP, PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	6	SP, PA, QL
OCALIVA TAB 10MG	6	SP, PA, QL
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL CAP 300MG	2	
CHENODAL TAB 250MG	6	SP, PA
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	2	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	NC	
AMITIZA CAP 24MCG	NC	
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMI TAB 10MG ODT	3	
metoclopramide hcl inj 5 mg/ml (base equivalent)	1	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	NC	
BYLVAY CAP 400MCG	NC	
BYLVAY CAP 600MCG	NC	
BYLVAY CAP 1200MCG	NC	
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	NC	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
CIMZIA KIT 200MG	NC	
CIMZIA PREFL KIT 200MG/ML	NC	
CIMZIA START KIT 200MG/ML	NC	
COLAZAL CAP 750MG	NC	
DELZICOL CAP 400MG	NC	
DIPENTUM CAP 250MG	3	
ENTYVIO INJ 300MG	NC	
INFLECTRA INJ 100MG	NC	
LIALDA TAB 1.2GM	NC	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 24hr 0.375 gm	2	
mesalamine enema 4 gm	2	
mesalamine rectal enema 4 gm & cleanser wipe kit	2	
mesalamine suppos 1000 mg	2	
mesalamine tab delayed release 1.2 gm	2	
mesalamine tab delayed release 800 mg	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
REMICADE INJ 100MG	NC	
RENFLEXIS INJ 100MG	NC	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
STELARA INJ 5MG/ML	5	SP, PA, QL
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10gm/15	1	
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	2	

Drug Name	Drug Tier	Requirements/Limits
alosetron hcl tab 1 mg (base equiv)	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
ZELNORM TAB 6MG	NC	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
RELISTOR INJ 8/0.4ML	3	PA
RELISTOR INJ 12/0.6ML	3	PA
RELISTOR TAB 150MG	3	PA
SYMPROIC TAB 0.2MG	2	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
FOSRENOL CHW 500MG	NC	
FOSRENOL CHW 750MG	NC	
FOSRENOL CHW 1000MG	NC	
FOSRENOL POW 750MG	NC	
FOSRENOL POW 1000MG	NC	
lanthanum carbonate chew tab 500 mg (elemental)	NC	
lanthanum carbonate chew tab 750 mg (elemental)	NC	
lanthanum carbonate chew tab 1000 mg (elemental)	NC	
PHOSLYRA SOL	2	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	2	
sevelamer carbonate packet 2.4 gm	2	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	2	
VELPHORO CHW 500MG	2	

Drug Name	Drug Tier	Requirements/Limits
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	6	SP, PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	6	SP, PA, QL
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
AMIDATE INJ 2MG/ML	3	
DIPRIVAN INJ	3	
DIPRIVAN INJ 200/20ML	3	
DIPRIVAN INJ 500/50ML	3	
etomidate iv soln 2 mg/ml	1	
KETALAR INJ 10MG/ML	3	
KETALAR INJ 50MG/ML	3	
KETALAR INJ 100MG/ML	3	
ketamine hcl inj 10 mg/ml	1	
ketamine hcl inj 50 mg/ml	1	
ketamine hcl inj 100 mg/ml	1	
propofol iv emul 200 mg/20ml (10 mg/ml)	1	
propofol iv emul 500 mg/50ml (10 mg/ml)	1	
propofol iv emul 1000 mg/100ml (10 mg/ml)	1	
propoven inj	1	
propoven inj 200/20ml	1	
propoven inj 500/50ml	1	
BARBITURATE ANESTHETICS		
BREVITAL SOD INJ 500MG	3	
VOLATILE ANESTHETICS		
isoflurane inhal soln	1	
sevoflurane inhal soln	1	
SUPRANE INH	3	
SUPRANE SOL	3	
terrell sol	1	
ULTANE SOL	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
cytra k gra crystals	1	
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	

Drug Name	Drug Tier	Requirements/Limits
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
taron gra crystals	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	5	SP, PA
CYSTAGON CAP 150MG	5	SP, PA
PROCYSBI CAP 25MG	6	SP, PA, QL
PROCYSBI CAP 75MG	6	SP, PA, QL
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	1	
argyl saline sol 0.9% irr	1	
curity salin sol 0.9% irr	1	
glycine irrigation soln 1.5%	1	
neomycin-polymyxin b gu irrigation soln	1	
RENACIDIN SOL	3	
RESECTISOL SOL 5%	3	
sodium chloride irrigation soln 0.9%	1	
SORBITOL SOL 3% IRR	3	
SORBITOL SOL 3.3% IRR	3	
SORBITOL-MAN SOL	3	
HYPEROXALURIA AGENTS		
OXLUMO INJ 94.5/0.5	NC	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	NC	
RIMSO-50 SOL 50%	NC	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	NC	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	NC	
RAPAFLO CAP 8MG	NC	
silodosin cap 4 mg	2	

Drug Name	Drug Tier	Requirements/Limits
silodosin cap 8 mg	2	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	NC	
URINARY ANALGESICS		
phenazo tab 200mg	2	
phenazopyridine hcl tab 100 mg	2	
phenazopyridine hcl tab 200 mg	2	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	NC	
THIOLA EC TAB 100MG	NC	
THIOLA EC TAB 300MG	NC	
THIOLA TAB 100MG	NC	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol sodium for inj 500 mg	1	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
ALOPRIM INJ 500MG	3	
colchicine cap 0.6 mg	2	
colchicine tab 0.6 mg	2	
COLCRYS TAB 0.6MG	NC	
febuxostat tab 40 mg	2	
febuxostat tab 80 mg	2	
KRYSTEXXA INJ 8MG/ML	6	SP, PA
MITIGARE CAP 0.6MG	3	
ULORIC TAB 40MG	NC	
ULORIC TAB 80MG	NC	
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ 189MG/ML	NC	
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT	5	SP, PA; PV
ADVATE INJ 500UNIT	5	SP, PA; PV
ADVATE INJ 1000UNIT	5	SP, PA; PV
ADVATE INJ 1500UNIT	5	SP, PA; PV
ADVATE INJ 2000UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
ADVATE INJ 3000UNIT	5	SP, PA; PV
ADVATE INJ 4000UNIT	5	SP, PA; PV
ADYNOVATE INJ 250UNIT	5	SP, PA
ADYNOVATE INJ 500UNIT	5	SP, PA
ADYNOVATE INJ 750UNIT	5	SP, PA
ADYNOVATE INJ 1000UNIT	5	SP, PA
ADYNOVATE INJ 1500UNIT	5	SP, PA
ADYNOVATE INJ 2000UNIT	5	SP, PA
ADYNOVATE INJ 3000UNIT	5	SP, PA
AFSTYLA KIT 250UNIT	5	SP, PA
AFSTYLA KIT 500UNIT	5	SP, PA
AFSTYLA KIT 1000UNIT	5	SP, PA
AFSTYLA KIT 1500UNIT	5	SP, PA
AFSTYLA KIT 2000UNIT	5	SP, PA
AFSTYLA KIT 2500UNIT	5	SP, PA
AFSTYLA KIT 3000UNIT	5	SP, PA
ALPHANATE INJ VWF/HUM	6	SP, PA; PV
ALPHANINE SD INJ 500UNIT	6	SP, PA; PV
ALPHANINE SD INJ 1000UNIT	6	SP, PA; PV
ALPHANINE SD INJ 1500UNIT	6	SP, PA; PV
ALPROLIX INJ 250UNIT	NC	
ALPROLIX INJ 500UNIT	NC	
ALPROLIX INJ 1000UNIT	NC	
ALPROLIX INJ 2000UNIT	NC	
ALPROLIX INJ 3000UNIT	NC	
ALPROLIX INJ 4000UNIT	NC	
BENEFIX INJ 250UNIT	6	SP, PA; PV
BENEFIX INJ 500UNIT	6	SP, PA; PV
BENEFIX INJ 1000UNIT	6	SP, PA; PV
BENEFIX INJ 2000UNIT	6	SP, PA; PV
BENEFIX INJ 3000UNIT	6	SP, PA; PV
COAGADEX INJ 250UNIT	6	SP, PA
COAGADEX INJ 500UNIT	6	SP, PA
CORIFACT KIT	6	SP, PA; PV
ELOCTATE INJ 250UNIT	5	SP, PA; PV
ELOCTATE INJ 500UNIT	5	SP, PA; PV
ELOCTATE INJ 750UNIT	5	SP, PA; PV
ELOCTATE INJ 1000UNIT	5	SP, PA; PV
ELOCTATE INJ 1500UNIT	5	SP, PA; PV
ELOCTATE INJ 2000UNIT	5	SP, PA; PV
ELOCTATE INJ 3000UNIT	5	SP, PA; PV
ELOCTATE INJ 4000UNIT	5	SP, PA; PV
ELOCTATE INJ 5000UNIT	5	SP, PA; PV
ELOCTATE INJ 6000UNIT	5	SP, PA; PV
ESPEROCT INJ 500UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
ESPEROCT INJ 1000UNIT	5	SP, PA; PV
ESPEROCT INJ 1500UNIT	5	SP, PA; PV
ESPEROCT INJ 2000UNIT	5	SP, PA; PV
ESPEROCT INJ 3000UNIT	5	SP, PA; PV
FEIBA INJ	6	SP, PA; PV
FIBRYGA INJ 1GM	6	SP, PA
HEMLIBRA INJ 30MG/ML	6	SP, PA
HEMLIBRA INJ 60/0.4	6	SP, PA
HEMLIBRA INJ 105/0.7	6	SP, PA
HEMLIBRA INJ 150/ML	6	SP, PA
HEMOFIL M INJ 250UNIT	6	SP, PA; PV
HEMOFIL M INJ 500UNIT	6	SP, PA; PV
HEMOFIL M INJ 1000UNIT	6	SP, PA; PV
HEMOFIL M INJ 1700UNIT	6	SP, PA; PV
HUMATE-P SOL 250-600	6	SP, PA; PV
HUMATE-P SOL 500-1200	6	SP, PA; PV
HUMATE-P SOL 2400UNIT	6	SP, PA; PV
IDELVION SOL 250UNIT	6	SP, PA
IDELVION SOL 500UNIT	6	SP, PA
IDELVION SOL 1000UNIT	6	SP, PA
IDELVION SOL 2000UNIT	6	SP, PA
IDELVION SOL 3500UNIT	6	SP, PA
IXINITY INJ 250UNIT	6	SP, PA; PV
IXINITY INJ 500UNIT	6	SP, PA; PV
IXINITY INJ 1000UNIT	6	SP, PA; PV
IXINITY INJ 1500UNIT	6	SP, PA; PV
IXINITY INJ 2000UNIT	6	SP, PA; PV
IXINITY INJ 3000UNIT	6	SP, PA; PV
JIVI INJ 500 UNIT	5	SP, PA
JIVI INJ 1000UNIT	5	SP, PA
JIVI INJ 2000UNIT	5	SP, PA
JIVI INJ 3000UNIT	5	SP, PA
KOATE INJ 250UNIT	6	SP, PA; PV
KOATE INJ 500 UNIT	6	SP, PA; PV
KOATE INJ 1000UNIT	6	SP, PA; PV
KOATE-DVI INJ 250UNIT	6	SP, PA; PV
KOATE-DVI INJ 500UNIT	6	SP, PA; PV
KOATE-DVI INJ 1000UNIT	6	SP, PA; PV
KOGENATE FS INJ 250UNIT	5	SP, PA; PV
KOGENATE FS INJ 500UNIT	5	SP, PA; PV
KOGENATE FS INJ 1000UNIT	5	SP, PA; PV
KOGENATE FS INJ 2000UNIT	5	SP, PA; PV
KOGENATE FS INJ 3000UNIT	5	SP, PA; PV
KOVALTRY INJ 250UNIT	5	SP, PA; PV
KOVALTRY INJ 500UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
KOVALTRY INJ 1000UNIT	5	SP, PA; PV
KOVALTRY INJ 2000UNIT	5	SP, PA; PV
KOVALTRY INJ 3000UNIT	5	SP, PA; PV
MONONINE INJ 1000UNIT	6	SP, PA; PV
NOVOEIGHT INJ 250UNIT	5	SP, PA; PV
NOVOEIGHT INJ 500UNIT	5	SP, PA; PV
NOVOEIGHT INJ 1000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 1500UNIT	5	SP, PA; PV
NOVOEIGHT INJ 2000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 3000UNIT	5	SP, PA; PV
NOVOSEVEN RT INJ 1MG	6	SP, PA
NOVOSEVEN RT INJ 2MG	6	SP, PA
NOVOSEVEN RT INJ 5MG	6	SP, PA
NOVOSEVEN RT INJ 8MG	6	SP, PA
NUWIQ INJ 250UNIT	5	SP, PA; PV
NUWIQ INJ 500UNIT	5	SP, PA; PV
NUWIQ INJ 1000UNIT	5	SP, PA; PV
NUWIQ INJ 2000UNIT	5	SP, PA; PV
NUWIQ INJ 2500UNIT	5	SP, PA; PV
NUWIQ INJ 3000UNIT	5	SP, PA; PV
NUWIQ INJ 4000UNIT	5	SP, PA; PV
NUWIQ KIT 250UNIT	5	SP, PA; PV
NUWIQ KIT 500UNIT	5	SP, PA; PV
NUWIQ KIT 1000UNIT	5	SP, PA; PV
NUWIQ KIT 2000UNIT	5	SP, PA; PV
NUWIQ KIT 2500UNIT	5	SP, PA; PV
NUWIQ KIT 3000UNIT	5	SP, PA; PV
NUWIQ KIT 4000UNIT	5	SP, PA; PV
OBIZUR INJ 500 UNIT	NC	
PROFILNINE INJ 500UNIT	6	SP, PA; PV
PROFILNINE INJ 1000UNIT	6	SP, PA; PV
PROFILNINE INJ 1500UNIT	6	SP, PA; PV
REBINYN SOL 500UNIT	5	SP, PA
REBINYN SOL 1000UNIT	5	SP, PA
REBINYN SOL 2000UNIT	5	SP, PA
RECOMBINATE INJ	6	SP, PA; PV
RECOMBINATE INJ 220-400	6	SP, PA; PV
RECOMBINATE INJ 401-800	6	SP, PA; PV
RECOMBINATE INJ 801-1240	6	SP, PA; PV
RIASTAP SOL 1GM	6	SP, PA
RIXUBIS INJ 250 UNIT	6	SP, PA; PV
RIXUBIS INJ 500UNIT	6	SP, PA; PV
RIXUBIS INJ 1000UNIT	6	SP, PA; PV
RIXUBIS INJ 2000UNIT	6	SP, PA; PV
RIXUBIS INJ 3000UNIT	6	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
TRETTEN INJ	6	SP, PA; PV
VONVENDI INJ 650UNIT	NC	
VONVENDI INJ 1300UNIT	NC	
WILATE INJ	6	SP, PA
XYNTHA INJ 250UNIT	5	SP, PA; PV
XYNTHA INJ 500UNIT	5	SP, PA; PV
XYNTHA INJ 1000UNIT	5	SP, PA; PV
XYNTHA INJ 2000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 500UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 1000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 2000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 3000UNIT	5	SP, PA; PV
XYNTHA SOLOF KIT 250UNIT	5	SP, PA; PV
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	6	SP, PA, QL
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	NC	
CINRYZE SOL 500 UNIT	6	SP, PA, QL; PV
EMPAVELI INJ 1080MG	NC	
HAEGARDA INJ 2000UNIT	6	SP, PA, QL; PV
HAEGARDA INJ 3000UNIT	6	SP, PA, QL; PV
RUCONEST INJ 2100UNIT	5	SP, PA, QL
SOLIRIS INJ 10MG/ML	6	SP, PA
ULTOMIRIS INJ 100MG/ML	NC	
ULTOMIRIS INJ 300/30ML	NC	
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	NC	
TAVALISSE TAB 150MG	NC	
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
HUMAN PROTEIN C		
CEPROTIN INJ 500 UNIT	6	SP
CEPROTIN INJ 1000UNIT	6	SP
PLASMA EXPANDERS		
HESPAN INJ 6%/NACL	3	
hetastarch in sodium chloride inj 6-0.9%	1	
HEXTEND SOL 6%	3	
lmd 10%/d5w inj	1	
lmd 10%/nacl inj 0.9%	1	
VOLUVEN INJ 6%/NACL	3	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	6	SP, PA, QL
ORLADEYO CAP 110MG	NC	
ORLADEYO CAP 150MG	NC	

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO INJ 300/2ML	5	SP, PA, QL
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT INJ 3.75/15	NC	
AGGRASTAT INJ 5/100ML	3	
AGGRASTAT INJ 12.5/250	3	
AGRYLIN CAP 0.5MG	2	
anagrelide hcl cap 0.5 mg	2	
anagrelide hcl cap 1 mg	2	
aspirin-dipyridamole cap er 12hr 25-200 mg	2	PV
BRILINTA TAB 60MG	2	PV
BRILINTA TAB 90MG	2	PV
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	PV
clopidogrel bisulfate tab 300 mg (base equiv)	2	PV
dipyridamole tab 25 mg	1	PV
dipyridamole tab 50 mg	1	PV
dipyridamole tab 75 mg	1	PV
DURLAZA CAP 162.5MG	NC	
EFFIENT TAB 5MG	3	PV
EFFIENT TAB 10MG	3	PV
eptifibatide iv soln 20 mg/10ml (2 mg/ml)	1	
eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)	1	
eptifibatide iv soln 200 mg/100ml (2 mg/ml)	1	
INTEGRILIN INJ	3	
INTEGRILIN INJ 0.75MG/1	3	
INTEGRILIN INJ 20/10ML	3	
KENGREAL SOL 50MG	NC	
PLAVIX TAB 75MG	NC	
prasugrel hcl tab 5 mg (base equiv)	1	PV
prasugrel hcl tab 10 mg (base equiv)	1	PV
YOSPRALA TAB 81-40MG	NC	
YOSPRALA TAB 325-40MG	NC	
ZONTIVITY TAB 2.08MG	NC	
PROTAMINE		
protamine sulfate inj 10 mg/ml	1	
THROMBOLYTIC ENZYMES		
ACTIVASE INJ 50MG	3	
ACTIVASE INJ 100MG	3	
CATHFLO ACTI INJ 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
TNKASE KIT 50MG	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	5	SP, PA, QL
CEREZYME INJ 400UNIT	5	SP, PA, QL
ELELYSO INJ 200UNIT	NC	
miglustat cap 100 mg	4	SP, PA, QL
VPRIV INJ 400UNIT	6	SP, PA, QL
ZAVESCA CAP 100MG	6	SP, PA, QL
AGENTS FOR SICKLE CELL ANEMIA		
ADAKVEO INJ 100/10ML	6	SP, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	6	SP, PA, QL
OXBRYTA TAB 500MG	NC	
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	1	
NASCOBAL SPR 500MCG	NC	
FOLIC ACID/FOLATES		
folic acid inj 5 mg/ml	1	
folic acid tab 1 mg	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	5	SP, PA
ARANESP INJ 25MCG	5	SP, PA
ARANESP INJ 40MCG	5	SP, PA
ARANESP INJ 60MCG	5	SP, PA
ARANESP INJ 100MCG	5	SP, PA
ARANESP INJ 150MCG	5	SP, PA
ARANESP INJ 200MCG	5	SP, PA
ARANESP INJ 300MCG	5	SP, PA
ARANESP INJ 500MCG	5	SP, PA
DOPTELET TAB 20MG	5	SP, PA, QL
EPOGEN INJ 2000/ML	NC	
EPOGEN INJ 3000/ML	NC	
EPOGEN INJ 4000/ML	NC	
EPOGEN INJ 10000/ML	NC	
EPOGEN INJ 20000/ML	NC	
FULPHILA INJ 6/0.6ML	NC	
GRANIX INJ 300/0.5	NC	

Drug Name	Drug Tier	Requirements/Limits
GRANIX INJ 300/1ML	NC	
GRANIX INJ 480/0.8	NC	
GRANIX INJ 480/1.6	NC	
LEUKINE INJ 250MCG	6	SP, PA
MIRCERA INJ 30MCG	NC	
MIRCERA INJ 50MCG	NC	
MIRCERA INJ 75MCG	NC	
MIRCERA INJ 100MCG	NC	
MIRCERA INJ 150MCG	NC	
MIRCERA INJ 200MCG	NC	
MULPLETA TAB 3MG	5	SP, PA, QL
NEULASTA INJ 6MG/0.6M	NC	
NEULASTA KIT 6MG/0.6M	NC	
NEUPOGEN INJ 300/0.5	NC	
NEUPOGEN INJ 300/ML	NC	
NEUPOGEN INJ 300MCG	NC	
NEUPOGEN INJ 480/0.8	NC	
NEUPOGEN INJ 480/1.6	NC	
NEUPOGEN INJ 480MCG	NC	
NIVESTYM INJ 300/0.5	4	SP, PA
NIVESTYM INJ 300MCG	4	SP, PA
NIVESTYM INJ 480/0.8	4	SP, PA
NIVESTYM INJ 480MCG	4	SP, PA
NPLATE INJ 125MCG	6	SP, PA
NPLATE INJ 250MCG	6	SP, PA
NPLATE INJ 500MCG	6	SP, PA
PROCRIT INJ 2000/ML	NC	
PROCRIT INJ 3000/ML	NC	
PROCRIT INJ 4000/ML	NC	
PROCRIT INJ 10000/ML	NC	
PROCRIT INJ 20000/ML	NC	
PROCRIT INJ 40000/ML	NC	
PROMACTA PAK 25MG	6	SP, PA, QL
PROMACTA POW 12.5MG	6	SP, PA, QL
PROMACTA TAB 12.5MG	6	SP, PA, QL
PROMACTA TAB 25MG	6	SP, PA, QL
PROMACTA TAB 50MG	6	SP, PA, QL
PROMACTA TAB 75MG	6	SP, PA, QL
REBLOZYL INJ 25MG	NC	
REBLOZYL INJ 75MG	NC	
RETACRIT INJ 2000UNIT	4	SP, PA
RETACRIT INJ 3000UNIT	4	SP, PA
RETACRIT INJ 4000UNIT	4	SP, PA
RETACRIT INJ 10000UNT	4	SP, PA
RETACRIT INJ 20000UNI	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 40000UNT	4	SP, PA
UDENYCA INJ 6MG/.6ML	NC	
ZARXIO INJ 300/0.5	NC	
ZARXIO INJ 480/0.8	NC	
ZIEXTENZO INJ 6/0.6ML	5	SP, PA, QL
HEMATOPOIETIC MIXTURES		
ACTIVE FE TAB 75-1.25	3	
chromagen cap	1	
corvita 150 tab	1	
CORVITE 150 TAB	3	
CORVITE FE TAB	3	
FERIVAFA CAP 110-1MG	3	
ferocon cap	1	
ferotrinsic cap	1	
FERRO-PLEX TAB	3	
FERROTRIN CAP	3	
FOLIVANE-F CAP	3	
FOLIVANE-PLS CAP	3	
foltrin cap	1	
FUSION PAK SPRINKLE	NC	
FUSION PLUS CAP	3	
hematinic/fa tab	1	
HEMATOGEN FA CAP	3	
HEMATRON-AF TAB	3	
hemocyte-f tab	1	
ICAR-C PLUS TAB	3	
iferex 150 cap forte	1	
INTEGRA F CAP	3	
INTEGRA PLUS CAP	3	
IROSPAN 24/6 MIS	3	
k-tan plus cap	1	
MAXFE TAB	3	
MULTIGEN PLS TAB	3	
MULTIGEN TAB	3	
MULTIGEN TAB FOLIC	3	
myferon 150 cap forte	1	
NEPHRON FA TAB	3	
NIFEREX TAB	3	
NUFERA TAB	3	
poly-iron cap 150 fort	1	
polysacchari cap iron	1	
PUREFOLIX TAB 1-5000	NC	
purevit dual cap fe plus	1	
REVESTA CAP 1MG-5750	NC	
se-tan plus cap	1	

Drug Name	Drug Tier	Requirements/Limits
TARON FORTE CAP	3	
tl-hem 150 tab	1	
tricon cap	1	
trigels-f cap forte	1	
IRON		
FERAHEME INJ 510/17ML	3	
FERRLECIT INJ 12.5MG/M	3	
INFED INJ 50MG/ML	3	
INJECTAFER INJ 750/15ML	3	
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	1	
VENOFER INJ 20MG/ML	3	
STEM CELL MOBILIZERS		
MOZOBIL INJ	6	SP, PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR SOL 0.25/ML	NC	
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
aminocaproic acid inj 250 mg/ml	1	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 1000 mg	1	
CYKLOKAPRON INJ 100MG/ML	3	
LYSTEDA TAB 650MG	3	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	1	
tranexamic acid tab 650 mg	2	
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
ASTRINGYN SOL 259MG/GM	3	
MONSELS FERR SOL SUBSULF	3	
RECOTHROM SOL 5000UNIT	3	
RECOTHROM SOL 20000UNT	3	
THROMBIN KIT 5000UNIT	3	
THROMBIN-JMI KIT 5000UNIT	3	
THROMBIN-JMI KIT 20000UNT	3	
THROMBIN-JMI SOL 5000UNIT	3	
THROMBIN-JMI SOL 20000UNT	3	
THROMBOGEN KIT 10000UNT	3	
THROMBOGEN SOL 1000UNIT	3	
THROMBOGEN SOL 10000UNT	3	
TISSEEL SOL	3	

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
AMYTAL SOD INJ 500MG	3	
BUTISOL SOD TAB 30MG	3	
NEMBUTAL SOD INJ 50MG/ML	3	
phenobarbital elixir 20 mg/5ml	1	PV
PHENOBARBITAL SODIUM INJ 65 MG/ML	3	
phenobarbital sodium inj 130 mg/ml	1	
phenobarbital tab 15 mg	1	PV
phenobarbital tab 16.2 mg	1	PV
phenobarbital tab 30 mg	1	PV
phenobarbital tab 32.4 mg	1	PV
phenobarbital tab 60 mg	1	PV
phenobarbital tab 64.8 mg	1	PV
phenobarbital tab 97.2 mg	1	PV
phenobarbital tab 100 mg	1	PV
HYPNOTIC COMBINATIONS		
MET/KET/OND TRO 3-25-2MG	NC	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	2	
doxepin hcl (sleep) tab 6 mg (base equiv)	2	
SILENOR TAB 3MG	NC	
SILENOR TAB 6MG	NC	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	PA, QL
AMBIEN CR TAB 12.5MG	3	PA, QL
AMBIEN TAB 5MG	3	PA, QL
AMBIEN TAB 10MG	3	PA, QL
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml	1	
dexmedetomidine hcl iv soln 200 mcg/2ml	1	
DORAL TAB 15MG	3	PA, QL
EDLUAR SUB 5MG	3	PA, QL
EDLUAR SUB 10MG	3	PA, QL
estazolam tab 1 mg	1	PA, QL
estazolam tab 2 mg	1	PA, QL
eszopiclone tab 1 mg	1	PA, QL
eszopiclone tab 2 mg	1	PA, QL
eszopiclone tab 3 mg	1	PA, QL
flurazepam hcl cap 15 mg	1	PA, QL
flurazepam hcl cap 30 mg	1	PA, QL
HALCION TAB 0.25MG	3	PA, QL

Drug Name	Drug Tier	Requirements/Limits
INTERMEZZO SUB 1.75MG	NC	
INTERMEZZO SUB 3.5MG	NC	
LUNESTA TAB 1MG	NC	
LUNESTA TAB 2MG	NC	
LUNESTA TAB 3MG	NC	
MIDAZOL/NACL SOL 5MG/5ML	NC	
midazolam hcl inj 2 mg/2ml (base equivalent)	1	
midazolam hcl inj 5 mg/5ml (base equivalent)	1	
midazolam hcl inj 5 mg/ml (base equivalent)	1	
midazolam hcl inj 10 mg/2ml (base equivalent)	1	
midazolam hcl inj 10 mg/10ml (base equivalent)	1	
midazolam hcl inj 25 mg/5ml (base equivalent)	1	
midazolam hcl inj 50 mg/10ml (base equivalent)	1	
midazolam hcl inj pf 2 mg/2ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/5ml (base equivalent)	1	
MIDAZOLAM HCL INJ PF 5 MG/5ML (BASE EQUIVALENT)	3	
midazolam hcl inj pf 5 mg/ml (base equivalent)	1	
midazolam hcl inj pf 10 mg/2ml (base equivalent)	1	
midazolam hcl syrup 2 mg/ml (base equivalent)	1	
PRECEDEX INJ 80/20ML	3	
PRECEDEX INJ 100MCG	3	
PRECEDEX INJ 200/50ML	3	
PRECEDEX INJ 400/100	3	
quazepam tab 15 mg	NC	
RESTORIL CAP 7.5MG	3	PA, QL
RESTORIL CAP 15MG	3	PA, QL
RESTORIL CAP 22.5MG	3	PA, QL
RESTORIL CAP 30MG	3	PA, QL
temazepam cap 7.5 mg	1	PA, QL
temazepam cap 15 mg	1	PA, QL
temazepam cap 22.5 mg	1	PA, QL
temazepam cap 30 mg	1	PA, QL
triazolam tab 0.25 mg	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
triazolam tab 0.125 mg	1	PA, QL
zaleplon cap 5 mg	1	PA, QL
zaleplon cap 10 mg	1	PA, QL
zolpidem tartrate sl tab 1.75 mg	NC	
zolpidem tartrate sl tab 3.5 mg	NC	
zolpidem tartrate tab 5 mg	1	PA, QL
zolpidem tartrate tab 10 mg	1	PA, QL
zolpidem tartrate tab er 6.25 mg	1	PA, QL
zolpidem tartrate tab er 12.5 mg	1	PA, QL
ZOLPIMIST SPR 5MG	NC	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	PA
BELSOMRA TAB 10MG	2	PA
BELSOMRA TAB 15MG	2	PA
BELSOMRA TAB 20MG	2	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	6	SP, PA, QL
HETLIOZ LQ SUS 4MG/ML	6	SP, PA, QL
ramelteon tab 8 mg	2	
ROZEREM TAB 8MG	NC	
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	ACA, PV
COLYTE/FLAVR SOL PACKS	3	
gavilyte-c sol	2	PV
gavilyte-g sol	1	PV
gavilyte-h kit	1	ACA, PV
gavilyte-n sol flav pk	1	PV
GOLYTELY SOL	NC	
MOVIPREP SOL	NC	
NULYTELY SOL FLAV PKS	3	PV
PCP 100 KIT	NC	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	PV
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	PV
peg-prep kit	1	ACA, PV
peg/nasul/c/ sol nacl/pot	1	
PLENVU SOL	NC	
PREPOPIK PAK	3	ACA, PV
SUPREP BOWEL SOL PREP KIT	NC	
trilyte sol	1	PV
LAXATIVES - MISCELLANEOUS		
constulose sol 10gm/15	1	

Drug Name	Drug Tier	Requirements/Limits
GIALAX KIT	NC	
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
lactulose pak 10gm	NC	
lactulose solution 10 gm/15ml	1	
LUBRICANT LAXATIVES		
mineral oil	1	
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	NC	
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
articadent inj dental	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	1	
CITANEST FOR INJ DENT 4%	3	
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	1	
lidocaine inj 2% w/ epinephrine-1:50000	1	
lidocaine inj 2% w/ epinephrine-1:100000	1	
lidocaine inj 2% w/ epinephrine-1:200000	1	
MARCAINE/EPI INJ 0.5%	3	
MARCAINE/EPI INJ 0.25%	3	
sensorcaine inj -mpf/epi	1	
SENSORCAINE INJ -MPF/EPI	3	
sensorcaine/ inj epi 0.5%	1	
sensorcaine/ inj epi 0.25	1	
XYLO-MPF/EPI INJ 1%	3	
XYLO-MPF/EPI INJ 1.5%	3	
XYLO-MPF/EPI INJ 2%	3	
XYLO/EPI 1%- INJ 1:100000	3	
XYLO/EPI INJ 0.5%	3	
XYLO/EPI INJ 2%	3	
xylocaine inj dent 2%	1	

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - AMIDES		
bupivacaine 0.75% in dextrose inj 8.25%	1	
bupivacaine hcl inj 0.5%	1	
bupivacaine hcl inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.5%	1	
bupivacaine hcl preservative free (pf) inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.75%	1	
BUPIVACAINE INJ 0.125%	3	
bupivacaine inj spinal	1	
CARBOCAINE INJ 1%	3	
CARBOCAINE INJ 1% PF	3	
CARBOCAINE INJ 1.5% PF	3	
CARBOCAINE INJ 2%	3	
CARBOCAINE INJ 2% PF	3	
CITANEST INJ PLAIN 4%	3	
LIDO/DEXTROS INJ 5-7.5%	3	
LIDOCAINE HC INJ 200/10ML	NC	
lidocaine hcl local inj 0.5%	1	
lidocaine hcl local inj 1%	1	
lidocaine hcl local inj 2%	1	
lidocaine hcl local preservative free (pf) inj 0.5%	1	
lidocaine hcl local preservative free (pf) inj 1%	1	
lidocaine hcl local preservative free (pf) inj 1.5%	1	
lidocaine hcl local preservative free (pf) inj 2%	1	
lidocaine hcl local preservative free (pf) inj 4%	1	
MARCAINE INJ 0.5%	3	
MARCAINE INJ 0.25%	3	
MARCAINE INJ 0.75%	3	
MARCAINE INJ SPINAL	3	
NAROPIN INJ 2MG/ML	3	
NAROPIN INJ 5MG/ML	3	
NAROPIN INJ 7.5MG/ML	3	
NAROPIN INJ 10MG/ML	3	
polocaine inj 1%	1	
polocaine inj 2%	1	
polocaine inj -mpf 1%	1	
polocaine inj -mpf 2%	1	
polocaine inj mpf 1.5%	1	

Drug Name	Drug Tier	Requirements/Limits
ropivacaine hcl inj 2 mg/ml	1	
ropivacaine hcl inj 5 mg/ml	1	
ropivacaine hcl inj 7.5 mg/ml	1	
ropivacaine hcl inj 10 mg/ml	1	
ROPIVACAINE INJ 0.5%	NC	
sensorcaine inj 0.5%	1	
sensorcaine inj 0.25%	1	
sensorcaine inj mpf0.25%	1	
sensorcaine inj mpf0.75%	1	
sensorcaine inj mpf 0.5%	1	
XYLOCAINE INJ 0.5%	3	
XYLOCAINE INJ 1%	3	
XYLOCAINE INJ 2%	3	
XYLOCAINE INJ -MPF 1%	3	
XYLOCAINE INJ -MPF 2%	3	
XYLOCAINE INJ MPF 0.5%	3	
XYLOCAINE INJ MPF 1.5%	3	
ZINGO INJ 0.5MG	3	
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl preservative free (pf) inj 2%	1	
chloroprocaine hcl preservative free (pf) inj 3%	1	
NESACAINE INJ 1%	3	
NESACAINE INJ 2%	3	
NESACAINE INJ -MPF 2%	3	
NESACAINE INJ -MPF 3%	3	
tetracaine hcl inj 1%	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin iv for soln 500 mg	1	
azithromycin powd pack for susp 1 gm	2	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX INJ 500MG	3	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB 600MG	3	
ZITHROMAX TAB TRI-PAK	3	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	2	
clarithromycin for susp 250 mg/5ml	2	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
E.E.S. GRAN SUS 200/5ML	NC	
ery-tab tab 250mg ec	2	
ery-tab tab 333mg ec	2	
ery-tab tab 500mg ec	2	
ERYPED SUS 200/5ML	NC	
ERYPED SUS 400/5ML	NC	
ERYTHROCIN INJ 500MG	3	
erythrocin tab 250mg	2	
erythromycin ethylsuccinate for susp 200 mg/5ml	2	
erythromycin ethylsuccinate for susp 400 mg/5ml	2	
erythromycin ethylsuccinate tab 400 mg	2	
erythromycin tab 250 mg	2	
erythromycin tab 500 mg	2	
erythromycin w/ delayed release particles cap 250 mg	2	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	3	ACA, PV
FEMCAP MIS 22MM	3	ACA, PV
FEMCAP MIS 26MM	3	ACA, PV
FEMCAP MIS 30MM	3	ACA, PV
OMNIFLEX DPR	3	ACA, PV
WIDE-SEAL DPR KIT 60	3	ACA, PV
WIDE-SEAL DPR KIT 65	3	ACA, PV
WIDE-SEAL DPR KIT 70	3	ACA, PV
WIDE-SEAL DPR KIT 75	3	ACA, PV
WIDE-SEAL DPR KIT 80	3	ACA, PV
WIDE-SEAL DPR KIT 85	3	ACA, PV
WIDE-SEAL DPR KIT 90	3	ACA, PV
WIDE-SEAL DPR KIT 95	3	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
DIABETIC SUPPLIES		
ACCU-CHEK MIS MLTICLIX	2	OTC; PV
ACTI-LANCE MIS 28G	2	OTC; PV
ACTI-LANCE MIS LITE 28G	2	OTC; PV
ACTI-LANCE MIS SPEC 17G	2	OTC; PV
ACTI-LANCE MIS UNIV 23G	2	OTC; PV
ACTIVE 1ST MIS LANC 30G	2	OTC; PV
ADV TRAVEL MIS LANC 28G	2	OTC; PV
ADVCATE SAFE MIS LANC 26G	2	OTC; PV
ADVOCATE MIS LANC 30G	2	OTC; PV
ADVOCATE MIS LANCETS	2	OTC; PV
AF LANCETS MIS THIN	2	OTC; PV
AGAMATRIX MIS 33G	2	OTC; PV
AQUALANCE MIS 30G	2	OTC; PV
ASSURE CMFRT MIS 28G	2	OTC; PV
ASSURE LANCE MIS 21G	2	OTC; PV
ASSURE LANCE MIS LOW FLOW	2	OTC; PV
ASSURE LANCE MIS MICRO	2	OTC; PV
ASSURE LANCE MIS SAFE 25G	2	OTC; PV
ASSURE LANCE MIS SAFE 30G	2	OTC; PV
ASSURE MIS LANCETS	2	OTC; PV
ASSURE PLUS MIS HIGH 18G	2	OTC; PV
ASSURE PLUS MIS LOW 25G	2	OTC; PV
ASSURE PLUS MIS MCRO 28G	2	OTC; PV
ASSURE PLUS MIS NORM 21G	2	OTC; PV
ASSURE PLUS MIS PEDIATRI	2	OTC; PV
AT LAST MIS LANCETS	2	OTC; PV
AURORA LANCE MIS 30G	2	OTC; PV
AURORA LANCE MIS THIN 23G	2	OTC; PV
AUTO LANCET MIS	2	OTC; PV
AUTOLET PLAT MIS 1.8MM	2	OTC; PV
AUTOLET PLAT MIS 2.4MM	2	OTC; PV
AUTOLET PLAT MIS 3.0MM	2	OTC; PV
BAYER MICRLT MIS LANCETS	2	OTC; PV
BD LANCET UF MIS 30G	2	OTC; PV
BD LANCET UF MIS 33G	2	OTC; PV
BD MICROTAIN MIS LANCETS	2	OTC; PV
BULLSEYE MIS LANCETS	2	OTC; PV
BULLSEYE MIS MINI LNC	2	OTC; PV
CAREONE LANC MIS 30G	2	OTC; PV
CAREONE LANC MIS THIN 23G	2	OTC; PV
1ST CHOICE MIS LANCETS	2	OTC; PV
CLEANLET 28G MIS LANCETS	2	OTC; PV
CLEVER CHECK MIS	2	OTC; PV
CLEVER CHECK MIS 30G	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
COAGUCHEK MIS LANCETS	2	OTC; PV
COMFORT ASSU MIS LANC 28G	2	OTC; PV
COMFORT ASSU MIS LANC 33G	2	OTC; PV
COMFORT MIS LANCETS	2	OTC; PV
COMFORTOUCH MIS LANCET	2	OTC; PV
CVS LANCETS MIS 21G	2	OTC; PV
CVS LANCETS MIS 30G	2	OTC; PV
CVS LANCETS MIS 33G	2	OTC; PV
CVS LANCETS MIS ORIGINAL	2	OTC; PV
CVS LANCETS MIS THIN 26G	2	OTC; PV
CVS LANCETS MIS THIN 30G	2	OTC; PV
CVS LANCETS MIS THIN 33G	2	OTC; PV
DIASTAR EASY MIS LANCETS	2	OTC; PV
DIASTAR MIS LANCETS	2	OTC; PV
DROPLET LANC MIS 30G	2	OTC; PV
E-Z JECT MIS 21G	2	OTC; PV
E-Z JECT MIS 21G COLR	2	OTC; PV
E-Z JECT MIS 30G	2	OTC; PV
E-Z JECT MIS 32G COLR	2	OTC; PV
E-Z JECT MIS LANC 21G	2	OTC; PV
E-Z JECT MIS THIN 26G	2	OTC; PV
E-ZJECT LANC MIS 33G	2	OTC; PV
EASY COMFORT MIS 30G	2	OTC; PV
EASY COMFORT MIS LANC/30G	2	OTC; PV
EASY TOUCH MIS LANC/21G	2	OTC; PV
EASY TOUCH MIS LANC/23G	2	OTC; PV
EASY TOUCH MIS LANC/26G	2	OTC; PV
EASY TOUCH MIS LANC/28G	2	OTC; PV
EASY TOUCH MIS LANC/30G	2	OTC; PV
EASY TOUCH MIS LANC/32G	2	OTC; PV
EASY TOUCH MIS LANC/33G	2	OTC; PV
EASYTEST II MIS LANCETS	2	OTC; PV
EASYTEST MIS LANCETS	2	OTC; PV
EMBRACE LANC MIS THIN 30G	2	OTC; PV
EQL LANCETS MIS 21G COLR	2	OTC; PV
EQL LANCETS MIS 33G COLR	2	OTC; PV
EQL LANCETS MIS THIN 26G	2	OTC; PV
EQL LANCETS MIS THIN 30G	2	OTC; PV
EZ SMART MIS LANCETS	2	OTC; PV
EZ-LETS 21G MIS LANCETS	2	OTC; PV
EZ-LETS 23G MIS LANCETS	2	OTC; PV
EZ-LETS 26G MIS LANCETS	2	OTC; PV
EZ-LETS 28G MIS LANCETS	2	OTC; PV
EZ-LETS 30G MIS LANCETS	2	OTC; PV
FASTCLIX MIS LANCETS	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SAFE MIS LANCETS	2	OTC; PV
FINE 30 MIS	2	OTC; PV
FINGERSTIX MIS LANCETS	2	OTC; PV
FREESTYLE MIS LANCETS	2	OTC; PV
FREESTYLE MIS UNISTICK	2	OTC; PV
GENTLE-LET MIS 26G	2	OTC; PV
GENTLE-LET MIS 28G	2	OTC; PV
GENTLE-LET MIS LANCETS	2	OTC; PV
GENTLE-LET MIS PLATFORM	2	OTC; PV
GLOBAL 28G MIS LANCETS	2	OTC; PV
GLOBAL 30G MIS LANCETS	2	OTC; PV
GLUCOCOM MIS 28G	2	OTC; PV
GLUCOCOM MIS 30G	2	OTC; PV
GLUCOCOM MIS 33G	2	OTC; PV
GLUCOSOURCE MIS LANCETS	2	OTC; PV
GMATE LANCET MIS 30G	2	OTC; PV
GNP LANCETS MIS	2	OTC; PV
GNP LANCETS MIS 21G	2	OTC; PV
GNP LANCETS MIS MICRO	2	OTC; PV
GNP LANCETS MIS SUP THIN	2	OTC; PV
GNP LANCETS MIS THIN	2	OTC; PV
GNP LANCETS MIS THIN 26G	2	OTC; PV
HAEMOLANCE MIS HIGH FLO	2	OTC; PV
HAEMOLANCE MIS LOW FLOW	2	OTC; PV
HAEMOLANCE MIS PLUS	2	OTC; PV
HAEMOLANCE MIS PLUS LOW	2	OTC; PV
HAEMOLANCE MIS PLUS MAX	2	OTC; PV
HAEMOLANCE MIS PLUS PED	2	OTC; PV
HAEMOLANCE MIS RETRACT	2	OTC; PV
HLTHY ACCNTS MIS LANC 30G	2	OTC; PV
IN TOUCH LAN MIS 30G	2	OTC; PV
INCONTROL MIS LANC 28G	2	OTC; PV
INCONTROL MIS LANC 30G	2	OTC; PV
INCONTROL MIS LANC 33G	2	OTC; PV
KINNEY MIS LANCETS	2	OTC; PV
KINNEY THIN MIS LANCETS	2	OTC; PV
KROGER LANCE MIS	2	OTC; PV
KROGER LANCE MIS 26G	2	OTC; PV
KROGER LANCE MIS THIN	2	OTC; PV
KROGER LANCE MIS THIN 30G	2	OTC; PV
LANCET ALTER MIS SITE 26G	2	OTC; PV
LANCET CARRY MIS CASE	2	OTC; PV
LANCET MICRO MIS THIN 33G	2	OTC; PV
LANCET STAND MIS 21G	2	OTC; PV
LANCET SUPER MIS THIN 30G	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
LANCET ULTRA MIS 28G	2	OTC; PV
LANCET ULTRA MIS FINE	2	OTC; PV
LANCET ULTRA MIS THIN 28G	2	OTC; PV
LANCET ULTRA MIS THIN 30G	2	OTC; PV
LANCETS MICR MIS THIN 33G	2	OTC; PV
LANCETS MIS	2	OTC; PV
LANCETS MIS 21G	2	OTC; PV
LANCETS MIS 21G COLR	2	OTC; PV
LANCETS MIS 23G	2	OTC; PV
LANCETS MIS 26G	2	OTC; PV
LANCETS MIS 28G	2	OTC; PV
LANCETS MIS 30G	2	OTC; PV
LANCETS MIS 31G	2	OTC; PV
LANCETS MIS 33G	2	OTC; PV
LANCETS MIS ORANGE	2	OTC; PV
LANCETS MIS ORIGINAL	2	OTC; PV
LANCETS MIS THIN	2	OTC; PV
LANCETS MIS THIN 26G	2	OTC; PV
LANCETS MIS THIN 30G	2	OTC; PV
LANCETS SUPR MIS THIN 28G	2	OTC; PV
LANCETS THIN MIS	2	OTC; PV
LANCETS THIN MIS 26G	2	OTC; PV
LANCETS THIN MIS 30G	2	OTC; PV
LANCETS ULTR MIS THIN	2	OTC; PV
LANCETS ULTR MIS THIN 28G	2	OTC; PV
LANCETS ULTR MIS THIN 30G	2	OTC; PV
LB LANCET MIS 28G	2	OTC; PV
LIFESCAN MIS UNISTIK2	2	OTC; PV
LITE TOUCH MIS LANCETS	2	OTC; PV
LITETOUCH MIS LANCETS	2	OTC; PV
LONGS LANCET MIS STANDARD	2	OTC; PV
LONGS LANCET MIS THIN	2	OTC; PV
LONGS LANCET MIS ULTRA TH	2	OTC; PV
MEDICHOICE MIS LANCET	2	OTC; PV
MEDLANCE MIS 30G PLUS	2	OTC; PV
MEDLANCE MIS EXTR 21G	2	OTC; PV
MEDLANCE MIS LITE 25G	2	OTC; PV
MEDLANCE MIS PLUS	2	OTC; PV
MEDLANCE MIS PLUS 30G	2	OTC; PV
MEDLANCE MIS UNV 21G	2	OTC; PV
MEDLANCE PLS MIS 0.8MM	2	OTC; PV
MEDLANCE PLS MIS EXTR 21G	2	OTC; PV
MEDLANCE PLS MIS LITE 25G	2	OTC; PV
MEDLANCE PLS MIS UNIV 21G	2	OTC; PV
MEIJER LANCE MIS COLOR	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
MEIJER LANCE MIS UNIV 21G	2	OTC; PV
MEIJER LANCE MIS UNIV 30G	2	OTC; PV
MEIJER LANCE MIS UNIVERSA	2	OTC; PV
MEIJER MIS LANCETS	2	OTC; PV
MICRO THIN MIS LANC 33G	2	OTC; PV
MICROLET MIS LANCETS	2	OTC; PV
MICROTAINER MIS LANCET	2	OTC; PV
MONOJECTOR MIS END CAPS	2	OTC; PV
MONOLET MIS LANCETS	2	OTC; PV
MONOLET OPD MIS LANCETS	2	OTC; PV
MONOLETTOR MIS LANCETS	2	OTC; PV
MYGLUCOHEALT MIS LANC 30G	2	OTC; PV
NOVA SAFETY MIS LANC 23G	2	OTC; PV
NOVA SAFETY MIS LANC 28G	2	OTC; PV
NOVA SURE MIS LANCETS	2	OTC; PV
OMNIPOD KIT STARTER	2	PV
OMNIPOD MIS 5 PACK	2	PV
ON-THE-GO MIS LANC 30G	2	OTC; PV
ONETOUCH FP MIS LANCETS	2	OTC; PV
ONETOUCH MIS 30G	2	OTC; PV
ONETOUCH MIS COMBO	2	OTC; PV
ONETOUCH MIS LANCETS	2	OTC; PV
ONETOUCH US MIS LANCETS	2	OTC; PV
PC LANCETS MIS 30G	2	OTC; PV
PENLET II MIS REPL CAP	2	OTC; PV
PERFECT 28G MIS LANCETS	2	OTC; PV
PERFECT 30G MIS LANCETS	2	OTC; PV
PHARMACY COU MIS LANCETS	2	OTC; PV
PRECISION MIS 28G	2	OTC; PV
PRECISION MIS 28G(T)	2	OTC; PV
PRESSURE ACT MIS LANCET	2	OTC; PV
PRESSURE ACT MIS LANCETS	2	OTC; PV
PRO COMFORT MIS 31G	2	OTC; PV
PRO COMFORT MIS LANCETS	2	OTC; PV
PRODIGY MIS 26G	2	OTC; PV
PRODIGY MIS 28G	2	OTC; PV
PSS SAFE LAN MIS	2	OTC; PV
PSS SEL LANC MIS	2	OTC; PV
PSS SEL PLAT MIS	2	OTC; PV
PX LANCETS MIS 28G	2	OTC; PV
PX LANCETS MIS ULT THIN	2	OTC; PV
QC LANCETS MIS 28G	2	OTC; PV
QC LANCETS MIS 30G	2	OTC; PV
RA E-ZJECT MIS 28G	2	OTC; PV
RA E-ZJECT MIS 33G	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
RA E-ZJECT MIS THIN 26G	2	OTC; PV
RA E-ZJECT MIS THIN 28G	2	OTC; PV
RA E-ZJECT MIS ULT THIN	2	OTC; PV
REALITY MIS LANCETS	2	OTC; PV
REALITY TRIG MIS LANCETS	2	OTC; PV
RELION LANCE MIS STND 21G	2	OTC; PV
RELION LANCE MIS THIN 26G	2	OTC; PV
RELION LANCE MIS THIN 30G	2	OTC; PV
RELION MICRO MIS THIN 33G	2	OTC; PV
RELION ULTRA MIS THIN 32G	2	OTC; PV
RELION ULTRA MIS THIN PLS	2	OTC; PV
RIGHTEST ALT MIS ADAPTOR	2	OTC; PV
RIGHTEST MIS GL300	2	OTC; PV
SAFE-T-LANCE MIS 21G	2	OTC; PV
SAFE-T-LANCE MIS 25G	2	OTC; PV
SAFE-T-LANCE MIS HI FLOW	2	OTC; PV
SAFE-T-LANCE MIS LOW FLOW	2	OTC; PV
SAFE-T-LANCE MIS NOR FLOW	2	OTC; PV
SAFE-T-PRO MIS LANCETS	2	OTC; PV
SAFE-T-PRO MIS PLUS	2	OTC; PV
SAFETY 21G MIS LANCETS	2	OTC; PV
SAFETY 28G MIS LANCETS	2	OTC; PV
SAFETY LET MIS LANCETS	2	OTC; PV
SAFETY MIS LANCETS	2	OTC; PV
SAFETY SEAL MIS 28G	2	OTC; PV
SAFETY SEAL MIS 30G	2	OTC; PV
SAPSCARE MIS TWIST	2	OTC; PV
SB LANCETS MIS THIN	2	OTC; PV
SB LANCETS MIS ULTR THN	2	OTC; PV
SIDE BUTTON MIS SAFETY	2	OTC; PV
SINGLE-LET MIS 23G	2	OTC; PV
SM LANCETS MIS 21G	2	OTC; PV
SM LANCETS MIS 33G	2	OTC; PV
SM LANCETS MIS THIN 26G	2	OTC; PV
SM LANCETS MIS THIN 30G	2	OTC; PV
SMART SENSE MIS LANC 21G	2	OTC; PV
SMART SENSE MIS LANC 26G	2	OTC; PV
SMART SENSE MIS LANC 30G	2	OTC; PV
SMART SENSE MIS LANC 33G	2	OTC; PV
SMARTEST MIS LANCETS	2	OTC; PV
SOFT TOUCH MIS LANCETS	2	OTC; PV
SOFTCLIX MIS LANCETS	2	OTC; PV
SOLUS V2 MIS LANC 28G	2	OTC; PV
SOLUS V2 MIS LANC 30G	2	OTC; PV
STERILANCE MIS 1.8MM	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
STERILANCE MIS TL 28G	2	OTC; PV
STERILANCE MIS TL 30G	2	OTC; PV
STERILANCE MIS TL 32G	2	OTC; PV
SUPER THIN MIS LANC 28G	2	OTC; PV
SUPER THIN MIS LANCETS	2	OTC; PV
SURE COMFORT MIS LANCETS	2	OTC; PV
SURE-LANCE MIS 26G	2	OTC; PV
SURE-LANCE MIS LANCETS	2	OTC; PV
SURE-TOUCH MIS UNV LANC	2	OTC; PV
SUREFLEX MIS LANCETS	2	OTC; PV
SURELITE MIS LANCETS	2	OTC; PV
TECHLITE AST MIS LANCETS	2	OTC; PV
TECHLITE MIS LANC 30G	2	OTC; PV
TECHLITE MIS LANCETS	2	OTC; PV
TGT LANCET MIS 23G	2	OTC; PV
TGT LANCET MIS 26G	2	OTC; PV
TGT LANCET MIS 28G	2	OTC; PV
TGT LANCET MIS 30G	2	OTC; PV
TGT LANCET MIS 33G	2	OTC; PV
TGT LANCET MIS ALTERNAT	2	OTC; PV
THIN LANCETS MIS	2	OTC; PV
THIN LANCETS MIS 26G	2	OTC; PV
THIN LANCETS MIS 30G	2	OTC; PV
THINLETS GP MIS 26G	2	OTC; PV
THINLETS MIS 28G(T)	2	OTC; PV
TRAVEL LANCE MIS 30G	2	OTC; PV
TRUPLUS LANC MIS 26G	2	OTC; PV
TRUPLUS LANC MIS 28G	2	OTC; PV
TRUPLUS LANC MIS 30G	2	OTC; PV
TRUPLUS LANC MIS 33G	2	OTC; PV
ULTILET MIS 26G	2	OTC; PV
ULTILET MIS 28G	2	OTC; PV
ULTILET MIS 30G	2	OTC; PV
ULTILET MIS 33G	2	OTC; PV
ULTILET MIS LANCETS	2	OTC; PV
ULTILET MIS SAFETY	2	OTC; PV
ULTRA THIN MIS 28G	2	OTC; PV
ULTRA THIN MIS 30G	2	OTC; PV
ULTRA THIN MIS 31G	2	OTC; PV
ULTRA THIN MIS 33G	2	OTC; PV
ULTRA THIN MIS LANC 26G	2	OTC; PV
ULTRA THIN MIS LANC 28G	2	OTC; PV
ULTRA THIN MIS LANC 30G	2	OTC; PV
ULTRA THIN MIS LANCETS	2	OTC; PV
ULTRALANCE MIS 1.8MM	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
UNILET CMFR MIS TCH 28G	2	OTC; PV
UNILET CMFR MIS TCH 30G	2	OTC; PV
UNILET EX II MIS 28G	2	OTC; PV
UNILET EXCEL MIS 23G	2	OTC; PV
UNILET G.P MIS SUPR 23G	2	OTC; PV
UNILET G.P. MIS 21G	2	OTC; PV
UNILET GP 28 MIS ULT THIN	2	OTC; PV
UNILET LANC MIS 33G	2	OTC; PV
UNILET LANCE MIS 21G	2	OTC; PV
UNILET LANCE MIS 28G	2	OTC; PV
UNILET LANCE MIS 33G	2	OTC; PV
UNILET LANCT MIS 28G	2	OTC; PV
UNILET LANCT MIS 30G	2	OTC; PV
UNILET LANCT MIS 33G	2	OTC; PV
UNILET MIS 21G	2	OTC; PV
UNILET SUPER MIS 23G	2	OTC; PV
UNILET SUPER MIS G.P. 23G	2	OTC; PV
UNISTIK 1 MIS 2.4MM	2	OTC; PV
UNISTIK 1 MIS 3.0MM	2	OTC; PV
UNISTIK 2 MIS	2	OTC; PV
UNISTIK 2 MIS 1.8MM	2	OTC; PV
UNISTIK 2 MIS 2.4MM	2	OTC; PV
UNISTIK 2 MIS COMFORT	2	OTC; PV
UNISTIK 2 MIS EXTRA	2	OTC; PV
UNISTIK 2 MIS NEONATAL	2	OTC; PV
UNISTIK 2 MIS NORMAL	2	OTC; PV
UNISTIK 2 MIS SUPER	2	OTC; PV
UNISTIK 3 MIS 1.8MM	2	OTC; PV
UNISTIK 3 MIS COMFORT	2	OTC; PV
UNISTIK 3 MIS EXTRA	2	OTC; PV
UNISTIK 3 MIS GENT 30G	2	OTC; PV
UNISTIK 3 MIS NEONATAL	2	OTC; PV
UNISTIK 3 MIS NORMAL	2	OTC; PV
UNISTIK 3 MIS XTR 21G	2	OTC; PV
UNISTIK 23G MIS NORMAL	2	OTC; PV
UNISTIK CZT MIS COMFORT	2	OTC; PV
UNISTIK CZT MIS NORMAL	2	OTC; PV
UNISTIK II MIS LANCETS	2	OTC; PV
UNISTIK SAFE MIS LANC 28G	2	OTC; PV
UNISTIK SAFE MIS LANC 30G	2	OTC; PV
UNISTIK TOUC MIS LANC 21G	2	OTC; PV
UNISTIK TOUC MIS LANC 23G	2	OTC; PV
UNISTIK TOUC MIS LANC 28G	2	OTC; PV
UNISTIK TOUC MIS LANC 30G	2	OTC; PV
UNIVERSAL 1 MIS 33G	2	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS LANC 26G	2	OTC; PV
UNIVERSAL 1 MIS LANC 30G	2	OTC; PV
V-GO 20 KIT	2	PV
V-GO 30 KIT	2	PV
V-GO 40 KIT	2	PV
VITALET PRO MIS	2	OTC; PV
VITALET PRO MIS PLUS	2	OTC; PV
W&F LANCETS MIS 21G	2	OTC; PV
W&F LANCETS MIS 26G	2	OTC; PV
MISC. DEVICES		
ALCOHOL SWAB PAD	3	OTC
PARENTERAL THERAPY SUPPLIES		
1ML ALLR SYR MIS 27GX1/2"	3	OTC
BD PEN NEEDL MIS 29GX12.7	2	OTC; PV
GNP ULTICARE MIS 31GX5/16	3	OTC
GNP ULTICARE MIS 32GX1/4"	3	OTC
GNP ULTICARE MIS 32GX5/32	3	OTC
OMNITROPE 5 MIS DEVICE	NC	
OMNITROPE 5 MIS DEVICE	NC	OTC
OMNITROPE 10 MIS DEVICE	NC	OTC
UNIFINE PNTP MIS 29GX12MM	NC	OTC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML	2	ST, PA, QL
AJOVY INJ 225/1.5	2	ST, PA, QL; (autoinjector)
AJOVY INJ 225/1.5	2	ST, PA, QL; (prefilled syringe)
EMGALITY INJ 100MG/ML	2	ST, PA, QL
EMGALITY INJ 120MG/ML	2	ST, PA, QL
EMGALITY INJ 120MG/ML	2	ST, PA, QL; (prefilled syringe)
NURTEC TAB 75MG ODT	2	ST, PA, QL
UBRELVY TAB 50MG	2	ST, PA, QL
UBRELVY TAB 100MG	2	ST, PA, QL
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	NC	
ergotamine w/ caffeine tab 1-100 mg	NC	
migergot sup 2/100	NC	
MIGRANOW PAK	NC	
sumatriptan-naproxen sodium tab 85-500 mg	NC	
TREXIMET TAB 10-60MG	NC	
TREXIMET TAB 85-500MG	NC	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
D.H.E. 45 INJ 1MG/ML	2	
dihydroergotamine mesylate inj 1 mg/ml	2	
dihydroergotamine mesylate nasal spray 4 mg/ml	NC	
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	NC	
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	2	PA, QL
almotriptan malate tab 12.5 mg	1	PA, QL
AMERGE TAB 1MG	3	PA, QL
AMERGE TAB 2.5MG	3	PA, QL
eletriptan hydrobromide tab 20 mg (base equivalent)	1	PA, QL
eletriptan hydrobromide tab 40 mg (base equivalent)	1	PA, QL
FROVA TAB 2.5MG	3	ST, PA, QL
frovatriptan succinate tab 2.5 mg (base equivalent)	2	PA, QL
IMITREX INJ 4MG/0.5	3	PA, QL
IMITREX INJ 6MG/0.5	3	PA, QL
IMITREX SPR 5MG/ACT	3	PA, QL
IMITREX SPR 20MG/ACT	3	PA, QL
IMITREX TAB 25MG	3	PA, QL
IMITREX TAB 50MG	3	PA, QL
IMITREX TAB 100MG	3	PA, QL
MAXALT TAB 10MG	NC	
MAXALT-MLT TAB 10MG	NC	
naratriptan hcl tab 1 mg (base equiv)	1	PA, QL
naratriptan hcl tab 2.5 mg (base equiv)	1	PA, QL
ONZETRA XSAI MIS 11MG	2	PA, QL
RELPAX TAB 20MG	3	PA, QL
RELPAX TAB 40MG	3	PA, QL
REYVOW TAB 50MG	2	ST, PA, QL
REYVOW TAB 100MG	2	ST, PA, QL
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	PA, QL
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	PA, QL
rizatriptan benzoate tab 5 mg (base equivalent)	1	PA, QL
rizatriptan benzoate tab 10 mg (base equivalent)	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
sumatriptan nasal spray 5 mg/act	2	PA, QL
sumatriptan nasal spray 20 mg/act	1	PA, QL
sumatriptan succinate inj 6 mg/0.5ml	1	PA, QL
sumatriptan succinate solution auto-injector 4 mg/0.5ml	2	PA, QL
sumatriptan succinate solution auto-injector 6 mg/0.5ml	2	PA, QL
sumatriptan succinate solution cartridge 4 mg/0.5ml	2	PA, QL
sumatriptan succinate solution cartridge 6 mg/0.5ml	2	PA, QL
sumatriptan succinate tab 25 mg	1	PA, QL
sumatriptan succinate tab 50 mg	1	PA, QL
sumatriptan succinate tab 100 mg	1	PA, QL
TOSYMRA SOL 10MG	NC	
ZEMBRACE SYM INJ 3/0.5ML	2	PA, QL
zolmitriptan nasal spray 2.5 mg/spray unit	1	PA, QL
zolmitriptan nasal spray 5 mg/spray unit	1	PA, QL
zolmitriptan orally disintegrating tab 2.5 mg	1	PA, QL
zolmitriptan orally disintegrating tab 5 mg	1	PA, QL
zolmitriptan tab 2.5 mg	1	PA, QL
zolmitriptan tab 5 mg	1	PA, QL
ZOMIG SPR 2.5MG	2	PA, QL
ZOMIG SPR 5MG	2	PA, QL
ZOMIG TAB 2.5MG	3	PA, QL
ZOMIG TAB 5MG	3	PA, QL
ZOMIG ZMT TAB 2.5 MG	3	PA, QL
ZOMIG ZMT TAB 5MG ODT	3	PA, QL

MINERALS & ELECTROLYTES

BICARBONATES

sod acetate inj 2meq/ml	3	
SOD BICARB SOL D5W	NC	
sodium acetate inj 2 meq/ml	1	
sodium acetate inj 4 meq/ml	1	
sodium bicarbonate iv soln 4.2%	2	
sodium bicarbonate iv soln 7.5%	1	
sodium bicarbonate iv soln 8.4%	1	
THAM INJ 30MEQ	3	

CALCIUM

CALCIFOL WAF	3	
calcium chloride inj 10%	1	
calcium gluc inj 10%	3	
calcium gluconate inj 10%	3	
CALCIUM-FA WAF PLUS D	3	

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTE MIXTURES		
d2.5w/nacl inj 0.45%	1	
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	3	
D10W/NACL INJ 0.2%	3	
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 0.9%	1	
dextrose 5% w/ sodium chloride 0.33%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ELLIOTTS B INJ	3	
hyperlyte-cr inj	1	
IONOSOL-MB INJ D5W	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
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 nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) 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 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
lactated ringer's solution	1	
NORMOSOL -M INJ /D5W	3	
NORMOSOL -R INJ	3	
NORMOSOL-R INJ PH 7.4	3	
NORMOSOL-R SOL /5% DSW	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	

Drug Name	Drug Tier	Requirements/Limits
pot chl/nacl inj 20meq/l	1	
pot chl/nacl inj 40meq/l	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	1	
ringer's solution	1	
tpn electrol inj	3	
FLUORIDE		
FLORIVA DRO 0.25MG	3	PV
FLUORABON DRO	3	ACA, PV
fluoritab chw 0.5mg f	1	ACA, PV
fluoritab chw 0.25mg f	1	ACA, PV
fluoritab chw 1mg f	1	PV
fluoritab chw 2.2mg	1	PV
fluoritab dro 0.125mg	1	ACA, PV
flura-drops dro 0.25mg f	1	ACA
ludent chw 0.5mg f	1	ACA, PV
nafrinse chw 1mg f	1	PV
nafrinse dro 0.125mg	1	ACA, PV
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	ACA, PV
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	ACA, PV
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	PV
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	ACA, PV
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	ACA, PV
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	PV
IODINE PRODUCTS		
iodine solution strong 5% (lugol's)	1	
MAGNESIUM		
MAGNEBIND TAB 400	3	OTC
magnesium chloride inj 200 mg/ml	1	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
magnesium sulfate inj 50%	1	

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	1	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	1	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	1	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	1	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	1	
MG SO4/D5W INJ 10MG/ML	3	
MANGANESE		
manganese chloride inj 0.1 mg/ml	1	
PHOSPHATE		
av-phos 250 tab neutral	1	
GLYCOPHOS SOL 1MM/ML	3	
K-PHOS TAB	3	
K-PHOS TAB NEUTRAL	3	
phospha 250 tab neutral	1	
phospho-trin tab 250 neut	1	
potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)	1	
potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)	1	
potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)	1	
sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)	1	
sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)	1	
virt-phos tab 250 neut	1	
POTASSIUM		
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
effer-k tab 25meq ef	1	
k-prime tab 25meq ef	1	
K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m10 tab 10meq er	1	
KLOR-CON M15 TAB 15MEQ ER	1	
klor-con m20 tab 20meq er	1	
klor-con spr cap 8meq	1	
klor-con spr cap 10meq	1	

Drug Name	Drug Tier	Requirements/Limits
klor-con/ef tab 25meq fr	1	
pot bicarbonate & chloride effer tab 25 meq	1	
pot chloride inj 10meq	1	
pot chloride inj 20meq	1	
pot chloride inj 40meq	1	
pot chloride tab 25meq ef	1	
potassium acetate inj 2 meq/ml	1	
potassium bicarbonate effer tab 25 meq	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride inj 2 meq/ml	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 10% (20 meq/15ml)	2	
potassium chloride oral soln 20% (40 meq/15ml)	2	
potassium chloride powder packet 20 meq	2	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
SODIUM		
flush syring inj 0.9%	1	
saline flush inj zr 0.9%	1	
sod chloride inj 0.9%	1	
sodium chloride flush iv soln 0.9%	1	
sodium chloride inj 2.5 meq/ml (14.6%)	1	
sodium chloride iv soln 0.9%	1	
sodium chloride iv soln 0.45%	1	
sodium chloride iv soln 3%	1	
sodium chloride iv soln 4 meq/ml (23.4%)	1	
sodium chloride iv soln 5%	1	
sodium chloride preservative free (pf) inj 0.9%	1	
swabflush inj 0.9%	1	
TRACE MINERALS		
chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)	1	
cupric chloride inj 0.4 mg/ml (elemental)	1	
multitrace-4 inj conc	1	

Drug Name	Drug Tier	Requirements/Limits
MULTITRACE-4 INJ NEONATAL	3	
MULTITRACE-4 INJ PED	3	
selenious acid inj 40 mcg/ml	1	
TRACE ELEM 4 INJ PED	3	
ZINC		
GALZIN CAP 25MG	3	
GALZIN CAP 50MG	3	
zinc chloride inj 1 mg/ml	1	
zinc sulfate inj 1 mg/ml	1	
ZINC SULFATE INJ 3 MG/ML	1	
zinc sulfate inj 5 mg/ml	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	NC	
D-PENAMINE TAB 125MG	6	SP
DEPEN TITRA TAB 250MG	6	SP
penicillamine cap 250 mg	4	SP
penicillamine tab 250 mg	4	SP
SYPRINE CAP 250MG	NC	
trientine hcl cap 250 mg	4	SP
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL B22GK4/0	3	
ENZYMES		
AMPHADASE INJ 150/ML	3	
HYLENEX INJ 150 UNIT	3	
VITRASE INJ 200/ML	3	
XIAFLEX INJ 0.9MG	6	SP, PA
HOMEOPATHIC PRODUCTS		
HYLAFEM SUP	3	
TRAUMEEL OIN	3	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	5	SP, PA, QL
REVLIMID CAP 5MG	5	SP, PA, QL
REVLIMID CAP 10MG	5	SP, PA, QL
REVLIMID CAP 15MG	5	SP, PA, QL
REVLIMID CAP 20MG	5	SP, PA, QL
REVLIMID CAP 25MG	5	SP, PA, QL
THALOMID CAP 50MG	5	SP, PA, QL
THALOMID CAP 100MG	5	SP, PA, QL
THALOMID CAP 150MG	5	SP, PA, QL
THALOMID CAP 200MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	NC	
ASTAGRAF XL CAP 1MG	NC	
ASTAGRAF XL CAP 5MG	NC	
ATGAM INJ 250MG	2	
AZASAN TAB 75 MG	2	
AZASAN TAB 100MG	2	
AZATHIOPRINE INJ 100MG	NC	
azathioprine tab 50 mg	1	
CELLCEPT CAP 250MG	NC	
CELLCEPT IV INJ 500MG	NC	
CELLCEPT SUS 200MG/ML	NC	
CELLCEPT TAB 500MG	NC	
cyclosporine cap 25 mg	1	SP; PV
cyclosporine cap 100 mg	1	SP; PV
cyclosporine iv soln 50 mg/ml	1	PV
cyclosporine modified cap 25 mg	1	SP; PV
cyclosporine modified cap 50 mg	1	SP; PV
cyclosporine modified cap 100 mg	1	SP; PV
cyclosporine modified oral soln 100 mg/ml	1	SP; PV
ENVARSUS XR TAB 0.75MG	NC	
ENVARSUS XR TAB 1MG	NC	
ENVARSUS XR TAB 4MG	NC	
GAMIFANT INJ 10MG/2ML	6	SP
GAMIFANT INJ 50/10ML	6	SP
gengraf cap 25mg	1	SP; PV
gengraf cap 100mg	1	SP; PV
gengraf sol 100mg/ml	1	SP; PV
IMURAN TAB 50MG	2	
mycophenolate mofetil cap 250 mg	1	SP; PV
mycophenolate mofetil for oral susp 200 mg/ml	1	SP; PV
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	1	SP; PV
mycophenolate mofetil tab 500 mg	1	SP; PV
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	SP; PV
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	SP; PV
MYFORTIC TAB 180MG	NC	
MYFORTIC TAB 360MG	NC	
NEORAL CAP 25MG	2	SP; PV
NEORAL CAP 100MG	2	SP; PV
NEORAL SOL 100MG/ML	2	SP; PV
NULOJIX INJ 250MG	2	SP; PV

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAP 0.5MG	2	SP; PV
PROGRAF CAP 1MG	2	SP; PV
PROGRAF CAP 5MG	2	SP; PV
PROGRAF GRA 0.2MG	2	SP
PROGRAF GRA 1MG	2	SP
PROGRAF INJ 5MG/ML	2	SP; PV
RAPAMUNE SOL 1MG/ML	NC	
RAPAMUNE TAB 0.5MG	NC	
RAPAMUNE TAB 1MG	NC	
RAPAMUNE TAB 2MG	NC	
REZUROCK TAB 200MG	NC	
SANDIMMUNE CAP 25MG	2	SP; PV
SANDIMMUNE CAP 100MG	2	SP; PV
SANDIMMUNE INJ 50MG/ML	2	SP; PV
SANDIMMUNE SOL 100MG/ML	2	SP; PV
SIMULECT INJ 10MG	2	
SIMULECT INJ 20MG	2	
sirolimus oral soln 1 mg/ml	1	SP; PV
sirolimus tab 0.5 mg	1	SP; PV
sirolimus tab 1 mg	1	SP; PV
sirolimus tab 2 mg	1	SP; PV
tacrolimus cap 0.5 mg	1	SP; PV
tacrolimus cap 1 mg	1	SP; PV
tacrolimus cap 5 mg	1	SP; PV
THYMOGLOBULN INJ 25MG	2	
ZORTRESS TAB 0.5MG	NC	
ZORTRESS TAB 0.25MG	NC	
ZORTRESS TAB 0.75MG	NC	
ZORTRESS TAB 1MG	NC	
IRRIGATION SOLUTIONS		
argyl saline sol 100ml	1	
lactated ringer's for irrigation	1	
physiolyte sol	1	
physiosol sol irrigat	1	
ringer's solution for irrigation	1	
tis-u-sol sol	1	
water for irrigation, sterile irrigation soln	1	
LYMPHATIC AGENTS		
SYLVANT SOL 100MG	6	SP, PA
SYLVANT SOL 400MG	6	SP, PA
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	1	
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	

Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sps sus 15gm/60	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	6	SP, PA, QL
ZOKINVY CAP 75MG	6	SP, PA, QL
PROSTAGLANDINS		
alprostadil inj 500 mcg/ml	1	
PROSTIN VR INJ 500MCG	3	
SCLEROSING AGENTS		
ASCLERA INJ 0.5%	3	
ASCLERA INJ 1%	3	
ETHAMOLIN INJ 5%	3	
SOTRADECOL INJ 1%	3	
sotradecol inj 3%	1	
VARITHENA AER 10MG/ML	6	SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 120MG	6	SP, PA
BENLYSTA INJ 200MG/ML	6	SP, PA
BENLYSTA INJ 400MG	6	SP, PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	2	
lidocaine hcl viscous soln 2%	1	
topex topcal aer anesthet	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	2	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	
paroex sol 0.12%	1	
PERIDEX SOL 0.12%	3	
PERIODONTAL PRODUCTS		
ARESTIN MIS 1MG	3	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dent pst 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	
CAPHOSOL SOL	3	
cevimeline hcl cap 30 mg	1	
EPISIL LIQ	2	
EVOXAC CAP 30MG	2	
GELCLAIR GEL	3	PA
MUCOTROL WAF	3	PA
MUGARD LIQ	5	SP, PA
NEUTRASAL POW	NC	
NUMOISYN LIQ	3	
NUMOISYN LOZ	3	
ORAFATE PST 10%	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
SALIVAMAX POW	NC	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
FOLIC-K CAP	NC	
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIV/FLUOR CHW 0.5-0.3	NC	
MULTIV/FLUOR CHW 0.25-0.3	NC	
MULTIV/FLUOR CHW 1-0.3MG	NC	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE CHW	NC	
PED MULTI VITAMINS W/FL & FE		
ESCAVITE CHW	3	PV
multi-vit/fe dro /fl 0.25	1	OTC; PV
multi-vit/fl dro /fe 0.25	1	PV
POLY-VI-FLOR CHW W/IRON	3	PV
POLY-VI-FLOR SUS /IRON	3	PV
PED MULTIPLE VITAMINS W/ MINERALS		
vitamax ped dro	1	
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	3	PV
multi-vit/fl dro 0.5mg/ml	1	PV
multivit/fl chw 0.5mg	1	PV
multivit/fl chw 0.25mg	1	PV
multivit/fl chw 1mg	1	PV
multivit/fl dro 0.25mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR CHW 0.5MG	3	PV
POLY-VI-FLOR CHW 0.25MG	3	PV
POLY-VI-FLOR CHW 1MG	3	PV
POLY-VI-FLOR MIS FS	3	PV
POLY-VI-FLOR MIS FS 0.5MG	NC	
POLY-VI-FLOR MIS FS 0.25	NC	
POLY-VI-FLOR SUS 0.25/ML	3	PV
QUFLORA CHW	NC	
QUFLORA PED CHW 0.5MG	3	
QUFLORA PED CHW 0.25MG	3	
QUFLORA PED CHW 1MG	3	
QUFLORA PED DRO 0.5MG/ML	3	
QUFLORA PED DRO 0.25MG	3	
TRI-VI-FLOR SUS 0.5MG/ML	3	PV
TRI-VI-FLOR SUS 0.25/ML	3	PV
tri-vit/fluo dro 0.5mg	1	PV
tri-vit/fluo dro 0.25mg	1	PV
vit a/c/d/fl dro 0.25mg	1	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
TEXAVITE LQ LIQ	NC	
PRENATAL VITAMINS		
ATABEX EC TAB	NC	
C-NATE DHA CAP 28-1-200	NC	
CITRANATAL CAP HARMONY	2	PV
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	PV
CITRANATAL MIS B-CALM	2	PV
CITRANATAL PAK ASSURE	2	PV
CITRANATAL PAK DHA	2	PV
CITRANATAL PAK ESSENCE	2	PV
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	PV
CO-NATAL FA TAB 29-1MG	NC	
COMPLETE NAT PAK DHA	NC	
COMPLETENATE CHW	NC	
CONCEPT DHA CAP	NC	
CONCEPT OB CAP	NC	
DUET DHA 400 MIS 25-1-400	NC	
DUET DHA MIS BALANCED	NC	
elite-ob tab	1	PV
ENBRACE HR CAP	NC	
FOLET DHA PAK	NC	
FOLET ONE CAP 38-1-225	NC	
FOLIVANE-OB CAP	NC	
inatal gt tab	1	PV

Drug Name	Drug Tier	Requirements/Limits
KOSHR PRENAT TAB 30-1MG	NC	
MARNATAL-F CAP	NC	
MYNATAL CAP	NC	
MYNATAL PLUS TAB	NC	
MYNATAL-Z TAB	NC	
NATACHEW CHW	NC	
NATALVIT TAB 75-1MG	NC	
NEEVO DHA CAP 27-1.13	NC	
NEONATAL TAB COMPLETE	NC	
NESTABS DHA PAK	NC	
NESTABS ONE CAP	NC	
NESTABS TAB	NC	
O-CAL TAB PRENATAL	NC	
OB COMPLETE CAP ONE	NC	
OB COMPLETE CAP PETITE	NC	
OB COMPLETE TAB	NC	
OB COMPLETE TAB PREMIER	NC	
OB COMPLETE/ CAP DHA	NC	
OBSTETRIX EC TAB	NC	
OBSTETRIX PAK DHA	NC	
PNV FOLIC AC TAB + IRON	NC	
PNV PRENATAL TAB PLUS	NC	
PNV TABS TAB 29-1MG	NC	
pnv-dha cap	1	PV
PNV-DHA CAP DOCUSATE	NC	
PNV-OMEGA CAP	NC	
pnv-select tab	1	PV
PRENA1 CHW	NC	
PRENA1 PEARL CAP	NC	
PRENA 1 TRUE MIS	NC	
PRENAISSANCE CAP	NC	
PRENAISSANCE CAP PLUS	NC	
prenatabs rx tab	1	PV
PRENATAL 19 CHW 29-1MG	NC	
prenatal 19 chw tab	NC	
PRENATAL 19 TAB 29-1MG	NC	
PRENATAL DHA PAK 27-1-250	NC	
PRENATAL TAB 27-1MG	NC	
PRENATAL TAB PLUS	NC	
PRENATAL VIT TAB LOW IRON	NC	
PRENATAL+FE TAB 29-1MG	NC	
PRENATAL-U CAP 106.5-1	NC	
PRENATE AM TAB 1MG	NC	
PRENATE CAP ENHANCE	NC	
PRENATE CAP ESSENT	NC	

Drug Name	Drug Tier	Requirements/Limits
PRENATE CAP PIXIE	NC	
PRENATE CAP RESTORE	NC	
PRENATE CHW 0.6-0.4	NC	
PRENATE DHA CAP	NC	
PRENATE MINI CAP	NC	
PRENATE TAB ELITE	NC	
PRENATRIX TAB	NC	
PREPLUS TAB 27-1MG	NC	
PRETAB TAB 29-1MG	NC	
PRIMACARE CAP	NC	
PROVIDA OB CAP	NC	
REDICHEW RX CHW	NC	
RELNATE DHA CAP	NC	
SE-NATAL 19 CHW	NC	
SE-NATAL 19 TAB	NC	
SELECT-OB CHW	NC	
SELECT-OB+ PAK DHA	NC	
TARON-C DHA CAP	NC	
TARON-PREX CAP	NC	
THRIVITE 19 TAB	NC	
THRIVITE RX TAB 29-1MG	NC	
TRI-TABS DHA MIS	NC	
TRICARE PRE CAP 27-1-500	NC	
TRICARE TAB PRENATAL	NC	
TRINATAL RX TAB 1	NC	
trinate tab	1	PV
TRISTART DHA CAP	NC	
TRISTART ONE CAP 35-1-215	NC	
VINATE DHA CAP 27-1.13	NC	
VINATE II TAB	NC	
VINATE M TAB	NC	
VINATE ONE TAB	NC	
VIRT-C DHA CAP	NC	
VIRT-NATE CAP DHA	NC	
VIRT-PN DHA CAP	NC	
VIRT-PN PLUS CAP	NC	
VITAFOL CAP ULTRA	NC	
VITAFOL CHW GUMMIES	NC	
VITAFOL FE+ CAP	NC	
VITAFOL-NANO TAB	NC	
VITAFOL-OB PAK +DHA	NC	
VITAFOL-OB TAB 65-1MG	NC	
VITAFOL-ONE CAP	NC	
VITAMEDMD CAP ONE RX	NC	
VITAPEARL CAP	NC	

Drug Name	Drug Tier	Requirements/Limits
VITATRUE MIS	NC	
VIVA DHA CAP	NC	
VOL-PLUS TAB	NC	
VOL-TAB RX TAB	NC	
VP-HEME OB MIS + DHA	NC	
VP-PNV-DHA CAP	NC	
ZATEAN-PN CAP DHA	NC	
ZATEAN-PN CAP PLUS	NC	
MUSCULOSKELETAL THERAPY AGENTS		
ARTICULAR CARTILAGE REPAIR THERAPY		
MACI MIS	NC	
CENTRAL MUSCLE RELAXANTS		
AMRIX CAP 15MG	NC	
AMRIX CAP 30MG	NC	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	NC	
carisoprodol tab 350 mg	1	
CHLORZOXAZON TAB 250MG	NC	
chlorzoxazone tab 375 mg	NC	
chlorzoxazone tab 500 mg	1	
chlorzoxazone tab 750 mg	NC	
cyclobenzaprine hcl cap er 24hr 15 mg	NC	
cyclobenzaprine hcl cap er 24hr 30 mg	NC	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	NC	
cyclobenzaprine hcl tab 10 mg	1	
FEXMID TAB 7.5MG	NC	
GABLOFEN INJ 50MCG/ML	3	
GABLOFEN INJ 10000/20	3	
GABLOFEN INJ 20000/20	3	
GABLOFEN INJ 40000/20	3	
LIORESAL INT INJ 0.05MG/1	3	
LIORESAL INT INJ 10MG/5ML	3	
LIORESAL INT INJ 10MG/20	3	
LIORESAL INT INJ 40MG/20	3	
LORZONE TAB 375MG	NC	
LORZONE TAB 750MG	NC	
metaxalone tab 400 mg	NC	
metaxalone tab 800 mg	NC	
methocarbamol inj 1000 mg/10ml	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate inj 30 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
orphenadrine citrate tab er 12hr 100 mg	1	
ROBAXIN INJ 100MG/ML	3	
ROBAXIN-750 TAB 750MG	2	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	
SOMA TAB 350MG	3	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
DANTRIUM IV INJ 20MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
revonto inj 20mg	1	
RYANODEX INJ 250MG	3	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	
carisoprodol w/ aspirin tab 200-325 mg	1	
NORGESIC TAB FORTE	NC	
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	NC	
orphengesic tab forte	NC	
VISCOSUPPLEMENTS		
DUROLANE INJ 60MG/3ML	2	PA
EUFLEXXA INJ 10MG/ML	2	PA
GEL-ONE INJ 30MG/3ML	NC	
GELSYN-3 INJ 16.8/2ML	2	PA
GENVISC 850 INJ 25/2.5	3	PA
HYALGAN INJ 20MG/2ML	NC	
HYMOVIS INJ 24MG/3ML	NC	
MONOVISC INJ 88MG/4ML	NC	
ORTHOVISC INJ 15MG/ML	NC	
SUPARTZ FX INJ 25/2.5ML	2	PA
SYNVISC INJ 8MG/ML	NC	
SYNVISC ONE INJ 8MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
VISCO-3 INJ 25/2.5ML	NC	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	2	
DYMISTA SPR 137-50	3	
NASAL AGENTS - MISC.		
TICANASE PAK 50-2.7	NC	
NASAL ANESTHETICS		
COCAINE HCL SOL 40MG/ML	NC	
GOPRELTO SOL 40MG/ML	NC	
NASAL ANTIALLERGY		
ASTEPRO SPR 0.15%	3	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
PATANASE SPR 0.6%	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	NC	
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
mometasone furoate nasal susp 50 mcg/act	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	NC	
QNASL AER 80MCG	NC	
QNASL CHILD SPR 40MCG	NC	
SINUVA IMP 1350MCG	NC	
VERAMYST SPR 27.5MCG	NC	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	NC	
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
epinephrine hcl nasal soln 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ 30MG	6	SP, PA, QL
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE INJ 20MG/ML	3	
ANECTINE INJ 200/10ML	3	
QUELICIN INJ 20MG/ML	3	
SUCCINYLCHOL INJ 20MG/ML	3	
MUSCULAR DYSTROPHY AGENTS		
EXONDYS 51 SOL 100/2ML	6	SP, PA, QL
EXONDYS 51 SOL 500/10ML	6	SP, PA, QL
VILTEPSO SOL	NC	
VYONDYS 53 INJ 100/2ML	NC	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT	3	PA
BOTOX INJ 200UNIT	3	PA
DYSPORT INJ 300UNIT	3	PA
DYSPORT INJ 500UNIT	3	PA
MYOBLOC INJ 2500/0.5	3	PA
MYOBLOC INJ 5000/ML	3	PA
MYOBLOC INJ 10000/2	3	PA
XEOMIN INJ 50 UNIT	3	PA
XEOMIN INJ 100UNIT	3	PA
XEOMIN INJ 200UNIT	3	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate iv soln 100 mg/10ml	1	
atracurium besylate preservative free (pf) iv soln 50 mg/5ml	1	
cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)	1	
cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)	1	
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)	1	
NIMBEX INJ 2MG/ML	3	
NIMBEX INJ 10MG/ML	3	
pancuronium bromide inj 1 mg/ml	1	
ROCURON BRO SOL 100/10ML	NC	
rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)	1	
rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)	1	
vecuronium bromide for inj 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
vecuronium bromide for inj 20 mg	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	6	SP, PA, QL
SPINRAZA INJ 12MG/5ML	NC	
NUTRIENTS		
CARBOHYDRATES		
dextrose inj 5%	2	
dextrose inj 10%	1	
dextrose inj 25%	1	
dextrose inj 30%	1	
DEXTROSE INJ 40%	3	
dextrose inj 50%	1	
dextrose inj 70%	1	
LIPIDS		
INTRALIPID INJ 20%	3	
INTRALIPID INJ 30%	3	
NEOKE MCT70 POW	NC	
NUTRILIPID EMU 20%	3	
SMOFLIPID EMU	3	
MISC. NUTRITIONAL SUBSTANCES		
CARDIOVID CAP PLUS	3	
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
KABIVEN EMU	3	
PERIKABIVEN EMU	3	
PROTEINS		
acetylcysteine cap 600 mg	1	
AMINO ACID INJ 5%	3	
aminoam cap rms	1	
AMINOPROTECT INJ 5%	3	
aminorelief cap rms	1	
AMINOSYN II INJ 10%	3	
AMINOSYN II INJ 15%	3	
AMINOSYN INJ 10%	3	
AMINOSYN-PF INJ 7%	3	
AMINOSYN-PF INJ 10%	3	
CLINIMIX E INJ 2.75/D5W	3	
CLINIMIX E INJ 4.25/D5W	3	
CLINIMIX E INJ 4.25/D10	3	
CLINIMIX E INJ 5%/D15W	3	
CLINIMIX E INJ 5%/D20W	3	
CLINIMIX INJ 4.25/D5W	3	
CLINIMIX INJ 4.25/D10	3	
CLINIMIX INJ 4.25/D25	3	
CLINIMIX INJ 5%/D15W	3	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 5%/D20W	3	
CLINIMIX INJ 5%/D25W	3	
CLINIMIX INJ 8/10	3	
CLINIMIX INJ 8/14	3	
clinisol sf inj 15%	1	
cysteine hcl inj 50 mg/ml	1	
FREAMINE HBC INJ 6.9%	3	
FREAMINE III INJ 10%	3	
hepatamine sol 8%	1	
NEPHRAMINE INJ 5.4%	3	
plenamine inj 15%	1	
PREMASOL SOL 10%	3	
PROCALAMINE INJ 3%	3	
PROSOL INJ 20%	3	
TRAVASOL INJ 10%	3	
TROPHAMINE INJ 6%	3	
TROPHAMINE INJ 10%	3	
TRYPTOPHAN CAP 500MG	3	
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	NC	
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5%	NC	
BETIMOL SOL 0.25%	NC	
BETOPTIC-S SUS 0.25% OP	2	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
TIM/BRIM/DOR SOL	NC	
TIM/DORZ/LAT SOL	NC	
TIMOL/BRIM SOL DORZ/LAT	NC	
TIMOL/LATAN SOL	NC	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophth soln 0.5% (once-daily)	2	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
TIMOPTIC OCU SOL 0.5% OP	NC	
TIMOPTIC OCU SOL 0.25% OP	NC	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
CYCLOPLEGIC MYDRIATICS		
altafrin sol 2.5% op	1	
altafrin sol 10% op	1	
atropine sul sol 1% op	3	
ATROPINE SUL SOL 1% OP	3	
ATROPINE SULFATE OPHTH OINT 1%	3	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
homatropaire sol 5% op	1	
homatropine hbr ophth soln 5%	1	
MYDRIACYL SOL 1% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
MIOTICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
MIOCHOL-E SOL 1:100	3	
MIOSTAT INJ 0.01% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ 6/0.05ML	NC	
BEVACIZUMAB INJ 2.75MG	NC	
BEVACIZUMAB INJ 3.75MG	NC	
EYLEA INJ 2/0.05ML	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
LUCENTIS INJ 0.3MG	5	SP, PA
LUCENTIS INJ 0.5MG	5	SP, PA
LUCENTIS SOL 0.3MG	5	SP, PA
LUCENTIS SOL 0.5MG	5	SP, PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
BRIMO/DORZO SOL 0.15-2%	NC	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	2	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	NC	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
CILOXAN OIN 0.3% OP	NC	
CILOXAN SOL 0.3% OP	NC	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentak oin 0.3% op	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
MOXIFLOXACIN SOL 5MG/ML	NC	
NATACYN SUS 5% OP	3	
neo-polycin oin op	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polycin oin op	1	

Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POLYTRIM SOL OP	3	
sulfacetamide sodium ophth oint 10%	2	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
trifluridine ophth soln 1%	2	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	NC	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05%	2	PA
RESTASIS MUL EMU 0.05%	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	ST
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
altacaine sol 0.5% op	1	
proparacaine hcl ophth soln 0.5%	1	
tetcaine sol 0.5% op	1	
tetracaine hcl ophth soln 0.5%	1	
tetravisc sol 0.5% op	1	
tetravisc sol forte	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	6	SP, QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ 15MG	6	SP, PA
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VIS SOL 0.146-20	NC	
PHOTREXA/PHO SOL VISC KIT	NC	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	NC	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
DEX/MOX/KETO SOL	NC	
DEXAM/MOXI SOL 1-5MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate ophth soln 0.1%	1	
DEXTENZA MIS 0.4MG	NC	
DEXYCU SUS 9%	NC	
DUREZOL EMU 0.05%	2	
FLAREX SUS 0.1% OP	NC	
fluorometholone ophth susp 0.1%	1	
FML FORTE SUS 0.25% OP	NC	
FML LIQUIFLM SUS 0.1% OP	NC	
FML OIN 0.1% OP	NC	
GATIFL-DEXAM SOL 0.5-0.1%	NC	
ILUVIEN IMP 0.19MG	6	SP
INVELTYS SUS 1%	NC	
LOTEMAX GEL 0.5%	NC	
LOTEMAX OIN 0.5%	NC	
LOTEMAX SM GEL 0.38%	NC	
LOTEMAX SUS 0.5%	NC	
loteprednol etabonate ophth susp 0.5%	2	
MAXIDEX SUS 0.1% OP	NC	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin oin hc 1%op	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	2	
OZURDEX IMP 0.7MG	6	SP
PRED FORTE SUS 1% OP	NC	
PRED MILD SUS 0.12% OP	NC	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
PRED-GATI SUS 1-0.5%	NC	
PRED-GATIFL- SUS BROMFENA	NC	
PREDNIS/BROM SUS 1-0.075%	NC	
prednisolone acetate ophth susp 1%	1	
RETISERT IMP 0.59MG	6	SP
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	NC	
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
TRIAM/MOXI SUS 15-1	NC	
TRIESENCE INJ 40MG/ML	3	
ZYLET SUS 0.5-0.3%	NC	
OPHTHALMIC SURGICAL AIDS		
AMVISC INJ 12MG/ML	3	
AMVISC PLUS INJ 16MG/ML	3	
GELFILM MIS OP	3	
HEALON5 INJ 23MG/ML	3	
HEALON DUET INJ PRO	3	
HEALON GV INJ 14MG/ML	3	
HEALON GV INJ 18MG PRO	3	
HEALON INJ 10MG/ML	3	
PROVISC INJ 1%	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	NC	
ak-fluor inj 10% op	1	
AK-FLUOR INJ 25% OP	3	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
altafluor sol 0.25-0.4	1	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
bal salt sol op	1	
BEPREVE DRO 1.5%	NC	
bio glo tes 1mg op	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2	
BROMSITE DRO 0.075%	NC	
BSS PLUS SOL OP	3	
bss sol op	1	
BSS SOL OP	3	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	6	SP, PA, QL
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2%	3	
epinastine hcl ophth soln 0.05%	1	
flucaine sol 0.25-0.5	1	
fluor-i-stri tes 1mg op	1	
fluorescein w/ benoxinate ophth soln 0.25-0.4%	1	
fluorescein w/ proparacaine ophth soln 0.25-0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
FLUORESCITE INJ 10% OP	3	
FLURA-SAFE SOL	3	
flurbiprofen sodium ophth soln 0.03%	1	
FUL-GLO TES 0.6MG OP	3	
ful-glo tes 1mg op	1	
green glo mis 1.5mg	1	
ILEVRO DRO 0.3% OP	2	
JETREA INJ 1.25/ML	6	SP, PA
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
LASTACAFT SOL 0.25%	NC	
lissamine green strips 1.5 mg	1	
NEVANAC SUS 0.1%	NC	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
PAREMYD SOL 1-0.25%	3	
PATADAY SOL 0.2%	3	
PATANOL SOL 0.1% OP	3	
PAZEO DRO 0.7%	2	
PROLENSA SOL 0.07%	2	
ROSE GLO TES 1.5MG	3	
TRUSOPT SOL 2% OP	3	
ZERVIATE DRO 0.24%	NC	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	NC	
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01%	2	ST
TRAVATAN Z DRO 0.004%	NC	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	2	
VYZULTA SOL 0.024%	3	ST
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	2	ST
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	2	
ofloxacin otic soln 0.3%	1	
OTIPRIO SUS 60MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	NC	
CIPRODEX SUS 0.3-0.1%	NC	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
COLY-MYCIN S SUS OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTOVEL DRO	NC	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
HEMABATE INJ 250MCG	3	
PREPIDIL GEL 0.5MG/3G	3	
PROSTIN E2 SUP 20MG	3	
OXYTOCICS		
methergine tab 0.2mg	1	
methylergonovine maleate inj 0.2 mg/ml	1	
oxytocin inj 10 unit/ml	1	
PITOCIN INJ 10UNT/ML	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTITOXINS-ANTIVENINS		
ANAVIP INJ	6	SP
IMMUNE SERUMS		
BIVIGAM INJ 10%	M	
CARIMUNE NF INJ 6GM	M	
CUTAQUIG SOL 1.65GM	6	SP, PA
CUTAQUIG SOL 1GM	6	SP, PA
CUTAQUIG SOL 2GM	6	SP, PA
CUTAQUIG SOL 3.3GM	6	SP, PA
CUTAQUIG SOL 4GM	6	SP, PA
CUTAQUIG SOL 8GM	6	SP, PA
CUVITRU INJ 2GM/10ML	M	
CUVITRU INJ 4GM/20ML	M	
CUVITRU INJ 8GM/40ML	M	
CUVITRU SOL 1GM/5ML	M	
CYTOGAM INJ	6	
GAMMAGARD INJ 1GM/10ML	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJ 2.5GM/25	5	SP, PA
GAMMAGARD INJ 5GM/50ML	5	SP, PA
GAMMAGARD INJ 10GM/100	5	SP, PA
GAMMAGARD INJ 20GM/200	5	SP, PA
GAMMAKED INJ 5GM/50ML	5	SP, PA
GAMMAKED INJ 10GM/100	5	SP, PA
GAMMAKED INJ 20GM/200	5	SP, PA
GAMUNEX-C INJ 1GM/10ML	5	SP, PA
GAMUNEX-C INJ 2.5GM/25	5	SP, PA
GAMUNEX-C INJ 5GM/50ML	5	SP, PA
GAMUNEX-C INJ 10GM/100	5	SP, PA
GAMUNEX-C INJ 20GM/200	5	SP, PA
HEPAGAM B INJ	M	
HIZENTRA INJ 1GM/5ML	5	SP, PA
HIZENTRA INJ 2GM/10ML	5	SP, PA
HIZENTRA INJ 4GM/20ML	5	SP, PA
HIZENTRA INJ 10/50ML	5	SP, PA
HIZENTRA SOL 20%	5	SP, PA
HYPERHEP B INJ	M	
HYPERRAB INJ 300UNIT	3	
HYPERRAB INJ 1500UNIT	3	
HYPERRAB S/D INJ 150/ML	3	
HYPERRAB S/D INJ 300/2ML	3	
HYPERRHO S/D INJ 50MCG	M	
HYPERRHO S/D INJ 300MCG	M	
HYPERTET S/D INJ 250/ML	3	
IMOGAM RABIE INJ 150/ML	3	
IMOGAM RABIE INJ 300/2ML	3	
MICRHOGAM PL INJ 50MCG	M	
NABI-HB INJ	M	
PANZYGA SOL 1GM/10ML	M	
PANZYGA SOL 2.5/25ML	M	
PANZYGA SOL 5GM/50ML	M	
PANZYGA SOL 10/100ML	M	
PANZYGA SOL 20/200ML	M	
PANZYGA SOL 30/300ML	M	
RHOGAM PLUS INJ 300MCG	M	
RHOPHYLAC INJ 1500/2ML	M	
VARIZIG INJ 125/1.2	M	
WINRHO SDF INJ 1500UNIT	M	
WINRHO SDF INJ 2500UNIT	M	
WINRHO SDF INJ 5000UNIT	M	
WINRHO SDF INJ 15000UNT	M	
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG	6	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
SYNAGIS INJ 100MG/ML	6	SP, PA; PV
ZINPLAVA SOL 25MG/ML	NC	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	5	SP, PA
HYQVIA INJ 5-400	5	SP, PA
HYQVIA INJ 10-800	5	SP, PA
HYQVIA INJ 20-1600	5	SP, PA
HYQVIA INJ 30-2400	5	SP, PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 1 gm	2	
ampicillin sodium for inj 2 gm	1	
ampicillin sodium for inj 125 mg	1	
ampicillin sodium for inj 250 mg	1	
ampicillin sodium for inj 500 mg	1	
ampicillin sodium for iv soln 1 gm	1	
ampicillin sodium for iv soln 2 gm	1	
ampicillin sodium for iv soln 10 gm	1	
NATURAL PENICILLINS		
BICILLIN L-A INJ 600000	3	
BICILLIN L-A INJ 1200000	3	
BICILLIN L-A INJ 2400000	3	
PEN G PROC INJ 600000	3	
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
penicillin g potassium for inj 5000000 unit	1	
penicillin g potassium for inj 20000000 unit	1	
penicillin g sodium for inj 5000000 unit	1	
penicillin v potassium for soln 125 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
pfizerpen inj 5mu	1	
pfizerpen inj 20000000	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
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	2	
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	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	

Drug Name	Drug Tier	Requirements/Limits
ZOSYN INJ 2-0.25GM	3	
ZOSYN INJ 3-0.375G	3	
ZOSYN INJ 4-0.5GM	3	
ZOSYN INJ 36-4.5GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
NAFCILLIN INJ 1GM/50ML	3	
NAFCILLIN INJ 2GM/100	3	
nafcillin sodium for inj 1 gm	1	
nafcillin sodium for inj 2 gm	1	
nafcillin sodium for iv soln 1 gm	1	
nafcillin sodium for iv soln 2 gm	1	
nafcillin sodium for iv soln 10 gm	1	
NAFCILLIN SODIUM FOR IV SOLN 10 GM	NC	
OXACILLIN INJ 1GM	3	
OXACILLIN INJ 2GM	3	
oxacillin sodium for inj 1 gm (base equivalent)	1	
oxacillin sodium for inj 2 gm (base equivalent)	1	
oxacillin sodium for iv soln 10 gm (base equivalent)	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
bacteriostatic sodium chloride inj soln 0.9%	1	
BACTERIOSTATIC SODIUM CHLORIDE INJ SOLN 0.9%	1	
glycine diluent for injection	1	
PH 12 STERIL SOL FLOLAN	3	
water for inject, bacteriostatic benzyl alcohol	1	
water for injection	1	
water for iv injection	1	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
hydroxyprogesterone caproate im in oil 250 mg/ml	4	SP, PA, QL
MAKENA INJ 250MG/ML	6	SP, PA, QL
MAKENA INJ 275MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
MEGACE ES SUS 625/5ML	3	
megestrol acetate susp 625 mg/5ml	2	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PROMETRIUM CAP 100MG	NC	
PROMETRIUM CAP 200MG	NC	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	PV
disulfiram tab 250 mg	1	PV
disulfiram tab 500 mg	1	PV
LUCEMYRA TAB 0.18MG	NC	
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML	6	SP, PA, QL
XYWAV SOL 0.5GM/ML	NC	
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	2	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	2	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	5	SP, PA, QL
AUSTEDO TAB 9MG	5	SP, PA, QL
AUSTEDO TAB 12MG	5	SP, PA, QL
INGREZZA CAP 40-80MG	5	SP, PA, QL
INGREZZA CAP 40MG	5	SP, PA, QL
INGREZZA CAP 60MG	5	SP, PA, QL
INGREZZA CAP 80MG	5	SP, PA, QL
tetrabenazine tab 12.5 mg	4	SP, PA, QL
tetrabenazine tab 25 mg	4	SP, PA, QL
XENAZINE TAB 12.5MG	NC	
XENAZINE TAB 25MG	NC	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	6	SP, ST, PA, QL
AUBAGIO TAB 7MG	5	SP, PA, QL; PV
AUBAGIO TAB 14MG	5	SP, PA, QL; PV
AVONEX PEN KIT 30MCG	NC	
AVONEX PREFL KIT 30MCG	NC	
BETASERON INJ 0.3MG	5	SP, PA, QL; PV
COPAXONE INJ 20MG/ML	5	SP, PA, QL; PV

Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	5	SP, PA, QL; PV
dalfampridine tab er 12hr 10 mg	4	SP, PA
dimethyl fumarate capsule delayed release 120 mg	4	SP, PA, QL; PV
dimethyl fumarate capsule delayed release 240 mg	4	SP, PA, QL; PV
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	SP, PA, QL; PV
EXTAVIA INJ 0.3MG	NC	
GILENYA CAP 0.5MG	5	SP, PA, QL; PV
glatiramer acetate soln prefilled syringe 40 mg/ml	4	SP, PA, QL
glatopa inj 20mg/ml	4	SP, PA, QL; PV
KESIMPTA INJ 20/.4ML	5	SP, PA, QL
LEMTRADA INJ 12/1.2ML	NC	
MAVENCLAD PAK 10MG (4)	6	SP, PA, QL
MAVENCLAD PAK 10MG (5)	6	SP, PA, QL
MAVENCLAD PAK 10MG (6)	6	SP, PA, QL
MAVENCLAD PAK 10MG (7)	6	SP, PA, QL
MAVENCLAD PAK 10MG (8)	6	SP, PA, QL
MAVENCLAD PAK 10MG (9)	6	SP, PA, QL
MAVENCLAD PAK 10MG(10)	6	SP, PA, QL
MAYZENT PAK STARTER	5	SP, PA, QL
MAYZENT TAB 0.25MG	5	SP, PA, QL
MAYZENT TAB 2MG	5	SP, PA, QL
OCREVUS INJ 300/10ML	5	SP, PA, QL
PLEGRIDY INJ	NC	
PLEGRIDY INJ PEN	NC	
PLEGRIDY INJ STARTER	NC	
PLEGRIDY PEN INJ STARTER	NC	
REBIF INJ 22/0.5	5	SP, PA, QL; PV
REBIF INJ 44/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ 22/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ 44/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ TITRATN	5	SP, PA, QL; PV
REBIF TITRTN INJ PACK	5	SP, PA, QL; PV
TECFIDERA CAP 120MG	NC	
TECFIDERA CAP 240MG	NC	
TECFIDERA MIS STARTER	NC	
TYSABRI INJ 300/15ML	5	SP, PA, QL; PV
VUMERITY CAP 231MG	5	SP, PA, QL
ZEPOSIA 7DAY CAP STR PACK	5	SP, PA, QL
ZEPOSIA CAP .92MG	5	SP, PA, QL
ZEPOSIA CAP STR KIT	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STAR MIS 300/600	2	
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd) tab 10 mg	NC	
fluoxetine hcl (pmdd) tab 20 mg	NC	
SARAFEM TAB 10MG	3	
SARAFEM TAB 20MG	3	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	2	
HORIZANT TAB 600MG ER	2	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	ACA, PV
CHANTIX PAK 0.5& 1MG	2	ACA, PV
CHANTIX PAK 1MG	2	ACA, PV
CHANTIX TAB 0.5MG	2	ACA, PV
CHANTIX TAB 1MG	2	ACA, PV
cvs nicotine dis 7mg/24hr	1	OTC; ACA, PV
cvs nicotine dis 14mg/24h	1	OTC; ACA, PV
cvs nicotine gum 2mg cinn	1	OTC; ACA, PV
cvs nicotine gum 2mg mint	1	OTC; ACA, PV
cvs nicotine gum 2mg orig	1	OTC; ACA, PV
cvs nicotine gum 2mgfruit	1	OTC; ACA, PV
cvs nicotine gum 4mg cinn	1	OTC; ACA, PV
cvs nicotine gum 4mg mint	1	OTC; ACA, PV
cvs nicotine gum 4mg orig	1	OTC; ACA, PV
cvs nicotine gum 4mgfruit	1	OTC; ACA, PV
cvs nicotine loz 4mg mint	1	OTC; ACA, PV
cvs nts dis step 1	1	OTC; ACA, PV
eq nicotine dis 7mg/24hr	1	OTC; ACA, PV
eq nicotine dis 14mg/24h	1	OTC; ACA, PV
eq nicotine dis 21mg/24h	1	OTC; ACA, PV
eq nicotine gum 2mg cinn	1	OTC; ACA, PV
eq nicotine gum 2mg mint	1	OTC; ACA, PV
eq nicotine gum 2mg orig	1	OTC; ACA, PV
eq nicotine gum 2mgfruit	1	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
eq nicotine gum 4mg cinn	1	OTC; ACA, PV
eq nicotine gum 4mg mint	1	OTC; ACA, PV
eq nicotine gum 4mg orig	1	OTC; ACA, PV
eq nicotine gum 4mg ref	1	OTC; ACA, PV
eq nicotine gum 4mg strt	1	OTC; ACA, PV
eq nicotine gum 4mgfruit	1	OTC; ACA, PV
eq nicotine loz 4mg chry	1	OTC; ACA, PV
eq nicotine loz 4mg mint	1	OTC; ACA, PV
eql nicotine gum 2mg	1	OTC; ACA, PV
eql nicotine gum 4mg	1	OTC; ACA, PV
eql nicotine loz 4mg chry	1	OTC; ACA, PV
eql nicotine loz 4mg mint	1	OTC; ACA, PV
gnp nicotine gum 2mg mint	1	OTC; ACA, PV
gnp nicotine gum 2mg orig	1	OTC; ACA, PV
gnp nicotine gum 4mg mint	1	OTC; ACA, PV
gnp nicotine gum 4mg orig	1	OTC; ACA, PV
gnp nicotine loz 4mg mint	1	OTC; ACA, PV
hm nicotine dis 14mg/24h	1	OTC; ACA, PV
hm nicotine dis 21mg/24h	1	OTC; ACA, PV
hm nicotine gum 2mg mint	1	OTC; ACA, PV
hm nicotine gum 4mg mint	1	OTC; ACA, PV
hm nicotine loz 4mg mint	1	OTC; ACA, PV
kls quit2 gum 2mg	1	OTC; ACA, PV
kls quit4 gum 4mg	1	OTC; ACA, PV
kls quit4 loz 4mg	1	OTC; ACA, PV
nicorelief gum 2mg mint	1	OTC; ACA, PV
nicorelief gum 2mg orig	1	OTC; ACA, PV
nicorelief gum 4mg mint	1	OTC; ACA, PV
nicorelief gum 4mg orig	1	OTC; ACA, PV
nicotine dis 7mg/24hr	1	OTC; ACA, PV
nicotine dis step 1	1	OTC; ACA, PV
nicotine dis step 2	1	OTC; ACA, PV
nicotine dis step 3	1	OTC; ACA, PV
nicotine gum 4mg	1	OTC; ACA, PV
nicotine loz mini 2mg	1	OTC; ACA, PV
nicotine pol gum 2mgfruit	1	OTC; ACA, PV
nicotine pol loz 4mg chry	1	OTC; ACA, PV
nicotine pol loz 4mg mint	1	OTC; ACA, PV
nicotine polacrilex gum 2 mg	1	OTC; ACA, PV
nicotine polacrilex gum 4 mg	1	OTC; ACA, PV
nicotine polacrilex lozenge 2 mg	1	OTC; ACA, PV
nicotine polacrilex lozenge 4 mg	1	OTC; ACA, PV
nicotine td dis 7mg/24hr	1	OTC; ACA, PV
nicotine td dis 14mg/24h	1	OTC; ACA, PV
nicotine td dis 21mg/24h	1	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
nicotine td dis step 1	1	OTC; ACA, PV
nicotine td dis step 3	1	OTC; ACA, PV
nicotine td patch 24hr 7 mg/24hr	1	OTC; ACA, PV
nicotine td patch 24hr 14 mg/24hr	1	OTC; ACA, PV
nicotine td patch 24hr 21 mg/24hr	1	OTC; ACA, PV
NICOTROL INH	3	ACA, PV
NICOTROL NS SPR 10MG/ML	3	ACA, PV
qc nicotine gum 4mg	1	OTC; ACA, PV
ra nicotine dis 7mg/24hr	1	OTC; ACA, PV
ra nicotine dis 14mg/24h	1	OTC; ACA, PV
ra nicotine dis 21mg/24h	1	OTC; ACA, PV
ra nicotine gum 2mg	1	OTC; ACA, PV
ra nicotine gum 2mg cinn	1	OTC; ACA, PV
ra nicotine gum 2mg mint	1	OTC; ACA, PV
ra nicotine gum 2mgfruit	1	OTC; ACA, PV
ra nicotine gum 4mg	1	OTC; ACA, PV
ra nicotine gum 4mg frut	1	OTC; ACA, PV
ra nicotine gum 4mg mint	1	OTC; ACA, PV
ra nicotine loz 4mg mint	1	OTC; ACA, PV
sm nicotine dis 7mg/24hr	1	OTC; ACA, PV
sm nicotine dis 14mg/24h	1	OTC; ACA, PV
sm nicotine dis 21mg	1	OTC; ACA, PV
sm nicotine dis 21mg/24h	1	OTC; ACA, PV
sm nicotine gum 2mg	1	OTC; ACA, PV
sm nicotine gum 2mg mint	1	OTC; ACA, PV
sm nicotine gum 4mg	1	OTC; ACA, PV
sm nicotine gum 4mg mint	1	OTC; ACA, PV
sm nicotine loz 2mg chry	1	OTC; ACA, PV
sm nicotine loz 4mg mint	1	OTC; ACA, PV
sr nicotine gum 2mg	1	OTC; ACA, PV
stop smoking gum 2mg mint	1	OTC; ACA, PV
stop smoking gum 2mg orig	1	OTC; ACA, PV
stop smoking gum 4mg	1	OTC; ACA, PV
stop smoking loz 4mg mint	1	OTC; ACA, PV
sw nicotine gum 2mg mint	1	OTC; ACA, PV
sw nicotine gum 4mg	1	OTC; ACA, PV
sw nicotine loz 4mg mint	1	OTC; ACA, PV
tgt nicotine dis 7mg/24hr	1	OTC; ACA, PV
tgt nicotine dis 14mg/24h	1	OTC; ACA, PV
tgt nicotine dis 21mg/24h	1	OTC; ACA, PV
tgt nicotine gum 2mg mint	1	OTC; ACA, PV
tgt nicotine gum 2mg orig	1	OTC; ACA, PV
tgt nicotine gum 2mgfruit	1	OTC; ACA, PV
tgt nicotine gum 4mg	1	OTC; ACA, PV
tgt nicotine gum 4mg mint	1	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
tgt nicotine gum 4mg orig	1	OTC; ACA, PV
tgt nicotine loz 4mg chry	1	OTC; ACA, PV
tgt nicotine loz 4mg mint	1	OTC; ACA, PV
thrive gum 2mg mint	1	OTC; ACA, PV
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO SOL 10MG/5ML	6	SP, PA, QL
TEGSEDI INJ 284/1.5	6	SP, PA, QL
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
paroxetine mesylate cap 7.5 mg (base equiv)	NC	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ 500MG	NC	
ARALAST NP INJ 1000MG	NC	
GLASSIA INJ	NC	
PROLASTIN-C INJ 1000MG	5	SP, PA
ZEMAIRA INJ 1000MG	NC	
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP 40MG	NC	
KALYDECO PAK 25MG	6	SP, PA, QL
KALYDECO PAK 50MG	6	SP, PA, QL
KALYDECO PAK 75MG	6	SP, PA, QL
KALYDECO TAB 150MG	6	SP, PA, QL
ORKAMBI GRA 100-125	6	SP, PA, QL
ORKAMBI GRA 150-188	6	SP, PA, QL
ORKAMBI TAB 100-125	6	SP, PA, QL
ORKAMBI TAB 200-125	6	SP, PA, QL
PULMOZYME SOL 1MG/ML	6	SP, PA, QL
SYMDEKO TAB 50-75MG	6	SP, PA, QL
SYMDEKO TAB 100-150	6	SP, PA, QL
TRIKAFTA TAB	6	SP, PA, QL
PLEURAL SCLEROSING AGENTS		
SCLEROSOL AER INTRAPLE	3	
STERIL TALC SUS 5GM	3	
STERITALC POW 2GM	3	
STERITALC POW 3GM	3	
STERITALC POW 4GM	3	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	5	SP, PA, QL
ESBRIET TAB 267MG	5	SP, PA, QL
ESBRIET TAB 801MG	5	SP, PA, QL
OFEV CAP 100MG	5	SP, PA, QL
OFEV CAP 150MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
CUROSURF SUS 120/1.5	3	
CUROSURF SUS 240/3ML	3	
INFASURF SUS 35MG/ML	3	
SURVANTA INH	3	
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA INJ 100MG	3	PA
NUZYRA TAB 150MG	3	PA
FLUOROCYCLINES		
XERAVA INJ 50MG	3	
XERAVA INJ 100MG	3	
GLYCYLCYCLINES		
tigecycline for iv soln 50 mg	1	
TIGECYCLINE INJ 50MG	NC	
TYGACIL INJ 50MG	3	
TETRACYCLINES		
ACTICLATE TAB 75MG	NC	
ACTICLATE TAB 150MG	NC	
avidoxy tab 100mg	1	
coremino tab 45mg	NC	
coremino tab 90mg	NC	
coremino tab 135mg	NC	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	2	
DORYX MPC TAB 120MG	NC	
DORYX TAB 50MG	NC	
DORYX TAB 200MG	NC	
doxy 100 inj 100mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 50 mg	NC	
doxycycline hyclate tab 75 mg	NC	
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab 150 mg	NC	
doxycycline hyclate tab delayed release 50 mg	1	
doxycycline hyclate tab delayed release 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tab delayed release 100 mg	NC	
doxycycline hyclate tab delayed release 150 mg	2	
doxycycline hyclate tab delayed release 200 mg	NC	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	NC	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	NC	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate for susp 25 mg/5ml	2	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
MINOCIN CAP 50MG	NC	
MINOCIN INJ 100MG	3	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl cap er 24hr 45 mg (base equivalent)	NC	
minocycline hcl cap er 24hr 90 mg (base equivalent)	NC	
minocycline hcl cap er 24hr 135 mg (base equivalent)	NC	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
minocycline hcl tab er 24hr 45 mg	NC	
minocycline hcl tab er 24hr 55 mg	NC	
minocycline hcl tab er 24hr 65 mg	NC	
minocycline hcl tab er 24hr 80 mg	NC	
minocycline hcl tab er 24hr 90 mg	NC	
minocycline hcl tab er 24hr 105 mg	NC	
minocycline hcl tab er 24hr 115 mg	NC	
minocycline hcl tab er 24hr 135 mg	NC	
MINOLIRA TAB 105MG	NC	
MINOLIRA TAB 135MG	NC	
mondoxyne nl cap 75mg	NC	
mondoxyne nl cap 100mg	1	
morgidox cap 1x50mg	1	
morgidox cap 1x100mg	1	

Drug Name	Drug Tier	Requirements/Limits
morgidox cap 2x100mg	1	
MORGIDOX KIT 1X50MG	NC	
okebo cap 75mg	NC	
SEYSARA TAB 100MG	NC	
SEYSARA TAB 150MG	NC	
SOLODYN TAB 55MG	3	ST
SOLODYN TAB 65MG	3	ST
SOLODYN TAB 80MG	3	ST
SOLODYN TAB 105MG	3	ST
SOLODYN TAB 115MG	3	ST
TARGADOX TAB 50MG	NC	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	2	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
XIMINO CAP 45MG ER	NC	
XIMINO CAP 90MG ER	NC	
XIMINO CAP 135MG ER	NC	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	NC	
CYTOMEL TAB 25MCG	NC	
CYTOMEL TAB 50MCG	NC	
levo-t tab 25mcg	1	
levo-t tab 50mcg	1	
levo-t tab 75mcg	1	
levo-t tab 88mcg	1	
levo-t tab 100mcg	1	
levo-t tab 112mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levo-t tab 125mcg	1	
levo-t tab 137mcg	1	
levo-t tab 150mcg	1	
levo-t tab 175mcg	1	
levo-t tab 200 mcg	1	
levo-t tab 300 mcg	1	
levothyroxin inj 100mcg	1	
LEVOTHYROXIN INJ 200MCG	3	
levothyroxin inj 500mcg	1	
levothyroxine sodium cap 13 mcg	NC	
levothyroxine sodium cap 25 mcg	NC	
levothyroxine sodium cap 50 mcg	NC	
levothyroxine sodium cap 75 mcg	NC	
levothyroxine sodium cap 88 mcg	NC	
levothyroxine sodium cap 100 mcg	NC	
levothyroxine sodium cap 112 mcg	NC	
levothyroxine sodium cap 125 mcg	NC	
levothyroxine sodium cap 137 mcg	NC	
levothyroxine sodium cap 150 mcg	NC	
levothyroxine sodium cap 175 mcg	NC	
levothyroxine sodium cap 200 mcg	NC	
levothyroxine sodium for iv inj 100 mcg	1	
LEVOTHYROXINE SODIUM FOR IV INJ 200 MCG	3	
levothyroxine sodium for iv inj 500 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liothyronine sodium iv soln 10 mcg/ml	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NATURE THROI TAB 162.5MG	NC	
NATURE-THROI TAB 16.25MG	NC	
NATURE-THROI TAB 32.5MG	NC	
NATURE-THROI TAB 48.75MG	NC	
NATURE-THROI TAB 65MG	NC	
NATURE-THROI TAB 81.25MG	NC	
NATURE-THROI TAB 97.5MG	NC	
NATURE-THROI TAB 113.75MG	NC	
NATURE-THROI TAB 130MG	NC	
NATURE-THROI TAB 146.25MG	NC	
NATURE-THROI TAB 195MG	NC	
NATURE-THROI TAB 260MG	NC	
NATURE-THROI TAB 325MG	NC	
np thyroid tab 15mg	1	
np thyroid tab 30mg	1	
np thyroid tab 60mg	1	
np thyroid tab 90mg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
TIROSINT CAP 13MCG	NC	
TIROSINT CAP 25MCG	NC	
TIROSINT CAP 50MCG	NC	
TIROSINT CAP 75MCG	NC	
TIROSINT CAP 88MCG	NC	
TIROSINT CAP 100MCG	NC	
TIROSINT CAP 112MCG	NC	
TIROSINT CAP 125MCG	NC	
TIROSINT CAP 137MCG	NC	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 150MCG	NC	
TIROSINT CAP 175MCG	NC	
TIROSINT CAP 200	NC	
TRIOSTAT INJ 10MCG/ML	3	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 137mcg	1	
unithroid tab 150mcg	1	
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	
WESTHROID TAB 32.5MG	NC	
WESTHROID TAB 65MG	NC	
WESTHROID TAB 97.5MG	NC	
WESTHROID TAB 130MG	NC	
WESTHROID TAB 195MG	NC	
WP THYROID TAB 16.25MG	NC	
WP THYROID TAB 32.5MG	NC	
WP THYROID TAB 48.75MG	NC	
WP THYROID TAB 65MG	NC	
WP THYROID TAB 81.25MG	NC	
WP THYROID TAB 97.5MG	3	
WP THYROID TAB 113.75MG	NC	
WP THYROID TAB 130MG	3	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	2	ACA, PV
BOOSTRIX INJ	2	ACA, PV
DAPTACEL INJ	2	ACA, PV
DIP/TET PED INJ 25-5LFU	2	ACA, PV
INFANRIX INJ	2	ACA, PV
PEDIARIX INJ 0.5ML	2	ACA, PV
PENTACEL INJ	2	ACA, PV
QUADRACEL INJ	2	ACA, PV
TDVAX INJ 2-2 LF	2	ACA, PV
TENIVAC INJ 5-2LF	2	ACA, PV
TET/DIP TOX INJ 2-2 LF	2	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ANASPAZ TAB 0.125MG	2	
ATROPEN INJ 0.5MG	3	
ATROPEN INJ 0.25MG	3	
ATROPEN INJ 1MG	3	
ATROPEN INJ 2MG	3	
ATROPINE SUL INJ 1/2.5ML	NC	
atropine sulfate inj 0.4 mg/ml	1	
atropine sulfate inj 1 mg/ml	1	
atropine sulfate inj 8 mg/20ml (0.4 mg/ml)	1	
atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)	1	
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	1	
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	1	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
BENTYL INJ 10MG/ML	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	2	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	NC	(applies to NDCS 11534019701; 51293069601; 51293069610; 42494040901 only)
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl inj 10 mg/ml	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
DONNATAL ELX	3	
DONNATAL ELX GRAPE	3	
DONNATAL ELX MINT	3	
DONNATAL TAB	3	
DONNATAL TAB 16.2MG	3	
ed-spaz tab 0.125mg	1	
GLYCOPYRROLA INJ 0.6/3ML	NC	
GLYCOPYRROLA INJ 1MG/5ML	NC	
GLYCOPYRROLA TAB 1.5MG	NC	
glycopyrrolate inj 0.2 mg/ml	2	
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	1	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	NC	
hyosyne dro 0.125/ml	1	
hyosyne elx 0.125/5	1	
LEVBID TAB 0.375 ER	3	
LEVSIN INJ 0.5MG/ML	3	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
LIBRAX CAP 5-2.5MG	NC	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
nulev tab 0.125mg	1	
oscimin sr tab 0.375mg	NC	
oscimin sub 0.125mg	1	
oscimin tab 0.125mg	2	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	2	
phenohytro elx	2	
phenohytro tab	2	
propantheline bromide tab 15 mg	1	
SYMAX DUOTAB TAB	3	
symax-sl sub 0.125mg	1	
symax-sr tab 0.375mg	NC	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
famotidine inj 20 mg/2ml	1	
famotidine inj 40 mg/4ml	1	
famotidine inj 200 mg/20ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nizatidine oral soln 15 mg/ml	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	
ranitidine hcl cap 150 mg	1	
ranitidine hcl cap 300 mg	1	
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	1	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	1	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	1	
ranitidine hcl tab 150 mg	1	
ranitidine hcl tab 300 mg	1	
ZANTAC INJ 50MG/2ML	3	
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	NC	
CARAFATE TAB 1GM	NC	
SUCRALFATE SUS 1GM/10ML	NC	
sucralfate susp 1 gm/10ml	NC	
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	NC	
ACIPHEX SPR CAP 10MG	NC	
ACIPHEX TAB 20MG	NC	
DEXILANT CAP 30MG DR	2	ST, PA
DEXILANT CAP 60MG DR	2	ST, PA
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp packet 10 mg	2	
esomeprazole magnesium for delayed release susp packet 20 mg	2	
esomeprazole magnesium for delayed release susp packet 40 mg	2	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1	
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 30 mg	1	
lansoprazole tab delayed release orally disintegrating 15 mg	2	
lansoprazole tab delayed release orally disintegrating 30 mg	2	
NEXIUM CAP 20MG	NC	
NEXIUM CAP 40MG	NC	
NEXIUM GRA 2.5MG DR	NC	
NEXIUM GRA 5MG DR	NC	

Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 10MG DR	NC	
NEXIUM GRA 20MG DR	NC	
NEXIUM GRA 40MG DR	NC	
NEXIUM I.V. INJ 40MG	3	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
pantoprazole sodium for delayed release susp packet 40 mg	NC	
pantoprazole sodium for iv soln 40 mg (base equiv)	1	
PREVACID CAP 15MG DR	NC	
PREVACID CAP 30MG DR	NC	
PREVACID TAB 15MG STB	NC	
PREVACID TAB 30MG STB	NC	
PRILOSEC POW 2.5MG	NC	
PRILOSEC POW 10MG	NC	
PROTONIX INJ 40MG	3	
PROTONIX PAK 40MG	NC	
PROTONIX TAB 20MG	NC	
PROTONIX TAB 40MG	NC	
rabeprazole sodium ec tab 20 mg	1	
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	2	
OMECLAMOX- MIS PAK	3	
omeppi cap 40-1100	NC	
omeprazole-sodium bicarbonate cap 20-1100 mg	NC	
omeprazole-sodium bicarbonate cap 40-1100 mg	NC	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	NC	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	NC	
PYLERA CAP	2	
TALICIA CAP	3	

Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAP 20-1100	NC	
ZEGERID CAP 40-1100	NC	
ZEGERID POW 20-1680	NC	
ZEGERID POW 40-1680	NC	
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
hyophen tab	2	
me/naphos/mb tab hyo 1	2	
methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg	1	
urelle tab	2	
uretron d/s tab	2	
uribel cap 118mg	2	
urimar-t tab	2	
uro-458 tab	2	
uroav-81 tab	2	
UROGESIC- TAB BLUE	3	
vilevev mb tab 81mg	2	
URINARY ANTI-INFECTIVES		
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	NC	
MACRODANTIN CAP 50MG	NC	
MACRODANTIN CAP 100MG	NC	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
MONUROL PAK GRANULES	3	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	2	
nitrofurantoin susp 25 mg/5ml	NC	(applies to NDC 70408023932 only)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL LA CAP 2MG	NC	
DETROL LA CAP 4MG	NC	

Drug Name	Drug Tier	Requirements/Limits
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
ENABLEX TAB 7.5MG	NC	
ENABLEX TAB 15MG	NC	
GELNIQUE GEL 10%	3	
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
OXYTROL DIS 3.9MG/24	NC	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	2	
URECHOLINE TAB 25MG	2	
URECHOLINE TAB 50MG	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	2	ACA, PV
BEXSERO INJ	2	ACA, PV
HIBERIX SOL 10MCG	2	ACA, PV
MENACTRA INJ	2	ACA, PV
MENVEO INJ	2	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB INJ	2	ACA, PV
PNEUMOVAX 23 INJ 25/0.5	2	ACA, PV
PREVNAR 13 INJ	2	ACA, PV
TRUMENBA INJ	2	ACA, PV
VIRAL VACCINES		
AFLURIA QUAD INJ 2020-21	2	ACA, PV
ENGERIX-B INJ 10/0.5ML	2	ACA, PV
ENGERIX-B INJ 20MCG/ML	2	ACA, PV
FLUAD INJ 2020-21	2	ACA, PV
FLUARIX QUAD INJ 2020-21	2	ACA, PV
FLUBLOK QUAD INJ 2020-21	2	ACA, PV
FLUCLVX QUAD INJ 2020-21	2	ACA, PV
FLULAVAL QUA INJ 2020-21	2	ACA, PV
FLUMIST QUAD SUS 2020-21	2	ACA, PV
FLUZONE QUAD INJ 2020-21	2	ACA, PV
GARDASIL 9 INJ	2	ACA, PV
HAVRIX INJ 720UNIT	2	ACA, PV
HAVRIX INJ 1440UNIT	2	ACA, PV
IPOL INJ INACTIVE	2	ACA, PV
M-M-R II INJ	2	ACA, PV
RECOMBIVA HB INJ 5MCG/0.5	2	ACA, PV
RECOMBIVA HB INJ 10MCG/ML	2	ACA, PV
RECOMBIVA-HB INJ 40MCG/ML	2	ACA, PV
ROTARIX SUS	2	ACA, PV
ROTATEQ SOL	2	ACA, PV
SHINGRIX INJ 50/0.5ML	2	ACA, PV
TWINRIX INJ	2	ACA, PV
VAQTA INJ 25/0.5ML	2	ACA, PV
VAQTA INJ 50UNT/ML	2	ACA, PV
VARIVAX INJ	2	ACA, PV
ZOSTAVAX INJ	2	ACA, PV
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
INTRAROSA SUP 6.5MG	NC	
TRIMO-SAN GEL	NC	
VAGINAL ANTI-INFECTIVES		
AVC CRE 15%	3	
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	2	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	2	

Drug Name	Drug Tier	Requirements/Limits
miconazole 3 sup 200mg	2	
NUVESSA GEL 1.3%	NC	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	2	
vandazole gel 0.75%	2	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg	1	
ESTRING MIS 2MG	NC	
FEMRING MIS 0.1MG/24	NC	
FEMRING MIS 0.05/24H	NC	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	NC	
VAGIFEM TAB 10MCG	3	
yuvafem tab 10mcg	1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	PA
CRINONE GEL 8% VAG	2	PA
ENDOMETRIN SUP 100MG	2	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
AUVI-Q INJ 0.3MG	NC	
AUVI-Q INJ 0.15MG	NC	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	2	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	2	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	
EPISNAP KIT	NC	
SYMJEPI INJ 0.3MG	2	
SYMJEPI INJ 0.15MG	2	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	4	SP, PA
droxidopa cap 200 mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
droxidopa cap 300 mg	4	SP, PA
NORTHERA CAP 100MG	NC	
NORTHERA CAP 200MG	NC	
NORTHERA CAP 300MG	NC	
VASOPRESSORS		
AKOVAZ SOL 50MG/ML	NC	
dobutam/d5w inj 1mg/ml	1	
dobutam/d5w inj 2mg/ml	1	
dobutam/d5w inj 4mg/ml	1	
dobutamine hcl inj 12.5 mg/ml	1	
dopamine inj 40mg/ml	1	
dopamine/d5w inj 0.8mg/ml	1	
dopamine/d5w inj 1.6mg/ml	1	
dopamine/d5w inj 3.2mg/ml	1	
EPHEDRINE SU INJ 50MG/ML	NC	
ephedrine sulfate inj 50 mg/ml	1	
EPINEPH/NACL SOL 2/250ML	NC	
EPINEPHR/D5W SOL 2/250-5%	NC	
EPINEPHRINE INJ 0.1MG/10	3	
epinephrine inj 0.1mg/ml	1	
EPINEPHRINE INJ 1MG/10ML	3	
EPINEPHRINE INJ 1MG/ML	3	
epinephrine pf inj 1 mg/ml	1	
epinephrine soln prefilled syringe 1 mg/10ml (0.1 mg/ml)	1	
GIAPREZA INJ 2.5MG	NC	
LEVOPHED INJ 1MG/ML	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)	1	
PHENYLEP HCL INJ 0.8/10ML	3	
PHENYLEP HCL INJ 1MG/10ML	3	
PHENYLEPHRIN INJ 0.4/10ML	3	
PHENYLEPHRIN INJ 0.8MG/10	3	
PHENYLEPHRIN INJ 1MG/10ML	3	
phenylephrine hcl iv soln 10 mg/ml	1	
VAZCULEP INJ 10MG/ML	3	
VITAMINS		
OIL SOLUBLE VITAMINS		
AQUASOL A INJ 50000/ML	3	
DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
MEPHYTON TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
phytonadione inj 1 mg/0.5ml (2 mg/ml)	1	
phytonadione inj 10 mg/ml	2	
phytonadione tab 5 mg	2	
WHEAT GERM OIL	3	
WATER SOLUBLE VITAMINS		
ascorbic acid inj 500 mg/ml	1	
niacin pow	3	
POTABA CAP 500MG	3	
potassium aminobenzoate packet 2 gm	1	
pyridoxine hcl inj 100 mg/ml	1	
thiamine hcl inj 100 mg/ml	1	

Index

1

1ML ALLR SYR MIS 27GX1/2 197
1ST CHOICE MIS LANCETS 189

A

abacavir sulfate soln 20 mg/ml (base equiv) 107
abacavir sulfate tab 300 mg (base equiv) 107
abacavir sulfate-lamivudine tab 600-300 mg 107
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg 107
ABELCET INJ 5MG/ML 66
ABILIFY MAIN INJ 300MG 105
ABILIFY MAIN INJ 400MG 105
ABILIFY MYCI TAB 10MG MNT 105
ABILIFY MYCI TAB 10MG STR 105
ABILIFY MYCI TAB 15MG MNT 105
ABILIFY MYCI TAB 15MG STR 105
ABILIFY MYCI TAB 20MG MNT 105
ABILIFY MYCI TAB 20MG STR 105
ABILIFY MYCI TAB 2MG MANT 105
ABILIFY MYCI TAB 2MG STRT 105
ABILIFY MYCI TAB 30MG MNT 105
ABILIFY MYCI TAB 30MG STR 106
ABILIFY MYCI TAB 5MG MANT 105
ABILIFY MYCI TAB 5MG STRT 105
ABILIFY TAB 10MG 106
ABILIFY TAB 15MG 106
ABILIFY TAB 20MG 106
ABILIFY TAB 2MG 106
ABILIFY TAB 30MG 106
ABILIFY TAB 5MG 106
abiraterone acetate tab 250 mg 87
abiraterone acetate tab 500 mg 87
ABRAXANE INJ 100MG 96
ABSORICA CAP 10MG 134
ABSORICA CAP 20MG 134
ABSORICA CAP 25MG 134
ABSORICA CAP 30MG 134
ABSORICA CAP 35MG 134
ABSORICA CAP 40MG 134
ABSORICA LD CAP 16MG 134
ABSORICA LD CAP 24MG 134
ABSORICA LD CAP 32MG 134
ABSORICA LD CAP 8MG 134
ABSTRAL SUB 100MCG 16
ABSTRAL SUB 200MCG 16
ABSTRAL SUB 400MCG 16
ABSTRAL SUB 600MCG 16
ABSTRAL SUB 800MCG 16
acamprosate calcium tab delayed release 333 mg 229
ACANYA GEL 1.2-2.5% 134
acarbose tab 100 mg 56
acarbose tab 25 mg 56
acarbose tab 50 mg 56
ACCOLATE TAB 10MG 37
ACCOLATE TAB 20MG 37
ACCU-CHEK MIS MLTICLIX 189
ACCU-CHEK TES AVIVA PL 150
ACCU-CHEK TES COMPACT 151
ACCU-CHEK TES SMART 151
ACCUPRIL TAB 10MG 72
ACCUPRIL TAB 20MG 72
ACCUPRIL TAB 40MG 72
ACCUPRIL TAB 5MG 72
ACCURETIC TAB 10-12.5 75
ACCURETIC TAB 20-12.5 75
ACCURETIC TAB 20-25MG 75
ACCUTREND TES GLUCOSE 151
ACD FORMULA SOL A 43
acebutolol hcl cap 200 mg 113
acebutolol hcl cap 400 mg 113
ACETADOTE INJ 200MG/ML 63
acetaminophen w/ codeine soln 120-12 mg/5ml 23
acetaminophen w/ codeine tab 300-15 mg 23
acetaminophen w/ codeine tab 300-30 mg 23
acetaminophen w/ codeine tab 300-60 mg 23
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 23
acetazolamide cap er 12hr 500 mg 155
acetazolamide sodium for inj 500 mg 155
acetazolamide tab 125 mg 155
acetazolamide tab 250 mg 155
acetic acid irrigation soln 0.25% 171

acetic acid otic soln 2% 223
acetylcysteine cap 600 mg 216
acetylcysteine inhal soln 10% 134
acetylcysteine inhal soln 20% 134
acetylcysteine inj 200 mg/ml 63
ACIPHEX SPR CAP 10MG 245
ACIPHEX SPR CAP 5MG 245
ACIPHEX TAB 20MG 245
acitretin cap 10 mg 140
acitretin cap 17.5 mg 140
acitretin cap 25 mg 140
ACTEMRA INJ 162/0.9 11
ACTEMRA INJ 200/10ML 11
ACTEMRA INJ 400/20ML 11
ACTEMRA INJ 80MG/4ML 11
ACTHAR INJ 80UNIT 158
ACTHIB INJ 248
ACTICLATE TAB 150MG 237
ACTICLATE TAB 75MG 237
ACTIGALL CAP 300MG 167
ACTI-LANCE MIS 28G 189
ACTI-LANCE MIS LITE 28G 189
ACTI-LANCE MIS SPEC 17G 189
ACTI-LANCE MIS UNIV 23G 189
ACTIMMUNE INJ 2MU/0.5 94
ACTIQ LOZ 1200MCG 16
ACTIQ LOZ 1600MCG 16
ACTIQ LOZ 200MCG 16
ACTIQ LOZ 400MCG 16
ACTIQ LOZ 600MCG 16
ACTIQ LOZ 800MCG 16
ACTIVASE INJ 100MG 177
ACTIVASE INJ 50MG 177
ACTIVE 1ST MIS LANC 30G 189
ACTIVE FE TAB 75-1.25 180
ACTIVELLA TAB 1-0.5MG 164
ACTONEL TAB 150MG 157
ACTONEL TAB 35MG 157
ACTOPLUS MET TAB 15-500MG 57
ACTOPLUS MET TAB 15-850MG 57
ACTOS TAB 15MG 61
ACTOS TAB 30MG 61
ACTOS TAB 45MG 61
ACUICYN SOL 149
ACULAR LS SOL 0.4% 222
ACULAR SOL 0.5% OP 222
ACURA TES BLD GLUC 151
ACUVAIL SOL 0.45% 222
acyclovir cap 200 mg 111
acyclovir cream 5% 142
acyclovir oint 5% 142
acyclovir sodium iv soln 50 mg/ml .. 111
acyclovir susp 200 mg/5ml 111
acyclovir tab 400 mg 111
acyclovir tab 800 mg 112
ACZONE GEL 5% 134
ACZONE GEL 7.5% 134
ADACEL INJ 242
ADAKVEO INJ 100/10ML 178
ADALAT CC TAB 30MG ER 115
ADALAT CC TAB 60MG ER 115
ADALAT CC TAB 90MG ER 115
adapalene cream 0.1% 134
adapalene gel 0.1% 134
adapalene gel 0.3% 134
adapalene-benzoyl peroxide gel 0.1-2.5% 134
ADASUVE INH 10MG 103
ADCETRIS INJ 50MG 86
ADCIRCA TAB 20MG 121
ADDERALL TAB 10MG 1
ADDERALL TAB 12.5MG 1
ADDERALL TAB 15MG 1
ADDERALL TAB 20MG 1
ADDERALL TAB 30MG 1
ADDERALL TAB 5MG 1
ADDERALL TAB 7.5MG 1
ADDERALL XR CAP 10MG 1
ADDERALL XR CAP 15MG 1
ADDERALL XR CAP 20MG 1
ADDERALL XR CAP 25MG 1
ADDERALL XR CAP 30MG 1
ADDERALL XR CAP 5MG 1
adefovir dipivoxil tab 10 mg 110
ADEMPAS TAB 0.5MG 122
ADEMPAS TAB 1.5MG 122
ADEMPAS TAB 1MG 122
ADEMPAS TAB 2.5MG 122
ADEMPAS TAB 2MG 122
ADENOCARD INJ 12MG/4ML 35
ADENOCARD INJ 3MG/ML 35
ADENOCARD INJ 6MG/2ML 35
adenosine iv soln 12 mg/4ml 35
adenosine iv soln 6 mg/2ml 35

ADHANSIA XR CAP 25MG 4
ADHANSIA XR CAP 35MG 4
ADHANSIA XR CAP 45MG 4
ADHANSIA XR CAP 55MG 5
ADHANSIA XR CAP 70MG 5
ADHANSIA XR CAP 85MG 5
ADIPEX-P CAP 37.5MG 3
ADIPEX-P TAB 37.5MG 3
ADLYXIN INJ 10/20MCG 60
ADLYXIN INJ 20MCG.....60
ADRENALIN INJ 1MG/ML 250
ADRENALIN INJ 30/30ML 250
ADRENALIN SOL 1:1000 214
adriamycin inj 10mg 89
adriamycin inj 200mg 89
adriamycin inj 20mg 89
adriamycin inj 50mg 89
adrucil inj 2.5/50ml 84
adrucil inj 5/100ml 84
adrucil inj 500/10ml 84
ADV TRAVEL MIS LANC 28G 189
ADVAIR DISKU AER 100/50 38
ADVAIR DISKU AER 250/50 38
ADVAIR DISKU AER 500/50 38
ADVAIR HFA AER 115/21 38
ADVAIR HFA AER 230/21 38
ADVAIR HFA AER 45/21 38
ADVANCE TES INTUITIO 151
ADVANCE TES MICRO-DW 151
ADVATE INJ 1000UNIT.....172
ADVATE INJ 1500UNIT.....172
ADVATE INJ 2000UNIT.....172
ADVATE INJ 250UNIT.....172
ADVATE INJ 3000UNIT.....173
ADVATE INJ 4000UNIT.....173
ADVATE INJ 500UNIT.....172
ADVCATE SAFE MIS LANC 26G.....189
ADVICOR TAB 1000-20 70
ADVICOR TAB 1000-40 70
ADVICOR TAB 500-20MG 70
ADVICOR TAB 750-20MG 70
ADVOCATE MIS LANC 30G.....189
ADVOCATE MIS LANCETS 189
ADVOCATE TES 151
ADVOCATE TES REDI-COD 151
ADVOCATE TES REDICODE.....151
ADYNOVATE INJ 1000UNIT.....173
ADYNOVATE INJ 1500UNIT.....173
ADYNOVATE INJ 2000UNIT.....173
ADYNOVATE INJ 250UNIT 173
ADYNOVATE INJ 3000UNIT.....173
ADYNOVATE INJ 500UNIT 173
ADYNOVATE INJ 750UNIT 173
ADZENYS ER SUS 1.25MG..... 1
ADZENYS XR TAB 12.5MG 1
ADZENYS XR TAB 15.7 MG 1
ADZENYS XR TAB 18.8MG 1
ADZENYS XR TAB 3.1MG..... 1
ADZENYS XR TAB 6.3MG..... 1
ADZENYS XR TAB 9.4MG..... 1
AEMCOLO TAB 194MG 28
AF LANCETS MIS THIN.....189
AFINITOR DIS TAB 2MG.....90
AFINITOR DIS TAB 3MG.....90
AFINITOR DIS TAB 5MG.....90
AFINITOR TAB 10MG 90
AFINITOR TAB 2.5MG 90
AFINITOR TAB 5MG 90
AFINITOR TAB 7.5MG 90
AFLURIA QUAD INJ 2020-21.....249
AFREZZA POW 4-8 UNIT 60
AFREZZA POW 4-8-12 60
AFREZZA POW 4UNIT 60
AFSTYLA KIT 1000UNIT 173
AFSTYLA KIT 1500UNIT 173
AFSTYLA KIT 2000UNIT 173
AFSTYLA KIT 2500UNIT 173
AFSTYLA KIT 250UNIT 173
AFSTYLA KIT 3000UNIT 173
AFSTYLA KIT 500UNIT 173
aftera tab 1.5mg 129
AGAMATRIX MIS 33G.....189
AGAMATRIX TES AMP 151
AGAMATRIX TES JAZZ 151
AGAMATRIX TES KEYNOTE 151
AGAMATRIX TES PRESTO 151
AGGRASTAT INJ 12.5/250 177
AGGRASTAT INJ 3.75/15.....177
AGGRASTAT INJ 5/100ML.....177
AGRYLIN CAP 0.5MG.....177
AIMOVIG INJ 70MG/ML 197
AIRDUO RESPI INH 113-14 38
AIRDUO RESPI INH 232-14 38
AIRDUO RESPI INH 55-14 38

AJOVY INJ 225/1.5 197
ak-fluor inj 10% op 222
AK-FLUOR INJ 25% OP 222
AKLIEF CRE 0.005% 134
AKOVAZ SOL 50MG/ML 251
AKTEN GEL 3.5% 220
AKYNZEO CAP 300-0.5..... 65
AKYNZEO INJ..... 65
ALA SCALP LOT 2% 142
ala-cort cre 1% 142
ala-cort cre 2.5% 142
ALA-QUIN CRE 3-0.5% 138
albendazole tab 200 mg 28
ALBENZA TAB 200MG 28
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) ... 38, 39
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 39
albuterol sulfate soln nebu 0.5% (5 mg/ml) 39
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 39
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 39
albuterol sulfate syrup 2 mg/5ml 39
albuterol sulfate tab 2 mg 39
albuterol sulfate tab 4 mg 39
albuterol sulfate tab er 12hr 4 mg 39
albuterol sulfate tab er 12hr 8 mg 39
alclometasone dipropionate cream 0.05% 142
alclometasone dipropionate oint 0.05% 142
ALCOHOL SWAB PAD 197
ALCORTIN A GEL 1-2-1% 138
ALDACTAZIDE TAB 25/25 155
ALDACTAZIDE TAB 50/50 155
ALDACTONE TAB 100MG 156
ALDACTONE TAB 25MG 156
ALDACTONE TAB 50MG 156
ALDARA CRE 5% 147
ALDURAZYME INJ 2.9MG/5M..... 160
ALECENSA CAP 150MG..... 90
alendronate sodium oral soln 70 mg/75ml 157
alendronate sodium tab 10 mg 157
alendronate sodium tab 35 mg 157
alendronate sodium tab 5 mg 157
alendronate sodium tab 70 mg 157
ALEVICYN SG GEL ANTIPRUR..... 148
alevicyn sol dermal 150
alfentanil hcl iv soln 1000 mcg/2ml (500 mcg/ml) (base eq) 16
alfentanil hcl iv soln 2500 mcg/5ml (500 mcg/ml) (base eq) 16
ALFENTANIL INJ 1000/2ML..... 16
alfentanil inj 2500/5ml 16
ALFENTANIL INJ 2500/5ML..... 16
ALFERON N INJ 5MU/ML..... 94
alfuzosin hcl tab er 24hr 10 mg 171
ALIMTA INJ 100MG..... 84
ALIMTA INJ 500MG..... 84
ALINIA SUS 100/5ML..... 29
ALINIA TAB 500MG 29
ALIQOPA INJ 60MG 90
aliskiren fumarate tab 150 mg (base equivalent) 80
aliskiren fumarate tab 300 mg (base equivalent) 80
ALKERAN INJ 50MG 82
ALKERAN TAB 2MG..... 82
allopurinol sodium for inj 500 mg ... 172
allopurinol tab 100 mg 172
allopurinol tab 300 mg 172
ALLZITAL TAB 25-325MG 15
almotriptan malate tab 12.5 mg 198
almotriptan malate tab 6.25 mg 198
ALOCRIL SOL 2% 222
alogliptin benzoate tab 12.5 mg (base equiv) 59
alogliptin benzoate tab 25 mg (base equiv) 59
alogliptin benzoate tab 6.25 mg (base equiv) 59
alogliptin-metformin hcl tab 12.5-1000 mg 57
alogliptin-metformin hcl tab 12.5-500 mg 57
alogliptin-pioglitazone tab 12.5-15 mg 57
alogliptin-pioglitazone tab 12.5-30 mg 57
alogliptin-pioglitazone tab 12.5-45 mg 57

alogliptin-pioglitazone tab 25-15 mg .57
alogliptin-pioglitazone tab 25-30 mg .57
alogliptin-pioglitazone tab 25-45 mg .57
ALOMIDE SOL 0.1% OP 222
ALOPRIM INJ 500MG 172
ALORA DIS 0.025MG 164
ALORA DIS 0.05MG 164
ALORA DIS 0.075MG 164
ALORA DIS 0.1MG 164
alosetron hcl tab 0.5 mg (base equiv) 168
alosetron hcl tab 1 mg (base equiv) 169
ALOXI INJ 0.25MG/5 64
ALPHAGAN P SOL 0.1% 219
ALPHAGAN P SOL 0.15% 219
ALPHANATE INJ VWF/HUM 173
ALPHANINE SD INJ 1000UNIT 173
ALPHANINE SD INJ 1500UNIT 173
ALPHANINE SD INJ 500UNIT 173
ALPRAZOLAM CON 1 MG/ML 34
alprazolam orally disintegrating tab 0.25 mg 34
alprazolam orally disintegrating tab 0.5 mg 34
alprazolam orally disintegrating tab 1 mg 34
alprazolam orally disintegrating tab 2 mg 34
alprazolam tab 0.25 mg 34
alprazolam tab 0.5 mg 34
alprazolam tab 0.5mg xr 34
alprazolam tab 1 mg 34
alprazolam tab 1mg xr 34
alprazolam tab 2 mg 34
alprazolam tab 2mg xr 34
alprazolam tab 3mg xr 34
alprazolam tab er 24hr 0.5 mg 34
alprazolam tab er 24hr 1 mg 34
alprazolam tab er 24hr 2 mg 34
alprazolam tab er 24hr 3 mg 34
ALPROLIX INJ 1000UNIT 173
ALPROLIX INJ 2000UNIT 173
ALPROLIX INJ 250UNIT 173
ALPROLIX INJ 3000UNIT 173
ALPROLIX INJ 4000UNIT 173
ALPROLIX INJ 500UNIT 173
alprostadil inj 500 mcg/ml 207
ALREX SUS 0.2% 220
ALTABAX OIN 1% 138
altacaine sol 0.5% op 220
ALTACE CAP 1.25MG 72
ALTACE CAP 10MG 72
ALTACE CAP 2.5MG 72
ALTACE CAP 5MG 72
altafluor sol 0.25-0.4 222
altafrin sol 10% op 218
altafrin sol 2.5% op 218
ALTOPREV TAB 20MG ER 70
ALTOPREV TAB 40MG ER 70
ALTOPREV TAB 60MG ER 70
ALTRENO LOT 0.05% 134
ALUNBRIG PAK 90
ALUNBRIG TAB 180MG 90
ALUNBRIG TAB 90MG 90
ALVESCO AER 160MCG 38
ALVESCO AER 80MCG 38
alyacen tab 1/35 125
alyacen tab 7/7/7 125
alyq tab 20mg 121
amabelz tab 0.5-0.1 164
amabelz tab 1-0.5mg 164
amantadine hcl cap 100 mg 97
amantadine hcl syrup 50 mg/5ml 97
amantadine hcl tab 100 mg 97
AMARYL TAB 1MG 61
AMARYL TAB 2MG 61
AMARYL TAB 4MG 62
AMBIEN CR TAB 12.5MG 182
AMBIEN CR TAB 6.25MG 182
AMBIEN TAB 10MG 182
AMBIEN TAB 5MG 182
AMBISOME INJ 50MG 66
ambrisentan tab 10 mg 121
ambrisentan tab 5 mg 121
amcinonide cream 0.1% 142
amcinonide lotion 0.1% 142
AMCINONIDE OIN 0.1% 142
AMELUZ GEL 10% 139
AMERGE TAB 1MG 198
AMERGE TAB 2.5MG 198
amethia lo tab 125
amethia tab 125
AMICAR SOL 0.25/ML 181
AMICAR TAB 1000MG 181

AMICAR TAB 500MG 181
AMIDATE INJ 2MG/ML 170
amikacin sulfate inj 1 gm/4ml (250 mg/ml) 8
amikacin sulfate inj 500 mg/2ml (250 mg/ml) 8
amiloride & hydrochlorothiazide tab 5-50 mg 155
amiloride hcl tab 5 mg 156
AMINO ACID INJ 5% 216
aminoam cap rms 216
aminocaproic acid inj 250 mg/ml 181
aminocaproic acid oral soln 0.25 gm/ml 181
aminocaproic acid tab 1000 mg 181
aminophylline inj 25 mg/ml 40
AMINOPROTECT INJ 5% 216
aminorelief cap rms 216
AMINOSYN II INJ 10% 216
AMINOSYN II INJ 15% 216
AMINOSYN INJ 10% 216
AMINOSYN-PF INJ 10% 216
AMINOSYN-PF INJ 7% 216
amiodarone hcl inj 150 mg/3ml (50 mg/ml) 36
amiodarone hcl inj 450 mg/9ml (50 mg/ml) 36
amiodarone hcl inj 900 mg/18ml (50 mg/ml) 36
amiodarone hcl tab 100 mg 36
amiodarone hcl tab 200 mg 36
amiodarone hcl tab 400 mg 36
AMITIZA CAP 24MCG 167
AMITIZA CAP 8MCG 167
amitriptyline hcl tab 10 mg 55
amitriptyline hcl tab 100 mg 55
amitriptyline hcl tab 150 mg 55
amitriptyline hcl tab 25 mg 55
amitriptyline hcl tab 50 mg 55
amitriptyline hcl tab 75 mg 55
amlodipine besylate tab 10 mg (base equivalent) 115
amlodipine besylate tab 2.5 mg (base equivalent) 115
amlodipine besylate tab 5 mg (base equivalent) 115
amlodipine besylate-atorvastatin calcium tab 10-10 mg 120
amlodipine besylate-atorvastatin calcium tab 10-20 mg 120
amlodipine besylate-atorvastatin calcium tab 10-40 mg 120
amlodipine besylate-atorvastatin calcium tab 10-80 mg 120
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 119
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 119
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 119
amlodipine besylate-atorvastatin calcium tab 5-10 mg 119
amlodipine besylate-atorvastatin calcium tab 5-20 mg 119
amlodipine besylate-atorvastatin calcium tab 5-40 mg 120
amlodipine besylate-atorvastatin calcium tab 5-80 mg 120
amlodipine besylate-benazepril hcl cap 10-20 mg 75
amlodipine besylate-benazepril hcl cap 10-40 mg 76
amlodipine besylate-benazepril hcl cap 2.5-10 mg 75
amlodipine besylate-benazepril hcl cap 5-10 mg 75
amlodipine besylate-benazepril hcl cap 5-20 mg 75
amlodipine besylate-benazepril hcl cap 5-40 mg 75
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 76
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 76
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 76
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 76
amlodipine besylate-valsartan tab 10-160 mg 76
amlodipine besylate-valsartan tab 10-320 mg 76

amlodipine besylate-valsartan tab 5-160 mg 76
amlodipine besylate-valsartan tab 5-320 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 76
AMMONUL INJ 10% 160
amnesteem cap 10mg 134
amnesteem cap 20mg 134
amoxapine tab 100 mg 55
amoxapine tab 150 mg 55
amoxapine tab 25 mg 55
amoxapine tab 50 mg 55
amoxicillin & k clavulanate chew tab 200-28.5 mg 227
amoxicillin & k clavulanate chew tab 400-57 mg 227
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 227
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 227
amoxicillin & k clavulanate for susp 400-57 mg/5ml 227
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 227
amoxicillin & k clavulanate tab 250-125 mg 227
amoxicillin & k clavulanate tab 500-125 mg 227
amoxicillin & k clavulanate tab 875-125 mg 227
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 227
amoxicillin (trihydrate) cap 250 mg 226
amoxicillin (trihydrate) cap 500 mg 226
amoxicillin (trihydrate) chew tab 125 mg 226
amoxicillin (trihydrate) chew tab 250 mg 226
amoxicillin (trihydrate) for susp 125 mg/5ml 226
amoxicillin (trihydrate) for susp 200 mg/5ml 226
amoxicillin (trihydrate) for susp 250 mg/5ml 226
amoxicillin (trihydrate) for susp 400 mg/5ml 226
amoxicillin (trihydrate) tab 500 mg 226
amoxicillin (trihydrate) tab 875 mg 226
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack 246
AMPHADASE INJ 150/ML 204
amphetamine extended release susp 1.25 mg/ml 1
amphetamine sulfate tab 10 mg 1
amphetamine sulfate tab 5 mg 1
amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 1
amphetamine-dextroamphetamine tab 12.5 mg 2
amphetamine-dextroamphetamine tab 15 mg 2
amphetamine-dextroamphetamine tab 20 mg 2
amphetamine-dextroamphetamine tab 30 mg 2
amphetamine-dextroamphetamine tab 5 mg 1

amphetamine-dextroamphetamine tab 7.5 mg 1
amphotericin b for iv soln 50 mg 66
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 227
ampicillin & sulbactam sodium for inj 3 (2-1) gm 227
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 227
ampicillin cap 500 mg 226
ampicillin sodium for inj 1 gm 226
ampicillin sodium for inj 125 mg 226
ampicillin sodium for inj 2 gm 226
ampicillin sodium for inj 250 mg 226
ampicillin sodium for inj 500 mg 226
ampicillin sodium for iv soln 1 gm ..226
ampicillin sodium for iv soln 10 gm.226
ampicillin sodium for iv soln 2 gm ..226
AMPYRA TAB 10MG.....231
AMRIX CAP 15MG.....212
AMRIX CAP 30MG.....212
AMVISC INJ 12MG/ML.....222
AMVISC PLUS INJ 16MG/ML.....222
AMYTAL SOD INJ 500MG 182
AMZEEQ AER 4% 134
ANACAINE OIN 148
ANADROL-50 TAB 50MG.....26
ANAFRANIL CAP 25MG 55
ANAFRANIL CAP 50MG 55
ANAFRANIL CAP 75MG 55
anagrelide hcl cap 0.5 mg 177
anagrelide hcl cap 1 mg 177
ANALPRAM HC CRE 2.5-1% 27
ANALPRAM-HC CRE 1-1%.....27
ANALPRAM-HC LOT 2.5% 27
ANALPRM SNGL CRE HC 2.5-1 27
ANASEPT SPR 106
ANASPAZ TAB 0.125MG 243
anastrozole tab 1 mg 87
ANAVIP INJ.....224
ANCOBON CAP 250MG 66
ANCOBON CAP 500MG 66
ANDEXXA SOL 200MG.....63
ANDRODERM DIS 2MG/24HR 26
ANDRODERM DIS 4MG/24HR 26
ANDROGEL GEL 1%(25MG) 26
ANDROGEL GEL 1%(50MG) 26
ANDROGEL GEL 1.62% 26
ANECTINE INJ 200/10ML.....215
ANECTINE INJ 20MG/ML 215
ANGELIQ TAB 0.25-0.5 164
ANGELIQ TAB 0.5-1MG 164
ANGIOMAX INJ 250MG.....43
ANNOVERA MIS 129
ANORO ELLIPT AER 62.5-25 39
ANTARA CAP 30MG.....69
ANTARA CAP 90MG.....69
ANTICOAG CIT SOL DEX SOL.....43
ANTICOAGULNT SOL SOD CITR.....43
ANUSOL-HC CRE 2.5% 28
anusol-hc sup 25mg 28
ANZEMET TAB 100MG.....64
ANZEMET TAB 50MG.....64
APEXICON E CRE 0.05% 142
APIDRA INJ SOLOSTAR 60
APIDRA INJ U-100.....60
APLENZIN TAB 174MG 51
APLENZIN TAB 348MG 51
APLENZIN TAB 522MG 51
APOKYN INJ 10MG/ML 97
apraclonidine hcl ophth soln 0.5% (base equivalent) 219
aprepitant capsule 125 mg 65
aprepitant capsule 40 mg 65
aprepitant capsule 80 mg 65
aprepitant capsule therapy pack 80 & 125 mg 65
apri tab 125
APRISO CAP 0.375GM.....168
APTENSIO XR CAP 10MG..... 5
APTENSIO XR CAP 15MG..... 5
APTENSIO XR CAP 20MG..... 5
APTENSIO XR CAP 30MG..... 5
APTENSIO XR CAP 40MG..... 5
APTENSIO XR CAP 50MG..... 5
APTENSIO XR CAP 60MG..... 5
APTIOM TAB 200MG 44
APTIOM TAB 400MG 44
APTIOM TAB 600MG 44
APTIOM TAB 800MG 44
APTIVUS CAP 250MG 107
APTIVUS SOL.....107
AQUALANCE MIS 30G 189
AQUASOL A INJ 50000/ML.....251

AQUORAL SPR 208
ARAKODA TAB 100MG 81
ARALAST NP INJ 1000MG 236
ARALAST NP INJ 500MG 236
aranelle tab 125
ARANESP INJ 100MCG 178
ARANESP INJ 10MCG 178
ARANESP INJ 150MCG 178
ARANESP INJ 200MCG 178
ARANESP INJ 25MCG 178
ARANESP INJ 300MCG 178
ARANESP INJ 40MCG 178
ARANESP INJ 500MCG 178
ARANESP INJ 60MCG 178
ARAVA TAB 10MG.....14
ARAVA TAB 20MG.....14
ARAZLO LOT 0.045% 134
ARCALYST INJ 220MG 11
ARCAPTA CAP 75MCG 39
ARESTIN MIS 1MG.....207
argatroban inj 100mg/ml 43
ARGATROBAN INJ 100MG/ML.....43
ARGATROBAN INJ 125/125.....43
argatroban inj 250 mg/2.5ml (concentrate for iv infusion) 43
ARGATROBAN INJ 50/50ML 43
ARGATROBAN INJ 50MG/50M 43
argyl saline sol 0.9% irr 171
argyl saline sol 100ml 206
ARICEPT TAB 10MG 229
ARICEPT TAB 23MG 229
ARICEPT TAB 5MG.....229
ARIKAYCE SUS..... 8
ARIMIDEX TAB 1MG.....87
aripiprazole oral solution 1 mg/ml ..106
aripiprazole orally disintegrating tab 10 mg 106
aripiprazole orally disintegrating tab 15 mg 106
aripiprazole tab 10 mg 106
aripiprazole tab 15 mg 106
aripiprazole tab 2 mg 106
aripiprazole tab 20 mg 106
aripiprazole tab 30 mg 106
aripiprazole tab 5 mg 106
ARISTADA INJ 1064MG 106
ARISTADA INJ 441MG/1.....106
ARISTADA INJ 662MG/2.....106
ARISTADA INJ 882MG/3.....106
ARISTADA INJ INITIO 106
ARIXTRA INJ 10/0.8ML 42
ARIXTRA INJ 2.5/0.5 42
ARIXTRA INJ 5/0.4ML 42
ARIXTRA INJ 7.5/0.6 42
armodafinil tab 150 mg 5
armodafinil tab 200 mg 5
armodafinil tab 250 mg 5
armodafinil tab 50 mg 5
ARMOUR THYRO TAB 120MG 239
ARMOUR THYRO TAB 15MG 239
ARMOUR THYRO TAB 180MG 239
ARMOUR THYRO TAB 240MG 239
ARMOUR THYRO TAB 300MG 239
ARMOUR THYRO TAB 30MG 239
ARMOUR THYRO TAB 60MG 239
ARMOUR THYRO TAB 90MG 239
ARNICA TIN FLOWER 149
ARNUITY ELPT INH 100MCG 38
ARNUITY ELPT INH 200MCG 38
ARNUITY ELPT INH 50MCG 38
AROMASIN TAB 25MG.....87
ARRANON INJ 5MG/ML.....84
ARTHROTEC 50 TAB 11
ARTHROTEC 75 TAB 11
articadent inj dental 185
ARTISS SOL 10ML 181
ARTISS SOL 2ML.....181
ARTISS SOL 4ML.....181
ARYMO ER TAB 15MG 16
ARYMO ER TAB 30MG 17
ARYMO ER TAB 60MG 17
ARZERRA CON 100/5ML.....86
arzol silver mis nitr app.....142
ASACOL HD TAB 800MG.....168
ASCLERA INJ 0.5%.....207
ASCLERA INJ 1% 207
ascomp/cod cap 30mg 23
ascorbic acid inj 500 mg/ml.....252
asenapine maleate sl tab 10 mg (base equiv) 103
asenapine maleate sl tab 2.5 mg (base equiv) 103
asenapine maleate sl tab 5 mg (base equiv) 103

ashlyna tab 125
ASMANEX 120 AER 220MCG 38
ASMANEX 14 AER 220MCG 38
ASMANEX 30 AER 110MCG 38
ASMANEX 30 AER 220MCG 38
ASMANEX 60 AER 220MCG 38
ASMANEX 7 AER 110MCG 38
ASMANEX HFA AER 100 MCG 38
ASMANEX HFA AER 200 MCG 38
ASPARLAS INJ 3750/5ML 94
aspirin-dipyridamole cap er 12hr 25-200 mg 177
ASSURE 3 TES 151
ASSURE 4 TES 151
ASSURE CMFRT MIS 28G 189
ASSURE II TES 151
ASSURE II TES CHECK 151
ASSURE LANCE MIS 21G 189
ASSURE LANCE MIS LOW FLOW 189
ASSURE LANCE MIS MICRO 189
ASSURE LANCE MIS SAFE 25G 189
ASSURE LANCE MIS SAFE 30G 189
ASSURE MIS LANCETS 189
ASSURE PLUS MIS HIGH 18G 189
ASSURE PLUS MIS LOW 25G 189
ASSURE PLUS MIS MCRO 28G 189
ASSURE PLUS MIS NORM 21G 189
ASSURE PLUS MIS PEDIATRI 189
ASSURE PRISM TES MULTI 151
ASSURE PRO TES 151
ASSURE TES PLATINUM 151
ASTAGRAF XL CAP 0.5MG 205
ASTAGRAF XL CAP 1MG 205
ASTAGRAF XL CAP 5MG 205
ASTEPRO SPR 0.15% 214
ASTRINGYN SOL 259MG/GM 181
AT LAST MIS LANCETS 189
AT LAST TES 151
ATABEX EC TAB 209
ATACAND HCT TAB 16-12.5 76
ATACAND HCT TAB 32-12.5 76
ATACAND HCT TAB 32-25MG 76
ATACAND TAB 16MG 74
ATACAND TAB 32MG 74
ATACAND TAB 4MG 73
ATACAND TAB 8MG 73
atazanavir sulfate cap 150 mg (base equiv) 107
atazanavir sulfate cap 200 mg (base equiv) 107
atazanavir sulfate cap 300 mg (base equiv) 107
ATELVIA TAB 157
atenolol & chlorthalidone tab 100-25 mg 76
atenolol & chlorthalidone tab 50-25 mg 76
atenolol tab 100 mg 113
atenolol tab 25 mg 113
atenolol tab 50 mg 113
ATGAM INJ 250MG 205
ATIVAN INJ 2MG/ML 34
ATIVAN INJ 4MG/ML 34
ATIVAN TAB 0.5MG 34
ATIVAN TAB 1MG 34
ATIVAN TAB 2MG 34
atomoxetine hcl cap 10 mg (base equiv) 4
atomoxetine hcl cap 100 mg (base equiv) 4
atomoxetine hcl cap 18 mg (base equiv) 4
atomoxetine hcl cap 25 mg (base equiv) 4
atomoxetine hcl cap 40 mg (base equiv) 4
atomoxetine hcl cap 60 mg (base equiv) 4
atomoxetine hcl cap 80 mg (base equiv) 4
ATOPICLAIR CRE 148
atorvastatin calcium tab 10 mg (base equivalent) 70
atorvastatin calcium tab 20 mg (base equivalent) 70
atorvastatin calcium tab 40 mg (base equivalent) 70
atorvastatin calcium tab 80 mg (base equivalent) 70
atovaquone susp 750 mg/5ml 29
atovaquone-proguanil hcl tab 250-100 mg 81

atovaquone-proguanil hcl tab 62.5-25 mg 81
atracurium besylate iv soln 100 mg/10ml 215
atracurium besylate preservative free (pf) iv soln 50 mg/5ml 215
ATRALIN GEL 0.05% 134
ATRIPLA TAB 107
ATROPEN INJ 0.25MG 243
ATROPEN INJ 0.5MG 243
ATROPEN INJ 1MG 243
ATROPEN INJ 2MG 243
ATROPINE SUL INJ 1/2.5ML 243
atropine sul sol 1% op 218
ATROPINE SUL SOL 1% OP 218
atropine sulfate inj 0.4 mg/ml 243
atropine sulfate inj 1 mg/ml 243
atropine sulfate inj 8 mg/20ml (0.4 mg/ml) 243
ATROPINE SULFATE OPHTH OINT 1% 218
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml) 243
atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml) 243
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml) 243
ATROVENT HFA AER 17MCG 37
AUBAGIO TAB 14MG 231
AUBAGIO TAB 7MG 231
aubra tab 0.1-0.02 125
AUGMENTIN SUS 125/5ML 227
AUGMENTIN SUS 250/5ML 227
AUGMENTIN SUS ES-600 227
AUGMENTIN TAB 500MG 227
AURORA LANCE MIS 30G 189
AURORA LANCE MIS THIN 23G 189
AURYXIA TAB 210MG 169
AUSTEDO TAB 12MG 231
AUSTEDO TAB 6MG 231
AUSTEDO TAB 9MG 231
AUTO LANCET MIS 189
AUTOCODE TES BLD GLUC 151
AUTOLET PLAT MIS 1.8MM 189
AUTOLET PLAT MIS 2.4MM 189
AUTOLET PLAT MIS 3.0MM 189
AUVI-Q INJ 0.15MG 250
AUVI-Q INJ 0.3MG 250
AVALIDE TAB 150-12.5 76
AVALIDE TAB 300-12.5 76
AVANDIA TAB 2MG 61
AVANDIA TAB 4MG 61
AVAPRO TAB 150MG 74
AVAPRO TAB 300MG 74
AVAPRO TAB 75MG 74
avar cleanse emu 10-5% 135
AVAR LS LIQ 10-2% 135
avar-e emoll cre 10-5% 135
avar-e green cre 10-5% 135
AVAR-E LS CRE 10-2% 135
AVASTIN INJ 85
AVASTIN INJ 400/16ML 85
AVC CRE 15% 249
AVEED INJ 750/3ML 26
AVELOX INJ 166
AVENOVA SOL 0.01% 149
aviane tab 125
avidoxy tab 100mg 237
avita cre 0.025% 135
avita gel 0.025% 135
AVODART CAP 0.5MG 171
AVONEX PEN KIT 30MCG 231
AVONEX PREFL KIT 30MCG 231
av-phos 250 tab neutral 202
AVYCAZ INJ 2-0.5GM 122
AYGESTIN TAB 5MG 228
azacitidine for inj 100 mg 84
AZACTAM INJ 1GM 31
AZACTAM INJ 2GM 31
AZASAN TAB 100MG 205
AZASAN TAB 75 MG 205
AZASITE SOL 1% 219
AZATHIOPRINE INJ 100MG 205
azathioprine tab 50 mg 205
AZEDRA DOSIM INJ 15MCI/ML 94
AZEDRA THERA INJ 15MCI/ML 94
azelaic acid gel 15% 149
azelastine hcl nasal spray 0.1% (137 mcg/spray) 214
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) 214
azelastine hcl ophth soln 0.05% 222
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act 214

AZELEX CRE 20% 135
AZILECT TAB 0.5MG 100
AZILECT TAB 1MG 100
azithromycin for susp 100 mg/5ml . 187
azithromycin for susp 200 mg/5ml . 187
azithromycin iv for soln 500 mg 187
azithromycin powd pack for susp 1 gm 187
azithromycin tab 250 mg 187
azithromycin tab 500 mg 187
azithromycin tab 600 mg 187
AZOPT SUS 1% OP 222
AZOR TAB 10-20MG 76
AZOR TAB 10-40MG 76
AZOR TAB 5-20MG 76
AZOR TAB 5-40MG 76
aztreonam for inj 1 gm 31
aztreonam for inj 2 gm 31
AZULFIDINE TAB 500MG 168
AZULFIDINE TAB 500MG EN 168
azurette tab 28 day 125
B
bac tab 15
bacitracin-polymyxin b ophth oint ... 219
bacitracin-polymyxin-neomycin-hc ophth oint 1% 220
baclofen tab 10 mg 212
baclofen tab 20 mg 212
bacteriostatic sodium chloride inj soln 0.9% 228
BACTERIOSTATIC SODIUM CHLORIDE INJ SOLN 0.9% 228
BACTRIM DS TAB 800-160 29
BACTRIM TAB 400-80MG 29
BAL IN OIL INJ 100MG/ML 63
bal salt sol op 222
balsalazide disodium cap 750 mg ... 168
BALVERSA TAB 3MG 90
BALVERSA TAB 4MG 90
BALVERSA TAB 5MG 90
balziva tab 125
BANZEL SUS 40MG/ML 44
BANZEL TAB 200MG 44
BANZEL TAB 400MG 44
BAQSIMI ONE POW 3MG/DOSE 59
BARACLUDE SOL 110
BARACLUDE TAB 0.5MG 110
BARACLUDE TAB 1MG 110
BARHEMSYS INJ 10MG/4ML 65
BASAGLAR INJ 100UNIT 60
BAVENCIO INJ 20MG/ML 86
BAXDELA INJ 300MG 166
BAXDELA TAB 450MG 166
BAYER BREEZE MIS 2 TEST 151
BAYER MICRLT MIS LANCETS 189
BD LANCET UF MIS 30G 189
BD LANCET UF MIS 33G 189
BD MICROTAIN MIS LANCETS 189
BD PEN NEEDL MIS 29GX12.7 197
BEAU RX GEL 150
BECONASE AQ SUS 0.042% 214
bekyree tab 125
BELBUCA MIS 150MCG 25
BELBUCA MIS 300MCG 25
BELBUCA MIS 450MCG 25
BELBUCA MIS 600MCG 25
BELBUCA MIS 750MCG 25
BELBUCA MIS 75MCG 25
BELBUCA MIS 900MCG 25
BELEODAQ INJ 500MG 90
BELLA/OPIUM SUP 16.2-30 243
BELLA/OPIUM SUP 16.2-60 243
BELRAPZO SOL 100/4ML 82
BELSOMRA TAB 10MG 184
BELSOMRA TAB 15MG 184
BELSOMRA TAB 20MG 184
BELSOMRA TAB 5MG 184
benazep/hctz tab 5-6.25 76
benazepril & hydrochlorothiazide tab 10-12.5 mg 76
benazepril & hydrochlorothiazide tab 20-12.5 mg 76
benazepril & hydrochlorothiazide tab 20-25 mg 77
benazepril & hydrochlorothiazide tab 5-6.25 mg 76
benazepril hcl tab 10 mg 72
benazepril hcl tab 20 mg 72
benazepril hcl tab 40 mg 72
benazepril hcl tab 5 mg 72
BENDEKA INJ 100/4ML 82
BENEFIX INJ 1000UNIT 173
BENEFIX INJ 2000UNIT 173
BENEFIX INJ 250UNIT 173

BENEFIX INJ 3000UNIT 173
BENEFIX INJ 500UNIT 173
BENICAR HCT TAB 20-12.5 77
BENICAR HCT TAB 40-12.5 77
BENICAR HCT TAB 40-25MG 77
BENICAR TAB 20MG 74
BENICAR TAB 40MG 74
BENICAR TAB 5MG 74
BENLYSTA INJ 120MG 207
BENLYSTA INJ 200MG/ML 207
BENLYSTA INJ 400MG 207
BENSAL HP OIN 147
BENTYL INJ 10MG/ML 243
BENZAC AC LIQ 5% WASH 135
BENZACLIN GEL 1-5% 135
BENZACLIN GEL 1-5%PUMP 135
BENZALKONIUM SOL 50% 106
BENZALKONIUM SOL NF 106
BENZAMYCIN GEL 5-3% 135
benzepro aer 5.3% 135
benzepro liq creamy 135
benzepro mis 6% 135
BENZNIDAZOLE TAB 100MG 28
BENZNIDAZOLE TAB 12.5MG 28
BENZOIN TIN NF 149
benzonatate cap 100 mg 133
benzonatate cap 150 mg 133
benzonatate cap 200 mg 133
benzoyl peroxide foam 9.8% 135
benzoyl peroxide-erythromycin gel 5-3% 135
benzphetamine hcl tab 25 mg 3
benzphetamine hcl tab 50 mg 3
benztropine mesylate inj 1 mg/ml 97
benztropine mesylate tab 0.5 mg 97
benztropine mesylate tab 1 mg 97
benztropine mesylate tab 2 mg 97
BEOVU INJ 6/0.05ML 218
BEPREVE DRO 1.5% 222
BERINERT INJ 500UNIT 176
BESIVANCE SUS 0.6% 219
BESPONSA INJ 0.9MG 86
BETADINE SOL 5% OP 219
BETAMETH COM INJ 7MG/ML 130
BETAMETH SOD INJ 12MG/2ML 130
BETAMETH SOD INJ 6MG/ML 130
betamethasone dipropionate augmented cream 0.05% 142
betamethasone dipropionate augmented gel 0.05% 142
betamethasone dipropionate augmented lotion 0.05% 142
betamethasone dipropionate augmented oint 0.05% 142
betamethasone dipropionate cream 0.05% 142
betamethasone dipropionate lotion 0.05% 142
betamethasone dipropionate oint 0.05% 142
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml 130
betamethasone valerate aerosol foam 0.12% 143
betamethasone valerate cream 0.1% (base equivalent) 143
betamethasone valerate lotion 0.1% (base equivalent) 143
betamethasone valerate oint 0.1% (base equivalent) 143
BETAPACE AF TAB 120MG 114
BETAPACE AF TAB 160MG 114
BETAPACE AF TAB 80MG 114
BETAPACE TAB 120MG 114
BETAPACE TAB 160MG 114
BETAPACE TAB 80MG 114
BETASERON INJ 0.3MG 231
betaxolol hcl ophth soln 0.5% 217
betaxolol hcl tab 10 mg 113
betaxolol hcl tab 20 mg 113
bethanechol chloride tab 10 mg 248
bethanechol chloride tab 25 mg 248
bethanechol chloride tab 5 mg 248
bethanechol chloride tab 50 mg 248
BETHKIS NEB 300/4ML 8
BETIMOL SOL 0.25% 217
BETIMOL SOL 0.5% 217
BETOPTIC-S SUS 0.25% OP 217
BEVACIZUMAB INJ 2.75MG 218
BEVACIZUMAB INJ 3.75MG 218
BEVESPI AER 9-4.8MCG 39
BEVYXXA CAP 40MG 41
BEVYXXA CAP 80MG 41

bexarotene cap 75 mg 94
BEXSERO INJ.....248
BEYAZ TAB.....125
BG STAR TES BLD GLUC.....151
bicalutamide tab 50 mg 87
BICILLIN C-R INJ 1200000 227
BICILLIN C-R INJ 900/300.....227
BICILLIN L-A INJ 1200000.....226
BICILLIN L-A INJ 2400000.....226
BICILLIN L-A INJ 600000 226
BICNU INJ 100MG 82
BIDIL TAB 120
BIJUVA CAP 1-100MG 164
BIKTARVY TAB.....107
BILTRICIDE TAB 600MG.....28
bimatoprost ophth soln 0.03%.....223
BINOSTO TAB 70MG.....157
bio glo tes 1mg op.....222
BIOSCANNER TES GLUCOSE.....151
BIO-STATIN CAP 1000000.....66
BIO-STATIN CAP 500000.....66
bio-statin pow.....66
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 77
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 77
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 77
bisoprolol fumarate tab 10 mg 113
bisoprolol fumarate tab 5 mg.....113
BIVALIR/NACL INJ 250/50.....43
BIVALIR/NACL INJ 500/100 43
BIVALIRUDIN SOL RTU 43
bivalirudin trifluoroacetate for iv soln 250 mg (base equiv).....43
BIVIGAM INJ 10% 224
bleomycin sulfate for inj 15 unit 89
bleomycin sulfate for inj 30 unit 89
BLEPH-10 SOL 10% OP.....219
BLEPHAMIDE OIN S.O.P. 220
BLEPHAMIDE SUS OP.....220
BLINCYTO INJ 35MCG.....86
blisovi 24 tab fe 1/20.....125
blisovi fe tab 1.5/30 125
BLOOD GLUCOS TES.....151
BLOOD GLUCOS TES PREMIUM 151
BLOOD GLUCOS TES STRIPS 151
BLOXIVERZ INJ 10/10ML.....81
BLOXIVERZ INJ 5MG/10ML.....81
BONIVA INJ 3MG/3ML.....157
BONIVA TAB 150MG 157
BONJESTA TAB 20-20MG.....65
BOOSTRIX INJ 242
BORTEZOMIB INJ 3.5MG 90
BOSULIF TAB 100MG.....90
BOSULIF TAB 500MG.....90
BOTOX INJ 100UNIT.....215
BOTOX INJ 200UNIT.....215
bp 10-1 emu 135
bp cleansing emu 10-4% 135
bp foam aer 5.3% 135
bp wash liq 2.5% 135
bp wash liq 7% 135
BRAFTOVI CAP 75MG.....90
BREEZE 2 MIS TEST 151
BREO ELLIPTA INH 100-25 39
BREO ELLIPTA INH 200-25 39
BREVIBLOC INJ 10MG/ML.....113
BREVIBLOC SOL.....113
BREVIBLOC SOL 10MG/ML.....113
BREVITAL SOD INJ 500MG 170
BREXAFEMME TAB 150MG 66
BREZTRI AERO AER SPHERE.....39
BRIDION SOL 200/2ML 63
BRIDION SOL 500/5ML 63
briellyn tab.....125
BRILINTA TAB 60MG.....177
BRILINTA TAB 90MG.....177
BRIMO/DORZO SOL 0.15-2% 219
brimonidine tartrate ophth soln 0.15% 219
brimonidine tartrate ophth soln 0.2% 219
BRINEURA KIT 150/5ML.....160
BRISDELLE CAP 7.5MG 236
BRIVIACT INJ 50MG/5ML 44
BRIVIACT SOL 10MG/ML 45
BRIVIACT TAB 100MG.....45
BRIVIACT TAB 10MG 45
BRIVIACT TAB 25MG 45
BRIVIACT TAB 50MG 45
BRIVIACT TAB 75MG 45
bromfed dm syp.....133

bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 222
bromocriptine mesylate cap 5 mg (base equivalent) 98
bromocriptine mesylate tab 2.5 mg (base equivalent) 98
BROMSITE DRO 0.075% 222
BRONCHITOL CAP 40MG 236
BROVANA NEB 15MCG 39
BRUKINSA CAP 80MG 90
BRYHALI LOT 0.01%.....143
BSS PLUS SOL OP 222
bss sol op.....222
BSS SOL OP 222
budesonide delayed release particles cap 3 mg.....130
budesonide inhalation susp 0.25 mg/2ml.....38
budesonide inhalation susp 0.5 mg/2ml 38
budesonide inhalation susp 1 mg/2ml 38
budesonide tab er 24hr 9 mg.....130
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 39
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 39
BULLSEYE MIS LANCETS 189
BULLSEYE MIS MINI LNC.....189
bumetanide inj 0.25 mg/ml 156
bumetanide tab 0.5 mg.....156
bumetanide tab 1 mg 156
bumetanide tab 2 mg 156
BUMEX TAB 0.5MG 156
BUMEX TAB 1MG.....156
BUMEX TAB 2MG.....156
BUNAVAIL MIS 2.1-0.3 25
BUNAVAIL MIS 4.2-0.7 25
BUNAVAIL MIS 6.3-1MG.....25
BUPHENYL POW 160
BUPHENYL TAB 500MG.....160
bupivacaine 0.75% in dextrose inj 8.25%.....186
bupivacaine hcl inj 0.25% 186
bupivacaine hcl inj 0.5% 186
bupivacaine hcl preservative free (pf) inj 0.25% 186
bupivacaine hcl preservative free (pf) inj 0.5%.....186
bupivacaine hcl preservative free (pf) inj 0.75%.....186
BUPIVACAINE INJ 0.125%.....186
bupivacaine inj 0.25% w/ epinephrine 1:200000 185
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf).....185
bupivacaine inj 0.5% w/ epinephrine 1:200000 185
bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf).....185
bupivacaine inj spinal 186
BUPRENEX INJ 0.3MG/ML.....25
buprenorphine hcl inj 0.3 mg/ml (base equiv) 25
buprenorphine hcl sl tab 2 mg (base equiv) 25
buprenorphine hcl sl tab 8 mg (base equiv) 25
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 25
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 25
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 25
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 25
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 25
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 25
buprenorphine td patch weekly 10 mcg/hr.....26
buprenorphine td patch weekly 15 mcg/hr.....26
buprenorphine td patch weekly 20 mcg/hr.....26
buprenorphine td patch weekly 5 mcg/hr.....25
buprenorphine td patch weekly 7.5 mcg/hr.....25
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....233
bupropion hcl tab 100 mg 51
bupropion hcl tab 75 mg 51

bupropion hcl tab er 12hr 100 mg 51
bupropion hcl tab er 12hr 150 mg 51
bupropion hcl tab er 12hr 200 mg 51
bupropion hcl tab er 24hr 150 mg 51
bupropion hcl tab er 24hr 300 mg 51
bupropion hcl tab er 24hr 450 mg 51
buspirone hcl tab 10 mg.....33
buspirone hcl tab 15 mg.....33
buspirone hcl tab 30 mg.....33
buspirone hcl tab 5 mg 33
buspirone hcl tab 7.5 mg.....33
busulfan inj 6 mg/ml 82
BUSULFEX INJ 6MG/ML 82
BUT/ASA/CAF TAB.....15
BUTAL/APAP CAP 50-300MG 15
butalbital-acetaminophen cap 50-300 mg 15
butalbital-acetaminophen tab 50-325 mg 15
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg 23
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg 24
butalbital-acetaminophen-caffeine cap 50-300-40 mg.....15
butalbital-acetaminophen-caffeine cap 50-325-40 mg.....15
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....15
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....24
butalbital-aspirin-caffeine cap 50-325-40 mg 15
BUTISOL SOD TAB 30MG 182
butorphanol tartrate inj 1 mg/ml.....26
butorphanol tartrate inj 2 mg/ml.....26
butorphanol tartrate nasal soln 10 mg/ml.....26
BUTRANS DIS 10MCG/HR.....26
BUTRANS DIS 15MCG/HR.....26
BUTRANS DIS 20MCG/HR.....26
BUTRANS DIS 5MCG/HR.....26
BUTRANS DIS 7.5/HR 26
BYDUREON PEN INJ 2MG.....60
BYETTA INJ 10MCG.....60
BYETTA INJ 5MCG 60
BYLVAY CAP 1200MCG 168
BYLVAY CAP 200MCG.....168
BYLVAY CAP 400MCG.....168
BYLVAY CAP 600MCG.....168
BYSTOLIC TAB 10MG 113
BYSTOLIC TAB 2.5MG 113
BYSTOLIC TAB 20MG 113
BYSTOLIC TAB 5MG.....113

C

CABENUVA SUS 400-600 107
CABENUVA SUS 600-900 107
cabergoline tab 0.5 mg 163
CABOMETYX TAB 20MG.....90
CABOMETYX TAB 40MG.....90
CABOMETYX TAB 60MG.....90
CADUET TAB 10-10MG.....120
CADUET TAB 10-20MG.....120
CADUET TAB 10-40MG.....120
CADUET TAB 10-80MG.....120
CADUET TAB 5-10MG 120
CADUET TAB 5-20MG 120
CADUET TAB 5-40MG 120
CADUET TAB 5-80MG 120
CAFCIT INJ 60MG/3ML..... 3
CAFERGOT TAB 1-100MG 197
caffeine & sodium benzoate inj 125-125 mg/ml (500 mg/2ml)..... 3
caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv) 3
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)..... 3
CALAN SR TAB 120MG 115
CALAN SR TAB 180MG 115
CALAN SR TAB 240MG 115
CALCIFOL WAF 199
calcipotriene cream 0.005% 140
calcipotriene foam 0.005%.....140
calcipotriene oint 0.005%.....140
calcipotriene soln 0.005% (50 mcg/ml) 140
calcipotriene-betamethasone dipropionate oint 0.005-0.064%..143
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.143
calcitonin (salmon) nasal soln 200 unit/act 157
calcitrene oin 0.005% 140
calcitriol cap 0.25 mcg 160

calcitriol cap 0.5 mcg 160
calcitriol inj 1 mcg/ml 160
calcitriol oint 3 mcg/gm 140
calcitriol oral soln 1 mcg/ml 160
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 169
calcium acetate (phosphate binder) tab 667 mg 169
calcium chloride inj 10% 199
CALCIUM DISO INJ 1GM/5ML 63
calcium gluc inj 10% 199
calcium gluconate inj 10% 199
CALCIUM-FA WAF PLUS D 199
CALDOLOR INJ 4MG/ML 11
CALDOLOR INJ 800/8ML 11
CALQUENCE CAP 100MG 90
CAMBIA POW 50MG 198
camila tab 0.35mg 129
CAMPATH INJ 30MG/ML 86
CAMPTOSAR INJ 100/5ML 97
CAMPTOSAR INJ 300/15ML 97
CAMPTOSAR INJ 40MG/2ML 97
camrese lo tab 125
camrese tab 125
CANASA SUP 1000MG 168
CANCIDAS INJ 50MG 66
CANCIDAS INJ 70MG 66
candesartan cilexetil tab 16 mg 74
candesartan cilexetil tab 32 mg 74
candesartan cilexetil tab 4 mg 74
candesartan cilexetil tab 8 mg 74
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 77
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 77
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg . 77
CAPASTAT SUL INJ 1GM 82
capecitabine tab 150 mg 84
capecitabine tab 500 mg 84
CAPEX SHA 0.01% 143
CAPHOSOL SOL 208
CAPLYTA CAP 42MG 101
CAPRELSA TAB 100MG 91
CAPRELSA TAB 300MG 91
captopril & hydrochlorothiazide tab 25-15 mg 77
captopril & hydrochlorothiazide tab 25-25 mg 77
captopril & hydrochlorothiazide tab 50-15 mg 77
captopril & hydrochlorothiazide tab 50-25 mg 77
captopril tab 100 mg 72
captopril tab 12.5 mg 72
captopril tab 25 mg 72
captopril tab 50 mg 72
CARAC CRE 0.5% 139
CARAFATE SUS 1GM/10ML 245
CARAFATE TAB 1GM 245
carb/levo tab 10-100mg 98
carb/levo tab 25-100mg 98
carb/levo tab 25-250mg 98
CARBAGLU TAB 200MG 160
carbamazepine cap er 12hr 100 mg .. 45
carbamazepine cap er 12hr 200 mg .. 45
carbamazepine cap er 12hr 300 mg .. 45
carbamazepine chew tab 100 mg 45
carbamazepine susp 100 mg/5ml 45
carbamazepine tab 200 mg 45
carbamazepine tab er 12hr 100 mg .. 45
carbamazepine tab er 12hr 200 mg .. 45
carbamazepine tab er 12hr 400 mg .. 45
CARBATROL CAP 100MG 45
CARBATROL CAP 200MG 45
CARBATROL CAP 300MG 45
carbidopa & levodopa orally disintegrating tab 10-100 mg 98
carbidopa & levodopa orally disintegrating tab 25-100 mg 98
carbidopa & levodopa orally disintegrating tab 25-250 mg 98
carbidopa & levodopa tab 10-100 mg 98
carbidopa & levodopa tab 25-100 mg 98
carbidopa & levodopa tab 25-250 mg 98
carbidopa & levodopa tab er 25-100 mg 98
carbidopa & levodopa tab er 50-200 mg 98
carbidopa tab 25 mg 97
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 98

carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 98
carbidopa-levodopa-entacapone tabs 25-100-200 mg 98
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 98
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 98
carbidopa-levodopa-entacapone tabs 50-200-200 mg 98
carbinoxamin tab 6mg 67
carbinoxamine maleate soln 4 mg/5ml 67
carbinoxamine maleate tab 4 mg 67
CARBOCAINE INJ 1% 186
CARBOCAINE INJ 1% PF 186
CARBOCAINE INJ 1.5% PF 186
CARBOCAINE INJ 2% 186
CARBOCAINE INJ 2% PF 186
carboplatin iv soln 150 mg/15ml 83
carboplatin iv soln 450 mg/45ml 83
carboplatin iv soln 50 mg/5ml 83
carboplatin iv soln 600 mg/60ml 83
CARDENE IV INJ 40/200ML 115
CARDENE IV SOL 20/200ML 115
cardioplegic soln 119
CARDIOVID CAP PLUS 216
CARDIZEM CD CAP 120MG/24 115
CARDIZEM CD CAP 180MG/24 115
CARDIZEM CD CAP 240MG/24 115
CARDIZEM CD CAP 360MG/24 115
CARDIZEM LA TAB 120MG 115
CARDIZEM LA TAB 180MG 115
CARDIZEM LA TAB 240MG 116
CARDIZEM LA TAB 300MG/24 116
CARDIZEM LA TAB 360MG 116
CARDIZEM LA TAB 420MG/24 116
CARDIZEM TAB 120MG 116
CARDIZEM TAB 30MG 116
CARDIZEM TAB 60MG 116
CARDURA TAB 1MG 74
CARDURA TAB 2MG 74
CARDURA TAB 4MG 74
CARDURA TAB 8MG 75
CARDURA XL TAB 4MG 171
CARDURA XL TAB 8MG 171
CAREONE LANC MIS 30G 189
CAREONE LANC MIS THIN 23G 189
CARESENS N TES 151
CARIMUNE NF INJ 6GM 224
carisoprodol tab 250 mg 212
carisoprodol tab 350 mg 212
carisoprodol w/ aspirin & codeine tab 200-325-16 mg 213
carisoprodol w/ aspirin tab 200-325 mg 213
carmustine for inj 100 mg 83
CARNITOR INJ 1GM/5ML 160
CARNITOR SF SOL 1GM/10ML 160
CARNITOR SOL 1GM/10ML 160
CARNITOR TAB 330MG 161
CAROSPIR SUS 25MG/5ML 157
carteolol hcl ophth soln 1% 217
cartia xt cap 120/24hr 116
cartia xt cap 180/24hr 116
cartia xt cap 240/24hr 116
cartia xt cap 300/24hr 116
carvedilol phosphate cap er 24hr 10 mg 112
carvedilol phosphate cap er 24hr 20 mg 112
carvedilol phosphate cap er 24hr 40 mg 112
carvedilol phosphate cap er 24hr 80 mg 112
carvedilol tab 12.5 mg 112
carvedilol tab 25 mg 112
carvedilol tab 3.125 mg 112
carvedilol tab 6.25 mg 112
CASCARA EXT SAGRADA 185
CASODEX TAB 50MG 88
caspofungin acetate for iv soln 50 mg 66
caspofungin acetate for iv soln 70 mg 66
CATAPRES TAB 0.1MG 75
CATAPRES TAB 0.2MG 75
CATAPRES TAB 0.3MG 75
CATAPRES-TTS DIS 0.1/24HR 75
CATAPRES-TTS DIS 0.2/24HR 75
CATAPRES-TTS DIS 0.3/24HR 75
CATHFLO ACTI INJ 2MG 177
CAYA DPR 188
CAYSTON INH 75MG 31

caziant pak 125
cefaclor cap 250 mg 123
cefaclor cap 500 mg 123
CEFACLOR ER TAB 500MG 123
cefaclor for susp 125 mg/5ml 123
cefaclor for susp 250 mg/5ml 123
cefaclor for susp 375 mg/5ml 123
cefadroxil cap 500 mg 122
cefadroxil for susp 250 mg/5ml 122
cefadroxil for susp 500 mg/5ml 122
cefadroxil tab 1 gm 122
CEFAZOL/DEX SOL 1GM 122
CEFAZOL/DEX SOL 2GM 122
CEFAZOLIN INJ 100GM 122
CEFAZOLIN INJ 1GM/50ML 122
CEFAZOLIN INJ 300GM 122
cefazolin sodium for inj 1 gm 122
cefazolin sodium for inj 10 gm 122
cefazolin sodium for inj 500 mg 122
cefazolin sodium for iv soln 1 gm ... 122
CEFAZOLIN SOL 122
cefdinir cap 300 mg 123
cefdinir for susp 125 mg/5ml 123
cefdinir for susp 250 mg/5ml 123
cefepime hcl for inj 1 gm 124
cefepime hcl for inj 2 gm 124
CEFEPIME INJ 1GM 124
CEFEPIME INJ 2G/100ML 124
CEFEPIME/DEX INJ 1GM 124
CEFEPIME/DEX INJ 2GM 124
cefixime cap 400 mg 123
cefixime for susp 100 mg/5ml 123
cefixime for susp 200 mg/5ml 123
CEFOTAN INJ 1GM/10ML 123
CEFOTAN INJ 2GM 123
cefotaxime sodium for inj 1 gm 123
cefotaxime sodium for inj 500 mg .. 123
CEFOTET/DEX INJ 1-3.58% 123
CEFOTET/DEX INJ 2-2.08% 123
cefotetan disodium for inj 1 gm 123
cefotetan disodium for inj 2 gm 123
CEFOXITIN INJ 1GM 123
CEFOXITIN INJ 2GM 123
cefoxitin sodium for inj 10 gm 123
cefoxitin sodium for iv soln 1 gm 123
cefoxitin sodium for iv soln 2 gm 123
cefpodoxime proxetil for susp 100 mg/5ml 124
cefpodoxime proxetil for susp 50 mg/5ml 123
cefpodoxime proxetil tab 100 mg ... 124
cefpodoxime proxetil tab 200 mg ... 124
cefprozil for susp 125 mg/5ml 123
cefprozil for susp 250 mg/5ml 123
cefprozil tab 250 mg 123
cefprozil tab 500 mg 123
ceftazidime for inj 1 gm 124
ceftazidime for inj 2 gm 124
ceftazidime for inj 6 gm 124
CEFTAZIDIME/ SOL D5W 1GM 124
CEFTAZIDIME/ SOL D5W 2GM 124
CEFTRIAX/DEX INJ 1GM 124
CEFTRIAX/DEX INJ 2GM 124
CEFTRIAXONE INJ 100GM 124
ceftriaxone sodium for inj 1 gm 124
ceftriaxone sodium for inj 10 gm 124
ceftriaxone sodium for inj 2 gm 124
ceftriaxone sodium for inj 250 mg .. 124
ceftriaxone sodium for inj 500 mg .. 124
ceftriaxone sodium for iv soln 1 gm 124
ceftriaxone sodium for iv soln 2 gm 124
ceftriaxone sodium in dextrose inj 20 mg/ml 124
ceftriaxone sodium in dextrose inj 40 mg/ml 124
cefuroxime axetil tab 250 mg 123
cefuroxime axetil tab 500 mg 123
cefuroxime sodium for inj 7.5 gm ... 123
cefuroxime sodium for inj 750 mg .. 123
cefuroxime sodium for iv soln 1.5 gm 123
celacyn gel 150
CELEBREX CAP 100MG 11
CELEBREX CAP 200MG 11
CELEBREX CAP 400MG 11
CELEBREX CAP 50MG 11
celecoxib cap 100 mg 11
celecoxib cap 200 mg 11
celecoxib cap 400 mg 11
celecoxib cap 50 mg 11
CELESTONE INJ SOLUSPAN 130
CELEXA TAB 10MG 52
CELEXA TAB 20MG 52

CELEXA TAB 40MG 52
CELLCEPT CAP 250MG 205
CELLCEPT IV INJ 500MG 205
CELLCEPT SUS 200MG/ML.....205
CELLCEPT TAB 500MG 205
CELONTIN CAP 300MG.....50
CENTANY OIN 2% 138
cephalexin cap 250 mg 122
cephalexin cap 500 mg 122
cephalexin cap 750 mg 123
cephalexin for susp 125 mg/5ml 123
cephalexin for susp 250 mg/5ml 123
cephalexin tab 250 mg.....123
cephalexin tab 500 mg.....123
CEPROTIN INJ 1000UNIT.....176
CEPROTIN INJ 500 UNIT 176
CERACADE EMU 148
CERAMAX CRE 148
CERDELGA CAP 84MG 178
CEREBYX INJ 100/2ML 49
CEREBYX INJ 500/10ML 49
CEREZYME INJ 400UNIT.....178
CERVIDIL VAG MIS 10MG INS.....224
CETACAINE AER 148
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....67
CETRAXAL SOL 0.2% 223
CETROTIDE KIT 0.25MG.....159
cevimeline hcl cap 30 mg 208
CHANTIX PAK 0.5& 1MG.....233
CHANTIX PAK 1MG 233
CHANTIX TAB 0.5MG 233
CHANTIX TAB 1MG 233
charlotte 24 chw fe 1/20 125
chateal tab 0.15/30 125
CHEMET CAP 100MG.....63
CHENODAL TAB 250MG.....167
chloramphenicol sodium succinate for iv inj 1 gm 30
chlordiazepoxide hcl cap 10 mg.....34
chlordiazepoxide hcl cap 25 mg.....34
chlordiazepoxide hcl cap 5 mg 34
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 243
chlordiazepoxide-amitriptyline tab 10-25 mg 231
chlordiazepoxide-amitriptyline tab 5-12.5 mg 231
CHLORHEX GLU SOL 20% 106
chlorhexidine gluconate soln 0.12% 207
chloroprocaine hcl preservative free (pf) inj 2% 187
chloroprocaine hcl preservative free (pf) inj 3% 187
chloroquine phosphate tab 250 mg...81
chloroquine phosphate tab 500 mg...81
chlorothiazide sodium for inj 500 mg 157
chlorothiazide tab 500 mg 157
chlorpromazine hcl inj 25 mg/ml 104
CHLORPROMAZINE HCL INJ 25 MG/ML 104
chlorpromazine hcl inj 50 mg/2ml ..104
CHLORPROMAZINE HCL INJ 50 MG/2ML 104
chlorpromazine hcl tab 10 mg.....104
chlorpromazine hcl tab 100 mg 104
chlorpromazine hcl tab 200 mg 104
chlorpromazine hcl tab 25 mg.....104
chlorpromazine hcl tab 50 mg.....104
chlorthalidone tab 25 mg 157
chlorthalidone tab 50 mg 157
CHLORZOXAZON TAB 250MG.....212
chlorzoxazone tab 375 mg.....212
chlorzoxazone tab 500 mg.....212
chlorzoxazone tab 750 mg.....212
CHOLBAM CAP 250MG 167
CHOLBAM CAP 50MG 167
cholestyramine light powder 4 gm/dose 69
cholestyramine light powder packets 4 gm 69
cholestyramine powder 4 gm/dose ...69
*cholestyramine powder packets 4 gm*69
choline & magnesium salicylates liq 500 mg/5ml.....16
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 69
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 69
chor gonadot inj 10000unt 158
chromagen cap 180

chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr) 203
CIALIS TAB 10MG..... 120
CIALIS TAB 2.5MG 120
CIALIS TAB 20MG..... 120
CIALIS TAB 5MG 120
ciclodan sol 8%..... 138
CICLODAN SOL KIT 8%..... 138
ciclopirox gel 0.77% 138
ciclopirox olamine cream 0.77% (base equiv) 138
ciclopirox olamine susp 0.77% (base equiv) 138
ciclopirox shampoo 1% 138
ciclopirox solution 8%..... 138
cidofovir iv inj 75 mg/ml 110
cilostazol tab 100 mg..... 177
cilostazol tab 50 mg 177
CILOXAN OIN 0.3% OP 219
CILOXAN SOL 0.3% OP 219
CIMDUO TAB 300-300 107
cimetidine hcl soln 300 mg/5ml..... 244
cimetidine tab 200 mg 244
cimetidine tab 300 mg 244
cimetidine tab 400 mg 244
cimetidine tab 800 mg 244
CIMZIA KIT 200MG..... 168
CIMZIA PREFL KIT 200MG/ML 168
CIMZIA START KIT 200MG/ML 168
cinacalcet hcl tab 30 mg (base equiv) 161
cinacalcet hcl tab 60 mg (base equiv) 161
cinacalcet hcl tab 90 mg (base equiv) 161
CINQAIR INJ.....37
CINRYZE SOL 500 UNIT 176
CIPRO (10%) SUS 500MG/5 166
CIPRO (5%) SUS 250MG/5..... 166
CIPRO HC SUS OTIC..... 224
CIPRO TAB 250MG 166
CIPRO TAB 500MG 166
CIPRODEX SUS 0.3-0.1%..... 224
ciprofloxacin 200 mg/100ml in d5w 166
ciprofloxacin 400 mg/200ml in d5w 166
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 219
ciprofloxacin hcl otic soln 0.2% (base equivalent) 223
ciprofloxacin hcl tab 100 mg (base equiv) 166
ciprofloxacin hcl tab 250 mg (base equiv) 166
ciprofloxacin hcl tab 500 mg (base equiv) 166
ciprofloxacin hcl tab 750 mg (base equiv) 166
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 224
cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml) 215
cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml) 215
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)..... 215
cisplatin inj 100 mg/100ml (1 mg/ml) 83
cisplatin inj 200 mg/200ml (1 mg/ml) 83
cisplatin inj 50 mg/50ml (1 mg/ml) ..83
citalopram hydrobromide oral soln 10 mg/5ml.....52
citalopram hydrobromide tab 10 mg (base equiv) 52
citalopram hydrobromide tab 20 mg (base equiv) 52
citalopram hydrobromide tab 40 mg (base equiv) 52
CITANEST FOR INJ DENT 4%..... 185
CITANEST INJ PLAIN 4%..... 186
CITRANATAL CAP HARMONY 209
CITRANATAL CAP MEDLEY 209
CITRANATAL MIS 90 DHA..... 209
CITRANATAL MIS B-CALM 209
CITRANATAL PAK ASSURE..... 209
CITRANATAL PAK DHA 209
CITRANATAL PAK ESSENCE 209
CITRANATAL TAB BLOOM 209
CITRANATAL TAB RX 209
cladribine iv soln 10 mg/10ml (1 mg/ml) 84
claravis cap 10mg 135
claravis cap 20mg 135
claravis cap 30mg 135

claravis cap 40mg 135
CLARINEX TAB 5MG..... 67
CLARINEX-D TAB 2.5-120 133
clarithromycin for susp 125 mg/5ml 188
clarithromycin for susp 250 mg/5ml 188
clarithromycin tab 250 mg..... 188
clarithromycin tab 500 mg..... 188
clarithromycin tab er 24hr 500 mg . 188
CLEANLET 28G MIS LANCETS..... 189
clemastine fumarate tab 2.68 mg 67
CLENPIQ SOL..... 184
CLEOCIN CAP 150MG..... 31
CLEOCIN CAP 300MG..... 31
CLEOCIN CAP 75MG..... 31
CLEOCIN CRE 2% VAG..... 249
CLEOCIN PED SOL 75MG/5ML..... 31
CLEOCIN PHOS INJ 300/2ML 31
CLEOCIN PHOS INJ 600/4ML 31
CLEOCIN PHOS INJ 900/6ML 31
CLEOCIN PHOS INJ 9GM/60ML..... 31
CLEOCIN SUP 100MG..... 249
CLEOCIN-T GEL 1%..... 135
CLEOCIN-T LOT 1%..... 135
CLEVER CHECK MIS..... 189
CLEVER CHECK MIS 30G 189
CLEVER CHEK TES..... 151
CLEVER CHEK TES AUTO CD 151
CLEVER CHEK TES VOICE..... 151
CLEVER CHOIC TES MICRO..... 151
CLEVIPREX EMU 25/50ML..... 116
CLEVIPREX EMU 50/100ML..... 116
CLEVR CHOICE TES AUTO-CD 151
CLIMARA DIS 0.025MG 164
CLIMARA DIS 0.0375MG 165
CLIMARA DIS 0.05MG..... 164
CLIMARA DIS 0.06MG..... 164
CLIMARA DIS 0.075MG 164
CLIMARA DIS 0.1MG..... 164
CLIMARA PRO DIS WEEKLY..... 164
clindacin mis etz 1%..... 135
clindacin-p pad 1%..... 135
CLINDAGEL GEL 1% 135
clindamycin hcl cap 150 mg..... 31
clindamycin hcl cap 300 mg..... 31
clindamycin hcl cap 75 mg 31
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 31
clindamycin phosphate foam 1%.... 135
clindamycin phosphate gel 1%..... 135
clindamycin phosphate in d5w iv soln 300 mg/50ml..... 31
clindamycin phosphate in d5w iv soln 600 mg/50ml..... 31
clindamycin phosphate in d5w iv soln 900 mg/50ml..... 31
clindamycin phosphate inj 300 mg/2ml 31
clindamycin phosphate inj 600 mg/4ml 31
clindamycin phosphate inj 9 gm/60ml 31
clindamycin phosphate inj 900 mg/6ml 31
clindamycin phosphate lotion 1% ... 135
clindamycin phosphate soln 1% 135
clindamycin phosphate swab 1%.... 135
clindamycin phosphate vaginal cream 2% 249
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 135
clindamycin phosphate-benzoyl peroxide gel 1-5%..... 135
clindamycin phosphate-tretinoin gel 1.2-0.025%..... 135
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%..... 135
CLINDESSE CRE 2% 249
CLINIMIX E INJ 2.75/D5W..... 216
CLINIMIX E INJ 4.25/D10..... 216
CLINIMIX E INJ 4.25/D5W..... 216
CLINIMIX E INJ 5%/D15W..... 216
CLINIMIX E INJ 5%/D20W..... 216
CLINIMIX INJ 4.25/D10 216
CLINIMIX INJ 4.25/D25 216
CLINIMIX INJ 4.25/D5W 216
CLINIMIX INJ 5%/D15W 216
CLINIMIX INJ 5%/D20W 217
CLINIMIX INJ 5%/D25W 217
CLINIMIX INJ 8/10 217
CLINIMIX INJ 8/14 217
clinisol sf inj 15%..... 217
clobazam suspension 2.5 mg/ml 44
clobazam tab 10 mg 44
clobazam tab 20 mg 44

clobetasol propionate cream 0.05% 143
clobetasol propionate emulsion foam 0.05% 143
clobetasol propionate foam 0.05% . 143
clobetasol propionate gel 0.05% 143
clobetasol propionate lotion 0.05% . 143
clobetasol propionate oint 0.05% ... 143
clobetasol propionate shampoo 0.05% 143
clobetasol propionate soln 0.05% ... 143
clobetasol propionate spray 0.05% . 143
CLOBEX LOT 0.05% 143
CLOBEX SHA 0.05% 143
CLOBEX SPR 0.05% 143
clocortolone pivalate cream 0.1% ... 143
clodan sha 0.05% 143
CLODERM CRE 0.1% 143
CLOLAR INJ 1MG/ML 84
clomiphene citrate tab 50 mg 158
clomipramine hcl cap 25 mg 55
clomipramine hcl cap 50 mg 55
clomipramine hcl cap 75 mg 55
clonazepam orally disintegrating tab 0.125 mg 44
clonazepam orally disintegrating tab 0.25 mg 44
clonazepam orally disintegrating tab 0.5 mg 44
clonazepam orally disintegrating tab 1 mg 44
clonazepam orally disintegrating tab 2 mg 44
clonazepam tab 0.5 mg 44
clonazepam tab 1 mg 44
clonazepam tab 2 mg 44
clonidine hcl inj (for epidural infusion) 100 mcg/ml 16
clonidine hcl inj (for epidural infusion) 500 mcg/ml 16
clonidine hcl tab 0.1 mg 75
clonidine hcl tab 0.2 mg 75
clonidine hcl tab 0.3 mg 75
clonidine hcl tab er 12hr 0.1 mg 4
clonidine td patch weekly 0.1 mg/24hr 75
clonidine td patch weekly 0.2 mg/24hr 75
clonidine td patch weekly 0.3 mg/24hr 75
clopidogrel bisulfate tab 300 mg (base equiv) 177
clopidogrel bisulfate tab 75 mg (base equiv) 177
clorazepate dipotassium tab 15 mg .. 34
clorazepate dipotassium tab 3.75 mg 34
clorazepate dipotassium tab 7.5 mg . 34
clotrimazole cream 1% 138
clotrimazole soln 1% 138
clotrimazole troche 10 mg 207
clotrimazole w/ betamethasone cream 1-0.05% 138
clotrimazole w/ betamethasone lotion 1-0.05% 138
clozapine orally disintegrating tab 100 mg 103
clozapine orally disintegrating tab 12.5 mg 103
clozapine orally disintegrating tab 150 mg 103
clozapine orally disintegrating tab 200 mg 103
clozapine orally disintegrating tab 25 mg 103
clozapine tab 100 mg 103
clozapine tab 200 mg 103
clozapine tab 25 mg 103
clozapine tab 50 mg 103
CLOZARIL TAB 100MG 103
CLOZARIL TAB 25MG 103
C-NATE DHA CAP 28-1-200 209
COAGADEX INJ 250UNIT 173
COAGADEX INJ 500UNIT 173
COAGUCHEK MIS LANCETS 190
COARTEM TAB 20-120MG 81
COCAINE HCL SOL 40MG/ML 214
CODEINE SULF TAB 60MG 17
codeine sulfate tab 30 mg 17
CODEINE SULFATE TAB 30 MG 17
codeine sulfate tab 60 mg 17
COGENTIN INJ 1MG/ML 97
COLAZAL CAP 750MG 168
colchicine cap 0.6 mg 172
colchicine tab 0.6 mg 172

colchicine w/ probenecid tab 0.5-500 mg 172
COLCRYS TAB 0.6MG 172
colesevelam hcl packet for susp 3.75 gm 69
colesevelam hcl tab 625 mg 69
COLESTID FLA GRA 5/7.5GM 69
COLESTID FLA GRA 5GM 69
COLESTID GRA 5GM 69
COLESTID POW 5GM 69
COLESTID TAB 1GM..... 69
colestipol hcl granule packets 5 gm .. 69
colestipol hcl granules 5 gm..... 69
colestipol hcl tab 1 gm 69
colistimethate sod for inj 150 mg (colistin base activity) 32
colocort ene 100mg 27
COLY-MYCIN M INJ 150MG 32
COLY-MYCIN S SUS OTIC 224
COLYTE/FLAVR SOL PACKS..... 184
COMBIGAN SOL 0.2/0.5% 217
COMBIPATCH DIS..... 164
COMBIVENT AER 20-100 39
COMBIVIR TAB 150-300..... 107
COMETRIQ KIT 100MG..... 91
COMETRIQ KIT 140MG..... 91
COMETRIQ KIT 60MG..... 91
COMFORT ASSU MIS LANC 28G..... 190
COMFORT ASSU MIS LANC 33G..... 190
COMFORT MIS LANCETS..... 190
COMFORTOUCH MIS LANCET 190
COMPLERA TAB..... 107
COMPLETE NAT PAK DHA 209
COMPLETENATE CHW..... 209
compro sup 25mg 105
COMTAN TAB 200MG 97
CO-NATAL FA TAB 29-1MG 209
CONCEPT DHA CAP..... 209
CONCEPT OB CAP..... 209
CONCERTA TAB 18MG..... 5
CONCERTA TAB 27MG..... 5
CONCERTA TAB 36MG..... 5
CONCERTA TAB 54MG..... 5
CONDYLOX GEL 0.5% 147
CONFIRM/MICR TES GLUCOSE 151
CONSENSI TAB 10-200MG..... 115
CONSENSI TAB 2.5-200 115
CONSENSI TAB 5-200MG 115
constulose sol 10gm/15 184
CONTOUR TES BLD GLUC 151
CONTOUR TES NEXT..... 151
CONTRAVE TAB 8-90MG..... 3
CONTROL AST TES 151
CONTROL TES..... 151
CONZIP CAP 100MG 17
CONZIP CAP 200MG 17
CONZIP CAP 300MG 17
COOL BLOOD TES GLUCOSE 151
COPAXONE INJ 20MG/ML 231
COPAXONE INJ 40MG/ML 232
COPIKTRA CAP 15MG..... 91
COPIKTRA CAP 25MG..... 91
CORDRAN 80X3 TAP 4MCG/CM 143
CORDRAN CRE 0.025%..... 143
CORDRAN CRE 0.05%..... 143
CORDRAN LOT 0.05%..... 143
CORDRAN OIN 0.05%..... 143
COREG CR CAP 10MG 112
COREG CR CAP 20MG 112
COREG CR CAP 40MG 113
COREG CR CAP 80MG 113
COREG TAB 12.5MG 113
COREG TAB 25MG 113
COREG TAB 3.125MG 113
COREG TAB 6.25MG 113
coremino tab 135mg 237
coremino tab 45mg 237
coremino tab 90mg 237
CORGARD TAB 20MG..... 114
CORGARD TAB 40MG..... 114
CORGARD TAB 80MG..... 114
CORIFACT KIT 173
CORLANOR SOL 5MG/5ML 122
CORLANOR TAB 5MG 122
CORLANOR TAB 7.5MG 122
CORTANE-B LOT 143
CORTEF TAB 10MG..... 130
CORTEF TAB 20MG..... 130
CORTEF TAB 5MG..... 130
CORTENEMA ENE 100MG..... 27
CORTIFOAM AER 90MG..... 27
cortisone acetate tab 25 mg 130
CORTISPORIN CRE 0.5%..... 138
CORTISPORIN OIN 1% 138

CORVERT INJ 1MG/10ML.....36
corvita 150 tab 180
CORVITE 150 TAB 180
CORVITE FE TAB 180
COSELA INJ 300MG 95
COSENTYX INJ 150MG/ML 140
COSENTYX INJ 300DOSE.....140
COSENTYX INJ 75MG/0.5 140
COSENTYX PEN INJ 150MG/ML.....140
COSENTYX PEN INJ 300DOSE 140
COSMEGEN INJ 0.5MG 89
COSOPT PF SOL 2%-0.5%.....217
COSOPT SOL 22.3-6.8 217
cosyntropin for inj 0.25 mg 150
COTELLIC TAB 20MG 91
COTEMPLA TAB 17.3MG 5
COTEMPLA TAB 25.9MG 5
COTEMPLA TAB 8.6MG 5
COUMADIN TAB 10MG 41
COUMADIN TAB 1MG 41
COUMADIN TAB 2.5MG 41
COUMADIN TAB 2MG 41
COUMADIN TAB 3MG 41
COUMADIN TAB 4MG 41
COUMADIN TAB 5MG 41
COUMADIN TAB 6MG 41
COUMADIN TAB 7.5MG 41
COZAAR TAB 100MG.....74
COZAAR TAB 25MG 74
COZAAR TAB 50MG 74
CREON CAP 12000UNT.....155
CREON CAP 24000UNT.....155
CREON CAP 3000UNIT 155
CREON CAP 36000UNT.....155
CREON CAP 6000UNIT 155
CRESEMBA CAP 186 MG 66
CRESEMBA INJ 372MG 66
CRESTOR TAB 10MG.....70
CRESTOR TAB 20MG.....70
CRESTOR TAB 40MG.....70
CRESTOR TAB 5MG.....70
CRINONE GEL 4% VAG 250
CRINONE GEL 8% VAG 250
CRIXIVAN CAP 200MG 107
CRIXIVAN CAP 400MG 107
cromolyn sodium ophth soln 4% 222
cromolyn sodium oral conc 100 mg/5ml 167
cromolyn sodium soln nebu 20 mg/2ml 37
crotan lot 10%.....150
cryselle-28 tab 28 tabs 125
CRYSVITA INJ 10MG/ML.....161
CRYSVITA INJ 20MG/ML.....161
CRYSVITA INJ 30MG/ML.....161
c-topical sol 4% 148
CUBICIN RF SOL 500MG 30
CUBICIN SOL 500MG.....30
cupric chloride inj 0.4 mg/ml (elemental) 203
CUPRIMINE CAP 250MG 204
curity salin sol 0.9% irr.....171
CUROSURF SUS 120/1.5 237
CUROSURF SUS 240/3ML.....237
CUTAQUIG SOL 1.65GM 224
CUTAQUIG SOL 1GM.....224
CUTAQUIG SOL 2GM.....224
CUTAQUIG SOL 3.3GM.....224
CUTAQUIG SOL 4GM.....224
CUTAQUIG SOL 8GM.....224
CUTIVATE LOT 0.05%.....143
CUVITRU INJ 2GM/10ML 224
CUVITRU INJ 4GM/20ML 224
CUVITRU INJ 8GM/40ML 224
CUVITRU SOL 1GM/5ML.....224
CUVPOSA SOL 1MG/5ML 243
CVS ADVANCED TES GLUCOSE 151
CVS LANCETS MIS 21G.....190
CVS LANCETS MIS 30G.....190
CVS LANCETS MIS 33G.....190
CVS LANCETS MIS ORIGINAL 190
CVS LANCETS MIS THIN 26G.....190
CVS LANCETS MIS THIN 30G.....190
CVS LANCETS MIS THIN 33G.....190
cvs nicotine dis 14mg/24h.....233
cvs nicotine dis 7mg/24hr 233
cvs nicotine gum 2mg cinn 233
cvs nicotine gum 2mg mint 233
cvs nicotine gum 2mg orig 233
cvs nicotine gum 2mgfruit.....233
cvs nicotine gum 4mg cinn 233
cvs nicotine gum 4mg mint 233
cvs nicotine gum 4mg orig 233

cvs nicotine gum 4mgfruit 233
cvs nicotine loz 4mg mint 233
cvs nts dis step 1 233
cyanocobalamin inj 1000 mcg/ml ... 178
CYANOKIT INJ 5GM 63
cyclafem tab 1/35 125
cyclafem tab 7/7/7 125
cyclobenzaprine hcl cap er 24hr 15 mg 212
cyclobenzaprine hcl cap er 24hr 30 mg 212
cyclobenzaprine hcl tab 10 mg 212
cyclobenzaprine hcl tab 5 mg 212
cyclobenzaprine hcl tab 7.5 mg 212
CYCLOGYL SOL 0.5% OP 218
CYCLOGYL SOL 1% OP 218
CYCLOGYL SOL 2% OP 218
CYCLOMYDRIL SOL OP 218
cyclopentolate hcl ophth soln 0.5% 218
cyclopentolate hcl ophth soln 1% ... 218
cyclopentolate hcl ophth soln 2% ... 218
cyclophosphamide cap 25 mg 83
CYCLOPHOSPHAMIDE CAP 25 MG 83
cyclophosphamide cap 50 mg 83
CYCLOPHOSPHAMIDE CAP 50 MG 83
cyclophosphamide for inj 1 gm 83
cyclophosphamide for inj 2 gm 83
cyclophosphamide for inj 500 mg 83
cycloserine cap 250 mg 82
CYCLOSET TAB 0.8MG 59
cyclosporine cap 100 mg 205
cyclosporine cap 25 mg 205
cyclosporine iv soln 50 mg/ml 205
cyclosporine modified cap 100 mg .. 205
cyclosporine modified cap 25 mg 205
cyclosporine modified cap 50 mg 205
cyclosporine modified oral soln 100 mg/ml 205
CYKLOKAPRON INJ 100MG/ML 181
CYMBALTA CAP 20MG 54
CYMBALTA CAP 30MG 54
CYMBALTA CAP 60MG 54
cyproheptadine hcl syrup 2 mg/5ml .. 68
cyproheptadine hcl tab 4 mg 68
CYRAMZA INJ 100/10ML 86
CYRAMZA INJ 500/50ML 86
cyred tab 125
CYSTADANE POW 161
CYSTAGON CAP 150MG 171
CYSTAGON CAP 50MG 171
CYSTARAN SOL 0.44% 222
cysteine hcl inj 50 mg/ml 217
cytarabine inj 20 mg/ml 84
cytarabine inj pf 100 mg/ml 84
cytarabine inj pf 20 mg/ml 84
CYTOGAM INJ 224
CYTOMEL TAB 25MCG 239
CYTOMEL TAB 50MCG 239
CYTOMEL TAB 5MCG 239
CYTOTEC TAB 100MCG 246
CYTOTEC TAB 200MCG 246
CYTOVENE INJ 500MG 110
cytra k gra crystals 170

D

D.H.E. 45 INJ 1MG/ML 198
D10W/NACL INJ 0.2% 200
d2.5w/nacl inj 0.45% 200
D5W/LYTES INJ #48 200
D5W/NACL INJ 0.3% 200
dacarbazine for inj 100 mg 94
dacarbazine for inj 200 mg 94
DACOGEN INJ 50MG 84
dalfampridine tab er 12hr 10 mg 232
DALIRESP TAB 250MCG 38
DALIRESP TAB 500MCG 38
DALVANCE SOL 500MG 30
danazol cap 100 mg 26
danazol cap 200 mg 26
danazol cap 50 mg 26
DANTRIUM CAP 25MG 213
DANTRIUM CAP 50MG 213
DANTRIUM IV INJ 20MG 213
dantrolene sodium cap 100 mg 213
dantrolene sodium cap 25 mg 213
dantrolene sodium cap 50 mg 213
dapsone gel 5% 135
dapsone gel 7.5% 136
dapsone tab 100 mg 31
dapsone tab 25 mg 31
DAPTACEL INJ 242
daptomycin for iv soln 350 mg 30
daptomycin for iv soln 500 mg 30
DAPTOMYCIN SOL 350MG 30
DARAPRIM TAB 25MG 81

darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 247
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 247
DARZALEX SOL 100MG/5M.....86
DARZALEX SOL 400MG/20 86
dasetta tab 1/35 125
dasetta tab 7/7/7 125
daunorubicin hcl iv soln 20 mg/4ml (base equiv) 89
DAUNORUBICIN INJ 20MG/4ML.....89
DAUNORUBICIN INJ 50MG.....89
DAURISMO TAB 100MG.....87
DAURISMO TAB 25MG.....87
DAYPRO TAB 600MG.....11
daysee tab 125
DAYTRANA DIS 10MG/9HR 5
DAYTRANA DIS 15MG/9HR 5
DAYTRANA DIS 20MG/9HR 5
DAYTRANA DIS 30MG/9HR 5
D-CARE BLOOD TES GLUCOSE.....151
DDAVP INJ 4MCG/ML.....162
DDAVP SOL 0.01%.....162
DDAVP SPR 0.01% 162
DDAVP TAB 0.1MG 162
DDAVP TAB 0.2MG 162
DEBACTEROL SOL 30-50%.....207
deblitane tab 0.35mg.....129
decitabine for inj 50 mg 84
deferasirox granules packet 180 mg .63
deferasirox granules packet 360 mg .63
deferasirox granules packet 90 mg ...63
deferasirox tab 180 mg 63
deferasirox tab 360 mg 63
deferasirox tab 90 mg.....63
deferasirox tab for oral susp 125 mg 63
deferasirox tab for oral susp 250 mg 63
deferasirox tab for oral susp 500 mg 63
deferiprone tab 500 mg 63
deferoxamine mesylate for inj 2 gm..63
deferoxamine mesylate for inj 500 mg 64
DEFITELIO INJ 200/2.5 41
DELESTROGEN INJ 10MG/ML.....165
DELESTROGEN INJ 20MG/ML.....165
DELESTROGEN INJ 40MG/ML.....165
DELSTRIGO TAB.....107
delyla tab 0.1-0.02.....125
DELZICOL CAP 400MG 168
demeclocycline hcl tab 150 mg 237
demeclocycline hcl tab 300 mg 237
DEMEROL INJ 100/2ML 17
DEMEROL INJ 100MG/ML 17
DEMEROL INJ 25MG/0.5.....17
DEMEROL INJ 25MG/ML 17
DEMEROL INJ 50MG/ML 17
DEMEROL INJ 75MG/1.5.....17
DEMEROL INJ 75MG/ML 17
DEMSER CAP 250MG 73
DENAVIR CRE 1% 142
DEPAKOTE ER TAB 250MG.....50
DEPAKOTE ER TAB 500MG.....50
DEPAKOTE SPR CAP 125MG.....50
DEPAKOTE TAB 125MG DR 50
DEPAKOTE TAB 250MG DR 50
DEPAKOTE TAB 500MG DR 50
DEPEN TITRA TAB 250MG 204
DEPO-ESTRADI INJ 5MG/ML 165
DEPO-MEDROL INJ 20MG/ML.....130
DEPO-MEDROL INJ 40MG/ML.....130
DEPO-MEDROL INJ 80MG/ML.....130
DEPO-PROVERA INJ 150MG/ML.....129
DEPO-SQ PROV INJ 104 129
DEPO-TESTOST INJ 100MG/ML 26
DEPO-TESTOST INJ 200MG/ML 26
DERMACINRX KIT COMBOPAK.....149
DERMA-SMOOTH OIL /FS BODY 143
DERMA-SMOOTH OIL /FS SCLP 143
dermazene cre 1-1% 138
DERMOTIC OIL 0.01% 224
DESCOVY TAB 200/25MG 107
DESFERAL INJ 500MG.....64
desipramine hcl tab 10 mg 55
desipramine hcl tab 100 mg 55
desipramine hcl tab 150 mg 56
desipramine hcl tab 25 mg 55
desipramine hcl tab 50 mg 55
desipramine hcl tab 75 mg 55
desloratadine tab 5 mg 67
desloratadine tab orally disintegrating 2.5 mg.....67
desloratadine tab orally disintegrating 5 mg.....67
desmopressin acetate inj 4 mcg/ml 162

desmopressin acetate nasal spray soln 0.01% 162
desmopressin acetate nasal spray soln 0.01% (refrigerated) 162
desmopressin acetate preservative free (pf) inj 4 mcg/ml 162
desmopressin acetate tab 0.1 mg ... 162
desmopressin acetate tab 0.2 mg ... 163
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 125
DESONATE GEL 0.05% 143
DESONDIE POW 143
desonide cream 0.05% 143
desonide lotion 0.05% 143
desonide oint 0.05% 143
DESONIDE POW MICRONIZ 143
DESOWEN CRE 0.05% 143
desoximetasone cream 0.05% 144
desoximetasone cream 0.25% 144
desoximetasone gel 0.05% 144
desoximetasone oint 0.05% 144
desoximetasone oint 0.25% 144
desoximetasone spray 0.25% 144
DESOXYN TAB 5MG 2
DESVENLAFAX TAB 100MG ER 54
DESVENLAFAX TAB 50MG ER 54
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 54
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 54
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 54
desvenlafaxine tab er 24hr 100 mg .. 54
desvenlafaxine tab er 24hr 50 mg 54
DETECTNET INJ 1MCL/ML 150
DETROL LA CAP 2MG 247
DETROL LA CAP 4MG 247
DETROL TAB 1MG 248
DETROL TAB 2MG 248
DEX/MOX/KETO SOL 220
DEXAM/BUPIV SOL EPINEPHR 130
DEXAM/MOXI SOL 1-5MG/ML 220
DEXAMETH PHO INJ 10MG/ML 130
DEXAMETH PHO INJ 4MG/ML 130
DEXAMETHASON CON 1MG/ML 130
DEXAMETHASON SUS 8MG/ML 130
dexamethasone elixir 0.5 mg/5ml .. 130
dexamethasone sod phosphate preservative free inj 10 mg/ml 130
dexamethasone sodium phosphate inj 10 mg/ml 130
dexamethasone sodium phosphate inj 100 mg/10ml 130
dexamethasone sodium phosphate inj 120 mg/30ml 130
dexamethasone sodium phosphate inj 20 mg/5ml 130
dexamethasone sodium phosphate inj 4 mg/ml 130
dexamethasone sodium phosphate ophth soln 0.1% 221
dexamethasone soln 0.5 mg/5ml ... 130
dexamethasone tab 0.5 mg 130
dexamethasone tab 0.75 mg 130
dexamethasone tab 1 mg 130
dexamethasone tab 1.5 mg 131
dexamethasone tab 2 mg 131
dexamethasone tab 4 mg 131
dexamethasone tab 6 mg 131
dexamethasone tab therapy pack 1.5 mg (21) 131
dexamethasone tab therapy pack 1.5 mg (35) 131
dexamethasone tab therapy pack 1.5 mg (51) 131
dexchlorpheniramine maleate oral soln 2 mg/5ml 67
DEXEDRINE CAP 10MG CR 2
DEXEDRINE CAP 15MG CR 2
DEXEDRINE CAP 5MG CR 2
DEXERYL CRE 148
DEXILANT CAP 30MG DR 245
DEXILANT CAP 60MG DR 245
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml 182
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml 182
dexmedetomidine hcl iv soln 200 mcg/2ml 182
dexmethylphenidate hcl cap er 24 hr 10 mg 5
dexmethylphenidate hcl cap er 24 hr 15 mg 5

dexmethylphenidate hcl cap er 24 hr 20 mg 5
dexmethylphenidate hcl cap er 24 hr 25 mg 5
dexmethylphenidate hcl cap er 24 hr 30 mg 5
dexmethylphenidate hcl cap er 24 hr 35 mg 5
dexmethylphenidate hcl cap er 24 hr 40 mg 5
dexmethylphenidate hcl cap er 24 hr 5 mg 5
dexmethylphenidate hcl tab 10 mg 5
dexmethylphenidate hcl tab 2.5 mg ... 5
dexmethylphenidate hcl tab 5 mg 5
DEXONTO 0.4% SOL 20MG/5ML.....131
DEXPAK PAK 10 DAY.....131
DEXPAK PAK 13 DAY.....131
DEXPAK PAK 6 DAY 131
dexrazoxane hcl for inj 250 mg (base equivalent) 95
dexrazoxane hcl for inj 500 mg (base equivalent) 95
DEXTENZA MIS 0.4MG 221
dextroamphetamine sulfate cap er 24hr 10 mg 2
dextroamphetamine sulfate cap er 24hr 15 mg 2
dextroamphetamine sulfate cap er 24hr 5 mg 2
dextroamphetamine sulfate oral solution 5 mg/5ml 2
*dextroamphetamine sulfate tab 10 mg*2
dextroamphetamine sulfate tab 5 mg 2
dextrose 10% w/ sodium chloride 0.45%.....200
dextrose 2.5% w/ sodium chloride 0.45%.....200
dextrose 5% in lactated ringers.....200
dextrose 5% w/ sodium chloride 0.2% 200
dextrose 5% w/ sodium chloride 0.225%.....200
dextrose 5% w/ sodium chloride 0.33% 200
dextrose 5% w/ sodium chloride 0.45% 200
dextrose 5% w/ sodium chloride 0.9% 200
dextrose inj 10% 216
dextrose inj 25% 216
dextrose inj 30% 216
DEXTROSE INJ 40% 216
dextrose inj 5% 216
dextrose inj 50% 216
dextrose inj 70% 216
DEXYCU SUS 9% 221
DIACOMIT CAP 250MG.....45
DIACOMIT CAP 500MG.....45
DIACOMIT PAK 250MG.....45
DIACOMIT PAK 500MG.....45
DIASTAR EASY MIS LANCETS 190
DIASTAR MIS LANCETS.....190
DIASTAT ACDL GEL 12.5-20 44
DIASTAT ACDL GEL 5-10MG 44
DIASTAT PED GEL 2.5M GEL.....44
DIATRUE PLUS TES STRIPS 151
diazepam con 5mg/ml 34
diazepam conc 5 mg/ml 34
DIAZEPAM INJ 10MG/2ML 34
diazepam inj 5 mg/ml.....34
diazepam oral soln 1 mg/ml 34
diazepam rectal gel delivery system 10 mg 44
diazepam rectal gel delivery system 2.5 mg 44
diazepam rectal gel delivery system 20 mg 44
diazepam tab 10 mg.....34
diazepam tab 2 mg.....34
diazepam tab 5 mg.....34
diazoxide susp 50 mg/ml 59
DIBENZYLINE CAP 10MG.....73
DICLEGIS TAB 10-10MG 65
diclofenac epolamine patch 1.3% ...137
diclofenac potassium tab 50 mg 11
diclofenac sodium (actinic keratoses) gel 3%.....140
diclofenac sodium gel 1%.....138
diclofenac sodium ophth soln 0.1% 222
diclofenac sodium soln 1.5% 138
diclofenac sodium tab delayed release 25 mg.....12

diclofenac sodium tab delayed release 50 mg 12
diclofenac sodium tab delayed release 75 mg 12
diclofenac sodium tab er 24hr 100 mg 12
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 12
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 12
DICLOFONO GEL 1.6% 138
dicloxacillin sodium cap 250 mg 228
dicloxacillin sodium cap 500 mg 228
dicyclomine hcl cap 10 mg 243
dicyclomine hcl inj 10 mg/ml 243
dicyclomine hcl oral soln 10 mg/5ml 243
dicyclomine hcl tab 20 mg 243
didanosine delayed release capsule 200 mg 107
didanosine delayed release capsule 250 mg 107
didanosine delayed release capsule 400 mg 107
diethylpropion hcl tab 25 mg 3
diethylpropion hcl tab er 24hr 75 mg . 3
DIFFERIN CRE 0.1% 136
DIFFERIN GEL 0.3% 136
DIFFERIN LOT 0.1% 136
DIFICID SUS 188
DIFICID TAB 200MG 188
difil-g fort liq 100-100 37
diflorasone diacetate cream 0.05% . 144
diflorasone diacetate oint 0.05% 144
DIFLUCAN SUS 10MG/ML 66
DIFLUCAN SUS 40MG/ML 66
DIFLUCAN TAB 100MG 66
DIFLUCAN TAB 150MG 66
DIFLUCAN TAB 200MG 66
DIFLUCAN TAB 50MG 66
diflunisal tab 500 mg 16
DIGIFAB INJ 40MG 64
digitek tab 0.125mg 119
digitek tab 0.25mg 119
digox tab 0.125mg 119
digox tab 0.25mg 119
digoxin inj 0.25 mg/ml 119
digoxin oral soln 0.05 mg/ml 119
digoxin tab 125 mcg (0.125 mg) 119
digoxin tab 250 mcg (0.25 mg) 119
dihydroergotamine mesylate inj 1 mg/ml 198
dihydroergotamine mesylate nasal spray 4 mg/ml 198
DILANTIN CAP 100MG 50
DILANTIN CAP 30MG 49
DILANTIN CHW 50MG 50
DILANTIN-125 SUS 125/5ML 50
DILATRATE SR CAP 40MG 32
DILAUDID INJ 1MG/ML 17
DILAUDID INJ 2MG/ML 17
DILAUDID LIQ 1MG/ML 17
DILAUDID TAB 2MG 17
DILAUDID TAB 4MG 17
DILAUDID TAB 8MG 17
diltiazem hcl cap er 12hr 120 mg ... 116
diltiazem hcl cap er 12hr 60 mg 116
diltiazem hcl cap er 12hr 90 mg 116
diltiazem hcl cap er 24hr 180 mg ... 116
diltiazem hcl cap er 24hr 240 mg ... 116
diltiazem hcl coated beads cap er 24hr 120 mg 116
diltiazem hcl coated beads cap er 24hr 180 mg 116
diltiazem hcl coated beads cap er 24hr 240 mg 116
diltiazem hcl coated beads cap er 24hr 300 mg 116
diltiazem hcl coated beads cap er 24hr 360 mg 116
diltiazem hcl coated beads tab er 24hr 180 mg 116
diltiazem hcl coated beads tab er 24hr 240 mg 116
diltiazem hcl coated beads tab er 24hr 300 mg 116
diltiazem hcl coated beads tab er 24hr 360 mg 116
diltiazem hcl coated beads tab er 24hr 420 mg 116
diltiazem hcl extended release beads cap er 24hr 120 mg 116
diltiazem hcl extended release beads cap er 24hr 180 mg 116

diltiazem hcl extended release beads cap er 24hr 240 mg 117
diltiazem hcl extended release beads cap er 24hr 300 mg 117
diltiazem hcl extended release beads cap er 24hr 360 mg 117
diltiazem hcl extended release beads cap er 24hr 420 mg 117
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 117
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) 117
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 117
diltiazem hcl tab 120 mg 117
diltiazem hcl tab 30 mg 117
diltiazem hcl tab 60 mg 117
diltiazem hcl tab 90 mg 117
DILTIAZEM INJ 100MG 117
dilt-xr cap 120mg 116
dilt-xr cap 180mg 116
dilt-xr cap 240mg 116
DIMENHYDRIN INJ 50MG/ML 65
dimethyl fumarate capsule delayed release 120 mg 232
dimethyl fumarate capsule delayed release 240 mg 232
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 232
DIOVAN HCT TAB 160-12.5 77
DIOVAN HCT TAB 160-25MG 77
DIOVAN HCT TAB 320-12.5 77
DIOVAN HCT TAB 320-25MG 77
DIOVAN HCT TAB 80/12.5 77
DIOVAN TAB 160MG 74
DIOVAN TAB 320MG 74
DIOVAN TAB 40MG 74
DIOVAN TAB 80MG 74
DIP/TET PED INJ 25-5LFU 242
DIPENTUM CAP 250MG 168
diphen/atrop tab 2.5mg 62
diphenhydramine hcl elixir 12.5 mg/5ml 67
diphenhydramine hcl inj 50 mg/ml ... 67
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 62
diphenoxylate w/ atropine tab 2.5-0.025 mg 62
DIPRIVAN INJ 170
DIPRIVAN INJ 200/20ML 170
DIPRIVAN INJ 500/50ML 170
DIPROLENE AF CRE 0.05% 144
DIPROLENE OIN 0.05% 144
dipyridamole tab 25 mg 177
dipyridamole tab 50 mg 177
dipyridamole tab 75 mg 177
disopyramide phosphate cap 100 mg 35
disopyramide phosphate cap 150 mg 35
disulfiram tab 250 mg 229
disulfiram tab 500 mg 229
DITROPAN XL TAB 10MG 248
DITROPAN XL TAB 5MG 248
DIURIL SUS 250/5ML 157
divalproex sodium cap delayed release sprinkle 125 mg 50
divalproex sodium tab delayed release 125 mg 50
divalproex sodium tab delayed release 250 mg 50
divalproex sodium tab delayed release 500 mg 50
divalproex sodium tab er 24 hr 250 mg 50
divalproex sodium tab er 24 hr 500 mg 50
DIVIGEL GEL 0.25MG 165
DIVIGEL GEL 0.5MG 165
DIVIGEL GEL 0.75MG 165
DIVIGEL GEL 1.25MG 165
DIVIGEL GEL 1MG/GM 165
dobutam/d5w inj 1mg/ml 251
dobutam/d5w inj 2mg/ml 251
dobutam/d5w inj 4mg/ml 251
dobutamine hcl inj 12.5 mg/ml 251
docetaxel for inj conc 20 mg/ml 96
docetaxel for inj conc 80 mg/4ml (20 mg/ml) 96
DOCETAXEL INJ 160/16ML 96
DOCETAXEL INJ 160/8ML 96
DOCETAXEL INJ 20MG/2ML 96
DOCETAXEL INJ 20MG/ML 96
DOCETAXEL INJ 80MG/4ML 96
DOCETAXEL INJ 80MG/8ML 96

dofetilide cap 125 mcg (0.125 mg) ...36
dofetilide cap 250 mcg (0.25 mg) 36
dofetilide cap 500 mcg (0.5 mg) 36
DOLOPHINE TAB 10MG 17
DOLOPHINE TAB 5MG 17
donepezil hydrochloride orally disintegrating tab 10 mg 229
donepezil hydrochloride orally disintegrating tab 5 mg 229
donepezil hydrochloride tab 10 mg .229
donepezil hydrochloride tab 23 mg .229
donepezil hydrochloride tab 5 mg ...229
DONNATAL ELX 243
DONNATAL ELX GRAPE.....243
DONNATAL ELX MINT.....243
DONNATAL TAB.....243
DONNATAL TAB 16.2MG.....243
dopamine inj 40mg/ml 251
dopamine/d5w inj 0.8mg/ml 251
dopamine/d5w inj 1.6mg/ml 251
dopamine/d5w inj 3.2mg/ml 251
DOPRAM INJ 20MG/ML..... 3
DOPTELET TAB 20MG.....178
DORAL TAB 15MG 182
DORYX MPC TAB 120MG.....237
DORYX TAB 200MG 237
DORYX TAB 50MG 237
dorzolamide hcl ophth soln 2% 222
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf 217
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml 217
DORZOLAMIDE SOL 2% 222
DOVATO TAB 50-300MG.....107
DOVONEX CRE 0.005% 140
doxazosin mesylate tab 1 mg.....75
doxazosin mesylate tab 2 mg.....75
doxazosin mesylate tab 4 mg.....75
doxazosin mesylate tab 8 mg.....75
doxepin hcl (sleep) tab 3 mg (base equiv) 182
doxepin hcl (sleep) tab 6 mg (base equiv) 182
doxepin hcl cap 10 mg 56
doxepin hcl cap 100 mg 56
doxepin hcl cap 150 mg 56
doxepin hcl cap 25 mg 56
doxepin hcl cap 50 mg 56
doxepin hcl cap 75 mg 56
doxepin hcl conc 10 mg/ml.....56
doxepin hcl cream 5% 140
doxercalciferol cap 0.5 mcg 161
doxercalciferol cap 1 mcg 161
doxercalciferol cap 2.5 mcg 161
doxercalciferol inj 4 mcg/2ml (2 mcg/ml) 161
DOXIL INJ 2MG/ML.....89
doxorubicin hcl inj 2 mg/ml 89
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml.....89
doxy 100 inj 100mg 237
doxycycline (rosacea) cap delayed release 40 mg 149
doxycycline hyclate cap 100 mg 237
doxycycline hyclate cap 50 mg.....237
doxycycline hyclate tab 100 mg 237
doxycycline hyclate tab 150 mg 237
doxycycline hyclate tab 20 mg 237
doxycycline hyclate tab 50 mg 237
doxycycline hyclate tab 75 mg 237
doxycycline hyclate tab delayed release 100 mg 238
doxycycline hyclate tab delayed release 150 mg 238
doxycycline hyclate tab delayed release 200 mg 238
doxycycline hyclate tab delayed release 50 mg 237
doxycycline hyclate tab delayed release 75 mg 237
doxycycline monohydrate cap 100 mg 238
doxycycline monohydrate cap 150 mg 238
doxycycline monohydrate cap 50 mg 238
doxycycline monohydrate cap 75 mg 238
doxycycline monohydrate for susp 25 mg/5ml 238
doxycycline monohydrate tab 100 mg 238
doxycycline monohydrate tab 150 mg 238

doxycycline monohydrate tab 50 mg 238
doxycycline monohydrate tab 75 mg 238
doxylamine-pyridoxine tab delayed release 10-10 mg 65
D-PENAMINE TAB 125MG 204
DRISDOL CAP 50000UNT 251
DRITHO-CREME CRE HP 1% 140
DRIZALMA CAP 20MG DR 54
DRIZALMA CAP 30MG DR 54
DRIZALMA CAP 40MG DR 54
DRIZALMA CAP 60MG DR 54
dronabinol cap 10 mg 65
dronabinol cap 2.5 mg 65
dronabinol cap 5 mg 65
droperidol inj 2.5 mg/ml 33
DROPLET LANC MIS 30G 190
drospirenone-ethinyl estradiol tab 3-0.02 mg 125
drospirenone-ethinyl estradiol tab 3-0.03 mg 126
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 125
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 125
DROXIA CAP 200MG 178
DROXIA CAP 300MG 178
DROXIA CAP 400MG 178
droxidopa cap 100 mg 250
droxidopa cap 200 mg 250
droxidopa cap 300 mg 251
DRYSOL SOL 20% 149
DSUVIA SUB 30MCG.....17
DUAKLIR AER 400/12 39
DUAVEE TAB 0.45-20.....164
DUET DHA 400 MIS 25-1-400 209
DUET DHA MIS BALANCED 209
DUETACT TAB 30-2MG.....57
DUETACT TAB 30-4MG.....57
DUEXIS TAB 800-26.6 12
DULERA AER 100-5MCG 39
DULERA AER 200-5MCG 39
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....54
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....54
duloxetine hcl enteric coated pellets cap 40 mg (base eq).....54
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....54
DUO-CARE TES 151
DUODOTE INJ.....63
DUOPA SUS 4.63-20.....98
DUPIXENT INJ 200/1.14.....146
DUPIXENT INJ 300/2ML 146
DURACLON INJ 16
DURAGESIC DIS 100MCG/H 17
DURAGESIC DIS 12MCG/HR 17
DURAGESIC DIS 25MCG/HR 17
DURAGESIC DIS 50MCG/HR 17
DURAGESIC DIS 75MCG/HR 17
duramorph inj 0.5mg/ml 17
duramorph inj 1mg/ml.....17
DUREZOL EMU 0.05%.....221
DURLAZA CAP 162.5MG 177
DUROLANE INJ 60MG/3ML.....213
dutasteride cap 0.5 mg 171
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 171
DUTOPROL TAB 100-12.5.....77
DUTOPROL TAB 25-12.5.....77
DUTOPROL TAB 50-12.5.....77
dvorah tab 24
DYANAVEL XR SUS 2.5MG/ML..... 2
DYMISTA SPR 137-50 214
DYRENIUM CAP 100MG 157
DYRENIUM CAP 50MG.....157
DYSPORT INJ 300UNIT 215
DYSPORT INJ 500UNIT 215

E

E.E.S. GRAN SUS 200/5ML 188
EASY COMFORT MIS 30G 190
EASY COMFORT MIS LANC/30G.....190
EASY PLUS II TES BLD GLUC 152
EASY PLUS TES BLD GLUC.....152
EASY STEP TES 152
EASY TALK TES BLD GLUC.....152
EASY TOUCH MIS LANC/21G.....190
EASY TOUCH MIS LANC/23G.....190
EASY TOUCH MIS LANC/26G.....190
EASY TOUCH MIS LANC/28G.....190

EASY TOUCH MIS LANC/30G.....190
EASY TOUCH MIS LANC/32G.....190
EASY TOUCH MIS LANC/33G.....190
EASY TOUCH TES GLUCOSE.....152
EASY TOUCH TES STRIPS.....152
EASY TRAK TES BLD GLUC 152
EASYGLUCO TES 152
EASYGLUCO TES PLUS 152
EASYMAX 15 TES 152
EASYMAX TES.....152
EASYPLUS TES BLD GLUC.....152
EASYPRO PLUS TES 152
EASYPRO TES BLD GLUC 152
EASYTEST II MIS LANCETS.....190
EASYTEST MIS LANCETS 190
econazole nitrate cream 1% 138
econtra ez tab 1.5mg.....129
ECOZA AER 1%.....138
EDARBI TAB 40MG 74
EDARBI TAB 80MG 74
EDARBYCLOR TAB 40-12.5 77
EDARBYCLOR TAB 40-25MG 77
EDECRIN TAB 25MG 156
EDLUAR SUB 10MG.....182
EDLUAR SUB 5MG 182
ed-spaz tab 0.125mg.....243
EDURANT TAB 25MG.....107
efavirenz cap 200 mg 107
efavirenz cap 50 mg 107
efavirenz tab 600 mg.....107
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 107
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 107
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 107
EFFER-K TAB 10MEQ.....202
EFFER-K TAB 20MEQ.....202
effer-k tab 25meq ef.....202
EFFEXOR XR CAP 150MG.....54
EFFEXOR XR CAP 37.5MG.....54
EFFEXOR XR CAP 75MG.....54
EFFIENT TAB 10MG 177
EFFIENT TAB 5MG 177
EFUDEX CRE 5% 140
EGRIFTA SV INJ 2MG.....159
ELAPRASE INJ 6MG/3ML.....161
ELELYSO INJ 200UNIT 178
ELEMENT TES 152
ELEMNT COMPA TES STRIPS.....152
ELEPSIA XR TAB 1000MG.....45
ELEPSIA XR TAB 1500MG.....45
ELESTRIN GEL 0.06% 165
ELETONE CRE 148
ELETONE CRE TWINPACK 148
eletriptan hydrobromide tab 20 mg (base equivalent) 198
eletriptan hydrobromide tab 40 mg (base equivalent) 198
ELIDEL CRE 1% 147
ELIGARD INJ 22.5MG.....88
ELIGARD INJ 30MG 88
ELIGARD INJ 45MG 88
ELIGARD INJ 7.5MG 88
ELIMITE CRE 5%.....150
elinest tab 126
ELIQUIS TAB 2.5MG 41
ELIQUIS TAB 5MG 41
ELITEK INJ 1.5MG 95
ELITEK INJ 7.5MG 95
elite-ob tab 209
ELIXOPHYLLIN ELX 80/15ML.....40
ELLENCE INJ 2MG/ML 89
ELLIOTTS B INJ.....200
ELMIRON CAP 100MG 171
ELOCON CRE 0.1%.....144
ELOCTATE INJ 1000UNIT 173
ELOCTATE INJ 1500UNIT 173
ELOCTATE INJ 2000UNIT 173
ELOCTATE INJ 250UNIT 173
ELOCTATE INJ 3000UNIT 173
ELOCTATE INJ 4000UNIT 173
ELOCTATE INJ 5000UNIT 173
ELOCTATE INJ 500UNIT 173
ELOCTATE INJ 6000UNIT 173
ELOCTATE INJ 750UNIT 173
eluryng mis 129
ELZONRIS SOL 1000MCG.....94
EMBRACE EVO TES.....152
EMBRACE LANC MIS THIN 30G 190
EMBRACE PRO TES.....152
EMBRACE TES BLD GLUC 152
EMCYT CAP 140MG.....88
EMEND CAP 125MG 65

EMEND CAP 40MG 65
EMEND CAP 80MG 65
EMEND SOL 150MG 65
EMEND SUS 125MG 66
EMEND TRIPAC PAK 80 & 125 66
EMFLAZA SUS 22.75/ML.....131
EMFLAZA TAB 18MG 131
EMFLAZA TAB 30MG 131
EMFLAZA TAB 36MG 131
EMFLAZA TAB 6MG.....131
EMGALITY INJ 100MG/ML.....197
EMGALITY INJ 120MG/ML.....197
emoquette tab 126
EMPAVELI INJ 1080MG.....176
EMPLICITI INJ 300MG.....86
EMPLICITI INJ 400MG.....86
EMSAM DIS 12MG/24H 51
EMSAM DIS 6MG/24HR 51
EMSAM DIS 9MG/24HR 51
emtricitabine caps 200 mg 107
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 107
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 108
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 108
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 108
EMTRIVA CAP 200MG.....108
EMTRIVA SOL 10MG/ML 108
EMULSION SB EMU.....148
EMVERM CHW 100MG 28
ENABLEX TAB 15MG 248
ENABLEX TAB 7.5MG 248
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....77
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....77
enalapril maleate tab 10 mg 72
enalapril maleate tab 2.5 mg 72
enalapril maleate tab 20 mg 72
enalapril maleate tab 5 mg.....72
enalaprilat iv inj 1.25 mg/ml.....72
ENBRACE HR CAP.....209
ENBREL INJ 25/0.5ML.....15
ENBREL INJ 25MG 15
ENBREL INJ 50MG/ML.....15
ENBREL MINI INJ 50MG/ML 15
ENBREL SRCLK INJ 50MG/ML.....15
ENDARI POW 5GM.....178
endocet tab 10-325mg.....24
endocet tab 2.5-325 24
endocet tab 5-325mg 24
endocet tab 7.5-325 24
ENDOMETRIN SUP 100MG 250
ENGERIX-B INJ 10/0.5ML.....249
ENGERIX-B INJ 20MCG/ML 249
enoxaparin sodium inj 100 mg/ml 42
*enoxaparin sodium inj 120 mg/0.8ml*42
enoxaparin sodium inj 150 mg/ml 42
enoxaparin sodium inj 30 mg/0.3ml .42
enoxaparin sodium inj 300 mg/3ml ..42
enoxaparin sodium inj 40 mg/0.4ml .42
enoxaparin sodium inj 60 mg/0.6ml .42
enoxaparin sodium inj 80 mg/0.8ml .42
enpresse-28 tab.....126
enskyce tab.....126
ENSTILAR AER 144
entacapone tab 200 mg 97
entecavir tab 0.5 mg 110
entecavir tab 1 mg 110
ENTEREG CAP 12MG.....169
ENTOCORT EC CAP 3MG DR.....131
ENTRESTO TAB 24-26MG 120
ENTRESTO TAB 49-51MG 120
ENTRESTO TAB 97-103MG 120
ENTTY EMU SPRAY 148
ENTYVIO INJ 300MG.....168
enulose sol 10gm/15 168
ENVARSUS XR TAB 0.75MG 205
ENVARSUS XR TAB 1MG.....205
ENVARSUS XR TAB 4MG.....205
EPANED SOL 1MG/ML 72
EPCLUSA TAB 200-50MG.....110
EPCLUSA TAB 400-100 111
EPHEDRINE SU INJ 50MG/ML.....251
ephedrine sulfate inj 50 mg/ml 251
EPICERAM EMU 148
EPIDIOLEX SOL 100MG/ML.....45
EPIDUO FORTE GEL 0.3-2.5%.....136
EPIDUO GEL 0.1-2.5%.....136
EPIFOAM AER 1%.....144
epinastine hcl ophth soln 0.05% 222
EPINEPH/NACL SOL 2/250ML.....251

EPINEPHR/D5W SOL 2/250-5%.....251
epinephrine hcl nasal soln 0.1%.....214
EPINEPHRINE INJ 0.1MG/10 251
epinephrine inj 0.1mg/ml 251
EPINEPHRINE INJ 1MG/10ML.....251
EPINEPHRINE INJ 1MG/ML.....251
epinephrine pf inj 1 mg/ml 251
epinephrine soln prefilled syringe 1 mg/10ml (0.1 mg/ml) 251
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 250
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....250
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....250
EPIPEN 2-PAK INJ 0.3MG.....250
EPIPEN-JR INJ 0.15MG.....250
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml) 89
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml) 89
EPISIL LIQ.....208
EPISNAP KIT.....250
epitol tab 200mg.....45
EPIVIR HBV SOL 5MG/ML 111
EPIVIR HBV TAB 100MG.....111
EPIVIR SOL 10MG/ML 108
EPIVIR TAB 150MG.....108
EPIVIR TAB 300MG.....108
eplerenone tab 25 mg.....80
eplerenone tab 50 mg.....80
EPOGEN INJ 10000/ML.....178
EPOGEN INJ 2000/ML 178
EPOGEN INJ 20000/ML.....178
EPOGEN INJ 3000/ML 178
EPOGEN INJ 4000/ML 178
epoprostenol sodium for inj 0.5 mg 120
epoprostenol sodium for inj 1.5 mg 120
eprosartan mesylate tab 600 mg.....74
eptifibatide iv soln 20 mg/10ml (2 mg/ml) 177
eptifibatide iv soln 200 mg/100ml (2 mg/ml) 177
eptifibatide iv soln 75 mg/100ml (0.75 mg/ml) 177
EPZICOM TAB 600-300 108
eq nicotine dis 14mg/24h 233
eq nicotine dis 21mg/24h 233
eq nicotine dis 7mg/24hr 233
eq nicotine gum 2mg cinn 233
eq nicotine gum 2mg mint.....233
eq nicotine gum 2mg orig.....233
eq nicotine gum 2mgfruit 233
eq nicotine gum 4mg cinn 234
eq nicotine gum 4mg mint.....234
eq nicotine gum 4mg orig.....234
eq nicotine gum 4mg ref 234
eq nicotine gum 4mg strt 234
eq nicotine gum 4mgfruit 234
eq nicotine loz 4mg chry 234
eq nicotine loz 4mg mint 234
EQL LANCETS MIS 21G COLR.....190
EQL LANCETS MIS 33G COLR.....190
EQL LANCETS MIS THIN 26G 190
EQL LANCETS MIS THIN 30G 190
eql nicotine gum 2mg 234
eql nicotine gum 4mg 234
eql nicotine loz 4mg chry 234
eql nicotine loz 4mg mint 234
EQL TRUETEST TES BLD GLUC.....152
EQUETRO CAP 100MG.....101
EQUETRO CAP 200MG.....101
EQUETRO CAP 300MG.....101
ERAXIS INJ 100MG.....66
ERAXIS INJ 50MG 66
ERBITUX INJ 100MG.....86
ERBITUX INJ 200MG.....86
ergocalciferol cap 1.25 mg (50000 unit) 251
ergoloid mesylates tab 1 mg.....233
ERGOMAR SUB 2MG 198
ergotamine w/ caffeine tab 1-100 mg 197
ERIVEDGE CAP 150MG.....87
ERLEADA TAB 60MG 88
erlotinib hcl tab 100 mg (base equivalent) 91
erlotinib hcl tab 150 mg (base equivalent) 91
errin tab 0.35mg.....129
ERTACZO CRE 2%.....138
ertapenem sodium for inj 1 gm (base equivalent) 29
ERWINAZE INJ 10000UNT 94

ery pad 2% 136
ERYGEL GEL 2%..... 136
ERYPED SUS 200/5ML..... 188
ERYPED SUS 400/5ML..... 188
ery-tab tab 250mg ec 188
ery-tab tab 333mg ec 188
ery-tab tab 500mg ec 188
ERYTHROCIN INJ 500MG..... 188
erythrocin tab 250mg 188
erythromycin ethylsuccinate for susp 200 mg/5ml..... 188
erythromycin ethylsuccinate for susp 400 mg/5ml..... 188
erythromycin ethylsuccinate tab 400 mg 188
erythromycin gel 2% 136
erythromycin ophth oint 5 mg/gm .. 219
erythromycin soln 2%..... 136
erythromycin tab 250 mg 188
erythromycin tab 500 mg 188
erythromycin w/ delayed release particles cap 250 mg..... 188
ESBRIET CAP 267MG 236
ESBRIET TAB 267MG 236
ESBRIET TAB 801MG 236
ESCAVITE CHW 208
escitalopram oxalate soln 5 mg/5ml (base equiv) 52
escitalopram oxalate tab 10 mg (base equiv) 52
escitalopram oxalate tab 20 mg (base equiv) 52
escitalopram oxalate tab 5 mg (base equiv) 52
esgic cap.....16
ESGIC TAB 16
ESKATA SOL 40% 141
esmolol hcl inj 100 mg/10ml..... 113
ESMOLOL HCL SOL 2000/100 113
ESMOLOL HCL SOL 2500/250 113
esomeprazole magnesium cap delayed release 20 mg (base eq)..... 245
esomeprazole magnesium cap delayed release 40 mg (base eq)..... 245
esomeprazole magnesium for delayed release susp packet 10 mg 245
esomeprazole magnesium for delayed release susp packet 20 mg 245
esomeprazole magnesium for delayed release susp packet 40 mg 245
esomeprazole sodium for intravenous soln 40 mg (base equiv)..... 245
ESPEROCT INJ 1000UNIT 174
ESPEROCT INJ 1500UNIT 174
ESPEROCT INJ 2000UNIT 174
ESPEROCT INJ 3000UNIT 174
ESPEROCT INJ 500UNIT 173
est estrogen tab mtest hs 164
estazolam tab 1 mg..... 182
estazolam tab 2 mg..... 182
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 164
ESTRACE TAB 0.5MG 165
ESTRACE TAB 1MG..... 165
ESTRACE TAB 2MG..... 165
ESTRACE VAG CRE 0.01%..... 250
estradiol & norethindrone acetate tab 0.5-0.1 mg 164
estradiol & norethindrone acetate tab 1-0.5 mg..... 164
estradiol tab 0.5 mg 165
estradiol tab 1 mg..... 165
estradiol tab 2 mg..... 165
estradiol td patch twice weekly 0.025 mg/24hr..... 165
estradiol td patch twice weekly 0.0375 mg/24hr..... 165
estradiol td patch twice weekly 0.05 mg/24hr..... 165
estradiol td patch twice weekly 0.075 mg/24hr..... 165
estradiol td patch twice weekly 0.1 mg/24hr..... 165
estradiol td patch weekly 0.025 mg/24hr..... 165
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 165
estradiol td patch weekly 0.05 mg/24hr 165
estradiol td patch weekly 0.06 mg/24hr 165

estradiol td patch weekly 0.075 mg/24hr 165
estradiol td patch weekly 0.1 mg/24hr 165
estradiol vaginal cream 0.1 mg/gm 250
estradiol vaginal tab 10 mcg 250
estradiol valerate im in oil 20 mg/ml 165
estradiol valerate im in oil 40 mg/ml 165
ESTRING MIS 2MG 250
ESTROGEL GEL 165
ESTROSTEP FE TAB 126
eszopiclone tab 1 mg 182
eszopiclone tab 2 mg 182
eszopiclone tab 3 mg 182
ethacrynate sodium for inj 50 mg ... 156
ethacrynic acid tab 25 mg 156
ethambutol hcl tab 100 mg 82
ethambutol hcl tab 400 mg 82
ETHAMOLIN INJ 5% 207
ethosuximide cap 250 mg 50
ethosuximide soln 250 mg/5ml 50
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 126
ETHYOL INJ 500MG 95
etodolac cap 200 mg 12
etodolac cap 300 mg 12
etodolac tab 400 mg 12
etodolac tab 500 mg 12
etodolac tab er 24hr 400 mg 12
etodolac tab er 24hr 500 mg 12
etodolac tab er 24hr 600 mg 12
etomidate iv soln 2 mg/ml 170
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 129
ETOPOPHOS INJ 100MG 96
etoposide cap 50 mg 96
etoposide inj 1 gm/50ml (20 mg/ml) 96
etoposide inj 100 mg/5ml (20 mg/ml) 96
etoposide inj 500 mg/25ml (20 mg/ml) 96
EUCRISA OIN 2% 149
EUFLEXXA INJ 10MG/ML 213
EURAX CRE 10% 150
EURAX LOT 10% 150
EVAMIST SPR 1.53MG 165
EVEKEO ODT TAB 10MG 2
EVEKEO ODT TAB 15MG 2
EVEKEO ODT TAB 20MG 2
EVEKEO ODT TAB 5MG 2
EVEKEO TAB 10MG 2
EVEKEO TAB 5MG 2
EVENCARE + TES BLD GLUC 152
EVENCARE G2 TES 152
EVENCARE G3 TES 152
EVENCARE TES BLD GLUC 152
EVENCARE TES MINI 152
EVENITY INJ 105MG 157
everolimus tab 2.5 mg 91
everolimus tab 5 mg 91
everolimus tab 7.5 mg 91
EVISTA TAB 60MG 160
EVIVO LIQ 62
EVKEEZA INJ 1200/8 68
EVKEEZA INJ 345/2.3 68
EVOCLIN AER 1% 136
EVOLUTION TES AUTOCODE 152
EVOMELA INJ 50MG 83
EVOTAZ TAB 300-150 108
EVOXAC CAP 30MG 208
EVRYSDI SOL 216
EXACTECH TES 152
EXACTECH TES R-S-G 152
EXELDERM CRE 1% 138
EXELDERM SOL 1% 138
EXELON DIS 13.3/24 229
EXELON DIS 4.6MG/24 229
EXELON DIS 9.5MG/24 229
exemestane tab 25 mg 88
EXFORGE TAB 10-160MG 77
EXFORGE TAB 10-320MG 77
EXFORGE TAB 5-160MG 77
EXFORGE TAB 5-320MG 77
EXFORGEH/10- TAB 160-12.5 77
EXFORGEH/10- TAB 160-25 78
EXFORGEH/10- TAB 320-25 78
EXFORGEH/5- TAB 160-12.5 77
EXFORGEH/5- TAB 160-25 77
EXJADE TAB 125MG 63
EXJADE TAB 250MG 63
EXJADE TAB 500MG 63
EXODERM LOT 25-1% 138

EXONDYS 51 SOL 100/2ML.....215
EXONDYS 51 SOL 500/10ML.....215
EXTAVIA INJ 0.3MG.....232
EXTINA AER 2%.....138
EYLEA INJ 2/0.05ML.....218
E-Z JECT MIS 21G.....190
E-Z JECT MIS 21G COLR.....190
E-Z JECT MIS 30G.....190
E-Z JECT MIS 32G COLR.....190
E-Z JECT MIS LANC 21G.....190
E-Z JECT MIS THIN 26G.....190
EZ SMART MIS LANCETS.....190
EZ SMART PLS TES BLD GLUC.....152
EZ SMART TES BLD GLUC.....152
EZALLOR SPR CAP 10MG.....70
EZALLOR SPR CAP 20MG.....70
EZALLOR SPR CAP 40MG.....70
EZALLOR SPR CAP 5MG.....70
ezetimibe tab 10 mg.....71
ezetimibe-simvastatin tab 10-10 mg.68
ezetimibe-simvastatin tab 10-20 mg.68
ezetimibe-simvastatin tab 10-40 mg.68
ezetimibe-simvastatin tab 10-80 mg.68
E-ZJECT LANC MIS 33G.....190
EZ-LETS 21G MIS LANCETS.....190
EZ-LETS 23G MIS LANCETS.....190
EZ-LETS 26G MIS LANCETS.....190
EZ-LETS 28G MIS LANCETS.....190
EZ-LETS 30G MIS LANCETS.....190
F
FABIOR AER 0.1%.....136
FABRAZYME INJ 35MG.....161
FABRAZYME INJ 5MG.....161
FALESSA KIT.....126
fallback tab 1.5mg.....129
falmina tab.....126
famciclovir tab 125 mg.....112
famciclovir tab 250 mg.....112
famciclovir tab 500 mg.....112
famotidine for susp 40 mg/5ml.....244
famotidine in nacl 0.9% iv soln 20 mg/50ml.....244
famotidine inj 20 mg/2ml.....244
famotidine inj 200 mg/20ml.....244
famotidine inj 40 mg/4ml.....244
famotidine tab 20 mg.....244
famotidine tab 40 mg.....244
FANAPT PAK.....101
FANAPT TAB 10MG.....101
FANAPT TAB 12MG.....101
FANAPT TAB 1MG.....101
FANAPT TAB 2MG.....101
FANAPT TAB 4MG.....101
FANAPT TAB 6MG.....101
FANAPT TAB 8MG.....101
FANATREX SUS 25MG/ML.....45
FARESTON TAB 60MG.....88
FARXIGA TAB 10MG.....61
FARXIGA TAB 5MG.....61
FARYDAK CAP 10MG.....91
FARYDAK CAP 15MG.....91
FARYDAK CAP 20MG.....91
FASENRA INJ 30MG/ML.....37
FASENRA PEN INJ 30MG/ML.....37
FASLODEX INJ 250/5ML.....88
FASTCLIX MIS LANCETS.....190
febuxostat tab 40 mg.....172
febuxostat tab 80 mg.....172
FEIBA INJ.....174
felbamate susp 600 mg/5ml.....49
felbamate tab 400 mg.....49
felbamate tab 600 mg.....49
FELBATOL SUS 600/5ML.....49
FELBATOL TAB 400MG.....49
FELBATOL TAB 600MG.....49
FELDENE CAP 10MG.....12
FELDENE CAP 20MG.....12
felodipine tab er 24hr 10 mg.....117
felodipine tab er 24hr 2.5 mg.....117
felodipine tab er 24hr 5 mg.....117
FEM PH GEL.....249
FEMARA TAB 2.5MG.....88
FEMCAP MIS 22MM.....188
FEMCAP MIS 26MM.....188
FEMCAP MIS 30MM.....188
FEMHRT TAB 0.5-2.5.....164
FEMRING MIS 0.05/24H.....250
FEMRING MIS 0.1MG/24.....250
femynor tab 0.25-35.....126
fenofibrate cap 150 mg.....69
fenofibrate cap 50 mg.....69
fenofibrate micronized cap 130 mg...69
fenofibrate micronized cap 134 mg...69
fenofibrate micronized cap 200 mg...69

fenofibrate micronized cap 43 mg.....69
fenofibrate micronized cap 67 mg.....69
fenofibrate tab 120 mg 69
fenofibrate tab 145 mg 70
fenofibrate tab 160 mg 70
FENOFIBRATE TAB 160MG.....70
fenofibrate tab 40 mg 69
fenofibrate tab 48 mg 69
fenofibrate tab 54 mg 69
FENOGLIDE TAB 120MG.....70
FENOGLIDE TAB 40MG.....70
fenoprofen calcium cap 400 mg.....12
fenoprofen calcium tab 600 mg.....12
FENOPROFEN CAP 200MG.....12
FENSOLVI INJ 45MG.....160
FENT/ROPIVAC INJ 0.4/200.....24
FENT/ROPIVAC INJ NACL.....24
FENTANYL CIT INJ 100MCG 17
FENTANYL CIT INJ 250MCG 17
FENTANYL CIT INJ BUPIVACA.....24
FENTANYL CIT SOL 10MCG/ML.....17
fentanyl citrate buccal tab 100 mcg (base equiv) 17
fentanyl citrate buccal tab 200 mcg (base equiv) 17
fentanyl citrate buccal tab 400 mcg (base equiv) 17
fentanyl citrate buccal tab 600 mcg (base equiv) 17
fentanyl citrate buccal tab 800 mcg (base equiv) 17
fentanyl citrate lozenge on a handle 1200 mcg 18
fentanyl citrate lozenge on a handle 1600 mcg 18
fentanyl citrate lozenge on a handle 200 mcg.....18
fentanyl citrate lozenge on a handle 400 mcg.....18
fentanyl citrate lozenge on a handle 600 mcg.....18
fentanyl citrate lozenge on a handle 800 mcg.....18
fentanyl citrate pf soln cartridge 100 mcg/2ml 18
fentanyl citrate preservative free (pf) inj 100 mcg/2ml.....18
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml 18
fentanyl citrate preservative free (pf) inj 250 mcg/5ml.....18
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml 18
fentanyl citrate preservative free (pf) inj 500 mcg/10ml 18
FENTANYL INJ 50MCG/ML.....18
fentanyl td patch 72hr 100 mcg/hr...18
fentanyl td patch 72hr 12 mcg/hr.....18
fentanyl td patch 72hr 25 mcg/hr.....18
FENTANYL TD PATCH 72HR 37.5 MCG/HR 18
fentanyl td patch 72hr 50 mcg/hr.....18
FENTANYL TD PATCH 72HR 62.5 MCG/HR 18
fentanyl td patch 72hr 75 mcg/hr.....18
FENTANYL TD PATCH 72HR 87.5 MCG/HR 18
FENTORA TAB 100MCG 18
FENTORA TAB 200MCG 18
FENTORA TAB 400MCG 18
FENTORA TAB 600MCG 18
FENTORA TAB 800MCG 18
FERAHEME INJ 510/17ML.....181
FERIVAFA CAP 110-1MG 180
ferocon cap 180
ferotrinsic cap.....180
FERPRX 2-DAY TAB 1000MG.....63
FERRIPROX SOL 100MG/ML.....63
FERRIPROX TAB 1000MG 63
FERRIPROX TAB 500MG 63
FERRLECIT INJ 12.5MG/M 181
FERRO-PLEX TAB 180
FERROTRIN CAP.....180
FETROJA INJ 1GM 125
FETZIMA CAP 120MG.....54
FETZIMA CAP 20MG.....54
FETZIMA CAP 40MG.....54
FETZIMA CAP 80MG.....54
FETZIMA CAP TITRATIO 54
FEXMID TAB 7.5MG 212
FIASP FLEX INJ TOUCH 60
FIASP INJ 100/ML 60
FIASP PENFIL INJ U-100 60
FIBRYGA INJ 1GM 174

FIFTY50 GLUC TES 2.0 152
FIFTY50 SAFE MIS LANCETS 191
FINACEA AER 15% 149
FINACEA GEL 15% 149
finasteride tab 5 mg 171
FINE 30 MIS 191
FINGERSTIX MIS LANCETS 191
FINTEPLA SOL 2.2MG/ML 45
FIORICET CAP..... 16
FIORICET CAP CODEINE..... 24
FIORINAL CAP..... 16
FIORINAL/COD CAP 30MG 24
FIRAZYR INJ 30MG/3ML 176
FIRDAPSE TAB 10MG 81
FIRMAGON INJ 120MG 88
FIRMAGON INJ 80MG..... 88
FIRST-METRON SUS 100MG/ML 28
FIRVANQ SOL 25MG/ML 30
FIRVANQ SOL 50MG/ML 30
FLAGYL CAP 375MG 28
FLAGYL TAB 250MG 28
FLAGYL TAB 500MG 28
FLAREX SUS 0.1% OP 221
flavoxate hcl tab 100 mg 248
flecainide acetate tab 100 mg 36
flecainide acetate tab 150 mg 36
flecainide acetate tab 50 mg 36
FLECTOR DIS 1.3% 138
FLOLAN INJ 0.5MG 120
FLOLAN INJ 1.5MG 120
FLOLIPID SUS 20MG/5ML..... 70
FLOLIPID SUS 40MG/5ML..... 70
FLOMAX CAP 0.4MG..... 171
FLORIVA DRO 0.25MG 201
FLORIVA DRO PLUS 208
FLOVENT DISK AER 100MCG 38
FLOVENT DISK AER 250MCG 38
FLOVENT DISK AER 50MCG 38
FLOVENT HFA AER 110MCG 38
FLOVENT HFA AER 220MCG 38
FLOVENT HFA AER 44MCG..... 38
floxuridine for inj 0.5 gm 84
FLUAD INJ 2020-21 249
FLUARIX QUAD INJ 2020-21 249
FLUBLOK QUAD INJ 2020-21 249
flucaine sol 0.25-0.5 222
FLUCLVX QUAD INJ 2020-21..... 249
fluconazole for susp 10 mg/ml 66
fluconazole for susp 40 mg/ml 66
fluconazole in nacl 0.9% inj 200 mg/100ml 66
fluconazole in nacl 0.9% inj 400 mg/200ml 67
fluconazole tab 100 mg 67
fluconazole tab 150 mg 67
fluconazole tab 200 mg 67
fluconazole tab 50 mg..... 67
flucytosine cap 250 mg 66
flucytosine cap 500 mg 66
fludarabine phosphate for inj 50 mg . 84
fludarabine phosphate inj 25 mg/ml . 84
fludrocortisone acetate tab 0.1 mg . 133
FLULAVAL QUA INJ 2020-21 249
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml) 64
flumazenil iv soln 1 mg/10ml (0.1 mg/ml) 64
FLUMIST QUAD SUS 2020-21 249
flunisolide nasal soln 25 mcg/act (0.025%) 214
fluocinolone acetonide (otic) oil 0.01% 224
fluocinolone acetonide cream 0.01% 144
fluocinolone acetonide cream 0.025% 144
fluocinolone acetonide oil 0.01% (body oil) 144
fluocinolone acetonide oil 0.01% (scalp oil) 144
fluocinolone acetonide oint 0.025% 144
fluocinolone acetonide soln 0.01% . 144
fluocinonide cream 0.05% 144
fluocinonide cream 0.1%..... 144
fluocinonide emulsified base cream 0.05% 144
fluocinonide gel 0.05% 144
fluocinonide oint 0.05% 144
fluocinonide soln 0.05% 144
FLUORABON DRO 201
fluorescein w/ benoxinate ophth soln 0.25-0.4%..... 222
fluorescein w/ proparacaine ophth soln 0.25-0.5%..... 222

FLUORESCITE INJ 10% OP 223
fluor-i-stri tes 1mg op.....222
fluoritab chw 0.25mg f.....201
fluoritab chw 0.5mg f.....201
fluoritab chw 1mg f 201
fluoritab chw 2.2mg.....201
fluoritab dro 0.125mg 201
fluorometholone ophth susp 0.1% ..221
FLUOROPLEX CRE 1% 140
fluorouracil cream 0.5%.....140
fluorouracil cream 5%.....140
fluorouracil iv soln 1 gm/20ml (50 mg/ml) 84
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) 84
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 84
fluorouracil iv soln 500 mg/10ml (50 mg/ml) 84
fluorouracil soln 2%.....140
fluorouracil soln 5%.....140
fluoxetine hcl (pmdd) tab 10 mg 233
fluoxetine hcl (pmdd) tab 20 mg 233
fluoxetine hcl cap 10 mg 52
fluoxetine hcl cap 20 mg 52
fluoxetine hcl cap 40 mg 52
fluoxetine hcl cap delayed release 90 mg 52
fluoxetine hcl solution 20 mg/5ml.....52
fluoxetine hcl tab 10 mg.....52
fluoxetine hcl tab 20 mg.....52
fluoxetine hcl tab 60 mg.....52
FLUOXETINE TAB 60MG 52
fluphenazine decanoate inj 25 mg/ml 105
fluphenazine hcl elixir 2.5 mg/5ml ..105
fluphenazine hcl inj 2.5 mg/ml 105
fluphenazine hcl oral conc 5 mg/ml.105
fluphenazine hcl tab 1 mg 105
fluphenazine hcl tab 10 mg.....105
fluphenazine hcl tab 2.5 mg.....105
fluphenazine hcl tab 5 mg 105
flura-drops dro 0.25mg f 201
flurandrenolide cream 0.05%.....144
flurandrenolide lotion 0.05%.....144
flurandrenolide oint 0.05% 144
FLURA-SAFE SOL.....223
flurazepam hcl cap 15 mg 182
flurazepam hcl cap 30 mg 182
flurbiprofen sodium ophth soln 0.03% 223
flurbiprofen tab 100 mg 12
flurbiprofen tab 50 mg 12
flush syring inj 0.9% 203
flutamide cap 125 mg 88
fluticasone propionate cream 0.05% 144
fluticasone propionate lotion 0.05% 144
fluticasone propionate nasal susp 50 mcg/act 214
fluticasone propionate oint 0.005% 144
fluticasone-salmeterol aer powder ba 100-50 mcg/dose 39
fluticasone-salmeterol aer powder ba 250-50 mcg/dose 39
fluticasone-salmeterol aer powder ba 500-50 mcg/dose 39
fluvastatin sodium cap 20 mg (base equivalent) 70
fluvastatin sodium cap 40 mg (base equivalent) 70
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 70
fluvoxamine maleate cap er 24hr 100 mg 52
fluvoxamine maleate cap er 24hr 150 mg 52
fluvoxamine maleate tab 100 mg 52
fluvoxamine maleate tab 25 mg 52
fluvoxamine maleate tab 50 mg 52
FLUZONE QUAD INJ 2020-21 249
FML FORTE SUS 0.25% OP 221
FML LIQUIFLM SUS 0.1% OP 221
FML OIN 0.1% OP 221
FOCALIN TAB 10MG..... 5
FOCALIN TAB 2.5MG..... 5
FOCALIN TAB 5MG 5
FOCALIN XR CAP 10MG..... 6
FOCALIN XR CAP 15MG..... 6
FOCALIN XR CAP 20MG..... 6
FOCALIN XR CAP 25MG..... 6
FOCALIN XR CAP 30MG..... 6
FOCALIN XR CAP 35MG..... 6
FOCALIN XR CAP 40MG..... 6

FOCALIN XR CAP 5MG 6
FOLET DHA PAK 209
FOLET ONE CAP 38-1-225 209
folic acid inj 5 mg/ml 178
folic acid tab 1 mg 178
FOLIC-K CAP 208
FOLIVANE-F CAP 180
FOLIVANE-OB CAP 209
FOLIVANE-PLS CAP 180
FOLLISTIM AQ INJ 300UNIT 158
FOLLISTIM AQ INJ 600UNIT 158
FOLLISTIM AQ INJ 900UNIT 158
FOLOTYN INJ 20MG/ML 84
FOLOTYN INJ 40MG/2ML 84
foltrin cap 180
fomepizole inj 1 gm/ml (for iv infusion) 64
fondaparinux sodium subcutaneous inj 10 mg/0.8ml 42
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 42
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 42
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 42
FORA BLOOD TES GLUCOSE 152
FORA D15G TES BLD GLUC 152
FORA D20 TES BLD GLUC 152
FORA D40/G31 TES GLUCOSE 152
FORA G20 TES BLD GLUC 152
FORA G30/V10 TES BLD GLUC 152
FORA GD20 TES BLD GLUC 152
FORA GD50 TES 152
FORA TN'G TES TN'G VOI 152
FORA V10 TES BLD GLUC 152
FORA V12 TES BLD GLUC 152
FORA V20 TES BLD GLUC 152
FORA V30A TES BLD GLUC 152
FORACARE TES GD40 152
FORACARE TES PREM V10 153
FORACARE TES TST N GO 153
FORFIVO XL TAB 450MG 51
FORMALDEHYDE SOL 37% 106
formaldehyde solution 10% 106
FORTAMET TAB 1000MG 58
FORTAMET TAB 500MG 58
FORTAZ INJ 1GM 124
FORTAZ INJ 2GM 124
FORTAZ INJ 500MG 124
FORTEO INJ 620/2.48 157
FORTESTA GEL 10MG/ACT 27
FORTISCARE TES BLD GLUC 153
FOSAMAX + D TAB 70-2800 158
FOSAMAX + D TAB 70-5600 158
FOSAMAX TAB 70MG 158
fosamprenavir calcium tab 700 mg (base equiv) 108
FOSCAVIR INJ 24MG/ML 110
fosfomycin tromethamine powd pack 3 gm (base equivalent) 32
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 78
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 78
fosinopril sodium tab 10 mg 72
fosinopril sodium tab 20 mg 72
fosinopril sodium tab 40 mg 72
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv) 50
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv) 50
FOSRENOL CHW 1000MG 169
FOSRENOL CHW 500MG 169
FOSRENOL CHW 750MG 169
FOSRENOL POW 1000MG 169
FOSRENOL POW 750MG 169
FOTIVDA CAP 0.89MG 91
FOTIVDA CAP 1.34MG 91
FRAGMIN INJ 10000/ML 42
FRAGMIN INJ 12500UNT 42
FRAGMIN INJ 15000UNT 42
FRAGMIN INJ 18000UNT 42
FRAGMIN INJ 2500/0.2 42
FRAGMIN INJ 5000/0.2 42
FRAGMIN INJ 7500/0.3 42
FRAGMIN INJ 95000UNT 42
FREAMINE HBC INJ 6.9% 217
FREAMINE III INJ 10% 217
FREESTYLE MIS LANCETS 191
FREESTYLE MIS UNISTICK 191
FREESTYLE TES 153
FREESTYLE TES INSULINX 153
FREESTYLE TES LITE 153
FREESTYLE TES PREC NEO 153

FROVA TAB 2.5MG.....198
frovatriptan succinate tab 2.5 mg (base equivalent) 198
FUL-GLO TES 0.6MG OP 223
ful-glo tes 1mg op 223
FULPHILA INJ 6/0.6ML 178
fulvestrant inj 250 mg/5ml 88
furosemide inj 10 mg/ml 156
furosemide oral soln 10 mg/ml.....156
furosemide oral soln 8 mg/ml 156
furosemide tab 20 mg.....156
furosemide tab 40 mg.....156
furosemide tab 80 mg.....156
FUSION PAK SPRINKLE 180
FUSION PLUS CAP 180
FUZEON INJ 90MG.....108
fyavolv tab 0.5-2.5.....164
fyavolv tab 1-5 164
FYCOMPA SUS 0.5MG/ML 43
FYCOMPA TAB 10MG.....44
FYCOMPA TAB 12MG.....44
FYCOMPA TAB 2MG.....43
FYCOMPA TAB 4MG.....43
FYCOMPA TAB 6MG.....43
FYCOMPA TAB 8MG.....44
G
gabapentin cap 100 mg.....45
gabapentin cap 300 mg.....45
gabapentin cap 400 mg.....45
gabapentin oral soln 250 mg/5ml 45
gabapentin tab 600 mg 45
gabapentin tab 800 mg 45
GABITRIL TAB 12MG.....49
GABITRIL TAB 16MG.....49
GABITRIL TAB 2MG 49
GABITRIL TAB 4MG 49
GABLOFEN INJ 10000/20 212
GABLOFEN INJ 20000/20 212
GABLOFEN INJ 40000/20 212
GABLOFEN INJ 50MCG/ML.....212
GALAFOLD CAP 123MG 161
galantamine hydrobromide cap er 24hr 16 mg 229
galantamine hydrobromide cap er 24hr 24 mg 229
galantamine hydrobromide cap er 24hr 8 mg.....229
galantamine hydrobromide oral soln 4 mg/ml.....230
galantamine hydrobromide tab 12 mg 230
galantamine hydrobromide tab 4 mg 230
galantamine hydrobromide tab 8 mg 230
GALZIN CAP 25MG 204
GALZIN CAP 50MG 204
GAMIFANT INJ 10MG/2ML 205
GAMIFANT INJ 50/10ML.....205
GAMMAGARD INJ 10GM/100.....225
GAMMAGARD INJ 1GM/10ML 224
GAMMAGARD INJ 2.5GM/25 225
GAMMAGARD INJ 20GM/200.....225
GAMMAGARD INJ 5GM/50ML 225
GAMMAKED INJ 10GM/100 225
GAMMAKED INJ 20GM/200 225
GAMMAKED INJ 5GM/50ML.....225
GAMUNEX-C INJ 10GM/100 225
GAMUNEX-C INJ 1GM/10ML.....225
GAMUNEX-C INJ 2.5GM/25.....225
GAMUNEX-C INJ 20GM/200 225
GAMUNEX-C INJ 5GM/50ML.....225
ganciclovir sodium for inj 500 mg...110
GANIRELIX AC INJ 250/0.5.....159
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml 159
GARDASIL 9 INJ.....249
GASTROCROM CON 100/5ML.....167
GATIFL-DEXAM SOL 0.5-0.1% 221
gatifloxacin ophth soln 0.5% 219
GATTEX KIT 5MG 170
gavilyte-c sol 184
gavilyte-g sol.....184
gavilyte-h kit 184
gavilyte-n sol flav pk 184
GAVRETO CAP 100MG.....91
GAZYVA INJ 25MG/ML 86
GE100 BLOOD TES GLUCOSE.....153
GEBAUERS SPR AER /STRETCH.....148
GELCLAIR GEL 208
GELFILM MIS OP 222
GELNIQUE GEL 10% 248
GEL-ONE INJ 30MG/3ML 213
GELSYN-3 INJ 16.8/2ML.....213

gemcitabine hcl for inj 1 gm 84
gemcitabine hcl for inj 2 gm 84
gemcitabine hcl for inj 200 mg 84
gemcitabine hcl inj 2 gm/20ml (100 mg/ml) (base equiv) 85
gemcitabine hcl inj 200 mg/2ml (100 mg/ml) (base equiv) 85
GEMCITABINE INJ 1.5GM/15 85
GEMCITABINE INJ 1GM/10ML 85
GEMCITABINE INJ 200MG 85
GEMCITABINE INJ 2GM/20ML 85
gemfibrozil tab 600 mg 70
gemmily cap 1/20 126
GENADUR LIQ.....148
GENERESS FE CHW 126
generlac sol 10gm/15 168
gengraf cap 100mg 205
gengraf cap 25mg 205
gengraf sol 100mg/ml.....205
GENOTROPIN INJ 0.2MG 159
GENOTROPIN INJ 0.4MG 159
GENOTROPIN INJ 0.6MG 159
GENOTROPIN INJ 0.8MG 159
GENOTROPIN INJ 1.2MG 159
GENOTROPIN INJ 1.4MG 159
GENOTROPIN INJ 1.6MG 159
GENOTROPIN INJ 1.8MG 159
GENOTROPIN INJ 12MG 159
GENOTROPIN INJ 1MG 159
GENOTROPIN INJ 2MG 159
GENOTROPIN INJ 5MG 159
GENSTRIP 50 TES 153
gentak oin 0.3% op 219
gentamicin in saline inj 0.8 mg/ml..... 8
gentamicin in saline inj 1 mg/ml 8
gentamicin in saline inj 1.2 mg/ml..... 8
gentamicin in saline inj 1.6 mg/ml..... 8
gentamicin in saline inj 2 mg/ml 8
gentamicin sulfate cream 0.1%.....138
gentamicin sulfate inj 10 mg/ml..... 8
gentamicin sulfate inj 40 mg/ml..... 8
gentamicin sulfate oint 0.1% 138
gentamicin sulfate ophth soln 0.3% 219
GENTLE-LET MIS 26G 191
GENTLE-LET MIS 28G 191
GENTLE-LET MIS LANCETS 191
GENTLE-LET MIS PLATFORM 191
GENULTIMATE TES 153
GENVISC 850 INJ 25/2.5.....213
GENVOYA TAB 108
GEODON CAP 20MG.....101
GEODON CAP 40MG.....101
GEODON CAP 60MG.....101
GEODON CAP 80MG.....101
GEODON INJ 20MG.....101
GHT TEST TES STRIPS 153
GIALAX KIT 185
gianvi tab 3-0.02mg 126
GIAPREZA INJ 2.5MG.....251
GILENYA CAP 0.5MG.....232
GILOTRIF TAB 20MG.....91
GILOTRIF TAB 30MG.....91
GILOTRIF TAB 40MG.....91
GILPHEX TR TAB 10-388MG.....133
GILTUSS TR TAB 133
GIVLAARI INJ 189MG/ML 172
GLASSIA INJ.....236
glatiramer acetate soln prefilled syringe 40 mg/ml 232
glatopa inj 20mg/ml 232
GLEEVEC TAB 100MG 91
GLEEVEC TAB 400MG 91
GLEOSTINE CAP 100MG 83
GLEOSTINE CAP 10MG.....83
GLEOSTINE CAP 40MG.....83
GLIADEL WAF 7.7MG 83
glimepiride tab 1 mg 62
glimepiride tab 2 mg 62
glimepiride tab 4 mg 62
glipizide tab 10 mg 62
glipizide tab 5 mg.....62
glipizide tab er 24hr 10 mg.....62
glipizide tab er 24hr 2.5 mg.....62
glipizide tab er 24hr 5 mg 62
glipizide xl tab 10mg 62
glipizide xl tab 2.5mg 62
glipizide xl tab 5mg 62
glipizide-metformin hcl tab 2.5-250 mg 57
glipizide-metformin hcl tab 2.5-500 mg 57
*glipizide-metformin hcl tab 5-500 mg*57
GLOBAL 28G MIS LANCETS 191
GLOBAL 30G MIS LANCETS 191

GLUCAGEN INJ 1MG 150
GLUCAGEN INJ HYPOKIT 59
GLUCAGON KIT 1MG..... 59
GLUCO PERFEC TES 3 153
GLUCOCARD 01 TES PLUS 153
GLUCOCARD 01 TES SENSOR 153
GLUCOCARD TES EXPRESSI..... 153
GLUCOCARD TES SHINE..... 153
GLUCOCARD TES VITAL 153
GLUCOCARD TES X-SENSOR..... 153
GLUCOCOM MIS 28G 191
GLUCOCOM MIS 30G 191
GLUCOCOM MIS 33G 191
GLUCOCOM TES 153
GLUCONAVII TES STRIPS 153
GLUCOPHAGE TAB 1000MG 58
GLUCOPHAGE TAB 500MG 58
GLUCOPHAGE TAB 500MG XR 58
GLUCOPHAGE TAB 750MG XR 58
GLUCOPHAGE TAB 850MG 58
GLUCOSE TES STRIPS 153
GLUCOSOURCE MIS LANCETS 191
GLUCOTROL TAB 10MG 62
GLUCOTROL TAB 5MG..... 62
GLUCOTROL XL TAB 10MG 62
GLUCOTROL XL TAB 2.5MG 62
GLUCOTROL XL TAB 5MG 62
GLUMETZA TAB 1000MG 58
GLUMETZA TAB 500MG 58
GLUTARALDEHY SOL 25% 106
glyburide micronized tab 1.5 mg 62
glyburide micronized tab 3 mg 62
glyburide micronized tab 6 mg 62
glyburide tab 1.25 mg..... 62
glyburide tab 2.5 mg 62
glyburide tab 5 mg 62
glyburide-metformin tab 1.25-250 mg 57
glyburide-metformin tab 2.5-500 mg 57
glyburide-metformin tab 5-500 mg ... 57
glycine diluent for injection 228
glycine irrigation soln 1.5% 171
GLYCOLIC ACD SOL 70% 141
GLYCOPHOS SOL 1MM/ML 202
GLYCOPYRROLA INJ 0.6/3ML 243
GLYCOPYRROLA INJ 1MG/5ML..... 243
GLYCOPYRROLA TAB 1.5MG..... 243
glycopyrrolate inj 0.2 mg/ml..... 243
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml) 243
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml) 243
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml) 243
glycopyrrolate tab 1 mg 244
glycopyrrolate tab 2 mg 244
glydo gel 2% 148
GLYNASE TAB 1.5MG 62
GLYNASE TAB 3MG..... 62
GLYNASE TAB 6MG..... 62
GLYTACTIN POW BD 20/20..... 155
GLYXAMBI TAB 10-5 MG 57
GLYXAMBI TAB 25-5 MG 57
GMATE BLOOD TES GLUCOSE 153
GMATE LANCET MIS 30G..... 191
GNP LANCETS MIS 191
GNP LANCETS MIS 21G..... 191
GNP LANCETS MIS MICRO 191
GNP LANCETS MIS SUP THIN 191
GNP LANCETS MIS THIN 191
GNP LANCETS MIS THIN 26G..... 191
gnp nicotine gum 2mg mint 234
gnp nicotine gum 2mg orig 234
gnp nicotine gum 4mg mint 234
gnp nicotine gum 4mg orig 234
gnp nicotine loz 4mg mint 234
GNP ULTICARE MIS 31GX5/16 197
GNP ULTICARE MIS 32GX1/4 197
GNP ULTICARE MIS 32GX5/32 197
GOCOVRI CAP 137MG..... 98
GOCOVRI CAP 68.5MG..... 98
GOLYTELY SOL..... 184
GONAL-F INJ 1050UNIT 158
GONAL-F INJ 450UNIT 158
GONAL-F RFF INJ 300/0.5 158
GONAL-F RFF INJ 450/0.75 158
GONAL-F RFF INJ 75UNIT..... 158
GONAL-F RFF INJ 900/1.5 159
GONITRO POW 400MCG..... 32
GOPRELTO SOL 40MG/ML..... 214
GORDOFILM SOL..... 147
GRALISE STAR MIS 300/600..... 233
GRALISE TAB 300MG 233
GRALISE TAB 600MG 233

granisetron hcl inj 1 mg/ml 64
granisetron hcl inj 4 mg/4ml (1 mg/ml) 64
granisetron hcl tab 1 mg 64
GRANIX INJ 300/0.5 178
GRANIX INJ 300/1ML.....179
GRANIX INJ 480/0.8 179
GRANIX INJ 480/1.6 179
GRASTEK SUB 2800BAU..... 7
green glo mis 1.5mg.....223
griseofulvin microsize susp 125 mg/5ml 66
griseofulvin microsize tab 500 mg 66
griseofulvin ultramicrosize tab 125 mg 66
griseofulvin ultramicrosize tab 250 mg 66
guanfacine hcl tab 1 mg 75
guanfacine hcl tab 2 mg 75
guanfacine hcl tab er 24hr 1 mg (base equiv) 4
guanfacine hcl tab er 24hr 2 mg (base equiv) 4
guanfacine hcl tab er 24hr 3 mg (base equiv) 4
guanfacine hcl tab er 24hr 4 mg (base equiv) 4
GUANIDINE TAB 125MG.....81
GVOKE HYPO 1 INJ .5/.1ML 59
GVOKE HYPO 1 INJ 1MG/.2ML.....59
GVOKE HYPO 2 INJ .5/.1ML 59
GVOKE HYPO 2 INJ 1MG/.2ML.....59
GVOKE PFS INJ 59
GYNAZOLE-1 CRE 2% 249

H

HAEGARDA INJ 2000UNIT 176
HAEGARDA INJ 3000UNIT 176
HAEMOLANCE MIS HIGH FLO 191
HAEMOLANCE MIS LOW FLOW 191
HAEMOLANCE MIS PLUS.....191
HAEMOLANCE MIS PLUS LOW 191
HAEMOLANCE MIS PLUS MAX 191
HAEMOLANCE MIS PLUS PED 191
HAEMOLANCE MIS RETRACT.....191
HALAVEN INJ 1MG/2ML.....96
halcinonide cream 0.1%.....144
HALCION TAB 0.25MG 182
HALDOL DECAN INJ 100MG/ML.....102
HALDOL DECAN INJ 50MG/ML.....102
HALDOL INJ 5MG/ML 102
halobetasol propionate cream 0.05% 144
halobetasol propionate oint 0.05% .144
HALOG CRE 0.1%.....144
HALOG OIN 0.1%.....144
HALOG SOL 0.1%.....144
haloperidol decanoate im soln 100 mg/ml.....102
haloperidol decanoate im soln 50 mg/ml.....102
haloperidol lactate inj 5 mg/ml 102
haloperidol lactate oral conc 2 mg/ml 102
haloperidol tab 0.5 mg.....102
haloperidol tab 1 mg.....102
haloperidol tab 10 mg.....103
haloperidol tab 2 mg.....102
haloperidol tab 20 mg.....103
haloperidol tab 5 mg.....103
HARVONI PAK.....111
HARVONI PAK 45-200MG 111
HARVONI TAB 45-200MG 111
HARVONI TAB 90-400MG 111
HAVRIX INJ 1440UNIT 249
HAVRIX INJ 720UNIT.....249
HEALON DUET INJ PRO 222
HEALON GV INJ 14MG/ML 222
HEALON GV INJ 18MG PRO.....222
HEALON INJ 10MG/ML 222
HEALON5 INJ 23MG/ML.....222
heather tab 0.35mg.....129
HECTOROL INJ 2MCG/ML 161
HECTOROL INJ 4MCG/2ML.....161
HEMABATE INJ 250MCG 224
HEMANGEOL SOL 4.28/ML.....114
hematinic/fa tab.....180
HEMATOGEN FA CAP.....180
HEMATRON-AF TAB 180
HEMLIBRA INJ 105/0.7 174
HEMLIBRA INJ 150/ML.....174
HEMLIBRA INJ 30MG/ML 174
HEMLIBRA INJ 60/0.4 174
hemocyte-f tab 180
HEMOFIL M INJ 1000UNIT 174

HEMOFIL M INJ 1700UNIT 174
HEMOFIL M INJ 250UNIT 174
HEMOFIL M INJ 500UNIT 174
HEP SOD/DEXT INJ 25000UNT 42
HEP SOD/NACL INJ 12500UNT 42
HEP SOD/NACL INJ 25000UNT 42
HEPAGAM B INJ 225
heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9% 42
heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9% 42
heparin sodium (porcine) 100 unit/ml in d5w 42
heparin sodium (porcine) inj 1000 unit/ml 42
heparin sodium (porcine) inj 10000 unit/ml 42
heparin sodium (porcine) inj 20000 unit/ml 42
heparin sodium (porcine) inj 5000 unit/ml 42
heparin sodium (porcine) lock flush iv soln 1 unit/ml 42
heparin sodium (porcine) lock flush iv soln 10 unit/ml 43
heparin sodium (porcine) lock flush iv soln 100 unit/ml 43
heparin sodium (porcine) pf inj 5000 unit/0.5ml 43
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5% 43
hepatamine sol 8% 217
HEPSERA TAB 10MG 111
HERCEP HYLEC SOL 60-10000 90
HERCEPTIN INJ 150MG 86
HESPAN INJ 6%/NACL 176
hetastarch in sodium chloride inj 6-0.9% 176
HETLIOZ CAP 20MG 184
HETLIOZ LQ SUS 4MG/ML 184
HEXTEND SOL 6% 176
HIBERIX SOL 10MCG 248
HIPREX TAB 1GM 247
HIZENTRA INJ 10/50ML 225
HIZENTRA INJ 1GM/5ML 225
HIZENTRA INJ 2GM/10ML 225
HIZENTRA INJ 4GM/20ML 225
HIZENTRA SOL 20% 225
HLTHY ACCNTS MIS LANC 30G 191
hm nicotine dis 14mg/24h 234
hm nicotine dis 21mg/24h 234
hm nicotine gum 2mg mint 234
hm nicotine gum 4mg mint 234
hm nicotine loz 4mg mint 234
homatropaire sol 5% op 218
homatropine hbr ophth soln 5% 218
HORIZANT TAB 300MG ER 233
HORIZANT TAB 600MG ER 233
HPR PLUS AER 148
HPR PLUS CRE 148
HPR PLUS KIT 148
HUMALOG INJ 100/ML 60
HUMALOG KWIK INJ 100/ML 60
HUMALOG KWIK INJ 200/ML 60
HUMALOG MIX INJ 50/50 60
HUMALOG MIX INJ 50/50KWP 60
HUMALOG MIX INJ 75/25KWP 60
HUMALOG MIX SUS 75/25 60
HUMATE-P SOL 2400UNIT 174
HUMATE-P SOL 250-600 174
HUMATE-P SOL 500-1200 174
HUMATIN CAP 250MG 8
HUMATROPE INJ 12MG 159
HUMATROPE INJ 24MG 159
HUMATROPE INJ 5MG 159
HUMATROPE INJ 6MG 159
HUMIRA INJ 10MG/0.2 9
HUMIRA KIT 20MG/0.4 9
HUMIRA KIT 40MG/0.8 9
HUMIRA PEDIA INJ CROHNS 9
HUMIRA PEN INJ 40MG/0.8 9
HUMIRA PEN INJ CD/UC/HS 10
HUMIRA PEN INJ PS/UV 10
HUMULIN BR INJ U-100 60
HUMULIN INJ 70/30 60
HUMULIN INJ 70/30KWP 60
HUMULIN N INJ U-100 60
HUMULIN N INJ U-100KWP 60
HUMULIN N PN INJ U-100 60
HUMULIN PEN INJ 70/30 60
HUMULIN R INJ U-100 60
HUMULIN R INJ U-500 60
HYALGAN INJ 20MG/2ML 213

hyaluronate sodium (emollient) gel 0.2% 146
HYCAMTIN CAP 0.25MG 97
HYCAMTIN CAP 1MG 97
HYCAMTIN INJ 4MG 97
HYCLODEX SOL 0.012% 149
hydralazine hcl inj 20 mg/ml 80
hydralazine hcl tab 10 mg 81
hydralazine hcl tab 100 mg 81
hydralazine hcl tab 25 mg 81
hydralazine hcl tab 50 mg 81
HYDREA CAP 500MG 94
hydrochlorothiazide cap 12.5 mg 157
hydrochlorothiazide tab 12.5 mg 157
hydrochlorothiazide tab 25 mg 157
hydrochlorothiazide tab 50 mg 157
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml 133
hydrocodone bitartrate cap er 12hr 10 mg 18
hydrocodone bitartrate cap er 12hr 15 mg 18
hydrocodone bitartrate cap er 12hr 20 mg 18
hydrocodone bitartrate cap er 12hr 30 mg 18
hydrocodone bitartrate cap er 12hr 40 mg 18
hydrocodone bitartrate cap er 12hr 50 mg 18
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml 133
hydrocodone w/ homatropine tab 5-1.5 mg 133
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 24
hydrocodone-acetaminophen tab 10-300 mg 24
hydrocodone-acetaminophen tab 10-325 mg 24
hydrocodone-acetaminophen tab 5-300 mg 24
hydrocodone-acetaminophen tab 5-325 mg 24
hydrocodone-acetaminophen tab 7.5-300 mg 24
hydrocodone-acetaminophen tab 7.5-325 mg 24
hydrocodone-ibuprofen tab 10-200 mg 24
hydrocodone-ibuprofen tab 5-200 mg 24
hydrocodone-ibuprofen tab 7.5-200 mg 24
hydrocortisone acetate suppos 25 mg 28
hydrocortisone acetate suppos 30 mg 28
hydrocortisone acetate w/ pramoxine perianal cream 1-1% 28
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1% 28
hydrocortisone butyrate cream 0.1% 144
hydrocortisone butyrate hydrophilic lipo base cream 0.1% 144
hydrocortisone butyrate lotion 0.1% 144
hydrocortisone butyrate oint 0.1% . 144
hydrocortisone butyrate soln 0.1% . 144
hydrocortisone cream 1% 144
hydrocortisone cream 2.5% 144
hydrocortisone enema 100 mg/60ml 27
hydrocortisone lotion 2.5% 145
hydrocortisone oint 1% 145
hydrocortisone oint 2.5% 145
hydrocortisone perianal cream 1% ... 28
hydrocortisone perianal cream 2.5% 28
hydrocortisone tab 10 mg 131
hydrocortisone tab 20 mg 131
hydrocortisone tab 5 mg 131
hydrocortisone valerate cream 0.2% 145
hydrocortisone valerate oint 0.2% .. 145
hydrocortisone w/ acetic acid otic soln 1-2% 224
hydrogen peroxide soln 30% 106
hydromet syp 5-1.5/5 133
HYDROMO/NACL INJ 2MG/ML 18
HYDROMORPHON SUP 3MG 19
hydromorphone hcl inj 1 mg/ml 19
hydromorphone hcl inj 2 mg/ml 19
hydromorphone hcl inj 4 mg/ml 19

hydromorphone hcl liqd 1 mg/ml 19
hydromorphone hcl preservative free (pf) inj 10 mg/ml 19
hydromorphone hcl tab 2 mg 19
hydromorphone hcl tab 4 mg 19
hydromorphone hcl tab 8 mg 19
hydromorphone hcl tab er 24hr 12 mg 19
hydromorphone hcl tab er 24hr 16 mg 19
hydromorphone hcl tab er 24hr 32 mg 19
hydromorphone hcl tab er 24hr 8 mg 19
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent) 178
hydroxychloroquine sulfate tab 200 mg 81
hydroxyprogesterone caproate im in oil 1.25 gm/5ml 88
hydroxyprogesterone caproate im in oil 250 mg/ml 228
hydroxyurea cap 500 mg 94
hydroxyzine hcl im soln 25 mg/ml 33
hydroxyzine hcl im soln 50 mg/ml 33
hydroxyzine hcl syrup 10 mg/5ml 33
hydroxyzine hcl tab 10 mg 33
hydroxyzine hcl tab 25 mg 33
hydroxyzine hcl tab 50 mg 33
hydroxyzine pamoate cap 100 mg 34
hydroxyzine pamoate cap 25 mg 33
hydroxyzine pamoate cap 50 mg 34
HYLAFEM SUP 204
HYLATOPIC AER PLUS 148
HYLATOPIC CRE PLUS 148
HYLATOPIC LOT PLUS 148
HYLENEX INJ 150 UNIT 204
HYMOVIS INJ 24MG/3ML 213
hyophen tab 247
hyoscyamine sulfate elixir 0.125 mg/5ml 244
hyoscyamine sulfate sl tab 0.125 mg 244
hyoscyamine sulfate soln 0.125 mg/ml 244
hyoscyamine sulfate tab 0.125 mg .244
hyoscyamine sulfate tab disint 0.125 mg 244
hyoscyamine sulfate tab er 12hr 0.375 mg 244
hyosyne dro 0.125/ml 244
hyosyne elx 0.125/5 244
HYPERHEP B INJ 225
hyperlyte-cr inj 200
HYPERRAB INJ 1500UNIT 225
HYPERRAB INJ 300UNIT 225
HYPERRAB S/D INJ 150/ML 225
HYPERRAB S/D INJ 300/2ML.....225
HYPERRHO S/D INJ 300MCG.....225
HYPERRHO S/D INJ 50MCG 225
HYPERSAL NEB 3.5% 134
HYPERSAL NEB 7% 134
HYPER-SAL NEB 7% 134
HYPERTET S/D INJ 250/ML 225
HYQVIA INJ 10-800 226
HYQVIA INJ 2.5-200 226
HYQVIA INJ 20-1600 226
HYQVIA INJ 30-2400 226
HYQVIA INJ 5-400 226
HYSINGLA ER TAB 100 MG 19
HYSINGLA ER TAB 120 MG 19
HYSINGLA ER TAB 20 MG 19
HYSINGLA ER TAB 30 MG 19
HYSINGLA ER TAB 40 MG 19
HYSINGLA ER TAB 60 MG 19
HYSINGLA ER TAB 80 MG 19
HYZAAR TAB 100-12.5 78
HYZAAR TAB 100-25 78
HYZAAR TAB 50-12.5 78

I

ibandronate sodium iv soln 3 mg/3ml (base equivalent) 158
ibandronate sodium tab 150 mg (base equivalent) 158
IBRANCE CAP 100MG.....91
IBRANCE CAP 125MG.....91
IBRANCE CAP 75MG 91
IBRANCE TAB 100MG.....91
IBRANCE TAB 125MG.....91
IBRANCE TAB 75MG 91
ibu tab 400mg 12
ibu tab 600mg 12
ibu tab 800mg 12
ibuprofen lysine iv soln 10 mg/ml (base equivalent) 12

ibuprofen susp 100 mg/5ml 12
ibuprofen tab 400 mg 12
ibuprofen tab 600 mg 12
ibuprofen tab 800 mg 12
ibuprofen-famotidine tab 800-26.6 mg 12
ibutilide fumarate inj 1 mg/10ml 36
ICAR-C PLUS TAB 180
ICLUSIG TAB 15MG 91
ICLUSIG TAB 45MG 91
icosapent ethyl cap 1 gm.....69
IDAMYCIN PFS INJ 10/10ML 89
IDAMYCIN PFS INJ 20/20ML 89
IDAMYCIN PFS INJ 5MG/5ML 89
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml) 89
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml) 89
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml) 89
IDELVION SOL 1000UNIT 174
IDELVION SOL 2000UNIT 174
IDELVION SOL 250UNIT.....174
IDELVION SOL 3500UNIT 174
IDELVION SOL 500UNIT.....174
IDHIFA TAB 100MG 91
IDHIFA TAB 50MG 91
iferex 150 cap forte 180
IFEX INJ 1GM 83
IFEX INJ 3GM 83
ifosfamide for inj 1 gm 83
IFOSFAMIDE INJ 3GM 83
ifosfamide iv inj 1 gm/20ml (50 mg/ml) 83
ifosfamide iv inj 3 gm/60ml (50 mg/ml) 83
ILEVRO DRO 0.3% OP.....223
ILUMYA SOL 100MG/ML 141
ILUVIEN IMP 0.19MG 221
imatinib mesylate tab 100 mg (base equivalent) 91
imatinib mesylate tab 400 mg (base equivalent) 91
IMBRUVICA CAP 140MG 91
IMBRUVICA CAP 70MG.....91
IMBRUVICA TAB 140MG 91
IMBRUVICA TAB 280MG 91
IMBRUVICA TAB 420MG 91
IMBRUVICA TAB 560MG 91
IMCIVREE INJ 10MG/ML..... 3
IMFINZI INJ 120/2.4.....86
IMFINZI INJ 500/10.....86
imipenem-cilastatin intravenous for soln 250 mg 29
imipenem-cilastatin intravenous for soln 500 mg 29
imipramine hcl tab 10 mg 56
imipramine hcl tab 25 mg 56
imipramine hcl tab 50 mg 56
imipramine pamoate cap 100 mg 56
imipramine pamoate cap 125 mg 56
imipramine pamoate cap 150 mg 56
imipramine pamoate cap 75 mg 56
imiquimod cream 3.75% 147
imiquimod cream 5%..... 147
IMITREX INJ 4MG/0.5 198
IMITREX INJ 6MG/0.5 198
IMITREX SPR 20MG/ACT 198
IMITREX SPR 5MG/ACT 198
IMITREX TAB 100MG 198
IMITREX TAB 25MG 198
IMITREX TAB 50MG 198
IMLYGIC INJ 97
IMOGAM RABIE INJ 150/ML..... 225
IMOGAM RABIE INJ 300/2ML 225
IMPAVIDO CAP 50MG.....28
IMPEKLO LOT 0.05% 145
IMPOYZ CRE 0.025% 145
IMURAN TAB 50MG..... 205
IMVEXXY MAIN SUP 10MCG..... 250
IMVEXXY MAIN SUP 4MCG..... 250
IMVEXXY STRT SUP 10MCG 250
IMVEXXY STRT SUP 4MCG 250
IN TOUCH LAN MIS 30G..... 191
IN TOUCH TES BLOOD 153
inatal gt tab..... 209
INBRIJA CAP 42MG.....98
INCONTROL MIS LANC 28G 191
INCONTROL MIS LANC 30G 191
INCONTROL MIS LANC 33G 191
INCRELEX INJ 40MG/4ML 160
INCRUSE ELPT INH 62.5MCG 37
indapamide tab 1.25 mg 157
indapamide tab 2.5 mg 157

INDERAL LA CAP 120MG 114
INDERAL LA CAP 160MG 114
INDERAL LA CAP 60MG 114
INDERAL LA CAP 80MG 114
INDERAL XL CAP 120MG 114
INDERAL XL CAP 80MG 114
INDOCIN SUP 50MG 12
INDOCIN SUS 25MG/5ML 12
indomethacin cap 25 mg 12
indomethacin cap 50 mg 12
indomethacin cap er 75 mg 12
indomethacin sodium iv for soln 1 mg 12
INFANRIX INJ 242
INFASURF SUS 35MG/ML 237
INFED INJ 50MG/ML 181
INFINITY TES BLD GLUC 153
INFLECTRA INJ 100MG.....168
INFUGEM SOL 1200MG 85
INFUGEM SOL 1300MG 85
INFUGEM SOL 1400MG 85
INFUGEM SOL 1500MG 85
INFUGEM SOL 1600MG 85
INFUGEM SOL 1700MG 85
INFUGEM SOL 1800MG 85
INFUGEM SOL 2000MG 85
INFUGEM SOL 2200MG 85
INFUMORPH INJ 10MG/ML.....19
INFUMORPH INJ 25MG/ML.....19
INGREZZA CAP 40-80MG.....231
INGREZZA CAP 40MG 231
INGREZZA CAP 60MG 231
INGREZZA CAP 80MG 231
INJECTAFER INJ 750/15ML.....181
INLYTA TAB 1MG.....91
INLYTA TAB 5MG.....92
INNOPRAN XL CAP 120MG.....114
INNOPRAN XL CAP 80MG.....114
INREBIC CAP 100MG 92
INSPRA TAB 25MG 80
INSPRA TAB 50MG 80
INTEGRA F CAP.....180
INTEGRA PLUS CAP 180
INTEGRILIN INJ 177
INTEGRILIN INJ 0.75MG/1.....177
INTEGRILIN INJ 20/10ML 177
INTELENCE TAB 100MG.....108
INTELENCE TAB 200MG 108
INTELENCE TAB 25MG 108
INTERMEZZO SUB 1.75MG 183
INTERMEZZO SUB 3.5MG.....183
INTRALIPID INJ 20% 216
INTRALIPID INJ 30% 216
INTRAROSA SUP 6.5MG 249
INTRON A INJ 10MU 94
INTRON A INJ 18MU 94
INTRON A INJ 25MU 95
INTRON A INJ 50MU 95
INTUNIV TAB 1MG..... 4
INTUNIV TAB 2MG..... 4
INTUNIV TAB 3MG..... 4
INTUNIV TAB 4MG..... 4
INVANZ INJ 1GM.....29
INVEGA SUST INJ 117/0.75.....101
INVEGA SUST INJ 156MG/ML.....101
INVEGA SUST INJ 234/1.5 101
INVEGA SUST INJ 39/0.25 101
INVEGA SUST INJ 78/0.5ML 101
INVEGA TAB 1.5MG 101
INVEGA TAB 3MG.....101
INVEGA TAB 6MG.....101
INVEGA TAB 9MG.....101
INVEGA TRINZ INJ 273MG.....102
INVEGA TRINZ INJ 410MG.....102
INVEGA TRINZ INJ 546MG.....102
INVEGA TRINZ INJ 819MG.....102
INVELTYS SUS 1% 221
INVIRASE TAB 500MG 108
INVOKAMET TAB 150-1000 57
INVOKAMET TAB 150-500 57
INVOKAMET TAB 50-1000 57
INVOKAMET TAB 50-500MG 57
INVOKAMET XR TAB 150-1000.....57
INVOKAMET XR TAB 150-500 57
INVOKAMET XR TAB 50-1000 57
INVOKAMET XR TAB 50-500MG.....57
INVOKANA TAB 100MG 61
INVOKANA TAB 300MG 61
iodine solution strong 5% (lugol's) .201
IODINE TIN 2% 107
iodoquinol-hc cream 1-1% 138
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9% 139
IONOSOL-MB INJ D5W.....200

IONSYS PAD 40MCG/AC 19
IOPIDINE SOL 1% OP 219
IPOL INJ INACTIVE 249
ipratropium bromide inhal soln 0.02% 37
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 214
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 214
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 39
irbesartan tab 150 mg 74
irbesartan tab 300 mg 74
irbesartan tab 75 mg 74
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....78
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....78
IRESSA TAB 250MG.....92
irinotecan hcl inj 100 mg/5ml (20 mg/ml) 97
irinotecan hcl inj 300 mg/15ml (20 mg/ml) 97
irinotecan hcl inj 40 mg/2ml (20 mg/ml) 97
irinotecan hcl inj 500 mg/25ml (20 mg/ml) 97
IROSPAN 24/6 MIS.....180
ISENTRESS CHW 100MG 108
ISENTRESS CHW 25MG.....108
ISENTRESS HD TAB 600MG 108
ISENTRESS POW 100MG 108
ISENTRESS TAB 400MG 108
isoflurane inhal soln.....170
ISOLYTE-P INJ /D5W 200
ISOLYTE-S INJ 200
ISOLYTE-S INJ PH 7.4.....200
isoniazid inj 100 mg/ml.....82
isoniazid syrup 50 mg/5ml 82
isoniazid tab 100 mg 82
isoniazid tab 300 mg 82
isoproterenol hcl inj 0.2 mg/ml 39
ISOPTO CARP SOL 1% OP 218
ISOPTO CARP SOL 2% OP 218
ISOPTO CARP SOL 4% OP 218
ISORDIL TAB 40MG 32
ISORDIL TAB 5MG.....32
isosorbide dinitrate tab 10 mg 32
isosorbide dinitrate tab 20 mg 32
isosorbide dinitrate tab 30 mg 32
isosorbide dinitrate tab 40 mg 32
isosorbide dinitrate tab 5 mg 32
isosorbide mononitrate tab 10 mg 32
isosorbide mononitrate tab 20 mg 32
isosorbide mononitrate tab er 24hr 120 mg 32
isosorbide mononitrate tab er 24hr 30 mg 32
isosorbide mononitrate tab er 24hr 60 mg 32
isoxsuprine hcl tab 10 mg 120
isoxsuprine hcl tab 20 mg 120
isradipine cap 2.5 mg 117
isradipine cap 5 mg 117
ISTALOL SOL 0.5% OP.....217
ISTODAX OVR INJ 10MG 92
ISTURISA TAB 10MG 157
ISTURISA TAB 1MG 157
ISTURISA TAB 5MG 157
ISUPREL INJ 0.2MG/ML.....39
itraconazole cap 100 mg 67
itraconazole oral soln 10 mg/ml 67
ivermectin cream 1% 149
ivermectin lotion 0.5%.....150
ivermectin tab 3 mg 28
IXEMPRA KIT INJ 15MG.....96
IXEMPRA KIT INJ 45MG.....96
IXINITY INJ 1000UNIT 174
IXINITY INJ 1500UNIT 174
IXINITY INJ 2000UNIT 174
IXINITY INJ 250UNIT.....174
IXINITY INJ 3000UNIT 174
IXINITY INJ 500UNIT.....174

J

JADENU SPRKL GRA 180MG.....63
JADENU SPRKL GRA 360MG.....63
JADENU SPRKL GRA 90MG 63
JADENU TAB 180MG 63
JADENU TAB 360MG 63
JADENU TAB 90MG.....63
JAKAFI TAB 10MG 92
JAKAFI TAB 15MG 92
JAKAFI TAB 20MG 92
JAKAFI TAB 25MG 92

JAKAFI TAB 5MG 92
JALYN CAP.....171
jantoven tab 10mg 41
jantoven tab 1mg 41
jantoven tab 2.5mg 41
jantoven tab 2mg 41
jantoven tab 3mg 41
jantoven tab 4mg 41
jantoven tab 5mg 41
jantoven tab 6mg 41
jantoven tab 7.5mg 41
JANUMET TAB 50-1000 57
JANUMET TAB 50-500MG 57
JANUMET XR TAB 100-1000.....57
JANUMET XR TAB 50-1000 57
JANUMET XR TAB 50-500MG.....57
JANUVIA TAB 100MG 59
JANUVIA TAB 25MG.....59
JANUVIA TAB 50MG.....59
JARDIANCE TAB 10MG 61
JARDIANCE TAB 25MG 61
JATENZO CAP 158MG.....27
JATENZO CAP 198MG.....27
JATENZO CAP 237MG.....27
JEMPERLI SOL 500/10ML.....86
jencycla tab 0.35mg 129
JENTADUETO TAB 2.5-1000.....57
JENTADUETO TAB 2.5-500.....57
JENTADUETO TAB 2.5-850.....57
JENTADUETO TAB XR.....57
JETREA INJ 1.25/ML 223
JEVTANA INJ 60/1.5ML 96
jinteli tab 1mg-5mcg 164
JIVI INJ 1000UNIT.....174
JIVI INJ 2000UNIT.....174
JIVI INJ 3000UNIT.....174
JIVI INJ 500 UNIT 174
jolessa tab.....126
JORNAY PM CAP 100MG ER..... 6
JORNAY PM CAP 20MG ER 6
JORNAY PM CAP 40MG ER 6
JORNAY PM CAP 60MG ER 6
JORNAY PM CAP 80MG ER 6
JUBLIA SOL 10%.....139
juleber tab 126
JULUCA TAB 50-25MG.....108
junel 1.5/30 tab 126
junel 1/20 tab.....126
junel fe 24 tab 1/20.....126
junel fe tab 1.5/30 126
junel fe tab 1/20 126
JUXTAPID CAP 10MG 71
JUXTAPID CAP 20MG 71
JUXTAPID CAP 30MG 71
JUXTAPID CAP 5MG 71
JYNARQUE PAK 30-15MG 163
JYNARQUE PAK 45-15MG 163
JYNARQUE PAK 60-30MG 163
JYNARQUE PAK 90-30MG 163
JYNARQUE TAB 15MG 163

K

KABIVEN EMU.....216
KADCYLA INJ 100MG 86
KADCYLA INJ 160MG 86
KADIAN CAP 100MG ER 19
KADIAN CAP 10MG ER 19
KADIAN CAP 200MG ER 19
KADIAN CAP 20MG ER 19
KADIAN CAP 30MG ER 19
KADIAN CAP 40MG ER 19
KADIAN CAP 50MG ER 19
KADIAN CAP 60MG ER 19
KADIAN CAP 80MG ER 19
kaitlib fe chw 126
KALBITOR INJ 10MG/ML.....176
KALETRA SOL 108
KALETRA TAB 100-25MG.....108
KALETRA TAB 200-50MG.....108
KALYDECO PAK 25MG.....236
KALYDECO PAK 50MG.....236
KALYDECO PAK 75MG.....236
KALYDECO TAB 150MG 236
KAMDOY EMU 148
KANJINTI INJ 420MG.....86
KANJINTI SOL 150MG.....86
KANUMA INJ 20/10ML.....161
KAPSPARGO CAP 100MG 113
KAPSPARGO CAP 200MG 113
KAPSPARGO CAP 25MG.....113
KAPSPARGO CAP 50MG.....113
KAPVAY TAB 0.1 MG 4
KARBINAL ER SUS 4MG/5ML.....67
kariva tab 28 day 126
KATERZIA SUS 1MG/ML 117

KAZANO 12.5- TAB 1000MG 57
KAZANO 12.5- TAB 500MG 57
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 200
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj 200
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 200
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 200
kcl 20 meq/l (0.15%) in nacl 0.45% inj 200
kcl 20 meq/l (0.15%) in nacl 0.9% inj 200
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 200
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 200
kcl 40 meq/l (0.3%) in nacl 0.9% inj 200
KCL/D5W/LACT INJ 20MEQ/L 200
KCL/D5W/NACL INJ 0.15/0.2 200
KCL/D5W/NACL INJ 0.3/0.9% 200
KEFLEX CAP 250MG 123
KEFLEX CAP 500MG 123
KEFLEX CAP 750MG 123
KELARX GEL 150
kelnor tab 1/35 126
KENALOG AER SPRAY 145
KENALOG-10 INJ 10MG/ML.....131
KENALOG-40 INJ 40MG/ML.....131
KENALOG-80 INJ.....131
KENGREAL SOL 50MG 177
KEPIVANCE INJ 6.25MG 95
KEPPRA INJ 500/5ML 45
KEPPRA SOL 100MG/ML 45
KEPPRA TAB 1000MG.....45
KEPPRA TAB 250MG.....45
KEPPRA TAB 500MG.....45
KEPPRA TAB 750MG.....45
KEPPRA XR TAB 500MG.....45
KEPPRA XR TAB 750MG.....45
KERALAC CRE 47%.....146
KERALYT GEL 6% 147
KERR TRIPLE MIS DYE SWAB 106
KERYDIN SOL 5%.....139
KESIMPTA INJ 20/.4ML 232
KETALAR INJ 100MG/ML 170
KETALAR INJ 10MG/ML 170
KETALAR INJ 50MG/ML 170
ketamine hcl inj 10 mg/ml.....170
ketamine hcl inj 100 mg/ml.....170
ketamine hcl inj 50 mg/ml.....170
ketoconazole cream 2% 139
ketoconazole foam 2%.....139
ketoconazole shampoo 2% 139
ketoconazole tab 200 mg 67
ketodan aer 2% 139
ketoprofen cap 25 mg.....12
ketoprofen cap er 24hr 200 mg.....12
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml).....12
ketorolac tromethamine inj 15 mg/ml 13
ketorolac tromethamine inj 30 mg/ml 13
ketorolac tromethamine ophth soln 0.4% 223
ketorolac tromethamine ophth soln 0.5% 223
ketorolac tromethamine tab 10 mg...13
KEVEYIS TAB 50MG 155
KEVZARA INJ 150/1.14 11
KEVZARA INJ 200/1.14 11
KEYTRUDA INJ 100MG/4M.....86
KHEDEZLA TAB 100MG ER.....54
KHEDEZLA TAB 50MG ER 54
KIMYRSA INJ 1200MG.....30
KINERET INJ.....11
KINNEY MIS LANCETS.....191
KINNEY THIN MIS LANCETS.....191
kionex sus 15gm/60 206
KISQALI 200 PAK FEMARA.....90
KISQALI 400 PAK FEMARA.....90
KISQALI 600 PAK FEMARA.....90
KISQALI TAB 200DOSE 92
KISQALI TAB 400DOSE 92
KISQALI TAB 600DOSE 92
KITABIS PAK NEB 300/5ML 8
KLARON LOT 10% 136
KLISYRI OIN 1% 140
KLONOPIN TAB 0.5MG 44
KLONOPIN TAB 1MG 44
KLONOPIN TAB 2MG 44

klor-con 10 tab 10meq er 202
klor-con 8 tab 8meq er 202
klor-con m10 tab 10meq er 202
KLOR-CON M15 TAB 15MEQ ER 202
klor-con m20 tab 20meq er 202
klor-con spr cap 10meq 202
klor-con spr cap 8meq 202
klor-con/ef tab 25meq fr 203
kls quit2 gum 2mg 234
kls quit4 gum 4mg 234
kls quit4 loz 4mg 234
KOATE INJ 1000UNIT 174
KOATE INJ 250UNIT 174
KOATE INJ 500 UNIT 174
KOATE-DVI INJ 1000UNIT 174
KOATE-DVI INJ 250UNIT 174
KOATE-DVI INJ 500UNIT 174
KOGENATE FS INJ 1000UNIT 174
KOGENATE FS INJ 2000UNIT 174
KOGENATE FS INJ 250UNIT 174
KOGENATE FS INJ 3000UNIT 174
KOGENATE FS INJ 500UNIT 174
KOMBIGLYZ XR TAB 2.5-1000 57
KOMBIGLYZ XR TAB 5-1000MG 57
KOMBIGLYZ XR TAB 5-500MG 57
KORLYM TAB 300MG 59
KOSELUGO CAP 10MG 92
KOSELUGO CAP 25MG 92
KOSHR PRENAT TAB 30-1MG 210
KOVALTRY INJ 1000UNIT 175
KOVALTRY INJ 2000UNIT 175
KOVALTRY INJ 250UNIT 174
KOVALTRY INJ 3000UNIT 175
KOVALTRY INJ 500UNIT 174
K-PHOS TAB 202
K-PHOS TAB NEUTRAL 202
K-PHOS TAB NO 2 170
k-prime tab 25meq ef 202
KRINTAFEL TAB 150MG 81
KRISTALOSE PAK 10GM 185
KRISTALOSE PAK 20GM 185
KROGER BLOOD TES GLUCOSE 153
KROGER LANCE MIS 191
KROGER LANCE MIS 26G 191
KROGER LANCE MIS THIN 191
KROGER LANCE MIS THIN 30G 191
KROGER TES 153
KRYSTEXXA INJ 8MG/ML 172
K-TAB TAB 10MEQ CR 202
K-TAB TAB 20MEQ 202
K-TAB TAB 8MEQ CR 202
k-tan plus cap 180
kurvelo tab 0.15/30 126
KUVAN POW 100MG 161
KUVAN POW 500MG 161
KUVAN TAB 100MG 161
KYLEENA IUD 19.5MG 129
KYMRIAH SUS 87
KYNMOBI MIS 10MG 98
KYNMOBI MIS 15MG 98
KYNMOBI MIS 20MG 98
KYNMOBI MIS 25MG 98
KYNMOBI MIS 30MG 98
KYPROLIS SOL 10MG 92
KYPROLIS SOL 30MG 92
KYPROLIS SOL 60MG 92

L

labetalol hcl iv soln 5 mg/ml 113
labetalol hcl tab 100 mg 113
labetalol hcl tab 200 mg 113
labetalol hcl tab 300 mg 113
LAC-HYDRIN CRE 12% 146
LACRISERT MIS 5MG OP 217
lactated ringer's for irrigation 206
lactated ringer's solution 200
lactic acid (ammonium lactate) cream 12% 146
lactic acid (ammonium lactate) lotion 10% 146
lactic acid (ammonium lactate) lotion 12% 147
lactic acid cre e 147
lactic acid lot 10% 147
lactic acid w/ vitamin e cream 10%-3500 unit/30gm 147
lactobacillus cap 62
lactulose (encephalopathy) solution 10 gm/15ml 168
lactulose pak 10gm 185
lactulose solution 10 gm/15ml 185
LAMICTAL CHW 25MG 45
LAMICTAL CHW 5MG 45
LAMICTAL KIT START 35 45
LAMICTAL KIT START 49 46

LAMICTAL KIT START 98 46
LAMICTAL ODT KIT.....46
LAMICTAL ODT TAB 100MG 46
LAMICTAL ODT TAB 200MG 46
LAMICTAL ODT TAB 25MG 46
LAMICTAL ODT TAB 50MG 46
LAMICTAL TAB 100MG 46
LAMICTAL TAB 150MG 46
LAMICTAL TAB 200MG 46
LAMICTAL TAB 25MG 46
LAMICTAL XR KIT 46
LAMICTAL XR TAB 100MG 46
LAMICTAL XR TAB 200MG 46
LAMICTAL XR TAB 250MG 46
LAMICTAL XR TAB 25MG 46
LAMICTAL XR TAB 300MG 46
LAMICTAL XR TAB 50MG 46
lamivudine oral soln 10 mg/ml 108
lamivudine tab 100 mg (hbv).....111
lamivudine tab 150 mg 108
lamivudine tab 300 mg 108
lamivudine-zidovudine tab 150-300 mg 108
lamotrigine orally disintegrating tab 100 mg 46
lamotrigine orally disintegrating tab 200 mg 46
lamotrigine orally disintegrating tab 25 mg 46
lamotrigine orally disintegrating tab 50 mg 46
lamotrigine tab 100 mg.....46
lamotrigine tab 150 mg.....46
lamotrigine tab 200 mg.....46
lamotrigine tab 25 mg 46
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....46
lamotrigine tab 35 x 25 mg starter kit 46
lamotrigine tab chewable dispersible 25 mg 46
lamotrigine tab chewable dispersible 5 mg 46
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 46
lamotrigine tab er 24hr 100 mg 46
lamotrigine tab er 24hr 200 mg 46
lamotrigine tab er 24hr 25 mg 46
lamotrigine tab er 24hr 250 mg 46
lamotrigine tab er 24hr 300 mg 46
lamotrigine tab er 24hr 50 mg 46
LAMPIT TAB 120MG.....29
LAMPIT TAB 30MG.....29
LANCET ALTER MIS SITE 26G 191
LANCET CARRY MIS CASE 191
LANCET MICRO MIS THIN 33G.....191
LANCET STAND MIS 21G.....191
LANCET SUPER MIS THIN 30G 191
LANCET ULTRA MIS 28G 192
LANCET ULTRA MIS FINE.....192
LANCET ULTRA MIS THIN 28G 192
LANCET ULTRA MIS THIN 30G 192
LANCETS MICR MIS THIN 33G 192
LANCETS MIS 192
LANCETS MIS 21G.....192
LANCETS MIS 21G COLR 192
LANCETS MIS 23G.....192
LANCETS MIS 26G.....192
LANCETS MIS 28G.....192
LANCETS MIS 30G.....192
LANCETS MIS 31G.....192
LANCETS MIS 33G.....192
LANCETS MIS ORANGE 192
LANCETS MIS ORIGINAL 192
LANCETS MIS THIN 192
LANCETS MIS THIN 26G.....192
LANCETS MIS THIN 30G.....192
LANCETS SUPR MIS THIN 28G 192
LANCETS THIN MIS 192
LANCETS THIN MIS 26G.....192
LANCETS THIN MIS 30G.....192
LANCETS ULTR MIS THIN 192
LANCETS ULTR MIS THIN 28G 192
LANCETS ULTR MIS THIN 30G 192
LANOXIN INJ 0.25MG/1 119
LANOXIN PED INJ 0.1MG/ML 119
LANOXIN TAB 0.0625MG.....119
LANOXIN TAB 0.125MG.....119
LANOXIN TAB 0.25MG 119
lansoprazole cap delayed release 15 mg 245
lansoprazole cap delayed release 30 mg 245

lansoprazole tab delayed release orally disintegrating 15 mg 245
lansoprazole tab delayed release orally disintegrating 30 mg 245
lanthanum carbonate chew tab 1000 mg (elemental) 169
lanthanum carbonate chew tab 500 mg (elemental) 169
lanthanum carbonate chew tab 750 mg (elemental) 169
LANTUS INJ 100/ML 60
LANTUS SOLOS INJ 100/ML 60
lapatinib ditosylate tab 250 mg (base equiv) 92
larin 24 tab fe 1/20 126
larin fe tab 1.5/30 126
larin fe tab 1/20 126
larin tab 1.5/30 126
larin tab 1/20 126
larissia tab 126
LARTRUVO INJ 10MG/ML 86
LARTRUVO INJ 190/19ML 86
LASIX TAB 20MG 156
LASIX TAB 40MG 156
LASIX TAB 80MG 156
LASTACAFT SOL 0.25% 223
latanoprost ophth soln 0.005% 223
LATRIX XM EMU 45% 146
LATUDA TAB 120MG 101
LATUDA TAB 20MG 101
LATUDA TAB 40MG 101
LATUDA TAB 60MG 101
LATUDA TAB 80MG 101
layolis fe chw 126
LAZANDA SPR 100MCG 19
LAZANDA SPR 300MCG 19
LAZANDA SPR 400MCG 19
LB LANCET MIS 28G 192
LEDIP-SOFOSB TAB 90-400MG 111
leena tab 126
leflunomide tab 10 mg 14
leflunomide tab 20 mg 14
LEMTRADA INJ 12/1.2ML 232
LENVIMA CAP 10 MG 92
LENVIMA CAP 12MG 92
LENVIMA CAP 14 MG 92
LENVIMA CAP 18 MG 92
LENVIMA CAP 20 MG 92
LENVIMA CAP 24 MG 92
LENVIMA CAP 4MG 92
LENVIMA CAP 8 MG 92
LESCOL XL TAB 80MG 71
lessina tab 126
LETAIRIS TAB 10MG 121
LETAIRIS TAB 5MG 121
letrozole tab 2.5 mg 88
leucovorin calcium for inj 100 mg 95
leucovorin calcium for inj 200 mg 95
leucovorin calcium for inj 350 mg 95
leucovorin calcium for inj 50 mg 95
leucovorin calcium for inj 500 mg 95
leucovorin calcium inj 500 mg/50ml (10 mg/ml) 95
leucovorin calcium tab 10 mg 95
leucovorin calcium tab 15 mg 95
leucovorin calcium tab 25 mg 95
leucovorin calcium tab 5 mg 95
LEUKERAN TAB 2MG 83
LEUKINE INJ 250MCG 179
leuprolide acetate inj kit 5 mg/ml 88
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 39
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 40
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 40
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 40
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 40
LEVAQUIN TAB 500MG 166
LEVAQUIN TAB 750MG 166
LEVBID TAB 0.375 ER 244
LEVEMIR INJ 60
LEVEMIR INJ FLEXTOUC 60
LEVETIRACETA INJ 10MG/ML 46
LEVETIRACETA INJ 15MG/ML 46
LEVETIRACETA INJ 5MG/ML 46
levetiracetam in sodium chloride iv soln 1000 mg/100ml 47
levetiracetam in sodium chloride iv soln 1500 mg/100ml 47
levetiracetam in sodium chloride iv soln 500 mg/100ml 47

levetiracetam inj 500 mg/5ml (100 mg/ml) 47
levetiracetam oral soln 100 mg/ml ...47
levetiracetam tab 1000 mg....47
levetiracetam tab 250 mg 47
levetiracetam tab 500 mg 47
levetiracetam tab 750 mg 47
levetiracetam tab er 24hr 500 mg 47
levetiracetam tab er 24hr 750 mg 47
levicyn sol dermal 150
levobunolol hcl ophth soln 0.5%....217
levocarnitine oral soln 1 gm/10ml (10%)....161
levocarnitine tab 330 mg....161
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)....68
levocetirizine dihydrochloride tab 5 mg 68
levofloxacin in d5w iv soln 250 mg/50ml 166
levofloxacin in d5w iv soln 500 mg/100ml 166
levofloxacin in d5w iv soln 750 mg/150ml 166
levofloxacin iv soln 25 mg/ml....166
levofloxacin ophth soln 0.5% 219
levofloxacin oral soln 25 mg/ml....166
levofloxacin tab 250 mg 166
levofloxacin tab 500 mg 166
levofloxacin tab 750 mg 166
levoleucovorin calcium for iv inj 50 mg (base equiv) 95
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)....95
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)....95
levonest tab 126
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....126
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 126
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 126
levonorgestrel tab 1.5 mg 129
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg ...127
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 127
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....126
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)....126
LEVOPHED INJ 1MG/ML....251
levora-28 tab 0.15/30....127
levorphanol tartrate tab 2 mg 19
levo-t tab 100mcg....239
levo-t tab 112mcg....239
levo-t tab 125mcg....240
levo-t tab 137mcg....240
levo-t tab 150mcg....240
levo-t tab 175mcg....240
levo-t tab 200 mcg....240
levo-t tab 25mcg....239
levo-t tab 300 mcg....240
levo-t tab 50mcg....239
levo-t tab 75mcg....239
levo-t tab 88mcg....239
levothyroxin inj 100mcg....240
LEVOTHYROXIN INJ 200MCG 240
levothyroxin inj 500mcg....240
levothyroxine sodium cap 100 mcg.240
levothyroxine sodium cap 112 mcg.240
levothyroxine sodium cap 125 mcg.240
levothyroxine sodium cap 13 mcg ..240
levothyroxine sodium cap 137 mcg.240
levothyroxine sodium cap 150 mcg.240
levothyroxine sodium cap 175 mcg.240
levothyroxine sodium cap 200 mcg.240
levothyroxine sodium cap 25 mcg ..240
levothyroxine sodium cap 50 mcg ..240
levothyroxine sodium cap 75 mcg ..240
levothyroxine sodium cap 88 mcg ..240
levothyroxine sodium for iv inj 100 mcg 240
LEVOTHYROXINE SODIUM FOR IV INJ 200 MCG 240
levothyroxine sodium for iv inj 500 mcg 240
levothyroxine sodium tab 100 mcg.240
levothyroxine sodium tab 112 mcg.240
levothyroxine sodium tab 125 mcg.240
levothyroxine sodium tab 137 mcg.240
levothyroxine sodium tab 150 mcg.240

levothyroxine sodium tab 175 mcg . 240
levothyroxine sodium tab 200 mcg . 240
levothyroxine sodium tab 25 mcg ... 240
levothyroxine sodium tab 300 mcg . 240
levothyroxine sodium tab 50 mcg ... 240
levothyroxine sodium tab 75 mcg ... 240
levothyroxine sodium tab 88 mcg ... 240
levoxyl tab 100mcg 240
levoxyl tab 112mcg 240
levoxyl tab 125mcg 240
levoxyl tab 137mcg 240
levoxyl tab 150mcg 241
levoxyl tab 175mcg 241
levoxyl tab 200mcg 241
levoxyl tab 25mcg 240
levoxyl tab 50mcg 240
levoxyl tab 75mcg 240
levoxyl tab 88mcg 240
LEVSIN INJ 0.5MG/ML..... 244
LEVSIN TAB 0.125MG 244
LEVSIN/SL SUB 0.125MG 244
LEVULAN KERA SOL 20% 140
LEXAPRO TAB 10MG 52
LEXAPRO TAB 20MG 52
LEXAPRO TAB 5MG 52
LEXIVA SUS 50MG/ML 108
LEXIVA TAB 700MG 108
LIALDA TAB 1.2GM 168
LIBERTY NEXT TES GEN 153
LIBERTY TES..... 153
LIBRAX CAP 5-2.5MG..... 244
LIBTAYO INJ 350/7ML..... 86
LIDO/DEXTROS INJ 5-7.5%..... 186
lidocaine cre tetracai..... 148
LIDOCAINE HC CRE 4.12%..... 148
LIDOCAINE HC INJ 200/10ML 186
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%) 35
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%) 36
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%) 35
lidocaine hcl laryngotracheal soln 4% 207
lidocaine hcl local inj 0.5% 186
lidocaine hcl local inj 1% 186
lidocaine hcl local inj 2% 186
lidocaine hcl local preservative free (pf) inj 0.5% 186
lidocaine hcl local preservative free (pf) inj 1% 186
lidocaine hcl local preservative free (pf) inj 1.5% 186
lidocaine hcl local preservative free (pf) inj 2% 186
lidocaine hcl local preservative free (pf) inj 4% 186
lidocaine hcl soln 4% 148
lidocaine hcl urethral/mucosal gel 2% 148
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 148
lidocaine hcl viscous soln 2% 207
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%) 36
lidocaine inj 0.5% w/ epinephrine-1:200000 185
lidocaine inj 1% w/ epinephrine-1:100000 185
lidocaine inj 1.5% w/ epinephrine-1:200000 185
lidocaine inj 2% w/ epinephrine-1:100000 185
lidocaine inj 2% w/ epinephrine-1:200000 185
lidocaine inj 2% w/ epinephrine-1:50000 185
LIDOCAINE INJ 20MG/ML 36
lidocaine iv infusion in d5w inj 4 mg/ml 36
lidocaine iv infusion in d5w inj 8 mg/ml 36
lidocaine oin 5% 148
lidocaine oint 5% 148
lidocaine patch 5% 148
lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%..... 28
lidocaine-prilocaine cream 2.5-2.5% 148
LIDODERM DIS 5% 148
LIDOTREX GEL 2% 150
LIFESCAN MIS UNISTIK2..... 192
LILETTA IUD 52MG..... 129
LINCOCIN INJ 300MG/ML 31

lincomycin hcl inj 300 mg/ml 31
lindane shampoo 1% 150
linezolid for susp 100 mg/5ml 31
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.....31
linezolid iv soln 600 mg/300ml (2 mg/ml) 31
linezolid tab 600 mg 31
LINZESS CAP 145MCG 169
LINZESS CAP 290MCG 169
LINZESS CAP 72MCG 169
LIORESAL INT INJ 0.05MG/1 212
LIORESAL INT INJ 10MG/20 212
LIORESAL INT INJ 10MG/5ML 212
LIORESAL INT INJ 40MG/20 212
liothyronine sodium iv soln 10 mcg/ml 241
liothyronine sodium tab 25 mcg 241
liothyronine sodium tab 5 mcg 241
liothyronine sodium tab 50 mcg 241
LIPIODOL INJ.....155
LIPITOR TAB 10MG.....71
LIPITOR TAB 20MG.....71
LIPITOR TAB 40MG.....71
LIPITOR TAB 80MG.....71
LIPOFEN CAP 150MG 70
LIPOFEN CAP 50MG 70
lisinopril & hydrochlorothiazide tab 10-12.5 mg 78
lisinopril & hydrochlorothiazide tab 20-12.5 mg 78
lisinopril & hydrochlorothiazide tab 20-25 mg 78
lisinopril tab 10 mg.....72
lisinopril tab 2.5 mg.....72
lisinopril tab 20 mg.....73
lisinopril tab 30 mg.....73
lisinopril tab 40 mg.....73
lisinopril tab 5 mg 72
lissamine green strips 1.5 mg 223
LITE TOUCH MIS LANCETS 192
LITETOUCH MIS LANCETS 192
lithium carbonate cap 150 mg.....100
lithium carbonate cap 300 mg.....100
lithium carbonate cap 600 mg.....100
lithium carbonate tab 300 mg 100
lithium carbonate tab er 300 mg 100
lithium carbonate tab er 450 mg 100
LITHIUM SOL 8MEQ/5ML.....100
LITHOBID TAB 300MG CR 101
LITHOSTAT TAB 250MG 172
LIVALO TAB 1MG.....71
LIVALO TAB 2MG.....71
LIVALO TAB 4MG.....71
lmd 10%/d5w inj 176
lmd 10%/nacl inj 0.9% 176
LO LOESTRIN TAB 1-10-10.....127
LOCOID CRE 0.1% 145
LOCOID LIPO CRE 0.1%.....145
LOCOID LOT 0.1% 145
LOCOID SOL 0.1% 145
LODOSYN TAB 25MG 97
LOESTRIN 21 TAB 1.5/30 127
LOESTRIN FE TAB 1.5/30 127
LOESTRIN FE TAB 1/20 127
LOESTRIN TAB 1/20-21 127
LOKELMA PAK 10GM.....206
LOKELMA PAK 5GM.....206
LOMAIRA TAB 8MG..... 3
LOMOTIL TAB 2.5MG 62
LONGS LANCET MIS STANDARD.....192
LONGS LANCET MIS THIN 192
LONGS LANCET MIS ULTRA TH 192
LONHALA MAGN SOL 25MCG 37
LONSURF TAB 15-6.14.....90
LONSURF TAB 20-8.19.....90
loperamide hcl cap 2 mg 62
LOPID TAB 600MG.....70
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 108
LOPRESSOR TAB 100MG 113
LOPRESSOR TAB 50MG 113
LOPROX SHA 1% 139
LOPROX SUS 0.77% 139
lorazepam con 2mg/ml 34
lorazepam conc 2 mg/ml.....35
lorazepam inj 2 mg/ml.....35
lorazepam inj 4 mg/ml.....35
lorazepam tab 0.5 mg.....35
lorazepam tab 1 mg 35
lorazepam tab 2 mg 35
LORBRENA TAB 100MG 92
LORBRENA TAB 25MG.....92
lorcet hd tab 10-325mg 24

lorcet plus tab 7.5-325.....24
lorcet tab 5-325mg.....24
LORTAB ELX 10-300MG.....24
loryna tab 3-0.02mg.....127
LORZONE TAB 375MG.....212
LORZONE TAB 750MG.....212
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 78
*losartan potassium & hydrochlorothiazide tab 100-25 mg*78
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 78
losartan potassium tab 100 mg.....74
losartan potassium tab 25 mg.....74
losartan potassium tab 50 mg.....74
LOSEASONIQUE TAB.....127
LOTEMAX GEL 0.5% 221
LOTEMAX OIN 0.5% 221
LOTEMAX SM GEL 0.38% 221
LOTEMAX SUS 0.5%.....221
LOTENSIN HCT TAB 10-12.5.....78
LOTENSIN HCT TAB 20-12.5.....78
LOTENSIN HCT TAB 20-25MG 78
LOTENSIN TAB 20MG.....73
LOTENSIN TAB 40MG.....73
loteprednol etabonate ophth susp 0.5% 221
LOTREL CAP 10-20MG.....78
LOTREL CAP 10-40MG.....78
LOTREL CAP 5-10MG 78
LOTREL CAP 5-20MG 78
LOTRISONE CRE.....139
LOTRONEX TAB 0.5MG.....169
LOTRONEX TAB 1MG.....169
LOUTREX CRE.....141
lovastatin tab 10 mg.....71
lovastatin tab 20 mg.....71
lovastatin tab 40 mg.....71
LOVAZA CAP 1GM.....69
LOVENOX INJ 100MG/ML.....43
LOVENOX INJ 120/0.8.....43
LOVENOX INJ 150MG/ML.....43
LOVENOX INJ 30/0.3ML 43
LOVENOX INJ 300/3ML 43
LOVENOX INJ 40/0.4ML 43
LOVENOX INJ 60/0.6ML 43
LOVENOX INJ 80/0.8ML 43
low-ogestrel tab.....127
loxapine succinate cap 10 mg 103
loxapine succinate cap 25 mg 103
loxapine succinate cap 5 mg.....103
loxapine succinate cap 50 mg 103
lubiprostone cap 24 mcg 167
lubiprostone cap 8 mcg.....167
LUCEMYRA TAB 0.18MG 229
LUCENTIS INJ 0.3MG.....219
LUCENTIS INJ 0.5MG.....219
LUCENTIS SOL 0.3MG.....219
LUCENTIS SOL 0.5MG.....219
ludent chw 0.5mg f 201
LUGOLS SOL STRONG.....107
luliconazole cream 1%.....139
LUMAKRAS TAB 120MG.....92
LUMIGAN SOL 0.01% 223
LUMIZYME INJ 50MG 161
LUMOXITI SOL 1MG.....86
LUNESTA TAB 1MG.....183
LUNESTA TAB 2MG.....183
LUNESTA TAB 3MG.....183
LUPANETA KIT 11.25-5 160
LUPANETA KIT 3.75-5.....160
LUPR DEP-PED INJ 11.25MG.....160
LUPR DEP-PED INJ 15MG 160
LUPR DEP-PED INJ 3M 30MG 160
LUPR DEP-PED INJ 7.5MG 160
LUPRON DEPOT INJ 11.25MG.....88
LUPRON DEPOT INJ 22.5MG 88
LUPRON DEPOT INJ 3.75MG 88
LUPRON DEPOT INJ 30MG 88
LUPRON DEPOT INJ 45MG 88
LUPRON DEPOT INJ 7.5MG 88
LUTATHERA SOL 370MBQ.....94
lutera tab.....127
LUXIQ AER 0.12%.....145
LUZU CRE 1%.....139
lyllana dis 0.025mg 165
lyllana dis 0.0375mg 165
lyllana dis 0.05mg.....165
lyllana dis 0.075mg 165
lyllana dis 0.1mg.....165
LYNPARZA TAB 100MG.....92
LYNPARZA TAB 150MG.....92

LYRICA CAP 100MG 47
LYRICA CAP 150MG 47
LYRICA CAP 200MG 47
LYRICA CAP 225MG 47
LYRICA CAP 25MG 47
LYRICA CAP 300MG 47
LYRICA CAP 50MG 47
LYRICA CAP 75MG 47
LYRICA SOL 20MG/ML.....47
LYSODREN TAB 500MG 88
LYSTEDA TAB 650MG.....181
lyza tab 0.35mg 129
M
MACI MIS 212
MACROBID CAP 100MG.....247
MACRODANTIN CAP 100MG 247
MACRODANTIN CAP 25MG.....247
MACRODANTIN CAP 50MG.....247
MAGNEBIND TAB 400 201
magnesium chloride inj 200 mg/ml.201
MAGNESIUM SU INJ 20/500ML.....201
MAGNESIUM SU INJ 2GM/50ML.....201
MAGNESIUM SU INJ 40G/1000.....201
MAGNESIUM SU INJ 4G/100ML 201
MAGNESIUM SU INJ 80MG/ML 201
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 201
magnesium sulfate inj 50% 201
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml).....202
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) 202
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml).....202
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml).....202
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) 202
MAKENA INJ 250MG/ML 228
MAKENA INJ 275MG 228
MALARONE TAB 250-100.....81
MALARONE TAB 62.5-25 81
malathion lotion 0.5%.....150
manganese chloride inj 0.1 mg/ml..202
mannitol iv soln 20% 156
mannitol iv soln 25% 156
maprotiline hcl tab 25 mg.....51
maprotiline hcl tab 50 mg 51
maprotiline hcl tab 75 mg 51
MARCAINE INJ 0.25%.....186
MARCAINE INJ 0.5% 186
MARCAINE INJ 0.75%.....186
MARCAINE INJ SPINAL.....186
MARCAINE/EPI INJ 0.25%.....185
MARCAINE/EPI INJ 0.5%.....185
MARINOL CAP 10MG.....65
MARINOL CAP 2.5MG.....65
MARINOL CAP 5MG.....65
marlissa tab 0.15/30 127
MARNATAL-F CAP.....210
MARPLAN TAB 10MG.....51
MARQIBO INJ 5MG/31ML 96
MATULANE CAP 50MG.....95
matzim la tab 180mg/24.....117
matzim la tab 240mg/24.....117
matzim la tab 300mg/24.....117
matzim la tab 360mg/24.....117
matzim la tab 420mg/24.....117
MAVENCLAD PAK 10MG (4) 232
MAVENCLAD PAK 10MG (5) 232
MAVENCLAD PAK 10MG (6) 232
MAVENCLAD PAK 10MG (7) 232
MAVENCLAD PAK 10MG (8) 232
MAVENCLAD PAK 10MG (9) 232
MAVENCLAD PAK 10MG(10) 232
MAVYRET TAB 100-40MG 111
MAXALT TAB 10MG.....198
MAXALT-MLT TAB 10MG.....198
MAXFE TAB.....180
MAXIDEX SUS 0.1% OP 221
MAXIMA BLOOD TES GLUCOSE 153
MAXIPIME INJ 2GM.....124
MAXITROL OIN 0.1% OP 221
MAXITROL SUS 0.1% OP.....221
MAXZIDE TAB 75-50.....155
MAXZIDE-25 TAB 155
MAYZENT PAK STARTER.....232
MAYZENT TAB 0.25MG.....232
MAYZENT TAB 2MG 232
MB HYDROGEL KIT 148
me/naphos/mb tab hyo 1 247
meclizine hcl chew tab 25 mg 65
meclizine hcl tab 12.5 mg 65
meclizine hcl tab 25 mg 65

MECLIZINE TAB 50MG 65
meclofenamate sodium cap 100 mg..13
meclofenamate sodium cap 50 mg ...13
MEDICHOICE MIS LANCET.....192
MEDLANCE MIS 30G PLUS.....192
MEDLANCE MIS EXTR 21G.....192
MEDLANCE MIS LITE 25G.....192
MEDLANCE MIS PLUS.....192
MEDLANCE MIS PLUS 30G.....192
MEDLANCE MIS UNV 21G.....192
MEDLANCE PLS MIS 0.8MM 192
MEDLANCE PLS MIS EXTR 21G.....192
MEDLANCE PLS MIS LITE 25G.....192
MEDLANCE PLS MIS UNIV 21G.....192
MEDROL TAB 16MG 131
MEDROL TAB 2MG.....131
MEDROL TAB 32MG 131
MEDROL TAB 4MG.....131
MEDROL TAB 8MG.....131
medroxyprogesterone acetate im susp 150 mg/ml 129
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....129
medroxyprogesterone acetate tab 10 mg 229
medroxyprogesterone acetate tab 2.5 mg 229
medroxyprogesterone acetate tab 5 mg 229
mefenamic acid cap 250 mg 13
mefloquine hcl tab 250 mg 81
MEGACE ES SUS 625/5ML.....229
megestrol acetate susp 40 mg/ml 88
megestrol acetate susp 625 mg/5ml 229
megestrol acetate tab 20 mg 88
megestrol acetate tab 40 mg 88
MEIJER BLOOD TES GLUCOSE.....153
MEIJER LANCE MIS COLOR.....192
MEIJER LANCE MIS UNIV 21G.....193
MEIJER LANCE MIS UNIV 30G.....193
MEIJER LANCE MIS UNIVERSA 193
MEIJER MIS LANCETS 193
MEIJER TES TRUETEST.....153
MEIJER TES TRUETRAC 153
MEKINIST TAB 0.5MG 92
MEKINIST TAB 2MG.....92
MEKTOVI TAB 15MG 92
meloxicam cap 10 mg.....13
meloxicam cap 5 mg.....13
meloxicam tab 15 mg 13
meloxicam tab 7.5 mg 13
melphalan hcl for inj 50 mg (base equiv) 83
melphalan tab 2 mg 83
memantine hcl cap er 24hr 14 mg..230
memantine hcl cap er 24hr 21 mg..230
memantine hcl cap er 24hr 28 mg..230
memantine hcl cap er 24hr 7 mg....230
memantine hcl oral solution 2 mg/ml 230
memantine hcl tab 10 mg 230
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 230
memantine hcl tab 5 mg 230
MENACTRA INJ 248
MENEST TAB 0.3MG 165
MENEST TAB 0.625MG.....165
MENEST TAB 1.25MG.....165
MENOPUR INJ 75UNIT.....159
MENOSTAR DIS 14MCG.....166
MENTAX CRE 1% 139
MENVEO INJ.....248
meperidine hcl inj 100 mg/ml 19
meperidine hcl inj 25 mg/ml.....19
meperidine hcl inj 50 mg/ml.....19
meperidine hcl oral soln 50 mg/5ml..19
meperidine hcl tab 100 mg.....19
meperidine hcl tab 50 mg.....19
MEPHYTON TAB 5MG 251
meprobamate tab 200 mg.....34
meprobamate tab 400 mg.....34
MEPRON SUS.....29
MEPSEVII INJ 10MG/5ML 161
mercaptopurine tab 50 mg 85
meropenem iv for soln 1 gm.....29
meropenem iv for soln 500 mg 29
MERREM INJ 1GM.....29
MERREM INJ 500MG 29
mesalamine cap er 24hr 0.375 gm .168
mesalamine enema 4 gm 168
mesalamine rectal enema 4 gm & cleanser wipe kit 168
mesalamine suppos 1000 mg.....168

mesalamine tab delayed release 1.2 gm 168
mesalamine tab delayed release 800 mg 168
mesna inj 100 mg/ml 95
MESNEX INJ 1GM 95
MESNEX TAB 400MG 95
MESTINON SOL 60MG/5ML 81
MESTINON TAB 60MG 81
MESTINON TAB TIMESPAN 81
MET/KET/OND TRO 3-25-2MG 182
metadate tab 20mg er 6
metaxalone tab 400 mg 212
metaxalone tab 800 mg 212
METFORMIN HCL ORAL SOLN 500 MG/5ML 59
metformin hcl tab 1000 mg 59
metformin hcl tab 500 mg 59
metformin hcl tab 850 mg 59
metformin hcl tab er 24hr 500 mg 59
metformin hcl tab er 24hr 750 mg 59
metformin hcl tab er 24hr modified release 1000 mg 59
metformin hcl tab er 24hr modified release 500 mg 59
metformin hcl tab er 24hr osmotic 1000 mg 59
metformin hcl tab er 24hr osmotic 500 mg 59
METHADO/NACL INJ 1MG/ML 19
methadone con 10mg/ml 19
methadone hcl inj 10 mg/ml 20
methadone hcl soln 10 mg/5ml 20
methadone hcl soln 5 mg/5ml 20
methadone hcl tab 10 mg 20
methadone hcl tab 5 mg 20
methadone hcl tab for oral susp 40 mg 20
METHADONE INJ 10MG/ML 20
METHADOSE CON 10MG/ML 20
METHADOSE SF CON 10MG/ML 20
methadose tab 40mg 20
methamphetamine hcl tab 5 mg 2
methazolamide tab 25 mg 155
methazolamide tab 50 mg 155
methenamine hippurate tab 1 gm 247
methenamine mandelate tab 0.5 gm 247
methenamine mandelate tab 1 gm 247
methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg 247
methergine tab 0.2mg 224
methimazole tab 10 mg 239
methimazole tab 5 mg 239
METHITEST TAB 10MG 27
methocarbamol inj 1000 mg/10ml 212
methocarbamol tab 500 mg 212
methocarbamol tab 750 mg 212
methotrexate sodium for inj 1 gm 85
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 85
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 85
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 85
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 85
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 85
methotrexate sodium tab 2.5 mg (base equiv) 85
methoxsalen rapid cap 10 mg 141
methscopolamine bromide tab 2.5 mg 244
methscopolamine bromide tab 5 mg 244
METHY-BUPIVA SUS 8-5MG/ML 131
METHYL-BUPIV SUS 40-5MG 131
methyldopa & hydrochlorothiazide tab 250-15 mg 78
methyldopa & hydrochlorothiazide tab 250-25 mg 78
methyldopa tab 250 mg 75
methyldopa tab 500 mg 75
methylene blue inj 1% 64
methylergonovine maleate inj 0.2 mg/ml 224
METHYLIN SOL 10MG/5ML 6
METHYLIN SOL 5MG/5ML 6
methylphenid tab 72mg er 6
methylphenidate hcl cap er 10 mg (cd) 6

methylphenidate hcl cap er 20 mg (cd) 6
methylphenidate hcl cap er 24hr 10 mg (la) 6
methylphenidate hcl cap er 24hr 10 mg (xr) 6
methylphenidate hcl cap er 24hr 15 mg (xr) 6
methylphenidate hcl cap er 24hr 20 mg (la) 6
methylphenidate hcl cap er 24hr 30 mg (la) 6
methylphenidate hcl cap er 24hr 30 mg (xr) 6
methylphenidate hcl cap er 24hr 40 mg (la) 6
methylphenidate hcl cap er 24hr 40 mg (xr) 6
methylphenidate hcl cap er 24hr 50 mg (xr) 6
methylphenidate hcl cap er 24hr 60 mg (la) 6
methylphenidate hcl cap er 24hr 60 mg (xr) 6
methylphenidate hcl cap er 30 mg (cd) 6
methylphenidate hcl cap er 40 mg (cd) 6
methylphenidate hcl cap er 50 mg (cd) 6
methylphenidate hcl cap er 60 mg (cd) 6
methylphenidate hcl chew tab 10 mg . 7
methylphenidate hcl chew tab 2.5 mg 6
methylphenidate hcl chew tab 5 mg ... 7
methylphenidate hcl soln 10 mg/5ml . 7
methylphenidate hcl soln 5 mg/5ml ... 7
methylphenidate hcl tab 10 mg 7
methylphenidate hcl tab 20 mg 7
methylphenidate hcl tab 5 mg 7
methylphenidate hcl tab er 10 mg 7
methylphenidate hcl tab er 20 mg 7
methylphenidate hcl tab er 24hr 18 mg 7
methylphenidate hcl tab er 24hr 27 mg 7
methylphenidate hcl tab er 24hr 36 mg 7
methylphenidate hcl tab er 24hr 54 mg 7
methylphenidate hcl tab er osmotic release (osm) 18 mg 7
methylphenidate hcl tab er osmotic release (osm) 27 mg 7
methylphenidate hcl tab er osmotic release (osm) 36 mg 7
methylphenidate hcl tab er osmotic release (osm) 54 mg 7
METHYLPR ACE INJ 80MG/ML..... 131
METHYLPREDNI SUS 50MG/ML..... 131
methylprednisolone acetate inj susp 40 mg/ml..... 131
methylprednisolone acetate inj susp 80 mg/ml..... 131
methylprednisolone sod succ for inj 1000 mg (base equiv)..... 131
methylprednisolone sod succ for inj 125 mg (base equiv)..... 131
methylprednisolone sod succ for inj 40 mg (base equiv)..... 131
methylprednisolone tab 16 mg..... 132
methylprednisolone tab 32 mg..... 132
methylprednisolone tab 4 mg 131
methylprednisolone tab 8 mg 132
methylprednisolone tab therapy pack 4 mg (21) 132
methyltestosterone cap 10 mg.....27
METOCLOPRAMI TAB 10MG ODT 167
metoclopramide hcl inj 5 mg/ml (base equivalent) 167
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 167
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 167
metoclopramide hcl tab 10 mg (base equivalent) 167
metoclopramide hcl tab 5 mg (base equivalent) 167
metolazone tab 10 mg 157
metolazone tab 2.5 mg 157
metolazone tab 5 mg..... 157
metoprolol & hydrochlorothiazide tab 100-25 mg 78

metoprolol & hydrochlorothiazide tab 100-50 mg 78
metoprolol & hydrochlorothiazide tab 50-25 mg 78
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 113
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 113
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 113
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 113
metoprolol tartrate iv soln 5 mg/5ml 113
metoprolol tartrate tab 100 mg 114
metoprolol tartrate tab 25 mg 114
metoprolol tartrate tab 37.5 mg 114
metoprolol tartrate tab 50 mg 114
metoprolol tartrate tab 75 mg 114
METROCREAM CRE 0.75% 149
METROGEL GEL 1% 149
METROLOTION LOT 0.75% 149
METRONIDAZOL INJ 5MG/ML 28
metronidazole cap 375 mg 28
metronidazole cream 0.75% 149
metronidazole gel 0.75% 149
metronidazole gel 1% 149
metronidazole in nacl 0.79% iv soln 500 mg/100ml 29
metronidazole lotion 0.75% 149
metronidazole tab 250 mg 29
metronidazole tab 500 mg 29
metronidazole vaginal gel 0.75% 249
metyrosine cap 250 mg 73
mexiletine hcl cap 150 mg 36
mexiletine hcl cap 200 mg 36
mexiletine hcl cap 250 mg 36
MG SO4/D5W INJ 10MG/ML 202
MIACALCIN INJ 200/ML 158
mibelas 24 chw fe 127
MICARDIS HCT TAB 40/12.5 78
MICARDIS HCT TAB 80/12.5 78
MICARDIS HCT TAB 80-25MG 78
MICARDIS TAB 20MG 74
MICARDIS TAB 40MG 74
MICARDIS TAB 80MG 74
miconazole 3 sup 200mg 250
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% 139
MICORT-HC CRE 2.5% 145
micrgstin 24 tab fe 1/20 127
MICRHOGAM PL INJ 50MCG 225
MICRO THIN MIS LANC 33G 193
MICRODOT TES 153
microgestin tab 1.5/30 127
microgestin tab 1/20 127
microgestin tab fe 1/20 127
microgestin tab fe1.5/30 127
MICROLET MIS LANCETS 193
MICROTAINER MIS LANCET 193
MIDAZOL/NACL SOL 5MG/5ML 183
midazolam hcl inj 10 mg/10ml (base equivalent) 183
midazolam hcl inj 10 mg/2ml (base equivalent) 183
midazolam hcl inj 2 mg/2ml (base equivalent) 183
midazolam hcl inj 25 mg/5ml (base equivalent) 183
midazolam hcl inj 5 mg/5ml (base equivalent) 183
midazolam hcl inj 5 mg/ml (base equivalent) 183
midazolam hcl inj 50 mg/10ml (base equivalent) 183
midazolam hcl inj pf 10 mg/2ml (base equivalent) 183
midazolam hcl inj pf 2 mg/2ml (base equivalent) 183
midazolam hcl inj pf 5 mg/5ml (base equivalent) 183
MIDAZOLAM HCL INJ PF 5 MG/5ML (BASE EQUIVALENT) 183
midazolam hcl inj pf 5 mg/ml (base equivalent) 183
midazolam hcl syrup 2 mg/ml (base equivalent) 183
midodrine hcl tab 10 mg 251
midodrine hcl tab 2.5 mg 251
midodrine hcl tab 5 mg 251
migergot sup 2/100 197
miglitol tab 100 mg 56
miglitol tab 25 mg 56
miglitol tab 50 mg 56

miglustat cap 100 mg 178
MIGRANAL SPR 4MG/ML..... 198
MIGRANOW PAK..... 197
MILLIPRED DP PAK 5MG..... 132
MILLIPRED TAB 5MG..... 132
milrinone lactate in dextrose 5% iv soln 20 mg/100ml 119
milrinone lactate in dextrose 5% iv soln 40 mg/200ml 119
milrinone lactate iv soln 10 mg/10ml (base equivalent) 119
milrinone lactate iv soln 20 mg/20ml (base equivalent) 119
milrinone lactate iv soln 50 mg/50ml (base equivalent) 119
mimvey tab 1-0.5mg 164
MINASTRIN 24 CHW FE..... 127
mineral oil 185
MINIPRESS CAP 1MG 75
MINIPRESS CAP 2MG 75
MINIPRESS CAP 5MG 75
minitran dis 0.1mg/hr 32
minitran dis 0.2mg/hr 32
minitran dis 0.4mg/hr 32
minitran dis 0.6mg/hr 32
MINIVELLE DIS 0.025MG..... 166
MINIVELLE DIS 0.0375MG..... 166
MINIVELLE DIS 0.05MG 166
MINIVELLE DIS 0.075MG..... 166
MINIVELLE DIS 0.1MG 166
MINOCIN CAP 50MG 238
MINOCIN INJ 100MG 238
minocycline hcl cap 100 mg 238
minocycline hcl cap 50 mg..... 238
minocycline hcl cap 75 mg..... 238
minocycline hcl cap er 24hr 135 mg (base equivalent) 238
minocycline hcl cap er 24hr 45 mg (base equivalent) 238
minocycline hcl cap er 24hr 90 mg (base equivalent) 238
minocycline hcl tab 100 mg 238
minocycline hcl tab 50 mg 238
minocycline hcl tab 75 mg 238
minocycline hcl tab er 24hr 105 mg 238
minocycline hcl tab er 24hr 115 mg 238
minocycline hcl tab er 24hr 135 mg 238
minocycline hcl tab er 24hr 45 mg.. 238
minocycline hcl tab er 24hr 55 mg.. 238
minocycline hcl tab er 24hr 65 mg.. 238
minocycline hcl tab er 24hr 80 mg.. 238
minocycline hcl tab er 24hr 90 mg.. 238
MINOLIRA TAB 105MG 238
MINOLIRA TAB 135MG 238
minoxidil tab 10 mg..... 81
minoxidil tab 2.5 mg..... 81
MIOCHOL-E SOL 1:100 218
MIOSTAT INJ 0.01% OP 218
MIRAPEX ER TAB 0.375MG 98
MIRAPEX ER TAB 0.75MG..... 98
MIRAPEX ER TAB 1.5MG..... 98
MIRAPEX ER TAB 2.25MG..... 98
MIRAPEX ER TAB 3.75MG..... 98
MIRAPEX ER TAB 3MG 98
MIRAPEX ER TAB 4.5MG..... 98
MIRAPEX TAB 0.125MG..... 99
MIRAPEX TAB 0.25MG..... 99
MIRAPEX TAB 0.5MG 99
MIRAPEX TAB 0.75MG..... 99
MIRAPEX TAB 1.5MG 99
MIRAPEX TAB 1MG 99
MIRCERA INJ 100MCG 179
MIRCERA INJ 150MCG 179
MIRCERA INJ 200MCG 179
MIRCERA INJ 30MCG 179
MIRCERA INJ 50MCG 179
MIRCERA INJ 75MCG 179
MIRCETTE TAB 28 DAY 127
MIRENA IUD SYSTEM..... 129
mirtazapine orally disintegrating tab 15 mg 51
mirtazapine orally disintegrating tab 30 mg 51
mirtazapine orally disintegrating tab 45 mg 51
mirtazapine tab 15 mg..... 51
mirtazapine tab 30 mg..... 51
mirtazapine tab 45 mg..... 51
mirtazapine tab 7.5 mg..... 51
MIRVASO GEL 0.33% 149
misoprostol tab 100 mcg..... 246
misoprostol tab 200 mcg..... 246
MITIGARE CAP 0.6MG..... 172
mitigo inj 10mg/ml..... 20

mitigo inj 25mg/ml 20
mitomycin for iv soln 20 mg 89
mitomycin for iv soln 40 mg 90
mitomycin for iv soln 5 mg 89
MITOMYCIN SOL 20MG 90
MITOSOL KIT 0.2MG 219
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml) 90
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml) 90
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml) 90
M-M-R II INJ 249
MOBIC TAB 15MG 13
MOBIC TAB 7.5MG 13
modafinil tab 100 mg 7
modafinil tab 200 mg 7
moexipril hcl tab 15 mg 73
moexipril hcl tab 7.5 mg 73
mometasone furoate cream 0.1% .. 145
mometasone furoate nasal susp 50 mcg/act 214
mometasone furoate oint 0.1% 145
mometasone furoate solution 0.1% (lotion) 145
mondoxyne nl cap 100mg 238
mondoxyne nl cap 75mg 238
MONOJECTOR MIS END CAPS 193
MONOLET MIS LANCETS 193
MONOLET OPD MIS LANCETS 193
MONOLETTOR MIS LANCETS 193
mono-linyah tab 0.25-35 127
MONONINE INJ 1000UNIT 175
MONOVISC INJ 88MG/4ML 213
MONSELS FERR SOL SUBSULF 181
montelukast sodium chew tab 4 mg (base equiv) 37
montelukast sodium chew tab 5 mg (base equiv) 37
montelukast sodium oral granules packet 4 mg (base equiv) 37
montelukast sodium tab 10 mg (base equiv) 37
MONUROL PAK GRANULES 247
morgidox cap 1x100mg 238
morgidox cap 1x50mg 238
morgidox cap 2x100mg 239
MORGIDOX KIT 1X50MG 239
MORPHABOND TAB 100MG ER 20
MORPHABOND TAB 15MG ER 20
MORPHABOND TAB 30MG ER 20
MORPHABOND TAB 60MG ER 20
MORPHIN/NACL INJ 2MG-0.9% 20
MORPHIN/NACL INJ 4MG-0.9% 20
MORPHINE SUL INJ 10MG/ML 20
MORPHINE SUL INJ 2MG/ML 20
MORPHINE SUL INJ 2MG2/ML 20
MORPHINE SUL INJ 4MG/ML 20
MORPHINE SUL INJ 5MG/ML 20
MORPHINE SUL INJ 8MG/ML 20
morphine sulfate beads cap er 24hr 120 mg 20
morphine sulfate beads cap er 24hr 30 mg 20
morphine sulfate beads cap er 24hr 45 mg 20
morphine sulfate beads cap er 24hr 60 mg 20
morphine sulfate beads cap er 24hr 75 mg 20
morphine sulfate beads cap er 24hr 90 mg 20
morphine sulfate cap er 24hr 10 mg . 20
morphine sulfate cap er 24hr 100 mg 20
morphine sulfate cap er 24hr 20 mg . 20
morphine sulfate cap er 24hr 30 mg . 20
morphine sulfate cap er 24hr 40 mg . 20
morphine sulfate cap er 24hr 50 mg . 20
morphine sulfate cap er 24hr 60 mg . 20
morphine sulfate cap er 24hr 80 mg . 20
morphine sulfate inj pf 0.5 mg/ml 20
morphine sulfate inj pf 1 mg/ml 20
morphine sulfate iv soln 1 mg/ml 20
morphine sulfate iv soln 25 mg/ml ... 20
morphine sulfate iv soln 50 mg/ml ... 20
morphine sulfate iv soln pf 10 mg/ml 21
morphine sulfate iv soln pf 4 mg/ml . 21
morphine sulfate iv soln pf 8 mg/ml . 21
morphine sulfate oral soln 10 mg/5ml 21
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 21

morphine sulfate oral soln 20 mg/5ml 21
morphine sulfate suppos 10 mg 21
morphine sulfate suppos 20 mg 21
morphine sulfate suppos 30 mg 21
morphine sulfate suppos 5 mg 21
morphine sulfate tab 15 mg 21
morphine sulfate tab 30 mg 21
morphine sulfate tab er 100 mg 21
morphine sulfate tab er 15 mg 21
morphine sulfate tab er 200 mg 21
morphine sulfate tab er 30 mg 21
morphine sulfate tab er 60 mg 21
MOVANTIK TAB 12.5MG 169
MOVANTIK TAB 25MG 169
MOVIPREP SOL 184
MOXEZA SOL 0.5%.....219
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 166
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 219
moxifloxacin hcl ophth soln 0.5% (base equiv) 219
moxifloxacin hcl tab 400 mg (base equiv) 167
MOXIFLOXACIN INJ 400/250 167
MOXIFLOXACIN SOL 5MG/ML.....219
MOZOBIL INJ 181
MS CONTIN TAB 100MG ER 21
MS CONTIN TAB 15MG ER 21
MS CONTIN TAB 200MG ER 21
MS CONTIN TAB 30MG ER 21
MS CONTIN TAB 60MG ER 21
MUCOTROL WAF.....208
MUGARD LIQ 208
MULPLETA TAB 3MG 179
MULTAQ TAB 400MG.....36
MULTIGEN PLS TAB 180
MULTIGEN TAB 180
MULTIGEN TAB FOLIC 180
multitrace-4 inj conc.....203
MULTITRACE-4 INJ NEONATAL.....204
MULTITRACE-4 INJ PED.....204
MULTIV/FLUOR CHW 0.25-0.3.....208
MULTIV/FLUOR CHW 0.5-0.3 208
MULTIV/FLUOR CHW 1-0.3MG.....208
multi-vit/fe dro /fl 0.25 208
multivit/fl chw 0.25mg 208
multivit/fl chw 0.5mg.....208
multivit/fl chw 1mg 208
multi-vit/fl dro /fe 0.25 208
multivit/fl dro 0.25mg.....208
multi-vit/fl dro 0.5mg/ml 208
mupirocin calcium cream 2%.....138
mupirocin oint 2%.....138
MVASI INJ 100MG 86
MVASI INJ 400MG 86
my way tab 1.5mg 129
MYALEPT INJ 11.3MG.....161
MYAMBUTOL TAB 400MG.....82
MYCAMINE INJ 100MG 66
MYCAMINE INJ 50MG.....66
MYCAPSSA CAP 20MG.....163
MYCOBUTIN CAP 150MG 82
mycophenolate mofetil cap 250 mg 205
mycophenolate mofetil for oral susp 200 mg/ml 205
mycophenolate mofetil hcl for iv soln 500 mg (base equiv).....205
mycophenolate mofetil tab 500 mg. 205
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 205
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 205
MYDAYIS CAP 12.5MG 2
MYDAYIS CAP 25MG 2
MYDAYIS CAP 37.5MG 2
MYDAYIS CAP 50MG 2
MYDRIACYL SOL 1% OP 218
myferon 150 cap forte 180
MYFORTIC TAB 180MG.....205
MYFORTIC TAB 360MG.....205
MYGLUCOHEALT MIS LANC 30G 193
MYGLUCOHEALT TES BLD GLUC 153
MYLERAN TAB 2MG.....83
MYLOTARG INJ 4.5MG.....86
MYNATAL CAP 210
MYNATAL PLUS TAB.....210
MYNATAL-Z TAB.....210
MYOBLOC INJ 10000/2 215
MYOBLOC INJ 2500/0.5 215
MYOBLOC INJ 5000/ML 215
myorisan cap 10mg 136
myorisan cap 20mg 136

myorisan cap 30mg 136
myorisan cap 40mg 136
MYRBETRIQ TAB 25MG 248
MYRBETRIQ TAB 50MG 248
MYSOLINE TAB 250MG..... 47
MYSOLINE TAB 50MG 47
MYTESI TAB 125MG..... 62
N
NABI-HB INJ..... 225
nabumetone tab 500 mg 13
nabumetone tab 750 mg 13
nadolol tab 20 mg 114
nadolol tab 40 mg 114
nadolol tab 80 mg 114
NAFCILLIN INJ 1GM/50ML 228
NAFCILLIN INJ 2GM/100 228
nafcillin sodium for inj 1 gm 228
nafcillin sodium for inj 2 gm 228
nafcillin sodium for iv soln 1 gm 228
nafcillin sodium for iv soln 10 gm ... 228
NAFCILLIN SODIUM FOR IV SOLN 10 GM 228
nafcillin sodium for iv soln 2 gm 228
nafrinse chw 1mg f..... 201
nafrinse dro 0.125mg 201
naftifine hcl cream 1% 139
naftifine hcl cream 2% 139
naftifine hcl gel 1% 139
NAFTIN CRE 2%..... 139
NAFTIN GEL 1%..... 139
NAFTIN GEL 2%..... 139
NAGLAZYME INJ 1MG/ML 161
nalbuphine hcl inj 10 mg/ml 26
nalbuphine hcl inj 20 mg/ml 26
NALFON CAP 400MG..... 13
NALFON TAB 600MG..... 13
NALOCET TAB 2.5-300 24
naloxone hcl inj 0.4 mg/ml 64
naloxone hcl inj 4 mg/10ml 64
naloxone hcl soln cartridge 0.4 mg/ml 64
naloxone hcl soln prefilled syringe 2 mg/2ml 64
naltrexone hcl tab 50 mg 64
NALTREXONE IMP..... 64
NAMENDA TAB 10MG..... 230
NAMENDA TAB 5-10MG..... 230
NAMENDA TAB 5MG..... 230
NAMENDA XR CAP 14MG 230
NAMENDA XR CAP 21MG 230
NAMENDA XR CAP 28MG 230
NAMENDA XR CAP 7MG..... 230
NAMENDA XR CAP TITRATIO..... 230
NAMZARIC CAP 230
NAMZARIC CAP 14-10MG 230
NAMZARIC CAP 21-10MG 230
NAMZARIC CAP 28-10MG 230
NAMZARIC CAP 7-10MG..... 230
NAPRELAN TAB 375MG CR..... 13
NAPRELAN TAB 500MG CR..... 13
NAPRELAN TAB 750MG CR..... 13
NAPROSYN SUS 125/5ML 13
naproxen dr tab 375mg 13
naproxen dr tab 500mg 13
naproxen sodium tab 275 mg 13
naproxen sodium tab 550 mg 13
naproxen sodium tab er 24hr 375 mg (base equiv) 13
naproxen sodium tab er 24hr 500 mg (base equiv) 13
naproxen susp 125 mg/5ml 13
naproxen tab 250 mg 13
naproxen tab 375 mg 13
naproxen tab 500 mg 13
naproxen tab ec 375 mg 13
naproxen tab ec 500 mg 13
naproxen-esomeprazole magnesium tab dr 375-20 mg 13
naproxen-esomeprazole magnesium tab dr 500-20 mg 13
naratriptan hcl tab 1 mg (base equiv) 198
naratriptan hcl tab 2.5 mg (base equiv) 198
NARCAN SPR 64
NARDIL TAB 15MG 51
NAROPIN INJ 10MG/ML..... 186
NAROPIN INJ 2MG/ML..... 186
NAROPIN INJ 5MG/ML..... 186
NAROPIN INJ 7.5MG/ML..... 186
NASCOBAL SPR 500MCG 178
NASONEX SPR 50MCG/AC 214
NATACHEW CHW..... 210
NATACYN SUS 5% OP..... 219

NATALVIT TAB 75-1MG 210
NATAZIA TAB..... 127
nateglinide tab 120 mg 61
nateglinide tab 60 mg 61
NATESTO GEL 5.5MG 27
NATPARA INJ 100MCG 158
NATPARA INJ 25MCG 158
NATPARA INJ 50MCG 158
NATPARA INJ 75MCG 158
NATROBA SUS 0.9%..... 150
NATURE THROI TAB 162.5MG 241
NATURE-THROI TAB 113.75MG 241
NATURE-THROI TAB 130MG..... 241
NATURE-THROI TAB 146.25MG 241
NATURE-THROI TAB 16.25MG..... 241
NATURE-THROI TAB 195MG..... 241
NATURE-THROI TAB 260MG..... 241
NATURE-THROI TAB 32.5MG..... 241
NATURE-THROI TAB 325MG..... 241
NATURE-THROI TAB 48.75MG..... 241
NATURE-THROI TAB 65MG 241
NATURE-THROI TAB 81.25MG..... 241
NATURE-THROI TAB 97.5MG..... 241
NAVELBINE INJ 10MG/ML..... 96
NAVELBINE INJ 50MG/5ML 96
NAYZILAM SPR 5MG 44
NEBUPENT INH 300MG..... 29
necon tab 0.5/35..... 127
NEEVO DHA CAP 27-1.13 210
nefazodone hcl tab 100 mg..... 53
nefazodone hcl tab 150 mg..... 53
nefazodone hcl tab 200 mg..... 53
nefazodone hcl tab 250 mg..... 53
nefazodone hcl tab 50 mg 53
NEMBUTAL SOD INJ 50MG/ML 182
NEOKE MCT70 POW 216
neomycin sulfate tab 500 mg 8
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 219
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 219
neomycin-polymyxin b gu irrigation soln 171
neomycin-polymyxin-dexamethasone ophth oint 0.1% 221
neomycin-polymyxin-dexamethasone ophth susp 0.1% 221
neomycin-polymyxin-hc ophth susp 221
neomycin-polymyxin-hc otic soln 1% 224
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 224
NEONATAL TAB COMPLETE 210
neo-polycin oin hc 1%op 221
neo-polycin oin op 219
NEOPROFEN SOL 10MG/ML..... 13
NEORAL CAP 100MG 205
NEORAL CAP 25MG..... 205
NEORAL SOL 100MG/ML..... 205
NEOSALUS AER..... 148, 149
NEOSALUS CP CRE 149
NEOSALUS CRE..... 149
NEOSALUS LOT 149
NEOSTIG METH INJ 10/10ML 81
NEOSTIGMINE INJ 5MG/10ML..... 81
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)..... 82
neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml) 81
NEO-SYNALAR CRE..... 138
NEOTUSS PLUS LIQ 133
NEPHRAMINE INJ 5.4%..... 217
NEPHRON FA TAB..... 180
NERLYNX TAB 40MG 92
NESACAINE INJ 1%..... 187
NESACAINE INJ 2%..... 187
NESACAINE INJ -MPF 2% 187
NESACAINE INJ -MPF 3% 187
NESINA TAB 12.5MG 59
NESINA TAB 25MG 59
NESINA TAB 6.25MG 59
NESTABS DHA PAK..... 210
NESTABS ONE CAP 210
NESTABS TAB 210
neuac gel 1.2-5%..... 136
NEULASTA INJ 6MG/0.6M 179
NEULASTA KIT 6MG/0.6M..... 179
NEUPOGEN INJ 300/0.5 179
NEUPOGEN INJ 300/ML..... 179
NEUPOGEN INJ 300MCG..... 179
NEUPOGEN INJ 480/0.8 179
NEUPOGEN INJ 480/1.6 179

NEUPOGEN INJ 480MCG.....179
NEUPRO DIS 1MG/24HR.....99
NEUPRO DIS 2MG/24HR.....99
NEUPRO DIS 3MG/24HR.....99
NEUPRO DIS 4MG/24HR.....99
NEUPRO DIS 6MG/24HR.....99
NEUPRO DIS 8MG/24HR.....99
NEURONTIN CAP 100MG 47
NEURONTIN CAP 300MG 47
NEURONTIN CAP 400MG 47
NEURONTIN SOL 250/5ML.....47
NEURONTIN TAB 600MG 47
NEURONTIN TAB 800MG 47
NEUTEK 2TEK TES STRIPS.....153
NEUTRASAL POW 208
NEVANAC SUS 0.1%.....223
nevirapine tab 200 mg.....108
nevirapine tab er 24hr 100 mg.....108
nevirapine tab er 24hr 400 mg.....108
NEXAVAR TAB 200MG.....92
NEXGEN TES.....153
NEXIUM CAP 20MG.....245
NEXIUM CAP 40MG.....245
NEXIUM GRA 10MG DR 246
NEXIUM GRA 2.5MG DR 245
NEXIUM GRA 20MG DR 246
NEXIUM GRA 40MG DR 246
NEXIUM GRA 5MG DR 245
NEXIUM I.V. INJ 40MG.....246
NEXLETOL TAB 180MG.....68
NEXLIZET TAB 180/10MG.....68
NEXPLANON IMP 68MG 129
next choice tab 1.5mg 129
NEXTERONE INJ 36
NEXVIAZYME INJ 100MG.....161
niacin pow.....252
niacin tab er 1000 mg (antihyperlipidemic).....72
niacin tab er 500 mg (antihyperlipidemic).....72
niacin tab er 750 mg (antihyperlipidemic).....72
niacor tab 500mg.....72
NIASPAN TAB 1000 ER.....72
NIASPAN TAB 500MG ER.....72
NIASPAN TAB 750MG ER.....72
nicardipine hcl cap 20 mg.....117
nicardipine hcl cap 30 mg.....117
nicardipine hcl iv soln 2.5 mg/ml....117
nicorelief gum 2mg mint 234
nicorelief gum 2mg orig 234
nicorelief gum 4mg mint 234
nicorelief gum 4mg orig 234
nicotine dis 7mg/24hr.....234
nicotine dis step 1 234
nicotine dis step 2 234
nicotine dis step 3 234
nicotine gum 4mg 234
nicotine loz mini 2mg.....234
nicotine pol gum 2mgfruit 234
nicotine pol loz 4mg chry 234
nicotine pol loz 4mg mint 234
nicotine polacrilex gum 2 mg 234
nicotine polacrilex gum 4 mg 234
nicotine polacrilex lozenge 2 mg 234
nicotine polacrilex lozenge 4 mg 234
nicotine td dis 14mg/24h 234
nicotine td dis 21mg/24h 234
nicotine td dis 7mg/24hr.....234
nicotine td dis step 1 235
nicotine td dis step 3 235
nicotine td patch 24hr 14 mg/24hr.235
nicotine td patch 24hr 21 mg/24hr.235
nicotine td patch 24hr 7 mg/24hr...235
NICOTROL INH 235
NICOTROL NS SPR 10MG/ML 235
nifedipine cap 10 mg 117
nifedipine cap 20 mg 117
nifedipine tab er 24hr 30 mg 117
nifedipine tab er 24hr 60 mg 117
nifedipine tab er 24hr 90 mg 117
nifedipine tab er 24hr osmotic release 30 mg.....117
nifedipine tab er 24hr osmotic release 60 mg.....117
nifedipine tab er 24hr osmotic release 90 mg.....117
NIFEREX TAB.....180
nikki tab 3-0.02mg.....127
NILANDRON TAB 150MG 88
nilutamide tab 150 mg.....88
NIMBEX INJ 10MG/ML.....215
NIMBEX INJ 2MG/ML 215
nimodipine cap 30 mg 117

NINLARO CAP 2.3MG 92
NINLARO CAP 3MG 92
NINLARO CAP 4MG 92
NIPENT INJ 10MG.....95
NIPRIDE RTU INJ 20/100ML.....81
NIPRIDE RTU INJ 50/100ML.....81
nisoldipine tab er 24hr 17 mg 117
nisoldipine tab er 24hr 20 mg 118
nisoldipine tab er 24hr 25.5 mg 118
nisoldipine tab er 24hr 30 mg 118
nisoldipine tab er 24hr 34 mg 118
nisoldipine tab er 24hr 40 mg 118
nisoldipine tab er 24hr 8.5 mg 117
nitazoxanide tab 500 mg.....29
NITHIODOTE KIT.....63
NITRO-BID OIN 2% 32
NITRO-DUR DIS 0.1MG/HR.....33
NITRO-DUR DIS 0.2MG/HR.....33
NITRO-DUR DIS 0.3MG/HR.....33
NITRO-DUR DIS 0.4MG/HR.....33
NITRO-DUR DIS 0.6MG/HR.....33
NITRO-DUR DIS 0.8MG/HR.....33
nitrofurantoin macrocrystalline cap 100 mg 247
nitrofurantoin macrocrystalline cap 25 mg 247
nitrofurantoin macrocrystalline cap 50 mg 247
nitrofurantoin monohydrate macrocrystalline cap 100 mg 247
nitrofurantoin susp 25 mg/5ml.....247
NITROGLYCER INJ 5MG/ML.....33
nitroglycerin cap er 2.5 mg.....33
nitroglycerin cap er 6.5 mg.....33
nitroglycerin cap er 9 mg 33
nitroglycerin iv soln 100 mcg/ml in d5w 33
nitroglycerin iv soln 200 mcg/ml in d5w 33
nitroglycerin iv soln 400 mcg/ml in d5w 33
nitroglycerin sl tab 0.3 mg.....33
nitroglycerin sl tab 0.4 mg.....33
nitroglycerin sl tab 0.6 mg.....33
nitroglycerin td patch 24hr 0.1 mg/hr 33
nitroglycerin td patch 24hr 0.2 mg/hr 33
nitroglycerin td patch 24hr 0.4 mg/hr 33
nitroglycerin td patch 24hr 0.6 mg/hr 33
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....33
NITROLINGUAL SPR PUMPSPRA 33
NITROMIST AER 400MCG 33
NITROPRESS INJ 25MG/ML.....81
nitroprusside sodium iv soln 25 mg/ml 81
NITROSTAT SUB 0.3MG 33
NITROSTAT SUB 0.4MG 33
NITROSTAT SUB 0.6MG 33
nitro-time cap 2.5mg cr 33
nitro-time cap 6.5mg cr 33
nitro-time cap 9mg cr.....33
NITYR TAB 10MG 161
NITYR TAB 2MG 161
NITYR TAB 5MG 161
NIVATOPIC CRE PLUS 149
NIVESTYM INJ 300/0.5 179
NIVESTYM INJ 300MCG.....179
NIVESTYM INJ 480/0.8 179
NIVESTYM INJ 480MCG.....179
nizatidine cap 150 mg.....244
nizatidine cap 300 mg.....244
nizatidine oral soln 15 mg/ml.....245
NIZORAL SHA 2% 139
NO CODING TES BLD GLUC 153
NOCDURNA SUB 27.7MCG.....163
NOCDURNA SUB 55.3MCG.....163
NOCLOT-50 SOL ACD-A 43
nora-be tab 0.35mg 129
NORCO TAB 10-325MG 24
NORCO TAB 5-325MG.....24
NORCO TAB 7.5-325.....24
NORDITROPIN INJ 10/1.5ML.....159
NORDITROPIN INJ 15/1.5ML.....159
NORDITROPIN INJ 30/3ML 159
NORDITROPIN INJ 5/1.5ML 159
norepinephrine bitartrate iv soln 1 mg/ml (base equivalent) 251
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....127

norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 127
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 127
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 127
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 127
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 127
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) 127
norethindrone acetate tab 5 mg 229
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 164
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 164
norethindrone tab 0.35 mg 129
NORGESIC TAB FORTE 213
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 127
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 127
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 128
NORITATE CRE 1% 149
norlyroc tab 0.35mg 130
NORMOSOL -M INJ /D5W 200
NORMOSOL -R INJ 200
NORMOSOL-R INJ PH 7.4 200
NORMOSOL-R SOL /5% DSW 200
NORPACE CAP 100MG 35
NORPACE CAP 100MG CR 35
NORPACE CAP 150MG 35
NORPACE CAP 150MG CR 35
NORPRAMIN TAB 10MG 56
NORPRAMIN TAB 25MG 56
NORTHERA CAP 100MG 251
NORTHERA CAP 200MG 251
NORTHERA CAP 300MG 251
nortrel tab 0.5/35 128
nortrel tab 1/35 128
nortrel tab 7/7/7 128
nortriptyline hcl cap 10 mg 56
nortriptyline hcl cap 25 mg 56
nortriptyline hcl cap 50 mg 56
nortriptyline hcl cap 75 mg 56
nortriptyline hcl soln 10 mg/5ml 56
NORVASC TAB 10MG 118
NORVASC TAB 2.5MG 118
NORVASC TAB 5MG 118
NORVIR POW 100MG 108
NORVIR SOL 80MG/ML 108
NORVIR TAB 100MG 108
NOURIANZ TAB 20MG 97
NOURIANZ TAB 40MG 97
NOVA MAX TES GLUCOSE 153
NOVA SAFETY MIS LANC 23G 193
NOVA SAFETY MIS LANC 28G 193
NOVA SURE MIS LANCETS 193
NOVACORT GEL 145
NOVAREL INJ 5000UNIT 159
NOVOEIGHT INJ 1000UNIT 175
NOVOEIGHT INJ 1500UNIT 175
NOVOEIGHT INJ 2000UNIT 175
NOVOEIGHT INJ 250UNIT 175
NOVOEIGHT INJ 3000UNIT 175
NOVOEIGHT INJ 500UNIT 175
NOVOLIN INJ 70/30 61
NOVOLIN INJ 70/30 FP 61
NOVOLIN N INJ U-100 61
NOVOLIN R INJ U-100 61
NOVOLOG INJ 100/ML 61
NOVOLOG INJ FLEXPEN 61
NOVOLOG INJ PENFILL 61
NOVOLOG MIX INJ 70/30 61
NOVOLOG MIX INJ FLEXPEN 61
NOVOSEVEN RT INJ 1MG 175
NOVOSEVEN RT INJ 2MG 175
NOVOSEVEN RT INJ 5MG 175
NOVOSEVEN RT INJ 8MG 175
NOXAFIL INJ 300/16.7 67
NOXAFIL SUS 40MG/ML 67
NOXAFIL TAB 100MG 67
np thyroid tab 15mg 241
np thyroid tab 30mg 241
np thyroid tab 60mg 241
np thyroid tab 90mg 241
NPLATE INJ 125MCG 179
NPLATE INJ 250MCG 179
NPLATE INJ 500MCG 179
NUBEQA TAB 300MG 88
NUCALA INJ 100MG 37
NUCORT LOT 2% 145

NUCYNTA ER TAB 100MG 21
NUCYNTA ER TAB 150MG 21
NUCYNTA ER TAB 200MG 21
NUCYNTA ER TAB 250MG 21
NUCYNTA ER TAB 50MG 21
NUCYNTA TAB 100MG 21
NUCYNTA TAB 50MG.....21
NUCYNTA TAB 75MG.....21
NUDROXIPAK KIT DSDR-50 13
NUDROXIPAK KIT DSDR-75 13
NUDROXIPAK KIT E-400.....13
NUDROXIPAK KIT I-800 13
NUDROXIPAK KIT M-15.....13
NUDROXIPAK KIT N-500 13
NUEDEXTA CAP 20-10MG 233
NUFERA TAB.....180
nulev tab 0.125mg 244
NULOJIX INJ 250MG 205
NULYTELY SOL FLAV PKS.....184
NUMOISYN LIQ 208
NUMOISYN LOZ.....208
NUPLAZID CAP 34MG.....101
NUPLAZID TAB 10MG.....101
NURTEC TAB 75MG ODT.....197
NUTRILIPID EMU 20% 216
NUTROPIN AQ INJ 10MG/2ML 159
NUTROPIN AQ INJ 20MG/2ML 159
NUTROPIN AQ INJ NUSPIN 5.....159
NUVAIL SOL 16%.....149
NUVARING MIS 129
NUVESSA GEL 1.3% 250
NUVIGIL TAB 150MG 7
NUVIGIL TAB 200MG 7
NUVIGIL TAB 250MG 7
NUVIGIL TAB 50MG 7
NUWIQ INJ 1000UNIT.....175
NUWIQ INJ 2000UNIT.....175
NUWIQ INJ 2500UNIT.....175
NUWIQ INJ 250UNIT.....175
NUWIQ INJ 3000UNIT.....175
NUWIQ INJ 4000UNIT.....175
NUWIQ INJ 500UNIT.....175
NUWIQ KIT 1000UNIT.....175
NUWIQ KIT 2000UNIT.....175
NUWIQ KIT 2500UNIT.....175
NUWIQ KIT 250UNIT 175
NUWIQ KIT 3000UNIT.....175
NUWIQ KIT 4000UNIT 175
NUWIQ KIT 500UNIT 175
NUZYRA INJ 100MG.....237
NUZYRA TAB 150MG.....237
nyamyc pow 100000 139
NYMALIZE SOL.....118
NYMALIZE SOL 60/20ML 118
nystatin cream 100000 unit/gm 139
nystatin oint 100000 unit/gm 139
nystatin susp 100000 unit/ml 207
nystatin tab 500000 unit.....66
nystatin topical powder 100000 unit/gm.....139
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....139
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 139
nystop pow 100000.....139

O

OB COMPLETE CAP ONE 210
OB COMPLETE CAP PETITE 210
OB COMPLETE TAB 210
OB COMPLETE TAB PREMIER.....210
OB COMPLETE/ CAP DHA.....210
OBIZUR INJ 500 UNIT.....175
OBSTETRIX EC TAB 210
OBSTETRIX PAK DHA.....210
O-CAL TAB PRENATAL.....210
OCALIVA TAB 10MG 167
OCALIVA TAB 5MG 167
ocella tab 3-0.03mg 128
OCREVUS INJ 300/10ML 232
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 163
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 163
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 163
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 163
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 163
OCUFLOX DRO 0.3% OP.....219
ODACTRA SUB 7
ODEFSEY TAB 108
ODOMZO CAP 200MG 87
OFEV CAP 100MG.....236

OFEV CAP 150MG 236
OFIRMEV INJ 10MG/ML 16
ofloxacin ophth soln 0.3% 219
ofloxacin otic soln 0.3% 223
ofloxacin tab 300 mg 167
ofloxacin tab 400 mg 167
ogestrel tab 128
OGIVRI INJ 150MG 86
OGIVRI INJ 420MG 86
okebo cap 75mg 239
olanzapine for im inj 10 mg 103
olanzapine orally disintegrating tab 10 mg 103
olanzapine orally disintegrating tab 15 mg 103
olanzapine orally disintegrating tab 20 mg 103
olanzapine orally disintegrating tab 5 mg 103
olanzapine tab 10 mg 103
olanzapine tab 15 mg 103
olanzapine tab 2.5 mg 103
olanzapine tab 20 mg 103
olanzapine tab 5 mg 103
olanzapine tab 7.5 mg 103
olanzapine-fluoxetine hcl cap 12-25 mg 231
olanzapine-fluoxetine hcl cap 12-50 mg 231
olanzapine-fluoxetine hcl cap 3-25 mg 231
olanzapine-fluoxetine hcl cap 6-25 mg 231
olanzapine-fluoxetine hcl cap 6-50 mg 231
olmesartan medoxomil tab 20 mg 74
olmesartan medoxomil tab 40 mg 74
olmesartan medoxomil tab 5 mg 74
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 78
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 79
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .79
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 79
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 79
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 79
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 79
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 79
olopatadine hcl nasal soln 0.6% 214
olopatadine hcl ophth soln 0.1% (base equivalent) 223
olopatadine hcl ophth soln 0.2% (base equivalent) 223
OLUMIANT TAB 2MG 10
OLUX AER 0.05% 145
OLUX-E AER 0.05% 145
OMECLAMOX- MIS PAK 246
OMEGA-3/D-3 KIT WELLNESS 68
omega-3-acid ethyl esters cap 1 gm .69
omeppi cap 40-1100 246
omeprazole cap delayed release 10 mg 246
omeprazole cap delayed release 20 mg 246
omeprazole cap delayed release 40 mg 246
omeprazole-sodium bicarbonate cap 20-1100 mg 246
omeprazole-sodium bicarbonate cap 40-1100 mg 246
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg 246
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg 246
OMNARIS SPR 214
OMNIFLEX DPR 188
OMNIPOD KIT STARTER 193
OMNIPOD MIS 5 PACK 193
OMNITROPE 10 MIS DEVICE 197
OMNITROPE 5 MIS DEVICE 197

OMNITROPE INJ 10/1.5ML 160
OMNITROPE INJ 5.8MG 160
OMNITROPE INJ 5/1.5ML 160
ON CALL PLUS TES BLD GLUC 153
ON CALL TES EXPRESS 153
ON CALL VIVD TES BLD GLUC 153
ONCASPAR INJ 750/ML 94
ondansetron hcl inj 4 mg/2ml (2 mg/ml) 64
ondansetron hcl inj 40 mg/20ml (2 mg/ml) 64
ondansetron hcl oral soln 4 mg/5ml .. 64
ondansetron hcl tab 24 mg 64
ondansetron hcl tab 4 mg 64
ondansetron hcl tab 8 mg 64
ondansetron orally disintegrating tab 4 mg 64
ondansetron orally disintegrating tab 8 mg 64
ONETOUCH FP MIS LANCETS 193
ONETOUCH MIS 30G 193
ONETOUCH MIS COMBO 193
ONETOUCH MIS LANCETS 193
ONETOUCH TES ULTRA 153
ONETOUCH TES ULTRA BL 153
ONETOUCH TES VERIO 153
ONETOUCH US MIS LANCETS 193
ONEXTON GEL 1.2-3.75 136
ONFI SUS 2.5MG/ML 44
ONFI TAB 10MG 44
ONFI TAB 20MG 44
ONGENTYS CAP 25MG 97
ONGLYZA TAB 2.5MG 59
ONGLYZA TAB 5MG 59
ONIVYDE INJ 4.3MG/ML 97
ONPATTRO SOL 10MG/5ML 236
ON-THE-GO MIS LANC 30G 193
ONUREG TAB 200MG 85
ONUREG TAB 300MG 85
ONZETRA XSAI MIS 11MG 198
OPANA TAB 10MG 21
OPANA TAB 5MG 21
opcicon tab 1.5mg 129
OPDIVO INJ 100MG/10 86
OPDIVO INJ 240/24 86
OPDIVO INJ 40MG/4ML 86
opium tincture 1% (10 mg/ml) (morphine equiv) 63
OPSUMIT TAB 10MG 121
option 2 tab 1.5mg 129
OPTIUM TES 153
OPTIUMEZ TES 154
OPTUMRX TES BLD GLUC 154
ORACEA CAP 40MG 150
ORACIT SOL 170
ORAFATE PST 10% 208
ORALAIR SUB 300 IR 8
oralone dent pst 0.1% 207
ORAPRED ODT TAB 10MG 132
ORAPRED ODT TAB 15MG 132
ORAPRED ODT TAB 30MG 132
ORAVIG TAB 50MG 207
ORBACTIV SOL 400MG 30
ORENCIA CLCK INJ 125MG/ML 14
ORENCIA INJ 125MG/ML 14
ORENCIA INJ 250MG 14
ORENCIA INJ 50/0.4ML 14
ORENCIA INJ 87.5/0.7 14
ORENITRAM TAB 0.125MG 120
ORENITRAM TAB 0.25MG 120
ORENITRAM TAB 1MG 120
ORENITRAM TAB 2.5MG 121
ORENITRAM TAB 5MG 121
ORFADIN CAP 10MG 161
ORFADIN CAP 20MG 161
ORFADIN CAP 2MG 161
ORFADIN CAP 5MG 161
ORFADIN SUS 4MG/ML 161
ORGOVYX TAB 120MG 88
ORIAHNN CAP 164
ORILISSA TAB 150MG 159
ORILISSA TAB 200MG 159
ORKAMBI GRA 100-125 236
ORKAMBI GRA 150-188 236
ORKAMBI TAB 100-125 236
ORKAMBI TAB 200-125 236
ORLADEYO CAP 110MG 176
ORLADEYO CAP 150MG 176
orphenadrine citrate inj 30 mg/ml .. 212
orphenadrine citrate tab er 12hr 100 mg 213
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg 213

orphengesic tab forte 213
orsythia tab 128
ORTHO MICRON TAB 0.35MG..... 130
ORTHO TRI- TAB CYCLN LO 128
ORTHO-NOVUM TAB 1/35..... 128
ORTHO-NOVUM TAB 7/7/7 128
ORTHOVISC INJ 15MG/ML..... 213
oscimin sr tab 0.375mg 244
oscimin sub 0.125mg..... 244
oscimin tab 0.125mg 244
oseltamivir phosphate cap 30 mg (base equiv) 112
oseltamivir phosphate cap 45 mg (base equiv) 112
oseltamivir phosphate cap 75 mg (base equiv) 112
oseltamivir phosphate for susp 6 mg/ml (base equiv) 112
OSENI TAB 12.5-15 57
OSENI TAB 12.5-30 58
OSENI TAB 12.5-45 58
OSENI TAB 25-15MG 58
OSENI TAB 25-30MG 58
OSENI TAB 25-45MG 58
osmitrol inj 10% 156
osmitrol inj 15% 156
osmitrol inj 5% 156
osmitrol vfx inj 20% 156
OSMOLEX ER TAB 129MG..... 99
OSMOLEX ER TAB 193MG..... 99
OSMOLEX ER TAB 258MG..... 99
OSMOPREP TAB 1.5GM 185
OSPHENA TAB 60MG..... 160
OTEZLA TAB 10/20/30 14
OTEZLA TAB 30MG 14
OTIPRIO SUS 60MG/ML..... 223
OTOVEL DRO 224
OTREXUP INJ 10MG 10
OTREXUP INJ 12.5/0.4 10
OTREXUP INJ 15MG 10
OTREXUP INJ 17.5/0.4 10
OTREXUP INJ 20MG 10
OTREXUP INJ 22.5/0.4 10
OTREXUP INJ 25MG 10
OVACE PLUS AER 9.8%..... 141
OVACE PLUS CRE 10%..... 141
OVACE PLUS GEL 10% WASH 141
OVACE PLUS LIQ 10% WASH..... 141
OVACE PLUS LOT 9.8%..... 141
OVACE PLUS SHA 10% 141
OVACE WASH LIQ 10%..... 141
OVIDE LOT 0.5% 150
OVIDREL INJ 159
OXACILLIN INJ 1GM 228
OXACILLIN INJ 2GM 228
oxacillin sodium for inj 1 gm (base equivalent) 228
oxacillin sodium for inj 2 gm (base equivalent) 228
oxacillin sodium for iv soln 10 gm (base equivalent) 228
oxaliplatin for iv inj 100 mg 83
oxaliplatin for iv inj 50 mg..... 83
oxaliplatin iv soln 100 mg/20ml 83
oxaliplatin iv soln 200 mg/40ml 83
oxaliplatin iv soln 50 mg/10ml 83
oxandrolone tab 10 mg 26
oxandrolone tab 2.5 mg 26
oxaprozin tab 600 mg 14
OXAYDO TAB 5MG..... 21
OXAYDO TAB 7.5MG 21
oxazepam cap 10 mg..... 35
oxazepam cap 15 mg..... 35
oxazepam cap 30 mg..... 35
OXBRYTA TAB 500MG 178
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 47
oxcarbazepine tab 150 mg 47
oxcarbazepine tab 300 mg 47
oxcarbazepine tab 600 mg 47
OXERVATE SOL 20MCG/ML..... 220
oxiconazole nitrate cream 1%..... 139
OXISTAT CRE 1%..... 139
OXISTAT LOT 1%..... 139
OXLUMO INJ 94.5/0.5..... 171
OXSORALEN-UL CAP 10MG..... 141
OXTELLAR XR TAB 150MG 47
OXTELLAR XR TAB 300MG 47
OXTELLAR XR TAB 600MG 47
oxybutynin chloride syrup 5 mg/5ml 248
oxybutynin chloride tab 5 mg 248
oxybutynin chloride tab er 24hr 10 mg 248

oxybutynin chloride tab er 24hr 15 mg 248
oxybutynin chloride tab er 24hr 5 mg 248
oxycodone hcl cap 5 mg 21
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 21
oxycodone hcl soln 5 mg/5ml 21
oxycodone hcl tab 10 mg 21
oxycodone hcl tab 15 mg 21
oxycodone hcl tab 20 mg 21
oxycodone hcl tab 30 mg 22
oxycodone hcl tab 5 mg 21
oxycodone hcl tab er 12hr deter 10 mg 22
oxycodone hcl tab er 12hr deter 15 mg 22
oxycodone hcl tab er 12hr deter 20 mg 22
oxycodone hcl tab er 12hr deter 30 mg 22
oxycodone hcl tab er 12hr deter 40 mg 22
oxycodone hcl tab er 12hr deter 60 mg 22
oxycodone hcl tab er 12hr deter 80 mg 22
oxycodone w/ acetaminophen tab 10-325 mg 24
oxycodone w/ acetaminophen tab 2.5-325 mg 24
oxycodone w/ acetaminophen tab 5-325 mg 24
oxycodone w/ acetaminophen tab 7.5-325 mg 24
oxycodone-aspirin tab 4.8355-325 mg 24
oxycodone-ibuprofen tab 5-400 mg ..25
OXYCONTIN TAB 10MG CR 22
OXYCONTIN TAB 15MG CR 22
OXYCONTIN TAB 20MG CR 22
OXYCONTIN TAB 30MG CR 22
OXYCONTIN TAB 40MG CR 22
OXYCONTIN TAB 60MG CR 22
OXYCONTIN TAB 80MG CR 22
oxymorphone hcl tab 10 mg 22
oxymorphone hcl tab 5 mg 22
oxymorphone hcl tab er 12hr 10 mg .22
oxymorphone hcl tab er 12hr 15 mg .22
oxymorphone hcl tab er 12hr 20 mg .22
oxymorphone hcl tab er 12hr 30 mg .22
oxymorphone hcl tab er 12hr 40 mg .22
oxymorphone hcl tab er 12hr 5 mg ...22
oxymorphone hcl tab er 12hr 7.5 mg 22
oxytocin inj 10 unit/ml 224
OXYTROL DIS 3.9MG/24 248
OZEMPIC INJ 2/1.5ML.....60
OZURDEX IMP 0.7MG 221

P

pacerone tab 100mg.....36
pacerone tab 200mg.....36
pacerone tab 400mg.....36
PACLITAXEL IV CONC 100 MG/16.67ML (6 MG/ML).....96
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) 96
paclitaxel iv conc 150 mg/25ml (6 mg/ml) 96
paclitaxel iv conc 30 mg/5ml (6 mg/ml) 96
paclitaxel iv conc 300 mg/50ml (6 mg/ml) 96
PADCEV INJ 20MG.....86
PADCEV INJ 30MG.....87
PAIN EASE AER MD STRM.....148
PAIN EASE AER MIST.....148
PALFORZIA CAP ESCALAT..... 8
PALFORZIA CAP LEVEL 1 8
PALFORZIA CAP LEVEL 10 8
PALFORZIA CAP LEVEL 2 8
PALFORZIA CAP LEVEL 3 8
PALFORZIA CAP LEVEL 4 8
PALFORZIA CAP LEVEL 5 8
PALFORZIA CAP LEVEL 6 8
PALFORZIA CAP LEVEL 7 8
PALFORZIA CAP LEVEL 8 8
PALFORZIA CAP LEVEL 9 8
PALFORZIA POW LEVEL 11 8
paliperidone tab er 24hr 1.5 mg.....102
paliperidone tab er 24hr 3 mg.....102
paliperidone tab er 24hr 6 mg.....102
paliperidone tab er 24hr 9 mg.....102
PALONOSETRON INJ 0.25/2ML.....64
PALYNZIQ INJ 10/0.5ML.....161

PALYNZIQ INJ 2.5/0.5 161
PALYNZIQ INJ 20MG/ML 161
PAMELOR CAP 10MG 56
PAMELOR CAP 25MG 56
PAMELOR CAP 50MG 56
PAMELOR CAP 75MG 56
pamidronate disodium for inj 30 mg 158
pamidronate disodium for inj 90 mg 158
pamidronate disodium iv soln 3 mg/ml 158
pamidronate disodium iv soln 9 mg/ml 158
PAMIDRONATE INJ 6MG/ML 158
PANCREAZE CAP 155
PANCREAZE CAP 10500UNT 155
PANCREAZE CAP 16800UNT 155
PANCREAZE CAP 21000UNT 155
PANCREAZE CAP 4200UNIT 155
pancuronium bromide inj 1 mg/ml .. 215
PANDEL CRE 0.1% 145
PANRETIN GEL 0.1% 140
pantoprazole sodium ec tab 20 mg (base equiv) 246
pantoprazole sodium ec tab 40 mg (base equiv) 246
pantoprazole sodium for delayed release susp packet 40 mg 246
pantoprazole sodium for iv soln 40 mg (base equiv) 246
PANZYGA SOL 10/100ML 225
PANZYGA SOL 1GM/10ML 225
PANZYGA SOL 2.5/25ML 225
PANZYGA SOL 20/200ML 225
PANZYGA SOL 30/300ML 225
PANZYGA SOL 5GM/50ML 225
papaverine hcl inj 30 mg/ml 120
PARAGARD IUD T380A 129
paraplatin inj 1000mg 83
paregoric tincture 2 mg/5ml (morphine equivalent) 63
PAREMYD SOL 1-0.25% 223
paricalcitol cap 1 mcg 161
paricalcitol cap 2 mcg 161
paricalcitol cap 4 mcg 161
paricalcitol iv soln 2 mcg/ml 161
paricalcitol iv soln 5 mcg/ml 161
PARLODEL CAP 5MG 99
PARLODEL TAB 2.5MG 99
PARNATE TAB 10MG 51
paroex sol 0.12% 207
paromomycin sulfate cap 250 mg 8
paroxetine hcl tab 10 mg 52
paroxetine hcl tab 20 mg 52
paroxetine hcl tab 30 mg 52
paroxetine hcl tab 40 mg 52
paroxetine hcl tab er 24hr 12.5 mg .. 53
paroxetine hcl tab er 24hr 25 mg 53
paroxetine hcl tab er 24hr 37.5 mg .. 53
paroxetine mesylate cap 7.5 mg (base equiv) 236
PARSABIV INJ 10MG/2ML 162
PARSABIV INJ 2.5-0.5 162
PARSABIV INJ 5MG/ML 162
PASER GRA 4GM 82
PATADAY SOL 0.2% 223
PATANASE SPR 0.6% 214
PATANOL SOL 0.1% OP 223
PAXIL CR TAB 12.5MG 53
PAXIL CR TAB 25MG 53
PAXIL CR TAB 37.5MG 53
PAXIL SUS 10MG/5ML 53
PAXIL TAB 10MG 53
PAXIL TAB 20MG 53
PAXIL TAB 30MG 53
PAXIL TAB 40MG 53
PAZEO DRO 0.7% 223
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml ... 244
PC LANCETS MIS 30G 193
PCP 100 KIT 184
PEDIARIX INJ 0.5ML 242
PEDVAX HIB INJ 249
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 184
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 184
peg/nasul/c/ sol nacl/pot 184
PEGASYS INJ 111
PEGASYS INJ 180MCG/M 111
PEGASYS INJ PROCLICK 111
PEGASYS KIT 180MCG/M 111
PEGINTRON KIT 50MCG 111
peg-prep kit 184
PEMAZYRE TAB 13.5MG 92

PEMAZYRE TAB 4.5MG 92
PEMAZYRE TAB 9MG 92
PEN G PROC INJ 600000 226
PEN GK/DEXTR INJ 20000/ML.....226
PEN GK/DEXTR INJ 40000/ML.....226
PEN GK/DEXTR INJ 60000/ML.....226
penicillamine cap 250 mg 204
penicillamine tab 250 mg 204
penicillin g potassium for inj 20000000 unit 226
penicillin g potassium for inj 5000000 unit 226
penicillin g sodium for inj 5000000 unit 226
penicillin v potassium for soln 125 mg/5ml 226
penicillin v potassium for soln 250 mg/5ml 227
penicillin v potassium tab 250 mg ..227
penicillin v potassium tab 500 mg ..227
PENLAC SOL 8% 139
PENLET II MIS REPL CAP 193
PENNSAID SOL 2%.....138
PENTACEL INJ.....242
PENTAM 300 INJ 300MG.....29
PENTASA CAP 250MG CR.....168
PENTASA CAP 500MG CR.....168
pentazocine w/ naloxone tab 50-0.5 mg 26
PENTETATE CA SOL 200MG/ML 63
PENTETATE ZI SOL 200MG/ML 63
pentoxifylline tab er 400 mg 176
PEPAXTO INJ 20MG 83
PEPCID TAB 20MG.....245
PEPCID TAB 40MG.....245
PERCOCET TAB 10-325MG.....25
PERCOCET TAB 2.5-325 25
PERCOCET TAB 5-325MG 25
PERCOCET TAB 7.5-325 25
PERFECT 28G MIS LANCETS 193
PERFECT 30G MIS LANCETS 193
PERFOROMIST NEB 20MCG.....40
PERIDEX SOL 0.12% 207
PERIKABIVEN EMU 216
perindopril erbumine tab 2 mg 73
perindopril erbumine tab 4 mg 73
perindopril erbumine tab 8 mg 73
PERJETA INJ 420/14ML 87
permethrin cream 5%.....150
perphenazine tab 16 mg 105
perphenazine tab 2 mg 105
perphenazine tab 4 mg 105
perphenazine tab 8 mg 105
perphenazine-amitriptyline tab 2-10 mg 231
perphenazine-amitriptyline tab 2-25 mg 231
perphenazine-amitriptyline tab 4-10 mg 231
perphenazine-amitriptyline tab 4-25 mg 231
perphenazine-amitriptyline tab 4-50 mg 231
PERSERIS INJ 120MG 102
PERSERIS INJ 90MG 102
PERTZYE CAP 16000U.....155
PERTZYE CAP 4000UNIT.....155
PERTZYE CAP 8000UNIT.....155
PEXEVA TAB 10MG 53
PEXEVA TAB 20MG 53
PEXEVA TAB 30MG 53
PEXEVA TAB 40MG 53
pfizerpen inj 20000000 227
pfizerpen inj 5mu 227
PH 12 STERIL SOL FLOLAN.....228
PHARMACY COU MIS LANCETS.....193
phenadoz sup 12.5mg 68
phenadoz sup 25mg 68
phenazo tab 200mg.....172
phenazopyridine hcl tab 100 mg 172
phenazopyridine hcl tab 200 mg 172
phendimetrazine tartrate cap er 24hr 105 mg 3
phendimetrazine tartrate tab 35 mg .. 3
phenelzine sulfate tab 15 mg.....51
PHENERGAN INJ 25MG/ML 68
PHENERGAN INJ 50MG/ML 68
phenobarbital elixir 20 mg/5ml 182
phenobarbital sodium inj 130 mg/ml 182
PHENOBARBITAL SODIUM INJ 65 MG/ML 182
phenobarbital tab 100 mg 182
phenobarbital tab 15 mg 182

phenobarbital tab 16.2 mg 182
phenobarbital tab 30 mg 182
phenobarbital tab 32.4 mg 182
phenobarbital tab 60 mg 182
phenobarbital tab 64.8 mg 182
phenobarbital tab 97.2 mg 182
phenohytro elx.....244
phenohytro tab 244
phenoxybenzamine hcl cap 10 mg 73
phentermine hcl cap 15 mg 3
phentermine hcl cap 30 mg 3
phentermine hcl cap 37.5 mg 3
phentermine hcl tab 37.5 mg 3
phentolamine mesylate for inj 5 mg..73
PHENTOLAMINE MESYLATE FOR INJ 5 MG 73
PHENYLEP HCL INJ 0.8/10ML 251
PHENYLEP HCL INJ 1MG/10ML 251
PHENYLEPHRIN INJ 0.4/10ML 251
PHENYLEPHRIN INJ 0.8MG/10.....251
PHENYLEPHRIN INJ 1MG/10ML.....251
phenylephrine hcl iv soln 10 mg/ml 251
phenylephrine hcl ophth soln 10%..218
phenylephrine hcl ophth soln 2.5%.218
phenylephrine-guaifenesin liqd 7.5-100 mg/5ml (1.5-20 mg/ml) 133
PHENYTEK CAP 200MG.....50
PHENYTEK CAP 300MG.....50
phenytoin chew tab 50 mg 50
phenytoin chw 50mg 50
phenytoin sodium extended cap 100 mg 50
phenytoin sodium extended cap 200 mg 50
phenytoin sodium extended cap 300 mg 50
phenytoin sodium inj 50 mg/ml.....50
phenytoin susp 125 mg/5ml 50
PHESGO SOL 90
philith tab 0.4-35 128
PHLAG SPR.....149
PHOSLYRA SOL 169
phospha 250 tab neutral 202
PHOSPHOLINE SOL 0.125%OP.....218
phospho-trin tab 250 neut.....202
PHOTOFRIN INJ 75MG.....95
PHOTREXA VIS SOL 0.146-20 220
PHOTREXA/PHO SOL VISC KIT.....220
physiolyte sol 206
physiosol sol irrigat 206
PHYSOS SALIC INJ 1MG/ML.....64
phytonadione inj 1 mg/0.5ml (2 mg/ml) 252
phytonadione inj 10 mg/ml 252
phytonadione tab 5 mg 252
PICATO GEL 0.015% 140
PICATO GEL 0.05% 140
PIFELTRO TAB 100MG.....109
pilocarpine hcl ophth soln 1% 218
pilocarpine hcl ophth soln 2% 218
pilocarpine hcl ophth soln 4% 218
pilocarpine hcl tab 5 mg 208
pilocarpine hcl tab 7.5 mg 208
pimecrolimus cream 1%.....147
pimozide tab 1 mg 233
pimozide tab 2 mg 233
pimtrea tab 128
pindolol tab 10 mg 114
pindolol tab 5 mg 114
pioglitazone hcl tab 15 mg (base equiv) 61
pioglitazone hcl tab 30 mg (base equiv) 61
pioglitazone hcl tab 45 mg (base equiv) 61
pioglitazone hcl-glimepiride tab 30-2 mg 58
pioglitazone hcl-glimepiride tab 30-4 mg 58
pioglitazone hcl-metformin hcl tab 15-500 mg 58
pioglitazone hcl-metformin hcl tab 15-850 mg 58
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 227
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....227
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 227
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....227
PIQRAY 200MG TAB DOSE.....92
PIQRAY 250MG TAB DOSE.....92
PIQRAY 300MG TAB DOSE.....93

pirmella tab 1/35 128
pirmella tab 7/7/7 128
piroxicam cap 10 mg 14
piroxicam cap 20 mg 14
PITOCIN INJ 10UNT/ML..... 224
PLAQUENIL TAB 200MG 81
PLASMA-LYTE INJ -148 200
PLASMA-LYTE INJ -A..... 200
PLAVIX TAB 75MG 177
PLEGISOL SOL 119
PLEGRIDY INJ 232
PLEGRIDY INJ PEN..... 232
PLEGRIDY INJ STARTER 232
PLEGRIDY PEN INJ STARTER..... 232
plenamine inj 15% 217
PLENVU SOL 184
PLEXION CLTH PAD 9.8-4.8% 136
PLEXION CRE 9.8-4.8% 136
PLEXION LIQ 9.8-4.8% 136
PLEXION LOT 9.8-4.8%..... 136
PLIAGLIS CRE 7-7% 148
PNEUMOVAX 23 INJ 25/0.5..... 249
PNV FOLIC AC TAB + IRON..... 210
PNV PRENATAL TAB PLUS 210
PNV TABS TAB 29-1MG 210
pnv-dha cap 210
PNV-DHA CAP DOCUSATE..... 210
PNV-OMEGA CAP 210
pnv-select tab..... 210
POCKETCHEM TES EZ 154
PODOCON SOL 25% 147
podofilox soln 0.5%..... 147
polocaine inj 1% 186
polocaine inj 2% 186
polocaine inj -mpf 1%..... 186
polocaine inj mpf 1.5% 186
polocaine inj -mpf 2%..... 186
polycin oin op 219
poly-iron cap 150 fort 180
polymyxin b sulfate for inj 500000 unit 32
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 220
polysacchari cap iron 180
POLYTRIM SOL OP 220
POLY-VI-FLOR CHW 0.25MG 209
POLY-VI-FLOR CHW 0.5MG 209
POLY-VI-FLOR CHW 1MG..... 209
POLY-VI-FLOR CHW W/IRON 208
POLY-VI-FLOR MIS FS..... 209
POLY-VI-FLOR MIS FS 0.25 209
POLY-VI-FLOR MIS FS 0.5MG..... 209
POLY-VI-FLOR SUS /IRON 208
POLY-VI-FLOR SUS 0.25/ML 209
POMALYST CAP 1MG..... 89
POMALYST CAP 2MG..... 89
POMALYST CAP 3MG..... 89
POMALYST CAP 4MG..... 89
portia-28 tab 128
PORTRAZZA INJ 800/50ML 87
posaconazole tab delayed release 100 mg 67
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml 170
pot bicarbonate & chloride effer tab 25 meq..... 203
pot chl/nacl inj 20meq/l 201
pot chl/nacl inj 40meq/l 201
pot chloride inj 10meq 203
pot chloride inj 20meq 203
pot chloride inj 40meq 203
pot chloride tab 25meq ef 203
POTABA CAP 500MG 252
potassium acetate inj 2 meq/ml 203
potassium aminobenzoate packet 2 gm 252
potassium bicarbonate effer tab 25 meq..... 203
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 201
potassium chloride 40 meq/l (0.3%) in dextrose 5% inj 201
potassium chloride cap er 10 meq .. 203
potassium chloride cap er 8 meq 203
potassium chloride inj 2 meq/ml 203
potassium chloride microencapsulated crys er tab 10 meq 203
potassium chloride microencapsulated crys er tab 20 meq 203
potassium chloride oral soln 10% (20 meq/15ml) 203
potassium chloride oral soln 20% (40 meq/15ml) 203

potassium chloride powder packet 20 meq 203
potassium chloride tab er 10 meq ... 203
potassium chloride tab er 20 meq (1500 mg) 203
potassium chloride tab er 8 meq (600 mg) 203
potassium citrate & citric acid soln 1100-334 mg/5ml 170
potassium citrate tab er 10 meq (1080 mg) 171
potassium citrate tab er 15 meq (1620 mg) 171
potassium citrate tab er 5 meq (540 mg) 170
potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k) 202
potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k) 202
potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k) 202
POTELIGEO INJ 20MG/5ML 87
pr benzoyl liq 7% wash 136
PR CREAM KIT 149
PRADAXA CAP 110MG 43
PRADAXA CAP 150MG 43
PRADAXA CAP 75MG 43
PRALUENT INJ 150MG/ML 72
PRALUENT INJ 75MG/ML 72
pramipexole dihydrochloride tab 0.125 mg 99
pramipexole dihydrochloride tab 0.25 mg 99
pramipexole dihydrochloride tab 0.5 mg 99
pramipexole dihydrochloride tab 0.75 mg 99
pramipexole dihydrochloride tab 1 mg 99
pramipexole dihydrochloride tab 1.5 mg 99
pramipexole dihydrochloride tab er 24hr 0.375 mg 99
pramipexole dihydrochloride tab er 24hr 0.75 mg 99
pramipexole dihydrochloride tab er 24hr 1.5 mg 99
pramipexole dihydrochloride tab er 24hr 2.25 mg 99
pramipexole dihydrochloride tab er 24hr 3 mg 99
pramipexole dihydrochloride tab er 24hr 3.75 mg 99
pramipexole dihydrochloride tab er 24hr 4.5 mg 99
PRAMOSONE CRE 1-1% 145
PRAMOSONE CRE 1-2.5% 145
PRAMOSONE LOT 1% 145
PRAMOSONE LOT 2.5% 145
PRAMOSONE OIN 1% 145
PRAMOSONE OIN 2.5% 145
pramox gel 1% 148
pramoxine-hc cream 1-2.5% 145
prasugrel hcl tab 10 mg (base equiv) 177
prasugrel hcl tab 5 mg (base equiv) 177
PRAVACHOL TAB 20MG 71
PRAVACHOL TAB 40MG 71
pravastatin sodium tab 10 mg 71
pravastatin sodium tab 20 mg 71
pravastatin sodium tab 40 mg 71
pravastatin sodium tab 80 mg 71
PRAXBIND INJ 2.5/50 64
praziquantel tab 600 mg 28
prazosin hcl cap 1 mg 75
prazosin hcl cap 2 mg 75
prazosin hcl cap 5 mg 75
PRECEDEX INJ 100MCG 183
PRECEDEX INJ 200/50ML 183
PRECEDEX INJ 400/100 183
PRECEDEX INJ 80/20ML 183
PRECISION MIS 28G 193
PRECISION MIS 28G(T) 193
PRECISION PT TES OF CARE 154
PRECISION TES PCX 154
PRECISION TES PCX PLUS 154
PRECISION TES QID 154
PRECISION TES SOF-TACT 154
PRECISION TES XTRA 154
PRECOSE TAB 100MG 56
PRECOSE TAB 25MG 56
PRECOSE TAB 50MG 56

PRED FORTE SUS 1% OP.....221
PRED MILD SUS 0.12% OP.....221
PRED SOD PHO SOL 1% OP.....221
PRED-G S.O.P OIN OP.....221
PRED-G SUS OP.....221
PRED-GATI SUS 1-0.5%.....221
PRED-GATIFL- SUS BROMFENA.....221
prednicarbate cream 0.1% 145
prednicarbate oint 0.1%.....145
PREDNIS/BROM SUS 1-0.075% 221
prednisolone acetate ophth susp 1% 221
prednisolone sod phos orally disintegr tab 10 mg (base eq) 132
prednisolone sod phos orally disintegr tab 15 mg (base eq) 132
prednisolone sod phos orally disintegr tab 30 mg (base eq) 132
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) 132
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) 132
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 132
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) 132
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 132
prednisolone syrup 15 mg/5ml (usp solution equivalent) 132
PREDNISONE CON 5MG/ML 132
prednisone oral soln 5 mg/5ml.....132
prednisone tab 1 mg.....132
prednisone tab 10 mg.....132
prednisone tab 2.5 mg.....132
prednisone tab 20 mg.....132
prednisone tab 5 mg.....132
prednisone tab 50 mg.....132
prednisone tab therapy pack 10 mg (21).....132
prednisone tab therapy pack 10 mg (48).....132
prednisone tab therapy pack 5 mg (21) 132
prednisone tab therapy pack 5 mg (48) 132
PREFEST TAB.....164
pregabalin cap 100 mg 47
pregabalin cap 150 mg 47
pregabalin cap 200 mg 48
pregabalin cap 225 mg 48
pregabalin cap 25 mg 47
pregabalin cap 50 mg 47
pregabalin cap 75 mg 47
pregabalin soln 20 mg/ml.....48
pregnyl inj 10000unt 159
PREMARIN INJ 25MG 166
PREMARIN TAB 0.3MG 166
PREMARIN TAB 0.45MG 166
PREMARIN TAB 0.625MG.....166
PREMARIN TAB 0.9MG 166
PREMARIN TAB 1.25MG 166
PREMARIN VAG CRE 0.625MG.....250
PREMASOL SOL 10% 217
PREMPHASE TAB.....164
PREMPRO TAB.....164
PREMPRO TAB 0.3-1.5 164
PREMPRO TAB 0.45-1.5 164
PREMPRO TAB 0.625-5 164
PRENA 1 TRUE MIS.....210
PRENA1 CHW.....210
PRENA1 PEARL CAP 210
PRENAISSANCE CAP 210
PRENAISSANCE CAP PLUS.....210
prenatabs rx tab 210
PRENATAL 19 CHW 29-1MG.....210
prenatal 19 chw tab.....210
PRENATAL 19 TAB 29-1MG.....210
PRENATAL DHA PAK 27-1-250 210
PRENATAL TAB 27-1MG.....210
PRENATAL TAB PLUS 210
PRENATAL VIT TAB LOW IRON.....210
PRENATAL+FE TAB 29-1MG.....210
PRENATAL-U CAP 106.5-1 210
PRENATE AM TAB 1MG.....210
PRENATE CAP ENHANCE.....210
PRENATE CAP ESSENT 210
PRENATE CAP PIXIE.....211
PRENATE CAP RESTORE 211
PRENATE CHW 0.6-0.4.....211
PRENATE DHA CAP 211
PRENATE MINI CAP 211
PRENATE TAB ELITE 211
PRENATRIX TAB.....211

PREPIDIL GEL 0.5MG/3G 224
PREPLUS TAB 27-1MG..... 211
PREPOPIK PAK 184
PRESERA AER 149
PRESSURE ACT MIS LANCET 193
PRESSURE ACT MIS LANCETS 193
PRESTALIA TAB 14-10MG 79
PRESTALIA TAB 3.5-2.5 79
PRESTALIA TAB 7-5MG 79
PRETAB TAB 29-1MG 211
PRETOMANID TAB 200MG 82
PREVACID CAP 15MG DR..... 246
PREVACID CAP 30MG DR..... 246
PREVACID TAB 15MG STB 246
PREVACID TAB 30MG STB 246
prevalite pow 4gm..... 69
prevalite pow 4gm pk 69
PREVIDOLRX PAK ANALGESI..... 14
previfem tab 128
PREVNAR 13 INJ 249
PREVYMIS INJ 240/12..... 110
PREVYMIS INJ 480/24..... 110
PREVYMIS TAB 240MG 110
PREVYMIS TAB 480MG 110
PREZCOBIX TAB 800-150 109
PREZISTA SUS 100MG/ML 109
PREZISTA TAB 150MG 109
PREZISTA TAB 600MG 109
PREZISTA TAB 75MG 109
PREZISTA TAB 800MG 109
PRIALT INJ 100MCG 16
PRIALT INJ 500/20ML 16
PRIALT INJ 500/5ML 16
PRIFTIN TAB 150MG 82
PRILOSEC POW 10MG 246
PRILOSEC POW 2.5MG 246
PRIMACARE CAP..... 211
PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE) 81
PRIMAQUINE TAB 26.3MG 81
PRIMAXIN IV INJ 500MG 29
primidone tab 250 mg..... 48
primidone tab 50 mg 48
PRIMLEV TAB 10-300MG 25
PRIMLEV TAB 5-300MG 25
PRIMLEV TAB 7.5-300..... 25
PRIMSOL SOL 50MG/5ML 29
PRINIVIL TAB 10MG 73
PRINIVIL TAB 20MG 73
PRINIVIL TAB 5MG 73
PRISMASOL SOL 2/0..... 204
PRISMASOL SOL 2/3.5 204
PRISMASOL SOL B22GK4/0 204
PRISTIQ TAB 100MG 54
PRISTIQ TAB 25MG 54
PRISTIQ TAB 50MG 54
PRO COMFORT MIS 31G..... 193
PRO COMFORT MIS LANCETS..... 193
PROAIR HFA AER..... 40
PROAIR RESPI AER..... 40
probenecid tab 500 mg 172
PROBUPHINE IMP KIT 74.2 26
procainamide hcl inj 100 mg/ml 35
PROCAINAMIDE INJ 500MG/ML 35
PROCALAMINE INJ 3% 217
PROCARDIA CAP 10MG 118
PROCARDIA XL TAB 30MG CR 118
PROCARDIA XL TAB 60MG CR 118
PROCARDIA XL TAB 90MG CR 118
procentra sol 5mg/5ml..... 2
prochlorperazine edisylate inj 10 mg/2ml 105
prochlorperazine maleate tab 10 mg (base equivalent) 105
prochlorperazine maleate tab 5 mg (base equivalent) 105
prochlorperazine suppos 25 mg..... 105
PROCORT CRE 28
PROCRIT INJ 10000/ML..... 179
PROCRIT INJ 2000/ML 179
PROCRIT INJ 20000/ML..... 179
PROCRIT INJ 3000/ML 179
PROCRIT INJ 4000/ML 179
PROCRIT INJ 40000/ML..... 179
PROCTOCORT CRE 1%..... 28
PROCTOCORT SUP 30MG..... 28
PROCTOFOAM AER HC 1%..... 28
procto-med cre hc 2.5% 28
procto-pak cre 1% 28
proctozone cre -hc 2.5%..... 28
PROCYSBI CAP 25MG..... 171
PROCYSBI CAP 75MG..... 171
PRODIGY MIS 26G 193
PRODIGY MIS 28G 193

PRODIGY NO TES CODING 154
PROFILNINE INJ 1000UNIT.....175
PROFILNINE INJ 1500UNIT.....175
PROFILNINE INJ 500UNIT.....175
progesterone cap 100 mg.....229
progesterone cap 200 mg.....229
progesterone im in oil 50 mg/ml 229
PROGLYCEM SUS 50MG/ML 59
PROGRAF CAP 0.5MG.....206
PROGRAF CAP 1MG.....206
PROGRAF CAP 5MG.....206
PROGRAF GRA 0.2MG 206
PROGRAF GRA 1MG 206
PROGRAF INJ 5MG/ML 206
PROLASTIN-C INJ 1000MG 236
PROLENSA SOL 0.07%.....223
PROLEUKIN INJ 22MU 95
PROLIA SOL 60MG/ML 158
PROMACTA PAK 25MG.....179
PROMACTA POW 12.5MG.....179
PROMACTA TAB 12.5MG.....179
PROMACTA TAB 25MG.....179
PROMACTA TAB 50MG.....179
PROMACTA TAB 75MG.....179
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....133
promethazine hcl inj 25 mg/ml 68
promethazine hcl inj 50 mg/ml 68
promethazine hcl suppos 12.5 mg 68
promethazine hcl suppos 25 mg 68
*promethazine hcl syrup 6.25 mg/5ml*68
promethazine hcl tab 12.5 mg 68
promethazine hcl tab 25 mg 68
promethazine hcl tab 50 mg 68
promethazine w/ codeine syrup 6.25-10 mg/5ml 133
promethazine-dm syrup 6.25-15 mg/5ml 133
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml 133
promethegan sup 12.5mg 68
promethegan sup 25mg 68
promethegan sup 50mg 68
PROMETRIUM CAP 100MG 229
PROMETRIUM CAP 200MG 229
PROMISEB CRE 141
propafenone hcl cap er 12hr 225 mg 36
propafenone hcl cap er 12hr 325 mg 36
propafenone hcl cap er 12hr 425 mg 36
propafenone hcl tab 150 mg 36
propafenone hcl tab 225 mg 36
propafenone hcl tab 300 mg 36
propantheline bromide tab 15 mg ..244
proparacaine hcl ophth soln 0.5% ..220
propofol iv emul 1000 mg/100ml (10 mg/ml) 170
propofol iv emul 200 mg/20ml (10 mg/ml) 170
propofol iv emul 500 mg/50ml (10 mg/ml) 170
propoven inj 170
propoven inj 200/20ml 170
propoven inj 500/50ml 170
propranolol & hydrochlorothiazide tab 40-25 mg 79
propranolol & hydrochlorothiazide tab 80-25 mg 79
propranolol hcl cap er 24hr 120 mg 114
propranolol hcl cap er 24hr 160 mg 114
propranolol hcl cap er 24hr 60 mg..114
propranolol hcl cap er 24hr 80 mg..114
propranolol hcl inj 1 mg/ml 114
*propranolol hcl oral soln 20 mg/5ml*114
*propranolol hcl oral soln 40 mg/5ml*114
propranolol hcl tab 10 mg 114
propranolol hcl tab 20 mg 114
propranolol hcl tab 40 mg 115
propranolol hcl tab 60 mg 115
propranolol hcl tab 80 mg 115
propylthiouracil tab 50 mg.....239
PROSCAR TAB 5MG 171
PROSOL INJ 20% 217
PROSTIN E2 SUP 20MG.....224
PROSTIN VR INJ 500MCG.....207
protamine sulfate inj 10 mg/ml.....177
PROTHELIAL PST 10% 208
PROTONIX INJ 40MG 246
PROTONIX PAK 40MG 246
PROTONIX TAB 20MG 246
PROTONIX TAB 40MG 246
PROTOPAM CHL INJ 1GM.....64
PROTOPIC OIN 0.03% 147
PROTOPIC OIN 0.1% 147
protriptyline hcl tab 10 mg 56

protriptyline hcl tab 5 mg 56
PROVAYBLUE INJ.....64
PROVENGE INJ.....87
PROVENTIL AER HFA.....40
PROVERA TAB 10MG.....229
PROVERA TAB 2.5MG.....229
PROVERA TAB 5MG.....229
PROVIDA OB CAP 211
PROVIGIL TAB 100MG..... 7
PROVIGIL TAB 200MG..... 7
PROVISC INJ 1%.....222
PROZAC CAP 10MG.....53
PROZAC CAP 20MG.....53
PROZAC CAP 40MG.....53
PRUCLAIR CRE.....149
PRUDOXIN CRE 5% 140
PRUMYX CRE 149
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 134
PSORCON CRE 0.05%.....145
PSS SAFE LAN MIS 193
PSS SEL LANC MIS 193
PSS SEL PLAT MIS.....193
PTS PANELS TES GLUCOSE.....154
PULMICORT INH 180MCG 38
PULMICORT INH 90MCG.....38
PULMICORT SUS 0.25MG/2 38
PULMICORT SUS 0.5MG/2 38
PULMICORT SUS 1MG/2ML 38
PULMOZYME SOL 1MG/ML 236
PUREFOLIX TAB 1-5000 180
purevit dual cap fe plus.....180
PURIXAN SUS 20MG/ML.....85
PX LANCETS MIS 28G 193
PX LANCETS MIS ULT THIN.....193
PYLERA CAP.....246
pyrazinamide tab 500 mg.....82
PYRIDIUM TAB 100MG 172
PYRIDIUM TAB 200MG 172
pyridostigmine bromide oral soln 60 mg/5ml.....82
pyridostigmine bromide tab 60 mg ...82
pyridostigmine bromide tab er 180 mg 82
pyridoxine hcl inj 100 mg/ml 252
PYROGALL ACD OIN.....147

Q

QBRELIS SOL 1MG/ML 73
QBREXZA PAD 2.4% 149
QC LANCETS MIS 28G.....193
QC LANCETS MIS 30G.....193
qc nicotine gum 4mg 235
QELBREE CAP 100MG ER..... 4
QELBREE CAP 150MG ER..... 4
QELBREE CAP 200MG ER..... 4
QINLOCK TAB 50MG 93
QNASL AER 80MCG 214
QNASL CHILD SPR 40MCG.....214
QSYMIA CAP 11.25-69 3
QSYMIA CAP 15-92MG 3
QSYMIA CAP 3.75-23..... 3
QSYMIA CAP 7.5-46MG 3
QTERN TAB 10-5MG 58
QTERN TAB 5-5MG 58
QUADRACEL INJ.....242
QUADRAMET INJ 1850MBQ.....94
QUALAQUIN CAP 324MG 81
quazepam tab 15 mg.....183
QUDEXY XR CAP 100/24HR 48
QUDEXY XR CAP 150/24HR 48
QUDEXY XR CAP 200/24HR 48
QUDEXY XR CAP 25/24HR 48
QUDEXY XR CAP 50/24HR 48
QUELICIN INJ 20MG/ML 215
QUESTRAN POW 4GM 69
QUESTRAN POW 4GM LITE 69
quetiapine fumarate tab 100 mg 103
quetiapine fumarate tab 200 mg 103
quetiapine fumarate tab 25 mg 103
quetiapine fumarate tab 300 mg 103
quetiapine fumarate tab 400 mg 103
quetiapine fumarate tab 50 mg 103
quetiapine fumarate tab er 24hr 150 mg 103
quetiapine fumarate tab er 24hr 200 mg 104
quetiapine fumarate tab er 24hr 300 mg 104
quetiapine fumarate tab er 24hr 400 mg 104
quetiapine fumarate tab er 24hr 50 mg 103
QUFLORA CHW 209

QUFLORA FE CHW 208
QUFLORA PED CHW 0.25MG 209
QUFLORA PED CHW 0.5MG 209
QUFLORA PED CHW 1MG.....209
QUFLORA PED DRO 0.25MG.....209
QUFLORA PED DRO 0.5MG/ML 209
QUICKTEK TES.....154
QUILLICHEW CHW 20MG ER 7
QUILLICHEW CHW 30MG ER 7
QUILLICHEW CHW 40MG ER 7
QUILLIVANT SUS 25MG/5ML..... 7
quinapril hcl tab 10 mg 73
quinapril hcl tab 20 mg 73
quinapril hcl tab 40 mg 73
quinapril hcl tab 5 mg 73
quinapril-hydrochlorothiazide tab 10-12.5 mg 79
quinapril-hydrochlorothiazide tab 20-12.5 mg 79
quinapril-hydrochlorothiazide tab 20-25 mg 79
quinidine gluconate tab er 324 mg ...35
quinidine sulfate tab 200 mg 35
quinidine sulfate tab 300 mg 35
quinine sulfate cap 324 mg.....81
QUINTET AC TES BLD GLUC.....154
QUINTET TES BLD GLUC 154
QUTENZA KIT 8% 1-PCH.....148
QUTENZA KIT 8% 2-PCH.....148
QVAR REDIHA AER 80MCG 38
QVAR REDIHAL AER 40MCG.....38
R
RA E-ZJECT MIS 28G 193
RA E-ZJECT MIS 33G 193
RA E-ZJECT MIS THIN 26G 194
RA E-ZJECT MIS THIN 28G 194
RA E-ZJECT MIS ULT THIN.....194
ra nicotine dis 14mg/24h 235
ra nicotine dis 21mg/24h 235
ra nicotine dis 7mg/24hr 235
ra nicotine gum 2mg.....235
ra nicotine gum 2mg cinn 235
ra nicotine gum 2mg mint 235
ra nicotine gum 2mgfruit.....235
ra nicotine gum 4mg.....235
ra nicotine gum 4mg frut.....235
ra nicotine gum 4mg mint 235
ra nicotine loz 4mg mint 235
RA TRUETEST TES.....154
rabeprazole sodium ec tab 20 mg...246
RADICAVA INJ 30MG 215
RADIOGARDASE CAP 0.5GM 64
RAGWITEK SUB 8
raloxifene hcl tab 60 mg 160
ramelteon tab 8 mg.....184
ramipril cap 1.25 mg 73
ramipril cap 10 mg 73
ramipril cap 2.5 mg 73
ramipril cap 5 mg.....73
RANEXA TAB 1000MG 32
RANEXA TAB 500MG.....32
ranitidine hcl cap 150 mg 245
ranitidine hcl cap 300 mg 245
ranitidine hcl inj 150 mg/6ml (25 mg/ml) 245
ranitidine hcl inj 50 mg/2ml (25 mg/ml) 245
ranitidine hcl syrup 15 mg/ml (75 mg/5ml).....245
ranitidine hcl tab 150 mg 245
ranitidine hcl tab 300 mg 245
ranolazine tab er 12hr 1000 mg 32
ranolazine tab er 12hr 500 mg.....32
RAPAFLO CAP 4MG 171
RAPAFLO CAP 8MG 171
RAPAMUNE SOL 1MG/ML.....206
RAPAMUNE TAB 0.5MG 206
RAPAMUNE TAB 1MG 206
RAPAMUNE TAB 2MG 206
RAPIVAB INJ 200MG/20 112
rasagiline mesylate tab 0.5 mg (base equiv) 100
rasagiline mesylate tab 1 mg (base equiv) 100
RASUVO INJ 10MG 10
RASUVO INJ 12.5MG 11
RASUVO INJ 15MG 11
RASUVO INJ 17.5MG 11
RASUVO INJ 20MG 11
RASUVO INJ 22.5MG 11
RASUVO INJ 25MG 11
RASUVO INJ 30MG 11
RASUVO INJ 7.5MG 10
RAVICTI LIQ 1.1GM/ML.....162

RAYALDEE CAP 30MCG.....162
RAYOS TAB 1MG 132
RAYOS TAB 2MG 132
RAYOS TAB 5MG 132
RAZADYNE ER CAP 16MG 230
RAZADYNE ER CAP 24MG 230
RAZADYNE ER CAP 8MG.....230
RAZADYNE TAB 12MG.....230
RAZADYNE TAB 8MG.....230
react tab 1.5mg 129
REALITY MIS LANCETS.....194
REALITY TRIG MIS LANCETS.....194
REBIF INJ 22/0.5 232
REBIF INJ 44/0.5 232
REBIF REBIDO INJ 22/0.5 232
REBIF REBIDO INJ 44/0.5 232
REBIF REBIDO INJ TITRATN.....232
REBIF TITRTN INJ PACK 232
REBINYN SOL 1000UNIT 175
REBINYN SOL 2000UNIT 175
REBINYN SOL 500UNIT 175
REBLOZYL INJ 25MG.....179
REBLOZYL INJ 75MG.....179
RECARBRIO INJ 1.25GM.....29
RECEDO GEL 150
RECLAST INJ 5/100ML 158
reclipsen tab.....128
RECOMBINATE INJ 175
RECOMBINATE INJ 220-400.....175
RECOMBINATE INJ 401-800.....175
RECOMBINATE INJ 801-1240.....175
RECOMBIVA HB INJ 10MCG/ML.....249
RECOMBIVA HB INJ 5MCG/0.5 249
RECOMBIVA-HB INJ 40MCG/ML.....249
RECOTHROM SOL 20000UNT 181
RECOTHROM SOL 5000UNIT.....181
RECTIV OIN 0.4% 28
REDICHEW RX CHW.....211
REDITREX INJ 10/.4ML 11
REDITREX INJ 12.5/0.5.....11
REDITREX INJ 15/.6ML 11
REDITREX INJ 17.5/0.7.....11
REDITREX INJ 20/.8ML 11
REDITREX INJ 22.5/0.9.....11
REDITREX INJ 25MG/ML.....11
REDITREX INJ 7.5/.3ML 11
REFUAH PLUS TES BLD GLUC.....154
REGLAN TAB 10MG.....167
REGLAN TAB 5MG 167
REGONOL INJ 5MG/ML.....82
REGRANEX GEL 0.01% 150
RELAFEN DS TAB 1000MG.....14
relafen tab 500mg.....14
relafen tab 750mg.....14
RELENZA MIS DISKHALE.....112
RELEXXII TAB 72MG..... 7
RELION BLOOD TES GLUCOSE 154
RELION LANCE MIS STND 21G.....194
RELION LANCE MIS THIN 26G.....194
RELION LANCE MIS THIN 30G.....194
RELION MICRO MIS THIN 33G 194
RELION PRIME TES.....154
RELION PRIME TES GLUCOSE 154
RELION TES ULTIMA.....154
RELION ULTRA MIS THIN 32G.....194
RELION ULTRA MIS THIN PLS 194
RELISTOR INJ 12/0.6ML.....169
RELISTOR INJ 8/0.4ML 169
RELISTOR TAB 150MG 169
RELNATE DHA CAP 211
RELPAX TAB 20MG 198
RELPAX TAB 40MG 198
REMERON SLTB TAB 15MG.....51
REMERON SLTB TAB 30MG.....51
REMERON SLTB TAB 45MG.....51
REMERON TAB 15MG.....51
REMERON TAB 30MG.....51
REMICADE INJ 100MG 168
remifentanil hcl for iv soln 1 mg.....22
remifentanil hcl for iv soln 2 mg.....22
remifentanil hcl for iv soln 5 mg.....22
REMODULIN INJ 10MG/ML.....121
REMODULIN INJ 1MG/ML 121
REMODULIN INJ 2.5MG/ML.....121
REMODULIN INJ 5MG/ML 121
RENACIDIN SOL.....171
RENAGEL TAB 800MG 169
RENFLEXIS INJ 100MG.....168
RENVELA POW 0.8GM 169
RENVELA POW 2.4GM 169
RENVELA TAB 800MG 169
repaglinide tab 0.5 mg.....61
repaglinide tab 1 mg.....61
repaglinide tab 2 mg.....61

REPATHA INJ 140MG/ML 72
REPATHA PUSH INJ 420/3.5 72
REPATHA SURE INJ 140MG/ML.....72
REQUIP XL TAB 8MG.....99
RESCRIPTOR TAB 200MG 109
RESECTISOL SOL 5% 171
RESTASIS EMU 0.05% 220
RESTASIS MUL EMU 0.05% 220
RESTORA RX CAP 60-1.25.....62
RESTORIL CAP 15MG 183
RESTORIL CAP 22.5MG 183
RESTORIL CAP 30MG 183
RESTORIL CAP 7.5MG 183
RETACRIT INJ 10000UNT 179
RETACRIT INJ 20000UNI 179
RETACRIT INJ 2000UNIT 179
RETACRIT INJ 3000UNIT 179
RETACRIT INJ 40000UNT 180
RETACRIT INJ 4000UNIT 179
RETEVMO CAP 40MG.....93
RETEVMO CAP 80MG.....93
RETIN-A CRE 0.025% 136
RETIN-A CRE 0.05% 136
RETIN-A CRE 0.1%.....136
RETIN-A GEL 0.01% 136
RETIN-A GEL 0.025% 136
RETIN-A MICR GEL 0.04%.....136
RETIN-A MICR GEL 0.04%PMP 136
RETIN-A MICR GEL 0.06%.....136
RETIN-A MICR GEL 0.08%.....136
RETIN-A MICR GEL 0.1%.....136
RETIN-A MICR GEL 0.1%PUMP.....136
RETISERT IMP 0.59MG.....221
RETROVIR CAP 100MG.....109
RETROVIR INJ 10MG/ML 109
RETROVIR SYP 50MG/5ML.....109
REVATIO INJ.....121
REVATIO SUS 10MG/ML 121
REVATIO TAB 20MG.....121
REVCOVI INJ 1.6MG/ML 162
REVEAL TES BLD GLUC 154
REVESTA CAP 1MG-5750.....180
REVLIMID CAP 10MG 204
REVLIMID CAP 15MG 204
REVLIMID CAP 2.5MG 204
REVLIMID CAP 20MG 204
REVLIMID CAP 25MG 204
REVLIMID CAP 5MG.....204
revonto inj 20mg 213
REXULTI TAB 0.25MG 106
REXULTI TAB 0.5MG 106
REXULTI TAB 1MG.....106
REXULTI TAB 2MG.....106
REXULTI TAB 3MG.....106
REXULTI TAB 4MG.....106
REYATAZ CAP 150MG 109
REYATAZ CAP 200MG 109
REYATAZ CAP 300MG 109
REYATAZ POW 50MG 109
REYVOW TAB 100MG 198
REYVOW TAB 50MG.....198
REZUROCK TAB 200MG.....206
RHOFADE CRE 1%.....150
RHOGAM PLUS INJ 300MCG.....225
RHOPHYLAC INJ 1500/2ML 225
RHOPRESSA SOL 0.02% 220
RIASTAP SOL 1GM 175
RIAX AER 5.5%.....136
RIAX AER 9.5%.....136
ribavirin cap 200 mg.....111
ribavirin for inhal soln 6 gm.....112
ribavirin tab 200 mg 111
RIDAURA CAP 3MG.....11
rifabutin cap 150 mg 82
RIFADIN INJ 600 MG 82
RIFAMATE CAP.....82
rifampin cap 150 mg 82
rifampin cap 300 mg 82
rifampin for inj 600 mg 82
RIFATER TAB 82
RIGHTEST ALT MIS ADAPTOR 194
RIGHTEST MIS GL300.....194
RIGHTEST TES GS100 154
RIGHTEST TES GS300 154
RIGHTEST TES GS550 154
RILUTEK TAB 50MG 215
riluzole tab 50 mg 215
rimantadine hydrochloride tab 100 mg 112
RIMSO-50 SOL 50% 171
ringer's solution 201
ringer's solution for irrigation.....206
RINVOQ TAB 15MG ER.....10
RIOMET SOL.....59

RIOMET SOL 500/5ML.....59
risedronate sodium tab 150 mg.....158
risedronate sodium tab 30 mg 158
risedronate sodium tab 35 mg 158
risedronate sodium tab 5 mg 158
risedronate sodium tab delayed release 35 mg 158
RISPERDAL INJ 12.5MG 102
RISPERDAL INJ 25MG 102
RISPERDAL INJ 37.5MG 102
RISPERDAL INJ 50MG 102
RISPERDAL SOL 1MG/ML.....102
RISPERDAL TAB 0.5MG 102
RISPERDAL TAB 1MG.....102
RISPERDAL TAB 2MG.....102
RISPERDAL TAB 3MG.....102
RISPERDAL TAB 4MG.....102
risperidone orally disintegrating tab 0.25 mg 102
risperidone orally disintegrating tab 0.5 mg 102
risperidone orally disintegrating tab 1 mg 102
risperidone orally disintegrating tab 2 mg 102
risperidone orally disintegrating tab 3 mg 102
risperidone orally disintegrating tab 4 mg 102
risperidone soln 1 mg/ml.....102
risperidone tab 0.25 mg 102
risperidone tab 0.5 mg.....102
risperidone tab 1 mg 102
risperidone tab 2 mg 102
risperidone tab 3 mg 102
risperidone tab 4 mg 102
RITALIN LA CAP 10MG 7
RITALIN LA CAP 20MG 7
RITALIN LA CAP 30MG 7
RITALIN LA CAP 40MG 7
RITALIN TAB 10MG..... 7
RITALIN TAB 20MG..... 7
RITALIN TAB 5MG 7
ritonavir tab 100 mg.....109
RITUXAN INJ 100MG.....87
RITUXAN INJ 500MG.....87
RITUXAN INJ HYCELA.....90
rivastigmine tartrate cap 1.5 mg (base equivalent) 230
rivastigmine tartrate cap 3 mg (base equivalent) 230
rivastigmine tartrate cap 4.5 mg (base equivalent) 230
rivastigmine tartrate cap 6 mg (base equivalent) 230
rivastigmine td patch 24hr 13.3 mg/24hr.....230
rivastigmine td patch 24hr 4.6 mg/24hr 230
rivastigmine td patch 24hr 9.5 mg/24hr 230
RIXUBIS INJ 1000UNIT 175
RIXUBIS INJ 2000UNIT 175
RIXUBIS INJ 250 UNIT.....175
RIXUBIS INJ 3000UNIT 175
RIXUBIS INJ 500UNIT.....175
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 198
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....198
rizatriptan benzoate tab 10 mg (base equivalent) 198
rizatriptan benzoate tab 5 mg (base equivalent) 198
ROBAXIN INJ 100MG/ML 213
ROBAXIN-750 TAB 750MG.....213
ROCALTROL CAP 0.25MCG 162
ROCALTROL CAP 0.5MCG 162
ROCALTROL SOL 1MCG/ML.....162
ROCKLATAN DRO 220
ROCURON BRO SOL 100/10ML.....215
rocuronium bromide iv soln 100 mg/10ml (10 mg/ml) 215
rocuronium bromide iv soln 50 mg/5ml (10 mg/ml).....215
ROMIDEPSIN INJ 10MG.....93
ROMIDEPSIN INJ 27.5MG.....93
ropinirole hydrochloride tab 0.25 mg 99
ropinirole hydrochloride tab 0.5 mg ..99
ropinirole hydrochloride tab 1 mg.....99
ropinirole hydrochloride tab 2 mg.....99
ropinirole hydrochloride tab 3 mg.....99
ropinirole hydrochloride tab 4 mg.....99
ropinirole hydrochloride tab 5 mg.....99

ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) 100
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) 100
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) 100
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) 100
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) 100
ropivacaine hcl inj 10 mg/ml 187
ropivacaine hcl inj 2 mg/ml 187
ropivacaine hcl inj 5 mg/ml 187
ropivacaine hcl inj 7.5 mg/ml 187
ROPIVACAINE INJ 0.5% 187
rosadan cre 0.75% 150
rosadan gel 0.75% 150
ROSE GLO TES 1.5MG 223
rosuvastatin calcium tab 10 mg 71
rosuvastatin calcium tab 20 mg 71
rosuvastatin calcium tab 40 mg 71
rosuvastatin calcium tab 5 mg 71
ROSZET TAB 10-10MG 68
ROSZET TAB 20-10MG 68
ROSZET TAB 40-10MG 68
ROSZET TAB 5-10MG 68
ROTARIX SUS 249
ROTATEQ SOL 249
ROWASA KIT 4GM 168
roweepra tab 500mg 48
ROXICODONE TAB 15MG 22
ROXICODONE TAB 30MG 22
ROXICODONE TAB 5MG 22
ROZEREM TAB 8MG 184
ROZLYTREK CAP 100MG 93
ROZLYTREK CAP 200MG 93
RUBRACA TAB 200MG 93
RUBRACA TAB 250MG 93
RUBRACA TAB 300MG 93
RUCONEST INJ 2100UNIT 176
rufinamide susp 40 mg/ml 48
RUKOBIA TAB 600MG ER 109
RUXIENCE INJ 100/10ML 87
RUXIENCE INJ 500/50ML 87
RUZURGI TAB 10MG 82
RYANODEX INJ 250MG 213
RYBELSUS TAB 14MG 60
RYBELSUS TAB 3MG 60
RYBELSUS TAB 7MG 60
ryclora sol 2mg/5ml 67
RYDAPT CAP 25MG 93
RYTARY CAP 145MG 100
RYTARY CAP 195MG 100
RYTARY CAP 245MG 100
RYTARY CAP 95MG 100
RYTHMOL SR CAP 225MG 36
RYTHMOL SR CAP 325MG 36
RYTHMOL SR CAP 425MG 36
RYVENT TAB 6MG 67

S

SABRIL POW 500MG 49
SABRIL TAB 500MG 49
SAFE-T-LANCE MIS 21G 194
SAFE-T-LANCE MIS 25G 194
SAFE-T-LANCE MIS HI FLOW 194
SAFE-T-LANCE MIS LOW FLOW 194
SAFE-T-LANCE MIS NOR FLOW 194
SAFE-T-PRO MIS LANCETS 194
SAFE-T-PRO MIS PLUS 194
SAFETY 21G MIS LANCETS 194
SAFETY 28G MIS LANCETS 194
SAFETY LET MIS LANCETS 194
SAFETY MIS LANCETS 194
SAFETY SEAL MIS 28G 194
SAFETY SEAL MIS 30G 194
SAFYRAL TAB 128
SAIZEN INJ 5MG 160
SAIZEN INJ 8.8MG 160
SALAGEN TAB 5MG 208
SALAGEN TAB 7.5MG 208
SALEX SHA 6% 147
salicylic ac liq 27.5% 147
salicylic acid cream 6% 147
salicylic acid er film-forming soln 28.5% 147
salicylic acid film forming liquid 27.5% 147
salicylic acid foam 6% 147
salicylic acid gel 6% 147
salicylic acid lotion 6% 147
salicylic acid shampoo 6% 147
salicylic acid soln 26% 147
saline flush inj zr 0.9% 203
SALIVAMAX POW 208

salsalate tab 500 mg 16
salsalate tab 750 mg 16
SALVAX AER 6% 147
SAMSCA TAB 15MG 163
SAMSCA TAB 30MG 163
SANCUSO DIS 3.1MG 65
SANDIMMUNE CAP 100MG.....206
SANDIMMUNE CAP 25MG 206
SANDIMMUNE INJ 50MG/ML 206
SANDIMMUNE SOL 100MG/ML 206
SANDOSTATIN INJ 100MCG.....163
SANDOSTATIN INJ 500MCG.....163
SANDOSTATIN INJ 50MCG/ML 163
SANDOSTATIN KIT LAR 10MG.....163
SANDOSTATIN KIT LAR 20MG.....163
SANDOSTATIN KIT LAR 30MG.....163
SANTYL OIN 250/GM 147
SAPHRIS SUB 10MG 104
SAPHRIS SUB 2.5MG 104
SAPHRIS SUB 5MG 104
sapropterin dihydrochloride powder packet 100 mg 162
sapropterin dihydrochloride powder packet 500 mg 162
sapropterin dihydrochloride tab 100 mg 162
SAPSCARE MIS TWIST 194
SARAFEM TAB 10MG.....233
SARAFEM TAB 20MG.....233
SARCLISA SOL 100/5ML.....87
SARCLISA SOL 500/25ML.....87
SAVAYSA TAB 15MG 41
SAVAYSA TAB 30MG 41
SAVAYSA TAB 60MG 41
SAVELLA MIS TITR PAK.....231
SAVELLA TAB 100MG.....231
SAVELLA TAB 12.5MG.....231
SAVELLA TAB 25MG.....231
SAVELLA TAB 50MG.....231
SAXENDA INJ 18MG/3ML..... 3
SB LANCETS MIS THIN.....194
SB LANCETS MIS ULTR THN.....194
SCLEROSOL AER INTRAPLE 236
scopolamine td patch 72hr 1 mg/3days 65
SEASONIQUE TAB 128
SECUADO DIS 3.8MG.....104
SECUADO DIS 5.7MG 104
SECUADO DIS 7.6MG 104
SEEBRI NEOHA CAP 15.6MCG.....37
SEGLUROMET TAB 2.5-1000.....58
SEGLUROMET TAB 2.5-500.....58
SEGLUROMET TAB 7.5-1000.....58
SEGLUROMET TAB 7.5-500.....58
SELECT-OB CHW.....211
SELECT-OB+ PAK DHA.....211
selegiline hcl cap 5 mg.....100
selegiline hcl tab 5 mg 100
selenious acid inj 40 mcg/ml 204
selenium sulfide lotion 2.5%.....141
selenium sulfide shampoo 2.25% ...141
selenium sulfide shampoo 2.3%.....141
SELRX SHA 2.3% 141
SELZENTRY SOL 20MG/ML 109
SELZENTRY TAB 150MG.....109
SELZENTRY TAB 25MG.....109
SELZENTRY TAB 300MG.....109
SELZENTRY TAB 75MG.....109
SEMGLEE INJ 100U/ML 61
SEMPREX-D CAP 8-60MG 134
SE-NATAL 19 CHW 211
SE-NATAL 19 TAB 211
SENSIPAR TAB 30MG.....162
SENSIPAR TAB 60MG.....162
SENSIPAR TAB 90MG.....162
sensorcaine inj 0.25% 187
sensorcaine inj 0.5% 187
sensorcaine inj mpf 0.5%.....187
sensorcaine inj -mpf/epi.....185
SENSORCAINE INJ -MPF/EPI.....185
sensorcaine inj mpf0.25%.....187
sensorcaine inj mpf0.75%.....187
sensorcaine/ inj epi 0.25.....185
sensorcaine/ inj epi 0.5%.....185
SEREVENT DIS AER 50MCG 40
SERNIVO SPR 145
SEROQUEL TAB 100MG.....104
SEROQUEL TAB 200MG.....104
SEROQUEL TAB 25MG.....104
SEROQUEL TAB 300MG.....104
SEROQUEL TAB 400MG.....104
SEROQUEL TAB 50MG.....104
SEROQUEL XR TAB 150MG 104
SEROQUEL XR TAB 200MG 104

SEROQUEL XR TAB 300MG 104
SEROQUEL XR TAB 400MG 104
SEROQUEL XR TAB 50MG 104
SEROSTIM INJ 4MG 160
SEROSTIM INJ 5MG 160
SEROSTIM INJ 6MG 160
sertraline hcl oral concentrate for solution 20 mg/ml 53
sertraline hcl tab 100 mg 53
sertraline hcl tab 25 mg 53
sertraline hcl tab 50 mg 53
se-tan plus cap 180
setlakin tab 128
sevelamer carbonate packet 0.8 gm 169
sevelamer carbonate packet 2.4 gm 169
sevelamer carbonate tab 800 mg ... 169
sevelamer hcl tab 400 mg 169
sevelamer hcl tab 800 mg 169
sevoflurane inhal soln 170
SEYSARA TAB 100MG 239
SEYSARA TAB 150MG 239
SFROWASA ENE 4GM 168
sharobel tab 0.35mg 130
SHINGRIX INJ 50/0.5ML 249
SIDE BUTTON MIS SAFETY 194
SIGNIFOR INJ 0.3MG/ML 163
SIGNIFOR INJ 0.6MG/ML 163
SIGNIFOR INJ 0.9MG/ML 163
SIGNIFOR LAR INJ 20MG 163
SIGNIFOR LAR INJ 40MG 163
SIGNIFOR LAR INJ 60MG 163
SIKLOS TAB 1000MG 178
SIKLOS TAB 100MG 178
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) 121
sildenafil citrate tab 20 mg 121
SILENOR TAB 3MG 182
SILENOR TAB 6MG 182
SILIPAC KIT 150
SILIQ INJ 210/1.5 141
silodosin cap 4 mg 171
silodosin cap 8 mg 172
SILVADENE CRE 1% 142
SILVER NITRA SOL 0.5% 142
SILVER NITRA SOL 10% 142
SILVER NITRA SOL 25% 142
SILVER NITRA SOL 50% 142
silver sulfadiazine cream 1% 142
SIMBRINZA SUS 1-0.2% 219
SIMPONI ARIA SOL 50MG/4ML 10
SIMPONI INJ 100MG/ML 10
SIMPONI INJ 50/0.5ML 10
SIMULECT INJ 10MG 206
SIMULECT INJ 20MG 206
SIMVASTATIN SUS 20MG/5ML 71
simvastatin tab 10 mg 71
simvastatin tab 20 mg 71
simvastatin tab 40 mg 71
simvastatin tab 5 mg 71
simvastatin tab 80 mg 71
SINEMET CR TAB 25-100MG 100
SINEMET CR TAB 50-200MG 100
SINEMET TAB 10-100MG 100
SINEMET TAB 25-100MG 100
SINEMET TAB 25-250MG 100
SINGLE-LET MIS 23G 194
SINGULAIR CHW 4MG 37
SINGULAIR CHW 5MG 37
SINGULAIR GRA 4MG 37
SINGULAIR TAB 10MG 37
SINUVA IMP 1350MCG 214
sirolimus oral soln 1 mg/ml 206
sirolimus tab 0.5 mg 206
sirolimus tab 1 mg 206
sirolimus tab 2 mg 206
SIRTURO TAB 100MG 82
SIRTURO TAB 20MG 82
SITAVIG TAB 50MG 112
SIVEXTRO INJ 200MG 32
SIVEXTRO TAB 200MG 32
SKELAXIN TAB 800MG 213
SKLICE LOT 0.5% 150
SKYLA IUD 13.5MG 129
SKYRIZI INJ 150DOSE 141
SKYRIZI PEN INJ 150MG/ML 141
SLYND TAB 4MG 130
SM LANCETS MIS 21G 194
SM LANCETS MIS 33G 194
SM LANCETS MIS THIN 26G 194
SM LANCETS MIS THIN 30G 194
sm nicotine dis 14mg/24h 235
sm nicotine dis 21mg 235
sm nicotine dis 21mg/24h 235
sm nicotine dis 7mg/24hr 235

sm nicotine gum 2mg 235
sm nicotine gum 2mg mint 235
sm nicotine gum 4mg 235
sm nicotine gum 4mg mint 235
sm nicotine loz 2mg chry 235
sm nicotine loz 4mg mint 235
SMART SENSE MIS LANC 21G 194
SMART SENSE MIS LANC 26G 194
SMART SENSE MIS LANC 30G 194
SMART SENSE MIS LANC 33G 194
SMART SENSE TES TEST 154
SMARTEST MIS LANCETS 194
SMARTEST TES BLD GLUC 154
SMOFLIPID EMU 216
sod acetate inj 2meq/ml 199
SOD BICARB SOL D5W 199
sod chloride inj 0.9% 203
SOD DIURIL INJ 500MG 157
SOD EDECRIN INJ 50MG 156
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq) 181
SOD NITRITE INJ 30MG/ML 64
SOD SUL/SULF EMU 10-5% 136
SOD SUL/SULF SUS 10-5% 136
SOD THIOSULF INJ 25% 64
sodium acetate inj 2 meq/ml 199
sodium acetate inj 4 meq/ml 199
sodium benzoate & sodium phenylacetate iv soln 10-10% 162
sodium bicarbonate iv soln 4.2% 199
sodium bicarbonate iv soln 7.5% 199
sodium bicarbonate iv soln 8.4% 199
sodium chloride flush iv soln 0.9% . 203
sodium chloride inj 2.5 meq/ml (14.6%) 203
sodium chloride irrigation soln 0.9% 171
sodium chloride iv soln 0.45% 203
sodium chloride iv soln 0.9% 203
sodium chloride iv soln 3% 203
sodium chloride iv soln 4 meq/ml (23.4%) 203
sodium chloride iv soln 5% 203
sodium chloride preservative free (pf) inj 0.9% 203
sodium chloride soln nebu 0.9% 134
sodium chloride soln nebu 10% 134
sodium chloride soln nebu 3% 134
sodium chloride soln nebu 7% 134
sodium citrate & citric acid soln 500-334 mg/5ml 171
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) 201
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) 201
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) 201
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) 201
sodium fluoride tab 0.5 mg f (from 1.1 mg naf) 201
sodium fluoride tab 1 mg f (from 2.2 mg naf) 201
sodium phenylbutyrate oral powder 3 gm/teaspoonful 162
sodium phenylbutyrate tab 500 mg 162
sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na) 202
sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na) 202
sodium polystyrene sulfonate oral susp 15 gm/60ml 207
sodium polystyrene sulfonate powder 207
sodium polystyrene sulfonate rectal susp 30 gm/120ml 207
SODIUM SULFA LIQ 10% WASH 142
sodium thiosulfate inj 25% 64
SOFOS/VELPAT TAB 400-100 111
SOFT TOUCH MIS LANCETS 194
SOFTCLIX MIS LANCETS 194
solifenacin succinate tab 10 mg 248
solifenacin succinate tab 5 mg 248
SOLIQUA INJ 100/33 58
SOLIRIS INJ 10MG/ML 176
SOLODYN TAB 105MG 239
SOLODYN TAB 115MG 239
SOLODYN TAB 55MG 239
SOLODYN TAB 65MG 239
SOLODYN TAB 80MG 239
SOLTAMOX SOL 10MG/5ML 88
SOLU-CORTEF INJ 1000MG 133
SOLU-CORTEF INJ 100MG 132
SOLU-CORTEF INJ 250MG 132

SOLU-CORTEF INJ 500MG 132
SOLU-MEDROL INJ 1000MG..... 133
SOLU-MEDROL INJ 125MG..... 133
SOLU-MEDROL INJ 1GM 133
SOLU-MEDROL INJ 2GM 133
SOLU-MEDROL INJ 40MG 133
SOLU-MEDROL INJ 500MG..... 133
SOLUS V2 MIS LANC 28G 194
SOLUS V2 MIS LANC 30G 194
SOLUS V2 TES AUDIBLE..... 154
SOMA TAB 250MG 213
SOMA TAB 350MG 213
SOMATULINE INJ 120/.5ML 163
SOMATULINE INJ 60/0.2ML 163
SOMATULINE INJ 90/0.3ML 163
SOMAVERT INJ 10MG 159
SOMAVERT INJ 15MG 159
SOMAVERT INJ 20MG 159
SOMAVERT INJ 25MG 159
SOMAVERT INJ 30MG 159
SOOLANTRA CRE 1% 150
SORBITOL SOL 3% IRR..... 171
SORBITOL SOL 3.3% IRR 171
SORBITOL-MAN SOL 171
SORIATANE CAP 10MG..... 141
SORIATANE CAP 25MG..... 141
SORILUX AER 0.005% 141
sorine tab 120mg 115
sorine tab 160mg 115
sorine tab 240mg 115
sorine tab 80mg 115
sotalol hcl (afib/afl) tab 120 mg 115
sotalol hcl (afib/afl) tab 160 mg 115
sotalol hcl (afib/afl) tab 80 mg 115
SOTALOL HCL INJ 150/10ML..... 115
sotalol hcl tab 120 mg 115
sotalol hcl tab 160 mg 115
sotalol hcl tab 240 mg 115
sotalol hcl tab 80 mg 115
SOTRADECOL INJ 1% 207
sotradecol inj 3% 207
SOTYLIZE SOL 5MG/ML..... 115
SOVALDI PAK 150MG..... 111
SOVALDI PAK 200MG..... 111
SOVALDI TAB 200MG..... 111
SOVALDI TAB 400MG..... 111
SPECTRACEF TAB 400MG 124
spinosad susp 0.9% 150
SPINRAZA INJ 12MG/5ML..... 216
SPIRIVA AER 1.25MCG..... 37
SPIRIVA CAP HANDIHLR 37
SPIRIVA SPR 2.5MCG 37
spironolactone & hydrochlorothiazide tab 25-25 mg..... 156
spironolactone tab 100 mg 157
spironolactone tab 25 mg 157
spironolactone tab 50 mg 157
SPORANOX CAP 100MG..... 67
SPORANOX CAP PULSEPAK 67
SPORANOX SOL 10MG/ML 67
SPRAVATO SOL 56MG DOS..... 52
SPRAVATO SOL 84MG DOS..... 52
sprintec 28 tab 28 day 128
SPRIX SPR 15.75MG 14
SPRYCEL TAB 100MG 93
SPRYCEL TAB 140MG 93
SPRYCEL TAB 20MG..... 93
SPRYCEL TAB 50MG..... 93
SPRYCEL TAB 70MG..... 93
SPRYCEL TAB 80MG..... 93
sps sus 15gm/60..... 207
sr nicotine gum 2mg 235
sronyx tab 128
ssd cre 1% 142
SSKI SOL 1GM/ML..... 134
sss 10-5 aer 10-5%..... 136
STALEVO 100 TAB..... 100
STALEVO 125 TAB..... 100
STALEVO 150 TAB..... 100
STALEVO 200 TAB..... 100
STALEVO 50 TAB..... 100
STALEVO 75 TAB..... 100
STANDARDIZED SOL MITE MIX 8
STARLIX TAB 120MG 61
STARLIX TAB 60MG 61
stavudine cap 15 mg 109
stavudine cap 20 mg 109
stavudine cap 30 mg 109
stavudine cap 40 mg 109
STEGLATRO TAB 15MG 61
STEGLATRO TAB 5MG 61
STEGLUJAN TAB 15-100MG 58
STEGLUJAN TAB 5-100MG 58
STELARA INJ 45MG/0.5..... 141

STELARA INJ 5MG/ML 168
STELARA INJ 90MG/ML 141
STERIL TALC SUS 5GM 236
STERILANCE MIS 1.8MM 194
STERILANCE MIS TL 28G..... 195
STERILANCE MIS TL 30G..... 195
STERILANCE MIS TL 32G..... 195
STERITALC POW 2GM 236
STERITALC POW 3GM 236
STERITALC POW 4GM 236
STIMATE SOL 1.5MG/ML 163
STIOLTO AER 2.5-2.5 40
STIVARGA TAB 40MG..... 93
stop smoking gum 2mg mint 235
stop smoking gum 2mg orig 235
stop smoking gum 4mg..... 235
stop smoking loz 4mg mint..... 235
STRATA GRT GEL 150
STRATA MARK GEL 149
STRATTERA CAP 100MG 4
STRATTERA CAP 10MG..... 4
STRATTERA CAP 18MG..... 4
STRATTERA CAP 25MG..... 4
STRATTERA CAP 40MG..... 4
STRATTERA CAP 60MG..... 4
STRATTERA CAP 80MG..... 4
STRENSIQ INJ 18/0.45 162
STRENSIQ INJ 28/0.7ML 162
STRENSIQ INJ 40MG/ML 162
STRENSIQ INJ 80/0.8ML 162
streptomycin sulfate for inj 1 gm..... 8
STRIANT MIS 30MG..... 27
STRIBILD TAB..... 109
STRIVERDI AER 2.5MCG 40
STROMECTOL TAB 3MG..... 28
SUBLOCADE INJ 100/0.5..... 26
SUBLOCADE INJ 300/1.5..... 26
SUBOXONE MIS 12-3MG 26
SUBOXONE MIS 2-0.5MG 26
SUBOXONE MIS 4-1MG 26
SUBOXONE MIS 8-2MG 26
SUBSYS SPR 100MCG 22
SUBSYS SPR 1200MCG 22
SUBSYS SPR 1600MCG 22
SUBSYS SPR 200MCG 22
SUBSYS SPR 400MCG 22
SUBSYS SPR 600MCG 22
SUBSYS SPR 800MCG 22
subvenite kit start 49..... 48
SUCCINYLCHOL INJ 20MG/ML..... 215
SUCRAID SOL 8500/ML..... 155
SUCRALFATE SUS 1GM/10ML..... 245
sucralfate susp 1 gm/10ml 245
sucralfate tab 1 gm 245
sufentanil citrate inj 100 mcg/2ml (50 mcg/ml) 22
sufentanil citrate inj 250 mcg/5ml (50 mcg/ml) 22
sufentanil citrate inj 50 mcg/ml 22
SUFENTANIL INJ 100/2ML 22
SUFENTANIL INJ 250/5ML 22
SUFENTANIL INJ 50MCG/ML 22
SULAR TAB 17MG..... 118
SULAR TAB 34MG..... 118
SULAR TAB 8.5MG..... 118
sulconazole nitrate cream 1% 139
sulconazole nitrate solution 1%..... 139
SULF LIME SOL 150
sulfacetamide sodium cleansing gel 10% 142
sulfacetamide sodium liquid 10% ... 142
sulfacetamide sodium lotion 10% (acne)..... 136
sulfacetamide sodium ophth oint 10% 220
sulfacetamide sodium ophth soln 10% 220
sulfacetamide sodium shampoo 10% 142
sulfacetamide sodium w/ sulfur cleanser 10-2%..... 136
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% 136
sulfacetamide sodium w/ sulfur cleansing pad 10-4% 137
sulfacetamide sodium w/ sulfur cream 10-2% 137
sulfacetamide sodium w/ sulfur cream 10-5% 137
sulfacetamide sodium w/ sulfur cream 9.8-4.8% 137
sulfacetamide sodium w/ sulfur emulsion 10-5%..... 137

sulfacetamide sodium w/ sulfur lotion 10-5% 137
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% 137
sulfacetamide sodium w/ sulfur susp 8-4% 137
sulfacetamide sodium w/ sulfur wash 9-4% 137
sulfacetamide sodium w/ sulfur wash 9-4.5% 137
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 221
sulfacleanse sus 8-4% 137
SULFADIAZINE TAB 500MG 237
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 29
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 29
sulfamethoxazole-trimethoprim tab 400-80 mg 29
sulfamethoxazole-trimethoprim tab 800-160 mg 29
SULFAMYLON CRE 85MG/GM 142
SULFAMYLON PAK 5% 142
sulfasalazine tab 500 mg 168
sulfasalazine tab delayed release 500 mg 168
sulindac tab 150 mg 14
sulindac tab 200 mg 14
SUMADAN KIT 137
SUMADAN WASH LIQ 9-4.5% 137
SUMADAN XLT KIT 9-4.5% 137
sumatriptan nasal spray 20 mg/act 199
sumatriptan nasal spray 5 mg/act .. 199
sumatriptan succinate inj 6 mg/0.5ml 199
sumatriptan succinate solution auto-injector 4 mg/0.5ml 199
sumatriptan succinate solution auto-injector 6 mg/0.5ml 199
sumatriptan succinate solution cartridge 4 mg/0.5ml 199
sumatriptan succinate solution cartridge 6 mg/0.5ml 199
sumatriptan succinate tab 100 mg .. 199
sumatriptan succinate tab 25 mg ... 199
sumatriptan succinate tab 50 mg ... 199
sumatriptan-naproxen sodium tab 85-500 mg 197
SUMAXIN CP KIT 137
SUMAXIN PAD 10-4% 137
SUMAXIN WASH LIQ 9-4% 137
SUNOSI TAB 150MG 4
SUNOSI TAB 75MG 4
SUPARTZ FX INJ 25/2.5ML 213
SUPER THIN MIS LANC 28G 195
SUPER THIN MIS LANCETS 195
SUPPRELIN LA KIT 50MG 160
SUPRANE INH 170
SUPRANE SOL 170
SUPRAX CAP 400MG 124
SUPRAX CHW 100MG 124
SUPRAX CHW 200MG 124
SUPRAX SUS 100/5ML 124
SUPRAX SUS 200/5ML 124
SUPRAX SUS 500/5ML 124
SUPREME TES 154
SUPREP BOWEL SOL PREP KIT 184
SURE COMFORT MIS LANCETS 195
SURE EDGE TES 154
SURE RESULT KIT O3D3 SYS 68
SURECHEK TES BLD GLUC 154
SUREFLEX MIS LANCETS 195
SURE-LANCE MIS 26G 195
SURE-LANCE MIS LANCETS 195
SURELITE MIS LANCETS 195
SURE-TEST TES EASYPLUS 154
SURE-TOUCH MIS UNV LANC 195
SURVANTA INH 237
SUSTIVA CAP 200MG 109
SUSTIVA CAP 50MG 109
SUSTIVA TAB 600MG 109
SUSTOL INJ 10/0.4ML 65
SUTENT CAP 12.5MG 93
SUTENT CAP 25MG 93
SUTENT CAP 37.5MG 93
SUTENT CAP 50MG 93
SUVICORT EMU 149
sw nicotine gum 2mg mint 235
sw nicotine gum 4mg 235
sw nicotine loz 4mg mint 235
swabflush inj 0.9% 203
SYLATRON KIT 200MCG 95
SYLATRON KIT 300MCG 95

SYLATRON KIT 600MCG 95
SYLVANT SOL 100MG 206
SYLVANT SOL 400MG 206
SYMAX DUOTAB TAB.....244
symax-sl sub 0.125mg.....244
symax-sr tab 0.375mg.....244
SYMBICORT AER 160-4.5 40
SYMBICORT AER 80-4.5 40
SYMBYAX CAP 12-50MG 231
SYMBYAX CAP 3-25MG.....231
SYMBYAX CAP 6-25MG.....231
SYMBYAX CAP 6-50MG.....231
SYMDEKO TAB 100-150 236
SYMDEKO TAB 50-75MG 236
SYMFI LO TAB.....109
SYMFI TAB 109
SYMJEPI INJ 0.15MG.....250
SYMJEPI INJ 0.3MG 250
SYMLINPEN 60 INJ 1000MCG.....56
SYMLNPEN 120 INJ 1000MCG 57
SYMPROIC TAB 0.2MG 169
SYMTUZA TAB.....109
SYNAGIS INJ 100MG/ML 226
SYNAGIS INJ 50MG 225
SYNALAR CRE 0.025% 145
SYNALAR OIN 0.025% 145
SYNALAR SOL 0.01%.....145
SYNAREL SOL 2MG/ML.....160
SYNDROS SOL 5MG/ML.....65
SYNERA DIS 70-70MG 148
SYNERCID INJ 500MG.....32
SYNERDERM EMU 149
SYNJARDY TAB.....58
SYNJARDY TAB 12.5-500.....58
SYNJARDY TAB 5-1000MG.....58
SYNJARDY TAB 5-500MG.....58
SYNJARDY XR TAB.....58
SYNJARDY XR TAB 10-1000.....58
SYNJARDY XR TAB 25-1000.....58
SYNJARDY XR TAB 5-1000MG 58
SYNRIBO INJ 3.5MG 95
SYNTHROID TAB 100MCG.....241
SYNTHROID TAB 112MCG.....241
SYNTHROID TAB 125MCG.....241
SYNTHROID TAB 137MCG.....241
SYNTHROID TAB 150MCG.....241
SYNTHROID TAB 175MCG.....241
SYNTHROID TAB 200MCG 241
SYNTHROID TAB 25MCG 241
SYNTHROID TAB 300MCG 241
SYNTHROID TAB 50MCG 241
SYNTHROID TAB 75MCG 241
SYNTHROID TAB 88MCG 241
SYNVISC INJ 8MG/ML 213
SYNVISC ONE INJ 8MG/ML 213
SYPRINE CAP 250MG 204

T

TABLOID TAB 40MG 85
TABRECTA TAB 150MG 93
TABRECTA TAB 200MG 93
TACLONEX OIN 145
TACLONEX SUS.....145
tacrolimus cap 0.5 mg 206
tacrolimus cap 1 mg 206
tacrolimus cap 5 mg 206
tacrolimus oint 0.03% 147
tacrolimus oint 0.1% 147
tadalafil tab 2.5 mg 120
tadalafil tab 20 mg (pah) 121
tadalafil tab 5 mg.....120
TAFINLAR CAP 50MG 93
TAFINLAR CAP 75MG 93
TAGRISSO TAB 40MG 93
TAGRISSO TAB 80MG 93
take action tab 1.5mg.....129
TAKHZYRO INJ 300/2ML 177
TALICIA CAP.....246
TALTZ INJ 80MG/ML 141
TALZENNA CAP 0.25MG 93
TALZENNA CAP 1MG 93
TAMIFLU CAP 30MG.....112
TAMIFLU CAP 45MG.....112
TAMIFLU CAP 75MG.....112
TAMIFLU SUS 6MG/ML 112
tamoxifen citrate tab 10 mg (base equivalent) 88
tamoxifen citrate tab 20 mg (base equivalent) 88
tamsulosin hcl cap 0.4 mg.....172
TAPAZOLE TAB 10MG 239
TAPAZOLE TAB 5MG 239
TARCEVA TAB 100MG 93
TARCEVA TAB 150MG 93
TARCEVA TAB 25MG 93

TARGADOX TAB 50MG 239
TARGRETIN CAP 75MG.....95
TARGRETIN GEL 1% 140
tarina fe tab 1/20 128
TARKA TAB 2-180 CR.....79
TARKA TAB 2-240 CR.....79
TARKA TAB 4-240 CR.....79
TARON FORTE CAP 181
taron gra crystals 171
TARON-C DHA CAP 211
TARON-PREX CAP.....211
TASIGNA CAP 150MG.....93
TASIGNA CAP 200MG.....93
TASIGNA CAP 50MG 93
TASMAR TAB 100MG.....97
TAVALISSE TAB 100MG.....176
TAVALISSE TAB 150MG.....176
TAXOTERE INJ 20MG/ML 96
TAXOTERE INJ 80MG/4ML 96
TAYTULLA CAP 1MG/20MC.....128
tazarotene cream 0.1%.....141
tazicef inj 1gm 124
TAZICEF INJ 1GM/50ML 124
tazicef inj 2gm 124
tazicef inj 6gm 124
TAZORAC CRE 0.05% 141
TAZORAC CRE 0.1% 141
TAZORAC GEL 0.05% 141
TAZORAC GEL 0.1% 141
taztia xt cap 120mg/24 118
taztia xt cap 180mg/24 118
taztia xt cap 240mg/24 118
taztia xt cap 300mg er 118
taztia xt cap 360mg/24 118
TAZVERIK TAB 200MG 93
TDVAX INJ 2-2 LF.....242
TECENTRIQ INJ 1200/20 87
TECENTRIQ INJ 840/14 87
TECFIDERA CAP 120MG 232
TECFIDERA CAP 240MG 232
TECFIDERA MIS STARTER.....232
TECHLITE AST MIS LANCETS 195
TECHLITE MIS LANC 30G 195
TECHLITE MIS LANCETS.....195
TEFLARO INJ 400MG.....125
TEFLARO INJ 600MG.....125
TEGRETOL SUS 100/5ML.....48
TEGRETOL TAB 200MG 48
TEGRETOL-XR TAB 100MG 48
TEGRETOL-XR TAB 200MG 48
TEGRETOL-XR TAB 400MG 48
TEGSEDI INJ 284/1.5 236
TEKTURNA HCT TAB 150-12.5 79
TEKTURNA HCT TAB 150-25MG.....79
TEKTURNA HCT TAB 300-12.5 79
TEKTURNA HCT TAB 300-25MG.....79
TEKTURNA TAB 150MG 80
TEKTURNA TAB 300MG 80
TELCARE TES BLD GLUC 154
telmisartan tab 20 mg 74
telmisartan tab 40 mg 74
telmisartan tab 80 mg 74
telmisartan-amlodipine tab 40-10 mg 79
telmisartan-amlodipine tab 40-5 mg .79
telmisartan-amlodipine tab 80-10 mg 79
telmisartan-amlodipine tab 80-5 mg .79
telmisartan-hydrochlorothiazide tab 40-12.5 mg 79
telmisartan-hydrochlorothiazide tab 80-12.5 mg 79
telmisartan-hydrochlorothiazide tab 80-25 mg 79
temazepam cap 15 mg 183
temazepam cap 22.5 mg.....183
temazepam cap 30 mg 183
temazepam cap 7.5 mg 183
TEMIXYS TAB 300-300.....109
TEMODAR CAP 100MG 83
TEMODAR CAP 140MG 83
TEMODAR CAP 180MG 83
TEMODAR CAP 20MG 83
TEMODAR CAP 250MG 83
TEMODAR CAP 5MG.....83
TEMODAR INJ 100MG 83
TEMOVATE CRE 0.05% 145
TEMOVATE OIN 0.05%.....145
temozolomide cap 100 mg 84
temozolomide cap 140 mg 84
temozolomide cap 180 mg 84
temozolomide cap 20 mg 84
temozolomide cap 250 mg 84
temozolomide cap 5 mg 83

temsirolimus soln for iv infusion 25 mg/ml 93
tencon tab 50-325mg 16
TENIPOSIDE INJ 50MG/5ML 96
TENIVAC INJ 5-2LF 242
tenofovir disoproxil fumarate tab 300 mg 109
TENORETIC TAB 100 79
TENORETIC TAB 50 79
TENORMIN TAB 100MG 114
TENORMIN TAB 25MG 114
TENORMIN TAB 50MG 114
TEPADINA INJ 100MG 84
TEPADINA INJ 15MG 84
TEPEZZA INJ 500MG 160
TEPMETKO TAB 225MG 93
terazosin hcl cap 1 mg (base equivalent) 75
terazosin hcl cap 10 mg (base equivalent) 75
terazosin hcl cap 2 mg (base equivalent) 75
terazosin hcl cap 5 mg (base equivalent) 75
terbinafine hcl tab 250 mg 66
terbutaline sulfate inj 1 mg/ml 40
terbutaline sulfate tab 2.5 mg 40
terbutaline sulfate tab 5 mg 40
terconazole vaginal cream 0.4% 250
terconazole vaginal cream 0.8% 250
terconazole vaginal suppos 80 mg 250
TERIPARATIDE INJ 158
terrell sol 170
TESSALON PER CAP 100MG 133
TESTIM GEL 1%(50MG) 27
TESTONE CIK KIT 200MG/ML 27
TESTOPEL MIS PELLETS 27
testosterone cypionate im inj in oil 100 mg/ml 27
testosterone cypionate im inj in oil 200 mg/ml 27
testosterone enanthate im inj in oil 200 mg/ml 27
testosterone td gel 10mg/act (2%) 27
testosterone td gel 12.5 mg/act (1%) 27
testosterone td gel 20.25 mg/1.25gm (1.62%) 27
testosterone td gel 20.25 mg/act (1.62%) 27
testosterone td gel 25 mg/2.5gm (1%) 27
testosterone td gel 40.5 mg/2.5gm (1.62%) 27
testosterone td gel 50 mg/5gm (1%) 27
testosterone td soln 30 mg/act 27
TET/DIP TOX INJ 2-2 LF 242
tetcaine sol 0.5% op 220
tetrabenazine tab 12.5 mg 231
tetrabenazine tab 25 mg 231
tetracaine hcl inj 1% 187
tetracaine hcl ophth soln 0.5% 220
tetracycline hcl cap 250 mg 239
tetracycline hcl cap 500 mg 239
tetravisc sol 0.5% op 220
tetravisc sol forte 220
TETRIX CRE 149
TEXACORT SOL 2.5% 145
TEXAVITE LQ LIQ 209
TGT LANCET MIS 23G 195
TGT LANCET MIS 26G 195
TGT LANCET MIS 28G 195
TGT LANCET MIS 30G 195
TGT LANCET MIS 33G 195
TGT LANCET MIS ALTERNAT 195
tgt nicotine dis 14mg/24h 235
tgt nicotine dis 21mg/24h 235
tgt nicotine dis 7mg/24hr 235
tgt nicotine gum 2mg mint 235
tgt nicotine gum 2mg orig 235
tgt nicotine gum 2mgfruit 235
tgt nicotine gum 4mg 235
tgt nicotine gum 4mg mint 235
tgt nicotine gum 4mg orig 236
tgt nicotine loz 4mg chry 236
tgt nicotine loz 4mg mint 236
THALOMID CAP 100MG 204
THALOMID CAP 150MG 204
THALOMID CAP 200MG 204
THALOMID CAP 50MG 204
THAM INJ 30MEQ 199
THEO-24 CAP 100MG CR 40
THEO-24 CAP 200MG CR 40

THEO-24 CAP 300MG CR 40
THEO-24 CAP 400MG ER 40
THEOPHYL/D5W INJ 0.8MG/ML 40
theophylline soln 80 mg/15ml 40
theophylline tab er 12hr 300 mg 40
theophylline tab er 12hr 450 mg 40
theophylline tab er 24hr 400 mg 40
theophylline tab er 24hr 600 mg 40
thiamine hcl inj 100 mg/ml 252
THIN LANCETS MIS 195
THIN LANCETS MIS 26G.....195
THIN LANCETS MIS 30G.....195
THINLETS GP MIS 26G.....195
THINLETS MIS 28G(T) 195
THIOLA EC TAB 100MG 172
THIOLA EC TAB 300MG 172
THIOLA TAB 100MG.....172
thioridazine hcl tab 10 mg 105
thioridazine hcl tab 100 mg 105
thioridazine hcl tab 25 mg 105
thioridazine hcl tab 50 mg 105
thiotepa for inj 15 mg 84
THIOTEPA INJ 15MG.....84
thiothixene cap 1 mg 106
thiothixene cap 10 mg 106
thiothixene cap 2 mg 106
thiothixene cap 5 mg 106
thrive gum 2mg mint 236
THRIVITE 19 TAB 211
THRIVITE RX TAB 29-1MG.....211
THROMBIN KIT 5000UNIT 181
THROMBIN-JMI KIT 20000UNT.....181
THROMBIN-JMI KIT 5000UNIT 181
THROMBIN-JMI SOL 20000UNT.....181
THROMBIN-JMI SOL 5000UNIT.....181
THROMBOGEN KIT 10000UNT.....181
THROMBOGEN SOL 10000UNT.....181
THROMBOGEN SOL 1000UNIT.....181
THYMOGLOBULN INJ 25MG.....206
THYROGEN INJ 1.1MG.....150
tiagabine hcl tab 12 mg 49
tiagabine hcl tab 16 mg 49
tiagabine hcl tab 2 mg 49
tiagabine hcl tab 4 mg 49
TIAZAC CAP 120MG/24 118
TIAZAC CAP 180MG/24 118
TIAZAC CAP 240MG/24 118
TIAZAC CAP 300MG/24 118
TIAZAC CAP 360MG/24 118
TIAZAC CAP 420MG/24 118
TIBSOVO TAB 250MG 93
TICANASE PAK 50-2.7 214
TICE BCG INJ 95
TIGAN CAP 300MG 65
TIGAN INJ 100MG/ML 65
tigecycline for iv soln 50 mg 237
TIGECYCLINE INJ 50MG 237
TIKOSYN CAP 125MCG.....36
TIKOSYN CAP 250MCG.....36
TIKOSYN CAP 500MCG.....37
tilia fe tab 128
TIM/BRIM/DOR SOL.....217
TIM/DORZ/LAT SOL.....217
TIMOL/BRIM SOL DORZ/LAT.....217
TIMOL/LATAN SOL.....217
timolol maleate ophth gel forming soln 0.25% 217
timolol maleate ophth gel forming soln 0.5% 217
timolol maleate ophth soln 0.25% ..218
timolol maleate ophth soln 0.5% 217
timolol maleate ophth soln 0.5% (once-daily) 218
timolol maleate preservative free ophth soln 0.5%.....218
timolol maleate tab 10 mg 115
timolol maleate tab 20 mg 115
timolol maleate tab 5 mg 115
TIMOPTIC OCU SOL 0.25% OP.....218
TIMOPTIC OCU SOL 0.5% OP.....218
TIMOPTIC SOL 0.25% OP 218
TIMOPTIC SOL 0.5% OP.....218
TIMOPTIC-XE SOL 0.5% OP.....218
tinidazole tab 250 mg 29
tinidazole tab 500 mg 29
TIROSINT CAP 100MCG 241
TIROSINT CAP 112MCG 241
TIROSINT CAP 125MCG 241
TIROSINT CAP 137MCG 241
TIROSINT CAP 13MCG 241
TIROSINT CAP 150MCG 242
TIROSINT CAP 175MCG 242
TIROSINT CAP 200 242
TIROSINT CAP 25MCG 241

TIROSINT CAP 50MCG 241
TIROSINT CAP 75MCG 241
TIROSINT CAP 88MCG 241
TISSEEL SOL 181
tis-u-sol sol 206
TIVICAY TAB 10MG.....109
TIVICAY TAB 25MG.....109
TIVICAY TAB 50MG.....109
tizanidine hcl cap 2 mg (base equivalent) 213
tizanidine hcl cap 4 mg (base equivalent) 213
tizanidine hcl cap 6 mg (base equivalent) 213
tizanidine hcl tab 2 mg (base equivalent) 213
tizanidine hcl tab 4 mg (base equivalent) 213
tl-hem 150 tab.....181
TNKASE KIT 50MG.....178
TOBI NEB 300/5ML..... 8
TOBI PODHALR CAP 28MG..... 8
TOBRADEX OIN 0.3-0.1% 221
TOBRADEX ST SUS 0.3-0.05.....221
TOBRADEX SUS 0.3-0.1% 221
tobramycin nebu soln 300 mg/4ml 8
tobramycin nebu soln 300 mg/5ml 8
tobramycin ophth soln 0.3%.....220
tobramycin sulfate for inj 1.2 gm 8
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv) 8
tobramycin sulfate inj 10 mg/ml (base equivalent) 8
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv) 8
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) 9
tobramycin-dexamethasone ophth susp 0.3-0.1%.....221
TOBREX OIN 0.3% OP 220
TOBREX SOL 0.3% OP 220
TOLAK CRE 4% 140
tolbutamide tab 500 mg.....62
tolcapone tab 100 mg 97
tolmetin sodium cap 400 mg.....14
tolmetin sodium tab 600 mg.....14
tolterodine tartrate cap er 24hr 2 mg 248
tolterodine tartrate cap er 24hr 4 mg 248
tolterodine tartrate tab 1 mg 248
tolterodine tartrate tab 2 mg 248
tolvaptan tab 15 mg 163
TOPAMAX SPR CAP 15MG.....48
TOPAMAX SPR CAP 25MG.....48
TOPAMAX TAB 100MG.....48
TOPAMAX TAB 200MG.....48
TOPAMAX TAB 25MG 48
TOPAMAX TAB 50MG 48
topex topcal aer anesthet.....207
TOPICORT CRE 0.05% 145
TOPICORT CRE 0.25% 145
TOPICORT GEL 0.05% 145
TOPICORT OIN 0.05% 145
TOPICORT OIN 0.25% 146
TOPICORT SPR 0.25% 146
topiramate cap er 24hr sprinkle 100 mg 48
topiramate cap er 24hr sprinkle 150 mg 48
topiramate cap er 24hr sprinkle 200 mg 48
topiramate cap er 24hr sprinkle 25 mg 48
topiramate cap er 24hr sprinkle 50 mg 48
topiramate sprinkle cap 15 mg.....48
topiramate sprinkle cap 25 mg.....48
topiramate tab 100 mg 48
topiramate tab 200 mg 48
topiramate tab 25 mg 48
topiramate tab 50 mg 48
toposar inj 100/5ml.....96
toposar inj 1gm/50ml 96
toposar inj 20mg/ml 96
toposar inj 500/25ml 96
topotecan hcl for inj 4 mg (base equiv) 97
TOPOTECAN INJ 4MG/4ML.....97
TOPROL XL TAB 100MG.....114
TOPROL XL TAB 200MG.....114
TOPROL XL TAB 25MG 114
TOPROL XL TAB 50MG 114

toremifene citrate tab 60 mg (base equivalent) 88
TORISEL INJ 25MG/ML....93
torsemide tab 10 mg 156
torsemide tab 100 mg....156
torsemide tab 20 mg 156
torsemide tab 5 mg 156
TOSYMRA SOL 10MG 199
TOTECT INJ 500MG 96
TOUJEO MAX INJ 300IU/ML 61
TOUJEO SOLO INJ 300IU/ML....61
TOVIAZ TAB 4MG 248
TOVIAZ TAB 8MG 248
tpn electrol inj 201
TRACE ELEM 4 INJ PED 204
TRACLEER TAB 125MG....121
TRACLEER TAB 32MG....121
TRACLEER TAB 62.5MG....121
TRADJENTA TAB 5MG 59
tramadol hcl cap er 24hr biphasic release 100 mg 23
tramadol hcl cap er 24hr biphasic release 150 mg 23
tramadol hcl cap er 24hr biphasic release 200 mg 23
tramadol hcl cap er 24hr biphasic release 300 mg 23
tramadol hcl tab 100 mg 23
tramadol hcl tab 50 mg....23
tramadol hcl tab er 24hr 100 mg....23
tramadol hcl tab er 24hr 200 mg....23
tramadol hcl tab er 24hr 300 mg....23
tramadol hcl tab er 24hr biphasic release 100 mg 23
tramadol hcl tab er 24hr biphasic release 200 mg 23
tramadol hcl tab er 24hr biphasic release 300 mg 23
tramadol-acetaminophen tab 37.5-325 mg 25
trandolapril tab 1 mg 73
trandolapril tab 2 mg 73
trandolapril tab 4 mg 73
trandolapril-verapamil hcl tab er 1-240 mg 79
trandolapril-verapamil hcl tab er 2-180 mg 80
trandolapril-verapamil hcl tab er 2-240 mg 80
trandolapril-verapamil hcl tab er 4-240 mg 80
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml) 181
tranexamic acid tab 650 mg 181
TRANSDERM-SC DIS 1.5MG....65
TRANSDERM-SC DIS 1MG/3DAY....65
TRANXENE T TAB 7.5MG 35
tranylcypromine sulfate tab 10 mg ...52
TRAUMEEL OIN 204
TRAVASOL INJ 10%....217
TRAVATAN Z DRO 0.004% 223
TRAVEL LANCE MIS 30G....195
travoprost ophth soln 0.004% (benzalkonium free) (bak free) ...223
TRAZIMERA INJ 150MG....86
TRAZIMERA INJ 420MG.... 86, 87
trazodone hcl tab 100 mg 53
trazodone hcl tab 150 mg 53
trazodone hcl tab 300 mg 53
trazodone hcl tab 50 mg 53
TREANDA INJ 100MG....84
TREANDA INJ 25MG....84
TRECATOR TAB 250MG 82
TRELEGY AER ELLIPTA 40
TRELSTAR MIX INJ 11.25MG....88
TRELSTAR MIX INJ 22.5MG 88
TRELSTAR MIX INJ 3.75MG 88
TREMFYA INJ 100MG/ML 141
treprostinil inj soln 100 mg/20ml (5 mg/ml) 121
treprostinil inj soln 20 mg/20ml (1 mg/ml) 121
treprostinil inj soln 200 mg/20ml (10 mg/ml) 121
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) 121
TRESIBA FLEX INJ 100UNIT....61
TRESIBA FLEX INJ 200UNIT....61
TRESIBA INJ 100UNIT 61
tretinoin cap 10 mg 95
tretinoin cream 0.025% 137
tretinoin cream 0.05%....137
tretinoin cream 0.1%....137
tretinoin gel 0.01% 137

tretinoin gel 0.025% 137
tretinoin gel 0.05% 137
tretinoin microsphere gel 0.04% 137
tretinoin microsphere gel 0.1% 137
TRETTEN INJ 176
TREXALL TAB 10MG 85
TREXALL TAB 15MG 85
TREXALL TAB 5MG 85
TREXALL TAB 7.5MG 85
TREXIMET TAB 10-60MG 197
TREXIMET TAB 85-500MG 197
trezix cap 25
TRIAM/MOXI SUS 15-1 222
TRIAM-BUPIVA SUS 40-5MG 133
TRIAMCIN ACE INJ 40MG/ML 133
TRIAMCINOLON INJ 40MG/ML 133
TRIAMCINOLON INJ 80MG/2ML 133
TRIAMCINOLON INJ 80MG/ML 133
triamcinolone acetonide aerosol soln 0.147 mg/gm 146
triamcinolone acetonide cream 0.025% 146
triamcinolone acetonide cream 0.1% 146
triamcinolone acetonide cream 0.5% 146
triamcinolone acetonide dental paste 0.1% 208
triamcinolone acetonide inj susp 40 mg/ml 133
triamcinolone acetonide lotion 0.025% 146
triamcinolone acetonide lotion 0.1% 146
triamcinolone acetonide oint 0.025% 146
triamcinolone acetonide oint 0.05% 146
triamcinolone acetonide oint 0.1% . 146
triamcinolone acetonide oint 0.5% . 146
triamterene & hydrochlorothiazide cap 37.5-25 mg 156
triamterene & hydrochlorothiazide tab 37.5-25 mg 156
triamterene & hydrochlorothiazide tab 75-50 mg 156
triamterene cap 100 mg 157
triamterene cap 50 mg 157
TRIANEX OIN 0.05% 146
triazolam tab 0.125 mg 184
triazolam tab 0.25 mg 183
TRIBENZOR20- TAB 5-12.5MG 80
TRIBENZOR40- TAB 10-12.5 80
TRIBENZOR40- TAB 10-25MG 80
TRIBENZOR40- TAB 5-12.5MG 80
TRIBENZOR40- TAB 5-25MG 80
TRICARE PRE CAP 27-1-500 211
TRICARE TAB PRENATAL 211
TRI-CHLOR LIQ 80% 142
TRICITRASOL CON 43
tricon cap 181
TRICOPHYTON SOL MENTAGRO 150
TRICOR TAB 145MG 70
TRICOR TAB 48MG 70
triderm cre 0.1% 146
TRIDESILON CRE 0.05% 146
trientine hcl cap 250 mg 204
TRIESENCE INJ 40MG/ML 222
tri-estaryll tab 128
trifluoperazine hcl tab 1 mg (base equivalent) 105
trifluoperazine hcl tab 10 mg (base equivalent) 105
trifluoperazine hcl tab 2 mg (base equivalent) 105
trifluoperazine hcl tab 5 mg (base equivalent) 105
trifluridine ophth soln 1% 220
trigels-f cap forte 181
trihexyphenidyl hcl oral soln 0.4 mg/ml 97
trihexyphenidyl hcl tab 2 mg 97
trihexyphenidyl hcl tab 5 mg 97
TRIJARDY XR TAB 58
TRIKAFTA TAB 236
tri-legest tab fe 128
TRILEPTAL SUS 300MG/5M 48
TRILEPTAL TAB 150MG 48
TRILEPTAL TAB 300MG 48
TRILEPTAL TAB 600MG 48
tri-linyah tab 128
TRILIPIX CAP 135MG 70
TRILIPIX CAP 45MG 70
tri-lo- tab marzia 128
tri-lo- tab sprintec 128

trilyte sol 184
trimethobenzamide hcl cap 300 mg ..65
trimethoprim tab 100 mg 29
trimipramine maleate cap 100 mg 56
trimipramine maleate cap 25 mg 56
trimipramine maleate cap 50 mg 56
TRIMO-SAN GEL..... 249
TRINATAL RX TAB 1..... 211
trinate tab 211
TRINTELLIX TAB 10MG.....53
TRINTELLIX TAB 20MG.....53
TRINTELLIX TAB 5MG 53
TRIOSTAT INJ 10MCG/ML..... 242
TRIPTODUR SUS 22.5MG..... 160
TRISENOX INJ 12MG/6ML.....95
tri-sprintec tab 128
TRISTART DHA CAP 211
TRISTART ONE CAP 35-1-215 211
TRI-TABS DHA MIS..... 211
TRIUMEQ TAB 109
TRI-VI-FLOR SUS 0.25/ML..... 209
TRI-VI-FLOR SUS 0.5MG/ML 209
tri-vit/fluo dro 0.25mg 209
tri-vit/fluo dro 0.5mg 209
trivora-28 tab 128
TRIZIVIR TAB 109
TRODELVY SOL 180MG 87
TROGARZO INJ 150MG/ML 109
TROKENDI XR CAP 100MG.....48
TROKENDI XR CAP 200MG.....48
TROKENDI XR CAP 25MG 48
TROKENDI XR CAP 50MG 48
TROPHAMINE INJ 10%..... 217
TROPHAMINE INJ 6%..... 217
tropicamide ophth soln 0.5% 218
tropicamide ophth soln 1% 218
trospium chloride cap er 24hr 60 mg 248
trospium chloride tab 20 mg 248
TRUE METRIX TES GLUCOSE..... 154
TRUETEST TES..... 154
TRUETEST TES BLD GLUC..... 154
TRUETRACK TES 154
TRUETRACK TES BLD GLUC 154
TRULANCE TAB 3MG 167
TRULICITY INJ 0.75/0.5 60
TRULICITY INJ 1.5/0.5 60
TRULICITY INJ 3/0.5.....60
TRULICITY INJ 4.5/0.5 60
TRUMENBA INJ 249
TRUPLUS LANC MIS 26G 195
TRUPLUS LANC MIS 28G 195
TRUPLUS LANC MIS 30G 195
TRUPLUS LANC MIS 33G 195
TRUSOPT SOL 2% OP 223
TRUVADA TAB 100-150..... 109
TRUVADA TAB 133-200..... 109
TRUVADA TAB 167-250..... 109
TRUVADA TAB 200-300..... 109
TRUXIMA INJ 100/10ML 87
TRUXIMA INJ 500/50ML 87
TRYPTOPHAN CAP 500MG..... 217
TUDORZA PRES AER 400/ACT 37
TUKYSA TAB 150MG 93
TUKYSA TAB 50MG 93
TURALIO CAP 200MG 93
TURPENTINE SOL SPIRITS..... 147
TUSSICAPS CAP 10-8MG 134
TUZISTRA XR SUS..... 134
TWINRIX INJ 249
TWYNSTA TAB 40-10MG 80
TWYNSTA TAB 40-5MG 80
TWYNSTA TAB 80-10MG 80
TWYNSTA TAB 80-5MG 80
tyblume chw 0.1-0.02..... 128
TYBOST TAB 150MG 110
tydemy tab..... 128
TYGACIL INJ 50MG 237
TYKERB TAB 250MG 94
TYLENOL/COD TAB #3 25
TYLENOL/COD TAB #4 25
TYMLOS INJ..... 158
TYSABRI INJ 300/15ML..... 232
TYVASO REFIL SOL 0.6MG/ML 121
TYVASO SOL 0.6MG/ML 121
TYVASO START SOL 0.6MG/ML 121

U

UBRELVY TAB 100MG 197
UBRELVY TAB 50MG 197
UCERIS AER 2MG/ACT 27
UCERIS TAB 9MG 133
UDENYCA INJ 6MG/.6ML 180
UKONIQ TAB 200MG.....94
ULESFIA LOT 5% 150

ULORIC TAB 40MG 172
ULORIC TAB 80MG 172
ULTANE SOL 170
ULTILET MIS 26G 195
ULTILET MIS 28G 195
ULTILET MIS 30G 195
ULTILET MIS 33G 195
ULTILET MIS LANCETS 195
ULTILET MIS SAFETY 195
ULTIMA TES..... 154
ULTIVA INJ 1MG..... 23
ULTIVA INJ 2MG..... 23
ULTIVA INJ 5MG..... 23
ULTOMIRIS INJ 100MG/ML 176
ULTOMIRIS INJ 300/30ML 176
ULTRA THIN MIS 28G 195
ULTRA THIN MIS 30G 195
ULTRA THIN MIS 31G 195
ULTRA THIN MIS 33G 195
ULTRA THIN MIS LANC 26G 195
ULTRA THIN MIS LANC 28G 195
ULTRA THIN MIS LANC 30G 195
ULTRA THIN MIS LANCETS 195
ULTRACET TAB 37.5-325..... 25
ULTRALANCE MIS 1.8MM..... 195
ULTRAM TAB 50MG..... 23
ULTRATRAK TES ULTIMATE..... 154
ULTRATRK PRO TES..... 154
ULTRAVATE LOT 0.05%..... 146
umecta mouss aer 40% 146
UNASYN INJ 1.5GM 227
UNASYN INJ 15GM 227
UNASYN INJ 3GM 227
UNIFINE PNTP MIS 29GX12MM 197
UNILET CMFR MIS TCH 28G..... 196
UNILET CMFR MIS TCH 30G..... 196
UNILET EX II MIS 28G 196
UNILET EXCEL MIS 23G 196
UNILET G.P MIS SUPR 23G..... 196
UNILET G.P. MIS 21G 196
UNILET GP 28 MIS ULT THIN 196
UNILET LANC MIS 33G..... 196
UNILET LANCE MIS 21G 196
UNILET LANCE MIS 28G 196
UNILET LANCE MIS 33G 196
UNILET LANCT MIS 28G 196
UNILET LANCT MIS 30G 196
UNILET LANCT MIS 33G 196
UNILET MIS 21G 196
UNILET SUPER MIS 23G 196
UNILET SUPER MIS G.P. 23G 196
UNISTIK 1 MIS 2.4MM 196
UNISTIK 1 MIS 3.0MM 196
UNISTIK 2 MIS 196
UNISTIK 2 MIS 1.8MM 196
UNISTIK 2 MIS 2.4MM 196
UNISTIK 2 MIS COMFORT..... 196
UNISTIK 2 MIS EXTRA 196
UNISTIK 2 MIS NEONATAL 196
UNISTIK 2 MIS NORMAL 196
UNISTIK 2 MIS SUPER 196
UNISTIK 23G MIS NORMAL..... 196
UNISTIK 3 MIS 1.8MM 196
UNISTIK 3 MIS COMFORT..... 196
UNISTIK 3 MIS EXTRA 196
UNISTIK 3 MIS GENT 30G 196
UNISTIK 3 MIS NEONATAL 196
UNISTIK 3 MIS NORMAL 196
UNISTIK 3 MIS XTR 21G 196
UNISTIK CZT MIS COMFORT..... 196
UNISTIK CZT MIS NORMAL..... 196
UNISTIK II MIS LANCETS 196
UNISTIK SAFE MIS LANC 28G 196
UNISTIK SAFE MIS LANC 30G 196
UNISTIK TOUC MIS LANC 21G 196
UNISTIK TOUC MIS LANC 23G 196
UNISTIK TOUC MIS LANC 28G 196
UNISTIK TOUC MIS LANC 30G 196
UNISTRIP1 TES GENERIC 154
unithroid tab 100mcg 242
unithroid tab 112mcg 242
unithroid tab 125mcg 242
unithroid tab 137mcg 242
unithroid tab 150mcg 242
unithroid tab 175mcg 242
unithroid tab 200mcg 242
unithroid tab 25mcg 242
unithroid tab 300mcg 242
unithroid tab 50mcg 242
unithroid tab 75mcg 242
unithroid tab 88mcg 242
UNITUXIN INJ..... 87
UNIVERSAL 1 MIS 33G..... 196
UNIVERSAL 1 MIS LANC 26G 197

UNIVERSAL 1 MIS LANC 30G 197
UPTRAVI TAB 1000MCG 122
UPTRAVI TAB 1200MCG 122
UPTRAVI TAB 1400MCG 122
UPTRAVI TAB 1600MCG 122
UPTRAVI TAB 200/800 121
UPTRAVI TAB 200MCG 121
UPTRAVI TAB 400MCG 121
UPTRAVI TAB 600MCG 121
UPTRAVI TAB 800MCG 122
URAMAXIN GEL 45% 146
urea cream 39% 146
urea cream 40% 146
urea cream 41% 146
urea cream 45% 146
urea cream 47% 146
urea hydrati aer 35%.....146
urea in zinc undecylenate-lactic acid vehicle emulsion 50% 146
urea lotion 40% 146
urea nail gel 45%.....146
urea suspension 40% 146
urea-c40 lot 40% 146
URECHOLINE TAB 25MG.....248
URECHOLINE TAB 50MG.....248
urelle tab 247
uretron d/s tab 247
uribel cap 118mg 247
urimar-t tab.....247
uro-458 tab 247
uroav-81 tab 247
UROCIT-K 10 TAB 171
UROCIT-K 15 TAB 171
UROCIT-K 5 TAB 171
UROGESIC- TAB BLUE.....247
UROXATRAL TAB 10MG 172
URSO 250 TAB 250MG 167
URSO FORTE TAB 500MG 167
ursodiol cap 300 mg 167
ursodiol tab 250 mg 167
ursodiol tab 500 mg 167
UTIBRON CAP NEOHALER.....40
UTOPIC CRE 41%.....146
V
VABOMERE INJ 2GM(1-1) 30
VAGIFEM TAB 10MCG 250
valacyclovir hcl tab 1 gm.....112
valacyclovir hcl tab 500 mg 112
VALCHLOR GEL 0.016% 140
VALCYTE SOL 50MG/ML 110
VALCYTE TAB 450MG.....110
valganciclovir hcl for soln 50 mg/ml (base equiv) 110
valganciclovir hcl tab 450 mg (base equivalent) 110
VALIUM TAB 10MG 35
VALIUM TAB 2MG.....35
VALIUM TAB 5MG.....35
valproate sodium inj 100 mg/ml 50
valproate sodium oral soln 250 mg/5ml (base equiv) 50
valproic acid cap 250 mg.....50
valsartan tab 160 mg 74
valsartan tab 320 mg 74
valsartan tab 40 mg 74
valsartan tab 80 mg 74
valsartan-hydrochlorothiazide tab 160-12.5 mg 80
valsartan-hydrochlorothiazide tab 160-25 mg.....80
valsartan-hydrochlorothiazide tab 320-12.5 mg 80
valsartan-hydrochlorothiazide tab 320-25 mg.....80
valsartan-hydrochlorothiazide tab 80-12.5 mg 80
VALSTAR SOL 40MG/ML 90
VALTOCO SPR 10MG.....44
VALTOCO SPR 15MG.....44
VALTOCO SPR 20MG.....44
VALTOCO SPR 5MG 44
VALTREX TAB 1GM 112
VALTREX TAB 500MG.....112
VANATOL LQ SOL 16
VANCOCIN CAP 250MG 30
VANCOCIN HCL CAP 125MG.....30
VANCOMY/NACL INJ 1.25/250 30
VANCOMY/NACL INJ 2/500ML 30
VANCOMY/NACL INJ 750/150 30
VANCOMYC/D5W INJ 1.25/250 30
VANCOMYC/D5W INJ 1GM 30
VANCOMYC/D5W INJ 500MG 30
vancomycin hcl cap 125 mg (base equivalent) 30

vancomycin hcl cap 250 mg (base equivalent) 30
vancomycin hcl for iv soln 1 gm (base equivalent) 30
vancomycin hcl for iv soln 10 gm (base equivalent) 30
vancomycin hcl for iv soln 5 gm (base equivalent) 30
vancomycin hcl for iv soln 500 mg (base equivalent) 30
vancomycin hcl for iv soln 750 mg (base equivalent) 30
VANCOMYCIN INJ 1 GM.....30
VANCOMYCIN INJ 1.25GM 30
VANCOMYCIN INJ 1.5/300.....30
VANCOMYCIN INJ 250MG 30
VANCOMYCIN INJ 500MG 30
VANCOMYCIN INJ 750MG 30
VANCOMYCIN SOL 1.25GM 31
VANCOMYCIN SOL 1.5GM.....30
VANCOMYCIN SOL 1.75GM 31
VANCOMYCIN SOL 2G/400ML 31
vandazole gel 0.75% 250
VANOS CRE 0.1%.....146
vanoxide-hc lot 5-0.5%.....137
VANTAS KIT 50MG 88
VAPRISOL INJ 20/100ML.....164
VAQTA INJ 25/0.5ML 249
VAQTA INJ 50UNT/ML.....249
VARITHENA AER 10MG/ML 207
VARIVAX INJ.....249
VARIZIG INJ 125/1.2 225
VARUBI TAB 90MG 66
VASCEPA CAP 0.5GM 69
VASCEPA CAP 1GM 69
VASERETIC TAB 10-25MG 80
vashe cleans sol 150
VASOPRE/NACL INJ 100/100 163
VASOPRE/NACL INJ 100/250 163
VASOSTRICT INJ 20UNT/ML 163
VASOTEC TAB 10MG.....73
VASOTEC TAB 2.5MG.....73
VASOTEC TAB 20MG.....73
VASOTEC TAB 5MG.....73
VAZCULEP INJ 10MG/ML 251
VECAMYL TAB 2.5MG 80
VECTIBIX INJ 100MG.....87
VECTIBIX INJ 400MG.....87
VECTICAL OIN 3MCG/GM 141
vecuronium bromide for inj 10 mg..215
vecuronium bromide for inj 20 mg..216
VELCADE INJ 3.5MG 94
VELETRI INJ 0.5MG 121
VELETRI INJ 1.5MG 121
velivet pak 128
VELPHORO CHW 500MG.....169
VELTASSA POW 16.8GM.....207
VELTASSA POW 25.2GM.....207
VELTASSA POW 8.4GM 207
VELTIN GEL.....137
VEMLIDY TAB 25MG 111
VENCLEXTA TAB 100MG.....87
VENCLEXTA TAB 10MG.....87
VENCLEXTA TAB 50MG.....87
VENCLEXTA TAB START PK.....87
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 54
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 54
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 54
venlafaxine hcl tab 100 mg (base equivalent) 55
venlafaxine hcl tab 25 mg (base equivalent) 55
venlafaxine hcl tab 37.5 mg (base equivalent) 55
venlafaxine hcl tab 50 mg (base equivalent) 55
venlafaxine hcl tab 75 mg (base equivalent) 55
venlafaxine hcl tab er 24hr 150 mg (base equivalent) 55
VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT) 55
VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT) 55
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) 55
VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT) 55
venlafaxine hcl tab er 24hr 75 mg (base equivalent) 55

VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT) 55
VENOFER INJ 20MG/ML 181
VENTAVIS SOL 10MCG/ML 121
VENTAVIS SOL 20MCG/ML 121
VENTOLIN HFA AER 40
VERAMYST SPR 27.5MCG 214
verapamil hcl cap er 24hr 100 mg .. 118
verapamil hcl cap er 24hr 120 mg .. 118
verapamil hcl cap er 24hr 180 mg .. 118
verapamil hcl cap er 24hr 200 mg .. 118
verapamil hcl cap er 24hr 240 mg .. 118
verapamil hcl cap er 24hr 300 mg .. 118
verapamil hcl cap er 24hr 360 mg .. 118
verapamil hcl iv soln 2.5 mg/ml 118
verapamil hcl tab 120 mg 118
verapamil hcl tab 40 mg 118
verapamil hcl tab 80 mg 118
verapamil hcl tab er 120 mg 118
verapamil hcl tab er 180 mg 118
verapamil hcl tab er 240 mg 118
VERDESO AER 0.05% 146
VEREGEN OIN 15% 137
VERELAN CAP 120MG SR 118
VERELAN CAP 180MG SR 118
VERELAN CAP 240MG SR 118
VERELAN CAP 360MG SR 119
VERELAN PM CAP 100MG ER 119
VERELAN PM CAP 200MG ER 119
VERELAN PM CAP 300MG ER 119
VERQUVO TAB 10MG 122
VERQUVO TAB 2.5MG 122
VERQUVO TAB 5MG 122
VERSACLOZ SUS 50MG/ML 104
VERZENIO TAB 100MG 94
VERZENIO TAB 150MG 94
VERZENIO TAB 200MG 94
VERZENIO TAB 50MG 94
VESICARE TAB 10MG 248
VESICARE TAB 5MG 248
VFEND IV INJ 200MG 67
VFEND SUS 40MG/ML 67
VFEND TAB 200MG 67
VFEND TAB 50MG 67
V-GO 20 KIT 197
V-GO 30 KIT 197
V-GO 40 KIT 197
VIBATIV INJ 750MG 31
VIBERZI TAB 100MG 169
VIBERZI TAB 75MG 169
VIBRAMYCIN CAP 100MG 239
VIBRAMYCIN SUS 25MG/5ML 239
VIBRAMYCIN SYP 50MG/5ML 239
vicodin hp tab 10-300mg 25
VICTORY TES AGM-4000 154
VICTOZA INJ 18MG/3ML 60
VIDAZA INJ 100MG 85
VIDEX EC CAP 125MG 110
VIDEX EC CAP 200MG 110
VIDEX EC CAP 250MG 110
VIDEX SOL 2GM 110
VIEKIRA PAK TAB 111
vienva tab 0.1-20 128
vigabatrin powd pack 500 mg 49
vigabatrin tab 500 mg 49
vigadrone pow 500mg 49
VIGAMOX DRO 0.5% 220
VIIBRYD KIT STARTER 53
VIIBRYD TAB 10MG 53
VIIBRYD TAB 20MG 53
VIIBRYD TAB 40MG 54
vilevev mb tab 81mg 247
VILTEPSO SOL 215
VIMIZIM INJ 5MG/5ML 162
VIMOVO TAB 375-20MG 14
VIMOVO TAB 500-20MG 14
VIMPAT INJ 200MG/20 48
VIMPAT SOL 10MG/ML 49
VIMPAT TAB 100MG 49
VIMPAT TAB 150MG 49
VIMPAT TAB 200MG 49
VIMPAT TAB 50MG 49
VINATE DHA CAP 27-1.13 211
VINATE II TAB 211
VINATE M TAB 211
VINATE ONE TAB 211
vinblastine sulfate inj 1 mg/ml 96
vincristine sulfate iv soln 1 mg/ml 96
vinorelbine tartrate inj 10 mg/ml (base equiv) 96
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) 97
VIOKACE TAB 10440 155
VIOKACE TAB 20880 155

viorele tab 128
VIRACEPT TAB 250MG 110
VIRACEPT TAB 625MG 110
VIRAMUNE SUS 50MG/5ML..... 110
VIRAMUNE TAB 200MG 110
VIRAMUNE XR TAB 400MG 110
VIRASAL LIQ 27.5% 147
VIRAZOLE INH 6GM..... 112
VIREAD POW 40MG/GM 110
VIREAD TAB 150MG..... 110
VIREAD TAB 200MG..... 110
VIREAD TAB 250MG..... 110
VIREAD TAB 300MG..... 110
VIRT-C DHA CAP 211
VIRT-NATE CAP DHA..... 211
virt-phos tab 250 neut 202
VIRT-PN DHA CAP 211
VIRT-PN PLUS CAP 211
VISCO-3 INJ 25/2.5ML..... 214
VISTARIL CAP 25MG..... 34
VISTARIL CAP 50MG..... 34
VISTOGARD PAK 10GM 64
VISUDYNE INJ 15MG 220
vit a/c/d/fl dro 0.25mg 209
VITAFOL CAP ULTRA 211
VITAFOL CHW GUMMIES 211
VITAFOL FE+ CAP..... 211
VITAFOL-NANO TAB..... 211
VITAFOL-OB PAK +DHA 211
VITAFOL-OB TAB 65-1MG..... 211
VITAFOL-ONE CAP..... 211
VITALET PRO MIS..... 197
VITALET PRO MIS PLUS..... 197
vitamax ped dro 208
VITAMEDMD CAP ONE RX 211
VITAPEARL CAP..... 211
VITATRUE MIS 212
VITRAKVI CAP 100MG..... 94
VITRAKVI CAP 25MG..... 94
VITRAKVI SOL 20MG/ML 94
VITRASE INJ 200/ML 204
VIVA DHA CAP 212
VIVELLE-DOT DIS 0.025MG 166
VIVELLE-DOT DIS 0.0375MG 166
VIVELLE-DOT DIS 0.05MG..... 166
VIVELLE-DOT DIS 0.075MG 166
VIVELLE-DOT DIS 0.1MG..... 166
VIVITROL INJ 380MG..... 64
VIVLODEX CAP 10MG..... 14
VIVLODEX CAP 5MG 14
VIZIMPRO TAB 15MG..... 94
VIZIMPRO TAB 30MG..... 94
VIZIMPRO TAB 45MG..... 94
VOCAL POINT TES BLD GLUC..... 154
VOGELXO GEL 1%(50MG) 27
VOGELXO GEL PUMP 1% 27
VOL-PLUS TAB 212
VOL-TAB RX TAB..... 212
VOLUVEN INJ 6%/NACL 176
VONVENDI INJ 1300UNIT..... 176
VONVENDI INJ 650UNIT..... 176
VORAXAZE INJ 1000UNIT..... 96
voriconazole for inj 200 mg 67
voriconazole for susp 40 mg/ml 67
voriconazole tab 200 mg 67
voriconazole tab 50 mg 67
VOSEVI TAB 111
VOTRIENT TAB 200MG..... 94
VP-HEME OB MIS + DHA 212
VP-PNV-DHA CAP 212
VPRIV INJ 400UNIT 178
VRAYLAR CAP 1.5-3MG 101
VRAYLAR CAP 1.5MG 101
VRAYLAR CAP 3MG 101
VRAYLAR CAP 4.5MG 101
VRAYLAR CAP 6MG 101
VSL#3 DS PAK 900BIL..... 62
VUMERITY CAP 231MG..... 232
VUSION OIN 139
vyfemla tab 0.4-35 128
VYNDAMAX CAP 61MG 122
VYNDAQEL CAP 20MG..... 122
VYONDYS 53 INJ 100/2ML..... 215
VYTONE CRE 1-1.9% 139
VYTORIN TAB 10-10MG..... 68
VYTORIN TAB 10-20MG..... 68
VYTORIN TAB 10-40MG..... 68
VYTORIN TAB 10-80MG..... 68
VYVANSE CAP 10MG 2
VYVANSE CAP 20MG 2
VYVANSE CAP 30MG 2
VYVANSE CAP 40MG 2
VYVANSE CAP 50MG 2
VYVANSE CAP 60MG 2

VYVANSE CAP 70MG 2
VYVANSE CHW 10MG..... 2
VYVANSE CHW 20MG..... 2
VYVANSE CHW 30MG..... 2
VYVANSE CHW 40MG..... 2
VYVANSE CHW 50MG..... 3
VYVANSE CHW 60MG..... 3
VYXEOS INJ 44-100MG 90
VYZULTA SOL 0.024% 223
W
W&F LANCETS MIS 21G 197
W&F LANCETS MIS 26G 197
WAKIX TAB 17.8MG..... 4
WAKIX TAB 4.45MG..... 4
warfarin sodium tab 1 mg 41
warfarin sodium tab 10 mg.....41
warfarin sodium tab 2 mg 41
warfarin sodium tab 2.5 mg.....41
warfarin sodium tab 3 mg 41
warfarin sodium tab 4 mg 41
warfarin sodium tab 5 mg 41
warfarin sodium tab 6 mg 41
warfarin sodium tab 7.5 mg.....41
water for inject, bacteriostatic benzyl alcohol 228
water for injection 228
water for irrigation, sterile irrigation soln 206
water for iv injection.....228
WAVESENSE TES PRESTO 154
WEGOVY INJ 0.25MG..... 3
WEGOVY INJ 0.5MG..... 3
WEGOVY INJ 1.7MG..... 3
WEGOVY INJ 1MG 3
WEGOVY INJ 2.4MG..... 4
WELCHOL PAK 3.75GM.....69
WELCHOL TAB 625MG.....69
WELLBUTRIN TAB 100MG SR 51
WELLBUTRIN TAB 150MG SR 51
WELLBUTRIN TAB 200MG SR 51
WELLBUTRIN TAB XL 150MG.....51
WELLBUTRIN TAB XL 300MG.....51
wera tab 0.5/35 128
WESTHROID TAB 130MG.....242
WESTHROID TAB 195MG.....242
WESTHROID TAB 32.5MG.....242
WESTHROID TAB 65MG.....242
WESTHROID TAB 97.5MG.....242
WHEAT GERM OIL 252
WIDE-SEAL DPR KIT 60 188
WIDE-SEAL DPR KIT 65 188
WIDE-SEAL DPR KIT 70 188
WIDE-SEAL DPR KIT 75 188
WIDE-SEAL DPR KIT 80 188
WIDE-SEAL DPR KIT 85 188
WIDE-SEAL DPR KIT 90 188
WIDE-SEAL DPR KIT 95 188
WILATE INJ 176
WINRHO SDF INJ 15000UNT.....225
WINRHO SDF INJ 1500UNIT 225
WINRHO SDF INJ 2500UNIT 225
WINRHO SDF INJ 5000UNIT 225
wixela inhub aer 100/50 40
wixela inhub aer 250/50 40
wixela inhub aer 500/50 40
WP THYROID TAB 113.75MG 242
WP THYROID TAB 130MG.....242
WP THYROID TAB 16.25MG 242
WP THYROID TAB 32.5MG.....242
WP THYROID TAB 48.75MG 242
WP THYROID TAB 65MG.....242
WP THYROID TAB 81.25MG 242
WP THYROID TAB 97.5MG.....242
wymzya fe chw 0.4mg-35 128
X
XADAGO TAB 100MG 100
XADAGO TAB 50MG.....100
XALATAN SOL 0.005% 223
XALIX SOL 28% 147
XALKORI CAP 200MG.....94
XALKORI CAP 250MG.....94
XANAX TAB 0.25MG.....35
XANAX TAB 0.5MG 35
XANAX TAB 1MG 35
XANAX TAB 2MG 35
XANAX XR TAB 0.5MG.....35
XANAX XR TAB 1MG 35
XANAX XR TAB 2MG 35
XANAX XR TAB 3MG 35
XARELTO STAR TAB 15/20MG.....41
XARELTO TAB 10MG 41
XARELTO TAB 15MG 41
XARELTO TAB 2.5MG 41
XARELTO TAB 20MG 41

XATMEP SOL 2.5MG/ML.....85
XCOPRI PAK 100-150 49
XCOPRI PAK 12.5-25 49
XCOPRI PAK 150-200 49
XCOPRI PAK 50-100MG.....49
XCOPRI PAK 50-200MG.....49
XCOPRI TAB 100MG.....49
XCOPRI TAB 150MG.....49
XCOPRI TAB 200MG.....49
XCOPRI TAB 50MG 49
XELJANZ SOL 1MG/ML 10
XELJANZ TAB 10MG.....10
XELJANZ TAB 5MG.....10
XELJANZ XR TAB 11MG.....10
XELJANZ XR TAB 22MG.....10
XELODA TAB 150MG.....85
XELODA TAB 500MG.....85
XENAZINE TAB 12.5MG.....231
XENAZINE TAB 25MG.....231
XENICAL CAP 120MG 4
XENLETA INJ 150/15ML.....32
XENLETA TAB 600MG.....32
XEOMIN INJ 100UNIT 215
XEOMIN INJ 200UNIT 215
XEOMIN INJ 50 UNIT 215
XERALUX CRE 149
XERAVA INJ 100MG 237
XERAVA INJ 50MG.....237
XERESE CRE 5-1% 142
XERMELO TAB 250MG 170
XGEVA INJ.....158
XHANCE MIS 93MCG.....214
XIAFLEX INJ 0.9MG 204
XIFAXAN TAB 200MG.....29
XIFAXAN TAB 550MG.....29
XIGDUO XR TAB 10-1000.....58
XIGDUO XR TAB 10-500MG 58
XIGDUO XR TAB 2.5-1000.....58
XIGDUO XR TAB 5-1000MG 58
XIGDUO XR TAB 5-500MG.....58
XIIDRA DRO 5% 220
XIMINO CAP 135MG ER.....239
XIMINO CAP 45MG ER.....239
XIMINO CAP 90MG ER.....239
XOFIGO INJ 1100KBQ.....94
XOFLUZA TAB 20MG 112
XOFLUZA TAB 40MG 112
XOLAIR INJ 150MG/ML 37
XOLAIR INJ 75/0.5 37
XOLAIR SOL 150MG 37
XOLEGEL GEL 2% 139
XOPENEX CONC NEB 1.25/0.5 40
XOPENEX HFA AER 40
XOPENEX NEB 0.31MG.....40
XOPENEX NEB 0.63MG.....40
XOPENEX NEB 1.25/3ML 40
XOSPATA TAB 40MG.....94
XPOVIO PAK 100MG 89
XPOVIO PAK 60MG 89
XPOVIO PAK 80MG 89
XPRESS TES BLD GLUC.....154
XTAMPZA ER CAP 13.5MG 23
XTAMPZA ER CAP 18MG 23
XTAMPZA ER CAP 27MG 23
XTAMPZA ER CAP 36MG 23
XTAMPZA ER CAP 9MG.....23
XTANDI CAP 40MG 88
XTANDI TAB 40MG 89
XTANDI TAB 80MG 89
xulane dis 150-35 129
XULTOPHY INJ 100/3.6 58
XURIDEN POW 2GM.....162
XYLO/EPI 1%- INJ 1:100000 185
XYLO/EPI INJ 0.5% 185
XYLO/EPI INJ 2% 185
XYLOCAINE INJ 0.5% 187
XYLOCAINE INJ 1% 187
XYLOCAINE INJ 2% 187
xylocaine inj dent 2% 185
XYLOCAINE INJ MPF 0.5%.....187
XYLOCAINE INJ -MPF 1% 187
XYLOCAINE INJ MPF 1.5%.....187
XYLOCAINE INJ -MPF 2% 187
XYLO-MPF/EPI INJ 1% 185
XYLO-MPF/EPI INJ 1.5% 185
XYLO-MPF/EPI INJ 2% 185
XYNTHA INJ 1000UNIT.....176
XYNTHA INJ 2000UNIT.....176
XYNTHA INJ 250UNIT 176
XYNTHA INJ 500UNIT 176
XYNTHA SOLOF INJ 1000UNIT 176
XYNTHA SOLOF INJ 2000UNIT 176
XYNTHA SOLOF INJ 3000UNIT 176
XYNTHA SOLOF INJ 500UNIT.....176

XYNTHA SOLOF KIT 250UNIT.....176
XYOSTED INJ 100/0.5.....27
XYOSTED INJ 50/0.5.....27
XYOSTED INJ 75/0.5.....27
XYREM SOL 500MG/ML 229
XYWAV SOL 0.5GM/ML.....229
Y
YASMIN 28 TAB 3-0.03MG.....128
YAZ TAB 3-0.02MG.....128
YERVOY INJ 200MG 87
YERVOY INJ 50MG.....87
YESCARTA INJ 87
YONDELIS INJ 1MG 84
YONSA TAB 125MG.....89
YOSPRALA TAB 325-40MG.....177
YOSPRALA TAB 81-40MG.....177
YUPELRI SOL 37
yuvafem tab 10mcg.....250
Z
ZACLIR LOT 8% 137
zafirlukast tab 10 mg.....37
zafirlukast tab 20 mg.....37
zaleplon cap 10 mg 184
zaleplon cap 5 mg 184
ZALTRAP INJ 100/4ML 86
ZALTRAP INJ 200/8ML 86
ZANAFLEX CAP 2MG 213
ZANAFLEX CAP 4MG 213
ZANAFLEX CAP 6MG 213
ZANAFLEX TAB 4MG 213
ZANOSAR INJ 1GM 84
ZANTAC INJ 50MG/2ML.....245
zarah tab 3-0.03mg.....128
ZARONTIN CAP 250MG 50
ZARONTIN SOL 250/5ML.....50
ZARXIO INJ 300/0.5 180
ZARXIO INJ 480/0.8 180
ZATEAN-PN CAP DHA.....212
ZATEAN-PN CAP PLUS.....212
ZAVESCA CAP 100MG 178
zebutal cap.....16
ZEGALOGUE INJ 0.6/0.6 59
ZEGERID CAP 20-1100 247
ZEGERID CAP 40-1100 247
ZEGERID POW 20-1680 247
ZEGERID POW 40-1680 247
ZEJULA CAP 100MG.....94
ZELAPAR TAB 1.25MG.....100
ZELBORAF TAB 240MG.....94
ZELNORM TAB 6MG 169
ZEMAIRA INJ 1000MG.....236
ZEMBRACE SYM INJ 3/0.5ML 199
ZEMDRI INJ 500MG/10 9
ZEMPLAR CAP 2MCG.....162
ZEMPLAR INJ 2MCG/ML.....162
ZEMPLAR INJ 5MCG/ML.....162
zenatane cap 10mg 137
zenatane cap 20mg 137
zenatane cap 30mg 137
zenatane cap 40mg 137
ZENPEP CAP 10000UNT.....155
ZENPEP CAP 15000UNT.....155
ZENPEP CAP 25000UNT.....155
ZENPEP CAP 3000UNIT 155
ZENPEP CAP 5000UNIT 155
zenzedi tab 10mg..... 3
zenzedi tab 15mg..... 3
zenzedi tab 2.5mg..... 3
zenzedi tab 20mg..... 3
zenzedi tab 30mg..... 3
zenzedi tab 5mg 3
zenzedi tab 7.5mg..... 3
ZEPATIER TAB 50-100MG.....111
ZEPOSIA 7DAY CAP STR PACK 232
ZEPOSIA CAP .92MG.....232
ZEPOSIA CAP STR KIT 232
ZERBAXA INJ 1.5GM.....122
ZERVIATE DRO 0.24% 223
ZESTORETIC TAB 10-12.5 80
ZESTORETIC TAB 20-12.5 80
ZESTORETIC TAB 20-25MG 80
ZESTRIL TAB 10MG 73
ZESTRIL TAB 2.5MG 73
ZESTRIL TAB 20MG 73
ZESTRIL TAB 30MG 73
ZESTRIL TAB 40MG 73
ZESTRIL TAB 5MG.....73
ZETIA TAB 10MG.....71
ZETONNA AER 37MCG 214
ZEVALIN KIT Y-90 87
ZIAC TAB 10/6.25 80
ZIAC TAB 2.5/6.25 80
ZIAC TAB 5-6.25MG 80
ZIAGEN SOL 20MG/ML.....110

ZIAGEN TAB 300MG 110
ZIANA GEL 137
zidovudine cap 100 mg 110
zidovudine syrup 10 mg/ml 110
zidovudine tab 300 mg..... 110
ZIEXTENZO INJ 6/0.6ML 180
zileuton tab er 12hr 600 mg 37
ZILRETTA INJ 32MG..... 133
zinc chloride inj 1 mg/ml 204
zinc sulfate inj 1 mg/ml..... 204
ZINC SULFATE INJ 3 MG/ML 204
zinc sulfate inj 5 mg/ml..... 204
ZINECARD INJ 250MG..... 96
ZINECARD INJ 500MG..... 96
ZINGO INJ 0.5MG..... 187
ZINPLAVA SOL 25MG/ML..... 226
ZIOPTAN DRO 0.0015% 223
ziprasidone hcl cap 20 mg 101
ziprasidone hcl cap 40 mg 101
ziprasidone hcl cap 60 mg 101
ziprasidone hcl cap 80 mg 101
ZIPSOR CAP 25MG 14
ZIRABEV INJ 100/4ML 86
ZIRABEV INJ 400/16ML..... 86
ZIRGAN GEL 0.15%..... 220
ZITHRANOL SHA 1%..... 141
ZITHROMAX INJ 500MG 187
ZITHROMAX POW 1GM PAK 187
ZITHROMAX SUS 100/5ML 187
ZITHROMAX SUS 200/5ML 187
ZITHROMAX TAB 250MG 187
ZITHROMAX TAB 500MG 187
ZITHROMAX TAB 600MG 187
ZITHROMAX TAB TRI-PAK 187
ZITHROMAX TAB Z-PAK 188
ZOCOR TAB 10MG 71
ZOCOR TAB 20MG 71
ZOCOR TAB 40MG 71
ZOCOR TAB 80MG 71
ZOFRAN TAB 4MG 65
ZOFRAN TAB 8MG 65
ZOHYDRO ER CAP 10MG 23
ZOHYDRO ER CAP 15MG 23
ZOHYDRO ER CAP 20MG 23
ZOHYDRO ER CAP 30MG 23
ZOHYDRO ER CAP 40MG 23
ZOHYDRO ER CAP 50MG 23
ZOKINVY CAP 50MG 207
ZOKINVY CAP 75MG 207
ZOLADEX IMP 10.8MG 89
ZOLADEX IMP 3.6MG 89
zoledronic acid inj conc for iv infusion 4 mg/5ml 158
zoledronic acid iv soln 5 mg/100ml. 158
ZOLEDRONIC INJ 4/100ML 158
ZOLINZA CAP 100MG..... 94
zolmitriptan nasal spray 2.5 mg/spray unit 199
zolmitriptan nasal spray 5 mg/spray unit 199
zolmitriptan orally disintegrating tab 2.5 mg 199
zolmitriptan orally disintegrating tab 5 mg 199
zolmitriptan tab 2.5 mg 199
zolmitriptan tab 5 mg 199
ZOLOFT CON 20MG/ML 53
ZOLOFT TAB 100MG 53
ZOLOFT TAB 25MG 53
ZOLOFT TAB 50MG 53
zolpidem tartrate sl tab 1.75 mg 184
zolpidem tartrate sl tab 3.5 mg 184
zolpidem tartrate tab 10 mg 184
zolpidem tartrate tab 5 mg 184
zolpidem tartrate tab er 12.5 mg ... 184
zolpidem tartrate tab er 6.25 mg ... 184
ZOLPIMIST SPR 5MG 184
ZOMACTON INJ 10MG..... 160
ZOMACTON INJ 5MG..... 160
ZOMIG SPR 2.5MG 199
ZOMIG SPR 5MG 199
ZOMIG TAB 2.5MG 199
ZOMIG TAB 5MG 199
ZOMIG ZMT TAB 2.5 MG 199
ZOMIG ZMT TAB 5MG ODT 199
ZONALON CRE 5% 140
ZONEGRAN CAP 100MG 49
ZONEGRAN CAP 25MG 49
zonisamide cap 100 mg 49
zonisamide cap 25 mg 49
zonisamide cap 50 mg 49
ZONTIVITY TAB 2.08MG..... 177
ZORBTIVE INJ 8.8MG..... 160
ZORTRESS TAB 0.25MG 206

ZORTRESS TAB 0.5MG 206
ZORTRESS TAB 0.75MG 206
ZORTRESS TAB 1MG 206
ZORVOLEX CAP 18MG 14
ZORVOLEX CAP 35MG 14
ZOSTAVAX INJ 249
ZOSYN INJ 2-0.25GM 228
ZOSYN INJ 3-0.375G 228
ZOSYN INJ 36-4.5GM 228
ZOSYN INJ 4-0.5GM 228
ZOSYN SOL 2-0.25GM 228
ZOSYN SOL 3-0.375G 228
ZOSYN SOL 4-0.50GM 228
zovia 1/35e tab 128
ZOVIRAX CRE 5% 142
ZOVIRAX OIN 5% 142
ZOVIRAX SUS 200/5ML 112
ZOVIRAX TAB 400MG 112
ZOVIRAX TAB 800MG 112
ZUBSOLV SUB 0.7-0.18 26
ZUBSOLV SUB 1.4-0.36 26
ZUBSOLV SUB 11.4-2.9 26
ZUBSOLV SUB 2.9-0.71 26
ZUBSOLV SUB 5.7-1.4 26
ZUBSOLV SUB 8.6-2.1 26
ZUPLENZ MIS 4MG 65
ZUPLENZ MIS 8MG 65
ZYCLARA CRE 3.75% 147
ZYCLARA PUMP CRE 2.5% 147
ZYCLARA PUMP CRE 3.75% 147
ZYDELIG TAB 100MG 94
ZYDELIG TAB 150MG 94
ZYFLO TAB 600MG 37
ZYKADIA TAB 150MG 94
ZYLET SUS 0.5-0.3% 222
ZYLOPRIM TAB 100MG 172
ZYLOPRIM TAB 300MG 172
ZYMAXID SOL 0.5% 220
ZYNLONTA SOL 10MG 87
ZYPITAMAG TAB 1MG 71
ZYPITAMAG TAB 2MG 71
ZYPITAMAG TAB 4MG 71
ZYPREXA INJ 10MG 104
ZYPREXA RELP INJ 210MG 104
ZYPREXA RELP INJ 300MG 104
ZYPREXA RELP INJ 405MG 104
ZYPREXA TAB 10MG 104
ZYPREXA TAB 15MG 104
ZYPREXA TAB 2.5MG 104
ZYPREXA TAB 20MG 104
ZYPREXA TAB 5MG 104
ZYPREXA TAB 7.5MG 104
ZYPREXA ZYDI TAB 10MG 104
ZYPREXA ZYDI TAB 15MG 104
ZYPREXA ZYDI TAB 20MG 104
ZYPREXA ZYDI TAB 5MG 104
ZYTIGA TAB 250MG 89
ZYTIGA TAB 500MG 89
ZYVOX SOL 2MG/ML 32
ZYVOX SUS 100MG/5M 32
ZYVOX TAB 600MG 32