

ValueScript Rx Medication Guide

November 2019

Please consider talking to your doctor about prescribing one of the formulary medications that are indicated as covered under your plan; which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.floridablue.com for the most up-to-date information.

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Introduction

Florida Blue is pleased to present the ValueScript Rx Medication Guide. This is a general guide that includes a comprehensive listing of medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your plan documents for complete coverage details. When we refer to "plan documents" we are referring to one or more of the following: Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

The ValueScript Formulary Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online at www.floridablue.com or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

If you are a current member, we encourage you to log on to your member account for plan specific details about your medication coverage. Go to www.floridablue.com, click on the Members tab. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan.

Si desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgment or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your plan.

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive and most generics are covered unless specifically excluded under your plan documents.
- Brand name medications are covered on your plan only if they are included in the medication list. Brand name medications not listed in the medication list are not covered.
- If you are currently taking a medication, take a moment to review the medication list to determine if it is covered. If not, check with your doctor to understand available options.
- If you or your provider request a covered brand name medication when there is a generic available; you will be responsible for: (1) the difference in cost between the generic medication and the brand name medication you received; and (2) the cost share applicable to the brand name medication you received, as indicated on your Schedule of Benefits
- ValueScript is a closed formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Take this guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs included in the medication list and cost impacts when you discuss medication options.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. Florida Blue HMO is a trade name of Health Options, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross Blue Shield Association.

Medication List

What you need to know about ValueScript Formulary Medications

The ValueScript Formulary Medication Guide includes the Closed Formulary list. The Guide reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any prescription drug in this Medication Guide at any time.

All generic medications are covered unless specifically excluded by your plan. Brand Name medications are covered only if they are included in the Closed Formulary list.

For your out-of-pocket expenses to be as low as possible, please consider asking your doctor to prescribe generic medications, or if necessary, brand name medications that are included on the Closed Formulary List. This will help ensure that your covered medications are allowed and reimbursed under your plan. In addition, consider using a participating pharmacy to obtain your covered medications because your out-of-pocket expenses should be lower than if you used a non-participating pharmacy.

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit. When you have your prescriptions filled, ask your pharmacist if a generic medication is available. Generic medications save you the most money.

Changes to the formulary

This guide includes the medication list which reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any medication in this Medication Guide at any time.

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy.

There are varying reasons changes are made to the medications listed in the ValueScript Rx Medication Guide:

- The tier level of a brand name medication included on the medication list may increase (change to a higher tier) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy and the availability of other products within that class of medications. Go to [New To Market Drug List](#) for the most up-to-date information.

The most up-to-date information about modifications to the medications listed in this medication guide can be found by:

Going to www.floridablue.com.

- Click on the **Members** tab
- Click on the **Login Now** button and either **Login** or **Register**
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click [ValueScript Rx Medication Guide](#)
- Updated medication guides are posted periodically throughout the year.

Formulary addition request

Physicians may request the addition of a medication to the formulary list by submitting a written request to Florida Blue.

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Please mail to:
Florida Blue
Attn: Pharmacy Programs
P.O. Box 1798
Jacksonville, FL 32231-0014

Your Share of Expenses

Your cost share will depend on which cost share tier the medication is assigned. You can determine your out-of-pocket amount for medication by reviewing your Schedule of Benefits. If your plan includes a Deductible, you may have to satisfy that amount before the costs of your medications are covered.

If you or your provider requests a covered brand name medication when there is a generic medication available; you will be responsible for:

- the difference in cost between the generic medication and the brand name medication; and
- the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.
Example: If your drug copay is \$10 for generic and \$40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

Difference in Drug Cost is \$70 (Brand Drug Cost \$120- Generic Drug Cost \$50) + Brand Co-Pay \$40=

\$110 is Your Total Cost

Your cost share for HIV/AIDS drugs follows the OIR Safe Harbor Guidelines. To determine the cost share for your HIV/AIDS drug check here

2019 Safe Harbor Guidelines for HIV/AIDS Drugs

NOTE: If you have a deductible, you must meet your deductible prior to the cost shares listed to apply

Pharmacy Benefits

The pharmacy benefit has three parts/components, called Tiers. This means that covered medications must be included in one of the following Tiers, unless specifically excluded by your plan:

Tier 1 – Preventive Prescription Drugs and Supplies (USPSTF)

Tier 2 – Condition Care Generic Prescription Drugs and Supplies

Tier 3 – Low Cost Generic Prescription Drugs and Supplies

Tier 4 – Condition Care Brand Name Prescription Drugs and Supplies

Tier 5 – High Cost Generic, Preferred Brand Name Prescription Drugs and Supplies

Tier 6 – Specialty Generic and Brand Name Prescription Drugs; Non Preferred Prescription Drugs and Supplies

Medications that are not covered

ValueScript is a closed formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative

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- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC
- The medication is not covered because of safety or effectiveness concerns.

In addition to any drug not listed in the medication guide, a list of certain medications that are not covered may be found at [Medications Not Covered List](#).

NOTE: To determine the medication exclusions that apply to your plan, check your plan documents. Coverage details are also available to you by logging into the member section of www.floridablue.com.

Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. You can purchase medications at a reduced cost using the Condition Care Rx Program. Check your Schedule of Benefits to determine the applicable cost share.

A list of medications that are part of the Condition Care Rx Value Program may be found at: [Condition Care Rx Program Value List](#).

Note: Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their brand name counterparts, and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication may be substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Check with your doctor or health care provider to determine if switching to a generic medication is appropriate for you

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: [Oral Chemotherapy Drug List](#).

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Over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Some groups may customize their pharmacy plan to exclude coverage for OTC medications, so it is important to check your plan documents to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the formulary with “OTC” in parenthesis following the medication name are eligible for coverage.

NOTE: Check your plan documents to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of www.floridablue.com.

Patient Protection and Affordable Care Act (ACA) Preventive Services

- Preventive Medications – Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy. A list of medications covered under this benefit may be found at: [Preventive Medications List](#)
- Immunizations – Certain vaccines which are covered under your preventive benefits can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine. Otherwise contact your doctor for availability and administration of the vaccine. A list of vaccines that are covered under your pharmacy benefits may be found at: [Pharmacy Benefit Vaccines List](#).
- Women’s Preventive Services – Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy. A list of medications and devices covered under this benefit may be found at: [Women’s Preventive Services List](#)

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient’s therapy.

NOTE: Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- Self-Administered Specialty Medications – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician’s office. If these medications are not obtained from a participating specialty pharmacy, out-of-network coverage is not available. [A current listing of Self-Administered Specialty Medications can be found here.](#)
 - Self-administered injectable medications are designated in the Medication List with “inj” following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.

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- Provider-Administered Specialty Medications – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any in-network health care provider. [A current listing of Provider- Administered Specialty Medications can be found here.](#)

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. Specialty Pharmacy products can be obtained as a pharmacy or medication benefit. Please check your handbook for details.

Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled – retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled, you should confirm which pharmacy is considered ‘in-network’ for that particular medication.

- **Participating Pharmacy**
 - Retail Pharmacy Network – Non-Specialty ‘Generic’ medications and ‘Brand Name’ medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.
 - Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
- **Non-Participating Pharmacy**
 - If your plan offers out-of-network pharmacy coverage, choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim for benefit determination. Our payment will be based on our Non-Participating Pharmacy Allowance minus your cost share. You will be responsible for your cost share and the difference between our Allowance and the cost of the medication.
 - If your plan doesn’t offer out-of-network pharmacy coverage, choosing a non-participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

Participating Specialty Pharmacy Providers

Your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue’s networks for non-Specialty Pharmacy medications. You may pay more out of pocket if you use a different specialty pharmacy.

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CVS/Caremark Specialty Pharmacy Services

All Products

Phone: 866-278-5108

Fax: 800-323-2445

[CVS/Caremark Specialty Pharmacy](#)

CVS/Caremark Hemophilia Services

Hemophilia Products Telephone: 866-792-2731

(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST) Fax: 866-811-7450

[CVS/Caremark Hemophilia Specialty Pharmacy](#)

AllianceRx Walgreens Prime

Telephone: 877-627-MEDS (6337)

Fax: 877-828-3939

TTY 711

[AllianceRx Walgreens Prime](#)

NOTE: Specialty Pharmacy medications are not covered when purchased through the mail order pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers AllianceRx Walgreens Prime or CVS/Caremark Specialty.

If a member resides or is traveling outside the state of Florida and needs to receive a provider-administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider-administered specialty medication should contact customer service for further assistance.

Mail Order Pharmacy also known as home delivery

Obtaining prescription medications through a mail order pharmacy, also known as a home delivery service, may reduce the cost you pay for your prescription medications.

Check your plan documents to determine if your plan provides a mail order pharmacy benefit.

Members who have pharmacy benefits through Florida Blue can access and print out the **Prescription Form for Home Delivery** on our website at www.floridablue.com.

NOTE: If the original prescription was filled at a pharmacy other than the home delivery pharmacy, you must submit a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply along with the Registration and Prescription Form for Home Delivery. Prescriptions may not be transferred from a retail pharmacy to the home delivery pharmacy.

Three-month supply at Retail Pharmacy

In addition to being able to obtain up to a three-month supply of medication through our home delivery pharmacy, you may be able to receive up to a three-month supply of your medication through a participating retail pharmacy. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

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Utilization Management Programs

Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medications. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications that require prior authorization for coverage are indicated in the prior authorization column following the product name in the medication list.

NOTE: Some groups may customize their pharmacy plan to exclude prior authorization requirements, so it is important to check your plan documents to determine if prior authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com.

NOTE: Prior Authorizations expire on the earlier of, but not to exceed 12 months for most medications:

1. The termination date of your policy or
2. The period authorized by us, as indicated in the letter you receive from us.

Obtaining Prior Authorization

Information about prior authorization and forms for how to obtain a prior authorization approval can be found here: [Prior Authorization Program Information and Forms](#).

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior authorization approval does not waive your cost share.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-the-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if prior authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Complaint and Grievance Process section in your current Benefit Booklet or Contract for information on how to file an appeal.

Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here: [Responsible Quantity Program Information](#)

[Responsible Quantity Authorization Form](#)

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Contraceptive Tier Exception requests

If, for medical reasons, you require a tier exception for a contraceptive, your physician may submit an exception request by completing one of the forms below

[Contraceptives Tier Exception Request Form](#)

Coverage Exception Process

Pursuant to 45 C.F.R. 156.122, if a medication is not covered on our formulary, you may request an exception. We have established processes for both standard exception requests and expedited exception requests, as described below.

Standard Exception Requests

To request a standard exception, you, your designee or the prescribing physician (or other prescriber), as appropriate may submit an exception request by completing and submitting the Coverage Exception Request Form at the link below.

We will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 72 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the prescription, including refills.

Expedited Exception Requests

You may request an expedited exception based on exigent circumstances. Exigent circumstances exist when:

1. you are suffering from a medical condition that may seriously jeopardize your life, health or ability to regain maximum function; or
2. you are undergoing a current course of treatment using a medication that is not covered on our formulary.

To request an expedited exception, you, your designee or the prescribing physician (or other prescriber) may submit an exception request by completing and submitting the Coverage Exception Request Form at the link below.

We will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 24 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the exigency.

[Coverage Exception Request Form](#)

What if my exception request is denied?

If we deny your standard or expedited request for exception, you, your designee, or the prescribing physician (or other prescriber) may request a review of the original request and our denial by an external independent review organization.

1. If the original exception request was a standard request, we will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 72 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the prescription.
2. If the original exception request was an expedited request, we will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 24 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the exigency.

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Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Benefit Booklet, Contract, or prescription drug endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement, the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement shall control to the extent necessary to effectuate the intent of Florida Blue and Florida Blue HMO.

Using the Medication Guide

The medication list is organized into broad categories (e.g., Antibacterials). Below are descriptions of the columns included in the medication list.

Column 1. Drug Name: lists the medication name. Generic medications are listed in lowercase **boldface** (e.g., **demeclocycline**) followed by a reference to the brand prescription drug (in parentheses) to assist in product recognition. Example: **azithromycin** (Zithromax). The brand name reference does not indicate the brand prescription drug is covered. **Covered Brand name medications** are listed in **UPPERCASE** letters (e.g., ZITHROMAX packets).

Separate medication entries are shown for each dosage form and strength.

Note: Self-administered injectable medications are designated in the medication list with “inj” following the medication name (e.g., **enoxaparin inj**).

Column 2. Drug Tier: indicates the tier level and whether the medication is on the preventive list:

Tier 1 – Preventive Prescription Drugs and Supplies (USPSTF)

Tier 2 – Condition Care Generic Prescription Drugs and Supplies

Tier 3 – Low Cost Generic Prescription Drugs and Supplies

Tier 4 – Condition Care Brand Name Prescription Drugs and Supplies

Tier 5 – High Cost Generic, Preferred Brand Name Prescription Drugs and Supplies

Tier 6 – Specialty Generic and Specialty Brand Name Prescription Drugs; Non Preferred Prescription Drugs and Supplies

Column 3. Specialty: indicates if the medication is a Self-Administered Specialty medication.

Column 4. Prior Authorization: indicates if the prior authorization requirement applies to the medication. If an indicator is present in the column, then the prior authorization requirement applies.

Column 5. Responsible Quantity: indicates if quantity limits apply to the medication. If an indicator is present in the column, then quantity limits apply.

Column 6. Limited Distribution: indicates if the medication has limited distribution. If an indicator is present in the column, the medication may be available only at certain pharmacies. For more information, consult your pharmacy directory.

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Abbreviation Key

aer	aerosol	odt	orally disintegrating tabs
cap	capsules	oint	ointment
chew	chewable	ophth	ophthalmic
conc	concentrate	osm	osmotic release
cr	controlled release	pack	packets
dr	delayed release	powd	powder
ec	enteric coated	pttw	twice-weekly patch
equiv	equivalent	sl	sublingual
er	extended release	soln	solution
gm	gram	suppos	suppositories
inhal	inhaler	susp	suspension
inj	injection	tab	tablets
liqd	liquid	td	transdermal
mg	milligram	w/	with
ml	milliliter		
nebu	nebulizer		

To determine if your drug is covered and/or find drug pricing, please login to Your Account on the Florida Blue website at www.floridablue.com. In Your Account choose Tools, and then Compare Drug Prices.

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Nondiscrimination and Accessibility Notice (ACA §1557)

Florida Blue and Florida Blue HMO comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Florida Blue and Florida Blue HMO does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Florida Blue and Florida Blue HMO provide free aids and services to people with disabilities to communicate effectively with us, such as:

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

If you need these services, contact 1-800-352-2583.

If you believe that Florida Blue and Florida Blue HMO has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DC1-7
Jacksonville, FL 32246
Phone 800-477-3736 x29070 (TTY: 800-955-8770)
Fax 904-301-1580
Email section1557coordinator@floridablue.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Section 1557 Coordinator is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Florida Blue and Florida Blue HMO: [1-800-352-2583]
TTY: 800-955-8770

Have a disability? Speak a language other than English? Call to get help for free.

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به زبان فارسی صحبت می کنید؟ دارای معلولیت هستید؟ برای دریافت کمک رایگان تماس بگیرید

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ANTI-INFECTIVE AGENTS					
PENICILLINS					
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	5				
amoxicillin (trihydrate) cap 250 mg	3				
amoxicillin (trihydrate) cap 500 mg	3				
amoxicillin (trihydrate) for susp 125 mg/5ml	3				
amoxicillin (trihydrate) for susp 200 mg/5ml	3				
amoxicillin (trihydrate) for susp 250 mg/5ml	3				
amoxicillin (trihydrate) for susp 400 mg/5ml	3				
amoxicillin (trihydrate) tab 500 mg	3				
amoxicillin (trihydrate) tab 875 mg	3				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	5				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	3				
amoxicillin & k clavulanate tab 250-125 mg	5				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	3				
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)	3				
AMPICILLIN - ampicillin cap 500 mg	5				
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	5				
dicloxacillin sodium cap 250 mg	3				
dicloxacillin sodium cap 500 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml	5				
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	5				
penicillin v potassium tab 250 mg	3				
penicillin v potassium tab 500 mg	3				
CEPHALOSPORINS					
cefaclor cap 250 mg	3				
cefaclor cap 500 mg	3				
cefadroxil cap 500 mg	3				
cefadroxil for susp 250 mg/5ml	3				
cefadroxil for susp 500 mg/5ml	3				
cefadroxil tab 1 gm	5				
cefdinir cap 300 mg	3				
cefdinir for susp 125 mg/5ml	3				
cefdinir for susp 250 mg/5ml	3				
cefixime cap 400 mg (Suprax)	5				
cefixime for susp 100 mg/5ml (Suprax)	5				
cefixime for susp 200 mg/5ml (Suprax)	5				
cefpodoxime proxetil for susp 50 mg/5ml	3				
cefpodoxime proxetil for susp 100 mg/5ml	5				
cefpodoxime proxetil tab 100 mg	5				
cefpodoxime proxetil tab 200 mg	5				
cefprozil for susp 125 mg/5ml	3				
cefprozil for susp 250 mg/5ml	5				
cefprozil tab 250 mg	3				
cefprozil tab 500 mg	3				
cefuroxime axetil tab 250 mg (Ceftin)	3				
cefuroxime axetil tab 500 mg (Ceftin)	3				
cephalexin cap 250 mg (Keflex)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
cephalexin cap 500 mg (Keflex)	3				
cephalexin cap 750 mg (Keflex)	5				
cephalexin for susp 125 mg/5ml	3				
cephalexin for susp 250 mg/5ml	3				
SPECTRACEF - cefditoren pivoxil tab 400 mg (base equivalent)	6		•		
SUPRAX - cefixime chew tab 100 mg	6		•		
SUPRAX - cefixime chew tab 200 mg	6		•		
SUPRAX - cefixime for susp 100 mg/5ml	6		•		
SUPRAX - cefixime for susp 200 mg/5ml	6		•		
SUPRAX - cefixime for susp 500 mg/5ml	6		•		
MACROLIDES					
azithromycin for susp 100 mg/5ml (Zithromax)	3				
azithromycin for susp 200 mg/5ml (Zithromax)	3				
azithromycin tab 250 mg (Zithromax)	3				
azithromycin tab 500 mg (Zithromax)	3				
azithromycin tab 600 mg (Zithromax)	3				
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	5				
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	5				
clarithromycin tab er 24hr 500 mg	5				
clarithromycin tab 250 mg (Biaxin)	3				
clarithromycin tab 500 mg (Biaxin)	3				
DIFICID - fidaxomicin tab 200 mg	6		•	•	
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	5				
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	5				
erythromycin tab delayed release 250 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
erythromycin tab delayed release 333 mg	5				
erythromycin tab delayed release 500 mg	5				
erythromycin tab 250 mg	5				
erythromycin tab 500 mg	5				
erythromycin w/ delayed release particles cap 250 mg	5				
ZITHROMAX - azithromycin powd pack for susp 1 gm	5				
TETRACYCLINES					
demeclocycline hcl tab 150 mg	5				
demeclocycline hcl tab 300 mg	5				
doxycycline hyclate cap 50 mg	3				
doxycycline hyclate cap 100 mg (Vibramycin)	3				
doxycycline hyclate tab 20 mg	3				
doxycycline hyclate tab 100 mg	3				
doxycycline monohydrate cap 50 mg	3				
doxycycline monohydrate cap 100 mg (Monodox)	3				
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	5				
doxycycline monohydrate tab 50 mg (Adoxa)	3				
doxycycline monohydrate tab 75 mg (Adoxa)	3				
doxycycline monohydrate tab 100 mg (Adoxa pak 1/100)	3				
doxycycline monohydrate tab 150 mg (Adoxa pak 1/150)	5				
minocycline hcl cap 50 mg (Minocin)	3				
minocycline hcl cap 75 mg (Minocin)	3				
minocycline hcl cap 100 mg (Minocin)	3				
minocycline hcl tab 50 mg	5				
minocycline hcl tab 75 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
minocycline hcl tab 100 mg	5				
tetracycline hcl cap 250 mg (Tetracycline hcl)	5				
tetracycline hcl cap 500 mg (Tetracycline hcl)	5				
FLUOROQUINOLONES					
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	5		•	•	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro)	5				
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	3				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	3				
ciprofloxacin hcl tab 750 mg (base equiv)	3				
levofloxacin oral soln 25 mg/ml (Levaquin)	5				
levofloxacin tab 250 mg (Levaquin)	3				
levofloxacin tab 500 mg (Levaquin)	3				
levofloxacin tab 750 mg (Levaquin)	3				
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	5				
ofloxacin tab 400 mg	5				
AMINOGLYCOSIDES					
BETHKIS - tobramycin nebu soln 300 mg/4ml	6	•			•
neomycin sulfate tab 500 mg	3				
paromomycin sulfate cap 250 mg	5				
TOBI PODHALER - tobramycin inhal cap 28 mg	6	•			•
tobramycin nebu soln 300 mg/5ml (Tobi)	6	•			
SULFONAMIDES					
SULFADIAZINE - sulfadiazine tab 500 mg	5				
ANTIMYCOBACTERIAL AGENTS					
cycloserine cap 250 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ethambutol hcl tab 100 mg (Myambutol)	3				
ethambutol hcl tab 400 mg (Myambutol)	5				
ISONIAZID - isoniazid syrup 50 mg/5ml	5				
isoniazid tab 100 mg	3				
isoniazid tab 300 mg	3				
PASER - aminosalicic acid er granules packet 4 gm	6		•		
PRIFTIN - rifapentine tab 150 mg	5				
pyrazinamide tab 500 mg	5				
rifabutin cap 150 mg (Mycobutin)	5				
RIFAMATE - isoniazid & rifampin cap 150-300 mg	6		•		
rifampin cap 150 mg (Rifadin)	5				
rifampin cap 300 mg (Rifadin)	3				
RIFATER - isoniazid-rifampin w/ pyrazinamide tab 50-120-300 mg	6		•		
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	6		•		•
TRECATOR - ethionamide tab 250 mg	6		•		
ANTIFUNGALS					
CRESEMBA - isavuconazonium sulfate cap 186 mg	6		•		
fluconazole for susp 10 mg/ml (Diflucan)	3				
fluconazole for susp 40 mg/ml (Diflucan)	3				
fluconazole tab 50 mg (Diflucan)	3				
fluconazole tab 100 mg (Diflucan)	3				
fluconazole tab 150 mg (Diflucan)	3				
fluconazole tab 200 mg (Diflucan)	3				
flucytosine cap 250 mg (Ancobon)	5				
flucytosine cap 500 mg (Ancobon)	5				
griseofulvin microsize susp 125 mg/5ml	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
griseofulvin microsize tab 500 mg (Grifulvin v)	5				
griseofulvin ultramicrosize tab 125 mg (Gris-peg)	5				
griseofulvin ultramicrosize tab 250 mg (Gris-peg)	5				
itraconazole cap 100 mg (Sporanox)	5		•		
itraconazole oral soln 10 mg/ml (Sporanox)	5		•		
NOXAFIL - posaconazole susp 40 mg/ml	5		•		
nystatin tab 500000 unit	5				
posaconazole tab delayed release 100 mg (Noxafil)	5		•		
terbinafine hcl tab 250 mg (Lamisil)	3				
voriconazole for susp 40 mg/ml (Vfend)	5		•		
voriconazole tab 50 mg (Vfend)	5		•		
voriconazole tab 200 mg (Vfend)	5		•		
ANTIVIRALS					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	5			•	
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3			•	
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	5			•	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	3			•	
acyclovir cap 200 mg (Zovirax)	3				
acyclovir susp 200 mg/5ml (Zovirax)	5				
acyclovir tab 400 mg (Zovirax)	3				
acyclovir tab 800 mg (Zovirax)	3				
adefovir dipivoxil tab 10 mg (Hepsera)	5				
APTIVUS - tipranavir cap 250 mg	5			•	
APTIVUS - tipranavir oral soln 100 mg/ml	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	5			•	
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	5			•	
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	5			•	
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5			•	
BARACLUDE - entecavir oral soln 0.05 mg/ml	5				
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5			•	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5			•	
COMBIVIR - lamivudine-zidovudine tab 150-300 mg	5			•	
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5			•	
CRIXIVAN - indinavir sulfate cap 200 mg	5			•	
CRIXIVAN - indinavir sulfate cap 400 mg	5			•	
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5			•	
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5			•	
didanosine delayed release capsule 200 mg (Videx ec)	3			•	
didanosine delayed release capsule 250 mg (Videx ec)	3			•	
didanosine delayed release capsule 400 mg (Videx ec)	3			•	
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5			•	
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5			•	
efavirenz cap 50 mg (Sustiva)	5			•	
efavirenz cap 200 mg (Sustiva)	5			•	
efavirenz tab 600 mg (Sustiva)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EMTRIVA - emtricitabine caps 200 mg	5			•	
EMTRIVA - emtricitabine soln 10 mg/ml	5			•	
entecavir tab 0.5 mg (Baraclude)	5				
entecavir tab 1 mg (Baraclude)	5				
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	6	•	•	•	
EPIVIR - lamivudine tab 300 mg	5			•	
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	5				
EPIVIR HBV - lamivudine tab 100 mg (hbv)	5				
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	5			•	
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5			•	
famciclovir tab 125 mg (Famvir)	3				
famciclovir tab 250 mg (Famvir)	3				
famciclovir tab 500 mg (Famvir)	3				
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	5			•	
FUZEON - enfuvirtide for inj 90 mg	6	•		•	
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5			•	
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	6	•	•	•	
INTELENCE - etravirine tab 25 mg	5			•	
INTELENCE - etravirine tab 100 mg	5			•	
INTELENCE - etravirine tab 200 mg	5			•	
INVIRASE - saquinavir mesylate tab 500 mg	5			•	
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	5			•	
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	5			•	
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5			•	
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5			•	
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5			•	
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5			•	
KALETRA - lopinavir-ritonavir tab 100-25 mg	5			•	
KALETRA - lopinavir-ritonavir tab 200-50 mg	5			•	
lamivudine oral soln 10 mg/ml (Epivir)	5			•	
lamivudine tab 100 mg (hbv) (Epivir hbv)	3				
lamivudine tab 150 mg (Epivir)	3			•	
lamivudine tab 300 mg (Epivir)	3			•	
lamivudine-zidovudine tab 150-300 mg (Combivir)	3			•	
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	6	•	•	•	
LEXIVA - fosamprenavir calcium susp 50 mg/ml (base equiv)	5			•	
LEXIVA - fosamprenavir calcium tab 700 mg (base equiv)	5			•	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	5			•	
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	6	•	•	•	
nevirapine susp 50 mg/5ml (Viramune)	5			•	
nevirapine tab er 24hr 100 mg (Viramune xr)	5			•	
nevirapine tab er 24hr 400 mg (Viramune xr)	5			•	
nevirapine tab 200 mg (Viramune)	3			•	
NORVIR - ritonavir oral soln 80 mg/ml	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
NORVIR - ritonavir powder packet 100 mg	5			•	
NORVIR - ritonavir tab 100 mg	5			•	
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5			•	
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	5			•	
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	5			•	
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	5			•	
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	5			•	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	6	•	•		
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	6	•	•		
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	6	•	•		
PEGINTRON - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	6	•	•		
PIFELTRO - doravirine tab 100 mg	5			•	
PREVYMIS - letermovir tab 240 mg	5				
PREVYMIS - letermovir tab 480 mg	5				
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5			•	
PREZISTA - darunavir ethanolate susp 100 mg/ml (base equiv)	5			•	
PREZISTA - darunavir ethanolate tab 75 mg (base equiv)	5			•	
PREZISTA - darunavir ethanolate tab 150 mg (base equiv)	5			•	
PREZISTA - darunavir ethanolate tab 600 mg (base equiv)	5			•	
PREZISTA - darunavir ethanolate tab 800 mg (base equiv)	5			•	
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	6		•	•	
RESCRIPTOR - delavirdine mesylate tab 200 mg	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
RETROVIR - zidovudine cap 100 mg	5			•	
RETROVIR - zidovudine syrup 10 mg/ml	5			•	
REYATAZ - atazanavir sulfate cap 150 mg (base equiv)	5			•	
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	5			•	
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	5			•	
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5			•	
ribavirin cap 200 mg	5				
ribavirin for inhal soln 6 gm (Virazole)	5				
ribavirin tab 200 mg	5				
rimantadine hydrochloride tab 100 mg (Flumadine)	5				
ritonavir tab 100 mg (Norvir)	5			•	
SELZENTRY - maraviroc oral soln 20 mg/ml	5			•	
SELZENTRY - maraviroc tab 25 mg	5			•	
SELZENTRY - maraviroc tab 75 mg	5			•	
SELZENTRY - maraviroc tab 150 mg	5			•	
SELZENTRY - maraviroc tab 300 mg	5			•	
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	6	•	•	•	
SOVALDI - sofosbuvir tab 400 mg	6	•	•	•	
stavudine cap 15 mg (Zerit)	5			•	
stavudine cap 20 mg (Zerit)	5			•	
stavudine cap 30 mg (Zerit)	5			•	
stavudine cap 40 mg (Zerit)	5			•	
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5			•	
SUSTIVA - efavirenz cap 50 mg	5			•	
SUSTIVA - efavirenz cap 200 mg	5			•	
SUSTIVA - efavirenz tab 600 mg	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5			•	
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5			•	
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5			•	
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	6		•	•	
tenofovir disoproxil fumarate tab 300 mg (Viread)	5			•	
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	5			•	
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)	5			•	
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5			•	
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5			•	
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5			•	
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5			•	
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5			•	
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5			•	
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5			•	
TYBOST - cobicistat tab 150 mg	5			•	
valacyclovir hcl tab 500 mg (Valtrex)	3				
valacyclovir hcl tab 1 gm (Valtrex)	3				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	5				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	5				
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	6		•		
VIDEX - didanosine for soln 2 gm	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
VIDEX EC - didanosine delayed release capsule 125 mg	5			•	
VIDEX EC - didanosine delayed release capsule 200 mg	5			•	
VIDEX EC - didanosine delayed release capsule 250 mg	5			•	
VIDEX EC - didanosine delayed release capsule 400 mg	5			•	
VIRACEPT - nelfinavir mesylate tab 250 mg	5			•	
VIRACEPT - nelfinavir mesylate tab 625 mg	5			•	
VIRAMUNE - nevirapine susp 50 mg/5ml	5			•	
VIRAMUNE - nevirapine tab 200 mg	5			•	
VIRAMUNE XR - nevirapine tab er 24hr 400 mg	5			•	
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5			•	
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5			•	
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5			•	
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5			•	
VIREAD - tenofovir disoproxil fumarate tab 300 mg	5			•	
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	6	•	•	•	
XOFLUZA - baloxavir marboxil tab therapy pack 20 (2) mg (40 mg dose)	5			•	
XOFLUZA - baloxavir marboxil tab therapy pack 40 (2) mg (80 mg dose)	5			•	
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	5			•	
ZIAGEN - abacavir sulfate tab 300 mg (base equiv)	5			•	
zidovudine cap 100 mg (Retrovir)	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
zidovudine syrup 10 mg/ml (Retrovir)	3			•	
zidovudine tab 300 mg	3			•	
ANTIMALARIALS					
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	5				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	5				
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	5				
chloroquine phosphate tab 500 mg (Aralen)	3				
COARTEM - artemether-lumefantrine tab 20-120 mg	6		•		
DARAPRIM - pyrimethamine tab 25 mg	6	•	•	•	•
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3				
MEFLOQUINE HCL - mefloquine hcl tab 250 mg	5				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	5				
quinine sulfate cap 324 mg (Qualaquin)	5			•	
ANTHELMINTICS					
albendazole tab 200 mg (Albenza)	5		•	•	
ALBENZA - albendazole tab 200 mg	6		•	•	
BENZNIDAZOLE - benznidazole tab 12.5 mg	5				
BENZNIDAZOLE - benznidazole tab 100 mg	5				
BILTRICIDE - praziquantel tab 600 mg	6		•		
ivermectin tab 3 mg (Stromectol)	3				
praziquantel tab 600 mg (Biltricide)	5				
ANTI-INFECTIVE AGENTS - MISC.					
ALINIA - nitazoxanide for susp 100 mg/5ml	5			•	
ALINIA - nitazoxanide tab 500 mg	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
atovaquone susp 750 mg/5ml (Mepron)	5				
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	5				•
clindamycin hcl cap 75 mg (Cleocin)	3				
clindamycin hcl cap 150 mg (Cleocin)	3				
clindamycin hcl cap 300 mg (Cleocin)	3				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	5				
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	5				
dapsone tab 25 mg	5				
dapsone tab 100 mg	5				
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	5				
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	5				
IMPAVIDO - miltefosine cap 50 mg	6	•	•		
linezolid for susp 100 mg/5ml (Zyvox)	5			•	
linezolid tab 600 mg (Zyvox)	5			•	
metronidazole cap 375 mg (Flagyl)	5				
metronidazole tab 250 mg (Flagyl)	3				
metronidazole tab 500 mg (Flagyl)	3				
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	5				
PRIMSOL - trimethoprim hcl oral soln 50 mg/5ml (base equiv)	5				
SIVEXTRO - tedizolid phosphate tab 200 mg	5		•	•	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3				
tinidazole tab 250 mg (Tindamax)	5				
tinidazole tab 500 mg (Tindamax)	5				
trimethoprim tab 100 mg	3				
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	5			•	
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	5			•	
XIFAXAN - rifaximin tab 200 mg	6		•	•	
XIFAXAN - rifaximin tab 550 mg	5		•	•	
BIOLOGICALS					
VACCINES					
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1				
AFLURIA PF 2018-2019 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1			•	
AFLURIA QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.25 ml	1			•	
AFLURIA QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1			•	
AFLURIA QUADRIVALENT 2019 - influenza virus vaccine split quadrivalent im inj	1			•	
AFLURIA 2018-2019 - influenza virus vaccine split im susp	1			•	
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1				
ENGRIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	1				
ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1				
ENGRIX-B - hepatitis b vaccine (recombinant) 10 mcg/0.5ml	1				
ENGRIX-B - hepatitis b vaccine (recombinant) 20 mcg/ml	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
FLUAD 2019-2020 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	1			•	
FLUARIX QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1			•	
FLUBLOK QUADRIVALENT 2019 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	1			•	
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	1			•	
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	1			•	
FLULAVAL QUADRIVALENT 201 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1			•	
FLULAVAL QUADRIVALENT 201 - influenza virus vaccine split quadrivalent im inj	1			•	
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	1			•	
FLUZONE HIGH-DOSE PF 2019 - influenza virus vac split high-dose pf susp pref syr 0.5ml	1			•	
FLUZONE QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.25 ml	1			•	
FLUZONE QUADRIVALENT 2019 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1			•	
FLUZONE QUADRIVALENT 2019 - influenza virus vaccine split quadrivalent im inj	1			•	
FLUZONE QUADRIVALENT 2019 - influenza virus vaccine split quadrivalent inj 0.5 ml	1			•	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1				
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	1				
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	1				
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1				
HEPLISAV-B - hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5ml	1			•	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1				
M-M-R II - measles, mumps & rubella virus vaccines for inj	1				
MEDICAL PROVIDER SINGLE U - influenza vac tiss-cult subunit quad sus pref syr kit 0.5 ml	1			•	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	1				
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1				
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1				
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1				
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1				
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	1				
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1				
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	1				
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	1				
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1				
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1				
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1				
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	1				
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	1				
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1				
VAXCHORA - cholera vaccine live attenuated for oral susp	1				
VIVOTIF - typhoid vaccine cap delayed release	1				
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	1			•	
TOXOIDS					
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1				
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1				
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1				
DIPHTHERIA/TETANUS TOXOID - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	1				
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1				
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1				
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1				
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1				
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1				
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1				
PASSIVE IMMUNIZING AGENTS					
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	6	•	•		
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	6	•	•		
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	6	•	•		
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	6	•	•		
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	6	•	•		
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	6	•	•		
GAMMAKED - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	6	•	•		
GAMMAKED - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	6	•	•		
GAMMAKED - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	6	•	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	6	•	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	6	•	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	6	•	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	6	•	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	6	•	•		
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml	6	•	•		•
HIZENTRA - immune globulin (human) subcutaneous inj 2 gm/10ml	6	•	•		•
HIZENTRA - immune globulin (human) subcutaneous inj 4 gm/20ml	6	•	•		•
HIZENTRA - immune globulin (human) subcutaneous inj 10 gm/50ml	6	•	•		•
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	6	•	•		•
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	6	•	•		•
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	6	•	•		•
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	6	•	•		•
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	6	•	•		•
ANTINEOPLASTIC AGENTS					
ANTINEOPLASTICS					
abiraterone acetate tab 250 mg (Zytiga)	5	•	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	6	•	•		•
AFINITOR - everolimus tab 2.5 mg	5	•	•	•	•
AFINITOR - everolimus tab 5 mg	5	•	•	•	•
AFINITOR - everolimus tab 7.5 mg	5	•	•	•	•
AFINITOR - everolimus tab 10 mg	5	•	•	•	•
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	•	•	•	•
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	•	•	•	•
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5	•	•	•	•
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	5	•	•	•	•
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	•	•	•	•
ALUNBRIG - brigatinib tab 30 mg	5	•	•	•	•
ALUNBRIG - brigatinib tab 90 mg	5	•	•	•	•
ALUNBRIG - brigatinib tab 180 mg	5	•	•	•	•
anastrozole tab 1 mg (Arimidex)	3				
BALVERSA - erdafitinib tab 3 mg	5	•	•	•	•
BALVERSA - erdafitinib tab 4 mg	5	•	•	•	•
BALVERSA - erdafitinib tab 5 mg	5	•	•	•	•
bexarotene cap 75 mg (Targretin)	5	•	•		
bicalutamide tab 50 mg (Casodex)	3				
BOSULIF - bosutinib tab 100 mg	5	•	•	•	•
BOSULIF - bosutinib tab 400 mg	5	•	•	•	•
BOSULIF - bosutinib tab 500 mg	5	•	•	•	•
BRAFTOVI - encorafenib cap 75 mg	5	•	•	•	•
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)	5	•	•	•	•
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)	5	•	•	•	•
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)	5	•	•	•	•
CALQUENCE - acalabrutinib cap 100 mg	5	•	•	•	•
capecitabine tab 150 mg (Xeloda)	5	•	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
capecitabine tab 500 mg (Xeloda)	5	•	•	•	
CAPRELSA - vandetanib tab 100 mg	5	•	•	•	•
CAPRELSA - vandetanib tab 300 mg	5	•	•	•	•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	5	•	•	•	•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	5	•	•	•	•
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	5	•	•	•	•
COPIKTRA - duvelisib cap 15 mg	5	•	•	•	•
COPIKTRA - duvelisib cap 25 mg	5	•	•	•	•
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	5	•	•	•	•
cyclophosphamide cap 25 mg (Cyclophosphamide)	5				
cyclophosphamide cap 50 mg (Cyclophosphamide)	5				
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	5	•	•	•	•
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	•	•	•	•
EMCYT - estramustine phosphate sodium cap 140 mg	5				
ERIVEDGE - vismodegib cap 150 mg	5	•	•	•	•
ERLEADA - apalutamide tab 60 mg	5	•	•	•	•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	5	•	•	•	
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	5	•	•	•	
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	5	•	•	•	
ETOPOSIDE - etoposide cap 50 mg	5				
exemestane tab 25 mg (Aromasin)	5				
FARESTON - toremifene citrate tab 60 mg (base equivalent)	5				
FARYDAK - panobinostat lactate cap 10 mg (base equivalent)	5	•	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
FARYDAK - panobinostat lactate cap 15 mg (base equivalent)	5	•	•	•	
FARYDAK - panobinostat lactate cap 20 mg (base equivalent)	5	•	•	•	
flutamide cap 125 mg	3				
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)	5	•	•	•	•
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)	5	•	•	•	•
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)	5	•	•	•	•
GLEOSTINE - lomustine cap 10 mg	5	•			
GLEOSTINE - lomustine cap 40 mg	5	•			
GLEOSTINE - lomustine cap 100 mg	5	•			
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv)	5	•	•		
HYCAMTIN - topotecan hcl cap 1 mg (base equiv)	5	•	•		
HYDREA - hydroxyurea cap 500 mg	5				
hydroxyurea cap 500 mg (Hydrea)	3				
IBRANCE - palbociclib cap 75 mg	5	•	•	•	•
IBRANCE - palbociclib cap 100 mg	5	•	•	•	•
IBRANCE - palbociclib cap 125 mg	5	•	•	•	•
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)	5	•	•	•	•
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)	5	•	•	•	•
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)	5	•	•	•	•
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)	5	•	•	•	•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	5	•	•	•	
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	5	•	•	•	
IMBRUVICA - ibrutinib cap 70 mg	5	•	•	•	•
IMBRUVICA - ibrutinib cap 140 mg	5	•	•	•	•
IMBRUVICA - ibrutinib tab 140 mg	5	•	•	•	•
IMBRUVICA - ibrutinib tab 280 mg	5	•	•	•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
IMBRUVICA - ibrutinib tab 420 mg	5	•	•	•	•
IMBRUVICA - ibrutinib tab 560 mg	5	•	•	•	•
INLYTA - axitinib tab 1 mg	5	•	•	•	•
INLYTA - axitinib tab 5 mg	5	•	•	•	•
INREBIC - fedratinib hcl cap 100 mg	5				•
INTRON A - interferon alfa-2b inj 6000000 unit/ml	6	•	•		•
INTRON A - interferon alfa-2b inj 10000000 unit/ml	6	•	•		•
INTRON A - interferon alfa-2b for inj 10000000 unit	6	•	•		•
INTRON A - interferon alfa-2b for inj 18000000 unit	6	•	•		•
INTRON A - interferon alfa-2b for inj 50000000 unit	6	•	•		•
IRESSA - gefitinib tab 250 mg	5	•	•	•	•
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)	5	•	•	•	•
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)	5	•	•	•	•
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)	5	•	•	•	•
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)	5	•	•	•	•
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)	5	•	•	•	•
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	•	•	•	
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	•	•	•	
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	•	•	•	
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•	•	•	
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•	•	•	
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	5	•	•	•	•
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose)	5	•	•	•	•
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	5	•	•	•	•
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg (18 mg daily dose)	5	•	•	•	•
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg (20 mg daily dose)	5	•	•	•	•
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg (24 mg daily dose)	5	•	•	•	•
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	5	•	•	•	•
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg (8 mg daily dose)	5	•	•	•	•
letrozole tab 2.5 mg (Femara)	3				
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	5				
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	5				
leucovorin calcium tab 5 mg	3				
leucovorin calcium tab 25 mg	5				
LEUKERAN - chlorambucil tab 2 mg	5				
leuprolide acetate inj kit 5 mg/ml	6	•	•	•	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	•	•	•	•
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	•	•	•	•
LORBRENA - lorlatinib tab 25 mg	5	•	•	•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
LORBRENA - lorlatinib tab 100 mg	5	•	•	•	•
LYNPARZA - olaparib tab 100 mg	5	•	•	•	•
LYNPARZA - olaparib tab 150 mg	5	•	•	•	•
LYSODREN - mitotane tab 500 mg	5	•			•
MATULANE - procarbazine hcl cap 50 mg	5	•			•
megestrol acetate susp 40 mg/ml (Megace oral)	3				
megestrol acetate tab 20 mg	3				
megestrol acetate tab 40 mg	3				
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	5	•	•	•	
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	5	•	•	•	
MEKTOVI - binimetinib tab 15 mg	5	•	•	•	•
melphalan tab 2 mg (Alkeran)	5				
mercaptopurine tab 50 mg	5				
MESNEX - mesna tab 400 mg	5				
methotrexate sodium for inj 1 gm	5				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	3				
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	3				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	5				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	3				
methotrexate sodium tab 2.5 mg (base equiv)	3				
MYLERAN - busulfan tab 2 mg	5				
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	5	•	•	•	•
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	5	•	•	•	•
nilutamide tab 150 mg (Nilandron)	5				
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	5	•	•	•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	•	•	•	•
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	5	•	•	•	•
NUBEQA - darolutamide tab 300 mg	5				
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	5	•	•	•	•
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	•	•	•	
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	•	•	•	
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	•	•	•	
POMALYST - pomalidomide cap 1 mg	5	•	•	•	•
POMALYST - pomalidomide cap 2 mg	5	•	•	•	•
POMALYST - pomalidomide cap 3 mg	5	•	•	•	•
POMALYST - pomalidomide cap 4 mg	5	•	•	•	•
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5	•			•
ROZLYTREK - entrectinib cap 100 mg	5				•
ROZLYTREK - entrectinib cap 200 mg	5				•
RYDAPT - midostaurin cap 25 mg	5	•	•	•	
SPRYCEL - dasatinib tab 20 mg	5	•	•	•	
SPRYCEL - dasatinib tab 50 mg	5	•	•	•	
SPRYCEL - dasatinib tab 70 mg	5	•	•	•	
SPRYCEL - dasatinib tab 80 mg	5	•	•	•	
SPRYCEL - dasatinib tab 100 mg	5	•	•	•	
SPRYCEL - dasatinib tab 140 mg	5	•	•	•	
STIVARGA - regorafenib tab 40 mg	5	•	•	•	•
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	5	•	•	•	•
SUTENT - sunitinib malate cap 25 mg (base equivalent)	5	•	•	•	•
SUTENT - sunitinib malate cap 37.5 mg (base equivalent)	5	•	•	•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SUTENT - sunitinib malate cap 50 mg (base equivalent)	5	•	•	•	•
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	6	•			•
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	6	•			•
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	6	•			•
TABLOID - thioguanine tab 40 mg	5				
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	5	•	•	•	
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	5	•	•	•	
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)	5	•	•	•	•
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)	5	•	•	•	•
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	5	•	•	•	•
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	5	•	•	•	•
tamoxifen citrate tab 10 mg (base equivalent)	1				
tamoxifen citrate tab 20 mg (base equivalent)	1				
TARGRETIN - bexarotene cap 75 mg	5	•	•		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)	5	•	•	•	
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	5	•	•	•	
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	5	•	•	•	
TEMODAR - temozolomide cap 5 mg	5	•	•		
TEMODAR - temozolomide cap 20 mg	5	•	•		
TEMODAR - temozolomide cap 100 mg	5	•	•		
TEMODAR - temozolomide cap 140 mg	5	•	•		
TEMODAR - temozolomide cap 180 mg	5	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
TEMODAR - temozolomide cap 250 mg	5	•	•		
temozolomide cap 5 mg (Temodar)	5	•	•		
temozolomide cap 20 mg (Temodar)	5	•	•		
temozolomide cap 100 mg (Temodar)	5	•	•		
temozolomide cap 140 mg (Temodar)	5	•	•		
temozolomide cap 180 mg (Temodar)	5	•	•		
temozolomide cap 250 mg (Temodar)	5	•	•		
TIBSOVO - ivosidenib tab 250 mg	5	•	•	•	•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	5				
tretinoin cap 10 mg	5	•	•		
TREXALL - methotrexate sodium tab 5 mg (base equiv)	5				
TREXALL - methotrexate sodium tab 7.5 mg (base equiv)	5				
TREXALL - methotrexate sodium tab 10 mg (base equiv)	5				
TREXALL - methotrexate sodium tab 15 mg (base equiv)	5				
TURALIO - pexidartinib hcl cap 200 mg (base equivalent)	5				•
TYKERB - lapatinib ditosylate tab 250 mg (base equiv)	5	•	•	•	
VENCLEXTA - venetoclax tab 10 mg	5	•	•	•	•
VENCLEXTA - venetoclax tab 50 mg	5	•	•	•	•
VENCLEXTA - venetoclax tab 100 mg	5	•	•	•	•
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	•	•	•	•
VERZENIO - abemaciclib tab 50 mg	5	•	•	•	•
VERZENIO - abemaciclib tab 100 mg	5	•	•	•	•
VERZENIO - abemaciclib tab 150 mg	5	•	•	•	•
VERZENIO - abemaciclib tab 200 mg	5	•	•	•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	5	•	•	•	•
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	5	•	•	•	•
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	5	•	•	•	•
VIZIMPRO - dacomitinib tab 15 mg	5	•	•	•	•
VIZIMPRO - dacomitinib tab 30 mg	5	•	•	•	•
VIZIMPRO - dacomitinib tab 45 mg	5	•	•	•	•
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	5	•	•	•	
XALKORI - crizotinib cap 200 mg	5	•	•	•	•
XALKORI - crizotinib cap 250 mg	5	•	•	•	•
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	5	•	•	•	•
XPOVIO 100 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (100 mg once weekly)	5	•	•	•	•
XPOVIO 60 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (60 mg once weekly)	5	•	•	•	•
XPOVIO 80 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (80 mg once weekly)	5	•	•	•	•
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	5	•	•	•	•
XTANDI - enzalutamide cap 40 mg	5	•	•	•	•
YONSA - abiraterone acetate tab 125 mg	5	•	•	•	•
ZEJULA - niraparib tosylate cap 100 mg (base equivalent)	5	•	•	•	•
ZELBORAF - vemurafenib tab 240 mg	5	•	•	•	•
ZOLINZA - vorinostat cap 100 mg	5	•	•	•	•
ZYDELIG - idelalisib tab 100 mg	5	•	•	•	•
ZYDELIG - idelalisib tab 150 mg	5	•	•	•	•
ZYKADIA - ceritinib cap 150 mg	5	•	•	•	•
ZYKADIA - ceritinib tab 150 mg	5	•	•	•	•

ENDOCRINE AND METABOLIC DRUGS**CORTICOSTEROIDS**

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
budesonide delayed release particles cap 3 mg (Entocort ec)	5				
budesonide tab er 24hr 9 mg (Uceris)	5				
CORTISONE ACETATE - cortisone acetate tab 25 mg	6		•		
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	5				
DEXAMETHASONE - dexamethasone tab 1 mg	5				
DEXAMETHASONE - dexamethasone tab 2 mg	5				
dexamethasone elixir 0.5 mg/5ml	3				
dexamethasone tab 0.5 mg	3				
dexamethasone tab 0.75 mg	3				
dexamethasone tab 1.5 mg	3				
dexamethasone tab 4 mg	3				
dexamethasone tab 6 mg	3				
fludrocortisone acetate tab 0.1 mg	3				
hydrocortisone tab 5 mg (Cortef)	3				
hydrocortisone tab 10 mg (Cortef)	3				
hydrocortisone tab 20 mg (Cortef)	3				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3				
methylprednisolone tab 4 mg (Medrol)	3				
methylprednisolone tab 8 mg (Medrol)	3				
methylprednisolone tab 16 mg (Medrol)	3				
methylprednisolone tab 32 mg (Medrol)	3				
PREDNISOLONE - prednisolone syrup 15 mg/5ml (usp solution equivalent)	5				
prednisolone sod phos orally disintegr tab 10 mg (base eq) (Orapred odt)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
prednisolone sod phos orally disintegr tab 15 mg (base eq) (Orapred odt)	5				
prednisolone sod phos orally disintegr tab 30 mg (base eq) (Orapred odt)	5				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	3				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3				
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (Millipred)	5				
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (Veripred 20)	5				
PREDNISONE - prednisone oral soln 5 mg/5ml	5				
PREDNISONE - prednisone tab 50 mg	5				
prednisone tab 1 mg	3				
prednisone tab 2.5 mg	3				
prednisone tab 5 mg	3				
prednisone tab 10 mg	3				
prednisone tab 20 mg	3				
ANDROGEN-ANABOLIC					
ANADROL-50 - oxymetholone tab 50 mg	6		•		
danazol cap 50 mg	5		•		
danazol cap 100 mg	5		•		
danazol cap 200 mg	5		•		
oxandrolone tab 2.5 mg (Oxandrin)	5		•		
oxandrolone tab 10 mg (Oxandrin)	5		•		
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	3			•	
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	3			•	
testosterone enanthate im inj in oil 200 mg/ml	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	5		•	•	
testosterone td gel 50 mg/5gm (1%) (Androgel)	5		•	•	
testosterone td gel 12.5 mg/act (1%) (Androgel pump)	5		•	•	
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	5		•	•	
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	5		•	•	
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	5		•	•	
testosterone td gel 10mg/act (2%) (Fortesta)	5		•	•	
testosterone td soln 30 mg/act (Axiron)	5		•	•	
ESTROGENS					
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	5			•	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)	5			•	
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)	5			•	
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)	5			•	
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)	5			•	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	6		•		
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	5				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	5				
estradiol tab 0.5 mg (Estrace)	3				
estradiol tab 1 mg (Estrace)	3				
estradiol tab 2 mg (Estrace)	3				
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	5			•	
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	5			•	
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	5			•	
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	5			•	
estradiol td patch weekly 0.025 mg/24hr (Climara)	5			•	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	5			•	
estradiol td patch weekly 0.05 mg/24hr (Climara)	5			•	
estradiol td patch weekly 0.06 mg/24hr (Climara)	5			•	
estradiol td patch weekly 0.075 mg/24hr (Climara)	5			•	
estradiol td patch weekly 0.1 mg/24hr (Climara)	5			•	
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	5			•	
MENEST - esterified estrogens tab 0.3 mg	5				
MENEST - esterified estrogens tab 0.625 mg	5				
MENEST - esterified estrogens tab 1.25 mg	5				
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	5				
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	5				
PREMARIN - estrogens, conjugated tab 0.3 mg	5				
PREMARIN - estrogens, conjugated tab 0.45 mg	5				
PREMARIN - estrogens, conjugated tab 0.625 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PREMARIN - estrogens, conjugated tab 0.9 mg	5				
PREMARIN - estrogens, conjugated tab 1.25 mg	5				
PREMPHASE - conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	5				
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	5				
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	5				
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	5				
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	5				
CONTRACEPTIVES					
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1				
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg mg (Cyclessa)	1				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	1				
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1				
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1				
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1				
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1				
ELLA - ulipristal acetate tab 30 mg	1				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1				
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	1				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1				
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				
levonorgestrel tab 1.5 mg	1				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1				
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	1				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	1				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	1				
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	1				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	1				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	1				
norethindrone tab 0.35 mg (Nor-qd)	1				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	1				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	1				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	1				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	1				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	1				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1				
XULANE - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg (Provera)	3				
medroxyprogesterone acetate tab 5 mg (Provera)	3				
medroxyprogesterone acetate tab 10 mg (Provera)	3				
MEGACE ES - megestrol acetate susp 625 mg/5ml	5				
megestrol acetate susp 625 mg/5ml (Megace es)	5				
norethindrone acetate tab 5 mg (Aygestin)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
progesterone micronized cap 100 mg (Prometrium)	3				
progesterone micronized cap 200 mg (Prometrium)	5				
ANTIDIABETICS					
Antidiabetics					
acarbose tab 25 mg (Precose)	2				
acarbose tab 50 mg (Precose)	2				
acarbose tab 100 mg (Precose)	2				
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	6		•	•	
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	6		•	•	
glimepiride tab 1 mg (Amaryl)	2				
glimepiride tab 2 mg (Amaryl)	2				
glimepiride tab 4 mg (Amaryl)	2				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	2				
glipizide tab er 24hr 5 mg (Glucotrol xl)	2				
glipizide tab er 24hr 10 mg (Glucotrol xl)	2				
glipizide tab 5 mg (Glucotrol)	2				
glipizide tab 10 mg (Glucotrol)	2				
glipizide-metformin hcl tab 2.5-250 mg	2				
glipizide-metformin hcl tab 2.5-500 mg	2				
glipizide-metformin hcl tab 5-500 mg	2				
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	6		•		
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	4				
glyburide micronized tab 1.5 mg (Glynase)	2				
glyburide micronized tab 3 mg (Glynase)	2				
glyburide micronized tab 6 mg (Glynase)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
glyburide tab 1.25 mg	2				
glyburide tab 2.5 mg	2				
glyburide tab 5 mg	2				
glyburide-metformin tab 1.25-250 mg (Glucovance)	2				
glyburide-metformin tab 2.5-500 mg (Glucovance)	2				
glyburide-metformin tab 5-500 mg (Glucovance)	2				
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4		•	•	
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4		•	•	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	4			•	
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	4			•	
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	4			•	
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	4			•	
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	4			•	
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	4			•	
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	4			•	
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	4			•	
INVOKANA - canagliflozin tab 100 mg	4			•	
INVOKANA - canagliflozin tab 300 mg	4			•	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	4			•	
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	4			•	
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	4			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	4			•	
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	4			•	
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)	4			•	
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)	4			•	
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)	4			•	
JARDIANCE - empagliflozin tab 10 mg	4			•	
JARDIANCE - empagliflozin tab 25 mg	4			•	
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	4			•	
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg	4			•	
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg	4			•	
metformin hcl tab er 24hr 500 mg (Glucophage xr)	2				
metformin hcl tab er 24hr 750 mg (Glucophage xr)	2				
metformin hcl tab 500 mg (Glucophage)	2				
metformin hcl tab 850 mg (Glucophage)	2				
metformin hcl tab 1000 mg (Glucophage)	2				
miglitol tab 25 mg (Glyset)	2				
miglitol tab 50 mg (Glyset)	2				
miglitol tab 100 mg (Glyset)	2				
nateglinide tab 60 mg (Starlix)	2				
nateglinide tab 120 mg (Starlix)	2				
ONGLYZA - saxagliptin hcl tab 2.5 mg (base equiv)	4			•	
ONGLYZA - saxagliptin hcl tab 5 mg (base equiv)	4			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	4			•	
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	4			•	
pioglitazone hcl tab 15 mg (base equiv) (Actos)	2				
pioglitazone hcl tab 30 mg (base equiv) (Actos)	2				
pioglitazone hcl tab 45 mg (base equiv) (Actos)	2				
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	2				
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	2				
PROGLYCEM - diazoxide susp 50 mg/ml	5				
repaglinide tab 0.5 mg (Prandin)	2				
repaglinide tab 1 mg (Prandin)	2				
repaglinide tab 2 mg (Prandin)	2				
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	4			•	
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	4				
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	4				
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	4			•	
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	4			•	
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	4			•	
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	4			•	
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	4			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	4			•	
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	4			•	
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	4			•	
TOLBUTAMIDE - tolbutamide tab 500 mg	6		•		
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	4			•	
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	4			•	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	4			•	
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	4			•	
Rapid-Acting Insulins					
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	4				
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	4				
NOVOLOG - insulin aspart inj 100 unit/ml	4				
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	4				
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	4				
Short-Acting Insulins					
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	4				
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	4				
NOVOLIN R - insulin regular (human) inj 100 unit/ml	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	4				
RELION R - insulin regular (human) inj 100 unit/ml	4				
Intermediate-Acting Insulins					
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	4				
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	4				
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	4				
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	4				
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	4				
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	4				
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	4				
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	4				
Basal Insulins					
LANTUS - insulin glargine inj 100 unit/ml	4				
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	4				
LEVEMIR - insulin detemir inj 100 unit/ml	4				
LEVEMIR FLEXTouch - insulin detemir soln pen-injector 100 unit/ml	4				
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	4				
TRESIBA - insulin degludec inj 100 unit/ml	4				
TRESIBA FLEXTouch - insulin degludec soln pen-injector 100 unit/ml	4				
TRESIBA FLEXTouch - insulin degludec soln pen-injector 200 unit/ml	4				
THYROID AGENTS					
levothyroxine sodium tab 25 mcg (Synthroid)	3				
levothyroxine sodium tab 50 mcg (Synthroid)	3				
levothyroxine sodium tab 75 mcg (Synthroid)	3				
levothyroxine sodium tab 88 mcg (Synthroid)	3				
levothyroxine sodium tab 100 mcg (Synthroid)	3				
levothyroxine sodium tab 112 mcg (Synthroid)	3				
levothyroxine sodium tab 125 mcg (Synthroid)	3				
levothyroxine sodium tab 137 mcg (Synthroid)	3				
levothyroxine sodium tab 150 mcg (Synthroid)	3				
levothyroxine sodium tab 175 mcg (Synthroid)	3				
levothyroxine sodium tab 200 mcg (Synthroid)	3				
levothyroxine sodium tab 300 mcg (Synthroid)	3				
liothyronine sodium tab 5 mcg (Cytomel)	3				
liothyronine sodium tab 25 mcg (Cytomel)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
liothyronine sodium tab 50 mcg (Cytomel)	3				
methimazole tab 5 mg (Tapazole)	3				
methimazole tab 10 mg (Tapazole)	3				
propylthiouracil tab 50 mg	5				
SYNTHROID - levothyroxine sodium tab 25 mcg	5				
SYNTHROID - levothyroxine sodium tab 50 mcg	5				
SYNTHROID - levothyroxine sodium tab 75 mcg	5				
SYNTHROID - levothyroxine sodium tab 88 mcg	5				
SYNTHROID - levothyroxine sodium tab 100 mcg	5				
SYNTHROID - levothyroxine sodium tab 112 mcg	5				
SYNTHROID - levothyroxine sodium tab 125 mcg	5				
SYNTHROID - levothyroxine sodium tab 137 mcg	5				
SYNTHROID - levothyroxine sodium tab 150 mcg	5				
SYNTHROID - levothyroxine sodium tab 175 mcg	5				
SYNTHROID - levothyroxine sodium tab 200 mcg	5				
SYNTHROID - levothyroxine sodium tab 300 mcg	5				
OXYTOCICS					
methylergonovine maleate tab 0.2 mg	5			•	
ENDOCRINE and METABOLIC AGENTS - MISC.					
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	5				
alendronate sodium tab 10 mg	3				
alendronate sodium tab 35 mg	3				
alendronate sodium tab 70 mg (Fosamax)	3				
cabergoline tab 0.5 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)	3				
calcitriol cap 0.25 mcg (Rocaltrol)	3				
calcitriol cap 0.5 mcg (Rocaltrol)	3				
calcitriol oral soln 1 mcg/ml (Rocaltrol)	5				
CARBAGLU - carglumic acid tab 200 mg	6	•	•		•
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	5		•		
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	5		•		
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	5		•		
CYSTADANE - betaine powder for oral solution	6	•	•		•
DDAVP - desmopressin acetate nasal soln 0.01% (refrigerated)	5				
desmopressin acetate inj 4 mcg/ml (Ddavp)	5				
desmopressin acetate nasal spray soln 0.01% (Ddavp)	5				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	5				
desmopressin acetate tab 0.1 mg (Ddavp)	5				
desmopressin acetate tab 0.2 mg (Ddavp)	5				
doxercalciferol cap 0.5 mcg (Hectorol)	5				
doxercalciferol cap 1 mcg (Hectorol)	5				
doxercalciferol cap 2.5 mcg (Hectorol)	5				
ETIDRONATE DISODIUM - etidronate disodium tab 200 mg	6		•		
ETIDRONATE DISODIUM - etidronate disodium tab 400 mg	6		•		
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	6	•	•	•	•
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	3				
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	6	•	•		•
KUVAN - sapropterin dihydrochloride powder packet 100 mg	6	•	•		•
KUVAN - sapropterin dihydrochloride powder packet 500 mg	6	•	•		•
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	5				
levocarnitine tab 330 mg (Carnitor)	5				
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	6	•	•	•	•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg	6	•	•		•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg	6	•	•		•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg	6	•	•		•
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg	6	•	•		•
NITYR - nitisinone tab 2 mg	6	•	•		
NITYR - nitisinone tab 5 mg	6	•	•		
NITYR - nitisinone tab 10 mg	6	•	•		
NORDITROPIN FLEXPRO - somatropin inj 5 mg/1.5ml	6	•	•		•
NORDITROPIN FLEXPRO - somatropin inj 10 mg/1.5ml	6	•	•		•
NORDITROPIN FLEXPRO - somatropin inj 15 mg/1.5ml	6	•	•		•
NORDITROPIN FLEXPRO - somatropin inj 30 mg/3ml	6	•	•		•
OCTREOTIDE ACETATE - octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	6	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
OCTREOTIDE ACETATE - octreotide acetate inj 1000 mcg/ml (1 mg/ml)	6	•			
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	6	•			
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	6	•			
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin)	6	•			
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	6	•			
octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)	6	•			
ORFADIN - nitisinone cap 2 mg	6	•	•		•
ORFADIN - nitisinone cap 5 mg	6	•	•		•
ORFADIN - nitisinone cap 10 mg	6	•	•		•
ORFADIN - nitisinone cap 20 mg	6	•	•		•
ORFADIN - nitisinone susp 4 mg/ml	6	•	•		•
ORLISSA - elagolix sodium tab 150 mg (base equiv)	5		•	•	
ORLISSA - elagolix sodium tab 200 mg (base equiv)	5		•	•	
OSPHENA - ospemifene tab 60 mg	6		•		
paricalcitol cap 1 mcg (Zemplar)	5				
paricalcitol cap 2 mcg (Zemplar)	5				
paricalcitol cap 4 mcg	5				
raloxifene hcl tab 60 mg (Evista)	1				
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	6	•	•	•	•
risedronate sodium tab delayed release 35 mg (Atelvia)	5				
risedronate sodium tab 5 mg (Actonel)	5				
risedronate sodium tab 30 mg (Actonel)	5				
risedronate sodium tab 35 mg (Actonel)	3				
risedronate sodium tab 150 mg (Actonel)	5				
SAMSCA - tolvaptan tab 15 mg	6	•		•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SAMSCA - tolvaptan tab 30 mg	6	•		•	•
SENSIPAR - cinacalcet hcl tab 30 mg (base equiv)	6		•		
SENSIPAR - cinacalcet hcl tab 60 mg (base equiv)	6		•		
SENSIPAR - cinacalcet hcl tab 90 mg (base equiv)	6		•		
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	6	•	•	•	
sodium phenylbutyrate tab 500 mg (Buphenyl)	6	•	•	•	
SOMAVERT - pegvisomant for inj 10 mg (as protein)	6	•			•
SOMAVERT - pegvisomant for inj 15 mg (as protein)	6	•			•
SOMAVERT - pegvisomant for inj 20 mg (as protein)	6	•			•
SOMAVERT - pegvisomant for inj 25 mg (as protein)	6	•			•
SOMAVERT - pegvisomant for inj 30 mg (as protein)	6	•			•
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	5				
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml	6	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml	6	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml	6	•	•		•
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml	6	•	•		•
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	6	•			
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	6	•	•		
ZEMPLAR - paricalcitol cap 1 mcg	6		•		
ZEMPLAR - paricalcitol cap 2 mcg	6		•		

CARDIOVASCULAR AGENTS

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CARDIOTONICS					
DIGOXIN - digoxin oral soln 0.05 mg/ml	5				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	3				
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	3				
ANTIANGINAL AGENTS					
ISOSORBIDE DINITRATE - isosorbide dinitrate tab 30 mg	5				
isosorbide dinitrate tab 5 mg (Isordil titradose)	3				
isosorbide dinitrate tab 10 mg	3				
isosorbide dinitrate tab 20 mg	5				
isosorbide mononitrate tab er 24hr 30 mg	3				
isosorbide mononitrate tab er 24hr 60 mg	3				
isosorbide mononitrate tab er 24hr 120 mg	3				
isosorbide mononitrate tab 10 mg	3				
isosorbide mononitrate tab 20 mg	3				
NITRO-BID - nitroglycerin oint 2%	5				
nitroglycerin cap er 2.5 mg	3				
nitroglycerin sl tab 0.3 mg (Nitrostat)	3				
nitroglycerin sl tab 0.4 mg (Nitrostat)	3				
nitroglycerin sl tab 0.6 mg (Nitrostat)	3				
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	3				
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	3				
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	3				
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	5				
RANEXA - ranolazine tab er 12hr 500 mg	6		•		
RANEXA - ranolazine tab er 12hr 1000 mg	6		•		
ranolazine tab er 12hr 500 mg (Ranexa)	5				
ranolazine tab er 12hr 1000 mg (Ranexa)	5				
BETA BLOCKERS					
acebutolol hcl cap 200 mg (Sectral)	2				
acebutolol hcl cap 400 mg (Sectral)	2				
atenolol tab 25 mg (Tenormin)	2				
atenolol tab 50 mg (Tenormin)	2				
atenolol tab 100 mg (Tenormin)	2				
betaxolol hcl tab 10 mg (Kerlone)	2				
betaxolol hcl tab 20 mg (Kerlone)	2				
bisoprolol fumarate tab 5 mg (Zebeta)	2				
bisoprolol fumarate tab 10 mg (Zebeta)	2				
BYSTOLIC - nebivolol hcl tab 2.5 mg (base equivalent)	6		•		
BYSTOLIC - nebivolol hcl tab 5 mg (base equivalent)	6		•		
BYSTOLIC - nebivolol hcl tab 10 mg (base equivalent)	6		•		
BYSTOLIC - nebivolol hcl tab 20 mg (base equivalent)	6		•		
carvedilol tab 3.125 mg (Coreg)	2				
carvedilol tab 6.25 mg (Coreg)	2				
carvedilol tab 12.5 mg (Coreg)	2				
carvedilol tab 25 mg (Coreg)	2				
labetalol hcl tab 100 mg (Trandate)	2				
labetalol hcl tab 200 mg (Trandate)	2				
labetalol hcl tab 300 mg (Trandate)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	2				
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	2				
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	2				
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	2				
metoprolol tartrate tab 25 mg	2				
metoprolol tartrate tab 50 mg (Lopressor)	2				
metoprolol tartrate tab 100 mg (Lopressor)	2				
nadolol tab 20 mg (Corgard)	2				
nadolol tab 40 mg (Corgard)	2				
nadolol tab 80 mg (Corgard)	2				
pindolol tab 5 mg	2				
pindolol tab 10 mg	2				
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	4				
propranolol hcl cap er 24hr 60 mg (Inderal la)	2				
propranolol hcl cap er 24hr 80 mg (Inderal la)	2				
propranolol hcl cap er 24hr 120 mg (Inderal la)	2				
propranolol hcl cap er 24hr 160 mg (Inderal la)	2				
propranolol hcl tab 10 mg	2				
propranolol hcl tab 20 mg	2				
propranolol hcl tab 40 mg	2				
propranolol hcl tab 60 mg	2				
propranolol hcl tab 80 mg	2				
sotalol hcl (afib/af) tab 80 mg (Betapace af)	3				
sotalol hcl (afib/af) tab 120 mg (Betapace af)	3				
sotalol hcl (afib/af) tab 160 mg (Betapace af)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
sotalol hcl tab 80 mg (Betapace)	3				
sotalol hcl tab 120 mg (Betapace)	3				
sotalol hcl tab 160 mg (Betapace)	3				
sotalol hcl tab 240 mg	3				
TIMOLOL MALEATE - timolol maleate tab 10 mg	4				
TIMOLOL MALEATE - timolol maleate tab 20 mg	4				
timolol maleate tab 5 mg	2				
CALCIUM CHANNEL BLOCKERS					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	2				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	2				
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	2				
diltiazem hcl cap er 12hr 60 mg	2				
diltiazem hcl cap er 12hr 90 mg	2				
diltiazem hcl cap er 12hr 120 mg	2				
diltiazem hcl cap er 24hr 180 mg	2				
diltiazem hcl cap er 24hr 240 mg	2				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	2				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	2				
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	2				
diltiazem hcl coated beads cap er 24hr 300 mg	2				
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	2				
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	2				
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	2				
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	2				
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	2				
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	2				
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	2				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	2				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	2				
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	2				
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	2				
diltiazem hcl tab 30 mg (Cardizem)	2				
diltiazem hcl tab 60 mg (Cardizem)	2				
diltiazem hcl tab 90 mg	2				
diltiazem hcl tab 120 mg (Cardizem)	2				
felodipine tab er 24hr 2.5 mg	2				
felodipine tab er 24hr 5 mg	2				
felodipine tab er 24hr 10 mg	2				
isradipine cap 2.5 mg	2				
isradipine cap 5 mg	2				
nicardipine hcl cap 20 mg	2				
nicardipine hcl cap 30 mg	2				
nifedipine cap 10 mg (Procardia)	2				
nifedipine cap 20 mg	2				
nifedipine tab er 24hr 30 mg (Adalat cc)	2				
nifedipine tab er 24hr 60 mg (Adalat cc)	2				
nifedipine tab er 24hr 90 mg (Adalat cc)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	2				
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	2				
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	2				
nimodipine cap 30 mg	5			•	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	4				
nisoldipine tab er 24hr 8.5 mg (Sular)	2				
nisoldipine tab er 24hr 17 mg (Sular)	2				
nisoldipine tab er 24hr 34 mg (Sular)	2				
verapamil hcl cap er 24hr 120 mg (Verelan)	2				
verapamil hcl cap er 24hr 180 mg (Verelan)	2				
verapamil hcl cap er 24hr 200 mg (Verelan pm)	2				
verapamil hcl cap er 24hr 240 mg (Verelan)	2				
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg	4				
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 300 mg	4				
verapamil hcl tab er 120 mg (Calan sr)	2				
verapamil hcl tab er 180 mg (Calan sr)	2				
verapamil hcl tab er 240 mg (Calan sr)	2				
verapamil hcl tab 40 mg	2				
verapamil hcl tab 80 mg (Calan)	2				
verapamil hcl tab 120 mg (Calan)	2				
VERELAN PM - verapamil hcl cap er 24hr 100 mg	4				
VERELAN PM - verapamil hcl cap er 24hr 300 mg	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ANTIARRHYTHMICS					
amiodarone hcl tab 100 mg	5				
amiodarone hcl tab 200 mg (Cordarone)	3				
amiodarone hcl tab 400 mg	5				
disopyramide phosphate cap 100 mg (Norpace)	5				
disopyramide phosphate cap 150 mg (Norpace)	5				
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	5				
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	5				
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	5				
flecainide acetate tab 50 mg	3				
flecainide acetate tab 100 mg	3				
flecainide acetate tab 150 mg	3				
MEXILETINE HCL - mexiletine hcl cap 150 mg	5				
MEXILETINE HCL - mexiletine hcl cap 200 mg	5				
MEXILETINE HCL - mexiletine hcl cap 250 mg	5				
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	6		•		
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	5				
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	5				
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	5				
propafenone hcl tab 150 mg (Rythmol)	3				
propafenone hcl tab 225 mg (Rythmol)	3				
propafenone hcl tab 300 mg	5				
quinidine gluconate tab er 324 mg	5				
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ANTIHYPERTENSIVES					
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	2			•	
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	2			•	
amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel)	2				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	2				
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	2				
amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel)	2				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	2				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	2				
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	2			•	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	2			•	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	2			•	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	2			•	
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	2			•	
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	2			•	
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	2			•	
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	2			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	2			•	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	2				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2				
benazepril & hydrochlorothiazide tab 5-6.25 mg	2				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	2				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	2				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	2				
benazepril hcl tab 5 mg	2				
benazepril hcl tab 10 mg (Lotensin)	2				
benazepril hcl tab 20 mg (Lotensin)	2				
benazepril hcl tab 40 mg (Lotensin)	2				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	2				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	2				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	2				
candesartan cilexetil tab 4 mg (Atacand)	2			•	
candesartan cilexetil tab 8 mg (Atacand)	2			•	
candesartan cilexetil tab 16 mg (Atacand)	2			•	
candesartan cilexetil tab 32 mg (Atacand)	2			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	2			•	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	2			•	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	2			•	
captopril tab 12.5 mg	2				
captopril tab 25 mg	2				
captopril tab 50 mg	2				
captopril tab 100 mg	2				
clonidine hcl tab 0.1 mg (Catapres)	2				
clonidine hcl tab 0.2 mg (Catapres)	2				
clonidine hcl tab 0.3 mg (Catapres)	2				
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2				
DIBENZYLINE - phenoxybenzamine hcl cap 10 mg	6		•		
doxazosin mesylate tab 1 mg (Cardura)	2				
doxazosin mesylate tab 2 mg (Cardura)	2				
doxazosin mesylate tab 4 mg (Cardura)	2				
doxazosin mesylate tab 8 mg (Cardura)	2				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	2				
enalapril maleate tab 2.5 mg (Vasotec)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
enalapril maleate tab 5 mg (Vasotec)	2				
enalapril maleate tab 10 mg (Vasotec)	2				
enalapril maleate tab 20 mg (Vasotec)	2				
eplerenone tab 25 mg (Inspra)	2				
eplerenone tab 50 mg (Inspra)	2				
EPROSARTAN MESYLATE - eprosartan mesylate tab 600 mg	6		•	•	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2				
fosinopril sodium tab 10 mg	2				
fosinopril sodium tab 20 mg	2				
fosinopril sodium tab 40 mg	2				
guanfacine hcl tab 1 mg (Tenex)	2				
guanfacine hcl tab 2 mg (Tenex)	2				
hydralazine hcl tab 10 mg	2				
hydralazine hcl tab 25 mg	2				
hydralazine hcl tab 50 mg	2				
hydralazine hcl tab 100 mg	2				
irbesartan tab 75 mg (Avapro)	2			•	
irbesartan tab 150 mg (Avapro)	2			•	
irbesartan tab 300 mg (Avapro)	2			•	
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	2			•	
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	2			•	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	2				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	2				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	2				
lisinopril tab 2.5 mg (Zestril)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
lisinopril tab 5 mg (Prinivil)	2				
lisinopril tab 10 mg (Prinivil)	2				
lisinopril tab 20 mg (Prinivil)	2				
lisinopril tab 30 mg (Zestril)	2				
lisinopril tab 40 mg (Zestril)	2				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	2			•	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	2			•	
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	2			•	
losartan potassium tab 25 mg (Cozaar)	2			•	
losartan potassium tab 50 mg (Cozaar)	2			•	
losartan potassium tab 100 mg (Cozaar)	2			•	
methyldopa tab 250 mg	2				
methyldopa tab 500 mg	2				
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	2				
metoprolol & hydrochlorothiazide tab 100-25 mg (Lopressor hct)	2				
minoxidil tab 2.5 mg	2				
minoxidil tab 10 mg	2				
moexipril hcl tab 7.5 mg	2				
moexipril hcl tab 15 mg	2				
olmesartan medoxomil tab 5 mg (Benicar)	2			•	
olmesartan medoxomil tab 20 mg (Benicar)	2			•	
olmesartan medoxomil tab 40 mg (Benicar)	2			•	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	2			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	2			•	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	2			•	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	2			•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	2			•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	2			•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	2			•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	2			•	
perindopril erbumine tab 2 mg	2				
perindopril erbumine tab 4 mg (Aceon)	2				
perindopril erbumine tab 8 mg (Aceon)	2				
phenoxybenzamine hcl cap 10 mg (Dibenzyliline)	2				
prazosin hcl cap 1 mg (Minipress)	2				
prazosin hcl cap 2 mg (Minipress)	2				
prazosin hcl cap 5 mg (Minipress)	2				
PROPRANOLOL/ HYDROCHLOROTH - propranolol & hydrochlorothiazide tab 80-25 mg	4				
quinapril hcl tab 5 mg (Accupril)	2				
quinapril hcl tab 10 mg (Accupril)	2				
quinapril hcl tab 20 mg (Accupril)	2				
quinapril hcl tab 40 mg (Accupril)	2				
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	2				
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	2				
ramipril cap 1.25 mg (Altace)	2				
ramipril cap 2.5 mg (Altace)	2				
ramipril cap 5 mg (Altace)	2				
ramipril cap 10 mg (Altace)	2				
TEKTURN - aliskiren fumarate tab 150 mg (base equivalent)	6		•	•	
TEKTURN - aliskiren fumarate tab 300 mg (base equivalent)	6		•	•	
telmisartan tab 20 mg (Micardis)	2			•	
telmisartan tab 40 mg (Micardis)	2			•	
telmisartan tab 80 mg (Micardis)	2			•	
telmisartan-amlodipine tab 40-5 mg (Twynsta)	2			•	
telmisartan-amlodipine tab 40-10 mg (Twynsta)	2			•	
telmisartan-amlodipine tab 80-5 mg (Twynsta)	2			•	
telmisartan-amlodipine tab 80-10 mg (Twynsta)	2			•	
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	2			•	
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	2			•	
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	2			•	
terazosin hcl cap 1 mg (base equivalent)	2				
terazosin hcl cap 2 mg (base equivalent)	2				
terazosin hcl cap 5 mg (base equivalent)	2				
terazosin hcl cap 10 mg (base equivalent)	2				
trandolapril tab 1 mg (Mavik)	2				
trandolapril tab 2 mg (Mavik)	2				
trandolapril tab 4 mg (Mavik)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
trandolapril-verapamil hcl tab er 2-180 mg (Tarka)	2				
trandolapril-verapamil hcl tab er 2-240 mg (Tarka)	2				
trandolapril-verapamil hcl tab er 4-240 mg (Tarka)	2				
valsartan tab 40 mg (Diovan)	2			•	
valsartan tab 80 mg (Diovan)	2			•	
valsartan tab 160 mg (Diovan)	2			•	
valsartan tab 320 mg (Diovan)	2			•	
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	2			•	
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	2			•	
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	2			•	
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	2			•	
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	2			•	
VECAMEYL - mecamlamine hcl tab 2.5 mg	6		•		•
DIURETICS					
acetazolamide cap er 12hr 500 mg (Diamox)	5				
acetazolamide tab 125 mg	5				
acetazolamide tab 250 mg	5				
amiloride & hydrochlorothiazide tab 5-50 mg	2				
amiloride hcl tab 5 mg	2				
bumetanide tab 0.5 mg	2				
bumetanide tab 1 mg	2				
bumetanide tab 2 mg	2				
CHLOROTHIAZIDE - chlorothiazide tab 500 mg	4				
chlorthalidone tab 25 mg	2				
chlorthalidone tab 50 mg	2				
DYRENIUM - triamterene cap 50 mg	6		•		
DYRENIUM - triamterene cap 100 mg	6		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EDECIN - ethacrynic acid tab 25 mg	6		•		
ethacrynic acid tab 25 mg	5				
furosemide oral soln 10 mg/ml	2				
furosemide tab 20 mg (Lasix)	2				
furosemide tab 40 mg (Lasix)	2				
furosemide tab 80 mg (Lasix)	2				
hydrochlorothiazide cap 12.5 mg (Microzide)	2				
hydrochlorothiazide tab 12.5 mg	2				
hydrochlorothiazide tab 25 mg	2				
hydrochlorothiazide tab 50 mg	2				
indapamide tab 1.25 mg	2				
indapamide tab 2.5 mg	2				
methazolamide tab 25 mg (Neptazane)	5				
methazolamide tab 50 mg (Neptazane)	5				
metolazone tab 2.5 mg	2				
metolazone tab 5 mg	2				
metolazone tab 10 mg	2				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2				
spironolactone tab 25 mg (Aldactone)	2				
spironolactone tab 50 mg (Aldactone)	2				
spironolactone tab 100 mg (Aldactone)	2				
torsemide tab 5 mg (Demadex)	2				
torsemide tab 10 mg (Demadex)	2				
torsemide tab 20 mg (Demadex)	2				
torsemide tab 100 mg (Demadex)	2				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	2				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	2				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
triamterene cap 50 mg (Dyrenium)	5				
triamterene cap 100 mg (Dyrenium)	5				
VASOPRESSORS					
epinephrine pf inj 1 mg/ml	3				
epinephrine pf soln prefilled syringe 1 mg/10ml (0.1 mg/ml)	5				
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	5				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	5				
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	5				
midodrine hcl tab 2.5 mg	3				
midodrine hcl tab 5 mg	5				
midodrine hcl tab 10 mg	5				
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	5				
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	5				
ANTIHYPERTENSIVES					
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	2			•	
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	2			•	
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	2			•	
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	2			•	
cholestyramine light powder packets 4 gm	2				
cholestyramine light powder 4 gm/dose (Questran light)	2				
cholestyramine powder packets 4 gm (Questran)	2				
cholestyramine powder 4 gm/dose (Questran)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	2			•	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	2			•	
colesevelam hcl packet for susp 3.75 gm (Welchol)	2				
colesevelam hcl tab 625 mg (Welchol)	2				
colestipol hcl granule packets 5 gm (Colestid flavored)	2				
colestipol hcl granules 5 gm (Colestid flavored)	2				
colestipol hcl tab 1 gm (Colestid)	2				
ezetimibe tab 10 mg (Zetia)	2				
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	2			•	
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	2			•	
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	2			•	
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	2			•	
fenofibrate micronized cap 43 mg	2			•	
fenofibrate micronized cap 67 mg (Lofibra)	2			•	
fenofibrate micronized cap 130 mg	2			•	
fenofibrate micronized cap 134 mg (Lofibra)	2			•	
fenofibrate micronized cap 200 mg (Lofibra)	2			•	
fenofibrate tab 48 mg (Tricor)	2			•	
fenofibrate tab 54 mg (Lofibra)	2			•	
fenofibrate tab 145 mg (Tricor)	2			•	
fenofibrate tab 160 mg (Lofibra)	2			•	
fluvastatin sodium cap 20 mg (base equivalent)	2			•	
fluvastatin sodium cap 40 mg (base equivalent)	2			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2			•	
gemfibrozil tab 600 mg (Lopid)	2			•	
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv)	6	•	•	•	•
JUXTAPID - lomitapide mesylate cap 10 mg (base equiv)	6	•	•	•	•
JUXTAPID - lomitapide mesylate cap 20 mg (base equiv)	6	•	•	•	•
JUXTAPID - lomitapide mesylate cap 30 mg (base equiv)	6	•	•	•	•
JUXTAPID - lomitapide mesylate cap 40 mg (base equiv)	6	•	•	•	•
JUXTAPID - lomitapide mesylate cap 60 mg (base equiv)	6	•	•	•	•
LIVALO - pitavastatin calcium tab 1 mg (base equiv)	6		•	•	
LIVALO - pitavastatin calcium tab 2 mg (base equiv)	6		•	•	
LIVALO - pitavastatin calcium tab 4 mg (base equiv)	6		•	•	
lovastatin tab 10 mg	2			•	
lovastatin tab 20 mg	1			•	
lovastatin tab 40 mg	1			•	
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	2				
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	2				
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	2				
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2				
pravastatin sodium tab 10 mg	1			•	
pravastatin sodium tab 20 mg (Pravachol)	1			•	
pravastatin sodium tab 40 mg (Pravachol)	1			•	
pravastatin sodium tab 80 mg (Pravachol)	1			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
REPATHA - NDC 72511- evolocumab SC soln prefilled syringe 140 mg/ml	5		•	•	
REPATHA - NDC 55513- evolocumab SC soln prefilled syringe 140 mg/ml	6	•	•	•	
REPATHA PUSHTRONEX SYSTEM - NDC 72511- evolocumab SC soln cartridge/infusor 420 mg/3.5ml	5		•	•	
REPATHA PUSHTRONEX SYSTEM - NDC 55513- evolocumab SC soln cartridge/infusor 420 mg/3.5ml	6	•	•	•	
REPATHA SURECLICK - NDC 72511- evolocumab SC soln auto-injector 140 mg/ml	5		•	•	
REPATHA SURECLICK - NDC 55513- evolocumab SC soln auto-injector 140 mg/ml	6	•	•	•	
rosuvastatin calcium tab 5 mg (Crestor)	2			•	
rosuvastatin calcium tab 10 mg (Crestor)	2			•	
rosuvastatin calcium tab 20 mg (Crestor)	2			•	
rosuvastatin calcium tab 40 mg (Crestor)	2			•	
simvastatin tab 5 mg (Zocor)	2			•	
simvastatin tab 10 mg (Zocor)	2			•	
simvastatin tab 20 mg (Zocor)	2			•	
simvastatin tab 40 mg (Zocor)	2			•	
simvastatin tab 80 mg (Zocor)	2			•	
VASCEPA - icosapent ethyl cap 0.5 gm	4		•	•	
VASCEPA - icosapent ethyl cap 1 gm	4		•	•	
WELCHOL - colesevelam hcl packet for susp 3.75 gm	6		•		
CARDIOVASCULAR AGENTS - MISC.					
ADCIRCA - tadalafil tab 20 mg (pah)	6	•	•	•	
ADEMPAS - riociguat tab 0.5 mg	6	•	•	•	•
ADEMPAS - riociguat tab 1 mg	6	•	•	•	•
ADEMPAS - riociguat tab 1.5 mg	6	•	•	•	•
ADEMPAS - riociguat tab 2 mg	6	•	•	•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ADEMPAS - riociguat tab 2.5 mg	6	•	•	•	•
ambrisentan tab 5 mg (Letairis)	6	•	•	•	•
ambrisentan tab 10 mg (Letairis)	6	•	•	•	•
bosentan tab 62.5 mg (Tracleer)	6	•	•	•	
bosentan tab 125 mg (Tracleer)	6	•	•	•	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	5			•	
ENTRESTO - sacubitril-valsartan tab 49-51 mg	5			•	
ENTRESTO - sacubitril-valsartan tab 97-103 mg	5			•	
OPSUMIT - macitentan tab 10 mg	6	•	•	•	•
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	6	•	•		•
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	6	•	•		•
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	6	•	•		•
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	6	•	•		•
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	6	•	•		•
sildenafil citrate tab 20 mg (Revatio)	6	•		•	
tadalafil tab 20 mg (pah) (Adcirca)	6	•	•	•	
TRACLEER - bosentan tab for oral susp 32 mg	6	•	•	•	•
TRACLEER - bosentan tab 62.5 mg	6	•	•	•	•
TRACLEER - bosentan tab 125 mg	6	•	•	•	•
treprostinil inj soln 20 mg/20ml (1 mg/ml) (Remodulin)	6	•	•		•
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) (Remodulin)	6	•	•		•
treprostinil inj soln 100 mg/20ml (5 mg/ml) (Remodulin)	6	•	•		•
treprostinil inj soln 200 mg/20ml (10 mg/ml) (Remodulin)	6	•	•		•
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	6	•	•	•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
UPTRAVI - selexipag tab 200 mcg	6	•	•	•	•
UPTRAVI - selexipag tab 400 mcg	6	•	•	•	•
UPTRAVI - selexipag tab 600 mcg	6	•	•	•	•
UPTRAVI - selexipag tab 800 mcg	6	•	•	•	•
UPTRAVI - selexipag tab 1000 mcg	6	•	•	•	•
UPTRAVI - selexipag tab 1200 mcg	6	•	•	•	•
UPTRAVI - selexipag tab 1400 mcg	6	•	•	•	•
UPTRAVI - selexipag tab 1600 mcg	6	•	•	•	•
VENTAVIS - iloprost inhalation solution 10 mcg/ml	6	•	•	•	•
VENTAVIS - iloprost inhalation solution 20 mcg/ml	6	•	•	•	•
CIALIS - tadalafil tab 2.5 mg	6			•	
CIALIS - tadalafil tab 5 mg	6			•	
tadalafil tab 2.5 mg (Cialis)	5			•	
tadalafil tab 5 mg (Cialis)	5			•	
RESPIRATORY AGENTS					
ANTI-HISTAMINES					
carbinoxamine maleate soln 4 mg/5ml	3				
carbinoxamine maleate tab 4 mg	3				
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	5				
cyproheptadine hcl syrup 2 mg/5ml	3				
cyproheptadine hcl tab 4 mg	3				
desloratadine tab 5 mg (Clarinet)	3				
levocetirizine dihydrochloride tab 5 mg (Xyzal)	3				
loratadine rapidly-disintegrating tab 10 mg (Claritin)	3				
loratadine syrup 5 mg/5ml	3				
loratadine tab 10 mg	3				
promethazine hcl suppos 12.5 mg	5				
promethazine hcl suppos 25 mg	5				
promethazine hcl suppos 50 mg	5				
promethazine hcl syrup 6.25 mg/5ml	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
promethazine hcl tab 12.5 mg	3				
promethazine hcl tab 25 mg	3				
promethazine hcl tab 50 mg	3				
NASAL AGENTS - SYSTEMIC and TOPICAL					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3			•	
FLUNISOLIDE - flunisolide nasal soln 25 mcg/act (0.025%)	5			•	
fluticasone propionate nasal susp 50 mcg/act	3			•	
ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent)	3			•	
ipratropium bromide nasal soln 0.06% (42 mcg/spray) (Atrovent)	3			•	
olopatadine hcl nasal soln 0.6% (Patanase)	5			•	
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%	2				
acetylcysteine inhal soln 20%	2				
benzonatate cap 100 mg (Tessalon perles)	3				
benzonatate cap 150 mg	5				
benzonatate cap 200 mg	3				
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti)	5				
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	3				
hydrocodone w/ homatropine tab 5-1.5 mg	3				
loratadine & pseudoephedrine tab 12hr 5-120 mg	3				
loratadine & pseudoephedrine tab 24hr 10-240 mg	3				
promethazine w/ codeine syrup 6.25-10 mg/5ml	3				
PROMETHAZINE/ DEXTROMETHOR - promethazine-dm syrup 6.25-15 mg/5ml	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3				
sodium chloride soln nebu 0.9%	3				
sodium chloride soln nebu 3%	3				
sodium chloride soln nebu 7% (Hyper-sal)	3				
sodium chloride soln nebu 10%	3				
ANTIASTHMATIC and BRONCHODILATOR AGENTS					
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	4			•	
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	4			•	
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	4			•	
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	4			•	
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	4			•	
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	4			•	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2				
albuterol sulfate syrup 2 mg/5ml	2				
albuterol sulfate tab 2 mg	2				
albuterol sulfate tab 4 mg	2				
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	4			•	
ARCAPTA NEOHALER - indacaterol maleate inhal powder cap 75 mcg (base equiv)	6		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	4			•	
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	4			•	
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	4			•	
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	4			•	
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	4			•	
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/inh (breath activated)	4			•	
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/inh (breath activated)	4			•	
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)	4			•	
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)	4			•	
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4			•	
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	4			•	
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	4			•	
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	4				
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	2				
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
budesonide inhalation susp 1 mg/2ml (Pulmicort)	2				
cromolyn sodium soln nebu 20 mg/2ml	2				
DALIRESP - roflumilast tab 250 mcg	6		•		
DALIRESP - roflumilast tab 500 mcg	6		•		
DULERA - mometasone furoate- formoterol fumarate aerosol 100-5 mcg/act	4			•	
DULERA - mometasone furoate- formoterol fumarate aerosol 200-5 mcg/act	4			•	
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	6	•	•	•	
dyphylline-guaifenesin liqd 100-100 mg/5ml	2				
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/ blister	4			•	
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/ blister	4			•	
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/ blister	4			•	
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/ act (50/valve)	4			•	
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/ act (125/valve)	4			•	
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/ act (250/valve)	4			•	
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act	4			•	
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act	4			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 232-14 mcg/act	4			•	
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)	2		•	•	
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)	2		•	•	
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)	2		•	•	
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	4			•	
ipratropium bromide inhal soln 0.02%	2				
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2				
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	2				
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	2				
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	2				
METAPROTERENOL SULFATE - metaproterenol sulfate syrup 10 mg/5ml	6		•		
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	2				
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	2				
montelukast sodium tab 10 mg (base equiv) (Singulair)	2				
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	4			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	4			•	
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	4			•	
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	4			•	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	4		•	•	
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	4			•	
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	4			•	
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	4			•	
STIOLTO RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5-2.5 mcg/act	4			•	
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	4			•	
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4			•	
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4			•	
terbutaline sulfate tab 2.5 mg	2				
terbutaline sulfate tab 5 mg	2				
THEOCHRON - theophylline tab er 12hr 100 mg	2				
THEOCHRON - theophylline tab er 12hr 200 mg	2				
THEOPHYLLINE ER - theophylline tab er 12hr 450 mg	2				
theophylline soln 80 mg/15ml	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
theophylline tab er 12hr 300 mg	2				
theophylline tab er 24hr 400 mg	2				
theophylline tab er 24hr 600 mg	2				
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	4			•	
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	4			•	
zafirlukast tab 10 mg (Accolate)	2				
zafirlukast tab 20 mg (Accolate)	2				
zileuton tab er 12hr 600 mg (Zyflo cr)	5		•	•	
RESPIRATORY AGENTS - MISC.					
ESBRIET - pirfenidone cap 267 mg	6	•	•	•	•
ESBRIET - pirfenidone tab 267 mg	6	•	•	•	•
ESBRIET - pirfenidone tab 801 mg	6	•	•	•	•
KALYDECO - ivacaftor packet 25 mg	6	•	•	•	•
KALYDECO - ivacaftor packet 50 mg	6	•	•	•	•
KALYDECO - ivacaftor packet 75 mg	6	•	•	•	•
KALYDECO - ivacaftor tab 150 mg	6	•	•	•	•
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg	6	•	•	•	•
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg	6	•	•	•	•
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg	6	•	•	•	•
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg	6	•	•	•	•
PULMOZYME - dornase alfa inhal soln 1 mg/ml	6	•			
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	6	•	•	•	•
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	6	•	•	•	•
GASTROINTESTINAL AGENTS					
LAXATIVES					

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	5				
lactulose solution 10 gm/15ml	3				
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	6		•		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)	1				
PREPOPIK - sod picosulfate-mg oxide-citric acid pack 10 mg-3.5 gm-12 gm	6		•		
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	6		•		
ANTIDIARRHEALS					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	3				
loperamide hcl cap 2 mg	3				
MYTESI - crofelemer tab delayed release 125 mg	6		•		
ULCER DRUGS					
CIMETIDINE HCL - cimetidine hcl soln 300 mg/5ml	5				
dicyclomine hcl cap 10 mg (Bentyl)	3				
dicyclomine hcl oral soln 10 mg/5ml	3				
dicyclomine hcl tab 20 mg (Bentyl)	3				
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	3			•	
famotidine tab 20 mg (Pepcid)	3				
famotidine tab 40 mg (Pepcid)	3				
glycopyrrolate tab 1 mg (Robinul)	3				
glycopyrrolate tab 2 mg (Robinul forte)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
hyoscyamine sulfate elixir 0.125 mg/5ml	3				
hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl)	3				
hyoscyamine sulfate soln 0.125 mg/ml	3				
hyoscyamine sulfate tab disint 0.125 mg (Anaspaz)	3				
hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid)	3				
hyoscyamine sulfate tab 0.125 mg (Levsin)	3				
lansoprazole cap delayed release 30 mg (Prevacid)	3			•	
methscopolamine bromide tab 2.5 mg (Pamine)	5				
methscopolamine bromide tab 5 mg (Pamine forte)	5				
misoprostol tab 100 mcg (Cytotec)	3				
misoprostol tab 200 mcg (Cytotec)	3				
nizatidine cap 150 mg	3				
nizatidine cap 300 mg (Axid)	3				
omeprazole cap delayed release 10 mg (Prilosec)	3			•	
omeprazole cap delayed release 20 mg (Prilosec)	3			•	
omeprazole cap delayed release 40 mg (Prilosec)	3			•	
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	3			•	
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	3			•	
PROPANTHELINE BROMIDE - propantheline bromide tab 15 mg	5				
rabeprazole sodium ec tab 20 mg (Aciphex)	3			•	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	3				
ranitidine hcl tab 150 mg (Zantac)	3				
ranitidine hcl tab 300 mg (Zantac)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
sucralfate tab 1 gm (Carafate)	3				
SYMAX DUOTAB - hyoscyamine sulfate tab er 0.375 mg (0.125 mg ir/0.25 mg er)	5				
ANTIEMETICS					
ANZEMET - dolasetron mesylate tab 50 mg	6		•	•	
ANZEMET - dolasetron mesylate tab 100 mg	6		•	•	
aprepitant capsule therapy pack 80 & 125 mg (Emend)	5			•	
aprepitant capsule 40 mg (Emend)	5				
aprepitant capsule 80 mg (Emend)	5			•	
aprepitant capsule 125 mg (Emend)	5			•	
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	5		•	•	
dronabinol cap 2.5 mg (Marinol)	5				
dronabinol cap 5 mg (Marinol)	5				
dronabinol cap 10 mg (Marinol)	5				
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	5			•	
granisetron hcl tab 1 mg	5			•	
meclizine hcl tab 12.5 mg	3				
meclizine hcl tab 25 mg	3				
ondansetron hcl oral soln 4 mg/5ml (Zofran)	3				
ondansetron hcl tab 4 mg (Zofran)	3				
ondansetron hcl tab 8 mg (Zofran)	3				
ondansetron hcl tab 24 mg	5			•	
ondansetron orally disintegrating tab 4 mg (Zofran odt)	3				
ondansetron orally disintegrating tab 8 mg (Zofran odt)	3				
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	5				
TRANSDERM SCOP - scopolamine td patch 72hr 1 mg/3days	6		•		
TRANSDERM-SCOP - scopolamine td patch 72hr 1 mg/3days	6		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
trimethobenzamide hcl cap 300 mg (Tigan)	5				
VARUBI - rolapitant hcl tab 90 mg (base equiv)	5			•	•
DIGESTIVE AIDS					
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	5				
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	5				
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	5				
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	5				
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	5				
GASTROINTESTINAL AGENTS- MISC.					
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	5		•	•	
alosetron hcl tab 1 mg (base equiv) (Lotronex)	5		•	•	
AMITIZA - lubiprostone cap 8 mcg	6		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
AMITIZA - lubiprostone cap 24 mcg	6		•	•	
APRISO - mesalamine cap er 24hr 0.375 gm	5				
balsalazide disodium cap 750 mg (Colazal)	5				
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)	5				
calcium acetate (phosphate binder) tab 667 mg (Eliphos)	5				
CHENODAL - chenodiol tab 250 mg	5				•
CHOLBAM - cholic acid cap 50 mg	6	•	•		•
CHOLBAM - cholic acid cap 250 mg	6	•	•		•
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	6	•	•	•	
CIMZIA - certolizumab pegol inj kit 2 x 200 mg/ml	6	•	•	•	
CIMZIA STARTER KIT - certolizumab pegol inj kit 6 x 200 mg/ml	6	•	•	•	
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	5				
FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental)	6		•		
FOSRENOL - lanthanum carbonate chew tab 750 mg (elemental)	6		•		
FOSRENOL - lanthanum carbonate chew tab 1000 mg (elemental)	6		•		
lactulose (encephalopathy) solution 10 gm/15ml	3				
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	5				
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	5				
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	5				
mesalamine cap dr 400 mg (Delzicol)	5				
mesalamine enema 4 gm	5				
mesalamine suppos 1000 mg (Canasa)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
mesalamine tab delayed release 800 mg (Asacol hd)	5				
mesalamine tab delayed release 1.2 gm (Lialda)	5				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3				
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	3				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	3				
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	6		•	•	
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	6		•	•	
REVELA - sevelamer carbonate packet 0.8 gm	6		•		
sevelamer carbonate packet 0.8 gm (Renvela)	5				
sevelamer carbonate packet 2.4 gm (Renvela)	5				
sevelamer carbonate tab 800 mg (Renvela)	5				
sevelamer hcl tab 800 mg (Renagel)	5				
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3				
sulfasalazine tab 500 mg (Azulfidine)	3				
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	5		•	•	
TRULANCE - plecanatide tab 3 mg	5		•	•	
ursodiol cap 300 mg (Actigall)	5				
ursodiol tab 250 mg (Urso 250)	5				
ursodiol tab 500 mg (Urso forte)	5				
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	6		•		
VIBERZI - eluxadoline tab 75 mg	5		•	•	
VIBERZI - eluxadoline tab 100 mg	5		•	•	
GENITOURINARY AGENTS					
URINARY ANTI-INFECTIVES					

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
methenamine hippurate tab 1 gm (Hiprex)	5				
MONUROL - fosfomycin tromethamine powd pack 3 gm (base equivalent)	6		•		
nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)	5				
nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)	3				
nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)	3				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3				
nitrofurantoin susp 25 mg/5ml (Furadantin)	5				
URINARY ANTISPASMODICS					
bethanechol chloride tab 5 mg (Urecholine)	3				
bethanechol chloride tab 10 mg (Urecholine)	3				
bethanechol chloride tab 25 mg (Urecholine)	3				
bethanechol chloride tab 50 mg (Urecholine)	5				
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)	5			•	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)	5			•	
ENABLEX - darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	6		•	•	
ENABLEX - darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	6		•	•	
flavoxate hcl tab 100 mg	3				
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	6		•	•	
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	6		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
oxybutynin chloride syrup 5 mg/5ml	3			•	
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3			•	
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3			•	
oxybutynin chloride tab er 24hr 15 mg (Ditropan xl)	3			•	
oxybutynin chloride tab 5 mg	3			•	
solifenacin succinate tab 5 mg (Vesicare)	5			•	
solifenacin succinate tab 10 mg (Vesicare)	5			•	
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	5			•	
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	5			•	
tolterodine tartrate tab 1 mg (Detrol)	5			•	
tolterodine tartrate tab 2 mg (Detrol)	5			•	
tropium chloride cap er 24hr 60 mg	5			•	
tropium chloride tab 20 mg	5			•	
VESICARE - solifenacin succinate tab 5 mg	6		•	•	
VESICARE - solifenacin succinate tab 10 mg	6		•	•	
VAGINAL PRODUCTS					
AVC - sulfanilamide vaginal cream 15%	5				
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	5				
clindamycin phosphate vaginal cream 2% (Cleocin)	5				
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1				
estradiol vaginal cream 0.1 mg/gm (Estrace)	5				
estradiol vaginal tab 10 mcg (Vagifem)	5		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	6		•		
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	5				
nonoxynol-9 gel 4%	1				
OPTIONS CONCEPTROL VAGINA - nonoxynol-9 gel 4%	1				
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	1				
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	5				
SHUR-SEAL - nonoxynol-9 gel 2%	1				
terconazole vaginal cream 0.4% (Terazol 7)	3				
terconazole vaginal suppos 80 mg	5				
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	1				
VAGIFEM - estradiol vaginal tab 10 mcg	5				
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	1				
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1				
GENITOURINARY AGENTS - MISC.					
acetic acid irrigation soln 0.25%	3				
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	3				
CYSTAGON - cysteamine bitartrate cap 50 mg	5				•
CYSTAGON - cysteamine bitartrate cap 150 mg	5				•
dutasteride cap 0.5 mg (Avodart)	3				
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (JALYN)	5				
ELMIRON - pentosan polysulfate sodium caps 100 mg	6		•		
finasteride tab 5 mg (Proscar)	3				
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
phenazopyridine hcl tab 100 mg (Pyridium)	3				
phenazopyridine hcl tab 200 mg (Pyridium)	3				
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	5				
potassium citrate & citric acid powder pack 3300-1002 mg	5				
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	5				
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	5				
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	5				
RAPAFLO - silodosin cap 4 mg	6		•		
RAPAFLO - silodosin cap 8 mg	6		•		
silodosin cap 4 mg (Rapaflo)	5				
silodosin cap 8 mg (Rapaflo)	5				
sodium chloride irrigation soln 0.9%	3				
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)	3				
tamsulosin hcl cap 0.4 mg (Flomax)	3				
THIOLA - tiopronin tab 100 mg	6	•	•	•	•
THIOLA EC - tiopronin tab delayed release 100 mg	6	•	•	•	•
THIOLA EC - tiopronin tab delayed release 300 mg	6	•	•	•	•
CENTRAL NERVOUS SYSTEM DRUGS					
ANTI-ANXIETY AGENTS					
alprazolam orally disintegrating tab 0.25 mg (Niravam)	5				
alprazolam orally disintegrating tab 0.5 mg	5				
alprazolam orally disintegrating tab 1 mg	5				
alprazolam orally disintegrating tab 2 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
alprazolam tab er 24hr 0.5 mg (Xanax xr)	3				
alprazolam tab er 24hr 1 mg (Xanax xr)	3				
alprazolam tab er 24hr 2 mg (Xanax xr)	3				
alprazolam tab er 24hr 3 mg (Xanax xr)	3				
alprazolam tab 0.25 mg (Xanax)	3				
alprazolam tab 0.5 mg (Xanax)	3				
alprazolam tab 1 mg (Xanax)	3				
alprazolam tab 2 mg (Xanax)	3				
buspirone hcl tab 5 mg	3				
buspirone hcl tab 7.5 mg	3				
buspirone hcl tab 10 mg	3				
buspirone hcl tab 15 mg	3				
buspirone hcl tab 30 mg	3				
chlordiazepoxide hcl cap 5 mg	3				
chlordiazepoxide hcl cap 10 mg	3				
chlordiazepoxide hcl cap 25 mg	3				
clorazepate dipotassium tab 3.75 mg (Tranxene t)	5				
clorazepate dipotassium tab 7.5 mg (Tranxene t)	5				
clorazepate dipotassium tab 15 mg (Tranxene t)	5				
DIAZEPAM - diazepam oral soln 1 mg/ml	5				
diazepam conc 5 mg/ml	3				
diazepam tab 2 mg (Valium)	3				
diazepam tab 5 mg (Valium)	3				
diazepam tab 10 mg (Valium)	3				
hydroxyzine hcl syrup 10 mg/5ml	3				
hydroxyzine hcl tab 10 mg	3				
hydroxyzine hcl tab 25 mg	3				
hydroxyzine hcl tab 50 mg	3				
hydroxyzine pamoate cap 25 mg (Vistaril)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
hydroxyzine pamoate cap 50 mg (Vistaril)	3				
lorazepam conc 2 mg/ml (Lorazepam intensol)	3				
lorazepam tab 0.5 mg (Ativan)	3				
lorazepam tab 1 mg (Ativan)	3				
lorazepam tab 2 mg (Ativan)	3				
OXAZEPAM - oxazepam cap 15 mg	5				
ANTIDEPRESSANTS					
amitriptyline hcl tab 10 mg	2				
amitriptyline hcl tab 25 mg	2				
amitriptyline hcl tab 50 mg	2				
amitriptyline hcl tab 75 mg	2				
amitriptyline hcl tab 100 mg	2				
amitriptyline hcl tab 150 mg	2				
AMOXAPINE - amoxapine tab 25 mg	6		•		
AMOXAPINE - amoxapine tab 50 mg	6		•		
AMOXAPINE - amoxapine tab 100 mg	6		•		
AMOXAPINE - amoxapine tab 150 mg	6		•		
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	2				
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	2				
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	2				
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	2				
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	2				
bupropion hcl tab 75 mg (Wellbutrin)	2				
bupropion hcl tab 100 mg (Wellbutrin)	2				
citalopram hydrobromide oral soln 10 mg/5ml	2				
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	2				
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	2				
clomipramine hcl cap 25 mg (Anafranil)	5				
clomipramine hcl cap 50 mg (Anafranil)	5				
clomipramine hcl cap 75 mg (Anafranil)	5				
desipramine hcl tab 10 mg (Norpramin)	2				
desipramine hcl tab 25 mg (Norpramin)	2				
desipramine hcl tab 50 mg (Norpramin)	2				
desipramine hcl tab 75 mg (Norpramin)	2				
desipramine hcl tab 100 mg (Norpramin)	2				
desipramine hcl tab 150 mg (Norpramin)	2				
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	2			•	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	2			•	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	2			•	
DOXEPIN HCL - doxepin hcl cap 150 mg	4				
doxepin hcl cap 10 mg	2				
doxepin hcl cap 25 mg	2				
doxepin hcl cap 50 mg	2				
doxepin hcl cap 75 mg	2				
doxepin hcl cap 100 mg	2				
doxepin hcl conc 10 mg/ml	2				
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	2				
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	2				
EMSAM - selegiline td patch 24hr 6 mg/24hr	6		•		
EMSAM - selegiline td patch 24hr 9 mg/24hr	6		•		
EMSAM - selegiline td patch 24hr 12 mg/24hr	6		•		
escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro)	2				
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	2				
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	2				
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	2				
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	6		•	•	
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	6		•	•	
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	6		•	•	
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	6		•	•	
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	6		•	•	
fluoxetine hcl cap 10 mg (Prozac)	2				
fluoxetine hcl cap 20 mg (Prozac)	2				
fluoxetine hcl cap 40 mg (Prozac)	2				
fluoxetine hcl solution 20 mg/5ml	2				
fluvoxamine maleate tab 25 mg	3			•	
fluvoxamine maleate tab 50 mg	3			•	
fluvoxamine maleate tab 100 mg	3			•	
imipramine hcl tab 10 mg (Tofranil)	2				
imipramine hcl tab 25 mg (Tofranil)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
imipramine hcl tab 50 mg (Tofranil)	2				
imipramine pamoate cap 75 mg (Tofranil-pm)	2				
imipramine pamoate cap 100 mg (Tofranil-pm)	2				
imipramine pamoate cap 125 mg (Tofranil-pm)	2				
imipramine pamoate cap 150 mg (Tofranil-pm)	2				
MAPROTILINE HCL - maprotiline hcl tab 25 mg	6		•	•	
MAPROTILINE HCL - maprotiline hcl tab 50 mg	6		•	•	
MAPROTILINE HCL - maprotiline hcl tab 75 mg	6		•	•	
MARPLAN - isocarboxazid tab 10 mg	6		•		
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	2			•	
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	2			•	
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	2			•	
mirtazapine tab 7.5 mg	2			•	
mirtazapine tab 15 mg (Remeron)	2			•	
mirtazapine tab 30 mg (Remeron)	2			•	
mirtazapine tab 45 mg (Remeron)	2			•	
NEFAZODONE HCL - nefazodone hcl tab 100 mg	6		•		
NEFAZODONE HCL - nefazodone hcl tab 150 mg	6		•		
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	6		•		
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	6		•		
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	6		•		
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml	4				
nortriptyline hcl cap 10 mg (Pamelor)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
nortriptyline hcl cap 25 mg (Pamelor)	2				
nortriptyline hcl cap 50 mg (Pamelor)	2				
nortriptyline hcl cap 75 mg (Pamelor)	2				
paroxetine hcl tab 10 mg (Paxil)	2				
paroxetine hcl tab 20 mg (Paxil)	2				
paroxetine hcl tab 30 mg (Paxil)	2				
paroxetine hcl tab 40 mg (Paxil)	2				
PAXIL - paroxetine hcl oral susp 10 mg/5ml (base equiv)	4				
phenelzine sulfate tab 15 mg (Nardil)	2				
protriptyline hcl tab 5 mg	2				
protriptyline hcl tab 10 mg	2				
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2				
sertraline hcl tab 25 mg (Zoloft)	2				
sertraline hcl tab 50 mg (Zoloft)	2				
sertraline hcl tab 100 mg (Zoloft)	2				
tranylcypromine sulfate tab 10 mg (Parnate)	2				
trazodone hcl tab 50 mg	2				
trazodone hcl tab 100 mg	2				
trazodone hcl tab 150 mg	2				
trazodone hcl tab 300 mg	2				
trimipramine maleate cap 25 mg	2				
trimipramine maleate cap 50 mg	2				
trimipramine maleate cap 100 mg	2				
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	6		•	•	
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	6		•	•	
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	6		•	•	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	2				
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	2				
venlafaxine hcl tab 25 mg (base equivalent)	2				
venlafaxine hcl tab 37.5 mg (base equivalent)	2				
venlafaxine hcl tab 50 mg (base equivalent)	2				
venlafaxine hcl tab 75 mg (base equivalent)	2				
venlafaxine hcl tab 100 mg (base equivalent)	2				
VIIBRYD - vilazodone hcl tab 10 mg	6		•	•	
VIIBRYD - vilazodone hcl tab 20 mg	6		•	•	
VIIBRYD - vilazodone hcl tab 40 mg	6		•	•	
ANTIPSYCHOTICS					
aripiprazole oral solution 1 mg/ml	2			•	
aripiprazole orally disintegrating tab 10 mg	2			•	
aripiprazole orally disintegrating tab 15 mg	2			•	
aripiprazole tab 2 mg (Abilify)	2			•	
aripiprazole tab 5 mg (Abilify)	2			•	
aripiprazole tab 10 mg (Abilify)	2			•	
aripiprazole tab 15 mg (Abilify)	2			•	
aripiprazole tab 20 mg (Abilify)	2			•	
aripiprazole tab 30 mg (Abilify)	2			•	
chlorpromazine hcl tab 10 mg	5				
chlorpromazine hcl tab 25 mg	5				
chlorpromazine hcl tab 50 mg	5				
chlorpromazine hcl tab 100 mg	5				
chlorpromazine hcl tab 200 mg	5				
clozapine orally disintegrating tab 12.5 mg (Fazaclo)	5				
clozapine orally disintegrating tab 25 mg (Fazaclo)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
clozapine orally disintegrating tab 100 mg (Fazaclo)	5				
clozapine tab 25 mg (Clozaril)	3				
clozapine tab 50 mg	3				
clozapine tab 100 mg (Clozaril)	5				
clozapine tab 200 mg	5				
FANAPT - iloperidone tab 1 mg	6		•	•	
FANAPT - iloperidone tab 2 mg	6		•	•	
FANAPT - iloperidone tab 4 mg	6		•	•	
FANAPT - iloperidone tab 6 mg	6		•	•	
FANAPT - iloperidone tab 8 mg	6		•	•	
FANAPT - iloperidone tab 10 mg	6		•	•	
FANAPT - iloperidone tab 12 mg	6		•	•	
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	6		•	•	
FLUPHENAZINE HCL - fluphenazine hcl tab 1 mg	5				
FLUPHENAZINE HCL - fluphenazine hcl tab 2.5 mg	5				
FLUPHENAZINE HCL - fluphenazine hcl tab 5 mg	5				
FLUPHENAZINE HCL - fluphenazine hcl tab 10 mg	5				
haloperidol lactate oral conc 2 mg/ml	3				
haloperidol tab 0.5 mg	3				
haloperidol tab 1 mg	3				
haloperidol tab 2 mg	3				
haloperidol tab 5 mg	3				
haloperidol tab 10 mg	3				
haloperidol tab 20 mg	5				
LATUDA - lurasidone hcl tab 20 mg	6		•	•	
LATUDA - lurasidone hcl tab 40 mg	6		•	•	
LATUDA - lurasidone hcl tab 60 mg	6		•	•	
LATUDA - lurasidone hcl tab 80 mg	6		•	•	
LATUDA - lurasidone hcl tab 120 mg	6		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
LITHIUM - lithium oral solution 8 meq/5ml	5				
LITHIUM CARBONATE - lithium carbonate cap 600 mg	5				
lithium carbonate cap 150 mg (Lithium carbonate)	3				
lithium carbonate cap 300 mg	3				
lithium carbonate cap 600 mg (Lithium carbonate)	3				
lithium carbonate tab er 300 mg (Lithobid)	3				
lithium carbonate tab er 450 mg	3				
lithium carbonate tab 300 mg	3				
loxapine succinate cap 5 mg	3				
loxapine succinate cap 10 mg	3				
loxapine succinate cap 25 mg	3				
loxapine succinate cap 50 mg	5				
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	3			•	
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	3			•	
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	5			•	
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	5			•	
olanzapine tab 2.5 mg (Zyprexa)	3			•	
olanzapine tab 5 mg (Zyprexa)	3			•	
olanzapine tab 7.5 mg (Zyprexa)	3			•	
olanzapine tab 10 mg (Zyprexa)	3			•	
olanzapine tab 15 mg (Zyprexa)	3			•	
olanzapine tab 20 mg (Zyprexa)	3			•	
paliperidone tab er 24hr 1.5 mg (Invega)	5			•	
paliperidone tab er 24hr 3 mg (Invega)	5			•	
paliperidone tab er 24hr 6 mg (Invega)	5			•	
paliperidone tab er 24hr 9 mg (Invega)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
perphenazine tab 2 mg	5				
perphenazine tab 4 mg	5				
perphenazine tab 8 mg	5				
perphenazine tab 16 mg	5				
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)	3				
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine)	3				
prochlorperazine suppos 25 mg	5				
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	5			•	
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	5			•	
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	5			•	
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	5			•	
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	5			•	
quetiapine fumarate tab 25 mg (Seroquel)	3			•	
quetiapine fumarate tab 50 mg (Seroquel)	3			•	
quetiapine fumarate tab 100 mg (Seroquel)	3			•	
quetiapine fumarate tab 200 mg (Seroquel)	3			•	
quetiapine fumarate tab 300 mg (Seroquel)	3			•	
quetiapine fumarate tab 400 mg (Seroquel)	3			•	
REXULTI - brexpiprazole tab 0.25 mg	6		•	•	
REXULTI - brexpiprazole tab 0.5 mg	6		•	•	
REXULTI - brexpiprazole tab 1 mg	6		•	•	
REXULTI - brexpiprazole tab 2 mg	6		•	•	
REXULTI - brexpiprazole tab 3 mg	6		•	•	
REXULTI - brexpiprazole tab 4 mg	6		•	•	
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
risperidone orally disintegrating tab 1 mg (Risperdal m-tab)	5			•	
risperidone orally disintegrating tab 2 mg (Risperdal m-tab)	5			•	
risperidone orally disintegrating tab 3 mg (Risperdal m-tab)	5			•	
risperidone orally disintegrating tab 4 mg (Risperdal m-tab)	5			•	
risperidone soln 1 mg/ml (Risperdal)	3			•	
risperidone tab 0.25 mg (Risperdal)	3			•	
risperidone tab 0.5 mg (Risperdal)	3			•	
risperidone tab 1 mg (Risperdal)	3			•	
risperidone tab 2 mg (Risperdal)	3			•	
risperidone tab 3 mg (Risperdal)	3			•	
risperidone tab 4 mg (Risperdal)	3			•	
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv)	6		•	•	
SAPHRIS - asenapine maleate sl tab 5 mg (base equiv)	6		•	•	
SAPHRIS - asenapine maleate sl tab 10 mg (base equiv)	6		•	•	
thioridazine hcl tab 10 mg	3				
thioridazine hcl tab 25 mg	3				
thioridazine hcl tab 50 mg	3				
thioridazine hcl tab 100 mg	5				
thiothixene cap 1 mg	3				
thiothixene cap 2 mg	5				
thiothixene cap 5 mg	5				
thiothixene cap 10 mg	5				
trifluoperazine hcl tab 1 mg (base equivalent)	3				
trifluoperazine hcl tab 2 mg (base equivalent)	5				
trifluoperazine hcl tab 5 mg (base equivalent)	5				
trifluoperazine hcl tab 10 mg (base equivalent)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ziprasidone hcl cap 20 mg (Geodon)	3			•	
ziprasidone hcl cap 40 mg (Geodon)	3			•	
ziprasidone hcl cap 60 mg (Geodon)	3			•	
ziprasidone hcl cap 80 mg (Geodon)	3			•	
HYPNOTICS					
estazolam tab 1 mg	3				
estazolam tab 2 mg	3				
eszopiclone tab 1 mg (Lunesta)	3			•	
eszopiclone tab 2 mg (Lunesta)	3			•	
eszopiclone tab 3 mg (Lunesta)	3			•	
HETLIOZ - tasimelteon capsule 20 mg	6	•	•	•	•
phenobarbital elixir 20 mg/5ml	5				
phenobarbital tab 15 mg	5				
phenobarbital tab 16.2 mg	3				
phenobarbital tab 30 mg	5				
phenobarbital tab 32.4 mg	3				
phenobarbital tab 60 mg	5				
phenobarbital tab 64.8 mg	3				
phenobarbital tab 97.2 mg	3				
phenobarbital tab 100 mg	5				
ramelteon tab 8 mg (Rozerem)	5			•	
ROZEREM - ramelteon tab 8 mg	6		•	•	
SILENOR - doxepin hcl (sleep) tab 3 mg (base equiv)	6		•	•	
SILENOR - doxepin hcl (sleep) tab 6 mg (base equiv)	6		•	•	
temazepam cap 7.5 mg (Restoril)	5				
temazepam cap 15 mg (Restoril)	3				
temazepam cap 22.5 mg (Restoril)	5				
temazepam cap 30 mg (Restoril)	3				
zaleplon cap 5 mg (Sonata)	3			•	
zaleplon cap 10 mg (Sonata)	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
zolpidem tartrate tab er 6.25 mg (Ambien cr)	5			•	
zolpidem tartrate tab er 12.5 mg (Ambien cr)	3			•	
zolpidem tartrate tab 5 mg (Ambien)	3			•	
zolpidem tartrate tab 10 mg (Ambien)	3			•	
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS					
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	5			•	
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	5			•	
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	5			•	
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	5			•	
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	5			•	
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	5			•	
amphetamine-dextroamphetamine tab 5 mg (Adderall)	3			•	
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	3			•	
amphetamine-dextroamphetamine tab 10 mg (Adderall)	3			•	
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	3			•	
amphetamine-dextroamphetamine tab 15 mg (Adderall)	3			•	
amphetamine-dextroamphetamine tab 20 mg (Adderall)	3			•	
amphetamine-dextroamphetamine tab 30 mg (Adderall)	3			•	
armodafinil tab 50 mg (Nuvigil)	3			•	
armodafinil tab 150 mg (Nuvigil)	5			•	
armodafinil tab 200 mg (Nuvigil)	5			•	
armodafinil tab 250 mg (Nuvigil)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	5			•	
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	5			•	
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	5			•	
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	5			•	
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	5			•	
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	5			•	
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	5			•	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	5				
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	5			•	
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	5			•	
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	5			•	
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	5			•	
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	5			•	
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	5			•	
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	5			•	
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	5			•	
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	5			•	
dexmethylphenidate hcl tab 2.5 mg (Focalin)	3			•	
dexmethylphenidate hcl tab 5 mg (Focalin)	3			•	
dexmethylphenidate hcl tab 10 mg (Focalin)	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	5			•	
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	5			•	
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	5			•	
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	5			•	
dextroamphetamine sulfate tab 5 mg	5			•	
dextroamphetamine sulfate tab 10 mg	5			•	
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	3			•	
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	3			•	
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	3			•	
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	3			•	
methamphetamine hcl tab 5 mg (Desoxyn)	5			•	
methylphenidate hcl cap er 10 mg (cd) (Metadate cd)	5			•	
methylphenidate hcl cap er 20 mg (cd) (Metadate cd)	5			•	
methylphenidate hcl cap er 30 mg (cd) (Metadate cd)	5			•	
methylphenidate hcl cap er 40 mg (cd) (Metadate cd)	5			•	
methylphenidate hcl cap er 50 mg (cd) (Metadate cd)	5			•	
methylphenidate hcl cap er 60 mg (cd) (Metadate cd)	5			•	
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	5			•	
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	5			•	
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	5			•	
methylphenidate hcl chew tab 2.5 mg	5			•	
methylphenidate hcl chew tab 5 mg	5			•	
methylphenidate hcl chew tab 10 mg	5			•	
methylphenidate hcl soln 5 mg/5ml (Methylin)	5			•	
methylphenidate hcl soln 10 mg/5ml (Methylin)	5			•	
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	5			•	
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	5			•	
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	5			•	
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	5			•	
methylphenidate hcl tab er 10 mg	5			•	
methylphenidate hcl tab er 20 mg	5			•	
methylphenidate hcl tab 5 mg (Ritalin)	3			•	
methylphenidate hcl tab 10 mg (Ritalin)	3			•	
methylphenidate hcl tab 20 mg (Ritalin)	5			•	
modafinil tab 100 mg (Provigil)	5			•	
modafinil tab 200 mg (Provigil)	5			•	
phentermine hcl cap 15 mg	3				
VYVANSE - lisdexamfetamine dimesylate cap 10 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate cap 20 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate cap 30 mg	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
VYVANSE - lisdexamfetamine dimesylate cap 40 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate cap 50 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate cap 60 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate cap 70 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg	5			•	
VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg	5			•	
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
acamprosate calcium tab delayed release 333 mg	5				
AMPYRA - dalfampridine tab er 12hr 10 mg	6		•	•	•
AUBAGIO - teriflunomide tab 7 mg	6	•	•	•	•
AUBAGIO - teriflunomide tab 14 mg	6	•	•	•	•
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	6	•	•	•	
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	6	•	•	•	
BETASERON - interferon beta-1b for inj kit 0.3 mg	6	•	•	•	
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	1				
CHANTIX - varenicline tartrate tab 0.5 mg (base equiv)	1				
CHANTIX - varenicline tartrate tab 1 mg (base equiv)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CHANTIX CONTINUING MONTH - varenicline tartrate tab 1 mg (base equiv)	1				
CHANTIX STARTING MONTH PA - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	1				
dalfampridine tab er 12hr 10 mg (Ampyra)	5		•	•	
disulfiram tab 250 mg (Antabuse)	5				
disulfiram tab 500 mg (Antabuse)	5				
donepezil hydrochloride orally disintegrating tab 5 mg	3				
donepezil hydrochloride orally disintegrating tab 10 mg	3				
donepezil hydrochloride tab 5 mg (Aricept)	3				
donepezil hydrochloride tab 10 mg (Aricept)	3				
donepezil hydrochloride tab 23 mg (Aricept)	5				
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	6		•		
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	5				
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	5				
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	5				
galantamine hydrobromide tab 4 mg (Razadyne)	5				
galantamine hydrobromide tab 8 mg (Razadyne)	5				
galantamine hydrobromide tab 12 mg (Razadyne)	5				
GILENYA - fingolimod hcl cap 0.5 mg (base equiv)	6	•	•	•	•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	6	•	•	•	
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	6	•	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	6	•	•	•	•
MAYZENT - siponimod fumarate tab 2 mg (base equiv)	6	•	•	•	•
memantine hcl cap er 24hr 7 mg (Namenda xr)	5				
memantine hcl cap er 24hr 14 mg (Namenda xr)	5				
memantine hcl cap er 24hr 21 mg (Namenda xr)	5				
memantine hcl cap er 24hr 28 mg (Namenda xr)	5				
memantine hcl oral solution 2 mg/ml (Namenda)	5				
memantine hcl tab 5 mg (Namenda)	3				
memantine hcl tab 10 mg (Namenda)	3				
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (Namenda titration pa)	5				
NAMENDA XR - memantine hcl cap er 24hr 7 mg	6		•		
NAMENDA XR - memantine hcl cap er 24hr 14 mg	6		•		
NAMENDA XR - memantine hcl cap er 24hr 21 mg	6		•		
NAMENDA XR - memantine hcl cap er 24hr 28 mg	6		•		
NAMENDA XR TITRATION PACK - memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack	6		•		
nicotine polacrilex gum 2 mg	1				
nicotine polacrilex gum 4 mg	1				
nicotine polacrilex lozenge 2 mg	1				
nicotine polacrilex lozenge 4 mg	1				
nicotine td patch 24hr 7 mg/24hr	1				
nicotine td patch 24hr 14 mg/24hr	1				
nicotine td patch 24hr 21 mg/24hr	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	1				
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	1				
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	5				
PIMOZIDE - pimozone tab 1 mg	5		•		
PIMOZIDE - pimozone tab 2 mg	5		•		
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	6	•	•	•	•
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	6	•	•	•	•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	6	•	•	•	•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	6	•	•	•	•
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	6	•	•	•	
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	6	•	•	•	
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	6	•	•	•	
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	6	•	•	•	
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	6	•	•	•	
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	6	•	•	•	
rivastigmine tartrate cap 1.5 mg (base equivalent)	5				
rivastigmine tartrate cap 3 mg (base equivalent)	5				
rivastigmine tartrate cap 4.5 mg (base equivalent)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
rivastigmine tartrate cap 6 mg (base equivalent)	5				
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	5				
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	5				
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	5				
SAVELLA - milnacipran hcl tab 12.5 mg	6		•	•	
SAVELLA - milnacipran hcl tab 25 mg	6		•	•	
SAVELLA - milnacipran hcl tab 50 mg	6		•	•	
SAVELLA - milnacipran hcl tab 100 mg	6		•	•	
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	6		•	•	
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	6	•	•	•	•
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	6	•	•	•	•
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	6	•	•	•	•
tetrabenazine tab 12.5 mg (Xenazine)	6	•	•	•	
tetrabenazine tab 25 mg (Xenazine)	6	•	•	•	
XYREM - sodium oxybate oral solution 500 mg/ml	6	•	•	•	•
ANALGESICS AND ANESTHETICS					
ANALGESICS - NON-NARCOTIC					
aspirin chew tab 81 mg	1				
aspirin tab delayed release 81 mg	1				
butalbital-acetaminophen tab 50-325 mg	5			•	
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	5			•	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3			•	
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	5			•	
diflunisal tab 500 mg	5				
salsalate tab 500 mg (Disalcid)	5				
salsalate tab 750 mg (Disalcid)	5				
TENCON - butalbital-acetaminophen tab 50-325 mg	5			•	
ANALGESICS - NARCOTIC					
acetaminophen w/ codeine soln 120-12 mg/5ml	3		•	•	
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	3		•	•	
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	3		•	•	
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	3		•	•	
buprenorphine hcl sl tab 2 mg (base equiv)	5			•	
buprenorphine hcl sl tab 8 mg (base equiv)	5			•	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (SUBOXONE)	5			•	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (SUBOXONE)	5			•	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	5			•	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (SUBOXONE)	5			•	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	5			•	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	5			•	
buprenorphine td patch weekly 5 mcg/hr (Butrans)	5		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
buprenorphine td patch weekly 10 mcg/hr (Butrans)	5		•	•	
buprenorphine td patch weekly 15 mcg/hr (Butrans)	5		•	•	
buprenorphine td patch weekly 20 mcg/hr (Butrans)	5		•	•	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	5		•	•	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)	5		•	•	
butorphanol tartrate nasal soln 10 mg/ml	5		•	•	
codeine sulfate tab 30 mg (Codeine sulfate)	3		•	•	
EMBEDA - morphine-naltrexone cap er 20-0.8 mg	6		•	•	
EMBEDA - morphine-naltrexone cap er 30-1.2 mg	6		•	•	
EMBEDA - morphine-naltrexone cap er 50-2 mg	6		•	•	
EMBEDA - morphine-naltrexone cap er 60-2.4 mg	6		•	•	
EMBEDA - morphine-naltrexone cap er 80-3.2 mg	6		•	•	
EMBEDA - morphine-naltrexone cap er 100-4 mg	6		•	•	
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	5		•	•	
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	5		•	•	
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	5		•	•	
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	5		•	•	
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	5		•	•	
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	5		•	•	
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	5		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	3		•	•	
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	5		•	•	
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	5		•	•	
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	5		•	•	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	5		•	•	
hydrocodone-acetaminophen tab 10-325 mg (Norco)	3		•	•	
hydrocodone-acetaminophen tab 5-300 mg (Xodol)	3		•	•	
hydrocodone-acetaminophen tab 7.5-300 mg (Xodol)	5		•	•	
hydrocodone-acetaminophen tab 5-325 mg (Norco)	3		•	•	
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	3		•	•	
hydrocodone-acetaminophen tab 10-300 mg (Xodol)	5		•	•	
hydrocodone-ibuprofen tab 5-200 mg (Reprexain)	5		•	•	
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)	3		•	•	
hydrocodone-ibuprofen tab 10-200 mg (Ibudone)	5		•	•	
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	5		•	•	
hydromorphone hcl tab 2 mg (Dilaudid)	3		•	•	
hydromorphone hcl tab 4 mg (Dilaudid)	3		•	•	
hydromorphone hcl tab 8 mg (Dilaudid)	3		•	•	
levorphanol tartrate tab 2 mg	5		•	•	
methadone hcl conc 10 mg/ml (Methadose)	3		•	•	
methadone hcl soln 5 mg/5ml (Methadone hcl)	5		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
methadone hcl soln 10 mg/5ml (Methadone hcl)	5		•	•	
methadone hcl tab for oral susp 40 mg	5		•	•	
methadone hcl tab 5 mg (Dolophine hcl)	3		•	•	
methadone hcl tab 10 mg (Dolophine)	3		•	•	
MORPHINE SULFATE - morphine sulfate tab 15 mg	5		•	•	
MORPHINE SULFATE - morphine sulfate tab 30 mg	5		•	•	
morphine sulfate oral soln 10 mg/5ml	3		•	•	
morphine sulfate oral soln 20 mg/5ml	3		•	•	
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		•	•	
morphine sulfate tab er 15 mg (Ms contin)	3		•	•	
morphine sulfate tab er 30 mg (Ms contin)	3		•	•	
morphine sulfate tab er 60 mg (Ms contin)	5		•	•	
morphine sulfate tab er 100 mg (Ms contin)	5		•	•	
morphine sulfate tab er 200 mg (Ms contin)	5		•	•	
morphine sulfate tab 15 mg (Morphine sulfate)	5		•	•	
morphine sulfate tab 30 mg (Morphine sulfate)	5				
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	6		•	•	
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	6		•	•	
NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg	6		•	•	
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	6		•	•	
oxycodone hcl cap 5 mg	5		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl)	5		•	•	
oxycodone hcl soln 5 mg/5ml (Oxycodone hcl)	5		•	•	
oxycodone hcl tab 5 mg (Roxicodone)	3		•	•	
oxycodone hcl tab 10 mg	3		•	•	
oxycodone hcl tab 15 mg (Roxicodone)	3		•	•	
oxycodone hcl tab 20 mg	3		•	•	
oxycodone hcl tab 30 mg (Roxicodone)	3		•	•	
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	5		•	•	
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	3		•	•	
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		•	•	
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	5		•	•	
OXYCODONE/IBUPROFEN - oxycodone-ibuprofen tab 5-400 mg	6		•	•	
oxymorphone hcl tab 5 mg (Opana)	5		•	•	
oxymorphone hcl tab 10 mg (Opana)	5		•	•	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg	5		•	•	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 7.5 mg	5		•	•	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 10 mg	5		•	•	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 15 mg	5		•	•	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 20 mg	5		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 30 mg	5		•	•	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 40 mg	5		•	•	
tramadol hcl tab er 24hr 100 mg	5		•	•	
tramadol hcl tab er 24hr 200 mg	5		•	•	
tramadol hcl tab er 24hr 300 mg	5		•	•	
tramadol hcl tab er 24hr biphasic release 100 mg	5		•	•	
tramadol hcl tab er 24hr biphasic release 200 mg	5		•	•	
tramadol hcl tab er 24hr biphasic release 300 mg	5		•	•	
tramadol hcl tab 50 mg (Ultram)	3		•	•	
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		•	•	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg	5		•	•	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg	5		•	•	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 18 mg	5		•	•	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 27 mg	5		•	•	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	5		•	•	
ANALGESICS - ANTI-INFLAMMATORY					
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	6	•	•	•	•
ARCALYST - rilonacept for inj 220 mg	6	•	•	•	•
celecoxib cap 50 mg (Celebrex)	3				
celecoxib cap 100 mg (Celebrex)	3				
celecoxib cap 200 mg (Celebrex)	3				
celecoxib cap 400 mg (Celebrex)	5				
diclofenac potassium tab 50 mg	3				
diclofenac sodium tab delayed release 25 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
diclofenac sodium tab delayed release 50 mg	3				
diclofenac sodium tab delayed release 75 mg	3				
diclofenac sodium tab er 24hr 100 mg	3				
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	5				
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	5				
ENBREL - etanercept for subcutaneous inj 25 mg	6	•	•	•	
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	6	•	•	•	
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	6	•	•	•	
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	6	•	•	•	
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	6	•	•	•	
etodolac cap 200 mg	3				
etodolac cap 300 mg	5				
etodolac tab er 24hr 400 mg	5				
etodolac tab er 24hr 500 mg	5				
etodolac tab er 24hr 600 mg	5				
etodolac tab 400 mg	3				
etodolac tab 500 mg	3				
fenopropfen calcium tab 600 mg	5				
flurbiprofen tab 50 mg	3				
flurbiprofen tab 100 mg	3				
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	6	•	•	•	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	6	•	•	•	
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	6	•	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	6	•	•	•	
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	6	•	•	•	
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	6	•	•	•	
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 40 mg/0.8ml	6	•	•	•	•
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml	6	•	•	•	•
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	6	•	•	•	•
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	6	•	•	•	
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	6	•	•	•	
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml	6	•	•	•	
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 80 mg/0.8ml	6	•	•	•	
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	6	•	•	•	
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	6	•	•	•	
ibuprofen susp 100 mg/5ml	3				
ibuprofen tab 400 mg	3				
ibuprofen tab 600 mg	3				
ibuprofen tab 800 mg	3				
indomethacin cap er 75 mg	3				
indomethacin cap 25 mg	3				
indomethacin cap 50 mg	3				
ketorolac tromethamine tab 10 mg	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	6	•	•	•	•
leflunomide tab 10 mg (Arava)	5				
leflunomide tab 20 mg (Arava)	5				
MECLOFENAMATE SODIUM - meclufenamate sodium cap 50 mg	6		•		
MECLOFENAMATE SODIUM - meclufenamate sodium cap 100 mg	6		•		
mefenamic acid cap 250 mg (Ponstel)	5				
meloxicam tab 7.5 mg (Mobic)	3				
meloxicam tab 15 mg (Mobic)	3				
nabumetone tab 500 mg	3				
nabumetone tab 750 mg	3				
naproxen sodium tab 275 mg (Anaprox)	3				
naproxen sodium tab 550 mg (Anaprox ds)	5				
naproxen tab ec 375 mg (Ec-naprosyn)	3				
naproxen tab ec 500 mg (Ec-naprosyn)	3				
naproxen tab 250 mg (Naprosyn)	3				
naproxen tab 375 mg (Naprosyn)	3				
naproxen tab 500 mg (Naprosyn)	3				
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	6	•	•	•	•
OTEZLA - apremilast tab 30 mg	6	•	•	•	•
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml	5				
OTREXUP - methotrexate soln pf auto-injector 12.5 mg/0.4ml	5				
OTREXUP - methotrexate soln pf auto-injector 15 mg/0.4ml	5				
OTREXUP - methotrexate soln pf auto-injector 17.5 mg/0.4ml	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
OTREXUP - methotrexate soln pf auto-injector 20 mg/0.4ml	5				
OTREXUP - methotrexate soln pf auto-injector 22.5 mg/0.4ml	5				
OTREXUP - methotrexate soln pf auto-injector 25 mg/0.4ml	5				
oxaprozin tab 600 mg (Daypro)	5				
piroxicam cap 10 mg (Feldene)	3				
piroxicam cap 20 mg (Feldene)	3				
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml	6	•	•	•	
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	6	•	•	•	
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	6	•	•	•	
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	6	•	•	•	
sulindac tab 150 mg	3				
sulindac tab 200 mg	3				
TOLMETIN SODIUM - tolmetin sodium cap 400 mg	6		•		
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	6	•	•	•	
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	6	•	•	•	
MIGRAINE PRODUCTS					
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	5		•	•	
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	5		•	•	
almotriptan malate tab 6.25 mg (Axert)	5		•	•	
almotriptan malate tab 12.5 mg (Axert)	5		•	•	
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	5			•	
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	5			•	
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	5		•	•	
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	5		•	•	
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	5				
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	5		•	•	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	6		•	•	
naratriptan hcl tab 1 mg (base equiv) (Amerge)	5			•	
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	5			•	
RELPA - eletriptan hydrobromide tab 20 mg (base equivalent)	6		•	•	
RELPA - eletriptan hydrobromide tab 40 mg (base equivalent)	6		•	•	
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	3			•	
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	3			•	
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)	3			•	
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3			•	
sumatriptan nasal spray 5 mg/act (Imitrex)	5			•	
sumatriptan nasal spray 20 mg/act (Imitrex)	5			•	
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	5			•	
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	5			•	
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)	5			•	
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)	5			•	
sumatriptan succinate tab 25 mg (Imitrex)	3			•	
sumatriptan succinate tab 50 mg (Imitrex)	3			•	
sumatriptan succinate tab 100 mg (Imitrex)	3			•	
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	5			•	
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	5			•	
zolmitriptan tab 2.5 mg (Zomig)	5			•	
zolmitriptan tab 5 mg (Zomig)	5			•	
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit	6		•	•	
GOUT AGENTS					
allopurinol tab 100 mg (Zyloprim)	3				
allopurinol tab 300 mg (Zyloprim)	3				
colchicine w/ probenecid tab 0.5-500 mg	3				
febuxostat tab 40 mg (Uloric)	5				
febuxostat tab 80 mg (Uloric)	5				
MITIGARE - colchicine cap 0.6 mg	5				
probenecid tab 500 mg	3				
NEUROMUSCULAR DRUGS					
ANTICONVULSANTS					
APTIOM - eslicarbazepine acetate tab 200 mg	6		•		
APTIOM - eslicarbazepine acetate tab 400 mg	6		•		
APTIOM - eslicarbazepine acetate tab 600 mg	6		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
APTIOM - eslicarbazepine acetate tab 800 mg	6		•		
BANZEL - rufinamide susp 40 mg/ml	6		•		
BANZEL - rufinamide tab 200 mg	6		•		
BANZEL - rufinamide tab 400 mg	6		•		
BRIVIACT - brivaracetam oral soln 10 mg/ml	6		•		
BRIVIACT - brivaracetam tab 10 mg	6		•		
BRIVIACT - brivaracetam tab 25 mg	6		•		
BRIVIACT - brivaracetam tab 50 mg	6		•		
BRIVIACT - brivaracetam tab 75 mg	6		•		
BRIVIACT - brivaracetam tab 100 mg	6		•		
carbamazepine cap er 12hr 100 mg (Carbatrol)	5				
carbamazepine cap er 12hr 200 mg (Carbatrol)	5				
carbamazepine cap er 12hr 300 mg (Carbatrol)	5				
carbamazepine chew tab 100 mg	3				
carbamazepine susp 100 mg/5ml (Tegretol)	5				
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	5				
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	5				
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	5				
carbamazepine tab 200 mg (Tegretol)	5				
CELONTIN - methsuximide cap 300 mg	6		•		
clobazam suspension 2.5 mg/ml (Onfi)	5				
clobazam tab 10 mg (Onfi)	5				
clobazam tab 20 mg (Onfi)	5				
clonazepam orally disintegrating tab 0.125 mg	5				
clonazepam orally disintegrating tab 0.25 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
clonazepam orally disintegrating tab 0.5 mg	3				
clonazepam orally disintegrating tab 1 mg	3				
clonazepam orally disintegrating tab 2 mg	5				
clonazepam tab 0.5 mg (Klonopin)	3				
clonazepam tab 1 mg (Klonopin)	3				
clonazepam tab 2 mg (Klonopin)	3				
DIACOMIT - stiripentol cap 250 mg	6	•			
DIACOMIT - stiripentol cap 500 mg	6	•			
DIACOMIT - stiripentol packet 250 mg	6	•			
DIACOMIT - stiripentol packet 500 mg	6	•			
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	5				
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	5				
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	5				
DILANTIN - phenytoin sodium extended cap 30 mg	5				
DILANTIN - phenytoin sodium extended cap 100 mg	5				
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	5				
divalproex sodium tab delayed release 125 mg (Depakote)	3				
divalproex sodium tab delayed release 250 mg (Depakote)	3				
divalproex sodium tab delayed release 500 mg (Depakote)	3				
divalproex sodium tab er 24 hr 250 mg (Depakote er)	5				
divalproex sodium tab er 24 hr 500 mg (Depakote er)	5				
EPIDIOLEX - cannabidiol soln 100 mg/ml	6	•	•		•
ethosuximide cap 250 mg (Zarontin)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ethosuximide soln 250 mg/5ml (Zarontin)	5				
felbamate susp 600 mg/5ml (Felbatol)	5				
felbamate tab 400 mg (Felbatol)	5				
felbamate tab 600 mg (Felbatol)	5				
FYCOMPA - perampanel tab 2 mg	6		•		
FYCOMPA - perampanel tab 4 mg	6		•		
FYCOMPA - perampanel tab 6 mg	6		•		
FYCOMPA - perampanel tab 8 mg	6		•		
FYCOMPA - perampanel tab 10 mg	6		•		
FYCOMPA - perampanel tab 12 mg	6		•		
gabapentin cap 100 mg (Neurontin)	3				
gabapentin cap 300 mg (Neurontin)	3				
gabapentin cap 400 mg (Neurontin)	3				
gabapentin oral soln 250 mg/5ml (Neurontin)	5				
gabapentin tab 600 mg (Neurontin)	3				
gabapentin tab 800 mg (Neurontin)	3				
LAMICTAL ODT - lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit	5				
LAMICTAL ODT - lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit	5				
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	5				
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	5				
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	5				
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	5				
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	5				
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	5				
lamotrigine tab er 24hr 25 mg (Lamictal xr)	5				
lamotrigine tab er 24hr 50 mg (Lamictal xr)	5				
lamotrigine tab er 24hr 100 mg (Lamictal xr)	5				
lamotrigine tab er 24hr 200 mg (Lamictal xr)	5				
lamotrigine tab er 24hr 250 mg (Lamictal xr)	5				
lamotrigine tab er 24hr 300 mg (Lamictal xr)	5				
lamotrigine tab 25 mg (Lamictal)	3				
lamotrigine tab 100 mg (Lamictal)	3				
lamotrigine tab 150 mg (Lamictal)	3				
lamotrigine tab 200 mg (Lamictal)	3				
lamotrigine tab 25 mg (35) starter kit (Lamictal starter/tak)	5				
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	5				
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit (Lamictal starter/tak)	5				
levetiracetam oral soln 100 mg/ml (Keppra)	3				
levetiracetam tab er 24hr 500 mg (Keppra xr)	3				
levetiracetam tab er 24hr 750 mg (Keppra xr)	3				
levetiracetam tab 250 mg (Keppra)	3				
levetiracetam tab 500 mg (Keppra)	3				
levetiracetam tab 750 mg (Keppra)	3				
levetiracetam tab 1000 mg (Keppra)	3				
LYRICA - pregabalin cap 25 mg	6		•	•	
LYRICA - pregabalin cap 50 mg	6		•	•	
LYRICA - pregabalin cap 75 mg	6		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
LYRICA - pregabalin cap 100 mg	6		•	•	
LYRICA - pregabalin cap 150 mg	6		•	•	
LYRICA - pregabalin cap 200 mg	6		•	•	
LYRICA - pregabalin cap 225 mg	6		•	•	
LYRICA - pregabalin cap 300 mg	6		•	•	
ONFI - clobazam suspension 2.5 mg/ml	6		•		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	5				
oxcarbazepine tab 150 mg (Trileptal)	3				
oxcarbazepine tab 300 mg (Trileptal)	3				
oxcarbazepine tab 600 mg (Trileptal)	3				
PEGANONE - ethotoin tab 250 mg	6		•		
phenytoin chew tab 50 mg (Dilantin infatabs)	3				
phenytoin sodium extended cap 100 mg (Dilantin)	3				
phenytoin sodium extended cap 200 mg (Phenytek)	5				
phenytoin sodium extended cap 300 mg (Phenytek)	3				
phenytoin susp 125 mg/5ml (Dilantin-125)	3				
pregabalin cap 25 mg (Lyrica)	5			•	
pregabalin cap 50 mg (Lyrica)	5			•	
pregabalin cap 75 mg (Lyrica)	5			•	
pregabalin cap 100 mg (Lyrica)	5			•	
pregabalin cap 150 mg (Lyrica)	5			•	
pregabalin cap 200 mg (Lyrica)	5			•	
pregabalin cap 225 mg (Lyrica)	5			•	
pregabalin cap 300 mg (Lyrica)	5			•	
pregabalin soln 20 mg/ml (Lyrica)	5			•	
primidone tab 50 mg (Mysoline)	3				
primidone tab 250 mg (Mysoline)	3				
SABRIL - vigabatrin tab 500 mg	6		•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
tiagabine hcl tab 2 mg (Gabitril)	5				
tiagabine hcl tab 4 mg (Gabitril)	5				
tiagabine hcl tab 12 mg (Gabitril)	5				
tiagabine hcl tab 16 mg (Gabitril)	5				
topiramate sprinkle cap 15 mg (Topamax sprinkle)	3				
topiramate sprinkle cap 25 mg (Topamax sprinkle)	5				
topiramate tab 25 mg (Topamax)	3				
topiramate tab 50 mg (Topamax)	3				
topiramate tab 100 mg (Topamax)	3				
topiramate tab 200 mg (Topamax)	3				
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	3				
valproic acid cap 250 mg (Depakene)	3				
vigabatrin powd pack 500 mg (Sabril)	5				•
vigabatrin tab 500 mg (Sabril)	5				
VIMPAT - lacosamide oral solution 10 mg/ml	6		•		
VIMPAT - lacosamide tab 50 mg	6		•		
VIMPAT - lacosamide tab 100 mg	6		•		
VIMPAT - lacosamide tab 150 mg	6		•		
VIMPAT - lacosamide tab 200 mg	6		•		
zonisamide cap 25 mg (Zonegran)	3				
zonisamide cap 50 mg	3				
zonisamide cap 100 mg (Zonegran)	3				
ANTIPARKINSON AGENTS					
amantadine hcl cap 100 mg	5				
amantadine hcl syrup 50 mg/5ml	3				
amantadine hcl tab 100 mg	5				
AZILECT - rasagiline mesylate tab 0.5 mg (base equiv)	6		•		
benztropine mesylate tab 0.5 mg	3				
benztropine mesylate tab 1 mg	3				
benztropine mesylate tab 2 mg	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	5				
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	5				
carbidopa & levodopa orally disintegrating tab 10-100 mg	5				
carbidopa & levodopa orally disintegrating tab 25-100 mg	5				
carbidopa & levodopa orally disintegrating tab 25-250 mg	5				
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	3				
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	3				
carbidopa & levodopa tab 10-100 mg (Sinemet)	3				
carbidopa & levodopa tab 25-100 mg (Sinemet)	3				
carbidopa & levodopa tab 25-250 mg (Sinemet)	3				
carbidopa tab 25 mg (Lodosyn)	5				
entacapone tab 200 mg (Comtan)	5				
INBRIJA - levodopa inhal powder cap 42 mg	6	•	•		•
LODOSYN - carbidopa tab 25 mg	6		•		
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	5				
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	5				
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	5				
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	5				
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	5				
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	5				
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	5				
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
pramipexole dihydrochloride tab 0.25 mg (Mirapex)	3				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	3				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	3				
pramipexole dihydrochloride tab 1 mg (Mirapex)	3				
pramipexole dihydrochloride tab 1.5 mg (Mirapex)	3				
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	5				
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	5				
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (Requip xl)	5				
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)	5				
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (Requip xl)	5				
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)	5				
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (Requip xl)	5				
ropinirole hydrochloride tab 0.25 mg (Requip)	3				
ropinirole hydrochloride tab 0.5 mg (Requip)	3				
ropinirole hydrochloride tab 1 mg (Requip)	3				
ropinirole hydrochloride tab 2 mg (Requip)	3				
ropinirole hydrochloride tab 3 mg (Requip)	3				
ropinirole hydrochloride tab 4 mg (Requip)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ropinirole hydrochloride tab 5 mg (Requip)	3				
SELEGILINE HCL - selegiline hcl tab 5 mg	5				
selegiline hcl cap 5 mg (Eldepryl)	5				
TASMAR - tolcapone tab 100 mg	6		•		
tolcapone tab 100 mg (Tasmar)	5				
trihexyphenidyl hcl elixir 0.4 mg/ml	3				
trihexyphenidyl hcl tab 2 mg	3				
trihexyphenidyl hcl tab 5 mg	3				
NEUROMUSCULAR AGENTS					
riluzole tab 50 mg (Rilutek)	5				
MUSCULOSKELETAL THERAPY AGENTS					
baclofen tab 10 mg	3				
baclofen tab 20 mg	3				
carisoprodol tab 350 mg (Soma)	3				
CHLORZOXAZONE - chlorzoxazone tab 500 mg	5				
cyclobenzaprine hcl tab 5 mg	3				
cyclobenzaprine hcl tab 10 mg	3				
dantrolene sodium cap 25 mg (Dantrium)	5				
dantrolene sodium cap 50 mg (Dantrium)	5				
dantrolene sodium cap 100 mg	5				
metaxalone tab 800 mg (Skelaxin)	5				
methocarbamol tab 500 mg (Robaxin)	3				
methocarbamol tab 750 mg (Robaxin-750)	3				
orphenadrine citrate tab er 12hr 100 mg	3				
tizanidine hcl tab 2 mg (base equivalent)	3				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	3				
ANTIMYASTHENIC AGENTS					
GUANIDINE HCL - guanidine hcl tab 125 mg	6		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
pyridostigmine bromide syrup 60 mg/5ml (Mestinon)	5				
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	5				
pyridostigmine bromide tab 60 mg (Mestinon)	5				
NUTRITIONAL PRODUCTS					
VITAMINS					
cholecalciferol cap 50000 unit	3				
ergocalciferol cap 50000 unit (Drisdol)	3				
phytonadione tab 5 mg (Mephyton)	5			•	
MULTIVITAMINS					
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	4				
COMPLETE NATAL DHA - prenatal-fe bis-fe prot succ-fa-ca tab & omega 3 cap 250 pk	4				
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4				
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4				
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	4				
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	4				
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
M-VIT - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
O-CAL FA - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
O-CAL PRENATAL - prenatal vit w/ fe fumarate-fa tab 15-1 mg	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PNV FOLIC ACID + IRON MUL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
PNV PRENATAL PLUS MULTIVI - prenatal w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak	4				
PNV PRENATAL PLUS MULTIVI - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
PNV TABS 29-1 - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4				
PRENATA - prenatal w/o a vit w/ fe fum-fa tab chew 29-1 mg	4				
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4				
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4				
PRENATAL VITAMINS PLUS LO - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4				
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4				
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	4				
PREPLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
PRETAB - prenatal vit w/ fe fumarate-fa tab 29-1 mg	4				
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	4				
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4				
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	4				
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4				
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
THRIVITE 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	4				
TRICARE - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4				
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	4				
VINATE M - prenatal vit w/ sel-fe fumarate-fa tab 27-1 mg	4				
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	4				
VIRT-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	4				
VOL-NATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	4				
VOL-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	4				
VOL-TAB RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	4				
VP-PNV-DHA - prenatal vit w/ fe fum-fa-omega 3 cap 28-1-215.8 mg	4				
MINERALS and ELECTROLYTES					
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	3				
potassium bicarbonate effer tab 25 meq	3				
potassium chloride cap er 8 meq (Micro-k)	3				
potassium chloride cap er 10 meq (Micro-k)	3				
potassium chloride microencapsulated crys er tab 10 meq	3				
potassium chloride microencapsulated crys er tab 20 meq	3				
potassium chloride oral soln 10% (20 meq/15ml)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
potassium chloride oral soln 20% (40 meq/15ml)	5				
potassium chloride tab er 8 meq (600 mg)	3				
potassium chloride tab er 10 meq (K-tab)	3				
SODIUM FLUORIDE - sodium fluoride tab 1 mg f (from 2.2 mg naf)	5				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)	1				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)	1				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)	1				
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)	1				
NUTRIENTS					
acetylcysteine cap 600 mg	3				
HEMATOLOGICAL AGENTS					
HEMATOPOIETIC AGENTS					
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	6	•	•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	6	•	•		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1				
cyanocobalamin inj 1000 mcg/ml	3				
DROXIA - hydroxyurea cap 200 mg	5				
DROXIA - hydroxyurea cap 300 mg	5				
DROXIA - hydroxyurea cap 400 mg	5				
ENDARI - glutamine (sickle cell) powd pack 5 gm	6	•	•		•
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	1				
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1				
folic acid tab 400 mcg	1				
folic acid tab 800 mcg	1				
folic acid tab 1 mg	3				
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	6	•	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
miglustat cap 100 mg (Zavesca)	6	•	•	•	
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	6	•	•	•	
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	6	•	•		
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	6	•	•		
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	6	•	•		
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	6	•	•		
PROCRIIT - epoetin alfa inj 2000 unit/ml	6	•	•		
PROCRIIT - epoetin alfa inj 3000 unit/ml	6	•	•		
PROCRIIT - epoetin alfa inj 4000 unit/ml	6	•	•		
PROCRIIT - epoetin alfa inj 10000 unit/ml	6	•	•		
PROCRIIT - epoetin alfa inj 20000 unit/ml	6	•	•		
PROCRIIT - epoetin alfa inj 40000 unit/ml	6	•	•		
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv)	6	•	•	•	
PROMACTA - eltrombopag olamine tab 25 mg (base equiv)	6	•	•	•	
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)	6	•	•	•	
PROMACTA - eltrombopag olamine tab 75 mg (base equiv)	6	•	•	•	
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	6	•	•		
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	6	•	•		
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	6	•	•		
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	6	•	•		
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	6	•	•	•	
ANTICOAGULANTS					
BEVYXXA - betrixaban maleate cap 40 mg (base equivalent)	5			•	
BEVYXXA - betrixaban maleate cap 80 mg (base equivalent)	5			•	
ELIQUIS - apixaban tab 2.5 mg	5			•	
ELIQUIS - apixaban tab 5 mg	5			•	
ELIQUIS STARTER PACK - apixaban tab 5 mg	5			•	
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	5			•	
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	5			•	
enoxaparin sodium inj 60 mg/0.6ml (Lovenox)	5			•	
enoxaparin sodium inj 80 mg/0.8ml (Lovenox)	5			•	
enoxaparin sodium inj 100 mg/ml (Lovenox)	5			•	
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	5			•	
enoxaparin sodium inj 150 mg/ml (Lovenox)	5			•	
enoxaparin sodium inj 300 mg/3ml (Lovenox)	5			•	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	5			•	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	5			•	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	5			•	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	5			•	
heparin sodium (porcine) inj 5000 unit/ml	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
heparin sodium (porcine) inj 10000 unit/ml	5				
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	5			•	
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	5			•	
PRADAXA - dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	5			•	
warfarin sodium tab 1 mg (Coumadin)	3				
warfarin sodium tab 2 mg (Coumadin)	3				
warfarin sodium tab 2.5 mg (Coumadin)	3				
warfarin sodium tab 3 mg (Coumadin)	3				
warfarin sodium tab 4 mg (Coumadin)	3				
warfarin sodium tab 5 mg (Coumadin)	3				
warfarin sodium tab 6 mg (Coumadin)	3				
warfarin sodium tab 7.5 mg (Coumadin)	3				
warfarin sodium tab 10 mg (Coumadin)	3				
XARELTO - rivaroxaban tab 2.5 mg	5			•	
XARELTO - rivaroxaban tab 10 mg	5			•	
XARELTO - rivaroxaban tab 15 mg	5			•	
XARELTO - rivaroxaban tab 20 mg	5			•	
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	5			•	
HEMOSTATICS					
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	5				
aminocaproic acid tab 500 mg (Amicar)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
aminocaproic acid tab 1000 mg (Amicar)	5				
tranexamic acid tab 650 mg (Lysteda)	5				
HEMATOLOGICAL AGENTS - MISC.					
ADVATE - antihemophilic factor rahf- pfm for inj 250 unit	6	•	•		
ADVATE - antihemophilic factor rahf- pfm for inj 500 unit	6	•	•		
ADVATE - antihemophilic factor rahf- pfm for inj 1000 unit	6	•	•		
ADVATE - antihemophilic factor rahf- pfm for inj 1500 unit	6	•	•		
ADVATE - antihemophilic factor rahf- pfm for inj 2000 unit	6	•	•		
ADVATE - antihemophilic factor rahf- pfm for inj 3000 unit	6	•	•		
ADVATE - antihemophilic factor rahf- pfm for inj 4000 unit	6	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit	6	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 500 unit	6	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 750 unit	6	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1000 unit	6	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1500 unit	6	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 2000 unit	6	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 3000 unit	6	•	•		
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit	6	•	•		
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 500 unit	6	•	•		
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1000 unit	6	•	•		
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1500 unit	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2000 unit	6	•	•		
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2500 unit	6	•	•		
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 3000 unit	6	•	•		
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 250 unit	6	•	•		
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 500 unit	6	•	•		
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 1000 unit	6	•	•		
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 1500 unit	6	•	•		
ALPHANATE/VON WILLEBRAND - antihemophilic factor/vwf (human) for inj 2000 unit	6	•	•		
ALPHANINE SD - coagulation factor ix for inj 500 unit	6	•	•		
ALPHANINE SD - coagulation factor ix for inj 1000 unit	6	•	•		
ALPHANINE SD - coagulation factor ix for inj 1500 unit	6	•	•		
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit	6	•	•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 500 unit	6	•	•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	6	•	•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	6	•	•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	6	•	•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	6	•	•		
anagrelide hcl cap 0.5 mg (Agrylin)	5				
anagrelide hcl cap 1 mg	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	5				
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit	6	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 500 unit	6	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 1000 unit	6	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 2000 unit	6	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 3000 unit	6	•	•		
BRILINTA - ticagrelor tab 60 mg	5				
BRILINTA - ticagrelor tab 90 mg	5				
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	6	•	•	•	•
cilostazol tab 50 mg (Pletal)	3				
cilostazol tab 100 mg (Pletal)	3				
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	6	•	•	•	•
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	3				
clopidogrel bisulfate tab 300 mg (base equiv) (Plavix)	3				
COAGADEX - coagulation factor x (human) for inj 250 unit	6	•	•		•
COAGADEX - coagulation factor x (human) for inj 500 unit	6	•	•		•
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	6	•	•		•
dipyridamole tab 25 mg (Persantine)	3				
dipyridamole tab 50 mg (Persantine)	3				
dipyridamole tab 75 mg (Persantine)	5				
EFFIENT - prasugrel hcl tab 5 mg (base equiv)	6		•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 250 unit	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 500 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 750 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 1000 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 1500 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 2000 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 3000 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 4000 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 5000 unit	6	•	•		
ELOCTATE - antihemophilic factor (recomb) rfviifc for inj 6000 unit	6	•	•		
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit	6	•	•		
FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit	6	•	•		
FEIBA - antiinhibitor coagulant complex for iv soln 2500 unit	6	•	•		
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	6	•	•		
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	6	•	•	•	•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	6	•	•	•	•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml	6	•	•		•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	6	•	•		•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	6	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
HEMLIBRA - emicizumab-kxwh subcutaneous soln 150 mg/ml	6	•	•		•
HEMOFIL M - antihemophilic factor (human) for inj 250 unit	6	•	•		
HEMOFIL M - antihemophilic factor (human) for inj 500 unit	6	•	•		
HEMOFIL M - antihemophilic factor (human) for inj 1000 unit	6	•	•		
HEMOFIL M - antihemophilic factor (human) for inj 1700 unit	6	•	•		
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit	6	•	•		
HUMATE-P - antihemophilic factor/vwf (human) for inj 500-1200 unit	6	•	•		
HUMATE-P - antihemophilic factor/vwf (human) for inj 1000-2400 unit	6	•	•		
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	6	•	•	•	
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit	6	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 500 unit	6	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	6	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	6	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	6	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 250 unit	6	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 500 unit	6	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 1000 unit	6	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 1500 unit	6	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 2000 unit	6	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 3000 unit	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
JIVI - antihemophilic factor recom pegylated-aucl for inj 500 unit	6	•	•		
JIVI - antihemophilic factor recom pegylated-aucl for inj 1000 unit	6	•	•		
JIVI - antihemophilic factor recom pegylated-aucl for inj 2000 unit	6	•	•		
JIVI - antihemophilic factor recom pegylated-aucl for inj 3000 unit	6	•	•		
KOATE - antihemophilic factor (human) for inj 250 unit	6	•	•		
KOATE - antihemophilic factor (human) for inj 500 unit	6	•	•		
KOATE - antihemophilic factor (human) for inj 1000 unit	6	•	•		
KOATE-DVI - antihemophilic factor (human) for inj 250 unit	6	•	•		
KOATE-DVI - antihemophilic factor (human) for inj 500 unit	6	•	•		
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	6	•	•		
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 250 unit	6	•	•		
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 500 unit	6	•	•		
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 1000 unit	6	•	•		
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 2000 unit	6	•	•		
KOGENATE FS - antihemophilic factor (recombinant) for inj kit 3000 unit	6	•	•		
KOVALTRY - antihemophilic factor (recombinant) for inj 250 unit	6	•	•		
KOVALTRY - antihemophilic factor (recombinant) for inj 500 unit	6	•	•		
KOVALTRY - antihemophilic factor (recombinant) for inj 1000 unit	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
KOVALTRY - antihemophilic factor (recombinant) for inj 2000 unit	6	•	•		
KOVALTRY - antihemophilic factor (recombinant) for inj 3000 unit	6	•	•		
MONONINE - coagulation factor ix for inj 1000 unit	6	•	•		
NOVOEIGHT - antihemophilic factor (recombinant) for inj 250 unit	6	•	•		
NOVOEIGHT - antihemophilic factor (recombinant) for inj 500 unit	6	•	•		
NOVOEIGHT - antihemophilic factor (recombinant) for inj 1000 unit	6	•	•		
NOVOEIGHT - antihemophilic factor (recombinant) for inj 1500 unit	6	•	•		
NOVOEIGHT - antihemophilic factor (recombinant) for inj 2000 unit	6	•	•		
NOVOEIGHT - antihemophilic factor (recombinant) for inj 3000 unit	6	•	•		
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	6	•	•		•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	6	•	•		•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	6	•	•		•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 250 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 500 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 1000 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 2000 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 2500 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 3000 unit	6	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
NUWIQ - antihemophilic factor (bdd-rfviii) for inj kit 4000 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 250 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 500 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 1000 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 2000 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 2500 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 3000 unit	6	•	•		•
NUWIQ - antihemophilic factor (bdd-rfviii) for inj 4000 unit	6	•	•		•
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	6	•	•		•
pentoxifylline tab er 400 mg	3				
prasugrel hcl tab 5 mg (base equiv) (Effient)	5				
prasugrel hcl tab 10 mg (base equiv) (Effient)	5				
PROFILNINE - factor ix complex for inj 500 unit	6	•	•		
PROFILNINE - factor ix complex for inj 1000 unit	6	•	•		
PROFILNINE - factor ix complex for inj 1500 unit	6	•	•		
PROFILNINE SD - factor ix complex for inj 500 unit	6	•	•		
PROFILNINE SD - factor ix complex for inj 1000 unit	6	•	•		
PROFILNINE SD - factor ix complex for inj 1500 unit	6	•	•		
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unit	6	•	•		
REBINYN - coagulation factor ix recomb glycopegylated for inj 1000 unit	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
REBINYN - coagulation factor ix recomb glycopegylated for inj 2000 unit	6	•	•		
RECOMBINATE - antihemophilic factor (recombinant) for inj 220-400 unit	6	•	•		
RECOMBINATE - antihemophilic factor (recombinant) for inj 401-800 unit	6	•	•		
RECOMBINATE - antihemophilic factor (recombinant) for inj 801-1240 unit	6	•	•		
RECOMBINATE - antihemophilic factor (recombinant) for inj 1241-1800 unit	6	•	•		
RECOMBINATE - antihemophilic factor (recombinant) for inj 1801-2400 unit	6	•	•		
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	6	•	•		•
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit	6	•	•		
RIXUBIS - coagulation factor ix (recombinant) for inj 500 unit	6	•	•		
RIXUBIS - coagulation factor ix (recombinant) for inj 1000 unit	6	•	•		
RIXUBIS - coagulation factor ix (recombinant) for inj 2000 unit	6	•	•		
RIXUBIS - coagulation factor ix (recombinant) for inj 3000 unit	6	•	•		
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	6	•	•	•	•
TRETEN - coagulation factor xiii a-subunit for inj 2000-3125 unit	6	•	•		•
VONVENDI - von willebrand factor (recombinant) for inj 650 unit	6	•	•		•
VONVENDI - von willebrand factor (recombinant) for inj 1300 unit	6	•	•		•
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	6	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	6	•	•		
XYNTHA - antihemophilic factor recombinant paf for inj kit 250 unit	6	•	•		
XYNTHA - antihemophilic factor recombinant paf for inj kit 500 unit	6	•	•		
XYNTHA - antihemophilic factor recombinant paf for inj kit 1000 unit	6	•	•		
XYNTHA - antihemophilic factor recombinant paf for inj kit 2000 unit	6	•	•		
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 250 unit	6	•	•		
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 500 unit	6	•	•		
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 1000 unit	6	•	•		
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 2000 unit	6	•	•		
XYNTHA SOLOFUSE - antihemophilic factor recombinant paf for inj kit 3000 unit	6	•	•		
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	6		•		

TOPICAL PRODUCTS

OPHTHALMIC AGENTS

ALOCRIAL - nedocromil sodium ophth soln 2%	6		•		
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	6		•		
ALREX - loteprednol etabonate ophth susp 0.2%	6		•		
apraclonidine hcl ophth soln 0.5% (base equivalent) (Iopidine)	5				
ATROPINE SULFATE - atropine sulfate ophth oint 1%	5				
azelastine hcl ophth soln 0.05%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
BACITRACIN - bacitracin ophth oint 500 unit/gm	5				
bacitracin-polymyxin b ophth oint	3				
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3				
BEPREVE - bepotastine besilate ophth soln 1.5%	6		•		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	6		•		
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	6		•		
betaxolol hcl ophth soln 0.5%	3				
bimatoprost ophth soln 0.03%	5			•	
brimonidine tartrate ophth soln 0.15% (Alphagan p)	5				
brimonidine tartrate ophth soln 0.2%	3				
BROMFENAC - bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	5				
CARTEOLOL HCL - carteolol hcl ophth soln 1%	5				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	3				
cromolyn sodium ophth soln 4%	3				
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	3				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	3				
cyclopentolate hcl ophth soln 2% (Cyclogyl)	3				
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	6		•		
diclofenac sodium ophth soln 0.1%	3				
dorzolamide hcl ophth soln 2% (Trusopt)	3				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	5				
DUREZOL - difluprednate ophth emulsion 0.05%	6		•		
epinastine hcl ophth soln 0.05% (Elestat)	3				
erythromycin ophth oint 5 mg/gm	3				
fluorometholone ophth susp 0.1% (Fml liquifilm)	5				
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	5				
gatifloxacin ophth soln 0.5% (Zymaxid)	5				
gentamicin sulfate ophth soln 0.3% (Garamycin)	3				
homatropine hbr ophth soln 5% (Isopto homatropine)	3				
ILEVRO - nepafenac ophth susp 0.3%	6		•		
ketorolac tromethamine ophth soln 0.4% (Acular Is)	3				
ketorolac tromethamine ophth soln 0.5% (Acular)	3				
LASTACAFT - alcaftadine ophth soln 0.25%	6		•		
latanoprost ophth soln 0.005% (Xalatan)	3			•	
levobunolol hcl ophth soln 0.5% (Betagan)	3				
levofloxacin ophth soln 0.5%	3				
loteprednol etabonate ophth susp 0.5% (Lotemax)	5				
LUMIGAN - bimatoprost ophth soln 0.01%	5			•	
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	5				
NATACYN - natamycin ophth susp 5%	5				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	3				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	3				
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	5				
ofloxacin ophth soln 0.3% (Ocuflox)	3				
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)	3				
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	5				
phenylephrine hcl ophth soln 2.5%	3				
phenylephrine hcl ophth soln 10%	3				
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	6		•		
pilocarpine hcl ophth soln 1% (Isopto carpine)	3				
pilocarpine hcl ophth soln 2% (Isopto carpine)	3				
pilocarpine hcl ophth soln 4% (Isopto carpine)	3				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	3				
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	5				
proparacaine hcl ophth soln 0.5% (Alcaine)	3				
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	5		•		
sulfacetamide sodium ophth soln 10% (Bleph-10)	3				
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	5				
tetracaine hcl ophth soln 0.5%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
timolol maleate ophth soln 0.25% (Timoptic)	3				
timolol maleate ophth soln 0.5% (Timoptic)	3				
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	5				
TIMOLOL MALEATE OPHTHALMI - timolol maleate ophth gel forming soln 0.25%	5				
TIMOLOL MALEATE OPHTHALMI - timolol maleate ophth gel forming soln 0.5%	5				
TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.25%	5				
TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.5%	5				
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	5				
tobramycin ophth soln 0.3% (Tobrex)	3				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	5				
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	5			•	
TRIFLURIDINE - trifluridine ophth soln 1%	5				
tropicamide ophth soln 0.5%	3				
tropicamide ophth soln 1% (Mydracil)	3				
VIGAMOX - moxifloxacin hcl ophth soln 0.5% (base equiv)	6		•		
XIIDRA - lifitegrast ophth soln 5%	6		•	•	
ZIOPTAN - tafluprost ophth soln 0.0015%	6		•	•	
ZIRGAN - ganciclovir ophth gel 0.15%	6		•		
ZYMAXID - gatifloxacin ophth soln 0.5%	6		•		
OTIC AGENTS					
acetic acid otic soln 2%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	6		•		
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	5				
COLY-MYCIN S - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	6		•		
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	5				
hydrocortisone w/ acetic acid otic soln 1-2%	5				
neomycin-polymyxin-hc otic soln 1% (Cortisporin)	3				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	5				
ofloxacin otic soln 0.3%	5				
MOUTH/THROAT/DENTAL AGENTS					
benzocaine mouth/throat aerosol 20%	5				
cevimeline hcl cap 30 mg (Evoxac)	5				
chlorhexidine gluconate soln 0.12% (Peridex)	3				
clotrimazole troche 10 mg	3				
lidocaine hcl viscous soln 2%	3				
nystatin susp 100000 unit/ml	3				
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	6		•		
pilocarpine hcl tab 5 mg (Salagen)	5				
pilocarpine hcl tab 7.5 mg (Salagen)	5				
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				
sodium fluoride paste 1.1% (Prevident 5000 boost)	1				
sodium fluoride rinse 0.2%	1				
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
stannous fluoride gel 0.4%	1				
triamcinolone acetonide dental paste 0.1%	5				
ANORECTAL AGENTS					
CORTIFOAM - hydrocortisone acetate rectal foam 10% (90 mg/dose)	5				
hydrocortisone acetate suppos 25 mg (Anusol-hc)	5				
hydrocortisone acetate w/ pramoxine rectal cream 1-1% (Analpram-hc)	5				
hydrocortisone acetate w/ pramoxine rectal cream 2.5-1% (Analpram-hc)	5				
hydrocortisone enema 100 mg/60ml (Cortenema)	5				
hydrocortisone rectal cream 1% (Proctocort)	3				
hydrocortisone rectal cream 2.5% (Anusol-hc)	3				
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine rectal foam 1-1%	5				
RECTIV - nitroglycerin oint 0.4%	6		•		
DERMATOLOGICALS					
acitretin cap 10 mg (Soriatane)	5				
acitretin cap 17.5 mg (Soriatane)	5				
acitretin cap 25 mg (Soriatane)	5				
acyclovir cream 5% (Zovirax)	5				
acyclovir oint 5% (Zovirax)	5				
adapalene cream 0.1% (Differin)	5				
adapalene gel 0.1% (Differin)	5				
adapalene gel 0.3% (Differin)	5				
adapalene-benzoyl peroxide gel 0.1-2.5% (EPIDUO)	5				
alclometasone dipropionate cream 0.05% (Aclovate)	5			•	
alclometasone dipropionate oint 0.05%	3			•	
ALTABAX - retapamulin oint 1%	6		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
azelaic acid gel 15% (Finacea)	5				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	5				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	3			•	
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	5			•	
betamethasone dipropionate augmented oint 0.05% (Diprolene)	5			•	
betamethasone dipropionate cream 0.05%	5			•	
betamethasone dipropionate lotion 0.05%	3			•	
betamethasone dipropionate oint 0.05%	5			•	
betamethasone valerate aerosol foam 0.12% (Luxiq)	5			•	
betamethasone valerate cream 0.1% (base equivalent)	3			•	
betamethasone valerate lotion 0.1% (base equivalent)	3			•	
betamethasone valerate oint 0.1% (base equivalent)	3			•	
BP CLEANSING WASH - sulfacetamide sodium-sulfur in urea emulsion 10-4%	6		•		
calcipotriene cream 0.005% (Dovonex)	5			•	
calcipotriene oint 0.005%	5			•	
calcipotriene soln 0.005% (50 mcg/ml)	5			•	
CALCITRIOL - calcitriol oint 3 mcg/gm	6		•	•	
ciclopirox gel 0.77%	5				
ciclopirox olamine cream 0.77% (base equiv)	3				
ciclopirox olamine susp 0.77% (base equiv)	5				
ciclopirox shampoo 1% (Loprox shampoo)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ciclopirox solution 8% (Penlac Nail Lacquer)	3				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	5				
clindamycin phosphate gel 1% (Cleocin-t)	5				
clindamycin phosphate lotion 1% (Cleocin-t)	5				
clindamycin phosphate soln 1% (Cleocin-t)	3			•	
clindamycin phosphate swab 1% (Cleocin-t)	3				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzacilin)	5				
clobetasol propionate cream 0.05% (Temovate)	5			•	
clobetasol propionate emollient base cream 0.05% (Temovate e)	5			•	
clobetasol propionate gel 0.05% (Temovate)	5			•	
clobetasol propionate oint 0.05% (Temovate)	5			•	
clobetasol propionate soln 0.05% (Temovate)	5			•	
CLODERM - clocortolone pivalate cream 0.1%	6		•	•	
clotrimazole cream 1%	3				
clotrimazole soln 1%	5				
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	3				
clotrimazole w/ betamethasone lotion 1-0.05%	5				
CORDRAN - flurandrenolide tape 4 mcg/sqcm	6		•	•	
CORTISPORIN - bacitracin-polymyxin-neomycin hc oint 1%	6		•		
CORTISPORIN - neomycin-polymyxin-hc crm 3.5 mg/gm-10000 unt/gm-0.5%	6		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	6	•	•	•	•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	6	•	•	•	•
crotamiton lotion 10% (Eurax)	5				
DENAVIR - penciclovir cream 1%	6		•		
desonide cream 0.05% (Desowen)	5			•	
desonide lotion 0.05% (Desowen)	5			•	
desonide oint 0.05% (Desowen)	5			•	
desoximetasone cream 0.05% (Topicort)	5			•	
desoximetasone cream 0.25% (Topicort)	5			•	
desoximetasone gel 0.05% (Topicort)	5			•	
desoximetasone oint 0.05% (Topicort)	5			•	
desoximetasone oint 0.25% (Topicort)	5			•	
desoximetasone spray 0.25% (Topicort)	5			•	
diclofenac sodium gel 1% (Voltaren)	5			•	
diclofenac sodium soln 1.5%	5			•	
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	6	•	•	•	
econazole nitrate cream 1%	5			•	
EPIDUO - adapalene-benzoyl peroxide gel 0.1-2.5%	6		•		
ERTACZO - sertaconazole nitrate cream 2%	6		•		
erythromycin gel 2% (Erygel)	5				
erythromycin pads 2%	5				
erythromycin soln 2%	3				
EURAX - crotamiton cream 10%	6		•		
EXELDERM - sulconazole nitrate cream 1%	6		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
FINACEA - azelaic acid gel 15%	6		•		
finasteride tab 1 mg (Propecia)	3				
fluocinolone acetonide cream 0.01%	5			•	
fluocinolone acetonide cream 0.025% (Synalar)	5			•	
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	5			•	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	5			•	
fluocinolone acetonide oint 0.025% (Synalar)	5			•	
fluocinolone acetonide soln 0.01% (Synalar)	5			•	
fluocinonide cream 0.05%	5			•	
fluocinonide emulsified base cream 0.05%	5			•	
fluocinonide gel 0.05%	5			•	
fluocinonide oint 0.05%	5			•	
fluocinonide soln 0.05%	5			•	
FLUOROURACIL - fluorouracil soln 2%	5				
FLUOROURACIL - fluorouracil soln 5%	5				
fluorouracil cream 5% (Efudex)	5			•	
fluticasone propionate cream 0.05% (Cutivate)	3			•	
fluticasone propionate oint 0.005%	3			•	
gentamicin sulfate cream 0.1%	5			•	
gentamicin sulfate oint 0.1%	5				
halobetasol propionate cream 0.05% (Ultravate)	5			•	
halobetasol propionate oint 0.05% (Ultravate)	5			•	
HALOG - halcinonide oint 0.1%	6		•	•	
hydrocortisone butyrate cream 0.1% (Locoid)	5			•	
hydrocortisone butyrate oint 0.1% (Locoid)	5			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
hydrocortisone butyrate soln 0.1% (Locoid)	5			•	
hydrocortisone cream 1%	3			•	
hydrocortisone cream 2.5%	3			•	
hydrocortisone lotion 2.5%	3			•	
hydrocortisone oint 1%	3			•	
hydrocortisone oint 2.5%	3			•	
hydrocortisone valerate cream 0.2%	5			•	
hydrocortisone valerate oint 0.2% (Westcort)	5			•	
imiquimod cream 5% (Aldara)	5			•	
isotretinoin cap 10 mg	5				
isotretinoin cap 20 mg	5				
isotretinoin cap 30 mg	5				
isotretinoin cap 40 mg	5				
ketoconazole cream 2%	5			•	
ketoconazole shampoo 2% (Nizoral)	3				
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	3				
lactic acid (ammonium lactate) lotion 12% (Lac-hydrin)	3				
lidocaine hcl soln 4% (Xylocaine)	3				
lidocaine hcl urethral/mucosal gel 2%	3				
lidocaine patch 5% (Lidoderm)	5		•	•	
lidocaine-prilocaine cream 2.5-2.5% (Emla)	5			•	
LINDANE - lindane shampoo 1%	5				
LOTRISONE - clotrimazole w/ betamethasone cream 1-0.05%	6		•		
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	5				
malathion lotion 0.5% (Ovide)	5				
MENTAX - butenafine hcl cream 1%	6		•		
methoxsalen rapid cap 10 mg (Oxsoralen ultra)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
metronidazole cream 0.75% (Metrocream)	5				
metronidazole gel 0.75%	5				
metronidazole gel 1% (Metrogel)	5				
metronidazole lotion 0.75% (Metrolotion)	5				
mometasone furoate cream 0.1% (Elocon)	3			•	
mometasone furoate oint 0.1% (Elocon)	3			•	
mometasone furoate solution 0.1% (lotion) (Elocon)	3			•	
mupirocin oint 2% (Bactroban)	3				
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	6		•		
nystatin cream 100000 unit/gm	3				
nystatin oint 100000 unit/gm	3				
nystatin topical powder 100000 unit/gm	3				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	5				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	5				
oxiconazole nitrate cream 1% (Oxistat)	5		•		
PANRETIN - alitretinoin gel 0.1%	6		•		
permethrin cream 5% (Elimite)	5				
PICATO - ingenol mebutate gel 0.015%	6		•	•	
PICATO - ingenol mebutate gel 0.05%	6		•	•	
pimecrolimus cream 1% (Elidel)	5				
podofilox soln 0.5% (Condylox)	5				
PRUDOXIN - doxepin hcl cream 5%	6		•	•	
REGANEX - becaplermin gel 0.01%	6		•		
resorcinol-sulfur lotion 2-5%	5				
salicylic acid cream 6%	3				
salicylic acid lotion 6%	3				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SANTYL - collagenase oint 250 unit/gm	6		•	•	
selenium sulfide lotion 2.5%	3				
selenium sulfide shampoo 2.25%	5				
silver sulfadiazine cream 1% (Silvadene)	3				
SKYRIZI - risankizumab-rzaa soln prefilled syringe 2 x 75 mg/0.83ml kit	6	•	•	•	
SOOLANTRA - ivermectin cream 1%	5				
SPINOSAD - spinosad susp 0.9%	6		•		
STELARA - ustekinumab inj 45 mg/0.5ml	6	•	•	•	
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	6	•	•	•	
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	6	•	•	•	
sulfacetamide sodium lotion 10% (acne) (Klaron)	5				
SULFAMYLLON - mafenide acetate cream 85 mg/gm	5				
SYNERA - lidocaine-tetracaine topical patch 70-70 mg	6		•	•	
tacrolimus oint 0.03% (Protopic)	5				
tacrolimus oint 0.1% (Protopic)	5				
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	6	•	•	•	•
TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	6	•	•	•	•
TARGRETIN - bexarotene gel 1%	6	•	•		
tazarotene cream 0.1% (Tazorac)	5			•	
TAZORAC - tazarotene cream 0.05%	5			•	
TAZORAC - tazarotene gel 0.05%	5			•	
TAZORAC - tazarotene gel 0.1%	5			•	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	6	•	•	•	
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	6	•	•	•	•
tretinoin cream 0.025% (Retin-a)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
tretinoin cream 0.05% (Retin-a)	5				
tretinoin cream 0.1% (Retin-a)	5				
tretinoin gel 0.01% (Retin-a)	5				
tretinoin gel 0.025% (Retin-a)	5				
tretinoin gel 0.05% (Atralin)	5				
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	5			•	
triamcinolone acetonide cream 0.025%	3			•	
triamcinolone acetonide cream 0.1%	3			•	
triamcinolone acetonide cream 0.5%	3			•	
triamcinolone acetonide lotion 0.025%	3			•	
triamcinolone acetonide lotion 0.1%	3			•	
triamcinolone acetonide oint 0.025%	3			•	
triamcinolone acetonide oint 0.1%	3			•	
triamcinolone acetonide oint 0.5%	3			•	
ULESFIA - benzyl alcohol lotion 5%	6		•		
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	6	•			•
VECTICAL - calcitriol oint 3 mcg/gm	6		•	•	
wound cleansers - solution	5				
MISCELLANEOUS PRODUCTS					
ANTIDOTES					
CHEMET - succimer cap 100 mg	6	•	•		
deferasirox tab for oral susp 125 mg (Exjade)	6	•			
deferasirox tab for oral susp 250 mg (Exjade)	6	•			
deferasirox tab for oral susp 500 mg (Exjade)	6	•			
FERRIPROX - deferiprone tab 500 mg	6	•	•		•
FERRIPROX - deferiprone tab 1000 mg	6	•			•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml	5			•	
naloxone hcl inj 0.4 mg/ml	3			•	
naloxone hcl inj 4 mg/10ml	5			•	
naltrexone hcl tab 50 mg (Revia)	3				
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	5			•	
DIAGNOSTIC PRODUCTS					
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	4			•	
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	4			•	
GLUCAGEN DIAGNOSTIC - glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	6		•		
MEDICAL DEVICES					
ACCU-CHEK FASTCLIX LANCET - lancets kit	4				
ACCU-CHEK FASTCLIX LANCET - lancets	4				
ACCU-CHEK MULTICLIX LANC - lancets kit	4				
ACCU-CHEK MULTICLIX LANCE - lancets	4				
ACCU-CHEK SAFE-T-PRO LANC - lancets	4				
ACCU-CHEK SAFE-T-PRO PLUS - lancets	4				
ACCU-CHEK SOFT TOUCH LANC - lancets	4				
ACCU-CHEK SOFTCLIX LANCET - lancets kit	4				
ACCU-CHEK SOFTCLIX LANCET - lancets	4				
ACTI-LANCE LANCETS 28G - lancets	4				
ACTI-LANCE LITE SAFETY LA - lancets	4				
ACTI-LANCE SPECIAL SAFETY - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ACTI-LANCE UNIVERSAL SAFE - lancets	4				
ADJUSTABLE LANCING DEVICE - lancet devices	4				
ADVANCED MOBILE LANCET 30 - lancets	4				
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm	4				
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (3/16")	4				
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ADVOCATE LANCETS - lancets	4				
ADVOCATE LANCETS 30G - lancets	4				
ADVOCATE LANCING DEVICE - lancet devices	4				
ADVOCATE RAPID-SAFE LANCI - lancet devices	4				
ADVOCATE SAFETY LANCETS - lancets	4				
ADVOCATE SAFETY LANCETS 2 - lancets	4				
AF LANCETS SUPER THIN - lancets	4				
AGAMATRIX ULTRA-THIN LANC - lancets	4				
AIMSCO TWIST LANCETS 32G - lancets	4				
AIMSCO TWIST LANCETS 33G - lancets	4				
ALLERGY SYRINGE/1ML/27G X - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
ALTERNATE SITE LANCING DE - lancet devices	4				
AQUA LANCE ADJUSTABLE LAN - lancet devices	4				
AQUALANCE LANCETS UL - lancets	4				
ASSURE COMFORT LANCETS UL - lancets	4				
ASSURE HAEMOLANCE PLUS HI - lancets	4				
ASSURE HAEMOLANCE PLUS LO - lancets	4				
ASSURE HAEMOLANCE PLUS MI - lancets	4				
ASSURE HAEMOLANCE PLUS NO - lancets	4				
ASSURE HAEMOLANCE PLUS PE - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 5 mm (3/16")	4				
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
ASSURE ID SAFETY PEN NEED - insulin pen needle 31 g x 5 mm (3/16")	4				
ASSURE LANCE LANCETS - lancets	4				
ASSURE LANCE LANCETS 21G - lancets	4				
ASSURE LANCE PLUS SAFETY - lancets	4				
ASSURE LANCE SAFETY LANCE - lancets	4				
ASSURE LANCETS - lancets	4				
AT LAST LANCETS - lancets	4				
AURORA LANCET SUPER THIN - lancets	4				
AURORA LANCET THIN 23G - lancets	4				
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4				
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4")	4				
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
AURORA UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (3/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
AURORA UNIFINE PENTIPS/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
AUTO-LANCET - lancet devices	4				
AUTO-LANCET MINI - lancet devices	4				
AUTOLET IMPRESSION LANCIN - lancet devices	4				
AUTOLET LANCING DEVICE - lancet devices	4				
AUTOLET MINI - lancet devices	4				
AUTOLET PLUS - lancet devices	4				
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
BAYER CONTOUR LINK 2.4 BL - blood glucose monitoring kit w/ device	4				
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
BD ALLERGY/SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5				
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (3/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
BD AUTOSHIELD 29G X 3/16" - insulin pen needle 29 g x 5 mm (3/16")	4				
BD AUTOSHIELD 29G X 5/16" - insulin pen needle 29 g x 8 mm (5/16")	4				
BD DISPOSABLE NEEDLE REGU - needle (disp) 25 x 1"	5				
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	5				
BD DISPOSABLE NEEDLE 27GX - needle (disp) 27 x 1-1/4"	5				
BD DISPOSABLE NEEDLE/30GX - needle (disp) 30 x 1"	5				
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	5				
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	5				
BD ECLIPSE NEEDLE 30G X - needle (disp) 30 x 1/2"	5				
BD ECLIPSE NEEDLE/22G X 1 - needle (disp) 22 x 1-1/2"	5				
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	5				
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	5				
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	5				
BD HYPODERMIC NEEDLE REGU - needle (disp) 21 x 1"	5				
BD HYPODERMIC NEEDLE REGU - needle (disp) 23 x 1-1/2"	5				
BD HYPODERMIC NEEDLE 26GX - needle (disp) 26 x 3/8"	5				
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	5				
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	5				
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1"	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1-1/2"	5				
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	5				
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	4				
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2"	4				
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 1 ml 27 x 5/8"	4				
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
BD INSULIN SYRINGE SLIP T - insulin syringe (disp) u-100 1 ml	4				
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
BD INSULIN SYRINGE/DETACH - insulin syringe/needle u-100 1 ml 25 x 5/8"	4				
BD INSULIN SYRINGE/DETACH - insulin syringe/needle u-100 1 ml 25 x 1"	4				
BD INSULIN SYRINGE/DETACH - insulin syringe/needle u-100 1 ml 26 x 1/2"	4				
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2"	4				
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 2 ml 27.5 x 5/8"	4				
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	4				
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	4				
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
BD LANCET ULTRAFINE 30G - lancets	4				
BD LANCET ULTRAFINE 33G - lancets	4				
BD MICROTAINER LANCETS - lancets	4				
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	5				
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	5				
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	5				
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	5				
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	5				
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	5				
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	5				
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	5				
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4")	4				
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (3/16")	4				
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5				
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
BD SAFETY-LOK INSULIN SYR - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
BD SAFETYGLIDE ALLERGY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
BD SAFETYGLIDE ALLERGY SY - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	5				
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	4				
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4				
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 1 ml 31 x 15/64"	4				
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	5				
BD SAFETYGLIDE 27G X 5/8" - needle (disp) 27 x 5/8"	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	4				
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4				
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 1 ml 31 x 15/64"	4				
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
BULLSEYE MINI SAFETY LANC - lancets	4				
BULLSEYE SAFETY LANCETS - lancets	4				
CARDIOCOM LANCING DEVICE - lancet devices	4				
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4				
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4")	4				
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CAREONE ADVANCED LANCING - lancet devices	4				
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
CAREONE LANCET THIN - lancets	4				
CAREONE LANCET ULTRA THIN - lancets	4				
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	4				
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (3/16")	4				
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 6 mm (1/4")	4				
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
CAREONE UNIFINE PENTIPS 2 - insulin pen needle 29 g x 12 mm (1/2")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution	Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CAREONE UNIFINE PENTIPS 3 - insulin pen needle 31 g x 5 mm (3/16")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	4				
CAREONE UNIFINE PENTIPS 3 - insulin pen needle 31 g x 6 mm (1/4")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (3/16")	4				
CAREONE UNIFINE PENTIPS 3 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 6 mm (1/4")	4				
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 28 x 5/16"	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 5/16"	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
CARETOUCH LANCING DEVICE - lancet devices	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 6 mm (1/4")	4				
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (3/16")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 8 mm	4				
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	4				
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 6 mm (1/4")	4				
CARETOUCH SAFETY LANCETS/ - lancets	4					CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 8 mm (1/3" or 5/16")	4				
CARETOUCH TWIST LANCETS 2 - lancets	4					CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
CARETOUCH TWIST LANCETS 3 - lancets	4					CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
CAYA - diaphragm arc-spring	1										
CLEANLET LANCETS 28G - lancets	4										
CLEVER CHEK LANCETS ULTRA - lancets	4										

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
CLEVER CHOICE COMFORT EZ - lancets	4				
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
CLICKFINE PEN NEEDLE 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (3/16")	4				
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4")	4				
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
CLICKFINE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
CLICKFINE PEN NEEDLES/31G - insulin pen needle 31 g x 6 mm (1/4")	4				
CLICKFINE UNIVERSAL PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
COAGUCHEK LANCETS - lancets	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
COMFORT ASSURED LANCETS M - lancets	4				
COMFORT ASSURED LANCETS S - lancets	4				
COMFORT EZ INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
COMFORT EZ INSULIN SYRING - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (3/16")	4				
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4")	4				
COMFORT LANCETS - lancets	4				
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	4				
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	4				
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	4				
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	4				
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	4				
CVS LANCETS MICRO THIN 33 - lancets	4				
CVS LANCETS MICRO-THIN 33 - lancets	4				
CVS LANCETS ORIGINAL - lancets	4				
CVS LANCETS THIN 26G - lancets	4				
CVS LANCETS ULTRA THIN 30 - lancets	4				
CVS LANCETS ULTRA-THIN 30 - lancets	4				
CVS LANCETS 21G - lancets	4				
CVS LANCING DEVICE - lancet devices	4				
CVS ULTRA THIN LANCETS - lancets	4				
DIATHRIVE LANCETS - lancets	4				
DIATHRIVE LANCETS ULTRA T - lancets	4				
DIATHRIVE LANCING DEVICE - lancet devices	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 15/64"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.5 ml 30 x 15/64"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 30 x 15/64"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 1 ml 31 x 15/64"	4				
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	4				
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4				
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 31 x 15/64"	4				
DROPLET LANCETS ULTRA THI - lancets	4				
DROPLET LANCING DEVICE - lancet devices	4				
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm	4				
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 12 mm (1/2")	4				
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (3/16")	4				
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4")	4				
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 6 mm (1/4")	4				
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 8 mm	4				
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4")	4				
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm	4				
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4")	4				
DRUG MART ADJUSTABLE LANC - lancet devices	4				
DRUG MART LANCETS THIN - lancets	4				
DRUG MART LANCETS ULTRA T - lancets	4				
DRUG MART ON-THE-GO LANCE - lancets	4				
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4				
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (3/16")	4				
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4")	4				
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
DRUG MART UNILET LANCETS - lancets	4				
DRUG MART UNILET MICRO TH - lancets	4				
DUANE READE LANCET ALTERN - lancets	4				
DUANE READE LANCET SUPER - lancets	4				
DUANE READE LANCET ULTRA - lancets	4				
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	4				
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4")	4				
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
E-Z JECT LANCETS - lancets	4				
E-Z JECT LANCETS COLOR - lancets	4				
E-Z JECT LANCETS SUPER TH - lancets	4				
E-Z JECT LANCETS THIN 26G - lancets	4				
E-Z JECT LANCETS 21G - lancets	4				
E-ZJECT LANCETS MICRO-THI - lancets	4				
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.5 ml 32 x 5/16"	4				
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 32 x 5/16"	4				
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
EASY COMFORT LANCETS - lancets	4				
EASY COMFORT LANCETS TWIS - lancets	4				
EASY COMFORT LANCETS 30G/ - lancets	4				
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (3/16")	4				
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4")	4				
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	4				
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
EASY MINI EJECT LANCING D - lancet devices	4				
EASY MINI LANCING DEVICE - lancet devices	4				
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 27 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1 ml 27 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
EASY TOUCH LANCETS 21G/PR - lancets	4				
EASY TOUCH LANCETS 23G/PR - lancets	4				
EASY TOUCH LANCETS 26G/PR - lancets	4				
EASY TOUCH LANCETS 26G/PU - lancets	4				
EASY TOUCH LANCETS 26G/TW - lancets	4				
EASY TOUCH LANCETS 28G/PR - lancets	4				
EASY TOUCH LANCETS 28G/PU - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EASY TOUCH LANCETS 28G/TW - lancets	4				
EASY TOUCH LANCETS 30G/BU - lancets	4				
EASY TOUCH LANCETS 30G/PR - lancets	4				
EASY TOUCH LANCETS 30G/PU - lancets	4				
EASY TOUCH LANCETS 30G/TW - lancets	4				
EASY TOUCH LANCETS 32G/PR - lancets	4				
EASY TOUCH LANCETS 32G/PU - lancets	4				
EASY TOUCH LANCETS 32G/TW - lancets	4				
EASY TOUCH LANCETS 33G/TW - lancets	4				
EASY TOUCH LANCING DEVICE - lancet devices	4				
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	4				
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4")	4				
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (3/16")	4				
EASY TOUCH SAFETY LANCETS - lancets	4				
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (3/16")	4				
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 8 mm (5/16")	4				
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5				
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5				
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EASY TWIST & CAP LANCETS - lancets	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 28 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 29 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1 ml 28 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1 ml 29 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ELITE-THIN INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
EMBRACE LANCETS ULTRA THI - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EQL COLOR LANCETS MICRO T - lancets	4				
EQL COLOR LANCETS 21G - lancets	4				
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
EQL SUPER THIN LANCETS 30 - lancets	4				
EQL THIN LANCETS 26G - lancets	4				
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4")	4				
EXCEL COMFORT POINT INSUL - insulin pen needle 31 g x 4 mm (1/6" or 5/32")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
EXEL COMFORT POINT INSULI - insulin pen needle 29 g x 12 mm (1/2")	4				
EXEL COMFORT POINT INSULI - insulin pen needle 31 g x 6 mm (1/4")	4				
EXEL COMFORT POINT INSULI - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
EXEL COMFORT POINT INSULI - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
EZ SMART BLOOD GLUCOSE LA - lancets	4				
EZ-LETS LANCETS 21G - lancets	4				
EZ-LETS LANCETS 23G - lancets	4				
EZ-LETS LANCETS 26G SUPER - lancets	4				
EZ-LETS LANCETS 28G ULTRA - lancets	4				
EZ-LETS LANCETS 30G - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
FC FEMALE CONDOM - condoms - female	1				
FC2 FEMALE CONDOM - condoms - female	1				
FEMCAP - cervical cap 22 mm	1				
FEMCAP - cervical cap 26 mm	1				
FEMCAP - cervical cap 30 mm	1				
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (3/16")	4				
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (3/16")	4				
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4")	4				
FIFTY50 SAFETY SEAL LANCE - lancets	4				
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
FIFTY50 UNILET LANCETS 33 - lancets	4				
FINE 30 - lancets	4				
FINGERSTIX LANCETS - lancets	4				
FORA LANCETS - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
FORA LANCING DEVICE - lancet devices	4				
FORA LANCING DEVICE/CLEAR - lancet devices	4				
FREDS PHARMACY AUTOLET LA - lancet devices	4				
FREDS PHARMACY UNIFINE PE - insulin pen needle 31 g x 5 mm (3/16")	4				
FREDS PHARMACY UNIFINE PE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
FREDS PHARMACY UNIFINE PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
FREDS PHARMACY UNILET LAN - lancets	4				
FREESTYLE LANCETS - lancets	4				
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	4				
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	4				
FREESTYLE LIBRE/READER/FL - continuous blood glucose system receiver	4				
FREESTYLE LIBRE/SENSOR/FL - continuous blood glucose system sensor	4				
FREESTYLE PRECISION INSUL - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
FREESTYLE PRECISION INSUL - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
FREESTYLE PRECISION INSUL - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
FREESTYLE PRECISION INSUL - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
FREESTYLE UNISTICK II LAN - lancets	4				
GENTEEL BUTTERFLY TOUCH L - lancets	4				
GENTEEL LANCING DEVICE/BU - lancet devices	4				
GENTEEL LANCING DEVICE/GL - lancet devices	4				
GENTEEL LANCING DEVICE/PL - lancet devices	4				
GENTEEL LANCING DEVICE/PR - lancet devices	4				
GENTEEL LANCING DEVICE/ST - lancet devices	4				
GENTEEL LANCING DEVICE/WI - lancet devices	4				
GENTLE-LET GP LANCETS - lancets	4				
GENTLE-LET LANCETS GENERA - lancets	4				
GENTLE-LET LANCETS SAFETY - lancets	4				
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	4				
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (3/16")	4				
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
GLOBAL INJECT EASE LANCET - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GLOBAL INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
GLOBAL LANCING DEVICE - lancet devices	4				
GLUCOCOM LANCETS 28G - lancets	4				
GLUCOCOM LANCETS 30G - lancets	4				
GLUCOCOM LANCETS 33G - lancets	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GNP CLICKFINE PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4")	4				
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
GNP LANCETS - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GNP LANCETS MICRO THIN 33 - lancets	4				
GNP LANCETS SUPER THIN 30 - lancets	4				
GNP LANCETS THIN - lancets	4				
GNP LANCETS THIN 26G - lancets	4				
GNP LANCETS 21G - lancets	4				
GNP MICRO THIN LANCETS 33 - lancets	4				
GNP SUPER THIN LANCETS/30 - lancets	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (3/16")	4				
GOODSENSE COLOR LANCETS M - lancets	4				
GOODSENSE LANCETS MICRO-T - lancets	4				
GOODSENSE LANCETS ULTRA-T - lancets	4				
GOODSENSE LANCING DEVICE - lancet devices	4				
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 5 mm (3/16")	4				
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 6 mm (1/4")	4				
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (3/16")	4				
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 6 mm (1/4")	4				
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (3/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
H-E-B INCONTROL ADVANCED - lancet devices	4				
H-E-B INCONTROL LANCETS M - lancets	4				
H-E-B INCONTROL LANCETS S - lancets	4				
H-E-B INCONTROL LANCETS U - lancets	4				
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4				
HAEMOLANCE - lancets	4				
HAEMOLANCE LOW FLOW LANCE - lancets	4				
HAEMOLANCE PLUS - lancets	4				
HAEMOLANCE PLUS HIGH FLOW - lancets	4				
HAEMOLANCE PLUS LOW FLOW - lancets	4				
HAEMOLANCE PLUS MAX FLOW - lancets	4				
HAEMOLANCE PLUS PEDIATRIC - lancets	4				
HEALTH CARE LANCING DEVIC - lancet devices	4				
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4")	4				
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	4				
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (3/16")	4				
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
HEALTHWISE UNIFINE PENTIP - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
HEALTHY ACCENTS AUTOLET I - lancet devices	4				
HEALTHY ACCENTS UNIFINE P - insulin pen needle 29 g x 12 mm (1/2")	4				
HEALTHY ACCENTS UNIFINE P - insulin pen needle 31 g x 5 mm (3/16")	4				
HEALTHY ACCENTS UNIFINE P - insulin pen needle 31 g x 6 mm (1/4")	4				
HEALTHY ACCENTS UNIFINE P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
HEALTHY ACCENTS UNIFINE P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
HEALTHY ACCENTS UNILET LA - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
HY-VEE LANCETS - lancets	4				
HY-VEE THIN LANCETS - lancets	4				
IN TOUCH LANCING DEVICE - lancet devices	4				
IN TOUCH STERILE LANCETS - lancets	4				
INSULIN SYRINGE 1ML/31G X - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	4				
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
INSULIN SYRINGE/0.3ML/29G - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
INSULIN SYRINGE/0.3ML/29G - insulin syringe/needle u-100 0.3 ml 29 x 1"	4				
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
INSULIN SYRINGE/0.5ML/27G - insulin syringe/needle u-100 1/2 ml 27 x 1/2"	4				
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
INSULIN SYRINGE/1ML/28G X - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	4				
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	4				
INSULIN SYRINGES/0.5ML/27 - insulin syringe/needle u-100 1/2 ml 27 x 1/2"	4				
INSULIN SYRINGES/0.5ML/28 - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
INSULIN SYRINGES/0.5ML/29 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
INSULIN SYRINGES/0.5ML/30 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
INSULIN SYRINGES/0.5ML/31 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
INSULIN SYRINGES/1ML/27GX - insulin syringe/needle u-100 1 ml 27 x 1/2"	4				
INSULIN SYRINGES/1ML/28GX - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
INSULIN SYRINGES/1ML/29GX - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
INSULIN SYRINGES/1ML/30GX - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
INSULIN SYRINGES/1ML/31GX - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
INSUPEN PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
INSUPEN SENSITIVE 32GX6MM - insulin pen needle 32 g x 6 mm (1/4")	4				
INSUPEN SENSITIVE 32GX8MM - insulin pen needle 32 g x 8 mm	4				
INSUPEN ULTRAFIN 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
INSUPEN ULTRAFIN 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
INSUPEN ULTRAFIN 31GX6MM - insulin pen needle 31 g x 6 mm (1/4")	4				
INSUPEN ULTRAFIN 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (3/16")	4				
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
KINNEY LANCETS - lancets	4				
KINNEY THIN LANCETS - lancets	4				
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml	4				
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 1/2 ml	4				
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 1 ml	4				
KROGER INSULIN SYRINGE/U. - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
KROGER LANCETS - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
KROGER LANCETS MICRO THIN - lancets	4				
KROGER LANCETS SUPER THIN - lancets	4				
KROGER LANCETS THIN - lancets	4				
KROGER LANCETS THIN 26G - lancets	4				
KROGER LANCETS ULTRATHIN - lancets	4				
KROGER LANCETS 21G - lancets	4				
KROGER LANCING DEVICE - lancet devices	4				
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4				
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4")	4				
LANCET DEVICE ADJUSTABLE - lancet devices	4				
LANCET DEVICE WITH EJECTO - lancet devices	4				
LANCETS - lancets	4				
LANCETS MICRO THIN 33G - lancets	4				
LANCETS SAFETY SEAL 21G - lancets	4				
LANCETS SAFETY SEAL 26G - lancets	4				
LANCETS SAFETY SEAL 28G - lancets	4				
LANCETS SAFETY SEAL 30G - lancets	4				
LANCETS SUPER THIN 28G - lancets	4				
LANCETS THIN - lancets	4				
LANCETS TWIST TOP - lancets	4				
LANCETS ULTRA FINE - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
LANCETS ULTRA THIN - lancets	4				
LANCETS ULTRA THIN 30G - lancets	4				
LANCETS 26G TWIST TOP - lancets	4				
LANCETS 28G - lancets	4				
LANCETS 30G - lancets	4				
LANCETS 30G TWIST TOP - lancets	4				
LANCETS 30G/TWIST TOP - lancets	4				
LANCETS 31G TWIST TOP - lancets	4				
LANCETS 33G UNIVERSAL DES - lancets	4				
LANCING DEVICE - lancet devices	4				
LANCING DEVICE ADJUSTABLE - lancet devices	4				
LANZO - lancet devices	4				
LEADER ADVANCED LANCING D - lancet devices	4				
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
LEADER LANCETS COLORED - lancets	4				
LEADER SUPER THIN LANCET - lancets	4				
LEADER THIN LANCETS - lancets	4				
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (3/16")	4				
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (3/16")	4				
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
LIBERTY MEDICAL LANCETS 3 - lancets	4				
LIBERTY MINI LANCING DEVI - lancet devices	4				
LIFESCAN UNISTIK II LANCE - lancets	4				
LIFESCAN UNISTIK 2 DEEP P - lancets	4				
LITE TOUCH LANCETS - lancets	4				
LITE TOUCH LANCING PEN - lancet devices	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
LITETOUCH LANCETS MICRO T - lancets	4				
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm	4				
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (3/16")	4				
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (3/16")	4				
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
LIVE BETTER ADVANCED LANC - lancet devices	4				
LIVE BETTER LANCET SUPER - lancets	4				
LIVE BETTER LANCET ULTRA - lancets	4				
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	4				
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4")	4				
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
LONGS LANCETS STANDARD - lancets	4				
LONGS LANCETS THIN - lancets	4				
LONGS LANCETS ULTRA THIN - lancets	4				
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5				
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4				
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (3/16")	4				
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (3/16")	4				
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 8 mm (5/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4")	4				
MAXICOMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 27 x 1/2"	4				
MAXICOMFORT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 27 x 1/2"	4				
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
MEDICHOICE PRE-SET SAFETY - lancets	4				
MEDICHOICE SAFETY LANCET - lancets	4				
MEDICINE SHOPPE LANCETS - lancets	4				
MEDICINE SHOPPE LANCETS T - lancets	4				
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	4				
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4")	4				
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
MEDISENSE THIN LANCETS - lancets	4				
MEDLANCE PLUS EXTRA LANCE - lancets	4				
MEDLANCE PLUS LANCETS - lancets	4				
MEDLANCE PLUS LANCETS LIT - lancets	4				
MEDLANCE PLUS LITE LANCET - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MEDLANCE PLUS SPECIAL LAN - lancets	4				
MEDLANCE PLUS SUPERLITE 3 - lancets	4				
MEDLANCE PLUS UNIVERSAL L - lancets	4				
MEDLANCE PLUS/LITE 25G - lancets	4				
MEDLANCE/EXTRA - lancets	4				
MEDLANCE/LITE - lancets	4				
MEDLANCE/UNIVERSAL - lancets	4				
MEIJER COLOR LANCETS UNIV - lancets	4				
MEIJER LANCETS - lancets	4				
MEIJER LANCETS THIN - lancets	4				
MEIJER LANCETS UNIVERSAL - lancets	4				
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4				
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4")	4				
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
MEIJER SUPER THIN LANCETS - lancets	4				
MICROLET LANCETS - lancets	4				
MICROLET NEXT - lancet devices	4				
MICROTAINER SAFETY FLOW L - lancets	4				
MINI LANCING DEVICE - lancet devices	4				
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
MM LANCING DEVICE - lancet devices	4				
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4")	4				
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (3/16")	4				
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
MM TWIST LANCETS - lancets	4				
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1"	5				
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1-1/2"	5				
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 20 x 1-1/2"	5				
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	5				
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 25 x 5/8"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 27 x 1/2"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1-1/2"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 20 x 1"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 20 x 1-1/2"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 21 x 5/8"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 21 x 1"	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MONOJECT MAGELLAN SAFETY - needle (disp) 21 x 1-1/2"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 22 x 1"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 22 x 1-1/2"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 23 x 5/8"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 23 x 1"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 25 x 5/8"	5				
MONOJECT MAGELLAN SAFETY - needle (disp) 25 x 1"	5				
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5				
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	5				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
MONOLET LANCETS - lancets	4				
MONOLET OPD LANCETS - lancets	4				
MONOLETTOR SAFETY LANCETS - lancets	4				
MPD SAFETY LANCET 21G/1.8 - lancets	4				
MPD SAFETY LANCET 28G/1.8 - lancets	4				
MPD SAFETY LANCET 30G/1.8 - lancets	4				
MPD SAFETY LANCETS 23G/1. - lancets	4				
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
MULTI-LANCET DEVICE - lancet devices	4				
MYGLUCOHEALTH MGH SOFTLAN - lancets	4				
NOVA SAFETY LANCETS 23G - lancets	4				
NOVA SAFETY LANCETS 28G - lancets	4				
NOVA SUREFLEX LANCETS - lancets	4				
NOVA SUREFLEX LANCING DEV - lancet devices	4				
NOVOFINE AUTOCOVER 30GX8M - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
NOVOFINE PLUS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
NOVOFINE 32GX6MM - insulin pen needle 32 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
NOVOTWIST 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
OMNIFLEX DIAPHRAGM - diaphragms	1				
ON CALL LANCETS - lancets	4				
ON CALL LANCING DEVICE - lancet devices	4				
ON CALL PLUS LANCETS - lancets	4				
ON CALL PLUS LANCING DEVI - lancet devices	4				
ONETOUCH CLUB LANCETS FIN - lancets	4				
ONETOUCH COMBO PACK - lancets	4		•	•	
ONETOUCH DELICA LANCETS E - lancets	4				
ONETOUCH DELICA LANCETS F - lancets	4				
ONETOUCH DELICA LANCING D - lancet devices	4				
ONETOUCH DELICA PLUS LANC - lancet devices	4				
ONETOUCH DELICA PLUS LANC - lancets	4				
ONETOUCH FINEPOINT LANCET - lancets	4				
ONETOUCH LANCETS - lancets	4				
ONETOUCH SURESOFT LANCING - lancets misc.	4				
ONETOUCH ULTRASOFT LANCET - lancets	4				
PC LANCETS SUPER THIN 30G - lancets	4				
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	4				
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (3/16")	4				
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
PEN NEEDLES 29GX1/2" - insulin pen needle 29 g x 12 mm (1/2")	4				
PEN NEEDLES 30GX5/16" - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (3/16")	4				
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
PEN NEEDLES 31G X 1/4" SH - insulin pen needle 31 g x 6 mm (1/4")	4				
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (3/16")	4				
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (3/16")	4				
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4")	4				
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4")	4				
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4")	4				
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (3/16")	4				
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (3/16")	4				
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4")	4				
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
PERFECT LANCETS 30G - lancets	4				
PERFECT PRESSURE ACTIVATE - lancets	4				
PHARMACIST CHOICE ULTRA T - lancets	4				
PHARMACY COUNTER LANCETS - lancets	4				
PIP LANCETS/28G - lancets	4				
PIP LANCETS/30G - lancets	4				
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 1/2 ml 30 x 3/8"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
PRECISION SURE-DOSE PLUS - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
PRECISION SURE-DOSE PLUS - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
PRECISION THINS GP LANCET - lancets	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
PREFERRED PLUS LANCETS CO - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PREFERRED PLUS LANCETS SU - lancets	4				
PREFERRED PLUS LANCETS TH - lancets	4				
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	4				
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 5 mm (3/16")	4				
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4")	4				
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PREFERRED PLUS UNIFINE PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
PRESSURE ACTIVATED SAFETY - lancets	4				
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4")	4				
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
PRO COMFORT LANCETS 30G - lancets	4				
PRO COMFORT LANCETS 31G - lancets	4				
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 6 mm (1/4")	4				
PRODIGY INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
PRODIGY LANCING DEVICE - lancet devices	4				
PRODIGY PRESSURE ACTIVATE - lancets	4				
PRODIGY SAFETY LANCETS - lancets	4				
PRODIGY TWIST TOP LANCETS - lancets	4				
PSS SELECT GP LANCETS - lancets	4				
PSS SELECT SAFETY LANCETS - lancets	4				
PUSH BUTTON SAFETY LANCET - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
PX ADVANCED LANCING DEVIC - lancet devices	4				
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4")	4				
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
PX LANCET AUTO INJECTOR - lancet devices	4				
PX LANCETS ULTRA THIN - lancets	4				
PX LANCETS ULTRA THIN 28G - lancets	4				
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (3/16")	4				
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
PX SHORTLENGTH PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
QC ADVANCED LANCING DEVIC - lancet devices	4				
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
QC LANCETS SUPER THIN - lancets	4				
QC LANCETS ULTRA THIN - lancets	4				
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4")	4				
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
QC UNILET LANCETS 28G/ULT - lancets	4				
QC UNILET LANCETS 33G/MIC - lancets	4				
RA E-ZJECT COLOR LANCETS - lancets	4				
RA E-ZJECT LANCETS THIN 2 - lancets	4				
RA E-ZJECT LANCETS ULTRA - lancets	4				
RA E-ZJECT LANCETS 28G - lancets	4				
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
RA LANCING DEVICE - lancet devices	4				
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (3/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
READYLANCE SAFETY LANCETS - lancets	4				
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
REALITY LANCETS - lancets	4				
REALITY TRIGGER LANCETS - lancets	4				
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4				
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 29 g	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 29 g	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 30 g	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 30 g	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 30 g	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
RELION INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 31 x 15/64"	4				
RELION LANCETS - lancets	4				
RELION LANCETS MICRO-THIN - lancets	4				
RELION LANCETS STANDARD 2 - lancets	4				
RELION LANCETS THIN 26G - lancets	4				
RELION LANCETS ULTRA-THIN - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
RELION LANCING DEVICE - lancet devices	4				
RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4")	4				
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4				
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4")	4				
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
RELION SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
RELION THIN LANCETS - lancets	4				
RELION ULTRA THIN LANCETS - lancets	4				
RELION ULTRA THIN PLUS LA - lancets	4				
RELION 2-IN-1 LANCET DEV - lancet devices	4				
RELION 2-IN-1 LANCING DEV - lancet devices	4				
REXALL LANCETS ULTRA THIN - lancets	4				
RIGHTEST GD500 LANCING DE - lancet devices	4				
RIGHTEST GL300 LANCETS - lancets	4				
SAFE-T-LANCE LOW FLOW 25G - lancets	4				
SAFE-T-LANCE NORMAL FLOW - lancets	4				
SAFE-T-LANCE PLUS SAFETY - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SAFESNAP ALLERGY SYRINGE/ - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
SAFESNAP INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
SAFESNAP INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
SAFESNAP INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
SAFESNAP INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
SAFESNAP INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
SAFESNAP TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
SAFESNAP TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
SAFETY INSULIN SYRINGES 0 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
SAFETY INSULIN SYRINGES 0 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
SAFETY INSULIN SYRINGES 1 - insulin syringe/needle u-100 1 ml 27 x 1/2"	4				
SAFETY INSULIN SYRINGES 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
SAFETY INSULIN SYRINGES 1 - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
SAFETY LANCET 21G/PRESSUR - lancets	4				
SAFETY LANCET 28G/PRESSUR - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SAFETY LANCETS - lancets	4				
SAFETY LANCETS 21G - lancets	4				
SAFETY LANCETS 28G - lancets	4				
SAFETY LET LANCETS - lancets	4				
SAFETY SEAL LANCETS 28G - lancets	4				
SAFETY SEAL LANCETS 30G - lancets	4				
SAFETY-LOK SAFETY SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
SAFETY-LOK TB SYRINGE PER - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
SAPS HEALTH CARE TWIST TO - lancets	4				
SAPS HEALTH TWIST TOP LAN - lancets	4				
SAPSCARE TWIST TOP LANCET - lancets	4				
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
SB LANCETS THIN - lancets	4				
SB LANCETS ULTRA THIN - lancets	4				
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
SECURESAFE SAFETY INSULIN - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
SECURESAFE SAFETY INSULIN - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
SECURESAFE TUBERCULIN INS - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
SECURESAFE TUBERCULIN INS - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
SECURESAFE TUBERCULIN INS - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
SELECT-LITE LANCING DEVIC - lancet devices	4				
SHOPKO AUTOLET LANCING DE - lancet devices	4				
SHOPKO ON-THE-GO COMFORT - lancets	4				
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 29 g x 12 mm (1/2")	4				
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 31 g x 5 mm (3/16")	4				
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
SHOPKO UNIFINE PENTIPS PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 29 g x 12 mm (1/2")	4				
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (3/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
SHOPKO UNIFINE PENTIPS PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
SHOPKO UNILET LANCETS SUP - lancets	4				
SHOPKO UNILET LANCETS ULT - lancets	4				
SIDE BUTTON SAFETY LANCET - lancets	4				
SIMPLE DIAGNOSTICS LANCIN - lancet devices	4				
SINGLE-LET - lancets	4				
SM MICRO THIN LANCETS 33G - lancets	4				
SM TRUEDRAW LANCING DEVIC - lancet devices	4				
SMART DIABETES VANTAGE LA - lancet devices	4				
SMART SENSE COLOR LANCETS - lancets	4				
SMART SENSE STANDARD LANC - lancets	4				
SMART SENSE SUPER THIN LA - lancets	4				
SMART SENSE THIN LANCETS - lancets	4				
SMARTEST LANCETS 28G - lancets	4				
SOLUS V2 LANCING DEVICE - lancet devices	4				
SOLUS V2 PRESSURE ACTIVAT - lancets	4				
SOLUS V2 TWIST LANCETS 30 - lancets	4				
STERILANCE TL - lancets	4				
SUPER THIN LANCETS - lancets	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
SURE COMFORT LANCETS 18G - lancets	4				
SURE COMFORT LANCETS 21G - lancets	4				
SURE COMFORT LANCETS 23G - lancets	4				
SURE COMFORT LANCETS 28G - lancets	4				
SURE COMFORT LANCETS 30G - lancets	4				
SURE COMFORT LANCING PEN - lancet devices	4				
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm	4				
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4				
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (3/16")	4				
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4")	4				
SURE-FINE PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm	4				
SURE-FINE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (3/16")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SURE-FINE PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
SURE-JECT INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
SURE-LANCE FLAT LANCETS - lancets	4				
SURE-LANCE LANCETS 26G - lancets	4				
SURE-LANCE THIN LANCETS 2 - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
SURE-LANCE ULTRA THIN LAN - lancets	4				
SURE-PEN - lancet devices	4				
SURE-TOUCH LANCETS UNIVER - lancets	4				
SURELITE LANCETS - lancets	4				
TECHLITE AST LANCETS - lancets	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4				
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 15/64"	4				
TECHLITE LANCETS - lancets	4				
TECHLITE LANCETS 30G - lancets	4				
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 10 mm	4				
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	4				
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (3/16")	4				
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (3/16")	4				
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 6 mm (1/4")	4				
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4")	4				
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 8 mm	4				
TGT ADVANCED LANCING DEVI - lancet devices	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
TGT LANCET ALTERNATE SITE - lancets	4				
TGT LANCET MICRO THIN 33G - lancets	4				
TGT LANCET SUPER THIN 30G - lancets	4				
TGT LANCET THIN 23G - lancets	4				
TGT LANCET THIN 26G - lancets	4				
TGT LANCET ULTRA THIN 28G - lancets	4				
TGT LANCET ULTRA THIN 30G - lancets	4				
TGT LANCING DEVICE - lancet devices	4				
THINLETS GP LANCETS - lancets	4				
TODAYS HEALTH ADVANCED LA - lancet devices	4				
TODAYS HEALTH MINI PEN NE - insulin pen needle 31 g x 6 mm (1/4")	4				
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	4				
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
TODAYS HEALTH SUPER THIN - lancets	4				
TODAYS HEALTH ULTRA THIN - lancets	4				
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4")	4				
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
TOPCARE LANCETS MICRO-THI - lancets	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
TRAVEL LANCETS ADVANCED 2 - lancets	4				
TRAVEL LANCETS 30G - lancets	4				
TRUE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
TRUE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (3/16")	4				
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4")	4				
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
TRUE COMFORT TWIST TOP LA - lancets	4				
TRUEDRAW LANCING DEVICE - lancet devices	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
TRUEPLUS LANCETS 26G - lancets	4				
TRUEPLUS LANCETS 28G - lancets	4				
TRUEPLUS LANCETS 28G SUPE - lancets	4				
TRUEPLUS LANCETS 30G - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
TRUEPLUS LANCETS 30G ULTR - lancets	4				
TRUEPLUS LANCETS 33G - lancets	4				
TRUEPLUS LANCETS 33G MICR - lancets	4				
TRUEPLUS PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4				
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 5 mm (3/16")	4				
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4")	4				
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
TRUEPLUS PEN NEEDLES 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
TRUEPLUS SAFETY LANCETS 2 - lancets	4				
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm	4				
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (3/16")	4				
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 6 mm (1/4")	4				
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	4				
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ULTICARE INSULIN SYRINGE/- insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4")	4				
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4")	4				
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4")	4				
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	4				
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm	4				
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (3/16")	4				
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm	4				
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	5				
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	4				
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	4				
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	4				
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ULTILET CLASSIC LANCETS - lancets	4				
ULTILET INSULIN SYRINGE 3 - insulin syringe/needle u-100 0.3 ml 31 x 15/64"	4				
ULTILET INSULIN SYRINGE 3 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	4				
ULTILET INSULIN SYRINGE/S - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTILET INSULIN SYRINGE/S - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4				
ULTILET INSULIN SYRINGE/S - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ULTILET INSULIN SYRINGE/S - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ULTILET INSULIN SYRINGE/S - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ULTILET INSULIN SYRINGE/S - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ULTILET INSULIN SYRINGE/S - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ULTILET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
ULTILET INSULIN SYRINGE/U - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				
ULTILET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	4				
ULTILET INSULIN SYRINGE/0 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ULTILET INSULIN SYRINGE/0 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ULTILET INSULIN SYRINGE/0 - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ULTILET INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ULTILET INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ULTILET LANCETS - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTILET LANCETS 33G - lancets	4				
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm	4				
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (3/16")	4				
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
ULTILET SAFETY LANCETS 21 - lancets	4				
ULTILET SAFETY LANCETS 23 - lancets	4				
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (3/16")	4				
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
ULTILET U-100 INSULIN SYR - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	4				
ULTRA COMFORT INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
ULTRA THIN LANCETS 28G - lancets	4				
ULTRA THIN LANCETS 31G - lancets	4				
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
ULTRA-CARE LANCETS 30G - lancets	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1 ml 28 x 1/2"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ULTRA-COMFORT INSULIN SYR - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ULTRA-THIN II AUTO LANCET - lancets	4				
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ULTRA-THIN II LANCETS 28G - lancets	4				
ULTRA-THIN II LANCETS 30G - lancets	4				
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (3/16")	4				
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm	4				
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	4				
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	4				
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 30 x 1/2"	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 31 x 5/16"	4				
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	4				
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (3/16")	4				
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 6 mm (1/4")	4				
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4				
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4")	4				
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	4				
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (3/16")	4				
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 6 mm (1/4")	4				
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	4				
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (3/16")	4				
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4")	4				
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (3/16")	4				
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4")	4				
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4")	4				
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
UNILET COMFORTOUCH LANCET - lancets	4				
UNILET EXCELITE - lancets	4				
UNILET EXCELITE II - lancets	4				
UNILET G.P. LANCET - lancets	4				
UNILET G.P. SUPERLITE LAN - lancets	4				
UNILET GP 28 ULTRA THIN - lancets	4				
UNILET LANCET - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
UNILET LANCETS MICRO-THIN - lancets	4				
UNILET LANCETS SUPER-THIN - lancets	4				
UNILET LANCETS ULTRA-THIN - lancets	4				
UNILET SUPERLITE LANCET - lancets	4				
UNISTIK PRO SAFETY LANCET - lancets	4				
UNISTIK SAFETY LANCETS 28 - lancets	4				
UNISTIK SAFETY LANCETS 30 - lancets	4				
UNISTIK TOUCH SAFETY LANC - lancets	4				
UNISTIK 3 GENTLE - lancets	4				
UNIVERSAL 1 LANCETS THIN - lancets	4				
UNIVERSAL 1 LANCETS ULTRA - lancets	4				
UNIVERSAL 1 LANCETS/33G/M - lancets	4				
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4				
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
VALUE PLUS LANCETS STAND - lancets	4				
VALUE PLUS LANCETS SUPER - lancets	4				
VALUE PLUS LANCETS THIN 2 - lancets	4				
VALUE PLUS LANCING DEVICE - lancet devices	4				
VALUMARK LANCET SUPER THI - lancets	4				
VALUMARK LANCET ULTRA THI - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4				
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4")	4				
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4				
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	4				
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 3/16" (5 mm)	4				
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 0.5 ml 30 x 3/16" (5 mm)	4				
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 29 x 1/2"	4				
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 29 x 5/16"	4				
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 5/16"	4				
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
VIDA MIA AUTOLET LANCING - lancet devices	4				
VIDA MIA UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4				
VIDA MIA UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4")	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
VIDA MIA UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
VIDA MIA UNILET LANCETS S - lancets	4				
VIDA MIA UNILET LANCETS U - lancets	4				
VIDA MIA UNIPFINE PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
VITALET PRO LANCETS - lancets	4				
VITALET PRO PLUS LANCETS - lancets	4				
VIVAGUARD LANCETS - lancets	4				
VIVAGUARD LANCING DEVICE - lancet devices	4				
VP INSULIN SYRINGE/U-100/- insulin syringe/needle u-100 0.3 ml 29 x 1/2"	4				
WALGREENS ADVANCED TRAVEL - lancets	4				
WALGREENS COMFORT ASSURED - lancets	4				
WALGREENS LANCETS - lancets	4				
WALGREENS THIN LANCETS - lancets	4				
WALGREENS ULTRA THIN LANC - lancets	4				
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (3/16")	4				
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 6 mm (1/4")	4				
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 65 mm	1				
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 70 mm	1				
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 75 mm	1				
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 80 mm	1				
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 85 mm	1				
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 90 mm	1				
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 95 mm	1				
1ML TB SYRINGE/25G X 5/8" - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
1ML TB SYRINGE/26G X 3/8" - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
1ML TB SYRINGE/27G X 1/2" - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
1ML TUBERCULIN SYRINGE DE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
1ML TUBERCULIN SYRINGE DE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	5				
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	5				
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	5				
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5				
1ST CHOICE LANCETS SUPER - lancets	4				
1ST CHOICE LANCETS THIN - lancets	4				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
1ST CHOICE LANCETS ULTRA - lancets	4				
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4				
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (3/16")	4				
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4")	4				
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4				
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4				
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 6 mm (1/4")	4				
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4				
1ST TIER UNILET COMFORTOU - lancets	4				
ASSORTED CLASSES					
azathioprine tab 50 mg (Imuran)	3				
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	6	•	•	•	
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	6	•	•	•	
cyclosporine cap 25 mg (Sandimmune)	5				
cyclosporine cap 100 mg (Sandimmune)	5				
CYCLOSPORINE MODIFIED - cyclosporine modified cap 50 mg	5				
cyclosporine modified cap 25 mg (Neoral)	5				
cyclosporine modified cap 100 mg (Neoral)	5				
cyclosporine modified oral soln 100 mg/ml (Neoral)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
DEPEN TITRATABS - penicillamine tab 250 mg	6	•	•		
irrigation solution, physiological	5				
lactated ringer's for irrigation	5				
mycophenolate mofetil cap 250 mg (Cellcept)	3				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	5				
mycophenolate mofetil tab 500 mg (Cellcept)	3				
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	5				
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	5				
penicillamine cap 250 mg (Cuprimine)	6	•	•		
REVLIMID - lenalidomide caps 2.5 mg	5	•	•	•	•
REVLIMID - lenalidomide cap 5 mg	5	•	•	•	•
REVLIMID - lenalidomide cap 10 mg	5	•	•	•	•
REVLIMID - lenalidomide cap 15 mg	5	•	•	•	•
REVLIMID - lenalidomide cap 20 mg	5	•	•	•	•
REVLIMID - lenalidomide cap 25 mg	5	•	•	•	•
ringer's solution for irrigation	5				
sirolimus oral soln 1 mg/ml (Rapamune)	5				
sirolimus tab 0.5 mg (Rapamune)	5				
sirolimus tab 1 mg (Rapamune)	5				
sirolimus tab 2 mg (Rapamune)	5				
sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)	3				
sodium polystyrene sulfonate powder (Kayexalate)	5				
sodium polystyrene sulfonate rectal susp 30 gm/120ml	3				
SYPRINE - trientine hcl cap 250 mg	6	•	•		
tacrolimus cap 0.5 mg (Prograf)	3				
tacrolimus cap 1 mg (Prograf)	5				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Limited Distribution
tacrolimus cap 5 mg (Prograf)	5				
THALOMID - thalidomide cap 50 mg	5	•	•	•	•
THALOMID - thalidomide cap 100 mg	5	•	•	•	•
THALOMID - thalidomide cap 150 mg	5	•	•	•	•
THALOMID - thalidomide cap 200 mg	5	•	•	•	•
trientine hcl cap 250 mg (Syprine)	6	•	•		
water for irrigation, sterile irrigation soln	3				
ZORTRESS - everolimus tab 0.25 mg	5				
ZORTRESS - everolimus tab 0.5 mg	5				
ZORTRESS - everolimus tab 0.75 mg	5				
ZORTRESS - everolimus tab 1 mg	5				

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ACCU-CHEK SOFTCLIX LANCET -lancets.....	83	ADEMPAS -riociguat tab 2 mg.....	36
ACCU-CHEK SOFTCLIX LANCET -lancets kit.....	83	ADEMPAS -riociguat tab 2.5 mg.....	36
ACCU-CHEK SOFT TOUCH LANC -lancets.....	83	ADJUSTABLE LANCING DEVICE -lancet devices.....	83
acebutolol hcl cap 200 mg (Sectral).....	27	ADVAIR DISKUS -fluticasone-salmeterol aer powder ba 100-50 mcg/dose.....	38
acebutolol hcl cap 400 mg (Sectral).....	27	ADVAIR DISKUS -fluticasone-salmeterol aer powder ba 250-50 mcg/dose.....	38
acetaminophen w/ codeine soln 120-12 mg/5ml.....	56	ADVAIR DISKUS -fluticasone-salmeterol aer powder ba 500-50 mcg/dose.....	38
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine).....	56	ADVAIR HFA -fluticasone-salmeterol inhal aerosol 45-21 mcg/act.....	38
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3).....	56	ADVAIR HFA -fluticasone-salmeterol inhal aerosol 115-21 mcg/act.....	38
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4).....	56	ADVAIR HFA -fluticasone-salmeterol inhal aerosol 230-21 mcg/act.....	38
acetazolamide cap er 12hr 500 mg (Diamox).....	33	ADVANCED MOBILE LANCET 30 -lancets.....	83
acetazolamide tab 125 mg.....	33	ADVATE -antihemophilic factor rahf-pfm for inj 250 unit.....	71
acetazolamide tab 250 mg.....	33	ADVATE -antihemophilic factor rahf-pfm for inj 500 unit.....	71
acetic acid irrigation soln 0.25%.....	45	ADVATE -antihemophilic factor rahf-pfm for inj 1000 unit.....	71
acetic acid otic soln 2%.....	77	ADVATE -antihemophilic factor rahf-pfm for inj 1500 unit.....	71
acetylcysteine cap 600 mg.....	68	ADVATE -antihemophilic factor rahf-pfm for inj 2000 unit.....	71
acetylcysteine inhal soln 10%.....	37	ADVATE -antihemophilic factor rahf-pfm for inj 3000 unit.....	71
acetylcysteine inhal soln 20%.....	37	ADVATE -antihemophilic factor rahf-pfm for inj 4000 unit.....	71
acitretin cap 10 mg (Soriatane).....	78	ADVOCATE INSULIN PEN NEED -insulin pen needle 29 g x 12.7 mm.....	83
acitretin cap 17.5 mg (Soriatane).....	78	ADVOCATE INSULIN PEN NEED -insulin pen needle 31 g x 5 mm (3/16").....	83
acitretin cap 25 mg (Soriatane).....	78	ADVOCATE INSULIN PEN NEED -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	83
ACTEMRA -tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml.....	59	ADVOCATE INSULIN PEN NEED -insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	83
ACTHIB -haemophilus b polysaccharide conjugate vaccine for inj.....	9	ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	83
ACTI-LANCE LANCETS 28G -lancets.....	83		
ACTI-LANCE LITE SAFETY LA -lancets.....	83		
ACTI-LANCE SPECIAL SAFETY -lancets.....	83		
ACTI-LANCE UNIVERSAL SAFE -lancets.....	83		
ACTIMMUNE -interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml).....	12		
acyclovir cap 200 mg (Zovirax).....	4		

ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	83	AFSTYLA -antihemophilic fact rcmb single chain for inj kit 250 unit.....	71
ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	83	AFSTYLA -antihemophilic fact rcmb single chain for inj kit 500 unit.....	71
ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	83	AFSTYLA -antihemophilic fact rcmb single chain for inj kit 1000 unit.....	71
ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	83	AFSTYLA -antihemophilic fact rcmb single chain for inj kit 1500 unit.....	71
ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 29 x 1/2".....	83	AFSTYLA -antihemophilic fact rcmb single chain for inj kit 2000 unit.....	71
ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 30 x 5/16".....	83	AFSTYLA -antihemophilic fact rcmb single chain for inj kit 2500 unit.....	71
ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 31 x 5/16".....	83	AFSTYLA -antihemophilic fact rcmb single chain for inj kit 3000 unit.....	71
ADVOCATE INSULIN SYRINGE/ -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	84	AGAMATRIX ULTRA-THIN LANC -lancets.....	84
ADVOCATE LANCETS 30G -lancets.....	84	AIMOVIG -erenumab-aooe subcutaneous soln auto- injector 70 mg/ml.....	61
ADVOCATE LANCETS -lancets.....	84	AIMOVIG -erenumab-aooe subcutaneous soln auto- injector 140 mg/ml.....	61
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ADVOCATE RAPID-SAFE LANCI -lancet devices.....	84	AIMSCO TWIST LANCETS 33G -lancets.....	84
ADVOCATE SAFETY LANCETS -lancets.....	84	albendazole tab 200 mg (Albenza).....	8
ADVOCATE SAFETY LANCETS 2 -lancets.....	84	ALBENZA -albendazole tab 200 mg.....	8
ADYNOVATE -antihemophilic factor recomb pegylated for inj 250 unit.....	71	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....	38
ADYNOVATE -antihemophilic factor recomb pegylated for inj 500 unit.....	71	albuterol sulfate soln nebu 0.5% (5 mg/ml).....	38
ADYNOVATE -antihemophilic factor recomb pegylated for inj 750 unit.....	71	albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....	38
ADYNOVATE -antihemophilic factor recomb pegylated for inj 1000 unit.....	71	albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....	38
ADYNOVATE -antihemophilic factor recomb pegylated for inj 1500 unit.....	71	albuterol sulfate syrup 2 mg/5ml.....	38
ADYNOVATE -antihemophilic factor recomb pegylated for inj 2000 unit.....	71	albuterol sulfate tab 2 mg.....	38
ADYNOVATE -antihemophilic factor recomb pegylated for inj 3000 unit.....	71	albuterol sulfate tab 4 mg.....	38
AFINITOR DISPERZ -everolimus tab for oral susp 2 mg.....	12	alclometasone dipropionate cream 0.05% (Aclovate).....	78
AFINITOR DISPERZ -everolimus tab for oral susp 3 mg.....	12	alclometasone dipropionate oint 0.05%.....	78
AFINITOR DISPERZ -everolimus tab for oral susp 5 mg.....	12	ALECENSA -alectinib hcl cap 150 mg (base equivalent).....	12
AFINITOR -everolimus tab 2.5 mg.....	12	ALENDRONATE SODIUM -alendronate sodium tab 5 mg.....	24
AFINITOR -everolimus tab 5 mg.....	12	alendronate sodium tab 10 mg.....	24
AFINITOR -everolimus tab 7.5 mg.....	12	alendronate sodium tab 35 mg.....	24
AFINITOR -everolimus tab 10 mg.....	12	alendronate sodium tab 70 mg (Fosamax).....	24
AF LANCETS SUPER THIN -lancets.....	84	alfuzosin hcl tab er 24hr 10 mg (Uroxatral).....	45
AFLURIA 2018-2019 -influenza virus vaccine split im susp.....	9	ALINIA -nitazoxanide for susp 100 mg/5ml.....	8
AFLURIA PF 2018-2019 -influenza virus vaccine split pf susp pref syringe 0.5 ml.....	9	ALINIA -nitazoxanide tab 500 mg.....	8
AFLURIA QUADRIVALENT 2019 -influenza virus vaccine split quadrivalent im inj.....	9	aliskiren fumarate tab 150 mg (base equivalent) (Tekturna).....	30
AFLURIA QUADRIVALENT 2019 -influenza virus vac split quadrivalent susp pref syr 0.25 ml.....	9	aliskiren fumarate tab 300 mg (base equivalent) (Tekturna).....	30
AFLURIA QUADRIVALENT 2019 -influenza virus vac split quadrivalent susp pref syr 0.5ml.....	9	ALLERGY SYRINGE/1ML/27G X -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	84
		allopurinol tab 100 mg (Zyloprim).....	62
		allopurinol tab 300 mg (Zyloprim).....	62
		almotriptan malate tab 6.25 mg (Axert).....	61
		almotriptan malate tab 12.5 mg (Axert).....	61
		ALOCRIIL -nedocromil sodium ophth soln 2%.....	75

ALOMIDE -Iodoxamide tromethamine ophth soln 0.1%.....	75	amiloride & hydrochlorothiazide tab 5-50 mg.....	33
alosetron hcl tab 0.5 mg (base equiv) (Lotronex).....	42	amiloride hcl tab 5 mg.....	33
alosetron hcl tab 1 mg (base equiv) (Lotronex).....	42	aminocaproic acid oral soln 0.25 gm/ml (Amicar).....	70
ALPHANATE/VON WILLEBRAND -antihemophilic factor/ vwf (human) for inj 250 unit.....	71	aminocaproic acid tab 500 mg (Amicar).....	70
ALPHANATE/VON WILLEBRAND -antihemophilic factor/ vwf (human) for inj 500 unit.....	71	aminocaproic acid tab 1000 mg (Amicar).....	71
ALPHANATE/VON WILLEBRAND -antihemophilic factor/ vwf (human) for inj 1000 unit.....	71	amiodarone hcl tab 100 mg.....	29
ALPHANATE/VON WILLEBRAND -antihemophilic factor/ vwf (human) for inj 1500 unit.....	71	amiodarone hcl tab 400 mg.....	29
ALPHANATE/VON WILLEBRAND -antihemophilic factor/ vwf (human) for inj 2000 unit.....	71	amiodarone hcl tab 200 mg (Cordarone).....	29
ALPHANINE SD -coagulation factor ix for inj 500 unit.....	71	AMITIZA -lubiprostone cap 8 mcg.....	42
ALPHANINE SD -coagulation factor ix for inj 1000 unit.....	71	AMITIZA -lubiprostone cap 24 mcg.....	43
ALPHANINE SD -coagulation factor ix for inj 1500 unit.....	71	amitriptyline hcl tab 10 mg.....	46
alprazolam orally disintegrating tab 0.5 mg.....	45	amitriptyline hcl tab 25 mg.....	46
alprazolam orally disintegrating tab 1 mg.....	45	amitriptyline hcl tab 50 mg.....	46
alprazolam orally disintegrating tab 2 mg.....	45	amitriptyline hcl tab 75 mg.....	46
alprazolam orally disintegrating tab 0.25 mg (Niravam).....	45	amitriptyline hcl tab 100 mg.....	46
alprazolam tab er 24hr 0.5 mg (Xanax xr).....	46	amitriptyline hcl tab 150 mg.....	46
alprazolam tab er 24hr 1 mg (Xanax xr).....	46	amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel).....	30
alprazolam tab er 24hr 2 mg (Xanax xr).....	46	amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel).....	30
alprazolam tab er 24hr 3 mg (Xanax xr).....	46	amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel).....	30
alprazolam tab 0.25 mg (Xanax).....	46	amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel).....	30
alprazolam tab 0.5 mg (Xanax).....	46	amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel).....	30
alprazolam tab 1 mg (Xanax).....	46	amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel).....	30
alprazolam tab 2 mg (Xanax).....	46	amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor).....	30
ALPROLIX -coagulation factor ix (recomb) (rfixfc) for inj 250 unit.....	71	amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor).....	30
ALPROLIX -coagulation factor ix (recomb) (rfixfc) for inj 500 unit.....	71	amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor).....	30
ALPROLIX -coagulation factor ix (recomb) (rfixfc) for inj 1000 unit.....	71	amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor).....	30
ALPROLIX -coagulation factor ix (recomb) (rfixfc) for inj 2000 unit.....	71	amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc).....	28
ALPROLIX -coagulation factor ix (recomb) (rfixfc) for inj 3000 unit.....	71	amlodipine besylate tab 5 mg (base equivalent) (Norvasc).....	28
ALPROLIX -coagulation factor ix (recomb) (rfixfc) for inj 4000 unit.....	71	amlodipine besylate tab 10 mg (base equivalent) (Norvasc).....	28
ALREX -loteprednol etabonate ophth susp 0.2%.....	75	amlodipine besylate-valsartan tab 5-160 mg (Exforge).....	30
ALTABAX -retapamulin oint 1%.....	78	amlodipine besylate-valsartan tab 5-320 mg (Exforge).....	30
ALTERNATE SITE LANCING DE -lancet devices.....	84	amlodipine besylate-valsartan tab 10-160 mg (Exforge).....	30
ALUNBRIG -brigatinib tab initiation therapy pack 90 mg & 180 mg.....	12	amlodipine besylate-valsartan tab 10-320 mg (Exforge).....	30
ALUNBRIG -brigatinib tab 30 mg.....	12	amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct).....	30
ALUNBRIG -brigatinib tab 90 mg.....	12	amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct).....	30
ALUNBRIG -brigatinib tab 180 mg.....	12	amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct).....	30
amantadine hcl cap 100 mg.....	65		
amantadine hcl syrup 50 mg/5ml.....	65		
amantadine hcl tab 100 mg.....	65		
ambrisentan tab 5 mg (Letairis).....	36		
ambrisentan tab 10 mg (Letairis).....	36		

amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct).....	30	AMPYRA -dalfampridine tab er 12hr 10 mg.....	54
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct).....	30	ANADROL-50 -oxymetholone tab 50 mg.....	17
AMOXAPINE -amoxapine tab 25 mg.....	46	anagrelide hcl cap 1 mg.....	71
AMOXAPINE -amoxapine tab 50 mg.....	46	anagrelide hcl cap 0.5 mg (Agrylin).....	71
AMOXAPINE -amoxapine tab 100 mg.....	46	anastrozole tab 1 mg (Arimidex).....	12
AMOXAPINE -amoxapine tab 150 mg.....	46	ANORO ELLIPTA -umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh.....	38
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....	1	ANZEMET -dolasetron mesylate tab 50 mg.....	42
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	1	ANZEMET -dolasetron mesylate tab 100 mg.....	42
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin).....	1	apraclonidine hcl ophth soln 0.5% (base equivalent) (Iopidine).....	75
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600).....	1	aprepitant capsule 40 mg (Emend).....	42
amoxicillin & k clavulanate tab 250-125 mg.....	1	aprepitant capsule 80 mg (Emend).....	42
amoxicillin & k clavulanate tab 500-125 mg (Augmentin).....	1	aprepitant capsule 125 mg (Emend).....	42
amoxicillin & k clavulanate tab 875-125 mg (Augmentin).....	1	aprepitant capsule therapy pack 80 & 125 mg (Emend).....	42
AMOXICILLIN -amoxicillin (trihydrate) chew tab 250 mg.....	1	APRISO -mesalamine cap er 24hr 0.375 gm.....	43
amoxicillin (trihydrate) cap 250 mg.....	1	APTOM -eslicarbazepine acetate tab 200 mg.....	62
amoxicillin (trihydrate) cap 500 mg.....	1	APTOM -eslicarbazepine acetate tab 400 mg.....	62
amoxicillin (trihydrate) for susp 125 mg/5ml.....	1	APTOM -eslicarbazepine acetate tab 600 mg.....	62
amoxicillin (trihydrate) for susp 200 mg/5ml.....	1	APTOM -eslicarbazepine acetate tab 800 mg.....	62
amoxicillin (trihydrate) for susp 250 mg/5ml.....	1	APTIVUS -tipranavir cap 250 mg.....	4
amoxicillin (trihydrate) for susp 400 mg/5ml.....	1	APTIVUS -tipranavir oral soln 100 mg/ml.....	4
amoxicillin (trihydrate) tab 500 mg.....	1	AQUA LANCE ADJUSTABLE LAN -lancet devices.....	84
amoxicillin (trihydrate) tab 875 mg.....	1	AQUALANCE LANCETS UL -lancets.....	84
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln inj 25 mcg/ml.....	68
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln inj 40 mcg/ml.....	68
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln inj 60 mcg/ml.....	68
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln inj 100 mcg/ml.....	68
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln inj 200 mcg/ml.....	68
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln inj 300 mcg/ml.....	68
amphetamine-dextroamphetamine tab 5 mg (Adderall).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml.....	68
amphetamine-dextroamphetamine tab 7.5 mg (Adderall).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml.....	69
amphetamine-dextroamphetamine tab 10 mg (Adderall).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml.....	69
amphetamine-dextroamphetamine tab 12.5 mg (Adderall).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml.....	69
amphetamine-dextroamphetamine tab 15 mg (Adderall).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml.....	69
amphetamine-dextroamphetamine tab 20 mg (Adderall).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml.....	69
amphetamine-dextroamphetamine tab 30 mg (Adderall).....	52	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml.....	69
AMPICILLIN -ampicillin cap 500 mg.....	1	ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml.....	69
		ARANESP ALBUMIN FREE -darbepoetin alfa soln prefilled syringe 500 mcg/ml.....	69
		ARCALYST -rilonacept for inj 220 mg.....	59

ARCAPTA NEOHALER -indacaterol maleate inhal powder cap 75 mcg (base equiv).....	38	ASSURE LANCETS -lancets.....	84
aripiprazole orally disintegrating tab 10 mg.....	49	atazanavir sulfate cap 150 mg (base equiv) (Reyataz).....	4
aripiprazole orally disintegrating tab 15 mg.....	49	atazanavir sulfate cap 200 mg (base equiv) (Reyataz).....	4
aripiprazole oral solution 1 mg/ml.....	49	atazanavir sulfate cap 300 mg (base equiv) (Reyataz).....	4
aripiprazole tab 2 mg (Abilify).....	49	atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50).....	30
aripiprazole tab 5 mg (Abilify).....	49	atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100).....	30
aripiprazole tab 10 mg (Abilify).....	49	atenolol tab 25 mg (Tenormin).....	27
aripiprazole tab 15 mg (Abilify).....	49	atenolol tab 50 mg (Tenormin).....	27
aripiprazole tab 20 mg (Abilify).....	49	atenolol tab 100 mg (Tenormin).....	27
aripiprazole tab 30 mg (Abilify).....	49	AT LAST LANCETS -lancets.....	84
armodafinil tab 50 mg (Nuvigil).....	52	atomoxetine hcl cap 10 mg (base equiv) (Strattera).....	52
armodafinil tab 150 mg (Nuvigil).....	52	atomoxetine hcl cap 18 mg (base equiv) (Strattera).....	52
armodafinil tab 200 mg (Nuvigil).....	52	atomoxetine hcl cap 25 mg (base equiv) (Strattera).....	52
armodafinil tab 250 mg (Nuvigil).....	52	atomoxetine hcl cap 40 mg (base equiv) (Strattera).....	52
ARNUITY ELLIPTA -fluticasone furoate aerosol powder breath activ 50 mcg/act.....	38	atomoxetine hcl cap 60 mg (base equiv) (Strattera).....	52
ARNUITY ELLIPTA -fluticasone furoate aerosol powder breath activ 100 mcg/act.....	38	atomoxetine hcl cap 80 mg (base equiv) (Strattera).....	52
ARNUITY ELLIPTA -fluticasone furoate aerosol powder breath activ 200 mcg/act.....	38	atomoxetine hcl cap 100 mg (base equiv) (Strattera).....	52
ASMANEX HFA -mometasone furoate inhal aerosol suspension 100 mcg/act.....	38	atorvastatin calcium tab 10 mg (base equivalent) (Lipitor).....	34
ASMANEX HFA -mometasone furoate inhal aerosol suspension 200 mcg/act.....	38	atorvastatin calcium tab 20 mg (base equivalent) (Lipitor).....	34
ASMANEX TWISTHALER 120 ME -mometasone furoate inhal powd 220 mcg/inh (breath activated).....	38	atorvastatin calcium tab 40 mg (base equivalent) (Lipitor).....	34
ASMANEX TWISTHALER 30 MET -mometasone furoate inhal powd 110 mcg/inh (breath activated).....	38	atorvastatin calcium tab 80 mg (base equivalent) (Lipitor).....	34
ASMANEX TWISTHALER 30 MET -mometasone furoate inhal powd 220 mcg/inh (breath activated).....	38	atovaquone-proguanil hcl tab 62.5-25 mg (Malarone).....	8
aspirin chew tab 81 mg.....	56	atovaquone-proguanil hcl tab 250-100 mg (Malarone).....	8
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox).....	72	atovaquone susp 750 mg/5ml (Mepron).....	8
aspirin tab delayed release 81 mg.....	56	ATRIPLA -efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	4
ASSURE COMFORT LANCETS UL -lancets.....	84	ATROPINE SULFATE -atropine sulfate ophth oint 1%.....	75
ASSURE HAEMOLANCE PLUS HI -lancets.....	84	ATROVENT HFA -ipratropium bromide hfa inhal aerosol 17 mcg/act.....	38
ASSURE HAEMOLANCE PLUS LO -lancets.....	84	AUBAGIO -teriflunomide tab 7 mg.....	54
ASSURE HAEMOLANCE PLUS MI -lancets.....	84	AUBAGIO -teriflunomide tab 14 mg.....	54
ASSURE HAEMOLANCE PLUS NO -lancets.....	84	AUGMENTIN -amoxicillin & k clavulanate for susp 125-31.25 mg/5ml.....	1
ASSURE HAEMOLANCE PLUS PE -lancets.....	84	AURORA LANCET SUPER THIN -lancets.....	84
ASSURE ID INSULIN SAFETY -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	84	AURORA LANCET THIN 23G -lancets.....	84
ASSURE ID INSULIN SAFETY -insulin syringe/needle u-100 1 ml 29 x 1/2".....	84	AURORA PEN NEEDLES 29GX12 -insulin pen needle 29 g x 12 mm (1/2").....	84
ASSURE ID SAFETY PEN NEED -insulin pen needle 30 g x 5 mm (3/16").....	84	AURORA PEN NEEDLES 31G X -insulin pen needle 31 g x 6 mm (1/4").....	84
ASSURE ID SAFETY PEN NEED -insulin pen needle 31 g x 5 mm (3/16").....	84		
ASSURE ID SAFETY PEN NEED -insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	84		
ASSURE LANCE LANCETS 21G -lancets.....	84		
ASSURE LANCE LANCETS -lancets.....	84		
ASSURE LANCE PLUS SAFETY -lancets.....	84		
ASSURE LANCE SAFETY LANCE -lancets.....	84		

AURORA PEN NEEDLES 31G X -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	84	BD DISPOSABLE NEEDLE 27GX -needle (disp) 27 x 1-1/4".....	85
AURORA UNIFINE PENTIPS/32 -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	85	BD DISPOSABLE NEEDLE 23GX -needle (disp) 23 x 1".....	85
AURORA UNIFINE PENTIPS/MI -insulin pen needle 31 g x 5 mm (3/16").....	84	BD DISPOSABLE NEEDLE REGU -needle (disp) 25 x 1".....	85
AUTO-LANCET -lancet devices.....	85	BD ECLIPSE 18G X 1-1/2" -needle (disp) 18 x 1-1/2".....	85
AUTO-LANCET MINI -lancet devices.....	85	BD ECLIPSE NEEDLE/22G X 1 -needle (disp) 22 x 1-1/2".....	85
AUTOLET IMPRESSION LANCIN -lancet devices.....	85	BD ECLIPSE NEEDLE/25G X -needle (disp) 25 x 5/8".....	85
AUTOLET LANCING DEVICE -lancet devices.....	85	BD ECLIPSE NEEDLE 25GX1" -needle (disp) 25 x 1".....	85
AUTOLET MINI -lancet devices.....	85	BD ECLIPSE NEEDLE 25G X 1 -needle (disp) 25 x 1-1/2".....	85
AUTOLET PLUS -lancet devices.....	85	BD ECLIPSE NEEDLE 30G X -needle (disp) 30 x 1/2".....	85
AVC -sulfanilamide vaginal cream 15%.....	44	BD HYPODERMIC NEEDLE 26GX -needle (disp) 26 x 3/8".....	85
AVONEX -interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	54	BD HYPODERMIC NEEDLE REGU -needle (disp) 18 x 1-1/2".....	85
AVONEX PEN -interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	54	BD HYPODERMIC NEEDLE REGU -needle (disp) 23 x 1-1/2".....	85
azathioprine tab 50 mg (Imuran).....	130	BD HYPODERMIC NEEDLE REGU -needle (disp) 21 x 1".....	85
azelaic acid gel 15% (Finacea).....	79	BD HYPODERMIC NEEDLES 22G -needle (disp) 22 x 1-1/2".....	86
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	37	BD HYPODERMIC NEEDLES 26G -needle (disp) 26 x 1/2".....	86
azelastine hcl ophth soln 0.05%.....	75	BD HYPODERMIC NEEDLES 18G -needle (disp) 18 x 1".....	85
AZILECT -rasagiline mesylate tab 0.5 mg (base equiv).....	65	BD HYPODERMIC NEEDLES 21G -needle (disp) 21 x 1".....	85
azithromycin for susp 100 mg/5ml (Zithromax).....	2	BD HYPODERMIC NEEDLES 22G -needle (disp) 22 x 1".....	85
azithromycin for susp 200 mg/5ml (Zithromax).....	2	BD INSULIN SYRINGE/DETACH -insulin syringe/needle u-100 1 ml 25 x 5/8".....	86
azithromycin tab 250 mg (Zithromax).....	2	BD INSULIN SYRINGE/DETACH -insulin syringe/needle u-100 1 ml 26 x 1/2".....	86
azithromycin tab 500 mg (Zithromax).....	2	BD INSULIN SYRINGE/DETACH -insulin syringe/needle u-100 1 ml 25 x 1".....	86
azithromycin tab 600 mg (Zithromax).....	2	BD INSULIN SYRINGE/0.5ML/ -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	86
B		BD INSULIN SYRINGE/0.3ML/ -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	86
BACITRACIN -bacitracin ophth oint 500 unit/gm.....	76	BD INSULIN SYRINGE/1ML/27 -insulin syringe/needle u-100 1 ml 27 x 1/2".....	87
bacitracin-polymyxin b ophth oint.....	76	BD INSULIN SYRINGE/1ML/29 -insulin syringe/needle u-100 1 ml 29 x 1/2".....	87
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	76	BD INSULIN SYRINGE/U-500/ -insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64").....	86
baclofen tab 10 mg.....	66	BD INSULIN SYRINGE/U-100/ -insulin syringe/needle u-100 1 ml 27 x 1/2".....	86
baclofen tab 20 mg.....	66	BD INSULIN SYRINGE/U-100/ -insulin syringe/needle u-100 2 ml 27.5 x 5/8".....	86
balsalazide disodium cap 750 mg (Colazal).....	43	BD INSULIN SYRINGE LUER-L -insulin syringe (disp) u-100 1 ml.....	86
BALVERSA -erdafitinib tab 3 mg.....	12		
BALVERSA -erdafitinib tab 4 mg.....	12		
BALVERSA -erdafitinib tab 5 mg.....	12		
BANZEL -rufinamide susp 40 mg/ml.....	62		
BANZEL -rufinamide tab 200 mg.....	62		
BANZEL -rufinamide tab 400 mg.....	62		
BARACLUDE -entecavir oral soln 0.05 mg/ml.....	4		
BAXDELA -delafloxacin meglumine tab 450 mg (base equiv).....	3		
BAYER CONTOUR LINK 2.4 BL -blood glucose monitoring kit w/ device.....	85		
BD ALLERGY/SYRINGE/NEEDLE -tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	85		
BD AUTOSHIELD DUO 30G X 5 -insulin pen needle 30 g x 5 mm (3/16").....	85		
BD AUTOSHIELD 29G X 3/16" -insulin pen needle 29 g x 5 mm (3/16").....	85		
BD AUTOSHIELD 29G X 5/16" -insulin pen needle 29 g x 8 mm (5/16").....	85		
BD DISPOSABLE NEEDLE/30GX -needle (disp) 30 x 1".....	85		

BD INSULIN SYRINGE MICROF -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	86	BD NEEDLE/18G 1-1/2" -needle (disp) 18 x 1-1/2".....	87
BD INSULIN SYRINGE MICROF -insulin syringe/needle u-100 0.3 ml 28 x 1/2".....	86	BD NEEDLE/21G 1-1/2" -needle (disp) 21 x 1-1/2".....	87
BD INSULIN SYRINGE MICROF -insulin syringe/needle u-100 1 ml 27 x 5/8".....	86	BD NEEDLE/22G X 1-1/2" -needle (disp) 22 x 1-1/2".....	87
BD INSULIN SYRINGE MICROF -insulin syringe/needle u-100 1 ml 28 x 1/2".....	86	BD NEEDLE/25G X 5/8" -needle (disp) 25 x 5/8".....	87
B-D INSULIN SYRINGE MICRO -insulin syringe/needle u-100 1 ml 28 x 1/2".....	85	BD NEEDLE/25G X 7/8" -needle (disp) 25 x 7/8".....	87
BD INSULIN SYRINGE SAFETY -insulin syringe/needle u-100 1 ml 29 x 1/2".....	86	BD NEEDLE/27G X 1/2" -needle (disp) 27 x 1/2".....	87
BD INSULIN SYRINGE SLIP T -insulin syringe (disp) u-100 1 ml.....	86	BD NEEDLE/30G X 1/2" -needle (disp) 30 x 1/2".....	87
BD INSULIN SYRINGE ULTRAF -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	86	BD NEEDLE/20G X 1" -needle (disp) 20 x 1".....	87
BD INSULIN SYRINGE ULTRAF -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	86	BD PEN NEEDLE/MICRO/ULTRA -insulin pen needle 32 g x 6 mm (1/4").....	87
BD INSULIN SYRINGE ULTRAF -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	86	BD PEN NEEDLE/MINI/ULTRA- -insulin pen needle 31 g x 5 mm (3/16").....	87
BD INSULIN SYRINGE ULTRAF -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	86	BD PEN NEEDLE/NANO/ULTRA -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	87
BD INSULIN SYRINGE ULTRAF -insulin syringe/needle u-100 1 ml 29 x 1/2".....	86	BD PEN NEEDLE/NANO 2ND GE -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	87
B-D INSULIN SYRINGE ULTRA -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	85	BD PEN NEEDLE/ORIGINAL/UL -insulin pen needle 29 g x 12.7 mm.....	87
B-D INSULIN SYRINGE ULTRA -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	85	BD PEN NEEDLE/SHORT/ULTRA -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	87
BD INSULIN SYRINGE ULTRA- -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	86	BD PLASTIPAK SYRINGES ALL -tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	87
BD INSULIN SYRINGE ULTRA- -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	86	BD SAFETYGLIDE ALLERGY S -tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	87
B-D INSULIN SYRINGE ULTRA -insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	85	BD SAFETYGLIDE ALLERGY SY -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	87
B-D INSULIN SYRINGE ULTRA -insulin syringe/needle u-100 1 ml 31 x 5/16".....	85	BD SAFETYGLIDE 27G X 5/8" -needle (disp) 27 x 5/8".....	87
B-D INSULIN SYRINGE ULTRA -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	85	BD SAFETYGLIDE 21G X 1" -needle (disp) 21 x 1".....	87
BD INSULIN SYRINGE ULTRA -insulin syringe/needle u-100 1 ml 30 x 1/2".....	86	BD SAFETYGLIDE HYPODERMIC -needle (disp) 25 x 5/8".....	87
BD INSULIN SYRINGE ULTRA- -insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	86	BD SAFETY-GLIDE INSULIN S -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	87
BD INSULIN SYRINGE ULTRA- -insulin syringe/needle u-100 1 ml 30 x 1/2".....	86	BD SAFETYGLIDE INSULIN SY -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	87
BD INSULIN SYRINGE ULTRA- -insulin syringe/needle u-100 1 ml 31 x 5/16".....	86	BD SAFETYGLIDE INSULIN SY -insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	87
BD LANCET ULTRAFINE 30G -lancets.....	87	BD SAFETYGLIDE INSULIN SY -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	87
BD LANCET ULTRAFINE 33G -lancets.....	87	BD SAFETYGLIDE INSULIN SY -insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	87
BD LO-DOSE INSULIN SYRIN -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	85	BD SAFETYGLIDE INSULIN SY -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	87
BD MICROTAINER LANCETS -lancets.....	87	BD SAFETYGLIDE INSULIN SY -insulin syringe/needle u-100 1 ml 31 x 15/64".....	87
BD 1ML TUBERCULIN SYRINGE -tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	88	BD SAFETY-LOK INSULIN SYR -insulin syringe/needle u-100 1 ml 29 x 1/2".....	87
BD 1ML TUBERCULIN SYRINGE -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	88	BD VEO INSULIN SYRINGE UL -insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	88
		BD VEO INSULIN SYRINGE UL -insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	88
		BD VEO INSULIN SYRINGE UL -insulin syringe/needle u-100 1 ml 31 x 15/64".....	88
		benazepril & hydrochlorothiazide tab 5-6.25 mg.....	30
		benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct).....	30

benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	30	betaxolol hcl tab 10 mg (Kerlone)	27
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	30	betaxolol hcl tab 20 mg (Kerlone)	27
benazepril hcl tab 5 mg	30	bethanechol chloride tab 5 mg (Urecholine)	44
benazepril hcl tab 10 mg (Lotensin)	30	bethanechol chloride tab 10 mg (Urecholine)	44
benazepril hcl tab 20 mg (Lotensin)	30	bethanechol chloride tab 25 mg (Urecholine)	44
benazepril hcl tab 40 mg (Lotensin)	30	bethanechol chloride tab 50 mg (Urecholine)	44
BENEFIX -coagulation factor ix (recombinant) for inj kit 250 unit	72	BETHKIS -tobramycin nebu soln 300 mg/4ml	3
BENEFIX -coagulation factor ix (recombinant) for inj kit 500 unit	72	BEVYXXA -betrixaban maleate cap 40 mg (base equivalent)	70
BENEFIX -coagulation factor ix (recombinant) for inj kit 1000 unit	72	BEVYXXA -betrixaban maleate cap 80 mg (base equivalent)	70
BENEFIX -coagulation factor ix (recombinant) for inj kit 2000 unit	72	bexarotene cap 75 mg (Targretin)	12
BENEFIX -coagulation factor ix (recombinant) for inj kit 3000 unit	72	BEXSERO -meningococcal vac b (recomb omv adjuv) inj prefilled syringe	9
BENLYSTA -belimumab subcutaneous solution auto-injector 200 mg/ml	130	bicalutamide tab 50 mg (Casodex)	12
BENLYSTA -belimumab subcutaneous solution prefilled syringe 200 mg/ml	130	BIKTARVY -bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	4
BENZNIDAZOLE -benznidazole tab 12.5 mg	8	BILTRICIDE -praziquantel tab 600 mg	8
BENZNIDAZOLE -benznidazole tab 100 mg	8	bimatoprost ophth soln 0.03%	76
benzocaine mouth/throat aerosol 20%	78	bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	41
benzonatate cap 150 mg	37	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	30
benzonatate cap 200 mg	37	bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	30
benzonatate cap 100 mg (Tessalon perles)	37	bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	30
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	79	bisoprolol fumarate tab 5 mg (Zebeta)	27
benztropine mesylate tab 0.5 mg	65	bisoprolol fumarate tab 10 mg (Zebeta)	27
benztropine mesylate tab 1 mg	65	BOOSTRIX -tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	10
benztropine mesylate tab 2 mg	65	bosentan tab 62.5 mg (Tracleer)	36
BEPREVE -bepotastine besilate ophth soln 1.5%	76	bosentan tab 125 mg (Tracleer)	36
BESIVANCE -besifloxacin hcl ophth susp 0.6% (base equiv)	76	BOSULIF -bosutinib tab 100 mg	12
BETADINE OPHTHALMIC PREP -povidone-iodine ophth soln 5%	76	BOSULIF -bosutinib tab 400 mg	12
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	79	BOSULIF -bosutinib tab 500 mg	12
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	79	BP CLEANSING WASH -sulfacetamide sodium-sulfur in urea emulsion 10-4%	79
betamethasone dipropionate augmented oint 0.05% (Diprolene)	79	BRAFTOVI -encorafenib cap 75 mg	12
betamethasone dipropionate cream 0.05%	79	BREO ELLIPTA -fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	38
betamethasone dipropionate lotion 0.05%	79	BREO ELLIPTA -fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	38
betamethasone dipropionate oint 0.05%	79	BRILINTA -ticagrelor tab 60 mg	72
betamethasone valerate aerosol foam 0.12% (Luxiq)	79	BRILINTA -ticagrelor tab 90 mg	72
betamethasone valerate cream 0.1% (base equivalent)	79	brimonidine tartrate ophth soln 0.2%	76
betamethasone valerate lotion 0.1% (base equivalent)	79	brimonidine tartrate ophth soln 0.15% (Alphagan p)	76
betamethasone valerate oint 0.1% (base equivalent)	79	BRIVIACT -brivaracetam oral soln 10 mg/ml	62
BETASERON -interferon beta-1b for inj kit 0.3 mg	54	BRIVIACT -brivaracetam tab 10 mg	62
betaxolol hcl ophth soln 0.5%	76	BRIVIACT -brivaracetam tab 25 mg	62
		BRIVIACT -brivaracetam tab 50 mg	62
		BRIVIACT -brivaracetam tab 75 mg	62
		BRIVIACT -brivaracetam tab 100 mg	62
		BROMFENAC -bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	76

bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel).....	65	butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet).....	56
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel).....	65	butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic).....	56
BROVANA -arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	38	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	57
budesonide delayed release particles cap 3 mg (Entocort ec).....	17	butalbital-acetaminophen tab 50-325 mg.....	56
budesonide inhalation susp 0.25 mg/2ml (Pulmicort).....	38	butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal).....	56
budesonide inhalation susp 0.5 mg/2ml (Pulmicort).....	38	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3).....	57
budesonide inhalation susp 1 mg/2ml (Pulmicort).....	39	butorphanol tartrate nasal soln 10 mg/ml.....	57
budesonide tab er 24hr 9 mg (Uceris).....	17	BYSTOLIC -nebivolol hcl tab 2.5 mg (base equivalent).....	27
BULLSEYE MINI SAFETY LANC -lancets.....	88	BYSTOLIC -nebivolol hcl tab 5 mg (base equivalent).....	27
BULLSEYE SAFETY LANCETS -lancets.....	88	BYSTOLIC -nebivolol hcl tab 10 mg (base equivalent).....	27
bumetanide tab 0.5 mg.....	33	BYSTOLIC -nebivolol hcl tab 20 mg (base equivalent).....	27
bumetanide tab 1 mg.....	33	C	
bumetanide tab 2 mg.....	33	cabergoline tab 0.5 mg.....	24
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone).....	56	CABLVI -caplacizumab-yhdp for inj kit 11 mg.....	72
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (SUBOXONE).....	56	CABOMETYX -cabozantinib s-malate tab 20 mg (base equivalent).....	12
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (SUBOXONE).....	56	CABOMETYX -cabozantinib s-malate tab 40 mg (base equivalent).....	12
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (SUBOXONE).....	56	CABOMETYX -cabozantinib s-malate tab 60 mg (base equivalent).....	12
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	56	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	52
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	56	calcipotriene cream 0.005% (Dovonex).....	79
buprenorphine hcl sl tab 2 mg (base equiv).....	56	calcipotriene oint 0.005%.....	79
buprenorphine hcl sl tab 8 mg (base equiv).....	56	calcipotriene soln 0.005% (50 mcg/ml).....	79
buprenorphine td patch weekly 5 mcg/hr (Butrans).....	56	calcitonin (salmon) nasal soln 200 unit/act (Miacalcin).....	24
buprenorphine td patch weekly 10 mcg/hr (Butrans).....	57	CALCITRIOL -calcitriol oint 3 mcg/gm.....	79
buprenorphine td patch weekly 15 mcg/hr (Butrans).....	57	calcitriol cap 0.25 mcg (Rocaltrol).....	24
buprenorphine td patch weekly 20 mcg/hr (Butrans).....	57	calcitriol cap 0.5 mcg (Rocaltrol).....	24
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban).....	54	calcitriol oral soln 1 mcg/ml (Rocaltrol).....	24
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....	46	calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo).....	43
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....	46	calcium acetate (phosphate binder) tab 667 mg (Eliphos).....	43
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....	46	CALQUENCE -acalabrutinib cap 100 mg.....	12
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....	46	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct).....	31
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....	46	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct).....	31
bupropion hcl tab 75 mg (Wellbutrin).....	46	candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct).....	31
bupropion hcl tab 100 mg (Wellbutrin).....	46	candesartan cilexetil tab 4 mg (Atacand).....	30
buspirone hcl tab 5 mg.....	46	candesartan cilexetil tab 8 mg (Atacand).....	30
buspirone hcl tab 7.5 mg.....	46	candesartan cilexetil tab 16 mg (Atacand).....	30
buspirone hcl tab 10 mg.....	46	candesartan cilexetil tab 32 mg (Atacand).....	30
buspirone hcl tab 15 mg.....	46	capecitabine tab 150 mg (Xeloda).....	12
buspirone hcl tab 30 mg.....	46	capecitabine tab 500 mg (Xeloda).....	12
butalbital-acetaminophen-caffeine cap 50-325-40 mg.....	56		

CAPRELSA -vandetanib tab 100 mg.....	12	CAREONE INSULIN SYRINGES/ -insulin syringe/needle	
CAPRELSA -vandetanib tab 300 mg.....	12	u-100 1 ml 31 x 5/16".....	88
captopril tab 12.5 mg.....	31	CAREONE INSULIN SYRINGES/ -insulin syringe/needle	
captopril tab 25 mg.....	31	u-100 0.3 ml 31 x 5/16".....	88
captopril tab 50 mg.....	31	CAREONE LANCET THIN -lancets.....	88
captopril tab 100 mg.....	31	CAREONE LANCET ULTRA THIN -lancets.....	88
CARBAGLU -carglumic acid tab 200 mg.....	24	CAREONE UNIFINE PENTIPS 2 -insulin pen needle 29 g	
carbamazepine cap er 12hr 100 mg (Carbatrol).....	62	x 12 mm (1/2").....	88
carbamazepine cap er 12hr 200 mg (Carbatrol).....	62	CAREONE UNIFINE PENTIPS 3 -insulin pen needle 31 g	
carbamazepine cap er 12hr 300 mg (Carbatrol).....	62	x 5 mm (3/16").....	89
carbamazepine chew tab 100 mg.....	62	CAREONE UNIFINE PENTIPS 3 -insulin pen needle 31 g	
carbamazepine susp 100 mg/5ml (Tegretol).....	62	x 6 mm (1/4").....	89
carbamazepine tab er 12hr 100 mg (Tegretol-xr).....	62	CAREONE UNIFINE PENTIPS 3 -insulin pen needle 31 g	
carbamazepine tab er 12hr 200 mg (Tegretol-xr).....	62	x 8 mm (1/3" or 5/16").....	89
carbamazepine tab er 12hr 400 mg (Tegretol-xr).....	62	CAREONE UNIFINE PENTIPS P -insulin pen needle 29 g	
carbamazepine tab 200 mg (Tegretol).....	62	x 12 mm (1/2").....	88
carbidopa & levodopa orally disintegrating tab 10-100		CAREONE UNIFINE PENTIPS P -insulin pen needle 31 g	
mg.....	65	x 5 mm (3/16").....	88
carbidopa & levodopa orally disintegrating tab 25-100		CAREONE UNIFINE PENTIPS P -insulin pen needle 31 g	
mg.....	65	x 6 mm (1/4").....	88
carbidopa & levodopa orally disintegrating tab 25-250		CAREONE UNIFINE PENTIPS P -insulin pen needle 31 g	
mg.....	65	x 8 mm (1/3" or 5/16").....	88
carbidopa & levodopa tab er 25-100 mg (Sinemet		CAREONE UNIFINE PENTIPS P -insulin pen needle 32 g	
cr).....	65	x 4 mm (1/6" or 5/32").....	88
carbidopa & levodopa tab er 50-200 mg (Sinemet		CARETOUCH INSULIN SYRINGE -insulin syringe/needle	
cr).....	65	u-100 1 ml 28 x 5/16".....	89
carbidopa & levodopa tab 10-100 mg (Sinemet).....	65	CARETOUCH INSULIN SYRINGE -insulin syringe/needle	
carbidopa & levodopa tab 25-100 mg (Sinemet).....	65	u-100 1 ml 29 x 5/16".....	89
carbidopa & levodopa tab 25-250 mg (Sinemet).....	65	CARETOUCH LANCING DEVICE -lancet devices.....	89
carbidopa tab 25 mg (Lodosyn).....	65	CARETOUCH PEN NEEDLES 31G -insulin pen needle	
carbinoxamine maleate soln 4 mg/5ml.....	37	31 g x 5 mm (3/16").....	89
carbinoxamine maleate tab 4 mg.....	37	CARETOUCH PEN NEEDLES 31G -insulin pen needle	
carbonyl iron susp 15 mg/1.25ml (elemental iron).....	69	31 g x 8 mm (1/3" or 5/16").....	89
CARDIOCOM LANCING DEVICE -lancet devices.....	88	CARETOUCH PEN NEEDLES 32G -insulin pen needle	
CAREFINE PEN NEEDLE 32GX4 -insulin pen needle 32		32 g x 4 mm (1/6" or 5/32").....	89
g x 4 mm (1/6" or 5/32").....	88	CARETOUCH PEN NEEDLES 32G -insulin pen needle	
CAREFINE PEN NEEDLES 29GX -insulin pen needle 29		32 g x 5 mm (1/5" or 3/16").....	89
g x 12 mm (1/2").....	88	CARETOUCH PEN NEEDLES 31 -insulin pen needle 31	
CAREFINE PEN NEEDLES 31GX -insulin pen needle 31		g x 6 mm (1/4").....	89
g x 6 mm (1/4").....	88	CARETOUCH SAFETY LANCETS/ -lancets.....	89
CAREFINE PEN NEEDLES 32GX -insulin pen needle 32		CARETOUCH TWIST LANCETS 2 -lancets.....	89
g x 6 mm (1/4").....	88	CARETOUCH TWIST LANCETS 3 -lancets.....	89
CAREFINE PEN NEEDLES 30GX -insulin pen needle 30		carisoprodol tab 350 mg (Soma).....	66
g x 8 mm (1/3" or 5/16").....	88	CARTEOLOL HCL -carteolol hcl ophth soln 1%.....	76
CAREFINE PEN NEEDLES 31GX -insulin pen needle 31		carvedilol tab 3.125 mg (Coreg).....	27
g x 8 mm (1/3" or 5/16").....	88	carvedilol tab 6.25 mg (Coreg).....	27
CAREFINE PEN NEEDLES 32GX -insulin pen needle 32		carvedilol tab 12.5 mg (Coreg).....	27
g x 5 mm (1/5" or 3/16").....	88	carvedilol tab 25 mg (Coreg).....	27
CAREONE ADVANCED LANCING -lancet devices.....	88	CAYA -diaphragm arc-spring.....	89
CAREONE INSULIN SYRINGES/ -insulin syringe/needle		CAYSTON -aztreonam lysine for inhal soln 75 mg (base	
u-100 1/2 ml 31 x 5/16".....	88	equivalent).....	8
CAREONE INSULIN SYRINGES/ -insulin syringe/needle		cefaclor cap 250 mg.....	1
u-100 1/2 ml 30 x 1/2".....	88	cefaclor cap 500 mg.....	1
CAREONE INSULIN SYRINGES/ -insulin syringe/needle		cefadroxil cap 500 mg.....	1
u-100 0.3 ml 30 x 1/2".....	88	cefadroxil for susp 250 mg/5ml.....	1
CAREONE INSULIN SYRINGES/ -insulin syringe/needle		cefadroxil for susp 500 mg/5ml.....	1
u-100 1 ml 30 x 1/2".....	88	cefadroxil tab 1 gm.....	1

cefdinir cap 300 mg.....	1	cholestyramine light powder packets 4 gm.....	34
cefdinir for susp 125 mg/5ml.....	1	cholestyramine powder 4 gm/dose (Questran).....	34
cefdinir for susp 250 mg/5ml.....	1	cholestyramine powder packets 4 gm (Questran).....	34
cefixime cap 400 mg (Suprax).....	1	choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix).....	35
cefixime for susp 100 mg/5ml (Suprax).....	1	choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix).....	35
cefixime for susp 200 mg/5ml (Suprax).....	1	CIALIS -tadalafil tab 2.5 mg.....	37
cefpodoxime proxetil for susp 50 mg/5ml.....	1	CIALIS -tadalafil tab 5 mg.....	37
cefpodoxime proxetil for susp 100 mg/5ml.....	1	ciclopirox gel 0.77%.....	79
cefpodoxime proxetil tab 100 mg.....	1	ciclopirox olamine cream 0.77% (base equiv).....	79
cefpodoxime proxetil tab 200 mg.....	1	ciclopirox olamine susp 0.77% (base equiv).....	79
cefprozil for susp 125 mg/5ml.....	1	ciclopirox shampoo 1% (Loprox shampoo).....	79
cefprozil for susp 250 mg/5ml.....	1	ciclopirox solution 8% (Penlac Nail Lacquer).....	79
cefprozil tab 250 mg.....	1	cilostazol tab 50 mg (Pletal).....	72
cefprozil tab 500 mg.....	1	cilostazol tab 100 mg (Pletal).....	72
cefuroxime axetil tab 250 mg (Ceftin).....	1	CIMDUO -lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	4
cefuroxime axetil tab 500 mg (Ceftin).....	1	CIMETIDINE HCL -cimetidine hcl soln 300 mg/5ml.....	41
celecoxib cap 50 mg (Celebrex).....	59	CIMZIA -certolizumab pegol for inj kit 2 x 200 mg.....	43
celecoxib cap 100 mg (Celebrex).....	59	CIMZIA -certolizumab pegol inj kit 2 x 200 mg/ml.....	43
celecoxib cap 200 mg (Celebrex).....	59	CIMZIA STARTER KIT -certolizumab pegol inj kit 6 x 200 mg/ml.....	43
celecoxib cap 400 mg (Celebrex).....	59	cinacalcet hcl tab 30 mg (base equiv) (Sensipar).....	24
CELONTIN -methsuximide cap 300 mg.....	62	cinacalcet hcl tab 60 mg (base equiv) (Sensipar).....	24
cephalexin cap 250 mg (Keflex).....	1	cinacalcet hcl tab 90 mg (base equiv) (Sensipar).....	24
cephalexin cap 500 mg (Keflex).....	2	CINRYZE -c1 esterase inhibitor (human) for iv inj 500 unit.....	72
cephalexin cap 750 mg (Keflex).....	2	CIPRODEX -ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	78
cephalexin for susp 125 mg/5ml.....	2	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro).....	3
cephalexin for susp 250 mg/5ml.....	2	ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	76
cevimeline hcl cap 30 mg (Evoxac).....	78	ciprofloxacin hcl tab 750 mg (base equiv).....	3
CHANTIX CONTINUING MONTH -varenicline tartrate tab 1 mg (base equiv).....	54	ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	3
CHANTIX STARTING MONTH PA -varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....	54	ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	3
CHANTIX -varenicline tartrate tab 0.5 mg (base equiv).....	54	CIPRO HC -ciprofloxacin-hydrocortisone otic susp 0.2-1%.....	78
CHANTIX -varenicline tartrate tab 1 mg (base equiv).....	54	citalopram hydrobromide oral soln 10 mg/5ml.....	46
CHEMET -succimer cap 100 mg.....	82	citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	46
CHENODAL -chenodiol tab 250 mg.....	43	citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	47
chlordiazepoxide hcl cap 5 mg.....	46	citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	47
chlordiazepoxide hcl cap 10 mg.....	46	CLARITHROMYCIN -clarithromycin for susp 125 mg/5ml.....	2
chlordiazepoxide hcl cap 25 mg.....	46	CLARITHROMYCIN -clarithromycin for susp 250 mg/5ml.....	2
chlorhexidine gluconate soln 0.12% (Peridex).....	78	clarithromycin tab er 24hr 500 mg.....	2
CHLOROQUINE PHOSPHATE -chloroquine phosphate tab 250 mg.....	8	clarithromycin tab 250 mg (Biaxin).....	2
chloroquine phosphate tab 500 mg (Aralen).....	8	clarithromycin tab 500 mg (Biaxin).....	2
CHLOROTHIAZIDE -chlorothiazide tab 500 mg.....	33	CLEANLET LANCETS 28G -lancets.....	89
chlorpromazine hcl tab 10 mg.....	49	CLEMASTINE FUMARATE -clemastine fumarate tab 2.68 mg.....	37
chlorpromazine hcl tab 25 mg.....	49		
chlorpromazine hcl tab 50 mg.....	49		
chlorpromazine hcl tab 100 mg.....	49		
chlorpromazine hcl tab 200 mg.....	49		
chlorthalidone tab 25 mg.....	33		
chlorthalidone tab 50 mg.....	33		
CHLORZOXAZONE -chlorzoxazone tab 500 mg.....	66		
CHOLBAM -cholic acid cap 50 mg.....	43		
CHOLBAM -cholic acid cap 250 mg.....	43		
cholecalciferol cap 50000 unit.....	67		
cholestyramine light powder 4 gm/dose (Questran light).....	34		

CLEOCIN -clindamycin phosphate vaginal suppos 100 mg.....	44	CLICKFINE PEN NEEDLE 32GX -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	90
CLEVER CHEK LANCETS ULTRA -lancets.....	89	CLICKFINE PEN NEEDLES/31G -insulin pen needle 31 g x 6 mm (1/4").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 32 g x 8 mm.....	89	CLICKFINE PEN NEEDLES 31G -insulin pen needle 31 g x 5 mm (3/16").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 29 g x 12 mm (1/2").....	89	CLICKFINE PEN NEEDLES 31G -insulin pen needle 31 g x 6 mm (1/4").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 31 g x 5 mm (3/16").....	89	CLICKFINE PEN NEEDLES 31G -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 31 g x 6 mm (1/4").....	89	CLICKFINE PEN NEEDLES 32G -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 32 g x 6 mm (1/4").....	89	CLICKFINE PEN NEEDLE UNIV -insulin pen needle 31 g x 6 mm (1/4").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 33 g x 6 mm (1/4").....	89	CLICKFINE PEN NEEDLE UNIV -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	89	CLICKFINE UNIVERSAL PEN N -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	90
CLEVER CHOICE COMFORT EZ -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	89	CLIMARA PRO -estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day.....	18
CLEVER CHOICE COMFORT EZ -insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	89	clindamycin hcl cap 75 mg (Cleocin).....	8
CLEVER CHOICE COMFORT EZ -insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	89	clindamycin hcl cap 150 mg (Cleocin).....	8
CLEVER CHOICE COMFORT EZ -insulin pen needle 33 g x 5 mm (1/5" or 3/16").....	89	clindamycin hcl cap 300 mg (Cleocin).....	8
CLEVER CHOICE COMFORT EZ -insulin pen needle 33 g x 8 mm (1/3" or 5/16").....	89	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	8
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	90	clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzacilin).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	90	clindamycin phosphate gel 1% (Cleocin-t).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	90	clindamycin phosphate lotion 1% (Cleocin-t).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	90	clindamycin phosphate soln 1% (Cleocin-t).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	90	clindamycin phosphate swab 1% (Cleocin-t).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	89	clindamycin phosphate vaginal cream 2% (Cleocin).....	44
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	89	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	90	clobazam suspension 2.5 mg/ml (Onfi).....	62
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1 ml 28 x 1/2".....	90	clobazam tab 10 mg (Onfi).....	62
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1 ml 29 x 1/2".....	90	clobazam tab 20 mg (Onfi).....	62
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1 ml 30 x 5/16".....	90	clobetasol propionate cream 0.05% (Temovate).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1 ml 30 x 1/2".....	90	clobetasol propionate emollient base cream 0.05% (Temovate e).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 1 ml 31 x 5/16".....	90	clobetasol propionate gel 0.05% (Temovate).....	79
CLEVER CHOICE COMFORT EZ -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	90	clobetasol propionate oint 0.05% (Temovate).....	79
CLEVER CHOICE COMFORT EZ -lancets.....	90	clobetasol propionate soln 0.05% (Temovate).....	79
		CLODERM -clocortolone pivalate cream 0.1%.....	79
		clomipramine hcl cap 25 mg (Anafranil).....	47
		clomipramine hcl cap 50 mg (Anafranil).....	47
		clomipramine hcl cap 75 mg (Anafranil).....	47
		clonazepam orally disintegrating tab 0.125 mg.....	62
		clonazepam orally disintegrating tab 0.25 mg.....	62
		clonazepam orally disintegrating tab 0.5 mg.....	63
		clonazepam orally disintegrating tab 1 mg.....	63
		clonazepam orally disintegrating tab 2 mg.....	63
		clonazepam tab 0.5 mg (Klonopin).....	63
		clonazepam tab 1 mg (Klonopin).....	63
		clonazepam tab 2 mg (Klonopin).....	63
		clonidine hcl tab er 12hr 0.1 mg (Kapvay).....	52

clonidine hcl tab 0.1 mg (Catapres).....	31	COMETRIQ -cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit.....	12
clonidine hcl tab 0.2 mg (Catapres).....	31	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	90
clonidine hcl tab 0.3 mg (Catapres).....	31	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	90
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1).....	31	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	90
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2).....	31	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	90
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3).....	31	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	90
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	72	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 1 ml 29 x 1/2".....	90
clopidogrel bisulfate tab 300 mg (base equiv) (Plavix).....	72	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 1 ml 30 x 5/16".....	91
clorazepate dipotassium tab 3.75 mg (Tranxene t).....	46	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 1 ml 31 x 5/16".....	91
clorazepate dipotassium tab 7.5 mg (Tranxene t).....	46	COMFORT ASSIST INSULIN SY -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	91
clorazepate dipotassium tab 15 mg (Tranxene t).....	46	COMFORT ASSURED LANCETS M -lancets.....	91
clotrimazole cream 1%.....	79	COMFORT ASSURED LANCETS S -lancets.....	91
clotrimazole soln 1%.....	79	COMFORT EZ/31G X 5MM -insulin pen needle 31 g x 5 mm (3/16").....	91
clotrimazole troche 10 mg.....	78	COMFORT EZ/31G X 6MM -insulin pen needle 31 g x 6 mm (1/4").....	91
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone).....	79	COMFORT EZ INSULIN SYRING -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	91
clotrimazole w/ betamethasone lotion 1-0.05%.....	79	COMFORT EZ INSULIN SYRING -insulin syringe/needle u-100 1 ml 31 x 5/16".....	91
clozapine orally disintegrating tab 12.5 mg (Fazaclo).....	49	COMFORT EZ MICRO/32G X 4M -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	91
clozapine orally disintegrating tab 25 mg (Fazaclo).....	49	COMFORT EZ SHORT/31G X 8M -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	91
clozapine orally disintegrating tab 100 mg (Fazaclo).....	49	COMFORT LANCETS -lancets.....	91
clozapine tab 50 mg.....	49	COMPLERA -emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg.....	4
clozapine tab 200 mg.....	49	COMPLETE NATAL DHA -prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 250 pk.....	67
clozapine tab 25 mg (Clozaril).....	49	COMPLETENATE -prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	67
clozapine tab 100 mg (Clozaril).....	49	CO-NATAL FA -prenatal vit w/ fe fumarate-fa tab 29-1 mg.....	67
COAGADEX -coagulation factor x (human) for inj 250 unit.....	72	CONCEPT DHA -prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg.....	67
COAGADEX -coagulation factor x (human) for inj 500 unit.....	72	CONCEPT OB -prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg.....	67
COAGUCHEK LANCETS -lancets.....	90	CONTOUR BLOOD GLUCOSE MON -blood glucose monitoring devices.....	91
COARTEM -artemether-lumefantrine tab 20-120 mg.....	8	CONTOUR BLOOD GLUCOSE TES -glucose blood test strip.....	83
codeine sulfate tab 30 mg (Codeine sulfate).....	57	CONTOUR NEXT BLOOD GLUCOS -blood glucose monitoring kit w/ device.....	91
colchicine w/ probenecid tab 0.5-500 mg.....	62	CONTOUR NEXT BLOOD GLUCOS -glucose blood test strip.....	83
colesevelam hcl packet for susp 3.75 gm (Welchol).....	35	CONTOUR NEXT EZ BLOOD GLU -blood glucose monitoring kit w/ device.....	91
colesevelam hcl tab 625 mg (Welchol).....	35		
colestipol hcl granule packets 5 gm (Colestid flavored).....	35		
colestipol hcl granules 5 gm (Colestid flavored).....	35		
colestipol hcl tab 1 gm (Colestid).....	35		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m).....	8		
COLY-MYCIN S -neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml.....	78		
COMBIVIR -lamivudine-zidovudine tab 150-300 mg.....	4		
COMETRIQ -cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit.....	12		
COMETRIQ -cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit.....	12		

CONTOUR NEXT LINK BLOOD G -blood glucose monitoring kit w/ device.....	91	cyclophosphamide cap 25 mg (Cyclophosphamide).....	12
CONTOUR NEXT LINK WIRELES -blood glucose monitoring kit w/ device.....	91	cyclophosphamide cap 50 mg (Cyclophosphamide).....	12
CONTOUR NEXT ONE BLOOD GL -blood glucose monitoring kit.....	91	cycloserine cap 250 mg.....	3
COPIKTRA -duvelisib cap 15 mg.....	12	cyclosporine cap 25 mg (Sandimmune).....	130
COPIKTRA -duvelisib cap 25 mg.....	12	cyclosporine cap 100 mg (Sandimmune).....	130
CORDRAN -flurandrenolide tape 4 mcg/sqcm.....	79	cyclosporine modified cap 25 mg (Neoral).....	130
CORIFACT -factor xiii concentrate (human) for inj kit 1000-1600 unit.....	72	cyclosporine modified cap 100 mg (Neoral).....	130
CORTIFOAM -hydrocortisone acetate rectal foam 10% (90 mg/dose).....	78	CYCLOSPORINE MODIFIED -cyclosporine modified cap 50 mg.....	130
CORTISONE ACETATE -cortisone acetate tab 25 mg.....	17	cyclosporine modified oral soln 100 mg/ml (Neoral).....	130
CORTISPORIN -bacitracin-polymyxin-neomycin hc oint 1%.....	79	cyproheptadine hcl syrup 2 mg/5ml.....	37
CORTISPORIN -neomycin-polymyxin-hc crm 3.5 mg/gm-10000 unt/gm-0.5%.....	79	cyproheptadine hcl tab 4 mg.....	37
COSENTYX -secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	80	CYSTADANE -betaine powder for oral solution.....	24
COSENTYX SENSOREADY PEN -secukinumab subcutaneous soln auto-injector 150 mg/ml.....	80	CYSTAGON -cysteamine bitartrate cap 50 mg.....	45
COTELLIC -cobimetinib fumarate tab 20 mg (base equivalent).....	12	CYSTAGON -cysteamine bitartrate cap 150 mg.....	45
CREON -pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	42	D	
CREON -pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	42	dalfampridine tab er 12hr 10 mg (Ampyra).....	54
CREON -pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	42	DALIRESP -roflumilast tab 250 mcg.....	39
CREON -pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	42	DALIRESP -roflumilast tab 500 mcg.....	39
CREON -pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	42	danazol cap 50 mg.....	17
CRESEMBA -isavuconazonium sulfate cap 186 mg.....	3	danazol cap 100 mg.....	17
CRIXIVAN -indinavir sulfate cap 200 mg.....	4	danazol cap 200 mg.....	17
CRIXIVAN -indinavir sulfate cap 400 mg.....	4	dantrolene sodium cap 100 mg.....	66
cromolyn sodium ophth soln 4%.....	76	dantrolene sodium cap 25 mg (Dantrium).....	66
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom).....	43	dantrolene sodium cap 50 mg (Dantrium).....	66
cromolyn sodium soln nebu 20 mg/2ml.....	39	dapsone tab 25 mg.....	8
crotamiton lotion 10% (Eurax).....	80	dapsone tab 100 mg.....	8
CVS LANCETS 21G -lancets.....	91	DAPTACEL -diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml.....	10
CVS LANCETS MICRO-THIN 33 -lancets.....	91	DARAPRIM -pyrimethamine tab 25 mg.....	8
CVS LANCETS MICRO THIN 33 -lancets.....	91	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex).....	44
CVS LANCETS ORIGINAL -lancets.....	91	darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex).....	44
CVS LANCETS THIN 26G -lancets.....	91	DAURISMO -glasdegib maleate tab 25 mg (base equivalent).....	12
CVS LANCETS ULTRA-THIN 30 -lancets.....	91	DAURISMO -glasdegib maleate tab 100 mg (base equivalent).....	12
CVS LANCETS ULTRA THIN 30 -lancets.....	91	DDAVP -desmopressin acetate nasal soln 0.01% (refrigerated).....	24
CVS LANCING DEVICE -lancet devices.....	91	deferasirox tab for oral susp 125 mg (Exjade).....	82
CVS ULTRA THIN LANCETS -lancets.....	91	deferasirox tab for oral susp 250 mg (Exjade).....	82
cyanocobalamin inj 1000 mcg/ml.....	69	deferasirox tab for oral susp 500 mg (Exjade).....	82
cyclobenzaprine hcl tab 5 mg.....	66	DELSTRIGO -doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	4
cyclobenzaprine hcl tab 10 mg.....	66	demeclocycline hcl tab 150 mg.....	2
cyclopentolate hcl ophth soln 0.5% (Cyclogyl).....	76	demeclocycline hcl tab 300 mg.....	2
cyclopentolate hcl ophth soln 1% (Cyclogyl).....	76	DENAVIR -penciclovir cream 1%.....	80
cyclopentolate hcl ophth soln 2% (Cyclogyl).....	76	DEPEN TITRATABS -penicillamine tab 250 mg.....	131
		DESCOVY -emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	4
		desipramine hcl tab 10 mg (Norpramin).....	47
		desipramine hcl tab 25 mg (Norpramin).....	47

desipramine hcl tab 50 mg (Norpramin).....	47	dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr).....	52
desipramine hcl tab 75 mg (Norpramin).....	47	dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr).....	52
desipramine hcl tab 100 mg (Norpramin).....	47	dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr).....	52
desipramine hcl tab 150 mg (Norpramin).....	47	dexmethylphenidate hcl tab 2.5 mg (Focalin).....	52
desloratadine tab 5 mg (Clarinet).....	37	dexmethylphenidate hcl tab 5 mg (Focalin).....	52
desmopressin acetate inj 4 mcg/ml (Ddvp).....	24	dexmethylphenidate hcl tab 10 mg (Focalin).....	52
desmopressin acetate nasal spray soln 0.01% (Ddvp).....	24	dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine).....	53
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	24	dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine).....	53
desmopressin acetate tab 0.1 mg (Ddvp).....	24	dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine).....	53
desmopressin acetate tab 0.2 mg (Ddvp).....	24	dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra).....	53
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	19	dextroamphetamine sulfate tab 5 mg.....	53
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Cyclessa).....	19	dextroamphetamine sulfate tab 10 mg.....	53
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	19	DIACOMIT -stiripentol cap 250 mg.....	63
desonide cream 0.05% (Desowen).....	80	DIACOMIT -stiripentol cap 500 mg.....	63
desonide lotion 0.05% (Desowen).....	80	DIACOMIT -stiripentol packet 250 mg.....	63
desonide oint 0.05% (Desowen).....	80	DIACOMIT -stiripentol packet 500 mg.....	63
desoximetasone cream 0.05% (Topicort).....	80	DIASAT ACUDIAL -diazepam rectal gel delivery system 10 mg.....	63
desoximetasone cream 0.25% (Topicort).....	80	DIASAT ACUDIAL -diazepam rectal gel delivery system 20 mg.....	63
desoximetasone gel 0.05% (Topicort).....	80	DIASAT PEDIATRIC -diazepam rectal gel delivery system 2.5 mg.....	63
desoximetasone oint 0.05% (Topicort).....	80	DIATHRIVE LANCETS -lancets.....	91
desoximetasone oint 0.25% (Topicort).....	80	DIATHRIVE LANCETS ULTRA T -lancets.....	91
desoximetasone spray 0.25% (Topicort).....	80	DIATHRIVE LANCING DEVICE -lancet devices.....	91
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq).....	47	diazepam conc 5 mg/ml.....	46
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq).....	47	DIAZEPAM -diazepam oral soln 1 mg/ml.....	46
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq).....	47	diazepam tab 2 mg (Valium).....	46
DEXAMETHASONE -dexamethasone soln 0.5 mg/5ml.....	17	diazepam tab 5 mg (Valium).....	46
DEXAMETHASONE -dexamethasone tab 1 mg.....	17	diazepam tab 10 mg (Valium).....	46
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dexamethasone elixir 0.5 mg/5ml.....	17	diclofenac potassium tab 50 mg.....	59
DEXAMETHASONE SODIUM PHOS -dexamethasone sodium phosphate ophth soln 0.1%.....	76	diclofenac sodium gel 1% (Voltaren).....	80
dexamethasone tab 0.5 mg.....	17	diclofenac sodium ophth soln 0.1%.....	76
dexamethasone tab 0.75 mg.....	17	diclofenac sodium soln 1.5%.....	80
dexamethasone tab 1.5 mg.....	17	diclofenac sodium tab delayed release 25 mg.....	59
dexamethasone tab 4 mg.....	17	diclofenac sodium tab delayed release 50 mg.....	59
dexamethasone tab 6 mg.....	17	diclofenac sodium tab delayed release 75 mg.....	59
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr).....	52	diclofenac sodium tab er 24hr 100 mg.....	59
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr).....	52	diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50).....	59
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr).....	52	diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75).....	59
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr).....	52	dicloxacin sodium cap 250 mg.....	1
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr).....	52	dicloxacin sodium cap 500 mg.....	1
		dicyclomine hcl cap 10 mg (Bentyl).....	41
		dicyclomine hcl oral soln 10 mg/5ml.....	41
		dicyclomine hcl tab 20 mg (Bentyl).....	41
		didanosine delayed release capsule 200 mg (Videx ec).....	4

didanosine delayed release capsule 250 mg (Videx ec).....	4	dipyridamole tab 25 mg (Persantine).....	72
didanosine delayed release capsule 400 mg (Videx ec).....	4	dipyridamole tab 50 mg (Persantine).....	72
DIFICID -fidaxomicin tab 200 mg.....	2	dipyridamole tab 75 mg (Persantine).....	72
diflunisal tab 500 mg.....	56	disopyramide phosphate cap 100 mg (Norpace).....	29
DIGOXIN -digoxin oral soln 0.05 mg/ml.....	26	disopyramide phosphate cap 150 mg (Norpace).....	29
digoxin tab 125 mcg (0.125 mg) (Lanoxin).....	26	disulfiram tab 250 mg (Antabuse).....	54
digoxin tab 250 mcg (0.25 mg) (Lanoxin).....	26	disulfiram tab 500 mg (Antabuse).....	54
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	61	divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	63
DILANTIN -phenytoin sodium extended cap 30 mg.....	63	divalproex sodium tab delayed release 125 mg (Depakote).....	63
DILANTIN -phenytoin sodium extended cap 100 mg.....	63	divalproex sodium tab delayed release 250 mg (Depakote).....	63
diltiazem hcl cap er 12hr 60 mg.....	28	divalproex sodium tab delayed release 500 mg (Depakote).....	63
diltiazem hcl cap er 12hr 90 mg.....	28	divalproex sodium tab er 24 hr 250 mg (Depakote er).....	63
diltiazem hcl cap er 12hr 120 mg.....	28	divalproex sodium tab er 24 hr 500 mg (Depakote er).....	63
diltiazem hcl cap er 24hr 180 mg.....	28	DIVIGEL -estradiol td gel 0.25 mg/0.25gm (0.1%).....	18
diltiazem hcl cap er 24hr 240 mg.....	28	DIVIGEL -estradiol td gel 0.5 mg/0.5gm (0.1%).....	18
diltiazem hcl coated beads cap er 24hr 300 mg.....	28	DIVIGEL -estradiol td gel 0.75 mg/0.75gm (0.1%).....	18
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....	28	DIVIGEL -estradiol td gel 1 mg/gm (0.1%).....	18
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....	28	dofetilide cap 125 mcg (0.125 mg) (Tikosyn).....	29
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....	28	dofetilide cap 250 mcg (0.25 mg) (Tikosyn).....	29
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd).....	28	dofetilide cap 500 mcg (0.5 mg) (Tikosyn).....	29
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd).....	28	donepezil hydrochloride orally disintegrating tab 5 mg.....	54
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la).....	28	donepezil hydrochloride orally disintegrating tab 10 mg.....	54
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la).....	28	donepezil hydrochloride tab 5 mg (Aricept).....	54
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la).....	28	donepezil hydrochloride tab 10 mg (Aricept).....	54
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la).....	28	donepezil hydrochloride tab 23 mg (Aricept).....	54
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la).....	28	dorzolamide hcl ophth soln 2% (Trusopt).....	76
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac).....	28	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf).....	76
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac).....	28	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	76
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac).....	28	DOVATO -dolutegravir sodium-lamivudine tab 50-300 mg (base eq).....	4
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac).....	28	doxazosin mesylate tab 1 mg (Cardura).....	31
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac).....	28	doxazosin mesylate tab 2 mg (Cardura).....	31
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac).....	28	doxazosin mesylate tab 4 mg (Cardura).....	31
diltiazem hcl tab 90 mg.....	28	doxazosin mesylate tab 8 mg (Cardura).....	31
diltiazem hcl tab 30 mg (Cardizem).....	28	doxepin hcl cap 10 mg.....	47
diltiazem hcl tab 60 mg (Cardizem).....	28	doxepin hcl cap 25 mg.....	47
diltiazem hcl tab 120 mg (Cardizem).....	28	doxepin hcl cap 50 mg.....	47
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	41	doxepin hcl cap 75 mg.....	47
DIPHThERIA/TETANUS TOXOID -diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml.....	10	doxepin hcl cap 100 mg.....	47
		doxepin hcl conc 10 mg/ml.....	47
		DOXEPIN HCL -doxepin hcl cap 150 mg.....	47
		doxercalciferol cap 0.5 mcg (Hectorol).....	24
		doxercalciferol cap 1 mcg (Hectorol).....	24
		doxercalciferol cap 2.5 mcg (Hectorol).....	24
		doxycycline hyclate cap 50 mg.....	2
		doxycycline hyclate cap 100 mg (Vibramycin).....	2
		doxycycline hyclate tab 20 mg.....	2

doxycycline hyclate tab 100 mg	2	DROPLET INSULIN SYRINGE U -insulin syringe/needle	
doxycycline monohydrate cap 50 mg	2	u-100 1 ml 30 x 5/16".....	92
doxycycline monohydrate cap 100 mg (Monodox)	2	DROPLET INSULIN SYRINGE U -insulin syringe/needle	
doxycycline monohydrate for susp 25 mg/5ml		u-100 1 ml 30 x 1/2".....	92
(Vibramycin)	2	DROPLET INSULIN SYRINGE U -insulin syringe/needle	
doxycycline monohydrate tab 50 mg (Adoxa)	2	u-100 1 ml 31 x 5/16".....	92
doxycycline monohydrate tab 75 mg (Adoxa)	2	DROPLET INSULIN SYRINGE U -insulin syringe/needle	
doxycycline monohydrate tab 100 mg (Adoxa pak		u-100 0.3 ml 31 x 5/16".....	92
1/100)	2	DROPLET INSULIN SYRINGE U -insulin syringe/needle	
doxycycline monohydrate tab 150 mg (Adoxa pak		u-100 1 ml 31 x 15/64".....	92
1/150)	2	DROPLET LANCETS ULTRA THI -lancets	92
doxylamine-pyridoxine tab delayed release 10-10 mg		DROPLET LANCING DEVICE -lancet devices	92
(Diclegis)	42	DROPLET PEN NEEDLES 29GX1 -insulin pen needle 29	
dronabinol cap 2.5 mg (Marinol)	42	g x 10 mm.....	92
dronabinol cap 5 mg (Marinol)	42	DROPLET PEN NEEDLES 32GX8 -insulin pen needle 32	
dronabinol cap 10 mg (Marinol)	42	g x 8 mm.....	93
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 32G X -insulin pen needle 32	
u-100 1/2 ml 31 x 5/16".....	92	g x 8 mm.....	93
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 29GX1 -insulin pen needle 29	
u-100 1/2 ml 30 x 1/2".....	92	g x 12 mm (1/2").....	92
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 31GX5 -insulin pen needle 31	
u-100 1/2 ml 31 x 15/64".....	92	g x 5 mm (3/16").....	92
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 31GX6 -insulin pen needle 31	
u-100 0.3 ml 31 x 15/64".....	92	g x 6 mm (1/4").....	92
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 32GX6 -insulin pen needle 32	
u-100 1 ml 30 x 1/2".....	92	g x 6 mm (1/4").....	93
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 32G X -insulin pen needle 32	
u-100 1 ml 31 x 5/16".....	92	g x 6 mm (1/4").....	93
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 31GX8 -insulin pen needle 31	
u-100 0.3 ml 31 x 5/16".....	92	g x 8 mm (1/3" or 5/16").....	92
DROPLET INSULIN SYRINGE/U -insulin syringe/needle		DROPLET PEN NEEDLES 32GX4 -insulin pen needle 32	
u-100 1 ml 31 x 15/64".....	92	g x 4 mm (1/6" or 5/32").....	93
DROPLET INSULIN SYRINGE 0 -insulin syringe/needle		DROPLET PEN NEEDLES 32GX5 -insulin pen needle 32	
u-100 1/2 ml 29 x 1/2".....	92	g x 5 mm (1/5" or 3/16").....	93
DROPLET INSULIN SYRINGE 0 -insulin syringe/needle		DROPLET PEN NEEDLES 32G X -insulin pen needle 32	
u-100 0.3 ml 29 x 1/2".....	92	g x 4 mm (1/6" or 5/32").....	92
DROPLET INSULIN SYRINGE 1 -insulin syringe/needle		DROPLET PEN NEEDLES 32G X -insulin pen needle 32	
u-100 1 ml 29 x 1/2".....	92	g x 5 mm (1/5" or 3/16").....	92
DROPLET INSULIN SYRINGE U -insulin syringe/needle		DROPSAFE SAFETY PEN NEEDL -insulin pen needle 31	
u-100 1/2 ml 31 x 5/16".....	91	g x 8 mm (1/3" or 5/16").....	93
DROPLET INSULIN SYRINGE U -insulin syringe/needle		DROPSAFE SAFTEY PEN NEEDL -insulin pen needle 31	
u-100 1/2 ml 30 x 5/16".....	91	g x 6 mm (1/4").....	93
DROPLET INSULIN SYRINGE U -insulin syringe/needle		drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin	
u-100 1/2 ml 30 x 1/2".....	91	28)	19
DROPLET INSULIN SYRINGE U -insulin syringe/needle		drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	19
u-100 0.3 ml 30 x 5/16".....	91	drospirenone-ethinyl estrad-levomefolate tab	
DROPLET INSULIN SYRINGE U -insulin syringe/needle		3-0.02-0.451 mg (Beyaz)	19
u-100 0.3 ml 30 x 1/2".....	91	drospirenone-ethinyl estrad-levomefolate tab	
DROPLET INSULIN SYRINGE U -insulin syringe/needle		3-0.03-0.451 mg (Safyral)	19
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u-100 0.3 ml 30 x 15/64".....	92	DROXIA -hydroxyurea cap 400 mg	69
DROPLET INSULIN SYRINGE U -insulin syringe/needle		DRUG MART ADJUSTABLE LANC -lancet devices	93
u-100 0.5 ml 30 x 15/64".....	92	DRUG MART LANCETS THIN -lancets	93
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DRUG MART UNIFINE PENTIPS -insulin pen needle 31 g x 5 mm (3/16").....	93	EASY COMFORT INSULIN SYRI -insulin syringe/needle u-100 1 ml 30 x 1/2".....	94
DRUG MART UNIFINE PENTIPS -insulin pen needle 31 g x 6 mm (1/4").....	93	EASY COMFORT INSULIN SYRI -insulin syringe/needle u-100 1 ml 31 x 5/16".....	94
DRUG MART UNIFINE PENTIPS -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	93	EASY COMFORT LANCETS 30G/ -lancets.....	94
DRUG MART UNIFINE PENTIPS -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	93	EASY COMFORT LANCETS -lancets.....	94
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DUANE READE LANCET ALTERN -lancets.....	93	EASY COMFORT PEN NEEDLES -insulin pen needle 31 g x 6 mm (1/4").....	94
DUANE READE LANCET SUPER -lancets.....	93	EASY COMFORT PEN NEEDLES -insulin pen needle 33 g x 6 mm (1/4").....	94
DUANE READE LANCET ULTRA -lancets.....	93	EASY COMFORT PEN NEEDLES -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	94
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DUANE READE UNIFINE PENTI -insulin pen needle 31 g x 6 mm (1/4").....	93	EASY COMFORT PEN NEEDLES -insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	94
DUANE READE UNIFINE PENTI -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	93	EASY COMFORT PEN NEEDLES -insulin pen needle 33 g x 5 mm (1/5" or 3/16").....	94
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duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta).....	47	EASY TOUCH ALLERGY TRAY S -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	94
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DUPIXENT -dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml.....	39	EASY TOUCH FLIPLOCK SAFET -insulin syringe/needle u-100 1 ml 30 x 5/16".....	94
DUPIXENT -dupilumab subcutaneous soln prefilled syringe 300 mg/2ml.....	80	EASY TOUCH FLIPLOCK SAFET -insulin syringe/needle u-100 1 ml 30 x 1/2".....	94
DUREZOL -difluprednate ophth emulsion 0.05%.....	76	EASY TOUCH FLIPLOCK SAFET -insulin syringe/needle u-100 1 ml 31 x 5/16".....	94
dutasteride cap 0.5 mg (Avodart).....	45	EASY TOUCH 32GX6MM -insulin pen needle 32 g x 6 mm (1/4").....	96
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EASY COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	93	EASY TOUCH INSULIN SYRING -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	95
EASY COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	93		
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EASY TOUCH INSULIN SYRING -insulin syringe/needle u-100 1 ml 27 x 1/2".....	95	EASY TOUCH SHEATHLOCK SAF -insulin syringe/ needle u-100 1 ml 30 x 1/2".....	96
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EASY TOUCH INSULIN SYRING -insulin syringe/needle u-100 1 ml 29 x 1/2".....	95	EASY TOUCH TUBERCULIN FLI -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	96
EASY TOUCH INSULIN SYRING -insulin syringe/needle u-100 1 ml 30 x 5/16".....	95	EASY TOUCH TUBERCULIN FLI -tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	96
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EASY TOUCH INSULIN SYRING -insulin syringe/needle u-100 1 ml 31 x 5/16".....	95	EASY TOUCH TUBERCULIN SHE -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	96
EASY TOUCH INSULIN SYRING -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	95	EASY TOUCH TUBERCULIN SHE -tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	96
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EASY TOUCH LANCETS 21G/PR -lancets.....	95	econazole nitrate cream 1%.....	80
EASY TOUCH LANCETS 23G/PR -lancets.....	95	EDECRIN -ethacrynic acid tab 25 mg.....	34
EASY TOUCH LANCETS 26G/PR -lancets.....	95	EDURANT -rilpivirine hcl tab 25 mg (base equivalent).....	4
EASY TOUCH LANCETS 28G/PR -lancets.....	95	efavirenz cap 50 mg (Sustiva).....	4
EASY TOUCH LANCETS 30G/PR -lancets.....	95	efavirenz cap 200 mg (Sustiva).....	4
EASY TOUCH LANCETS 32G/PR -lancets.....	95	efavirenz tab 600 mg (Sustiva).....	4
EASY TOUCH LANCETS 26G/PU -lancets.....	95	EFFIENT -prasugrel hcl tab 5 mg (base equiv).....	72
EASY TOUCH LANCETS 28G/PU -lancets.....	95	eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax).....	61
EASY TOUCH LANCETS 30G/PU -lancets.....	95	eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax).....	61
EASY TOUCH LANCETS 32G/PU -lancets.....	95	ELIQUIS -apixaban tab 2.5 mg.....	70
EASY TOUCH LANCETS 26G/TW -lancets.....	95	ELIQUIS -apixaban tab 5 mg.....	70
EASY TOUCH LANCETS 28G/TW -lancets.....	95	ELIQUIS STARTER PACK -apixaban tab 5 mg.....	70
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EASY TOUCH PEN NEEDLES 29 -insulin pen needle 29 g x 12 mm (1/2").....	95	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 28 x 5/16".....	96
EASY TOUCH PEN NEEDLES 31 -insulin pen needle 31 g x 6 mm (1/4").....	95	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 28 x 1/2".....	96
EASY TOUCH PEN NEEDLES 32 -insulin pen needle 32 g x 6 mm (1/4").....	95	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 29 x 1/2".....	96
EASY TOUCH PEN NEEDLES 31 -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	95	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 30 x 5/16".....	96
EASY TOUCH PEN NEEDLES 32 -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	95	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 28 x 1/2".....	96
EASY TOUCH PEN NEEDLES 32 -insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	95	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 29 x 1/2".....	96
EASY TOUCH SAFETY LANCETS -lancets.....	96	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 29 x 5/16".....	96
EASY TOUCH SAFETY PEN NEE -insulin pen needle 29 g x 5 mm (3/16").....	96	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 30 x 5/16".....	96
EASY TOUCH SAFETY PEN NEE -insulin pen needle 29 g x 8 mm (5/16").....	96	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 1 ml 31 x 5/16".....	96
EASY TOUCH SHEATHLOCK SAF -insulin syringe/ needle u-100 1 ml 29 x 1/2".....	96	ELITE-THIN INSULIN SYRING -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	96

ELLA -ulipristal acetate tab 30 mg.....	19	ENBREL -etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	59
ELMIRON -pentosan polysulfate sodium caps 100 mg.....	45	ENBREL -etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	59
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 250 unit.....	72	ENBREL MINI -etanercept subcutaneous solution cartridge 50 mg/ml.....	59
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 500 unit.....	72	ENBREL SURECLICK -etanercept subcutaneous solution auto-injector 50 mg/ml.....	59
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 750 unit.....	72	ENCARE -nonoxynol-9 vaginal suppos 100 mg.....	44
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 1000 unit.....	72	ENDARI -glutamine (sickle cell) powd pack 5 gm.....	69
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 1500 unit.....	72	ENERGIX-B -hepatitis b vaccine (recombinant) 10 mcg/0.5ml.....	9
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 2000 unit.....	72	ENERGIX-B -hepatitis b vaccine (recombinant) 20 mcg/ ml.....	9
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 3000 unit.....	72	ENERGIX-B -hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml.....	9
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 4000 unit.....	72	ENERGIX-B -hepatitis b vaccine (recombinant) susp 20 mcg/ml.....	9
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 5000 unit.....	72	enoxaparin sodium inj 30 mg/0.3ml (Lovenox).....	70
ELOCTATE -antihemophilic factor (recomb) rfviifc for inj 6000 unit.....	72	enoxaparin sodium inj 40 mg/0.4ml (Lovenox).....	70
EMBEDA -morphine-naltrexone cap er 20-0.8 mg.....	57	enoxaparin sodium inj 60 mg/0.6ml (Lovenox).....	70
EMBEDA -morphine-naltrexone cap er 30-1.2 mg.....	57	enoxaparin sodium inj 80 mg/0.8ml (Lovenox).....	70
EMBEDA -morphine-naltrexone cap er 50-2 mg.....	57	enoxaparin sodium inj 100 mg/ml (Lovenox).....	70
EMBEDA -morphine-naltrexone cap er 60-2.4 mg.....	57	enoxaparin sodium inj 120 mg/0.8ml (Lovenox).....	70
EMBEDA -morphine-naltrexone cap er 80-3.2 mg.....	57	enoxaparin sodium inj 150 mg/ml (Lovenox).....	70
EMBEDA -morphine-naltrexone cap er 100-4 mg.....	57	enoxaparin sodium inj 300 mg/3ml (Lovenox).....	70
EMBRACE LANCETS ULTRA THI -lancets.....	96	entacapone tab 200 mg (Comtan).....	65
EMCYT -estramustine phosphate sodium cap 140 mg.....	12	entecavir tab 0.5 mg (Baraclude).....	5
EMEND -aprepitant for oral susp 125 mg (125 mg/5ml).....	42	entecavir tab 1 mg (Baraclude).....	5
EMGALITY -galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	61	ENTRESTO -sacubitril-valsartan tab 24-26 mg.....	36
EMGALITY -galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	61	ENTRESTO -sacubitril-valsartan tab 49-51 mg.....	36
EMSAM -selegiline td patch 24hr 6 mg/24hr.....	47	ENTRESTO -sacubitril-valsartan tab 97-103 mg.....	36
EMSAM -selegiline td patch 24hr 9 mg/24hr.....	47	EPCLUSA -sofosbuvir-velpatasvir tab 400-100 mg.....	5
EMSAM -selegiline td patch 24hr 12 mg/24hr.....	47	EPIDIOLEX -cannabidiol soln 100 mg/ml.....	63
EMTRIVA -emtricitabine caps 200 mg.....	5	EPIDUO -adapalene-benzoyl peroxide gel 0.1-2.5%.....	80
EMTRIVA -emtricitabine soln 10 mg/ml.....	5	epinastine hcl ophth soln 0.05% (Elestat).....	76
ENABLEX -darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....	44	epinephrine pf inj 1 mg/ml.....	34
ENABLEX -darifenacin hydrobromide tab er 24hr 15 mg (base equiv).....	44	epinephrine pf soln prefilled syringe 1 mg/10ml (0.1 mg/ml).....	34
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	31	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....	34
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	31	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....	34
enalapril maleate tab 2.5 mg (Vasotec).....	31	EPIPEN-JR 2-PAK -epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	34
enalapril maleate tab 5 mg (Vasotec).....	31	EPIVIR HBV -lamivudine oral soln 5 mg/ml (hbv).....	5
enalapril maleate tab 10 mg (Vasotec).....	31	EPIVIR HBV -lamivudine tab 100 mg (hbv).....	5
enalapril maleate tab 20 mg (Vasotec).....	31	EPIVIR -lamivudine tab 300 mg.....	5
ENBREL -etanercept for subcutaneous inj 25 mg.....	59	eplerenone tab 25 mg (Inspra).....	31
		eplerenone tab 50 mg (Inspra).....	31
		EPROSARTAN MESYLATE -eprosartan mesylate tab 600 mg.....	31
		EPZICOM -abacavir sulfate-lamivudine tab 600-300 mg.....	5
		EQL COLOR LANCETS 21G -lancets.....	97
		EQL COLOR LANCETS MICRO T -lancets.....	97

EQL INSULIN SYRINGE/1ML/2 -insulin syringe/needle u-100 1 ml 29 x 1/2".....	97	escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....	47
EQL INSULIN SYRINGE/1ML/3 -insulin syringe/needle u-100 1 ml 30 x 5/16".....	97	escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....	47
EQL INSULIN SYRINGE/1ML/3 -insulin syringe/needle u-100 1 ml 31 x 5/16".....	97	escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....	47
EQL INSULIN SYRINGE/0.5ML -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	97	esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium).....	41
EQL INSULIN SYRINGE/0.5ML -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	97	estazolam tab 1 mg.....	51
EQL INSULIN SYRINGE/0.5ML -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	97	estazolam tab 2 mg.....	51
EQL INSULIN SYRINGE/0.3ML -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	97	estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella).....	18
EQL INSULIN SYRINGE/0.3ML -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	97	estradiol & norethindrone acetate tab 1-0.5 mg (Activella).....	18
EQL INSULIN SYRINGE/0.3ML -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	97	estradiol tab 0.5 mg (Estrace).....	18
EQL SHORT PEN NEEDLES 31G -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	97	estradiol tab 1 mg (Estrace).....	18
EQL SUPER THIN LANCETS 30 -lancets.....	97	estradiol tab 2 mg (Estrace).....	18
EQL THIN LANCETS 26G -lancets.....	97	estradiol td patch twice weekly 0.025 mg/24hr (Vivelle- dot).....	18
EQL ULTRA SHORT PEN NEEDL -insulin pen needle 31 g x 6 mm (1/4").....	97	estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot).....	18
ergocalciferol cap 50000 unit (Drisdol).....	67	estradiol td patch twice weekly 0.05 mg/24hr (Vivelle- dot).....	18
ERGOLOID MESYLATES -ergoloid mesylates tab 1 mg.....	54	estradiol td patch twice weekly 0.075 mg/24hr (Vivelle- dot).....	18
ergotamine w/ caffeine tab 1-100 mg (Cafergot).....	61	estradiol td patch twice weekly 0.1 mg/24hr (Vivelle- dot).....	18
ERIVEDGE -vismodegib cap 150 mg.....	12	estradiol td patch weekly 0.025 mg/24hr (Climara).....	18
ERLEADA -apalutamide tab 60 mg.....	12	estradiol td patch weekly 0.05 mg/24hr (Climara).....	18
erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....	12	estradiol td patch weekly 0.06 mg/24hr (Climara).....	18
erlotinib hcl tab 100 mg (base equivalent) (Tarceva).....	12	estradiol td patch weekly 0.075 mg/24hr (Climara).....	18
erlotinib hcl tab 150 mg (base equivalent) (Tarceva).....	12	estradiol td patch weekly 0.1 mg/24hr (Climara).....	18
ERTACZO -sertaconazole nitrate cream 2%.....	80	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara).....	18
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules).....	2	estradiol vaginal cream 0.1 mg/gm (Estrace).....	44
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400).....	2	estradiol vaginal tab 10 mcg (Vagifem).....	44
erythromycin gel 2% (Erygel).....	80	ESTROGEL -estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	18
erythromycin ophth oint 5 mg/gm.....	76	eszopiclone tab 1 mg (Lunesta).....	51
erythromycin pads 2%.....	80	eszopiclone tab 2 mg (Lunesta).....	51
erythromycin soln 2%.....	80	eszopiclone tab 3 mg (Lunesta).....	51
erythromycin tab delayed release 250 mg.....	2	ethacrynic acid tab 25 mg.....	34
erythromycin tab delayed release 333 mg.....	2	ethambutol hcl tab 100 mg (Myambutol).....	3
erythromycin tab delayed release 500 mg.....	2	ethambutol hcl tab 400 mg (Myambutol).....	3
erythromycin tab 250 mg.....	2	ethosuximide cap 250 mg (Zarontin).....	63
erythromycin tab 500 mg.....	2	ethosuximide soln 250 mg/5ml (Zarontin).....	63
erythromycin w/ delayed release particles cap 250 mg.....	2	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	19
ESBRIET -pirfenidone cap 267 mg.....	40	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	19
ESBRIET -pirfenidone tab 267 mg.....	40	ETIDRONATE DISODIUM -etidronate disodium tab 200 mg.....	24
ESBRIET -pirfenidone tab 801 mg.....	40	ETIDRONATE DISODIUM -etidronate disodium tab 400 mg.....	24
escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro).....	47	etodolac cap 200 mg.....	59

etodolac tab er 24hr 500 mg	59	famotidine tab 40 mg (Pepcid)	41
etodolac tab er 24hr 600 mg	59	FANAPT -iloperidone tab 1 mg.....	49
etodolac tab 400 mg	59	FANAPT -iloperidone tab 2 mg.....	49
etodolac tab 500 mg	59	FANAPT -iloperidone tab 4 mg.....	49
ETOPOSIDE -etoposide cap 50 mg.....	12	FANAPT -iloperidone tab 6 mg.....	49
EURAX -crotamiton cream 10%.....	80	FANAPT -iloperidone tab 8 mg.....	49
EVOTAZ -atazanavir sulfate-cobicistat tab 300-150 mg (base equiv).....	5	FANAPT -iloperidone tab 10 mg.....	49
EXCEL COMFORT POINT INSUL -insulin pen needle 31 g x 4 mm (1/6" or 5/32").....	97	FANAPT -iloperidone tab 12 mg.....	49
EXCEL COMFORT POINT INSULI -insulin pen needle 29 g x 12 mm (1/2").....	97	FANAPT TITRATION PACK -iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak.....	49
EXCEL COMFORT POINT INSULI -insulin pen needle 31 g x 6 mm (1/4").....	97	FARESTON -toremifene citrate tab 60 mg (base equivalent).....	12
EXCEL COMFORT POINT INSULI -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	97	FARXIGA -dapagliflozin propanediol tab 5 mg (base equivalent).....	20
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	97	FARXIGA -dapagliflozin propanediol tab 10 mg (base equivalent).....	20
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	97	FARYDAK -panobinostat lactate cap 10 mg (base equivalent).....	12
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	97	FARYDAK -panobinostat lactate cap 15 mg (base equivalent).....	13
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	97	FARYDAK -panobinostat lactate cap 20 mg (base equivalent).....	13
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	97	FC FEMALE CONDOM -condoms - female.....	98
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 1 ml 28 x 1/2".....	97	FC2 FEMALE CONDOM -condoms - female.....	98
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 1 ml 29 x 1/2".....	97	febuxostat tab 40 mg (Uloric)	62
EXCEL COMFORT POINT INSULI -insulin syringe/needle u-100 1 ml 30 x 5/16".....	97	febuxostat tab 80 mg (Uloric)	62
EXELDERM -sulconazole nitrate cream 1%.....	80	FEIBA -antiinhibitor coagulant complex for iv soln 500 unit.....	72
exemestane tab 25 mg (Aromasin)	12	FEIBA -antiinhibitor coagulant complex for iv soln 1000 unit.....	72
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	35	FEIBA -antiinhibitor coagulant complex for iv soln 2500 unit.....	72
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	35	felbamate susp 600 mg/5ml (Felbatol)	63
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	35	felbamate tab 400 mg (Felbatol)	63
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	35	felbamate tab 600 mg (Felbatol)	63
ezetimibe tab 10 mg (Zetia)	35	felodipine tab er 24hr 2.5 mg	28
E-Z JECT LANCETS COLOR -lancets.....	93	felodipine tab er 24hr 5 mg	28
E-Z JECT LANCETS 21G -lancets.....	93	felodipine tab er 24hr 10 mg	28
E-Z JECT LANCETS -lancets.....	93	FEMCAP -cervical cap 22 mm.....	98
E-ZJECT LANCETS MICRO-THI -lancets.....	93	FEMCAP -cervical cap 26 mm.....	98
E-Z JECT LANCETS SUPER TH -lancets.....	93	FEMCAP -cervical cap 30 mm.....	98
E-Z JECT LANCETS THIN 26G -lancets.....	93	fenofibrate micronized cap 43 mg	35
EZ-LETS LANCETS 21G -lancets.....	97	fenofibrate micronized cap 130 mg	35
EZ-LETS LANCETS 23G -lancets.....	97	fenofibrate micronized cap 67 mg (Lofibra)	35
EZ-LETS LANCETS 30G -lancets.....	97	fenofibrate micronized cap 134 mg (Lofibra)	35
EZ-LETS LANCETS 26G SUPER -lancets.....	97	fenofibrate micronized cap 200 mg (Lofibra)	35
EZ-LETS LANCETS 28G ULTRA -lancets.....	97	fenofibrate tab 54 mg (Lofibra)	35
EZ SMART BLOOD GLUCOSE LA -lancets.....	97	fenofibrate tab 160 mg (Lofibra)	35
F		fenofibrate tab 48 mg (Tricor)	35
famciclovir tab 125 mg (Famvir)	5	fenofibrate tab 145 mg (Tricor)	35
famciclovir tab 250 mg (Famvir)	5	fenoprofen calcium tab 600 mg	59
famciclovir tab 500 mg (Famvir)	5	fentanyl citrate lozenge on a handle 200 mcg (Actiq)	57
famotidine tab 20 mg (Pepcid)	41	fentanyl citrate lozenge on a handle 400 mcg (Actiq)	57
		fentanyl citrate lozenge on a handle 600 mcg (Actiq)	57

fentanyl citrate lozenge on a handle 800 mcg (Actiq).....	57	FINGERSTIX LANCETS -lancets.....	98
fentanyl citrate lozenge on a handle 1200 mcg (Actiq).....	57	FIRVANQ -vancomycin hcl for oral soln 25 mg/ml (base equivalent).....	8
fentanyl citrate lozenge on a handle 1600 mcg (Actiq).....	57	FIRVANQ -vancomycin hcl for oral soln 50 mg/ml (base equivalent).....	8
fentanyl td patch 72hr 12 mcg/hr (Duragesic).....	57	flavoxate hcl tab 100 mg.....	44
fentanyl td patch 72hr 25 mcg/hr (Duragesic).....	57	flecainide acetate tab 50 mg.....	29
fentanyl td patch 72hr 50 mcg/hr (Duragesic).....	57	flecainide acetate tab 100 mg.....	29
fentanyl td patch 72hr 75 mcg/hr (Duragesic).....	57	flecainide acetate tab 150 mg.....	29
fentanyl td patch 72hr 100 mcg/hr (Duragesic).....	57	FLOVENT DISKUS -fluticasone propionate aer pow ba 50 mcg/blister.....	39
FERRIPROX -deferiprone tab 500 mg.....	82	FLOVENT DISKUS -fluticasone propionate aer pow ba 100 mcg/blister.....	39
FERRIPROX -deferiprone tab 1000 mg.....	82	FLOVENT DISKUS -fluticasone propionate aer pow ba 250 mcg/blister.....	39
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....	69	FLOVENT HFA -fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	39
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....	69	FLOVENT HFA -fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	39
FETZIMA -levomilnacipran hcl cap er 24hr 20 mg (base equivalent).....	47	FLOVENT HFA -fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	39
FETZIMA -levomilnacipran hcl cap er 24hr 40 mg (base equivalent).....	47	FLUAD 2019-2020 -influenza vac type a&b surface ant adj susp pref syr 0.5 ml.....	9
FETZIMA -levomilnacipran hcl cap er 24hr 80 mg (base equivalent).....	47	FLUARIX QUADRIVALENT 2019 -influenza virus vac split quadrivalent susp pref syr 0.5ml.....	9
FETZIMA -levomilnacipran hcl cap er 24hr 120 mg (base equivalent).....	47	FLUBLOK QUADRIVALENT 2019 -influenza vac recomb ha quad pf soln pref syr 0.5 ml.....	9
FETZIMA TITRATION PACK -levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack.....	47	FLUCELVAX QUADRIVALENT 20 -influenza vac tiss-cult subunt quad susp pref syr 0.5 ml.....	9
FIASP FLEXTOUCH -insulin aspart (with niacinamide) sol pen-inj 100 unit/ml.....	22	FLUCELVAX QUADRIVALENT 20 -influenza vac tissue-cultured subunit quadrivalent im susp.....	9
FIASP -insulin aspart (with niacinamide) inj 100 unit/ml.....	22	fluconazole for susp 10 mg/ml (Diflucan).....	3
FIBRYGA -fibrinogen conc (human) inj approximately 1 gm (900-1300 mg).....	72	fluconazole for susp 40 mg/ml (Diflucan).....	3
FIFTY50 PEN NEEDLES/32GX6 -insulin pen needle 32 g x 6 mm (1/4").....	98	fluconazole tab 50 mg (Diflucan).....	3
FIFTY50 PEN NEEDLES/31GX8 -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	98	fluconazole tab 100 mg (Diflucan).....	3
FIFTY50 PEN NEEDLES/32GX4 -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	98	fluconazole tab 150 mg (Diflucan).....	3
FIFTY50 PEN NEEDLES 31GX5 -insulin pen needle 31 g x 5 mm (3/16").....	98	fluconazole tab 200 mg (Diflucan).....	3
FIFTY50 PEN NEEDLES 31G X -insulin pen needle 31 g x 5 mm (3/16").....	98	flucytosine cap 250 mg (Ancobon).....	3
FIFTY50 PEN NEEDLES 31G X -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	98	flucytosine cap 500 mg (Ancobon).....	3
FIFTY50 SAFETY SEAL LANCE -lancets.....	98	fludrocortisone acetate tab 0.1 mg.....	17
FIFTY50 SUPERIOR COMFORT -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	98	FLULAVAL QUADRIVALENT 201 -influenza virus vaccine split quadrivalent im inj.....	9
FIFTY50 SUPERIOR COMFORT -insulin syringe/needle u-100 1 ml 31 x 5/16".....	98	FLULAVAL QUADRIVALENT 201 -influenza virus vac split quadrivalent susp pref syr 0.5ml.....	9
FIFTY50 SUPERIOR COMFORT -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	98	FLUMIST QUADRIVALENT -influenza virus vaccine live quadrivalent intranasal susp.....	9
FIFTY50 UNILET LANCETS 33 -lancets.....	98	FLUNISOLIDE -flunisolide nasal soln 25 mcg/act (0.025%).....	37
FINACEA -azelaic acid gel 15%.....	80	fluocinolone acetonide cream 0.01%.....	80
finasteride tab 1 mg (Propecia).....	80	fluocinolone acetonide cream 0.025% (Synalar).....	80
finasteride tab 5 mg (Proscar).....	45	fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod).....	80
FINE 30 -lancets.....	98	fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca).....	80
		fluocinolone acetonide oint 0.025% (Synalar).....	80
		fluocinolone acetonide (otic) oil 0.01% (Dermotic).....	78
		fluocinolone acetonide soln 0.01% (Synalar).....	80

fluocinonide cream 0.05%.....	80	FOLIVANE-OB -prenatal w/o a w/fe fum-fe poly-fa cap	
fluocinonide emulsified base cream 0.05%.....	80	130-92.4-1 mg.....	67
fluocinonide gel 0.05%.....	80	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	
fluocinonide oint 0.05%.....	80	(Arixtra).....	70
fluocinonide soln 0.05%.....	80	fondaparinux sodium subcutaneous inj 5 mg/0.4ml	
fluorometholone ophth susp 0.1% (Fml liquifilm).....	76	(Arixtra).....	70
fluorouracil cream 5% (Efudex).....	80	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	
FLUOROURACIL -fluorouracil soln 2%.....	80	(Arixtra).....	70
FLUOROURACIL -fluorouracil soln 5%.....	80	fondaparinux sodium subcutaneous inj 10 mg/0.8ml	
fluoxetine hcl cap 10 mg (Prozac).....	47	(Arixtra).....	70
fluoxetine hcl cap 20 mg (Prozac).....	47	FORA LANCETS -lancets.....	98
fluoxetine hcl cap 40 mg (Prozac).....	47	FORA LANCING DEVICE/CLEAR -lancet devices.....	98
fluoxetine hcl solution 20 mg/5ml.....	47	FORA LANCING DEVICE -lancet devices.....	98
FLUPHENAZINE HCL -fluphenazine hcl tab 1 mg.....	49	FORTEO -teriparatide (recombinant) inj 600	
FLUPHENAZINE HCL -fluphenazine hcl tab 2.5 mg.....	49	mcg/2.4ml.....	24
FLUPHENAZINE HCL -fluphenazine hcl tab 5 mg.....	49	fosamprenavir calcium tab 700 mg (base equiv)	
FLUPHENAZINE HCL -fluphenazine hcl tab 10 mg.....	49	(Lexiva).....	5
FLURBIPROFEN SODIUM -flurbiprofen sodium ophth		fosinopril sodium & hydrochlorothiazide tab 10-12.5	
soln 0.03%.....	76	mg.....	31
flurbiprofen tab 50 mg.....	59	fosinopril sodium & hydrochlorothiazide tab 20-12.5	
flurbiprofen tab 100 mg.....	59	mg.....	31
flutamide cap 125 mg.....	13	fosinopril sodium tab 10 mg.....	31
FLUTICASONE PROPIONATE/SA -fluticasone-salmeterol		fosinopril sodium tab 20 mg.....	31
aer powder ba 55-14 mcg/act.....	39	fosinopril sodium tab 40 mg.....	31
FLUTICASONE PROPIONATE/SA -fluticasone-salmeterol		FOSRENOL -lanthanum carbonate chew tab 500 mg	
aer powder ba 113-14 mcg/act.....	39	(elemental).....	43
FLUTICASONE PROPIONATE/SA -fluticasone-salmeterol		FOSRENOL -lanthanum carbonate chew tab 750 mg	
aer powder ba 232-14 mcg/act.....	39	(elemental).....	43
fluticasone propionate cream 0.05% (Cutivate).....	80	FOSRENOL -lanthanum carbonate chew tab 1000 mg	
fluticasone propionate nasal susp 50 mcg/act.....	37	(elemental).....	43
fluticasone propionate oint 0.005%.....	80	FREDS PHARMACY AUTOLET LA -lancet devices.....	98
fluticasone-salmeterol aer powder ba 100-50 mcg/		FREDS PHARMACY UNIFINE PE -insulin pen needle 31	
dose (Advair diskus).....	39	g x 5 mm (3/16").....	98
fluticasone-salmeterol aer powder ba 250-50 mcg/		FREDS PHARMACY UNIFINE PE -insulin pen needle 31	
dose (Advair diskus).....	39	g x 8 mm (1/3" or 5/16").....	98
fluticasone-salmeterol aer powder ba 500-50 mcg/		FREDS PHARMACY UNIFINE PE -insulin pen needle 32	
dose (Advair diskus).....	39	g x 4 mm (1/6" or 5/32").....	98
fluvastatin sodium cap 20 mg (base equivalent).....	35	FREDS PHARMACY UNILET LAN -lancets.....	98
fluvastatin sodium cap 40 mg (base equivalent).....	35	FREESTYLE LANCETS -lancets.....	98
fluvastatin sodium tab er 24 hr 80 mg (base		FREESTYLE LIBRE/READER/FL -continuous blood	
equivalent) (Lescol xl).....	35	glucose system receiver.....	98
fluvoxamine maleate tab 25 mg.....	47	FREESTYLE LIBRE/SENSOR/FL -continuous blood	
fluvoxamine maleate tab 50 mg.....	47	glucose system sensor.....	98
fluvoxamine maleate tab 100 mg.....	47	FREESTYLE LIBRE 14 DAY/RE -continuous blood	
FLUZONE HIGH-DOSE PF 2019 -influenza virus vac split		glucose system receiver.....	98
high-dose pf susp pref syr 0.5ml.....	9	FREESTYLE LIBRE 14 DAY/SE -continuous blood	
FLUZONE QUADRIVALENT 2019 -influenza virus		glucose system sensor.....	98
vaccine split quadrivalent im inj.....	9	FREESTYLE PRECISION INSUL -insulin syringe/needle	
FLUZONE QUADRIVALENT 2019 -influenza virus		u-100 1/2 ml 31 x 5/16".....	98
vaccine split quadrivalent inj 0.5 ml.....	9	FREESTYLE PRECISION INSUL -insulin syringe/needle	
FLUZONE QUADRIVALENT 2019 -influenza virus vac		u-100 1/2 ml 30 x 5/16".....	98
split quadrivalent susp pref syr 0.25 ml.....	9	FREESTYLE PRECISION INSUL -insulin syringe/needle	
FLUZONE QUADRIVALENT 2019 -influenza virus vac		u-100 1 ml 30 x 5/16".....	98
split quadrivalent susp pref syr 0.5ml.....	9	FREESTYLE PRECISION INSUL -insulin syringe/needle	
folic acid tab 400 mcg.....	69	u-100 1 ml 31 x 5/16".....	98
folic acid tab 800 mcg.....	69	FREESTYLE UNISTICK II LAN -lancets.....	99
folic acid tab 1 mg.....	69		

frovatriptan succinate tab 2.5 mg (base equivalent) (Frova).....	61	GAMUNEX-C -immune globulin (human) iv or subcutaneous soln 5 gm/50ml.....	11
FULPHILA -pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	69	GAMUNEX-C -immune globulin (human) iv or subcutaneous soln 10 gm/100ml.....	11
furosemide oral soln 10 mg/ml.....	34	GAMUNEX-C -immune globulin (human) iv or subcutaneous soln 20 gm/200ml.....	11
furosemide tab 20 mg (Lasix).....	34	GAMUNEX-C -immune globulin (human) iv or subcutaneous soln 40 gm/400ml.....	11
furosemide tab 40 mg (Lasix).....	34	GARDASIL 9 -human papillomavirus (hvp) 9-valent recomb vac im susp.....	9
furosemide tab 80 mg (Lasix).....	34	GARDASIL 9 -human papillomavirus (hvp) 9-valent recomb vac susp pref syr.....	10
FUZEON -enfuvirtide for inj 90 mg.....	5	gatifloxacin ophth soln 0.5% (Zymaxid).....	76
FYCOMPA -perampanel tab 2 mg.....	63	gemfibrozil tab 600 mg (Lopid).....	35
FYCOMPA -perampanel tab 4 mg.....	63	gentamicin sulfate cream 0.1%.....	80
FYCOMPA -perampanel tab 6 mg.....	63	gentamicin sulfate oint 0.1%.....	80
FYCOMPA -perampanel tab 8 mg.....	63	gentamicin sulfate ophth soln 0.3% (Garamycin).....	76
FYCOMPA -perampanel tab 10 mg.....	63	GENTEEL BUTTERFLY TOUCH L -lancets.....	99
FYCOMPA -perampanel tab 12 mg.....	63	GENTEEL LANCING DEVICE/BU -lancet devices.....	99
G		GENTEEL LANCING DEVICE/GL -lancet devices.....	99
gabapentin cap 100 mg (Neurontin).....	63	GENTEEL LANCING DEVICE/PL -lancet devices.....	99
gabapentin cap 300 mg (Neurontin).....	63	GENTEEL LANCING DEVICE/PR -lancet devices.....	99
gabapentin cap 400 mg (Neurontin).....	63	GENTEEL LANCING DEVICE/ST -lancet devices.....	99
gabapentin oral soln 250 mg/5ml (Neurontin).....	63	GENTEEL LANCING DEVICE/WI -lancet devices.....	99
gabapentin tab 600 mg (Neurontin).....	63	GENTLE-LET GP LANCETS -lancets.....	99
gabapentin tab 800 mg (Neurontin).....	63	GENTLE-LET LANCETS GENERA -lancets.....	99
GALAFOLD -migalastat hcl cap 123 mg (base equivalent).....	25	GENTLE-LET LANCETS SAFETY -lancets.....	99
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er).....	54	GENVOYA -elvitegrav-cobic-emtricitab-tenofof af tab 150-150-200-10 mg.....	5
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er).....	54	GILENYA -fingolimod hcl cap 0.5 mg (base equiv).....	54
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er).....	54	GILOTRIF -afatinib dimaleate tab 20 mg (base equivalent).....	13
galantamine hydrobromide tab 4 mg (Razadyne).....	54	GILOTRIF -afatinib dimaleate tab 30 mg (base equivalent).....	13
galantamine hydrobromide tab 8 mg (Razadyne).....	54	GILOTRIF -afatinib dimaleate tab 40 mg (base equivalent).....	13
galantamine hydrobromide tab 12 mg (Razadyne).....	54	glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone).....	54
GAMMAGARD LIQUID -immune globulin (human) iv or subcutaneous soln 1 gm/10ml.....	11	glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone).....	54
GAMMAGARD LIQUID -immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml.....	11	GLEOSTINE -lomustine cap 10 mg.....	13
GAMMAGARD LIQUID -immune globulin (human) iv or subcutaneous soln 5 gm/50ml.....	11	GLEOSTINE -lomustine cap 40 mg.....	13
GAMMAGARD LIQUID -immune globulin (human) iv or subcutaneous soln 10 gm/100ml.....	11	GLEOSTINE -lomustine cap 100 mg.....	13
GAMMAGARD LIQUID -immune globulin (human) iv or subcutaneous soln 20 gm/200ml.....	11	glimepiride tab 1 mg (Amaryl).....	20
GAMMAGARD LIQUID -immune globulin (human) iv or subcutaneous soln 30 gm/300ml.....	11	glimepiride tab 2 mg (Amaryl).....	20
GAMMAKED -immune globulin (human) iv or subcutaneous soln 5 gm/50ml.....	11	glimepiride tab 4 mg (Amaryl).....	20
GAMMAKED -immune globulin (human) iv or subcutaneous soln 10 gm/100ml.....	11	glipizide-metformin hcl tab 2.5-250 mg.....	20
GAMMAKED -immune globulin (human) iv or subcutaneous soln 20 gm/200ml.....	11	glipizide-metformin hcl tab 2.5-500 mg.....	20
GAMMAKED -immune globulin (human) iv or subcutaneous soln 30 gm/300ml.....	11	glipizide-metformin hcl tab 5-500 mg.....	20
GAMUNEX-C -immune globulin (human) iv or subcutaneous soln 1 gm/10ml.....	11	glipizide tab er 24hr 2.5 mg (Glucotrol xl).....	20
GAMUNEX-C -immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml.....	11	glipizide tab er 24hr 5 mg (Glucotrol xl).....	20
		glipizide tab er 24hr 10 mg (Glucotrol xl).....	20
		glipizide tab 5 mg (Glucotrol).....	20
		glipizide tab 10 mg (Glucotrol).....	20
		GLOBAL EASE INJECT PEN NE -insulin pen needle 29 g x 12 mm (1/2").....	99

GLOBAL EASE INJECT PEN NE -insulin pen needle 31 g x 5 mm (3/16").....	99	GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	100
GLOBAL EASE INJECT PEN NE -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	99	GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	100
GLOBAL EASE INJECT PEN NE -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	99	GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	100
GLOBAL EASY GLIDE INSULIN -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	99	GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 30 x 5/16".....	100
GLOBAL EASY GLIDE PEN NEE -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	99	GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 30 x 1/2".....	100
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	99	GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 31 x 5/16".....	100
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	99	GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	100
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	99	glyburide-metformin tab 1.25-250 mg (Glucovance).....	21
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	99	glyburide-metformin tab 2.5-500 mg (Glucovance).....	21
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	99	glyburide-metformin tab 5-500 mg (Glucovance).....	21
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	99	glyburide micronized tab 1.5 mg (Glynase).....	20
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	99	glyburide micronized tab 3 mg (Glynase).....	20
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	99	glyburide micronized tab 6 mg (Glynase).....	20
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1 ml 28 x 1/2".....	99	glyburide tab 1.25 mg.....	21
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1 ml 29 x 1/2".....	99	glyburide tab 2.5 mg.....	21
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1 ml 30 x 5/16".....	99	glyburide tab 5 mg.....	21
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1 ml 30 x 1/2".....	99	glycopyrrolate tab 1 mg (Robinul).....	41
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 1 ml 31 x 5/16".....	99	glycopyrrolate tab 2 mg (Robinul forte).....	41
GLOBAL INJECT EASE INSULI -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	99	GLYXAMBI -empagliflozin-linagliptin tab 10-5 mg.....	21
GLOBAL INJECT EASE LANCET -lancets.....	99	GLYXAMBI -empagliflozin-linagliptin tab 25-5 mg.....	21
GLOBAL INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	100	GNP CLICKFINE PEN NEEDLE -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	100
GLOBAL INSULIN SYRINGES/U -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	100	GNP CLICKFINE UNIVERSAL P -insulin pen needle 31 g x 6 mm (1/4").....	100
GLOBAL LANCING DEVICE -lancet devices.....	100	GNP CLICKFINE UNIVERSAL P -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	100
GLUCAGEN DIAGNOSTIC -glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv).....	83	GNP INSULIN SYRINGE/1ML/2 -insulin syringe/needle u-100 1 ml 28 x 1/2".....	100
GLUCAGEN HYPOKIT -glucagon hcl (rdna) for inj 1 mg (base equiv).....	20	GNP INSULIN SYRINGE/1ML/2 -insulin syringe/needle u-100 1 ml 29 x 1/2".....	100
GLUCAGON EMERGENCY KIT -glucagon (rdna) for inj kit 1 mg.....	20	GNP INSULIN SYRINGE/1ML/3 -insulin syringe/needle u-100 1 ml 30 x 5/16".....	100
GLUCOCOM LANCETS 28G -lancets.....	100	GNP INSULIN SYRINGE/1ML/3 -insulin syringe/needle u-100 1 ml 31 x 5/16".....	100
GLUCOCOM LANCETS 30G -lancets.....	100	GNP INSULIN SYRINGE/0.5ML -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	100
GLUCOCOM LANCETS 33G -lancets.....	100	GNP INSULIN SYRINGE/0.5ML -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	100
GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	100	GNP INSULIN SYRINGE/0.5ML -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	100
GLUCOPRO INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	100	GNP INSULIN SYRINGE/0.5ML -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	100
		GNP INSULIN SYRINGE/0.3ML -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	100
		GNP INSULIN SYRINGE/0.3ML -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	100
		GNP INSULIN SYRINGE/0.3ML -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	100
		GNP LANCETS 21G -lancets.....	101

GNP LANCETS -lancets.....	100	guanfacine hcl tab 2 mg (Tenex).....	31
GNP LANCETS MICRO THIN 33 -lancets.....	101	GUANIDINE HCL -guanidine hcl tab 125 mg.....	66
GNP LANCETS SUPER THIN 30 -lancets.....	101	GYNAZOLE-1 -butoconazole nitrate (one dose) vaginal cream 2%.....	45
GNP LANCETS THIN 26G -lancets.....	101	H	
GNP LANCETS THIN -lancets.....	101	HAEGARDA -c1 esterase inhibitor (human) for subcutaneous inj 2000 unit.....	72
GNP MICRO THIN LANCETS 33 -lancets.....	101	HAEGARDA -c1 esterase inhibitor (human) for subcutaneous inj 3000 unit.....	72
GNP SUPER THIN LANCETS/30 -lancets.....	101	HAEMOLANCE -lancets.....	102
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	101	HAEMOLANCE LOW FLOW LANCE -lancets.....	102
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	101	HAEMOLANCE PLUS HIGH FLOW -lancets.....	102
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	101	HAEMOLANCE PLUS -lancets.....	102
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	101	HAEMOLANCE PLUS LOW FLOW -lancets.....	102
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	101	HAEMOLANCE PLUS MAX FLOW -lancets.....	102
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	101	HAEMOLANCE PLUS PEDIATRIC -lancets.....	102
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1 ml 28 x 1/2".....	101	halobetasol propionate cream 0.05% (Ultravate).....	80
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1 ml 29 x 1/2".....	101	halobetasol propionate oint 0.05% (Ultravate).....	80
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1 ml 30 x 5/16".....	101	HALOG -halcinonide oint 0.1%.....	80
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 1 ml 31 x 5/16".....	101	haloperidol lactate oral conc 2 mg/ml.....	49
GNP ULTRA COMFORT INSULIN -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	101	haloperidol tab 0.5 mg.....	49
GOODSENSE CLICKFINE SAFET -insulin pen needle 31 g x 5 mm (3/16").....	101	haloperidol tab 1 mg.....	49
GOODSENSE COLOR LANCETS M -lancets.....	101	haloperidol tab 2 mg.....	49
GOODSENSE LANCETS MICRO-T -lancets.....	101	haloperidol tab 5 mg.....	49
GOODSENSE LANCETS ULTRA-T -lancets.....	101	haloperidol tab 10 mg.....	49
GOODSENSE LANCING DEVICE -lancet devices.....	101	haloperidol tab 20 mg.....	49
GOODSENSE PEN NEEDLE/PENF -insulin pen needle 31 g x 5 mm (3/16").....	101	HARVONI -ledipasvir-sofosbuvir tab 90-400 mg.....	5
GOODSENSE PEN NEEDLE/PENF -insulin pen needle 32 g x 6 mm (1/4").....	101	HAVRIX -hepatitis a vaccine inj susp 720 el unit/0.5ml.....	10
GOODSENSE PEN NEEDLE/PENF -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	101	HAVRIX -hepatitis a vaccine inj susp 1440 el unit/ml.....	10
GOODSENSE PEN NEEDLE/PENF -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	101	HEALTH CARE LANCING DEVIC -lancet devices.....	102
granisetron hcl tab 1 mg.....	42	HEALTHWISE INSULIN SYRING -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	102
griseofulvin microsize susp 125 mg/5ml.....	3	HEALTHWISE INSULIN SYRING -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	102
griseofulvin microsize tab 500 mg (Grifulvin v).....	4	HEALTHWISE INSULIN SYRING -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	102
griseofulvin ultramicrosize tab 125 mg (Gris-peg).....	4	HEALTHWISE INSULIN SYRING -insulin syringe/needle u-100 1 ml 30 x 5/16".....	102
griseofulvin ultramicrosize tab 250 mg (Gris-peg).....	4	HEALTHWISE INSULIN SYRING -insulin syringe/needle u-100 1 ml 31 x 5/16".....	102
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv).....	53	HEALTHWISE INSULIN SYRING -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	102
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv).....	53	HEALTHWISE MICRON PEN NEE -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	102
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv).....	53	HEALTHWISE MINI PEN NEEDL -insulin pen needle 31 g x 6 mm (1/4").....	102
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv).....	53	HEALTHWISE PEN NEEDLES 29 -insulin pen needle 29 g x 12 mm (1/2").....	102
guanfacine hcl tab 1 mg (Tenex).....	31	HEALTHWISE SHORT PEN NEED -insulin pen needle 31 g x 5 mm (3/16").....	102
		HEALTHWISE SHORT PEN NEED -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	102
		HEALTHWISE UNIFINE PENTIP -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	102
		HEALTHY ACCENTS AUTOLET I -lancet devices.....	102

HEALTHY ACCENTS UNIFINE P -insulin pen needle 29 g x 12 mm (1/2").....	102	HIZENTRA -immune globulin (human) subcutaneous inj 2 gm/10ml.....	11
HEALTHY ACCENTS UNIFINE P -insulin pen needle 31 g x 5 mm (3/16").....	102	HIZENTRA -immune globulin (human) subcutaneous inj 4 gm/20ml.....	11
HEALTHY ACCENTS UNIFINE P -insulin pen needle 31 g x 6 mm (1/4").....	102	HIZENTRA -immune globulin (human) subcutaneous inj 10 gm/50ml.....	11
HEALTHY ACCENTS UNIFINE P -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	102	HM ULTICARE INSULIN SYRIN -insulin syringe/needle u-100 1 ml 30 x 1/2".....	103
HEALTHY ACCENTS UNIFINE P -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	102	HM ULTICARE INSULIN SYRIN -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	103
HEALTHY ACCENTS UNILET LA -lancets.....	102	HM ULTICARE SHORT PEN NEE -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	103
H-E-B INCONTROL ADVANCED -lancet devices.....	102	homatropine hbr opth soln 5% (Isopto homatropine).....	76
H-E-B INCONTROL LANCETS M -lancets.....	102	HUMATE-P -antihemophilic factor/vwf (human) for inj 250-600 unit.....	73
H-E-B INCONTROL LANCETS S -lancets.....	102	HUMATE-P -antihemophilic factor/vwf (human) for inj 500-1200 unit.....	73
H-E-B INCONTROL LANCETS U -lancets.....	102	HUMATE-P -antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	73
H-E-B IN CONTROL PEN NEED -insulin pen needle 31 g x 5 mm (3/16").....	101	HUMIRA -adalimumab prefilled syringe kit 10 mg/0.1ml.....	59
H-E-B IN CONTROL PEN NEED -insulin pen needle 31 g x 6 mm (1/4").....	101	HUMIRA -adalimumab prefilled syringe kit 10 mg/0.2ml.....	59
H-E-B IN CONTROL PEN NEED -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	101	HUMIRA -adalimumab prefilled syringe kit 20 mg/0.2ml.....	59
H-E-B IN CONTROL PEN NEED -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	101	HUMIRA -adalimumab prefilled syringe kit 20 mg/0.4ml.....	60
H-E-B INCONTROL PEN NEEDL -insulin pen needle 29 g x 12 mm (1/2").....	102	HUMIRA -adalimumab prefilled syringe kit 40 mg/0.8ml.....	60
H-E-B IN CONTROL UNIFINE -insulin pen needle 31 g x 5 mm (3/16").....	101	HUMIRA -adalimumab prefilled syringe kit 40 mg/0.4ml.....	60
H-E-B IN CONTROL UNIFINE -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	102	HUMIRA PEDIATRIC CROHNS D -adalimumab prefilled syringe kit 40 mg/0.8ml.....	60
HEMLIBRA -emicizumab-kxwh subcutaneous soln 30 mg/ml.....	72	HUMIRA PEDIATRIC CROHNS D -adalimumab prefilled syringe kit 80 mg/0.8ml.....	60
HEMLIBRA -emicizumab-kxwh subcutaneous soln 150 mg/ml.....	73	HUMIRA PEDIATRIC CROHNS D -adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....	60
HEMLIBRA -emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....	72	HUMIRA PEN -adalimumab pen-injector kit 40 mg/0.8ml.....	60
HEMLIBRA -emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	72	HUMIRA PEN -adalimumab pen-injector kit 40 mg/0.4ml.....	60
HEMOFIL M -antihemophilic factor (human) for inj 250 unit.....	73	HUMIRA PEN-CD/UC/HS START -adalimumab pen-injector kit 40 mg/0.8ml.....	60
HEMOFIL M -antihemophilic factor (human) for inj 500 unit.....	73	HUMIRA PEN-CD/UC/HS START -adalimumab pen-injector kit 80 mg/0.8ml.....	60
HEMOFIL M -antihemophilic factor (human) for inj 1000 unit.....	73	HUMIRA PEN-PS/UV STARTER -adalimumab pen-injector kit 40 mg/0.8ml.....	60
HEMOFIL M -antihemophilic factor (human) for inj 1700 unit.....	73	HUMIRA PEN-PS/UV STARTER -adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	60
heparin sodium (porcine) inj 5000 unit/ml.....	70	HUMULIN R U-500 (CONCENTR -insulin regular (human) inj 500 unit/ml.....	22
heparin sodium (porcine) inj 10000 unit/ml.....	70	HUMULIN R U-500 KWIKPEN -insulin regular (human) soln pen-injector 500 unit/ml.....	22
HEPLISAV-B -hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml.....	10	HYCANTIN -topotecan hcl cap 0.25 mg (base equiv).....	13
HEPLISAV-B -hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5ml.....	10	HYCANTIN -topotecan hcl cap 1 mg (base equiv).....	13
HETLIOZ -tasimelteon capsule 20 mg.....	51	hydralazine hcl tab 10 mg.....	31
HIBERIX -haemophilus b polysaccharide conjugate vac for inj 10 mcg.....	10		
HIZENTRA -immune globulin (human) subcutaneous inj 1 gm/5ml.....	11		

hydralazine hcl tab 25 mg.....	31	hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	8
hydralazine hcl tab 50 mg.....	31	hydroxyurea cap 500 mg (Hydrea).....	13
hydralazine hcl tab 100 mg.....	31	hydroxyzine hcl syrup 10 mg/5ml.....	46
HYDREA -hydroxyurea cap 500 mg.....	13	hydroxyzine hcl tab 10 mg.....	46
hydrochlorothiazide cap 12.5 mg (Microzide).....	34	hydroxyzine hcl tab 25 mg.....	46
hydrochlorothiazide tab 12.5 mg.....	34	hydroxyzine hcl tab 50 mg.....	46
hydrochlorothiazide tab 25 mg.....	34	hydroxyzine pamoate cap 25 mg (Vistaril).....	46
hydrochlorothiazide tab 50 mg.....	34	hydroxyzine pamoate cap 50 mg (Vistaril).....	46
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet).....	57	hyoscyamine sulfate elixir 0.125 mg/5ml.....	41
hydrocodone-acetaminophen tab 7.5-325 mg (Norco).....	57	hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl).....	41
hydrocodone-acetaminophen tab 5-325 mg (Norco).....	57	hyoscyamine sulfate soln 0.125 mg/ml.....	41
hydrocodone-acetaminophen tab 10-325 mg (Norco).....	57	hyoscyamine sulfate tab disint 0.125 mg (Anaspaz).....	41
hydrocodone-acetaminophen tab 7.5-300 mg (Xodol).....	57	hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid).....	41
hydrocodone-acetaminophen tab 5-300 mg (Xodol).....	57	hyoscyamine sulfate tab 0.125 mg (Levsin).....	41
hydrocodone-acetaminophen tab 10-300 mg (Xodol).....	57	HYQVIA -immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit.....	11
hydrocodone-ibuprofen tab 10-200 mg (Ibudone).....	57	HYQVIA -immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit.....	11
hydrocodone-ibuprofen tab 5-200 mg (Reprexain).....	57	HYQVIA -immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit.....	11
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen).....	57	HYQVIA -immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit.....	11
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml.....	37	HYQVIA -immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit.....	11
hydrocodone w/ homatropine tab 5-1.5 mg.....	37	HY-VEE LANCETS -lancets.....	103
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti).....	37	HY-VEE THIN LANCETS -lancets.....	103
hydrocortisone acetate suppos 25 mg (Anusol- hc).....	78	I	
hydrocortisone acetate w/ pramoxine rectal cream 1-1% (Analpram-hc).....	78	ibandronate sodium tab 150 mg (base equivalent) (Boniva).....	25
hydrocortisone acetate w/ pramoxine rectal cream 2.5-1% (Analpram-hc).....	78	IBRANCE -palbociclib cap 75 mg.....	13
hydrocortisone butyrate cream 0.1% (Locoid).....	80	IBRANCE -palbociclib cap 100 mg.....	13
hydrocortisone butyrate oint 0.1% (Locoid).....	80	IBRANCE -palbociclib cap 125 mg.....	13
hydrocortisone butyrate soln 0.1% (Locoid).....	81	ibuprofen susp 100 mg/5ml.....	60
hydrocortisone cream 1%.....	81	ibuprofen tab 400 mg.....	60
hydrocortisone cream 2.5%.....	81	ibuprofen tab 600 mg.....	60
hydrocortisone enema 100 mg/60ml (Cortenema).....	78	ibuprofen tab 800 mg.....	60
hydrocortisone lotion 2.5%.....	81	icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr).....	73
hydrocortisone oint 1%.....	81	ICLUSIG -ponatinib hcl tab 15 mg (base equiv).....	13
hydrocortisone oint 2.5%.....	81	ICLUSIG -ponatinib hcl tab 45 mg (base equiv).....	13
hydrocortisone rectal cream 2.5% (Anusol-hc).....	78	IDELVION -coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	73
hydrocortisone rectal cream 1% (Proctocort).....	78	IDELVION -coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	73
hydrocortisone tab 5 mg (Cortef).....	17	IDELVION -coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	73
hydrocortisone tab 10 mg (Cortef).....	17	IDELVION -coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	73
hydrocortisone tab 20 mg (Cortef).....	17	IDELVION -coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	73
hydrocortisone valerate cream 0.2%.....	81	IDHIFA -enasidenib mesylate tab 50 mg (base equivalent).....	13
hydrocortisone valerate oint 0.2% (Westcort).....	81	IDHIFA -enasidenib mesylate tab 100 mg (base equivalent).....	13
hydrocortisone w/ acetic acid otic soln 1-2%.....	78		
hydromorphone hcl liqd 1 mg/ml (Dilaudid).....	57		
hydromorphone hcl tab 2 mg (Dilaudid).....	57		
hydromorphone hcl tab 4 mg (Dilaudid).....	57		
hydromorphone hcl tab 8 mg (Dilaudid).....	57		

ILEVRO -nepafenac ophth susp 0.3%.....	76	INSULIN SYRINGE/1ML/30G X -insulin syringe/needle	
imatinib mesylate tab 100 mg (base equivalent)		u-100 1 ml 30 x 5/16".....	104
(Gleevec).....	13	INSULIN SYRINGE/NEEDLE 0. -insulin syringe/needle	
imatinib mesylate tab 400 mg (base equivalent)		u-100 1/2 ml 31 x 5/16".....	103
(Gleevec).....	13	INSULIN SYRINGE/NEEDLE 0. -insulin syringe/needle	
IMBRUVICA -ibrutinib cap 70 mg.....	13	u-100 1/2 ml 29 x 1/2".....	103
IMBRUVICA -ibrutinib cap 140 mg.....	13	INSULIN SYRINGE/NEEDLE 0. -insulin syringe/needle	
IMBRUVICA -ibrutinib tab 140 mg.....	13	u-100 1/2 ml 30 x 5/16".....	103
IMBRUVICA -ibrutinib tab 280 mg.....	13	INSULIN SYRINGE/NEEDLE 0. -insulin syringe/needle	
IMBRUVICA -ibrutinib tab 420 mg.....	13	u-100 0.3 ml 30 x 5/16".....	103
IMBRUVICA -ibrutinib tab 560 mg.....	13	INSULIN SYRINGE/NEEDLE 0. -insulin syringe/needle	
imipramine hcl tab 10 mg (Tofranil).....	47	u-100 0.3 ml 31 x 5/16".....	103
imipramine hcl tab 25 mg (Tofranil).....	47	INSULIN SYRINGE/NEEDLE 1M -insulin syringe/needle	
imipramine hcl tab 50 mg (Tofranil).....	48	u-100 1 ml 29 x 1/2".....	103
imipramine pamoate cap 75 mg (Tofranil-pm).....	48	INSULIN SYRINGE/NEEDLE 1M -insulin syringe/needle	
imipramine pamoate cap 100 mg (Tofranil-pm).....	48	u-100 1 ml 30 x 5/16".....	103
imipramine pamoate cap 125 mg (Tofranil-pm).....	48	INSULIN SYRINGE/NEEDLE 1M -insulin syringe/needle	
imipramine pamoate cap 150 mg (Tofranil-pm).....	48	u-100 1 ml 31 x 5/16".....	103
imiquimod cream 5% (Aldara).....	81	INSULIN SYRINGE/U-100/0.5 -insulin syringe/needle	
IMPAVIDO -miltefosine cap 50 mg.....	8	u-100 1/2 ml 29 x 1/2".....	103
INBRIJA -levodopa inhal powder cap 42 mg.....	65	INSULIN SYRINGE/U-100/0.3 -insulin syringe/needle	
INCRELEX -mecasermin inj 40 mg/4ml (10 mg/ml).....	25	u-100 0.3 ml 29 x 1/2".....	103
INCRUSE ELLIPTA -umeclidinium br aero powd breath		INSULIN SYRINGE/U-100/1ML -insulin syringe/needle	
act 62.5 mcg/inh (base eq).....	39	u-100 1 ml 29 x 1/2".....	103
indapamide tab 1.25 mg.....	34	INSULIN SYRINGE/U-100/1ML -insulin syringe/needle	
indapamide tab 2.5 mg.....	34	u-100 1 ml 30 x 5/16".....	103
indomethacin cap er 75 mg.....	60	INSULIN SYRINGE/U-100/1ML -insulin syringe/needle	
indomethacin cap 25 mg.....	60	u-100 1 ml 31 x 5/16".....	103
indomethacin cap 50 mg.....	60	INSULIN SYRINGE 1ML/31G X -insulin syringe/needle	
INFANRIX -diph, acellular pert & tet tox inj 25 lf-58		u-100 1 ml 31 x 1/4" (6 mm).....	103
mcg-10 lf/0.5ml.....	10	INSULIN SYRINGES/1ML/27GX -insulin syringe/needle	
INLYTA -axitinib tab 1 mg.....	13	u-100 1 ml 27 x 1/2".....	104
INLYTA -axitinib tab 5 mg.....	13	INSULIN SYRINGES/1ML/28GX -insulin syringe/needle	
INREBIC -fedratinib hcl cap 100 mg.....	13	u-100 1 ml 28 x 1/2".....	104
INSULIN SYRINGE/0.5ML/27G -insulin syringe/needle		INSULIN SYRINGES/1ML/29GX -insulin syringe/needle	
u-100 1/2 ml 27 x 1/2".....	103	u-100 1 ml 29 x 1/2".....	104
INSULIN SYRINGE/0.5ML/28G -insulin syringe/needle		INSULIN SYRINGES/1ML/30GX -insulin syringe/needle	
u-100 1/2 ml 28 x 1/2".....	103	u-100 1 ml 30 x 1/2".....	104
INSULIN SYRINGE/0.5ML/30G -insulin syringe/needle		INSULIN SYRINGES/1ML/31GX -insulin syringe/needle	
u-100 1/2 ml 30 x 5/16".....	103	u-100 1 ml 31 x 5/16".....	104
INSULIN SYRINGE/0.5ML/30G -insulin syringe/needle		INSULIN SYRINGES/0.5ML/27 -insulin syringe/needle	
u-100 1/2 ml 30 x 1/2".....	103	u-100 1/2 ml 27 x 1/2".....	104
INSULIN SYRINGE/0.5ML/31G -insulin syringe/needle		INSULIN SYRINGES/0.5ML/28 -insulin syringe/needle	
u-100 1/2 ml 31 x 5/16".....	103	u-100 1/2 ml 28 x 1/2".....	104
INSULIN SYRINGE/0.3ML/29G -insulin syringe/needle		INSULIN SYRINGES/0.5ML/29 -insulin syringe/needle	
u-100 0.3 ml 29 x 1/2".....	103	u-100 1/2 ml 29 x 1/2".....	104
INSULIN SYRINGE/0.3ML/30G -insulin syringe/needle		INSULIN SYRINGES/0.5ML/30 -insulin syringe/needle	
u-100 0.3 ml 30 x 5/16".....	103	u-100 1/2 ml 30 x 5/16".....	104
INSULIN SYRINGE/0.3ML/31G -insulin syringe/needle		INSULIN SYRINGES/0.5ML/31 -insulin syringe/needle	
u-100 0.3 ml 31 x 5/16".....	103	u-100 1/2 ml 31 x 5/16".....	104
INSULIN SYRINGE/0.3ML/29G -insulin syringe/needle		INSULIN SYRINGES 0.3ML/31 -insulin syringe/needle	
u-100 0.3 ml 29 x 1".....	103	u-100 0.3 ml 31 x 1/4" (6 mm).....	104
INSULIN SYRINGE/1ML/28G X -insulin syringe/needle		INSULIN SYRINGES 0.5ML/31 -insulin syringe/needle	
u-100 1 ml 28 x 1/2".....	104	u-100 0.5 ml 31 x 1/4" (6 mm).....	104
INSULIN SYRINGE/1ML/29G X -insulin syringe/needle		INSUPEN 29G X 12MM -insulin pen needle 29 g x 12 mm	
u-100 1 ml 29 x 1/2".....	104	(1/2").....	104

INSUPEN 31G X 5MM -insulin pen needle 31 g x 5 mm (3/16").....	104	irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....	31
INSUPEN 33GX4MM -insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	104	irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....	31
INSUPEN 31G X 8MM -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	104	irbesartan tab 75 mg (Avapro).....	31
INSUPEN 32G X 4MM -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	104	irbesartan tab 150 mg (Avapro).....	31
INSUPEN PEN NEEDLES 32G X -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	104	irbesartan tab 300 mg (Avapro).....	31
INSUPEN SENSITIVE 32GX8MM -insulin pen needle 32 g x 8 mm.....	104	IRESSA -gefitinib tab 250 mg.....	13
INSUPEN SENSITIVE 32GX6MM -insulin pen needle 32 g x 6 mm (1/4").....	104	irrigation solution, physiological.....	131
INSUPEN ULTRAFIN 29GX12MM -insulin pen needle 29 g x 12 mm (1/2").....	104	ISENTRESS HD -raltegravir potassium tab 600 mg (base equiv).....	5
INSUPEN ULTRAFIN 31GX6MM -insulin pen needle 31 g x 6 mm (1/4").....	104	ISENTRESS -raltegravir potassium chew tab 25 mg (base equiv).....	5
INSUPEN ULTRAFIN 30GX8MM -insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	104	ISENTRESS -raltegravir potassium chew tab 100 mg (base equiv).....	5
INSUPEN ULTRAFIN 31GX8MM -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	104	ISENTRESS -raltegravir potassium packet for susp 100 mg (base equiv).....	5
INTELENCE -etravirine tab 25 mg.....	5	ISENTRESS -raltegravir potassium tab 400 mg (base equiv).....	5
INTELENCE -etravirine tab 100 mg.....	5	ISONIAZID -isoniazid syrup 50 mg/5ml.....	3
INTELENCE -etravirine tab 200 mg.....	5	isoniazid tab 100 mg.....	3
IN TOUCH LANCING DEVICE -lancet devices.....	103	isoniazid tab 300 mg.....	3
IN TOUCH STERILE LANCETS -lancets.....	103	ISOSORBIDE DINITRATE -isosorbide dinitrate tab 30 mg.....	26
INTRON A -interferon alfa-2b for inj 10000000 unit.....	13	isosorbide dinitrate tab 10 mg.....	26
INTRON A -interferon alfa-2b for inj 18000000 unit.....	13	isosorbide dinitrate tab 20 mg.....	26
INTRON A -interferon alfa-2b for inj 50000000 unit.....	13	isosorbide dinitrate tab 5 mg (Isordil titradose).....	26
INTRON A -interferon alfa-2b inj 6000000 unit/ml.....	13	isosorbide mononitrate tab er 24hr 30 mg.....	26
INTRON A -interferon alfa-2b inj 10000000 unit/ml.....	13	isosorbide mononitrate tab er 24hr 60 mg.....	26
INVIRASE -saquinavir mesylate tab 500 mg.....	5	isosorbide mononitrate tab er 24hr 120 mg.....	26
INVOKAMET -canagliflozin-metformin hcl tab 50-500 mg.....	21	isosorbide mononitrate tab 10 mg.....	26
INVOKAMET -canagliflozin-metformin hcl tab 150-500 mg.....	21	isosorbide mononitrate tab 20 mg.....	26
INVOKAMET -canagliflozin-metformin hcl tab 50-1000 mg.....	21	isotretinoin cap 10 mg.....	81
INVOKAMET -canagliflozin-metformin hcl tab 150-1000 mg.....	21	isotretinoin cap 20 mg.....	81
INVOKAMET XR -canagliflozin-metformin hcl tab er 24hr 50-500 mg.....	21	isotretinoin cap 30 mg.....	81
INVOKAMET XR -canagliflozin-metformin hcl tab er 24hr 50-1000 mg.....	21	isotretinoin cap 40 mg.....	81
INVOKAMET XR -canagliflozin-metformin hcl tab er 24hr 150-500 mg.....	21	isradipine cap 2.5 mg.....	28
INVOKAMET XR -canagliflozin-metformin hcl tab er 24hr 150-1000 mg.....	21	isradipine cap 5 mg.....	28
INVOKANA -canagliflozin tab 100 mg.....	21	itraconazole cap 100 mg (Sporanox).....	4
INVOKANA -canagliflozin tab 300 mg.....	21	itraconazole oral soln 10 mg/ml (Sporanox).....	4
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	39	ivermectin tab 3 mg (Stromectol).....	8
ipratropium bromide inhal soln 0.02%.....	39	IXINITY -coagulation factor ix (recombinant) for inj 250 unit.....	73
ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent).....	37	IXINITY -coagulation factor ix (recombinant) for inj 500 unit.....	73
ipratropium bromide nasal soln 0.06% (42 mcg/spray) (Atrovent).....	37	IXINITY -coagulation factor ix (recombinant) for inj 1000 unit.....	73
		IXINITY -coagulation factor ix (recombinant) for inj 1500 unit.....	73
		IXINITY -coagulation factor ix (recombinant) for inj 2000 unit.....	73
		IXINITY -coagulation factor ix (recombinant) for inj 3000 unit.....	73
		J	
		JAKAFI -ruxolitinib phosphate tab 5 mg (base equivalent).....	13

JAKAFI -ruxolitinib phosphate tab 10 mg (base equivalent).....	13
JAKAFI -ruxolitinib phosphate tab 15 mg (base equivalent).....	13
JAKAFI -ruxolitinib phosphate tab 20 mg (base equivalent).....	13
JAKAFI -ruxolitinib phosphate tab 25 mg (base equivalent).....	13
JANUMET -sitagliptin-metformin hcl tab 50-500 mg.....	21
JANUMET -sitagliptin-metformin hcl tab 50-1000 mg.....	21
JANUMET XR -sitagliptin-metformin hcl tab er 24hr 50-500 mg.....	21
JANUMET XR -sitagliptin-metformin hcl tab er 24hr 50-1000 mg.....	21
JANUMET XR -sitagliptin-metformin hcl tab er 24hr 100-1000 mg.....	21
JANUVIA -sitagliptin phosphate tab 25 mg (base equiv).....	21
JANUVIA -sitagliptin phosphate tab 50 mg (base equiv).....	21
JANUVIA -sitagliptin phosphate tab 100 mg (base equiv).....	21
JARDIANCE -empagliflozin tab 10 mg.....	21
JARDIANCE -empagliflozin tab 25 mg.....	21
JIVI -antihemophilic factor recom pegylated-aucl for inj 500 unit.....	73
JIVI -antihemophilic factor recom pegylated-aucl for inj 1000 unit.....	73
JIVI -antihemophilic factor recom pegylated-aucl for inj 2000 unit.....	73
JIVI -antihemophilic factor recom pegylated-aucl for inj 3000 unit.....	73
JULUCA -dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq).....	5
JUXTAPID -lomitapide mesylate cap 5 mg (base equiv).....	35
JUXTAPID -lomitapide mesylate cap 10 mg (base equiv).....	35
JUXTAPID -lomitapide mesylate cap 20 mg (base equiv).....	35
JUXTAPID -lomitapide mesylate cap 30 mg (base equiv).....	35
JUXTAPID -lomitapide mesylate cap 40 mg (base equiv).....	35
JUXTAPID -lomitapide mesylate cap 60 mg (base equiv).....	35

K

KALETRA -lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	5
KALETRA -lopinavir-ritonavir tab 100-25 mg.....	5
KALETRA -lopinavir-ritonavir tab 200-50 mg.....	5
KALYDECO -ivacaftor packet 25 mg.....	40
KALYDECO -ivacaftor packet 50 mg.....	40
KALYDECO -ivacaftor packet 75 mg.....	40
KALYDECO -ivacaftor tab 150 mg.....	40
ketoconazole cream 2%.....	81

ketoconazole shampoo 2% (Nizoral).....	81
ketorolac tromethamine ophth soln 0.5% (Acular).....	76
ketorolac tromethamine ophth soln 0.4% (Acular Is).....	76
ketorolac tromethamine tab 10 mg.....	60
KINERET -anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml.....	60
KINNEY LANCETS -lancets.....	104
KINNEY THIN LANCETS -lancets.....	104
KINRAY INSULIN SYRINGE/0. -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	105
KINRAY INSULIN SYRINGE PR -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	104
KINRAY INSULIN SYRINGE PR -insulin syringe/needle u-100 1 ml 31 x 5/16".....	104
KINRAY INSULIN SYRINGE PR -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	105
KINRIX -diph-tetanus tox ad-acell pert & polio virus, ipv vac inj.....	10
KISQALI FEMARA 200 DOSE -ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	13
KISQALI FEMARA 400 DOSE -ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	13
KISQALI FEMARA 600 DOSE -ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	14
KISQALI -ribociclib succinate tab pack 200 mg daily dose.....	13
KISQALI -ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	13
KISQALI -ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	13
KMART VALU PLUS INSULIN S -insulin syringe (disp) u-100 1/2 ml.....	105
KMART VALU PLUS INSULIN S -insulin syringe (disp) u-100 0.3 ml.....	105
KMART VALU PLUS INSULIN S -insulin syringe (disp) u-100 1 ml.....	105
KOATE -antihemophilic factor (human) for inj 250 unit.....	73
KOATE -antihemophilic factor (human) for inj 500 unit.....	73
KOATE -antihemophilic factor (human) for inj 1000 unit.....	73
KOATE-DVI -antihemophilic factor (human) for inj 250 unit.....	73
KOATE-DVI -antihemophilic factor (human) for inj 500 unit.....	73
KOATE-DVI -antihemophilic factor (human) for inj 1000 unit.....	73
KOGENATE FS -antihemophilic factor (recombinant) for inj kit 250 unit.....	73
KOGENATE FS -antihemophilic factor (recombinant) for inj kit 500 unit.....	73
KOGENATE FS -antihemophilic factor (recombinant) for inj kit 1000 unit.....	73
KOGENATE FS -antihemophilic factor (recombinant) for inj kit 2000 unit.....	73
KOGENATE FS -antihemophilic factor (recombinant) for inj kit 3000 unit.....	73

KOMBIGLYZE XR -saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	21
KOMBIGLYZE XR -saxagliptin-metformin hcl tab er 24hr 5-500 mg.....	21
KOMBIGLYZE XR -saxagliptin-metformin hcl tab er 24hr 5-1000 mg.....	21
KOVALTRY -antihemophilic factor (recombinant) for inj 250 unit.....	73
KOVALTRY -antihemophilic factor (recombinant) for inj 500 unit.....	73
KOVALTRY -antihemophilic factor (recombinant) for inj 1000 unit.....	73
KOVALTRY -antihemophilic factor (recombinant) for inj 2000 unit.....	74
KOVALTRY -antihemophilic factor (recombinant) for inj 3000 unit.....	74
K-PHOS NO 2 -potassium & sodium acid phosphates tab 305-700 mg.....	45
KROGER INSULIN SYRINGE/0. -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	105
KROGER INSULIN SYRINGE/0. -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	105
KROGER INSULIN SYRINGE/0. -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	105
KROGER INSULIN SYRINGE/0. -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	105
KROGER INSULIN SYRINGE/0. -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	105
KROGER INSULIN SYRINGE/0. -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	105
KROGER INSULIN SYRINGE/1M -insulin syringe/needle u-100 1 ml 29 x 1/2".....	105
KROGER INSULIN SYRINGE/1M -insulin syringe/needle u-100 1 ml 30 x 5/16".....	105
KROGER INSULIN SYRINGE/1M -insulin syringe/needle u-100 1 ml 31 x 5/16".....	105
KROGER INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	105
KROGER LANCETS 21G -lancets.....	105
KROGER LANCETS -lancets.....	105
KROGER LANCETS MICRO THIN -lancets.....	105
KROGER LANCETS SUPER THIN -lancets.....	105
KROGER LANCETS THIN 26G -lancets.....	105
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lansoprazole cap delayed release 30 mg		leflunomide tab 10 mg (Arava).....	60
(Prevacid).....	41	leflunomide tab 20 mg (Arava).....	60
lanthanum carbonate chew tab 500 mg (elemental)		LENVIMA 14 MG DAILY DOSE -lenvatinib cap therapy	
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lanthanum carbonate chew tab 750 mg (elemental)		LENVIMA 18 MG DAILY DOSE -lenvatinib cap therapy	
(Fosrenol).....	43	pack 10 & 4 (2) mg (18 mg daily dose).....	14
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(Fosrenol).....	43	pack 10 (2) & 4 mg (24 mg daily dose).....	14
LANTUS -insulin glargine inj 100 unit/ml.....	23	LENVIMA 10 MG DAILY DOSE -lenvatinib cap therapy	
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LASTACFT -alcaftadine ophth soln 0.25%.....	76	LENVIMA 20 MG DAILY DOSE -lenvatinib cap therapy	
latanoprost ophth soln 0.005% (Xalatan).....	76	pack 10 (2) mg (20 mg daily dose).....	14
LATUDA -lurasidone hcl tab 20 mg.....	49	LENVIMA 4 MG DAILY DOSE -lenvatinib cap therapy	
LATUDA -lurasidone hcl tab 40 mg.....	49	pack 4 mg (4 mg daily dose).....	14
LATUDA -lurasidone hcl tab 60 mg.....	49	LENVIMA 8 MG DAILY DOSE -lenvatinib cap therapy	
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LATUDA -lurasidone hcl tab 120 mg.....	49	letrozole tab 2.5 mg (Femara).....	14
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u-100 1/2 ml 29 x 1/2".....	106	LEUKERAN -chlorambucil tab 2 mg.....	14
LEADER INSULIN SYRINGE/0. -insulin syringe/needle		leuprolide acetate inj kit 5 mg/ml.....	14
u-100 1/2 ml 30 x 5/16".....	106	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base	
LEADER INSULIN SYRINGE/0. -insulin syringe/needle		equiv) (Xopenex concentrate).....	39
u-100 0.3 ml 29 x 1/2".....	106	levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	
LEADER INSULIN SYRINGE/0. -insulin syringe/needle		(Xopenex).....	39
u-100 0.3 ml 30 x 5/16".....	106	levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	
LEADER INSULIN SYRINGE/0. -insulin syringe/needle		(Xopenex).....	39
u-100 0.3 ml 31 x 5/16".....	106	levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	
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u-100 1 ml 28 x 1/2".....	106	LEVEMIR FLEXTOUCH -insulin detemir soln pen-injector	
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u-100 1 ml 29 x 1/2".....	106	LEVEMIR -insulin detemir inj 100 unit/ml.....	23
LEADER INSULIN SYRINGE/1M -insulin syringe/needle		levetiracetam oral soln 100 mg/ml (Keppra).....	64
u-100 1 ml 30 x 5/16".....	106	levetiracetam tab er 24hr 500 mg (Keppra xr).....	64

levetiracetam tab er 24hr 750 mg (Keppra xr).....	64	LINDANE -lindane shampoo 1%.....	81
levetiracetam tab 250 mg (Keppra).....	64	linezolid for susp 100 mg/5ml (Zyvox).....	8
levetiracetam tab 500 mg (Keppra).....	64	linezolid tab 600 mg (Zyvox).....	8
levetiracetam tab 750 mg (Keppra).....	64	liothyronine sodium tab 5 mcg (Cytomel).....	23
levetiracetam tab 1000 mg (Keppra).....	64	liothyronine sodium tab 25 mcg (Cytomel).....	23
levobunolol hcl ophth soln 0.5% (Betagan).....	76	liothyronine sodium tab 50 mcg (Cytomel).....	24
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor).....	25	lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....	31
levocarnitine tab 330 mg (Carnitor).....	25	lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....	31
levocetirizine dihydrochloride tab 5 mg (Xyzal).....	37	lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic).....	31
levofloxacin ophth soln 0.5%.....	76	lisinopril tab 5 mg (Prinivil).....	32
levofloxacin oral soln 25 mg/ml (Levaquin).....	3	lisinopril tab 10 mg (Prinivil).....	32
levofloxacin tab 250 mg (Levaquin).....	3	lisinopril tab 20 mg (Prinivil).....	32
levofloxacin tab 500 mg (Levaquin).....	3	lisinopril tab 2.5 mg (Zestril).....	31
levofloxacin tab 750 mg (Levaquin).....	3	lisinopril tab 30 mg (Zestril).....	32
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette).....	19	lisinopril tab 40 mg (Zestril).....	32
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	19	LITETOUCH INSULIN PEN NEE -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	107
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	19	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	107
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	19	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	107
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	19	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	107
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	19	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	107
levonorgestrel tab 1.5 mg.....	19	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	107
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique).....	19	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	107
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique).....	19	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1 ml 28 x 1/2".....	107
levorphanol tartrate tab 2 mg.....	57	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1 ml 29 x 1/2".....	107
levothyroxine sodium tab 25 mcg (Synthroid).....	23	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1 ml 30 x 5/16".....	107
levothyroxine sodium tab 50 mcg (Synthroid).....	23	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 1 ml 31 x 5/16".....	107
levothyroxine sodium tab 75 mcg (Synthroid).....	23	LITETOUCH INSULIN SYRINGE -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	107
levothyroxine sodium tab 88 mcg (Synthroid).....	23	LITE TOUCH LANCETS -lancets.....	106
levothyroxine sodium tab 100 mcg (Synthroid).....	23	LITETOUCH LANCETS MICRO T -lancets.....	107
levothyroxine sodium tab 112 mcg (Synthroid).....	23	LITE TOUCH LANCING PEN -lancet devices.....	106
levothyroxine sodium tab 125 mcg (Synthroid).....	23	LITETOUCH PEN NEEDLES/31G -insulin pen needle 31 g x 5 mm (3/16").....	107
levothyroxine sodium tab 137 mcg (Synthroid).....	23	LITETOUCH PEN NEEDLES/31G -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	107
levothyroxine sodium tab 150 mcg (Synthroid).....	23	LITETOUCH PEN NEEDLES/31 -insulin pen needle 31 g x 5 mm (3/16").....	107
levothyroxine sodium tab 175 mcg (Synthroid).....	23	LITETOUCH PEN NEEDLES 29G -insulin pen needle 29 g x 12.7 mm.....	107
levothyroxine sodium tab 200 mcg (Synthroid).....	23	LITETOUCH PEN NEEDLES 31G -insulin pen needle 31 g x 6 mm (1/4").....	107
levothyroxine sodium tab 300 mcg (Synthroid).....	23	LITETOUCH PEN NEEDLES 31G -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	107
LEXIVA -fosamprenavir calcium susp 50 mg/ml (base equiv).....	5		
LEXIVA -fosamprenavir calcium tab 700 mg (base equiv).....	5		
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LIBERTY MINI LANCING DEVI -lancet devices.....	106		
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lidocaine hcl urethral/mucosal gel 2%.....	81		
lidocaine hcl viscous soln 2%.....	78		
lidocaine patch 5% (Lidoderm).....	81		
lidocaine-prilocaine cream 2.5-2.5% (Emla).....	81		
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lithium carbonate cap 300 mg	50	LOTTRISONE -clotrimazole w/ betamethasone cream	
lithium carbonate cap 150 mg (Lithium carbonate)	50	1-0.05%.....	81
lithium carbonate cap 600 mg (Lithium carbonate)	50	lovastatin tab 10 mg	35
LITHIUM CARBONATE -lithium carbonate cap 600		lovastatin tab 20 mg	35
mg.....	50	lovastatin tab 40 mg	35
lithium carbonate tab er 450 mg	50	loxapine succinate cap 5 mg	50
lithium carbonate tab er 300 mg (Lithobid)	50	loxapine succinate cap 10 mg	50
lithium carbonate tab 300 mg	50	loxapine succinate cap 25 mg	50
LITHIUM -lithium oral solution 8 meq/5ml.....	50	loxapine succinate cap 50 mg	50
LIVALO -pitavastatin calcium tab 1 mg (base equiv).....	35	LUMIGAN -bimatoprost ophth soln 0.01%.....	76
LIVALO -pitavastatin calcium tab 2 mg (base equiv).....	35	LYNPARZA -olaparib tab 100 mg.....	14
LIVALO -pitavastatin calcium tab 4 mg (base equiv).....	35	LYNPARZA -olaparib tab 150 mg.....	14
LIVE BETTER ADVANCED LANC -lancet devices.....	107	LYRICA -pregabalin cap 25 mg.....	64
LIVE BETTER LANCET SUPER -lancets.....	107	LYRICA -pregabalin cap 50 mg.....	64
LIVE BETTER LANCET ULTRA -lancets.....	107	LYRICA -pregabalin cap 75 mg.....	64
LIVE BETTER PEN NEEDLES 2 -insulin pen needle 29 g		LYRICA -pregabalin cap 100 mg.....	64
x 12 mm (1/2").....	107	LYRICA -pregabalin cap 150 mg.....	64
LIVE BETTER PEN NEEDLES 3 -insulin pen needle 31 g		LYRICA -pregabalin cap 200 mg.....	64
x 6 mm (1/4").....	107	LYRICA -pregabalin cap 225 mg.....	64
LIVE BETTER PEN NEEDLES 3 -insulin pen needle 31 g		LYRICA -pregabalin cap 300 mg.....	64
x 8 mm (1/3" or 5/16").....	107	LYSODREN -mitotane tab 500 mg.....	14
LODOSYN -carbidopa tab 25 mg.....	65		
LONGS INSULIN SYRINGE/0.5 -insulin syringe/needle		M	
u-100 1/2 ml 31 x 5/16".....	107	mafenide acetate packet for topical soln 5% (50 gm)	
LONGS LANCETS STANDARD -lancets.....	107	(Sulfamylon)	81
LONGS LANCETS THIN -lancets.....	107	MAGELLAN INSULIN SAFETY S -insulin syringe/needle	
LONGS LANCETS ULTRA THIN -lancets.....	107	u-100 1/2 ml 29 x 1/2".....	108
LONSURF -trifluridine-tipiracil tab 15-6.14 mg.....	14	MAGELLAN INSULIN SAFETY S -insulin syringe/needle	
LONSURF -trifluridine-tipiracil tab 20-8.19 mg.....	14	u-100 1/2 ml 30 x 5/16".....	108
loperamide hcl cap 2 mg	41	MAGELLAN INSULIN SAFETY S -insulin syringe/needle	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)		u-100 0.3 ml 29 x 1/2".....	107
(Kaletra)	5	MAGELLAN INSULIN SAFETY S -insulin syringe/needle	
loratadine & pseudoephedrine tab er 12hr 5-120		u-100 0.3 ml 30 x 5/16".....	107
mg	37	MAGELLAN INSULIN SAFETY S -insulin syringe/needle	
loratadine & pseudoephedrine tab er 24hr 10-240		u-100 1 ml 29 x 1/2".....	108
mg	37	MAGELLAN INSULIN SAFETY S -insulin syringe/needle	
loratadine rapidly-disintegrating tab 10 mg		u-100 1 ml 30 x 5/16".....	108
(Claritin)	37	MAGELLAN TUBERCULIN SAFET -tuberculin/allergy	
loratadine syrup 5 mg/5ml	37	syringe/needle (disp) 1 ml 27 x 1/2".....	108
loratadine tab 10 mg	37	MAGELLAN TUBERCULIN SAFET -tuberculin/allergy	
lorazepam conc 2 mg/ml (Lorazepam intensol)	46	syringe/needle (disp) 1 ml 28 x 1/2".....	108
lorazepam tab 0.5 mg (Ativan)	46	malathion lotion 0.5% (Ovide)	81
lorazepam tab 1 mg (Ativan)	46	MAPROTILINE HCL -maprotiline hcl tab 25 mg.....	48
lorazepam tab 2 mg (Ativan)	46	MAPROTILINE HCL -maprotiline hcl tab 50 mg.....	48
LORBRENA -lorlatinib tab 25 mg.....	14	MAPROTILINE HCL -maprotiline hcl tab 75 mg.....	48
LORBRENA -lorlatinib tab 100 mg.....	14	MARATHON MEDICAL PENTIPS -insulin pen needle 29	
losartan potassium & hydrochlorothiazide tab 50-12.5		g x 12 mm (1/2").....	108
mg (Hyzaar)	32	MARATHON MEDICAL PENTIPS -insulin pen needle 31	
losartan potassium & hydrochlorothiazide tab		g x 5 mm (3/16").....	108
100-12.5 mg (Hyzaar)	32	MARATHON MEDICAL PENTIPS -insulin pen needle 31	
losartan potassium & hydrochlorothiazide tab 100-25		g x 8 mm (1/3" or 5/16").....	108
mg (Hyzaar)	32	MARATHON MEDICAL PENTIPS -insulin pen needle 32	
losartan potassium tab 25 mg (Cozaar)	32	g x 4 mm (1/6" or 5/32").....	108
losartan potassium tab 50 mg (Cozaar)	32	MARPLAN -isocarboxazid tab 10 mg.....	48
losartan potassium tab 100 mg (Cozaar)	32	MATULANE -procarbazine hcl cap 50 mg.....	14
loteprednol etabonate ophth susp 0.5%		MAVYRET -glecaprevir-pibrentasvir tab 100-40 mg.....	5
(Lotemax)	76		

MAXICOMFORT II PEN NEEDLE -insulin pen needle 31 g x 6 mm (1/4").....	108	mefenamic acid cap 250 mg (Ponstel).....	60
MAXI-COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	108	MEFLOQUINE HCL -mefloquine hcl tab 250 mg.....	8
MAXI-COMFORT INSULIN SYRI -insulin syringe/needle u-100 1 ml 28 x 1/2".....	108	MEGACE ES -megestrol acetate susp 625 mg/5ml.....	20
MAXICOMFORT INSULIN SYRIN -insulin syringe/needle u-100 1/2 ml 27 x 1/2".....	108	megestrol acetate susp 625 mg/5ml (Megace es).....	20
MAXICOMFORT INSULIN SYRIN -insulin syringe/needle u-100 1 ml 27 x 1/2".....	108	megestrol acetate susp 40 mg/ml (Megace oral).....	14
MAXI-COMFORT SAFETY PEN N -insulin pen needle 29 g x 5 mm (3/16").....	108	megestrol acetate tab 20 mg.....	14
MAXI-COMFORT SAFETY PEN N -insulin pen needle 29 g x 8 mm (5/16").....	108	megestrol acetate tab 40 mg.....	14
MAYZENT -siponimod fumarate tab 0.25 mg (base equiv).....	55	MEIJER COLOR LANCETS UNIV -lancets.....	109
MAYZENT -siponimod fumarate tab 2 mg (base equiv).....	55	MEIJER LANCETS -lancets.....	109
meclizine hcl tab 12.5 mg.....	42	MEIJER LANCETS THIN -lancets.....	109
meclizine hcl tab 25 mg.....	42	MEIJER LANCETS UNIVERSAL -lancets.....	109
MECLOFENAMATE SODIUM -meclofenamate sodium cap 50 mg.....	60	MEIJER PEN NEEDLES 29G X -insulin pen needle 29 g x 12 mm (1/2").....	109
MECLOFENAMATE SODIUM -meclofenamate sodium cap 100 mg.....	60	MEIJER PEN NEEDLES 31G X -insulin pen needle 31 g x 6 mm (1/4").....	109
MEDICAL PROVIDER SINGLE U -influenza vac tiss-cult subunit quad sus pref syr kit 0.5 ml.....	10	MEIJER PEN NEEDLES 31G X -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	109
MEDICHOICE PRE-SET SAFETY -lancets.....	108	MEIJER SUPER THIN LANCETS -lancets.....	109
MEDICHOICE SAFETY LANCET -lancets.....	108	MEKINIST -trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	14
MEDICINE SHOPPE LANCETS -lancets.....	108	MEKINIST -trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	14
MEDICINE SHOPPE LANCETS T -lancets.....	108	MEKTOVI -binimetinib tab 15 mg.....	14
MEDICINE SHOPPE PEN NEEDL -insulin pen needle 29 g x 12 mm (1/2").....	108	meloxicam tab 7.5 mg (Mobic).....	60
MEDICINE SHOPPE PEN NEEDL -insulin pen needle 31 g x 6 mm (1/4").....	108	meloxicam tab 15 mg (Mobic).....	60
MEDICINE SHOPPE PEN NEEDL -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	108	melphalan tab 2 mg (Alkeran).....	14
MEDIC INSULIN SYRINGE/0.5 -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	108	memantine hcl cap er 24hr 7 mg (Namenda xr).....	55
MEDIC INSULIN SYRINGE/0.3 -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	108	memantine hcl cap er 24hr 14 mg (Namenda xr).....	55
MEDISENSE THIN LANCETS -lancets.....	108	memantine hcl cap er 24hr 21 mg (Namenda xr).....	55
MEDLANCE/EXTRA -lancets.....	109	memantine hcl cap er 24hr 28 mg (Namenda xr).....	55
MEDLANCE/LITE -lancets.....	109	memantine hcl oral solution 2 mg/ml (Namenda).....	55
MEDLANCE/UNIVERSAL -lancets.....	109	memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (Namenda titration pa).....	55
MEDLANCE PLUS/LITE 25G -lancets.....	109	memantine hcl tab 5 mg (Namenda).....	55
MEDLANCE PLUS EXTRA LANCE -lancets.....	108	memantine hcl tab 10 mg (Namenda).....	55
MEDLANCE PLUS LANCETS -lancets.....	108	MENACTRA -meningococcal (a, c, y, and w-135) conjugate vaccine inj.....	10
MEDLANCE PLUS LANCETS LIT -lancets.....	108	MENEST -esterified estrogens tab 0.3 mg.....	18
MEDLANCE PLUS LITE LANCET -lancets.....	108	MENEST -esterified estrogens tab 0.625 mg.....	18
MEDLANCE PLUS SPECIAL LAN -lancets.....	109	MENEST -esterified estrogens tab 1.25 mg.....	18
MEDLANCE PLUS SUPERLITE 3 -lancets.....	109	MENTAX -butenafine hcl cream 1%.....	81
MEDLANCE PLUS UNIVERSAL L -lancets.....	109	MENVEO -meningococcal (a, c, y, and w-135) oligo conj vac for inj.....	10
medroxyprogesterone acetate tab 2.5 mg (Provera).....	20	mercaptopurine tab 50 mg.....	14
medroxyprogesterone acetate tab 5 mg (Provera).....	20	mesalamine cap dr 400 mg (Delzicol).....	43
medroxyprogesterone acetate tab 10 mg (Provera).....	20	mesalamine enema 4 gm.....	43
		mesalamine suppos 1000 mg (Canasa).....	43
		mesalamine tab delayed release 1.2 gm (Lialda).....	43
		mesalamine tab delayed release 800 mg (Asacol hd).....	43
		MESNEX -mesna tab 400 mg.....	14
		METAPROTERENOL SULFATE -metaproterenol sulfate syrup 10 mg/5ml.....	39
		metaxalone tab 800 mg (Skelaxin).....	66
		metformin hcl tab er 24hr 500 mg (Glucophage xr).....	21
		metformin hcl tab er 24hr 750 mg (Glucophage xr).....	21
		metformin hcl tab 500 mg (Glucophage).....	21

metformin hcl tab 850 mg (Glucophage).....	21	methylphenidate hcl tab er 20 mg.....	53
metformin hcl tab 1000 mg (Glucophage).....	21	methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta).....	53
methadone hcl conc 10 mg/ml (Methadose).....	57	methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta).....	53
methadone hcl soln 5 mg/5ml (Methadone hcl).....	57	methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta).....	53
methadone hcl soln 10 mg/5ml (Methadone hcl).....	58	methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta).....	53
methadone hcl tab for oral susp 40 mg.....	58	methylphenidate hcl tab 5 mg (Ritalin).....	53
methadone hcl tab 10 mg (Dolophine).....	58	methylphenidate hcl tab 10 mg (Ritalin).....	53
methadone hcl tab 5 mg (Dolophine hcl).....	58	methylphenidate hcl tab 20 mg (Ritalin).....	53
methamphetamine hcl tab 5 mg (Desoxyn).....	53	methylprednisolone tab 4 mg (Medrol).....	17
methazolamide tab 25 mg (Neptazane).....	34	methylprednisolone tab 8 mg (Medrol).....	17
methazolamide tab 50 mg (Neptazane).....	34	methylprednisolone tab 16 mg (Medrol).....	17
methenamine hippurate tab 1 gm (Hiprex).....	44	methylprednisolone tab 32 mg (Medrol).....	17
methimazole tab 5 mg (Tapazole).....	24	methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	17
methimazole tab 10 mg (Tapazole).....	24	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	43
methocarbamol tab 750 mg (Robaxin-750).....	66	metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	43
methocarbamol tab 500 mg (Robaxin).....	66	metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	43
methotrexate sodium for inj 1 gm.....	14	metolazone tab 2.5 mg.....	34
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	14	metolazone tab 5 mg.....	34
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	14	metolazone tab 10 mg.....	34
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	14	metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct).....	32
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....	14	metoprolol & hydrochlorothiazide tab 100-25 mg (Lopressor hct).....	32
methotrexate sodium tab 2.5 mg (base equiv).....	14	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....	27
methoxsalen rapid cap 10 mg (Oxsoralen ultra).....	81	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	27
methscopolamine bromide tab 2.5 mg (Pamine).....	41	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl).....	27
methscopolamine bromide tab 5 mg (Pamine forte).....	41	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl).....	27
methyldopa tab 250 mg.....	32	metoprolol tartrate tab 25 mg.....	27
methyldopa tab 500 mg.....	32	metoprolol tartrate tab 50 mg (Lopressor).....	27
methylergonovine maleate tab 0.2 mg.....	24	metoprolol tartrate tab 100 mg (Lopressor).....	27
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la).....	53	metronidazole cap 375 mg (Flagyl).....	8
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la).....	53	metronidazole cream 0.75% (Metrocream).....	81
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la).....	53	metronidazole gel 0.75%.....	81
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la).....	53	metronidazole gel 1% (Metrogel).....	81
methylphenidate hcl cap er 10 mg (cd) (Metadate cd).....	53	metronidazole lotion 0.75% (Metrolotion).....	81
methylphenidate hcl cap er 20 mg (cd) (Metadate cd).....	53	metronidazole tab 250 mg (Flagyl).....	8
methylphenidate hcl cap er 30 mg (cd) (Metadate cd).....	53	metronidazole tab 500 mg (Flagyl).....	8
methylphenidate hcl cap er 40 mg (cd) (Metadate cd).....	53	metronidazole vaginal gel 0.75% (Metrogel-vaginal).....	45
methylphenidate hcl cap er 50 mg (cd) (Metadate cd).....	53	MEXILETINE HCL -mexiletine hcl cap 150 mg.....	29
methylphenidate hcl cap er 60 mg (cd) (Metadate cd).....	53	MEXILETINE HCL -mexiletine hcl cap 200 mg.....	29
methylphenidate hcl chew tab 2.5 mg.....	53	MEXILETINE HCL -mexiletine hcl cap 250 mg.....	29
methylphenidate hcl chew tab 5 mg.....	53	MICROLET LANCETS -lancets.....	109
methylphenidate hcl chew tab 10 mg.....	53	MICROLET NEXT -lancet devices.....	109
methylphenidate hcl soln 5 mg/5ml (Methylin).....	53	MICROTAINER SAFETY FLOW L -lancets.....	109
methylphenidate hcl soln 10 mg/5ml (Methylin).....	53		
methylphenidate hcl tab er 10 mg.....	53		

midodrine hcl tab 2.5 mg.....	34	MM INSULIN SYRINGE/U-100/ -insulin syringe/needle	
midodrine hcl tab 5 mg.....	34	u-100 0.3 ml 31 x 5/16".....	109
midodrine hcl tab 10 mg.....	34	MM LANCING DEVICE -lancet devices.....	109
miglitol tab 25 mg (Glyset).....	21	MM PEN NEEDLES 31G X 1/4" -insulin pen needle 31 g	
miglitol tab 50 mg (Glyset).....	21	x 6 mm (1/4").....	109
miglitol tab 100 mg (Glyset).....	21	MM PEN NEEDLES 31G X 3/16 -insulin pen needle 31 g	
miglustat cap 100 mg (Zavesca).....	69	x 5 mm (3/16").....	109
MIGRANAL -dihydroergotamine mesylate nasal spray 4		MM PEN NEEDLES 31G X 5/16 -insulin pen needle 31 g	
mg/ml.....	61	x 8 mm (1/3" or 5/16").....	109
MINI LANCING DEVICE -lancet devices.....	109	MM PEN NEEDLES 32G X 5/32 -insulin pen needle 32 g	
minocycline hcl cap 50 mg (Minocin).....	2	x 4 mm (1/6" or 5/32").....	109
minocycline hcl cap 75 mg (Minocin).....	2	M-M-R II -measles, mumps & rubella virus vaccines for	
minocycline hcl cap 100 mg (Minocin).....	2	inj.....	10
minocycline hcl tab 50 mg.....	2	MM TWIST LANCETS -lancets.....	109
minocycline hcl tab 75 mg.....	2	M-NATAL PLUS -prenatal vit w/ fe fumarate-fa tab 27-1	
minocycline hcl tab 100 mg.....	3	mg.....	67
minoxidil tab 2.5 mg.....	32	modafinil tab 100 mg (Provigil).....	53
minoxidil tab 10 mg.....	32	modafinil tab 200 mg (Provigil).....	53
mirtazapine orally disintegrating tab 15 mg (Remeron		moexipril hcl tab 7.5 mg.....	32
soltab).....	48	moexipril hcl tab 15 mg.....	32
mirtazapine orally disintegrating tab 30 mg (Remeron		mometasone furoate cream 0.1% (Elocon).....	81
soltab).....	48	mometasone furoate oint 0.1% (Elocon).....	81
mirtazapine orally disintegrating tab 45 mg (Remeron		mometasone furoate solution 0.1% (lotion)	
soltab).....	48	(Elocon).....	81
mirtazapine tab 7.5 mg.....	48	MONOJECT HYPO/ALUM HUB/LU -needle (disp) 18 x	
mirtazapine tab 15 mg (Remeron).....	48	1-1/2".....	109
mirtazapine tab 30 mg (Remeron).....	48	MONOJECT HYPO/ALUM HUB/LU -needle (disp) 20 x	
mirtazapine tab 45 mg (Remeron).....	48	1-1/2".....	109
misoprostol tab 100 mcg (Cytotec).....	41	MONOJECT HYPO/ALUM HUB/LU -needle (disp) 18 x	
misoprostol tab 200 mcg (Cytotec).....	41	1".....	109
MITIGARE -colchicine cap 0.6 mg.....	62	MONOJECT HYPO/ALUM HUB/18 -needle (disp) 18 x	
1ML TB SYRINGE/25G X 5/8" -tuberculin/allergy syringe/		1-1/2".....	109
needle (disp) 1 ml 25 x 5/8".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
1ML TB SYRINGE/26G X 3/8" -tuberculin/allergy syringe/		u-100 1/2 ml 28 x 1/2".....	110
needle (disp) 1 ml 26 x 3/8".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
1ML TB SYRINGE/27G X 1/2" -tuberculin/allergy syringe/		u-100 1/2 ml 29 x 1/2".....	110
needle (disp) 1 ml 27 x 1/2".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
1ML TUBERCULIN SYRINGE DE -tuberculin/allergy		u-100 1/2 ml 30 x 5/16".....	110
syringe/needle (disp) 1 ml 25 x 5/8".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
1ML TUBERCULIN SYRINGE DE -tuberculin/allergy		u-100 0.3 ml 29 x 1/2".....	109
syringe/needle (disp) 1 ml 26 x 3/8".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
1ML VANISHPOINT TUBERCULI -tuberculin/allergy		u-100 0.3 ml 30 x 5/16".....	110
syringe/needle (disp) 1 ml 25 x 5/8".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
1ML VANISHPOINT TUBERCULI -tuberculin/allergy		u-100 1 ml 25 x 5/8".....	110
syringe/needle (disp) 1 ml 27 x 1/2".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
1ML VANISHPOINT TUBERCULI -tuberculin/allergy		u-100 1 ml 27 x 1/2".....	110
syringe/needle (disp) 1 ml 25 x 1".....	130	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
MM INSULIN SYRINGE/U-100/ -insulin syringe/needle		u-100 1 ml 28 x 1/2".....	110
u-100 1/2 ml 31 x 5/16".....	109	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
MM INSULIN SYRINGE/U-100/ -insulin syringe/needle		u-100 1 ml 29 x 1/2".....	110
u-100 1/2 ml 30 x 5/16".....	109	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
MM INSULIN SYRINGE/U-100/ -insulin syringe/needle		u-100 1 ml 30 x 5/16".....	110
u-100 0.3 ml 30 x 5/16".....	109	MONOJECT INSULIN SYRINGE/ -insulin syringe/needle	
MM INSULIN SYRINGE/U-100/ -insulin syringe/needle		u-100 1 ml 31 x 5/16".....	110
u-100 1 ml 30 x 5/16".....	109	MONOJECT INSULIN SYRINGE/ -insulin syringe (disp)	
MM INSULIN SYRINGE/U-100/ -insulin syringe/needle		u-100 1 ml.....	109
u-100 1 ml 31 x 5/16".....	109		

MONOJECT INSULIN SYRINGE -insulin syringe (disp) u-100 1 ml.....	109	MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 1 ml 28 x 1/2".....	111
MONOJECT MAGELLAN SAFETY -needle (disp) 18 x 1-1/2".....	110	MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 1 ml 29 x 1/2".....	111
MONOJECT MAGELLAN SAFETY -needle (disp) 20 x 1-1/2".....	110	MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 0.3 ml 31 x 5/16".....	111
MONOJECT MAGELLAN SAFETY -needle (disp) 21 x 5/8".....	110	MONOLET LANCETS -lancets.....	111
MONOJECT MAGELLAN SAFETY -needle (disp) 21 x 1-1/2".....	110	MONOLET OPD LANCETS -lancets.....	111
MONOJECT MAGELLAN SAFETY -needle (disp) 22 x 1-1/2".....	110	MONOLETTOR SAFETY LANCETS -lancets.....	111
MONOJECT MAGELLAN SAFETY -needle (disp) 23 x 5/8".....	110	MONONINE -coagulation factor ix for inj 1000 unit.....	74
MONOJECT MAGELLAN SAFETY -needle (disp) 25 x 5/8".....	110	montelukast sodium chew tab 4 mg (base equiv) (Singular).....	39
MONOJECT MAGELLAN SAFETY -needle (disp) 18 x 1".....	110	montelukast sodium chew tab 5 mg (base equiv) (Singular).....	39
MONOJECT MAGELLAN SAFETY -needle (disp) 20 x 1".....	110	montelukast sodium tab 10 mg (base equiv) (Singular).....	39
MONOJECT MAGELLAN SAFETY -needle (disp) 21 x 1".....	110	MONUROL -fosfomycin tromethamine powd pack 3 gm (base equivalent).....	44
MONOJECT MAGELLAN SAFETY -needle (disp) 22 x 1".....	110	MORPHINE SULFATE -morphine sulfate tab 15 mg.....	58
MONOJECT MAGELLAN SAFETY -needle (disp) 23 x 1".....	110	MORPHINE SULFATE -morphine sulfate tab 30 mg.....	58
MONOJECT MAGELLAN SAFETY -needle (disp) 25 x 1".....	110	morphine sulfate oral soln 10 mg/5ml.....	58
MONOJECT TB SYRINGE-NDL 1 -tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	110	morphine sulfate oral soln 20 mg/5ml.....	58
MONOJECT TB SYRINGE-NDL 1 -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	110	morphine sulfate oral soln 100 mg/5ml (20 mg/ml)....	58
MONOJECT TUBERCULIN SAFET -tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	110	morphine sulfate tab er 15 mg (Ms contin).....	58
MONOJECT TUBERCULIN SAFET -tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	110	morphine sulfate tab er 30 mg (Ms contin).....	58
MONOJECT TUBERCULIN SYRIN -tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	110	morphine sulfate tab er 60 mg (Ms contin).....	58
MONOJECT TUBERCULIN SYRIN -tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	110	morphine sulfate tab er 100 mg (Ms contin).....	58
MONOJECT TUBERCULIN SYRIN -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	110	morphine sulfate tab er 200 mg (Ms contin).....	58
MONOJECT TUBERCULIN SYRIN -tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	110	morphine sulfate tab 15 mg (Morphine sulfate).....	58
MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 1/2 ml 31 x 5/16".....	111	morphine sulfate tab 30 mg (Morphine sulfate).....	58
MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 1/2 ml 28 x 1/2".....	111	MOVANTIK -naloxegol oxalate tab 12.5 mg (base equivalent).....	43
MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 1/2 ml 29 x 1/2".....	111	MOVANTIK -naloxegol oxalate tab 25 mg (base equivalent).....	43
MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 1/2 ml 30 x 5/16".....	111	MOVIPREP -peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	41
MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 0.3 ml 29 x 1/2".....	110	moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox).....	76
MONOJECT ULTRA COMFORT IN -insulin syringe/ needle u-100 0.3 ml 30 x 5/16".....	111	moxifloxacin hcl tab 400 mg (base equiv) (Avelox).....	3
		MPD SAFETY LANCET 21G/1.8 -lancets.....	111
		MPD SAFETY LANCET 28G/1.8 -lancets.....	111
		MPD SAFETY LANCET 30G/1.8 -lancets.....	111
		MPD SAFETY LANCETS 23G/1. -lancets.....	111
		MS INSULIN SYRINGE/0.5ML/ -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	111
		MS INSULIN SYRINGE/0.5ML/ -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	111
		MS INSULIN SYRINGE/0.5ML/ -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	111
		MS INSULIN SYRINGE/0.3ML/ -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	111
		MS INSULIN SYRINGE/0.3ML/ -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	111
		MS INSULIN SYRINGE/0.3ML/ -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	111
		MS INSULIN SYRINGE/1ML/29 -insulin syringe/needle u-100 1 ml 29 x 1/2".....	111

MS INSULIN SYRINGE/1ML/30 -insulin syringe/needle u-100 1 ml 30 x 5/16".....	111	NATPARA -parathyroid hormone (recombinant) for inj cartridge 50 mcg.....	25
MS INSULIN SYRINGE/1ML/31 -insulin syringe/needle u-100 1 ml 31 x 5/16".....	111	NATPARA -parathyroid hormone (recombinant) for inj cartridge 75 mcg.....	25
MULTAQ -dronedarone hcl tab 400 mg (base equivalent).....	29	NATPARA -parathyroid hormone (recombinant) for inj cartridge 100 mcg.....	25
MULTI-LANCET DEVICE -lancet devices.....	111	NEBUPENT -pentamidine isethionate for nebulization soln 300 mg.....	8
mupirocin oint 2% (Bactroban).....	81	NEFAZODONE HCL -nefazodone hcl tab 100 mg.....	48
M-VIT -prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	67	NEFAZODONE HCL -nefazodone hcl tab 150 mg.....	48
MYALEPT -metreleptin for subcutaneous inj 11.3 mg.....	25	NEFAZODONE HYDROCHLORIDE -nefazodone hcl tab 50 mg.....	48
mycophenolate mofetil cap 250 mg (Cellcept).....	131	NEFAZODONE HYDROCHLORIDE -nefazodone hcl tab 200 mg.....	48
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept).....	131	NEFAZODONE HYDROCHLORIDE -nefazodone hcl tab 250 mg.....	48
mycophenolate mofetil tab 500 mg (Cellcept).....	131	NEOMYCIN/POLYMYXIN/GRAMIC -neomycin-polymy- gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.....	77
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic).....	131	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	76
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic).....	131	neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....	77
MYGLUCOHEALTH MGH SOFTLAN -lancets.....	111	neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....	77
MYLERAN -busulfan tab 2 mg.....	14	neomycin-polymyxin-hc otic soln 1% (Cortisporin).....	78
MYRBETRIQ -mirabegron tab er 24 hr 25 mg.....	44	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	78
MYRBETRIQ -mirabegron tab er 24 hr 50 mg.....	44	neomycin sulfate tab 500 mg.....	3
MYTESI -crofelemer tab delayed release 125 mg.....	41	NEONATAL PLUS -prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	67
N		NEO-SYNALAR -neomycin sulfate-fluocinolone acetoneide cream 0.5-0.025%.....	81
nabumetone tab 500 mg.....	60	NERLYNX -neratinib maleate tab 40 mg (base equivalent).....	14
nabumetone tab 750 mg.....	60	NEULASTA -pegfilgrastim soln prefilled syringe 6 mg/0.6ml.....	69
nadolol tab 20 mg (Corgard).....	27	nevirapine susp 50 mg/5ml (Viramune).....	5
nadolol tab 40 mg (Corgard).....	27	nevirapine tab er 24hr 100 mg (Viramune xr).....	5
nadolol tab 80 mg (Corgard).....	27	nevirapine tab er 24hr 400 mg (Viramune xr).....	5
naloxone hcl inj 0.4 mg/ml.....	83	nevirapine tab 200 mg (Viramune).....	5
naloxone hcl inj 4 mg/10ml.....	83	NEXAVAR -sorafenib tosylate tab 200 mg (base equivalent).....	14
NALOXONE HCL -naloxone hcl soln cartridge 0.4 mg/ ml.....	83	niacin tab er 500 mg (antihyperlipidemic) (Niaspan).....	35
naltrexone hcl tab 50 mg (Revia).....	83	niacin tab er 750 mg (antihyperlipidemic) (Niaspan).....	35
NAMENDA XR -memantine hcl cap er 24hr 7 mg.....	55	niacin tab er 1000 mg (antihyperlipidemic) (Niaspan).....	35
NAMENDA XR -memantine hcl cap er 24hr 14 mg.....	55	nicardipine hcl cap 20 mg.....	28
NAMENDA XR -memantine hcl cap er 24hr 21 mg.....	55	nicardipine hcl cap 30 mg.....	28
NAMENDA XR -memantine hcl cap er 24hr 28 mg.....	55	nicotine polacrilex gum 2 mg.....	55
NAMENDA XR TITRATION PACK -memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack.....	55	nicotine polacrilex gum 4 mg.....	55
naproxen sodium tab 275 mg (Anaprox).....	60	nicotine polacrilex lozenge 2 mg.....	55
naproxen sodium tab 550 mg (Anaprox ds).....	60	nicotine polacrilex lozenge 4 mg.....	55
naproxen tab ec 375 mg (Ec-naprosyn).....	60	nicotine td patch 24hr 7 mg/24hr.....	55
naproxen tab ec 500 mg (Ec-naprosyn).....	60	nicotine td patch 24hr 14 mg/24hr.....	55
naproxen tab 250 mg (Naprosyn).....	60		
naproxen tab 375 mg (Naprosyn).....	60		
naproxen tab 500 mg (Naprosyn).....	60		
naratriptan hcl tab 1 mg (base equiv) (Amerge).....	61		
naratriptan hcl tab 2.5 mg (base equiv) (Amerge).....	61		
NARCAN -naloxone hcl nasal spray 4 mg/0.1ml.....	83		
NATACYN -natamycin ophth susp 5%.....	76		
nateglinide tab 60 mg (Starlix).....	21		
nateglinide tab 120 mg (Starlix).....	21		
NATPARA -parathyroid hormone (recombinant) for inj cartridge 25 mcg.....	25		

nicotine td patch 24hr 21 mg/24hr	55	NIVESTYM -filgrastim-aafi soln prefilled syringe 300	69
NICOTROL INHALER -nicotine inhaler system 10 mg (4	55	mcg/0.5ml	69
mg delivered)	55	NIVESTYM -filgrastim-aafi soln prefilled syringe 480	69
NICOTROL NS -nicotine nasal spray 10 mg/ml (0.5 mg/	55	mcg/0.8ml	69
spray)	55	nizatidine cap 150 mg	41
nifedipine cap 20 mg	28	nizatidine cap 300 mg (Axid)	41
nifedipine cap 10 mg (Procardia)	28	nonoxynol-9 gel 4%	45
nifedipine tab er 24hr 30 mg (Adalat cc)	28	NORDITROPIN FLEXPOR -somatropin inj 5	25
nifedipine tab er 24hr 60 mg (Adalat cc)	28	mg/1.5ml	25
nifedipine tab er 24hr 90 mg (Adalat cc)	28	NORDITROPIN FLEXPOR -somatropin inj 10	25
nifedipine tab er 24hr osmotic release 30 mg	29	mg/1.5ml	25
(Procardia xl)	29	NORDITROPIN FLEXPOR -somatropin inj 15	25
nifedipine tab er 24hr osmotic release 60 mg	29	mg/1.5ml	25
(Procardia xl)	29	NORDITROPIN FLEXPOR -somatropin inj 30	25
nifedipine tab er 24hr osmotic release 90 mg	29	mg/3ml	25
(Procardia xl)	29	norethindrone & ethinyl estradiol-fe chew tab 0.8	19
nilutamide tab 150 mg (Nilandron)	14	mg-25 mcg (Generess fe)	19
nimodipine cap 30 mg	29	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	19
NINLARO -ixazomib citrate cap 2.3 mg (base	14	(Brevicon-28)	19
equivalent)	14	norethindrone & ethinyl estradiol tab 1 mg-35 mcg	19
NINLARO -ixazomib citrate cap 3 mg (base	15	(Norinyl 1+35)	19
equivalent)	15	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	19
NINLARO -ixazomib citrate cap 4 mg (base	15	(Ovcon-35)	19
equivalent)	15	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20	20
NISOLDIPINE ER -nisoldipine tab er 24hr 25.5 mg	29	mcg (Loestrin fe 1/20)	20
nisoldipine tab er 24hr 8.5 mg (Sular)	29	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30	20
nisoldipine tab er 24hr 17 mg (Sular)	29	mcg (Loestrin fe 1.5/30)	20
nisoldipine tab er 24hr 34 mg (Sular)	29	norethindrone ace & ethinyl estradiol tab 1 mg-20	19
NITRO-BID -nitroglycerin oint 2%	26	mcg (Loestrin 1/20-21)	19
nitrofurantoin macrocrystalline cap 25 mg	44	norethindrone ace & ethinyl estradiol tab 1.5 mg-30	19
(Macrochantin)	44	mcg (Loestrin 1.5/30-21)	19
nitrofurantoin macrocrystalline cap 50 mg	44	norethindrone acetate-ethinyl estradiol tab 1 mg-5	18
(Macrochantin)	44	mcg	18
nitrofurantoin macrocrystalline cap 100 mg	44	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5	18
(Macrochantin)	44	mcg (Femhr low dose)	18
nitrofurantoin monohydrate macrocrystalline cap 100	44	norethindrone acetate tab 5 mg (Aygestin)	20
mg (Macrobid)	44	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35	19
nitrofurantoin susp 25 mg/5ml (Furadantin)	44	mg-mcg (Estronest fe)	19
nitroglycerin cap er 2.5 mg	26	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35	20
nitroglycerin sl tab 0.3 mg (Nitrostat)	26	mg-mcg (Ortho-novum 7/7/7)	20
nitroglycerin sl tab 0.4 mg (Nitrostat)	26	norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-	20
nitroglycerin sl tab 0.6 mg (Nitrostat)	26	mcg (Tri-norinyl 28)	20
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	26	norethindrone tab 0.35 mg (Nor-qd)	20
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	26	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	20
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	26	(Ortho-cyclen)	20
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	26	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35	20
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	27	mg-mcg (Ortho tri-cyclen)	20
(Nitrolingual pumpspr)	27	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25	20
NITYR -nitisinone tab 2 mg	25	mg-mcg (Ortho tri-cyclen lo)	20
NITYR -nitisinone tab 5 mg	25	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	20
NITYR -nitisinone tab 10 mg	25	nortriptyline hcl cap 10 mg (Pamelor)	48
NIVA-PLUS -prenatal vit w/ fe fumarate-fa tab 27-1	67	nortriptyline hcl cap 25 mg (Pamelor)	48
mg	67	nortriptyline hcl cap 50 mg (Pamelor)	48
NIVESTYM -filgrastim-aafi inj 300 mcg/ml	69	nortriptyline hcl cap 75 mg (Pamelor)	48
NIVESTYM -filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/	69	NORTRIPTYLINE HCL -nortriptyline hcl soln 10	48
ml)	69	mg/5ml	48
		NORVIR -ritonavir oral soln 80 mg/ml	5

NORVIR -ritonavir powder packet 100 mg.....	6	NOVOTWIST 32GX5MM -insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	112
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NOVOEIGHT -antihemophilic factor (recombinant) for inj 1000 unit.....	74	NUWIQ -antihemophilic factor (bdd-rfviii) for inj kit 250 unit.....	74
NOVOEIGHT -antihemophilic factor (recombinant) for inj 1500 unit.....	74	NUWIQ -antihemophilic factor (bdd-rfviii) for inj kit 500 unit.....	74
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NOVOLOG -insulin aspart inj 100 unit/ml.....	22	nystatin susp 100000 unit/ml.....	78
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oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu).....	6	oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet).....	58
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OXAZEPAM -oxazepam cap 15 mg.....	46	paliperidone tab er 24hr 6 mg (Invega).....	50
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal).....	64	paliperidone tab er 24hr 9 mg (Invega).....	50
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oxybutynin chloride syrup 5 mg/5ml.....	44	paricalcitol cap 1 mcg (Zemplar).....	25
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....	44	paricalcitol cap 2 mcg (Zemplar).....	25
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		phenobarbital tab 32.4 mg.....	51
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		phenobarbital tab 64.8 mg.....	51
		phenobarbital tab 97.2 mg.....	51
		phenobarbital tab 100 mg.....	51
		phenoxybenzamine hcl cap 10 mg (Dibenzylamine).....	32
		phentermine hcl cap 15 mg.....	53
		phenylephrine hcl ophth soln 2.5%.....	77
		phenylephrine hcl ophth soln 10%.....	77

phenytoin chew tab 50 mg (Dilantin infatabs).....	64	PNV PRENATAL PLUS MULTIVI -prenat w/ fe fum-fa tab	
phenytoin sodium extended cap 100 mg (Dilantin)....	64	27-1 mg & omega 3 cap 312 mg pak.....	67
phenytoin sodium extended cap 200 mg		PNV TABS 29-1 -prenatal vit w/ iron carbonyl-fa tab 29-1	
(Phenytek).....	64	mg.....	67
phenytoin sodium extended cap 300 mg		podofilox soln 0.5% (Condylox).....	81
(Phenytek).....	64	polymyxin b-trimethoprim ophth soln 10000 unit/	
phenytoin susp 125 mg/5ml (Dilantin-125).....	64	ml-0.1% (Polytrim).....	77
PHOSPHOLINE IODIDE -echothiophate iodide ophth for		POMALYST -pomalidomide cap 1 mg.....	15
soln 0.125%.....	77	POMALYST -pomalidomide cap 2 mg.....	15
phytonadione tab 5 mg (Mephyton).....	67	POMALYST -pomalidomide cap 3 mg.....	15
PICATO -ingenol mebutate gel 0.015%.....	81	POMALYST -pomalidomide cap 4 mg.....	15
PICATO -ingenol mebutate gel 0.05%.....	81	posaconazole tab delayed release 100 mg (Noxafil)....	4
PIFELTRO -doravirine tab 100 mg.....	6	pot & sod citrates w/ cit ac soln 550-500-334	
pilocarpine hcl ophth soln 1% (Isopto carpine).....	77	mg/5ml.....	45
pilocarpine hcl ophth soln 2% (Isopto carpine).....	77	potassium bicarbonate effer tab 25 meq.....	68
pilocarpine hcl ophth soln 4% (Isopto carpine).....	77	potassium chloride cap er 8 meq (Micro-k).....	68
pilocarpine hcl tab 5 mg (Salagen).....	78	potassium chloride cap er 10 meq (Micro-k).....	68
pilocarpine hcl tab 7.5 mg (Salagen).....	78	potassium chloride microencapsulated crys er tab 10	
pimecrolimus cream 1% (Elidel).....	81	meq.....	68
PIMOZIDE -pimozide tab 1 mg.....	55	potassium chloride microencapsulated crys er tab 20	
PIMOZIDE -pimozide tab 2 mg.....	55	meq.....	68
pindolol tab 5 mg.....	27	potassium chloride oral soln 10% (20 meq/15ml).....	68
pindolol tab 10 mg.....	27	potassium chloride oral soln 20% (40 meq/15ml).....	68
pioglitazone hcl-metformin hcl tab 15-500 mg		potassium chloride tab er 10 meq (K-tab).....	68
(Actoplus met).....	22	potassium chloride tab er 8 meq (600 mg).....	68
pioglitazone hcl-metformin hcl tab 15-850 mg		potassium citrate & citric acid powder pack 3300-1002	
(Actoplus met).....	22	mg.....	45
pioglitazone hcl tab 15 mg (base equiv) (Actos).....	22	potassium citrate tab er 5 meq (540 mg) (Urocit-k	
pioglitazone hcl tab 30 mg (base equiv) (Actos).....	22	5).....	45
pioglitazone hcl tab 45 mg (base equiv) (Actos).....	22	potassium citrate tab er 10 meq (1080 mg) (Urocit-k	
PIP LANCETS/28G -lancets.....	113	10).....	45
PIP LANCETS/30G -lancets.....	113	potassium citrate tab er 15 meq (1620 mg) (Urocit-k	
PIQRAY 250MG DAILY DOSE -alpelisib tab pack 250 mg		15).....	45
daily dose (200 mg & 50 mg tabs).....	15	pot phos monobasic w/sod phos di & monobas tab	
PIQRAY 300MG DAILY DOSE -alpelisib tab pack 300 mg		155-852-130mg (K-phos neutral).....	68
daily dose (2x150 mg tab).....	15	PRADAXA -dabigatran etexilate mesylate cap 75 mg	
PIQRAY 200MG DAILY DOSE -alpelisib tab therapy pack		(etexilate base eq).....	70
200 mg daily dose.....	15	PRADAXA -dabigatran etexilate mesylate cap 110 mg	
piroxicam cap 10 mg (Feldene).....	61	(etexilate base eq).....	70
piroxicam cap 20 mg (Feldene).....	61	PRADAXA -dabigatran etexilate mesylate cap 150 mg	
PLEGRIDY -peginterferon beta-1a soln pen-injector 125		(etexilate base eq).....	70
mcg/0.5ml.....	55	pramipexole dihydrochloride tab er 24hr 0.375 mg	
PLEGRIDY -peginterferon beta-1a soln prefilled syringe		(Mirapex er).....	65
125 mcg/0.5ml.....	55	pramipexole dihydrochloride tab er 24hr 0.75 mg	
PLEGRIDY STARTER PACK -peginterferon beta-1a soln		(Mirapex er).....	65
pen-inj 63 & 94 mcg/0.5ml pack.....	55	pramipexole dihydrochloride tab er 24hr 1.5 mg	
PLEGRIDY STARTER PACK -peginterferon beta-1a soln		(Mirapex er).....	65
pref syr 63 & 94 mcg/0.5ml pack.....	55	pramipexole dihydrochloride tab er 24hr 2.25 mg	
PNEUMOVAX 23/1 DOSE -pneumococcal vaccine		(Mirapex er).....	65
polyvalent inj 25 mcg/0.5ml.....	10	pramipexole dihydrochloride tab er 24hr 3 mg	
PNEUMOVAX 23 -pneumococcal vaccine polyvalent inj		(Mirapex er).....	65
25 mcg/0.5ml.....	10	pramipexole dihydrochloride tab er 24hr 3.75 mg	
PNV FOLIC ACID + IRON MUL -prenatal vit w/ fe		(Mirapex er).....	65
fumarate-fa tab 27-1 mg.....	67	pramipexole dihydrochloride tab er 24hr 4.5 mg	
PNV PRENATAL PLUS MULTIVI -prenatal vit w/ fe		(Mirapex er).....	65
fumarate-fa tab 27-1 mg.....	67	pramipexole dihydrochloride tab 0.125 mg	
		(Mirapex).....	65

pramipexole dihydrochloride tab 0.25 mg (Mirapex).....	66	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
pramipexole dihydrochloride tab 0.5 mg (Mirapex).....	66	u-100 1/2 ml 28 x 1/2".....	113
pramipexole dihydrochloride tab 0.75 mg (Mirapex).....	66	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
pramipexole dihydrochloride tab 1 mg (Mirapex).....	66	u-100 1/2 ml 29 x 1/2".....	113
pramipexole dihydrochloride tab 1.5 mg (Mirapex).....	66	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
prasugrel hcl tab 5 mg (base equiv) (Effient).....	74	u-100 1/2 ml 30 x 5/16".....	113
prasugrel hcl tab 10 mg (base equiv) (Effient).....	74	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
pravastatin sodium tab 10 mg.....	35	u-100 0.3 ml 29 x 1/2".....	113
pravastatin sodium tab 20 mg (Pravachol).....	35	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
pravastatin sodium tab 40 mg (Pravachol).....	35	u-100 0.3 ml 30 x 5/16".....	113
pravastatin sodium tab 80 mg (Pravachol).....	35	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
praziquantel tab 600 mg (Biltricide).....	8	u-100 1 ml 28 x 1/2".....	113
prazosin hcl cap 1 mg (Minipress).....	32	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
prazosin hcl cap 2 mg (Minipress).....	32	u-100 1 ml 29 x 1/2".....	113
prazosin hcl cap 5 mg (Minipress).....	32	PREFERRED PLUS INSULIN SY -insulin syringe/needle	
PRECISION SURE-DOSE INSUL -insulin syringe/needle		u-100 1 ml 30 x 5/16".....	113
u-100 1/2 ml 30 x 3/8".....	113	PREFERRED PLUS LANCETS CO -lancets.....	113
PRECISION SURE-DOSE INSUL -insulin syringe/needle		PREFERRED PLUS LANCETS SU -lancets.....	114
u-100 1/2 ml 28 x 1/2".....	113	PREFERRED PLUS LANCETS TH -lancets.....	114
PRECISION SURE-DOSE INSUL -insulin syringe/needle		PREFERRED PLUS UNIFINE PE -insulin pen needle 29	
u-100 1/2 ml 29 x 1/2".....	113	g x 12 mm (1/2").....	114
PRECISION SURE-DOSE INSUL -insulin syringe/needle		PREFERRED PLUS UNIFINE PE -insulin pen needle 31	
u-100 0.3 ml 30 x 5/16".....	113	g x 5 mm (3/16").....	114
PRECISION SURE-DOSE INSUL -insulin syringe/needle		PREFERRED PLUS UNIFINE PE -insulin pen needle 31	
u-100 1 ml 28 x 1/2".....	113	g x 6 mm (1/4").....	114
PRECISION SURE-DOSE PLUS -insulin syringe/needle		PREFERRED PLUS UNIFINE PE -insulin pen needle 31	
u-100 0.3 ml 29 x 1/2".....	113	g x 8 mm (1/3" or 5/16").....	114
PRECISION SURE-DOSE PLUS -insulin syringe/needle		PREFERRED PLUS UNIFINE PE -insulin pen needle 32	
u-100 1 ml 29 x 1/2".....	113	g x 4 mm (1/6" or 5/32").....	114
PRECISION THINS GP LANCET -lancets.....	113	pregabalin cap 25 mg (Lyrica).....	64
PREDNISOLONE ACETATE -prednisolone acetate ophth		pregabalin cap 50 mg (Lyrica).....	64
susp 1%.....	77	pregabalin cap 75 mg (Lyrica).....	64
PREDNISOLONE -prednisolone syrup 15 mg/5ml (usp		pregabalin cap 100 mg (Lyrica).....	64
solution equivalent).....	17	pregabalin cap 150 mg (Lyrica).....	64
prednisolone sod phos orally disintegr tab 10 mg		pregabalin cap 200 mg (Lyrica).....	64
(base eq) (Orapred odt).....	17	pregabalin cap 225 mg (Lyrica).....	64
prednisolone sod phos orally disintegr tab 15 mg		pregabalin cap 300 mg (Lyrica).....	64
(base eq) (Orapred odt).....	17	pregabalin soln 20 mg/ml (Lyrica).....	64
prednisolone sod phos orally disintegr tab 30 mg		PREMARIN -estrogens, conjugated tab 0.3 mg.....	18
(base eq) (Orapred odt).....	17	PREMARIN -estrogens, conjugated tab 0.45 mg.....	18
prednisolone sod phosphate oral soln 15 mg/5ml		PREMARIN -estrogens, conjugated tab 0.625 mg.....	18
(base equiv).....	17	PREMARIN -estrogens, conjugated tab 0.9 mg.....	19
prednisolone sod phosphate oral soln 10 mg/5ml		PREMARIN -estrogens, conjugated tab 1.25 mg.....	19
(base equiv) (Millipred).....	17	PREMARIN -estrogens, conjugated vaginal cream 0.625	
prednisolone sod phosphate oral soln 20 mg/5ml		mg/gm.....	45
(base equiv) (Veripred 20).....	17	PREMPHASE -conj est 0.625(14)/conj est-medroxypro ac	
prednisolone sod phosph oral soln 6.7 mg/5ml (5		tab 0.625-5mg(14).....	19
mg/5ml base) (Pediapred).....	17	PREMPRO -conjugated estrogen-medroxyprogest	
PREDNISONE -prednisone oral soln 5 mg/5ml.....	17	acetate tab 0.3-1.5 mg.....	19
PREDNISONE -prednisone tab 50 mg.....	17	PREMPRO -conjugated estrogen-medroxyprogest	
prednisone tab 1 mg.....	17	acetate tab 0.45-1.5 mg.....	19
prednisone tab 2.5 mg.....	17	PREMPRO -conjugated estrogen-medroxyprogest	
prednisone tab 5 mg.....	17	acetate tab 0.625-2.5 mg.....	19
prednisone tab 10 mg.....	17	PREMPRO -conjugated estrogen-medroxyprogest	
prednisone tab 20 mg.....	17	acetate tab 0.625-5 mg.....	19
		PRENATABS RX -prenatal vit w/ iron carbonyl-fa tab 29-1	
		mg.....	67

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PRENATAL 19 -prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	67	PRO COMFORT INSULIN SYRIN -insulin syringe/needle u-100 1 ml 30 x 5/16".....	114
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PREPOPIK -sod picosulfate-mg oxide-citric acid pack 10 mg-3.5 gm-12 gm.....	41	PRO COMFORT PEN NEEDLES/ -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	114
PRESSURE ACTIVATED SAFETY -lancets.....	114	PRO COMFORT PEN NEEDLES/ -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	114
PRETAB -prenatal vit w/ fe fumarate-fa tab 29-1 mg.....	67	PRO COMFORT PEN NEEDLES/ -insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	114
PREVENT SAFETY PEN NEEDLE -insulin pen needle 31 g x 6 mm (1/4").....	114	PROCRIT -epoetin alfa inj 2000 unit/ml.....	69
PREVENT SAFETY PEN NEEDLE -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	114	PROCRIT -epoetin alfa inj 3000 unit/ml.....	69
PREVNAR 13 -pneumococcal 13-valent conjugate vaccine inj.....	10	PROCRIT -epoetin alfa inj 4000 unit/ml.....	69
PREVYMIS -letermovir tab 240 mg.....	6	PROCRIT -epoetin alfa inj 10000 unit/ml.....	69
PREVYMIS -letermovir tab 480 mg.....	6	PROCRIT -epoetin alfa inj 20000 unit/ml.....	69
PREZCOBIX -darunavir-cobicistat tab 800-150 mg.....	6	PROCRIT -epoetin alfa inj 40000 unit/ml.....	69
PREZISTA -darunavir ethanolate susp 100 mg/ml (base equiv).....	6	PROCTOFOAM HC -hydrocortisone acetate w/ pramoxine rectal foam 1-1%.....	78
PREZISTA -darunavir ethanolate tab 75 mg (base equiv).....	6	PRODIGY INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	114
PREZISTA -darunavir ethanolate tab 150 mg (base equiv).....	6	PRODIGY INSULIN SYRINGE/1 -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	114
PREZISTA -darunavir ethanolate tab 600 mg (base equiv).....	6	PRODIGY INSULIN SYRINGE/1 -insulin syringe/needle u-100 1 ml 28 x 1/2".....	114
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primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).....	8	PRODIGY SAFETY LANCETS -lancets.....	114
primidone tab 50 mg (Mysoline).....	64	PRODIGY TWIST TOP LANCETS -lancets.....	114
primidone tab 250 mg (Mysoline).....	64	PROFILNINE -factor ix complex for inj 500 unit.....	74
PRIMSOL -trimethoprim hcl oral soln 50 mg/5ml (base equiv).....	8	PROFILNINE -factor ix complex for inj 1000 unit.....	74
PROAIR HFA -albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	39	PROFILNINE -factor ix complex for inj 1500 unit.....	74
PROAIR RESPICLICK -albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv).....	40	PROFILNINE SD -factor ix complex for inj 500 unit.....	74
probenecid tab 500 mg.....	62	PROFILNINE SD -factor ix complex for inj 1000 unit.....	74
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine).....	50	PROFILNINE SD -factor ix complex for inj 1500 unit.....	74
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine).....	50	progesterone micronized cap 100 mg (Prometrium).....	20
prochlorperazine suppos 25 mg.....	50	progesterone micronized cap 200 mg (Prometrium).....	20
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		PROMACTA -eltrombopag olamine tab 12.5 mg (base equiv).....	69
		PROMACTA -eltrombopag olamine tab 25 mg (base equiv).....	69
		PROMACTA -eltrombopag olamine tab 50 mg (base equiv).....	69
		PROMACTA -eltrombopag olamine tab 75 mg (base equiv).....	69

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promethazine hcl suppos 50 mg.....	37
promethazine hcl syrup 6.25 mg/5ml.....	37
promethazine hcl tab 12.5 mg.....	37
promethazine hcl tab 25 mg.....	37
promethazine hcl tab 50 mg.....	37
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	37
propafenone hcl cap er 12hr 225 mg (Rythmol sr).....	29
propafenone hcl cap er 12hr 325 mg (Rythmol sr).....	29
propafenone hcl cap er 12hr 425 mg (Rythmol sr).....	29
propafenone hcl tab 300 mg.....	29
propafenone hcl tab 150 mg (Rythmol).....	29
propafenone hcl tab 225 mg (Rythmol).....	29
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proparacaine hcl ophth soln 0.5% (Alcaine).....	77
PROPRANOLOL/HYDROCHLOROTH -propranolol & hydrochlorothiazide tab 80-25 mg.....	32
propranolol hcl cap er 24hr 60 mg (Inderal la).....	27
propranolol hcl cap er 24hr 80 mg (Inderal la).....	27
propranolol hcl cap er 24hr 120 mg (Inderal la).....	27
propranolol hcl cap er 24hr 160 mg (Inderal la).....	27
PROPRANOLOL HCL -propranolol hcl oral soln 20 mg/5ml.....	27
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PX LANCETS ULTRA THIN -lancets.....	115
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pyridostigmine bromide syrup 60 mg/5ml (Mestinon).....	67
pyridostigmine bromide tab er 180 mg (Mestinon timespan).....	67
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QC INSULIN SYRINGE/0.5ML/ -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	115
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QC INSULIN SYRINGE/1ML/29 -insulin syringe/needle u-100 1 ml 29 x 1/2".....	115
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quetiapine fumarate tab er 24hr 150 mg (Seroquel xr).....	50
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr).....	50
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr).....	50
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr).....	50
quetiapine fumarate tab 25 mg (Seroquel).....	50
quetiapine fumarate tab 50 mg (Seroquel).....	50
quetiapine fumarate tab 100 mg (Seroquel).....	50
quetiapine fumarate tab 200 mg (Seroquel).....	50
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quinine sulfate cap 324 mg (Qualaquin).....	8	(12mu/ml).....	55
QVAR REDIHALER -beclomethasone diprop hfa breath		REBIF -interferon beta-1a soln pref syr 44 mcg/0.5ml	
act inh aer 40 mcg/act.....	40	(24mu/ml).....	55
QVAR REDIHALER -beclomethasone diprop hfa breath		REBIF REBIDOSE -interferon beta-1a soln auto-inj 22	
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RA E-ZJECT COLOR LANCETS -lancets.....	115	REBIF REBIDOSE TITRATION -interferon beta-1a auto-	
RA E-ZJECT LANCETS 28G -lancets.....	115	inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	55
RA E-ZJECT LANCETS THIN 2 -lancets.....	115	REBIF TITRATION PACK -interferon beta-1a pref syr	
RA E-ZJECT LANCETS ULTRA -lancets.....	115	6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	55
RA INSULIN SYRINGE/0.5ML/ -insulin syringe/needle		REBINYN -coagulation factor ix recomb glycopegylated	
u-100 1/2 ml 29 x 1/2".....	115	for inj 500 unt.....	74
RA INSULIN SYRINGE/1ML/29 -insulin syringe/needle		REBINYN -coagulation factor ix recomb glycopegylated	
u-100 1 ml 29 x 1/2".....	115	for inj 1000 unt.....	74
RA INSULIN SYRINGE/U-100/ -insulin syringe/needle		REBINYN -coagulation factor ix recomb glycopegylated	
u-100 1/2 ml 30 x 5/16".....	115	for inj 2000 unt.....	75
RA INSULIN SYRINGE/U-100/ -insulin syringe/needle		RECOMBIMATE -antihemophilic factor (recombinant) for	
u-100 1 ml 30 x 5/16".....	115	inj 220-400 unit.....	75
RA LANCING DEVICE -lancet devices.....	115	RECOMBIMATE -antihemophilic factor (recombinant) for	
raloxifene hcl tab 60 mg (Evista).....	25	inj 401-800 unit.....	75
ramelteon tab 8 mg (Rozerem).....	51	RECOMBIMATE -antihemophilic factor (recombinant) for	
ramipril cap 1.25 mg (Altace).....	33	inj 801-1240 unit.....	75
ramipril cap 2.5 mg (Altace).....	33	RECOMBIMATE -antihemophilic factor (recombinant) for	
ramipril cap 5 mg (Altace).....	33	inj 1241-1800 unit.....	75
ramipril cap 10 mg (Altace).....	33	RECOMBIMATE -antihemophilic factor (recombinant) for	
RANEXA -ranolazine tab er 12hr 500 mg.....	27	inj 1801-2400 unit.....	75
RANEXA -ranolazine tab er 12hr 1000 mg.....	27	RECOMBIVAX HB -hepatitis b vaccine (recombinant)	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml).....	41	susp 5 mcg/0.5ml.....	10
ranitidine hcl tab 150 mg (Zantac).....	41	RECOMBIVAX HB -hepatitis b vaccine (recombinant)	
ranitidine hcl tab 300 mg (Zantac).....	41	susp 10 mcg/ml.....	10
ranolazine tab er 12hr 500 mg (Ranexa).....	27	RECOMBIVAX HB -hepatitis b vaccine (recombinant)	
ranolazine tab er 12hr 1000 mg (Ranexa).....	27	susp 40 mcg/ml.....	10
RAPAFLO -silodosin cap 4 mg.....	45	RECTIV -nitroglycerin oint 0.4%.....	78
RAPAFLO -silodosin cap 8 mg.....	45	REGRANEX -becaplermin gel 0.01%.....	81
RA PEN NEEDLES 31G X 5MM -insulin pen needle 31 g		RELENZA DISKHALER -zanamivir aero powder breath	
x 5 mm (3/16").....	115	activated 5 mg/blister.....	6
RA PEN NEEDLES 31G X 8MM -insulin pen needle 31 g		RELION 2-IN-1 LANCET DEV -lancet devices.....	117
x 8 mm (1/3" or 5/16").....	116	RELION 2-IN-1 LANCING DEV -lancet devices.....	117
rasagiline mesylate tab 0.5 mg (base equiv)		RELION INSULIN SYRINGE/U -insulin syringe/needle	
(Azilect).....	66	u-100 1/2 ml 29 g.....	116
rasagiline mesylate tab 1 mg (base equiv)		RELION INSULIN SYRINGE/U -insulin syringe/needle	
(Azilect).....	66	u-100 1/2 ml 30 g.....	116
RAVICTI -glycerol phenylbutyrate liquid 1.1 gm/ml.....	25	RELION INSULIN SYRINGE/U -insulin syringe/needle	
		u-100 1/2 ml 31 x 5/16".....	116

RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	116	repaglinide tab 0.5 mg (Prandin).....	22
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	116	repaglinide tab 1 mg (Prandin).....	22
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 29 g.....	116	repaglinide tab 2 mg (Prandin).....	22
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 30 g.....	116	REPATHA -NDC 72511- evolocumab SC soln prefilled syringe 140 mg/ml.....	36
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 1 ml 30 g.....	116	REPATHA -NDC 55513- evolocumab SC soln prefilled syringe 140 mg/ml.....	36
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	116	REPATHA PUSHTRONEX SYSTEM -NDC 72511- evolocumab SC soln cartridge/infusor 420 mg/3.5ml.....	36
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	116	REPATHA PUSHTRONEX SYSTEM -NDC 55513- evolocumab SC soln cartridge/infusor 420 mg/3.5ml.....	36
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	116	REPATHA SURECLICK -NDC 72511- evolocumab SC soln auto-injector 140 mg/ml.....	36
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 1 ml 29 x 1/2".....	116	REPATHA SURECLICK -NDC 55513- evolocumab SC soln auto-injector 140 mg/ml.....	36
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 1 ml 30 x 5/16".....	116	RESCRIPTOR -delavirdine mesylate tab 200 mg.....	6
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 1 ml 31 x 5/16".....	116	resorcinol-sulfur lotion 2-5%.....	81
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	116	RETACRIT -epoetin alfa-epbx inj 2000 unit/ml.....	69
RELION INSULIN SYRINGE/U- -insulin syringe/needle u-100 1 ml 31 x 15/64".....	116	RETACRIT -epoetin alfa-epbx inj 3000 unit/ml.....	69
RELION INSULIN SYRINGE 0. -insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	116	RETACRIT -epoetin alfa-epbx inj 4000 unit/ml.....	69
RELION INSULIN SYRINGE 1M -insulin syringe/needle u-100 1 ml 31 x 15/64".....	116	RETACRIT -epoetin alfa-epbx inj 10000 unit/ml.....	69
RELION LANCETS -lancets.....	116	RETACRIT -epoetin alfa-epbx inj 40000 unit/ml.....	69
RELION LANCETS MICRO-THIN -lancets.....	116	RETROVIR -zidovudine cap 100 mg.....	6
RELION LANCETS STANDARD 2 -lancets.....	116	RETROVIR -zidovudine syrup 10 mg/ml.....	6
RELION LANCETS THIN 26G -lancets.....	116	REVLIMID -lenalidomide cap 5 mg.....	131
RELION LANCETS ULTRA-THIN -lancets.....	116	REVLIMID -lenalidomide cap 10 mg.....	131
RELION LANCING DEVICE -lancet devices.....	117	REVLIMID -lenalidomide cap 15 mg.....	131
RELION MINI PEN NEEDLES 3 -insulin pen needle 31 g x 6 mm (1/4").....	117	REVLIMID -lenalidomide cap 20 mg.....	131
RELION PEN NEEDLES 29GX12 -insulin pen needle 29 g x 12 mm (1/2").....	117	REVLIMID -lenalidomide cap 25 mg.....	131
RELION PEN NEEDLES 31GX6M -insulin pen needle 31 g x 6 mm (1/4").....	117	REVLIMID -lenalidomide caps 2.5 mg.....	131
RELION PEN NEEDLES 31GX8M -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	117	REXALL LANCETS ULTRA THIN -lancets.....	117
RELION PEN NEEDLES 32GX4M -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	117	REXULTI -brexpiprazole tab 0.25 mg.....	50
RELION R -insulin regular (human) inj 100 unit/ml.....	23	REXULTI -brexpiprazole tab 0.5 mg.....	50
RELION SHORT PEN NEEDLES -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	117	REXULTI -brexpiprazole tab 1 mg.....	50
RELION THIN LANCETS -lancets.....	117	REXULTI -brexpiprazole tab 2 mg.....	50
RELION ULTRA THIN LANCETS -lancets.....	117	REXULTI -brexpiprazole tab 3 mg.....	50
RELION ULTRA THIN PLUS LA -lancets.....	117	REXULTI -brexpiprazole tab 4 mg.....	50
RELPAK -eletriptan hydrobromide tab 20 mg (base equivalent).....	61	REYATAZ -atazanavir sulfate cap 150 mg (base equiv)....	6
RELPAK -eletriptan hydrobromide tab 40 mg (base equivalent).....	61	REYATAZ -atazanavir sulfate cap 200 mg (base equiv)....	6
REVELA -sevelamer carbonate packet 0.8 gm.....	43	REYATAZ -atazanavir sulfate cap 300 mg (base equiv)....	6
		REYATAZ -atazanavir sulfate oral powder packet 50 mg (base equiv).....	6
		RIASTAP -fibrinogen conc (human) inj approximately 1 gm (900-1300 mg).....	75
		ribavirin cap 200 mg.....	6
		ribavirin for inhal soln 6 gm (Virazole).....	6
		ribavirin tab 200 mg.....	6
		rifabutin cap 150 mg (Mycobutin).....	3
		RIFAMATE -isoniazid & rifampin cap 150-300 mg.....	3
		rifampin cap 150 mg (Rifadin).....	3
		rifampin cap 300 mg (Rifadin).....	3
		RIFATER -isoniazid-rifampin w/ pyrazinamide tab 50-120-300 mg.....	3
		RIGHTEST GD500 LANCING DE -lancet devices.....	117
		RIGHTEST GL300 LANCETS -lancets.....	117

riluzole tab 50 mg (Rilutek).....	66	ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (Requip xl).....	66
rimantadine hydrochloride tab 100 mg (Flumadine).....	6	ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl).....	66
ringer's solution for irrigation.....	131	ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (Requip xl).....	66
risedronate sodium tab delayed release 35 mg (Atelvia).....	25	ropinirole hydrochloride tab 0.25 mg (Requip).....	66
risedronate sodium tab 5 mg (Actonel).....	25	ropinirole hydrochloride tab 0.5 mg (Requip).....	66
risedronate sodium tab 30 mg (Actonel).....	25	ropinirole hydrochloride tab 1 mg (Requip).....	66
risedronate sodium tab 35 mg (Actonel).....	25	ropinirole hydrochloride tab 2 mg (Requip).....	66
risedronate sodium tab 150 mg (Actonel).....	25	ropinirole hydrochloride tab 3 mg (Requip).....	66
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab).....	50	ropinirole hydrochloride tab 4 mg (Requip).....	66
risperidone orally disintegrating tab 1 mg (Risperdal m-tab).....	51	ropinirole hydrochloride tab 5 mg (Requip).....	66
risperidone orally disintegrating tab 2 mg (Risperdal m-tab).....	51	rosuvastatin calcium tab 5 mg (Crestor).....	36
risperidone orally disintegrating tab 3 mg (Risperdal m-tab).....	51	rosuvastatin calcium tab 10 mg (Crestor).....	36
risperidone orally disintegrating tab 4 mg (Risperdal m-tab).....	51	rosuvastatin calcium tab 20 mg (Crestor).....	36
risperidone orally disintegrating tab 4 mg (Risperdal m-tab).....	51	rosuvastatin calcium tab 40 mg (Crestor).....	36
risperidone soln 1 mg/ml (Risperdal).....	51	ROZEREM -ramelteon tab 8 mg.....	51
risperidone tab 0.25 mg (Risperdal).....	51	ROZLYTREK -entrectinib cap 100 mg.....	15
risperidone tab 0.5 mg (Risperdal).....	51	ROZLYTREK -entrectinib cap 200 mg.....	15
risperidone tab 1 mg (Risperdal).....	51	RYDAPT -midostaurin cap 25 mg.....	15
risperidone tab 2 mg (Risperdal).....	51		
risperidone tab 3 mg (Risperdal).....	51	S	
risperidone tab 4 mg (Risperdal).....	51	SABRIL -vigabatrin tab 500 mg.....	64
ritonavir tab 100 mg (Norvir).....	6	SAFESNAP ALLERGY SYRINGE/ -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	117
rivastigmine tartrate cap 1.5 mg (base equivalent).....	55	SAFESNAP INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	117
rivastigmine tartrate cap 3 mg (base equivalent).....	55	SAFESNAP INSULIN SYRINGE/ -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	117
rivastigmine tartrate cap 4.5 mg (base equivalent).....	55	SAFESNAP INSULIN SYRINGE/ -insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	117
rivastigmine tartrate cap 6 mg (base equivalent).....	56	SAFESNAP INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 28 x 1/2".....	117
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon).....	56	SAFESNAP INSULIN SYRINGE/ -insulin syringe/needle u-100 1 ml 29 x 1/2".....	117
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon).....	56	SAFESNAP TUBERCULIN SYRIN -tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	117
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon).....	56	SAFESNAP TUBERCULIN SYRIN -tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	117
RIXUBIS -coagulation factor ix (recombinant) for inj 250 unit.....	75	SAFE-T-LANCE LOW FLOW 25G -lancets.....	117
RIXUBIS -coagulation factor ix (recombinant) for inj 500 unit.....	75	SAFE-T-LANCE NORMAL FLOW -lancets.....	117
RIXUBIS -coagulation factor ix (recombinant) for inj 1000 unit.....	75	SAFE-T-LANCE PLUS SAFETY -lancets.....	117
RIXUBIS -coagulation factor ix (recombinant) for inj 2000 unit.....	75	SAFETY INSULIN SYRINGES 0 -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	117
RIXUBIS -coagulation factor ix (recombinant) for inj 3000 unit.....	75	SAFETY INSULIN SYRINGES 0 -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	117
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt).....	61	SAFETY INSULIN SYRINGES 1 -insulin syringe/needle u-100 1 ml 27 x 1/2".....	117
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt).....	61	SAFETY INSULIN SYRINGES 1 -insulin syringe/needle u-100 1 ml 29 x 1/2".....	117
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt).....	61	SAFETY INSULIN SYRINGES 1 -insulin syringe/needle u-100 1 ml 30 x 1/2".....	117
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....	61	SAFETY LANCET 21G/PRESSUR -lancets.....	117
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (Requip xl).....	66	SAFETY LANCET 28G/PRESSUR -lancets.....	117
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl).....	66	SAFETY LANCETS 21G -lancets.....	118
		SAFETY LANCETS 28G -lancets.....	118

SAFETY LANCETS -lancets.....	118	SECURESAFE TUBERCULIN INS -tuberculin/allergy	
SAFETY LET LANCETS -lancets.....	118	syringe/needle (disp) 1 ml 27 x 1/2".....	118
SAFETY-LOK SAFETY SYRINGE -tuberculin/allergy		SELECT-LITE LANCING DEVIC -lancet devices.....	118
syringe/needle (disp) 1 ml 25 x 5/8".....	118	selegiline hcl cap 5 mg (Eldepryl).....	66
SAFETY-LOK TB SYRINGE PER -tuberculin/allergy		SELEGILINE HCL -selegiline hcl tab 5 mg.....	66
syringe/needle (disp) 1 ml 27 x 1/2".....	118	selenium sulfide lotion 2.5%.....	82
SAFETY SEAL LANCETS 28G -lancets.....	118	selenium sulfide shampoo 2.25%.....	82
SAFETY SEAL LANCETS 30G -lancets.....	118	SELZENTRY -maraviroc oral soln 20 mg/ml.....	6
salicylic acid cream 6%.....	81	SELZENTRY -maraviroc tab 25 mg.....	6
salicylic acid lotion 6%.....	81	SELZENTRY -maraviroc tab 75 mg.....	6
salsalate tab 500 mg (Disalcid).....	56	SELZENTRY -maraviroc tab 150 mg.....	6
salsalate tab 750 mg (Disalcid).....	56	SELZENTRY -maraviroc tab 300 mg.....	6
SAMSCA -tolvaptan tab 15 mg.....	25	SE-NATAL 19 -prenatal vit w/ dss-fe fumarate-fa tab 29-1	
SAMSCA -tolvaptan tab 30 mg.....	26	mg.....	67
SANTYL -collagenase oint 250 unit/gm.....	82	SE-NATAL 19 -prenatal vit w/ fe fumarate-fa chew tab	
SAPHRIS -asenapine maleate sl tab 2.5 mg (base		29-1 mg.....	67
equiv).....	51	SENSIPAR -cinacalcet hcl tab 30 mg (base equiv).....	26
SAPHRIS -asenapine maleate sl tab 5 mg (base		SENSIPAR -cinacalcet hcl tab 60 mg (base equiv).....	26
equiv).....	51	SENSIPAR -cinacalcet hcl tab 90 mg (base equiv).....	26
SAPHRIS -asenapine maleate sl tab 10 mg (base		SEREVENT DISKUS -salmeterol xinafoate aer pow ba 50	
equiv).....	51	mcg/dose (base equiv).....	40
SAPSCARE TWIST TOP LANCET -lancets.....	118	sertraline hcl oral concentrate for solution 20 mg/ml	
SAPS HEALTH CARE TWIST TO -lancets.....	118	(Zoloft).....	48
SAPS HEALTH TWIST TOP LAN -lancets.....	118	sertraline hcl tab 25 mg (Zoloft).....	48
SAVELLA -milnacipran hcl tab 12.5 mg.....	56	sertraline hcl tab 50 mg (Zoloft).....	48
SAVELLA -milnacipran hcl tab 25 mg.....	56	sertraline hcl tab 100 mg (Zoloft).....	48
SAVELLA -milnacipran hcl tab 50 mg.....	56	sevelamer carbonate packet 0.8 gm (Renvela).....	43
SAVELLA -milnacipran hcl tab 100 mg.....	56	sevelamer carbonate packet 2.4 gm (Renvela).....	43
SAVELLA TITRATION PACK -milnacipran hcl tab 12.5 mg		sevelamer carbonate tab 800 mg (Renvela).....	43
(5) & 25 mg (8) & 50 mg (42) pak.....	56	sevelamer hcl tab 800 mg (Renagel).....	43
SB INSULIN SYRINGE/U-100/ -insulin syringe/needle		SHINGRIX -zoster vac recombinant adjuvanted for im inj	
u-100 1/2 ml 29 x 1/2".....	118	50 mcg/0.5ml.....	10
SB INSULIN SYRINGE/U-100/ -insulin syringe/needle		SHOPKO AUTOLET LANCING DE -lancet devices.....	118
u-100 1/2 ml 30 x 5/16".....	118	SHOPKO ON-THE-GO COMFORT -lancets.....	118
SB INSULIN SYRINGE/U-100/ -insulin syringe/needle		SHOPKO UNIFINE PENTIPS PE -insulin pen needle 29 g	
u-100 1 ml 29 x 1/2".....	118	x 12 mm (1/2").....	118
SB INSULIN SYRINGE/U-100/ -insulin syringe/needle		SHOPKO UNIFINE PENTIPS PE -insulin pen needle 31 g	
u-100 1 ml 30 x 5/16".....	118	x 5 mm (3/16").....	118
SB INSULIN SYRINGE/U-100/ -insulin syringe/needle		SHOPKO UNIFINE PENTIPS PE -insulin pen needle 31 g	
u-100 1 ml 31 x 5/16".....	118	x 8 mm (1/3" or 5/16").....	118
SB LANCETS THIN -lancets.....	118	SHOPKO UNIFINE PENTIPS PE -insulin pen needle 32 g	
SB LANCETS ULTRA THIN -lancets.....	118	x 4 mm (1/6" or 5/32").....	118
SCHNUCKS INSULIN SYRINGE -insulin syringe/needle		SHOPKO UNIFINE PENTIPS PL -insulin pen needle 29 g	
u-100 1/2 ml 29 x 1/2".....	118	x 12 mm (1/2").....	118
SCHNUCKS INSULIN SYRINGE -insulin syringe/needle		SHOPKO UNIFINE PENTIPS PL -insulin pen needle 31 g	
u-100 1/2 ml 30 x 5/16".....	118	x 5 mm (3/16").....	118
scopolamine td patch 72hr 1 mg/3days (Transderm-		SHOPKO UNIFINE PENTIPS PL -insulin pen needle 31 g	
scop).....	42	x 8 mm (1/3" or 5/16").....	119
SECURESAFE SAFETY INSULIN -insulin syringe/needle		SHOPKO UNIFINE PENTIPS PL -insulin pen needle 32 g	
u-100 1/2 ml 29 x 1/2".....	118	x 4 mm (1/6" or 5/32").....	119
SECURESAFE SAFETY INSULIN -insulin syringe/needle		SHOPKO UNILET LANCETS SUP -lancets.....	119
u-100 1 ml 29 x 1/2".....	118	SHOPKO UNILET LANCETS ULT -lancets.....	119
SECURESAFE TUBERCULIN INS -tuberculin/allergy		SHUR-SEAL -nonoxynol-9 gel 2%.....	45
syringe/needle (disp) 1 ml 25 x 5/8".....	118	SIDE BUTTON SAFETY LANCET -lancets.....	119
SECURESAFE TUBERCULIN INS -tuberculin/allergy		sildenafil citrate tab 20 mg (Revatio).....	36
syringe/needle (disp) 1 ml 26 x 3/8".....	118	SILENOR -doxepin hcl (sleep) tab 3 mg (base equiv).....	51
		SILENOR -doxepin hcl (sleep) tab 6 mg (base equiv).....	51

silodosin cap 4 mg (Rapaflo)	45	sodium fluoride rinse 0.2%	78
silodosin cap 8 mg (Rapaflo)	45	SODIUM FLUORIDE -sodium fluoride tab 1 mg f (from	
silver sulfadiazine cream 1% (Silvadene)	82	2.2 mg naf)	68
SIMBRINZA -brinzolamide-brimonidine tartrate ophth		sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop	
susp 1-0.2%	77	naf)	68
SIMPLE DIAGNOSTICS LANCIN -lancet devices	119	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	
SIMPONI -golimumab subcutaneous soln auto-injector 50		(Luride)	68
mg/0.5ml	61	sodium phenylbutyrate oral powder 3 gm/teaspoonful	
SIMPONI -golimumab subcutaneous soln auto-injector		(Buphenyl)	26
100 mg/ml	61	sodium phenylbutyrate tab 500 mg (Buphenyl)	26
SIMPONI -golimumab subcutaneous soln prefilled syringe		sodium polystyrene sulfonate oral susp 15 gm/60ml	
50 mg/0.5ml	61	(Sps)	131
SIMPONI -golimumab subcutaneous soln prefilled syringe		sodium polystyrene sulfonate powder	
100 mg/ml	61	(Kayexalate)	131
simvastatin tab 5 mg (Zocor)	36	sodium polystyrene sulfonate rectal susp 30	
simvastatin tab 10 mg (Zocor)	36	gm/120ml	131
simvastatin tab 20 mg (Zocor)	36	SOFOSBUVIR/VELPATASVIR -sofosbuvir-velpatasvir tab	
simvastatin tab 40 mg (Zocor)	36	400-100 mg	6
simvastatin tab 80 mg (Zocor)	36	solifenacin succinate tab 5 mg (Vesicare)	44
SINGLE-LET -lancets	119	solifenacin succinate tab 10 mg (Vesicare)	44
sirolimus oral soln 1 mg/ml (Rapamune)	131	SOLQUA 100/33 -insulin glargine-lixisenatide sol pen-inj	
sirolimus tab 0.5 mg (Rapamune)	131	100-33 unit-mcg/ml	22
sirolimus tab 1 mg (Rapamune)	131	SOLUS V2 LANCING DEVICE -lancet devices	119
sirolimus tab 2 mg (Rapamune)	131	SOLUS V2 PRESSURE ACTIVAT -lancets	119
SIRTURO -bedaquiline fumarate tab 100 mg (base		SOLUS V2 TWIST LANCETS 30 -lancets	119
equiv)	3	SOMAVERT -pegvisomant for inj 10 mg (as protein)	26
SIVEXTRO -tedizolid phosphate tab 200 mg	8	SOMAVERT -pegvisomant for inj 15 mg (as protein)	26
SKYRIZI -risankizumab-rzaa sol prefilled syringe 2 x 75		SOMAVERT -pegvisomant for inj 20 mg (as protein)	26
mg/0.83ml kit	82	SOMAVERT -pegvisomant for inj 25 mg (as protein)	26
SMART DIABETES VANTAGE LA -lancet devices	119	SOMAVERT -pegvisomant for inj 30 mg (as protein)	26
SMARTEST LANCETS 28G -lancets	119	SOOLANTRA -ivermectin cream 1%	82
SMART SENSE COLOR LANCETS -lancets	119	sotalol hcl (afib/af) tab 80 mg (Betapace af)	27
SMART SENSE STANDARD LANC -lancets	119	sotalol hcl (afib/af) tab 120 mg (Betapace af)	27
SMART SENSE SUPER THIN LA -lancets	119	sotalol hcl (afib/af) tab 160 mg (Betapace af)	27
SMART SENSE THIN LANCETS -lancets	119	sotalol hcl tab 240 mg	28
SM MICRO THIN LANCETS 33G -lancets	119	sotalol hcl tab 80 mg (Betapace)	28
SM TRUEDRAW LANCING DEVIC -lancet devices	119	sotalol hcl tab 120 mg (Betapace)	28
sodium chloride irrigation soln 0.9%	45	sotalol hcl tab 160 mg (Betapace)	28
sodium chloride soln nebu 0.9%	38	SOVALDI -sofosbuvir tab 400 mg	6
sodium chloride soln nebu 3%	38	SPECTRACEF -cefditoren pivoxil tab 400 mg (base	
sodium chloride soln nebu 10%	38	equivalent)	2
sodium chloride soln nebu 7% (Hyper-sal)	38	SPINOSAD -spinosad susp 0.9%	82
sodium citrate & citric acid soln 500-334 mg/5ml		SPIRIVA HANDIHALER -tiotropium bromide monohydrate	
(Shohls solution modi)	45	inhal cap 18 mcg (base equiv)	40
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)		SPIRIVA RESPIMAT -tiotropium bromide monohydrate	
(Luride)	68	inhal aerosol 1.25 mcg/act	40
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)		SPIRIVA RESPIMAT -tiotropium bromide monohydrate	
(Luride)	68	inhal aerosol 2.5 mcg/act	40
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)		spironolactone & hydrochlorothiazide tab 25-25 mg	
(Luride)	68	(Aldactazide)	34
sodium fluoride cream 1.1% (Prevident 5000 plus)	78	spironolactone tab 25 mg (Aldactone)	34
sodium fluoride gel 1.1% (0.5% f) (Prevident		spironolactone tab 50 mg (Aldactone)	34
fluoride)	78	spironolactone tab 100 mg (Aldactone)	34
sodium fluoride paste 1.1% (Prevident 5000		SPRYCEL -dasatinib tab 20 mg	15
boost)	78	SPRYCEL -dasatinib tab 50 mg	15
sodium fluoride-potassium nitrate paste 1.1-5%		SPRYCEL -dasatinib tab 70 mg	15
(Prevident 5000 sensi)	78	SPRYCEL -dasatinib tab 80 mg	15

SPRYCEL -dasatinib tab 100 mg.....	15	sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....	9
SPRYCEL -dasatinib tab 140 mg.....	15	SULFAMYLON -mafenide acetate cream 85 mg/gm.....	82
stannous fluoride gel 0.4%.....	78	sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs).....	43
stavudine cap 15 mg (Zerit).....	6	sulfasalazine tab 500 mg (Azulfidine).....	43
stavudine cap 20 mg (Zerit).....	6	sulindac tab 150 mg.....	61
stavudine cap 30 mg (Zerit).....	6	sulindac tab 200 mg.....	61
stavudine cap 40 mg (Zerit).....	6	sumatriptan nasal spray 5 mg/act (Imitrex).....	61
1ST CHOICE LANCETS SUPER -lancets.....	130	sumatriptan nasal spray 20 mg/act (Imitrex).....	61
1ST CHOICE LANCETS THIN -lancets.....	130	sumatriptan succinate inj 6 mg/0.5ml (Imitrex).....	61
1ST CHOICE LANCETS ULTRA -lancets.....	130	sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys).....	61
STELARA -ustekinumab inj 45 mg/0.5ml.....	82	sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys).....	62
STELARA -ustekinumab soln prefilled syringe 45 mg/0.5ml.....	82	sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref).....	62
STELARA -ustekinumab soln prefilled syringe 90 mg/ml.....	82	sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref).....	62
STERILANCE TL -lancets.....	119	sumatriptan succinate tab 25 mg (Imitrex).....	62
STIMATE -desmopressin acetate nasal soln 1.5 mg/ml.....	26	sumatriptan succinate tab 50 mg (Imitrex).....	62
STIOLTO RESPIMAT -tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act.....	40	sumatriptan succinate tab 100 mg (Imitrex).....	62
STIVARGA -regorafenib tab 40 mg.....	15	SUPER THIN LANCETS -lancets.....	119
STRENSIQ -asfotase alfa subcutaneous inj 18 mg/0.45ml.....	26	SUPRAX -cefixime chew tab 100 mg.....	2
STRENSIQ -asfotase alfa subcutaneous inj 28 mg/0.7ml.....	26	SUPRAX -cefixime chew tab 200 mg.....	2
STRENSIQ -asfotase alfa subcutaneous inj 40 mg/ml.....	26	SUPRAX -cefixime for susp 100 mg/5ml.....	2
STRENSIQ -asfotase alfa subcutaneous inj 80 mg/0.8ml.....	26	SUPRAX -cefixime for susp 200 mg/5ml.....	2
STRIBILD -elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg.....	6	SUPRAX -cefixime for susp 500 mg/5ml.....	2
STRIVERDI RESPIMAT -olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv).....	40	SUPREP BOWEL PREP KIT -sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	41
1ST TIER UNIFINE PENTIPS -insulin pen needle 29 g x 12 mm (1/2").....	130	SURE COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	119
1ST TIER UNIFINE PENTIPS -insulin pen needle 31 g x 5 mm (3/16").....	130	SURE COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	119
1ST TIER UNIFINE PENTIPS -insulin pen needle 31 g x 6 mm (1/4").....	130	SURE COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	119
1ST TIER UNIFINE PENTIPS -insulin pen needle 32 g x 6 mm (1/4").....	130	SURE COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	119
1ST TIER UNIFINE PENTIPS -insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	130	SURE COMFORT INSULIN SYRI -insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	119
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sulfacetamide sodium lotion 10% (acne) (Klaron).....	82	SURE COMFORT INSULIN SYRI -insulin syringe/needle u-100 1 ml 30 x 5/16".....	119
sulfacetamide sodium ophth soln 10% (Bleph-10).....	77	SURE COMFORT INSULIN SYRI -insulin syringe/needle u-100 1 ml 30 x 1/2".....	119
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SURE COMFORT LANCETS 21G -lancets.....	120	SUSTIVA -efavirenz cap 200 mg.....	6
SURE COMFORT LANCETS 23G -lancets.....	120	SUSTIVA -efavirenz tab 600 mg.....	6
SURE COMFORT LANCETS 28G -lancets.....	120	SUTENT -sunitinib malate cap 12.5 mg (base equivalent).....	15
SURE COMFORT LANCETS 30G -lancets.....	120	SUTENT -sunitinib malate cap 25 mg (base equivalent).....	15
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SURE COMFORT PEN NEEDLES -insulin pen needle 32 g x 6 mm (1/4").....	120	SYLATRON -peginterferon alfa-2b for inj kit 300 mcg.....	15
SURE COMFORT PEN NEEDLES -insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	120	SYLATRON -peginterferon alfa-2b for inj kit 600 mcg.....	15
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		SYNJARDY -empagliflozin-metformin hcl tab 5-1000 mg.....	22

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SYNJARDY XR -empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg.....	22
SYNJARDY XR -empagliflozin-metformin hcl tab er 24hr 25-1000 mg.....	22
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SYNTHROID -levothyroxine sodium tab 150 mcg.....	24
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tacrolimus oint 0.03% (Protopic).....	82
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TAFINLAR -dabrafenib mesylate cap 75 mg (base equivalent).....	15
TAGRISSE -osimertinib mesylate tab 40 mg (base equivalent).....	15
TAGRISSE -osimertinib mesylate tab 80 mg (base equivalent).....	15
TAKHZYRO -lanadelumab-flyo inj 300 mg/2ml (150 mg/ ml).....	75
TALTZ -ixekizumab subcutaneous soln auto-injector 80 mg/ml.....	82
TALTZ -ixekizumab subcutaneous soln prefilled syringe 80 mg/ml.....	82
TALZENNA -talazoparib tosylate cap 0.25 mg (base equivalent).....	15
TALZENNA -talazoparib tosylate cap 1 mg (base equivalent).....	15
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tamoxifen citrate tab 10 mg (base equivalent).....	15
tamoxifen citrate tab 20 mg (base equivalent).....	15
tamsulosin hcl cap 0.4 mg (Flomax).....	45
TARGRETIN -bexarotene cap 75 mg.....	15
TARGRETIN -bexarotene gel 1%.....	82

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TASIGNA -nilotinib hcl cap 150 mg (base equivalent).....	15
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TAZORAC -tazarotene gel 0.05%.....	82
TAZORAC -tazarotene gel 0.1%.....	82
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telmisartan-amlodipine tab 40-5 mg (Twynsta).....	33	testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel).....	18
telmisartan-amlodipine tab 80-5 mg (Twynsta).....	33	testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel).....	18
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telmisartan-amlodipine tab 80-10 mg (Twynsta).....	33	tetrabenazine tab 12.5 mg (Xenazine).....	56
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct).....	33	tetrabenazine tab 25 mg (Xenazine).....	56
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temozolomide cap 20 mg (Temodar).....	16	THEOCHRON -theophylline tab er 12hr 100 mg.....	40
temozolomide cap 100 mg (Temodar).....	16	THEOCHRON -theophylline tab er 12hr 200 mg.....	40
temozolomide cap 140 mg (Temodar).....	16	THEOPHYLLINE ER -theophylline tab er 12hr 450 mg.....	40
temozolomide cap 180 mg (Temodar).....	16	theophylline soln 80 mg/15ml.....	40
temozolomide cap 250 mg (Temodar).....	16	theophylline tab er 12hr 300 mg.....	40
TENCON -butalbital-acetaminophen tab 50-325 mg.....	56	theophylline tab er 24hr 400 mg.....	40
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terazosin hcl cap 2 mg (base equivalent).....	33	THIOLA EC -tiopronin tab delayed release 300 mg.....	45
terazosin hcl cap 5 mg (base equivalent).....	33	THIOLA -tiopronin tab 100 mg.....	45
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terbutaline sulfate tab 2.5 mg.....	40	thioridazine hcl tab 50 mg.....	51
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ULTRA-THIN II INSULIN SYR -insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	126	UNIFINE PENTIPS PLUS 32GX -insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	127
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ursodiol tab 250 mg (Urso 250).....	43	VARIVAX -varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml.....	10
ursodiol tab 500 mg (Urso forte).....	43	VARUBI -rolapitant hcl tab 90 mg (base equiv).....	42
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